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| **TITLE:** Pre-Transplant: Selection Criteria for Kidney Transplantation | |
| **APPLICABLE FACILITIES:** (check all that apply)  □EUH **□**EUOSH □EWWH □EUHM □EJCH □ESJH □TEC □ESA □ERH | |
| **EFFECTIVE DATE:** | **ORIGINATION DATE:** |

**SCOPE:**

The Emory Transplant Center Kidney and Pancreas Transplant Program.

**PURPOSE:** According to CMS Conditions of Participation (CoP) for transplant centers, *COP 482.90: Patient and Living Donor Selection*, the kidney transplant program must use written patient selection criteria in determining a patient’s suitability for transplantation. The Emory Kidney Transplant Program is committed to the application of consistent criteria in evaluating patients with organ failure to determine transplant candidacy.

**GUIDELINES:** All patients referred for primary or repeat kidney transplantation undergo a rigorous medical, psychological, and social evaluation by the transplant team and other specialty consultants as indicated. The medical evaluation includes a complete history and physical examination with radiologic and laboratory assessment to determine severity of the kidney disease and any co-morbidity factors. On the basis of this comprehensive evaluation, a decision is made by the multi-disciplinary kidney transplant team regarding the advisability of kidney transplantation.

Determination of candidacy for renal transplant is based on specific program selection criteria. Alternative therapies may include dialysis in select patients. Candidates must have either end-stage renal disease (ESRD) or advanced chronic kidney disease and desire a renal transplant.

Candidates are considered based on

1) the individual’s overall health and functional status (regardless of age)

2) sufficient family and social support systems

3) the ability to obtain transportation to and from the transplant center, and

4) the ability to obtain and take prescribed medications after transplant and to successfully manage the post-transplant treatment regimen.

Patients with chronic kidney disease (CKD stage IV or higher) may be referred and evaluated; however a candidate must be dialysis dependent or have a creatinine clearance of < 20cc/min before he/she will be placed on the United Network for Organ Sharing (UNOS) waiting list.

The Emory Kidney Transplant Program will evaluate candidates who meet the required criteria. Each candidate will be considered and if necessary, referred to UNOS for assistance with referral to other centers with expertise in the treatment of specific diseases not currently treated by our team.

Selection Criteria:

There are many situations in which kidney and/or pancreas transplantation may not be appropriate.

The following list is intended as guidance for appropriate patient referral:

Absolute Contraindications

1- Active infection. This may include bacterial, viral, and fungal infections.

2- Previous aortofemoral graft reconstruction for peripheral vascular disease.

3- Severe mental disability without adequate social support to manage post-transplant regimen.

4- Severe irreversible extra renal end organ disease (for example: respiratory disease, cardiac disease or hepatic disease)

5- Severe active vasculitis or other autoimmune disorders.

6- Current untreated malignancy other than non-melanoma skin cancer, including patients with recent metastatic disease.

7- Active drug abuse (cocaine, IV drugs, methamphetamines, alcohol, etc.)

8- Patients who use tobacco products with significant cardiac disease, severe peripheral vascular disease, chronic obstructive pulmonary disease, or diabetes. Patients who abuse marijuana with chronic obstructive pulmonary disease. Patients must be nicotine free for 6 months before being considered as a candidate for transplant. Patients who abuse marijuana must be marijuana free for 6 months before being considered as a candidate for transplant.

9- General medical condition and/or significant end organ failure, and/or functional status that makes the risk of transplant greater than the potential benefit.

10- Absence of psychosocial support.

Relative Contraindications

1- Serious medical problems that may be reversible.

2- Organic neurological disorders, psychiatric disorders, and/or drug addiction that will, in our opinion, significantly impair the candidate’s ability to manage the post-transplant regimen.

3- Severe peripheral vascular disease.

4- Malignancy within the last two to five years other than non-melanoma skin cancers. Every candidate with a previous malignancy will be evaluated individually based on surgery notes, pathology reports, and cancer treatment records.

5- Moderately severe or severe cardiac disease, including ischemic myocardial disease, congestive heart failure, valvular disease and myopathies.

6- Chronic active inflammatory or infectious diseases.

7- Obesity or malnutrition to the extent that this factor significantly impacts surgical risk and life expectancy. We require BMI < 35 for active listing on the UNOS waitlist.

8- Chronic upper respiratory disease.

9- Uncorrected lower urinary tract abnormalities.

10. Inability to provide adequate psychosocial support plan

11. Inability to provide adequate financial plan for provision of medications and the cost associated with post-transplant care

12. Failure to follow no show/cancellation policy

13. Failure to complete required testing and/or transplant plan within program timeframe guidelines

14. Non-adherence with dialysis and medical treatment regimen

15. Failure to maintain contact with the transplant center

**Timeframe for re-evaluation: see the Waitlist Management policy**

**Alternative Therapy for Transplantation**

Potential therapies may include but are not limited to: hemodialysis and peritoneal dialysis. If you are diabetic you may benefit from insulin pump therapy.

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

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

BMI – Body Mass Index

IV-intravenous

**REFERENCES AND SOURCES OF EVIDENCE:**

1. Kasiske, B.L. and D. Klinger, Cigarette smoking in renal transplant recipients. J Am Soc Nephrol, 2000. 11(4): p. 753-9.

2. Biesenbach, G., et al., Impact of smoking on progression of vascular diseases and patient survival in type-1 diabetic patients after simultaneous kidney-pancreas transplantation in a single centre. Transpl Int, 2008. 21(4): p. 357-63.

3. Penno, G., et al., Independent correlates of urinary albumin excretion within the normoalbuminuric range in patients with type 2 diabetes: The Renal Insufficiency And Cardiovascular Events (RIACE) Italian Multicentre Study. Acta Diabetol, 2015. 52(5): p. 971-81.

**KEY WORDS:**

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| **REVIEW/APPROVAL SUMMARY:** | |
| **APPROVAL BODY/BODIES:** | |
| **REVIEW/REVISION DATES:** | **APPROVAL DATE:** |