



# MUSC Medical Center Transplant Policy Manual

Section	No	Title	
N/A	TxKTx01	Adult Kidney Transplant Criteria	
Owner:		Division of Quality and Compliance	
Location/File:		N:\Hospital_Admin\Policies\Departmental\Transplant\	
Date Originated: 1970	Reviewed:01/2014; 02/2014/ 11/2014, 4/2015	Revised:06/07; 11/07, 04/08, 07/13, 02/14, 11/14, 4/2015	Effective Date: 4/3/2015

Policy: **This policy is to outline indications, relative and absolute contraindications for renal transplant.** The purpose of these guidelines is to help in the evaluation of potential kidney and pancreas transplant recipients. These guidelines cannot cover every contingency or foresee every set of circumstances. Each transplant candidate is different and has unique medical and psychosocial issues which must be considered. There may well be patients, circumstances, and conditions that cannot be fully covered by these guidelines. Therefore, it should be understood that these protocols are guidelines only which should be adhered to in most instances but which cannot cover all situations. Nothing can fully replace judgments by members of the health care team regarding issues related to the individual patient.

The purpose of evaluating potential transplant recipients is to assure ourselves, as far as we can, that the patient is an appropriate candidate for transplantation: (1) can safely undergo a major surgical procedure, (2) has no medical, psychosocial or other problems that should be corrected before transplantation, (3) has a reasonable chance of benefiting from renal transplantation over the long term, (4) is likely to be compliant with taking immunosuppressive and other medications and returning for clinic visits (here or elsewhere), and (5) will be able to obtain posttransplant immunosuppressive and concomitant medications.

The suggestions developed by the Patient Care and Evaluation Committee of the American Society of Transplant Physicians were used in developing these guidelines (The Evaluation of Renal Transplant Candidates: Clinical Practice Guidelines, *Journal of the American Society of Nephrology* 1995; 6:1-34).

## Definitions:

ESRD – End Stage Renal Disease

CKD Stage – Chronic Kidney disease in renal failure, on dialysis or creatinine clearance of <30cc/min adjusted for age and size of patient

## Procedure:

### Indications:

Underlying renal diseases/conditions associated with the need for kidney transplant: (not all-inclusive)

1. Diagnosis of irreversible renal failure which is classified as CKD stage IV or V.
2. Hypertension
3. Diabetes
4. Glomerulonephritis
5. Systemic Lupus Erythematosus
6. Polycystic Kidney Disease
7. Goodpasture's Syndrome
8. Chronic Pyelonephritis
9. Interstitial Nephritis
10. Post streptococcal glomerulonephritis
11. Wegener's granulomatosis
12. Hemolytic Uremic Syndrome
13. Unresolved Acute Tubular Necrosis
14. Focal Segmental Glomerulosclerosis
15. Membranous Glomerulonephritis
16. IgA nephropathy
17. Drug toxicity
18. Renal transplantation is indicated when chronic irreversible renal failure is diagnosed. Patients are generally considered for evaluation when their creatinine clearance is <30 cc/minute. They will begin to accrue waiting time when their creatinine is <20 cc/minute. Patients usually require dialysis when their creatinine clearance is < 10 cc/minute.
19. The patient's likelihood of compromised quality of life will be significantly greater without transplantation than with transplantation.
20. The condition which led to the patient's current kidney problem is unlikely to cause a rapid deterioration of the newly transplanted kidney.
21. Following successful transplantation of the kidney, the patient will be able to rehabilitate and return to a functional status that will provide an improved quality of life consistent with the expectations of the patient and his/her family.
22. No systemic illness exists independent of renal dysfunction that would severely compromise the patient's survival.
23. All alternative medical and surgical therapies have been considered and excluded as suitable options to improve quality of life for the patient.
24. Adequate social/family/financial support exists to support the patient in all phases of transplantation.

### Absolute contraindications:

1. Malignancy, within the past 2 years (other than certain tumors such as skin or renal).
2. Active infections
3. Active immunological diseases (ex. Wegener's, Lupus, and Goodpasture)
4. Child B/C Portal Hypertension documented Cirrhosis
5. Cardiovascular or pulmonary disease sufficiently severe to prevent surgery
6. Sickle cell disease

7. Severe osteoporosis with symptomatic compression fractures
8. Active alcohol or substance abuse or prior alcohol or substance abuse of less than 6 months abstinence and without successful rehabilitation and continuing after care.  
An alcohol or substance abuse consult may be required for past or current problems.
9. Functional status that impairs the individual's ability to perform activities of daily living
10. Neurological diagnosis or impairment that would inhibit successful post-transplant outcomes
11. BMI > 40

Item 12-refers to the age of the patient at the time of referral: It should be noted as previously that age, obesity, diabetes, cardiovascular, cerebrovascular and peripheral vascular disease can militate against successful candidacy. As such the decision to transplant patients can be complex and will be individualized based on expected waitlist survival, availability of living donation to avoid waiting time and clinical stability on the waitlist. These decisions will be made by transplant physicians in the context of multidisciplinary case review and/or physician review.

12. Age 65 years or greater with the following singly or in combination:
  - a. Diabetes > 20 years
  - b. BMI > 35
  - c. Cardiovascular Disease
  - d. Dialysis greater than 5 years
  - e. Poor functional status
  - f. Frailty

#### Relative Contraindications:

1. Severe malnutrition, (poor wound healing, risk of cutaneous infection)
2. Inability to understand the procedure and potential risks associated with it.
3. A history of non-adherence with medical care which assessed by the transplant team will adversely affect the clinical outcomes of transplantation.
4. Absence of or inadequate funding for any part of the transplant process, including post-transplant housing, medications and ancillary support as determined by the transplant team
5. Inadequate support system to assist with care before and after transplant.
6. Current psychiatric disorder, especially one likely to interfere with compliance.
7. Poor quality of life span (due to other medical conditions).
8. BMI > 35.
9. HIV infections
10. Childs A cirrhosis of the liver

Age and diabetes alone are not a contraindication. The decision is based upon co-morbid conditions, functional status and psychosocial situation.

Patients with contraindications may be brought to section committee for review and decision.

The following criteria are not all inclusive. There are other situations where transplant may not be appropriate. Transplant may be undertaken for patients with diagnoses under

exceptional circumstances. The kidney transplant team will perform an initial review of any patient if there is a doubt as to their candidacy. The decision to accept high risk candidates will be made only after the candidate, referring physician and transplant team have been fully informed of the potential risks of transplant and concur the risk of chronic dialysis outweighs the risk of transplant.

**Documentation of Patient Selection**

1. A progress note will be placed in the patient's medical record by the transplant coordinator regarding the multidisciplinary team decision in selection committee.
2. The progress note will include the decision, criteria element met/not met and multidisciplinary team members involved in the decision.

**(KDPI > 85%) Consent process**

1. Consent for KDPI >85% Kidneys should be obtained from all patients (either in the negative or affirmative). This consent should be obtained at the initial evaluation or at an interval evaluation.
  
2. ECD KDPI > 85% kidney donors should be recommended for the following patients:
  - a. Patients with diabetes mellitus type 2 who are expected to be ≥ 40 years of age at time of transplant
  - b. All patients expected to be over the age of 50 at time of transplant
  - c. Any patient who, in the physician's opinion, will have high wait list mortality while waiting for a standard criteria donor (SCD) kidney

**Approvals:**

As Required	Date
List Hospital Committee(s): Transplant SL Administrator, CEO	
Ethics Committee	
Accreditation Review	
Legal Review	
Administrative Operations	
Medical Staff Executive Committee	
Governing Body	

**Distribution:**

<b>Policy Applies to: Transplant SL</b>	Physicians (Y/N): Y	Nursing (Y/N): Y
	Other Clinical Staff (Specify): All	Other Staff (Specify):
<b>Educational Plan</b>	Staff Meeting	
<b>Required Competencies</b>		