KIDNEY TRANSPLANTATION PATIENT SELECTION CRITERIA

Kidney transplantation is the preferred renal replacement therapy for almost all patients with chronic kidney disease. Most patients with chronic kidney disease or end stage renal disease should be considered for kidney transplant evaluation. However, the patient must have adequate social support systems and a proven record of adherence to medical treatment. These criteria are used as guidelines for referral for transplant evaluation and are not intended as an automatic inclusion or exclusion of a candidate for referral. Referral to a regionally contracted transplant center for kidney transplant does not guarantee that the patient will be listed or transplanted. These are decisions made at the Transplant Center's discretion.

1. INDICATIONS

Most patients with kidney failure can be considered for transplantation. It is important to note that these are guidelines and should be applied together with careful clinical judgment.

1.1. All pediatric and adult patients who require dialysis or are expected to require dialysis within the next 12 months can be considered candidates. If possible, patients should be evaluated prior to this time to discuss options for renal replacement therapy.

1.2. Patients with an estimated GFR < 30 should be considered for referral, for pre-emptive (living donor) transplant, prior to initiation of dialysis.

1.3. Patients cannot be listed on the UNOS waiting list for a deceased donor kidney until their estimated GFR, calculated by the MDRD formula, is less than 20ml/min.

1.4. Estimated GFR for the pediatric population using the Schwartz formula of 10 – 15, or sooner if symptomatic. Patients with estimated GFR <30 may be referred early. Symptomology is defined as poor growth/failure to thrive and suboptimal energy level despite adequate caloric support. Patients with estimated GFR <30 may be referred early.

2. CONTRAINDICATIONS

2.1. Significant irreversible coronary artery disease and/or left ventricular dysfunction, and irreversible pulmonary disease.

2.2. Irreversible peripheral vascular disease, including carotid vascular disease. (Amputation alone is not a contraindication)

2.3. Uncontrolled hypertension.

2.4. Malignancies: If history of malignancy is present, generally patient must be free of malignancy for at least 5 years except non-melanoma skin cancer. There are some cases

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1 Stevens, Lesley A., MD & Levey, Andrew S., MD – Nephrology Rounds, February, 2006; 4(2); 298 - 304
in which patients may be considered as candidates who have undergone full surgical resection prior to a 5-year disease free interval, with oncological consultation.ii

2.5. Psycho-social behavioral and support issues, such as:

2.5.1. Active alcohol and/or substance abuse: Patients must be free for six (6) months from alcohol and other substance abuse and have been evaluated by a substance abuse program. Exceptions may be made on a case-by-case basis. Such patients shall have been evaluated and cleared by a substance abuse program. The risk of recidivism, which has been documented to negatively impact transplant outcomes, must be addressed and considered to be lowiii, iv, v

2.5.2. Lack of an adequate support system provided by family, friends, or others to support the patient before, during, and after the transplant process.

2.5.3. Active psychological and/or psychiatric conditions that have been evaluated by a mental health professional and found to render the patient unsuitable for transplantation.

2.5.4. Demonstrated lack of compliance with a complex medical regimen, as evidenced by failure to keep appointment, failure to make steady progress in completing pre-transplant evaluation testing, non-adherence to medication regimens or failure to adhere to testing required for maintenance on the waiting list.

3. RELATIVE CONTRAINDICATIONS

3.1. Active infection or high risk of reactivation of previous infection; to be determined by an infectious disease specialist at the transplant center.

3.2. Patients with a BMI \( \geq 35 \) may be referred to the COE for individual consideration and concurrently referred for weight loss intervention.

3.3. Active nicotine abuse: Patients awaiting thoracic transplants must be free from tobacco use for the previous six (6) monthsvi, vii. All other potential solid organ recipients should be strongly encouraged and supported in smoking cessation.

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ii There may be specific exceptions in the pediatric population.
iii Liver Transplantation 2006, 12:813-820. Alcohol consumption patterns and predictors of use following liver transplantation for alcoholic liver disease.
v Alcohol abstinence prior to liver transplantation for Alcoholic Liver Disease (G110807), TPMG New Medical Technology
3.4. Age: There is no firm upper limit cut-off for kidney transplantation. When considering candidacy of elderly recipients, close attention should be paid to concurrent conditions that would increase the risk of morbidity and mortality.

3.5. Presence of other significant, permanent, irreversible organ failure. The aim is to perform pre-emptive renal transplantation without initiation of standard kidney replacement therapy (hemodialysis/peritoneal dialysis).

3.6. Significant developmental delay, or mental retardation, or incapacitation.