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| **PROTOCOL TITLE:** Kidney/Pancreas Post Transplant: EBV Management | |
| **APPLICABLE FACILITIES:** (Check all that apply)  ☒EUH ☐EUOSH ☐EWWH ☐EUHM ☐EJCH ☐ESJH ☐TEC ☐ESA ☐ERH | |
| **EFFECTIVE DATE:** 02/01/2023 | **ORIGINATION DATE:** 6/20/2007 |

**SCOPE:**

All transplant program physicians, practitioners and clinical staff members are responsible for compliance with this clinical protocol.

**PURPOSE:**

This protocol is necessary for the protection of patients, physicians and staff.

The Emory Transplant Center and all the solid organ transplant programs will comply with all applicable federal, state, and local laws, regulations, policies and protocols regarding the management of transplant patients.

**PROTOCOL:**

1. All patients undergoing kidney (pancreas) transplantation will have the EBV status (antibody) rechecked at the time of transplantation.
2. EBV status of donor and recipient should be documented in eEMR.
   1. Recipient should be marked as EBV positive if either viral capsid antigen IgG or nuclear antigen antibody is positive.
   2. Donor should be marked as positive if ANY of the 3 EBV serologies are positive.
   3. Note: Refer to immunosuppression protocol for information regarding EBV serology and belatacept eligibility
3. All patients will be informed of their donor/recipient EBV status and risk for EBV related disease by the post-transplant coordinator during the patient’s transplant admission.
4. For EBV D+/R - patients will be followed monthly by EBV PCR in plasma at months 1 – 6, 9 and 12 post-transplant. EBV PCR testing will be discontinued after the 12 month draw unless clinically indicated and ordered by team clinical staff.
5. For EBV R+ and EBV D-/R-, there should be no routine EBV PCR monitoring.
6. **Response to EBV Viremia:** 
   * If initial EBV PCR is > 5,000 IU, then reduce dose of mycophenolate by 25%. Repeat EBV PCR in 4-6 weeks.
   * If there is a >50% reduction in the EBV PCR, continue to monitor every 4-6 weeks until PCR < 1,000 IU. If there is < 50% reduction in the EBV PCR, consider either a further reduction of mycophenolate dose or reduction of the calcineurin inhibitor dose . Repeat EBV PCR in 4-6 weeks and continue reduction in immunosuppression until EBV PCR < 1,000 copies.
7. PET Scan: Referral for PET CT scan should be considered if:
   * patient develops any symptoms consistent with PTLD (eg, lymphadenopathy or “B symptoms”: fever, drenching night sweats and loss of more than 10 percent of body weight), or
   * EBV plasma PCR > 50,000 IU, or
   * EBV plasma PCR remains > 10,000 IU despite reduction in immunosuppression.
8. Selected patients treated for EBV infection may be referred for follow up in the Transplant ID Clinic.
9. If patient is diagnosed with PTLD consider reduction of immune-suppressants and obtain Hematology-Oncology Consult.
10. **Policy Review:**

As part of the QAPI program, policy compliance and EBV viremia rates for the first twelve months post-transplant will be reviewed every six months by the transplant program’s clinical leadership and transplant infectious disease specialist.

**RELATED DOCUMENT(S)/LINK(S):**

Related Document: KDIGO Clinical Practice Guidelines, October 21, 2009

**DEFINITIONS:** *(If applicable)*

N/A

**REFERENCES AND SOURCES OF EVIDENCE:**

KDIGO Clinical Practice Guideline for the Care of Kidney Transplant Recipients. *American Journal of* *Transplantation 2009*; 9 (Suppl 3): Si–Si.

UD Allen, JK Preiksaitis, AST ID COP. Post-transplant lymphoproliferative disorders, Epstein-Barr virus infection, and disease in solid organ transplantation: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice, *Clin Transplant* 2019;33(9):e13652.

**KEY WORDS:**

kidney transplant, pancreas transplant, EBV, Epstein Barr Virus

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| **REVIEW/APPROVAL SUMMARY:** Please select all Approving Bodies:  ☐EUH MEC ☐ EUHM MEC ☐ESJH MEC ☐EJCH MEC ☐CNE Council ☐System Operations  Renal Transplant Leadership Group | |
| **REVIEW/REVISION DATES:** 4/28/2017 | **APPROVAL DATE:** 4/28/2017 |