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| **Emory University Hospital****Emory Transplant Center Policies & Procedures** | **Activated:** 02/05/2015 |
| **Section:** Kidney and Pancreas Transplant Programs | **Last Review Date:**05/31/2017 |

**Policy: Kidney Living Donor: Medical Selection Criteria Guidelines for Living Kidney Donors**

**Statement:** 1. Activation date: 2/8/06

2. Affected Department: Kidney and Pancreas Transplant Program
3. Vision Strategy: Patient Care
4. Policy Statement: The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding the management of prescribing medications and refills.
5. Basis: These guidelines are necessary for the protection of patients, physicians and staff
6. Administrative Responsibility: Section heads, physicians, practitioners, and staff are responsible for compliance with this policy.

**Scope/Procedure:**

**Guidelines for Living Donor Selection:**

1. Age – Donors must be at least 18 years of age.
2. Renal function – Normal renal function.
3. Body Mass Index

i) ≤ 38 for evaluation
ii) ≤ 35 for surgery

1. Anatomic factors

i) Kidney size differential will be evaluated by CTA, MRI, or Mag3 scanning. If the donor is to be left with a residual functioning renal mass of <45 % of the original renal mass, the team will determine suitability.
ii) Non-malignant renal lesions - patients with small benign lesions (with histological confirmation) may be considered providing the affected kidney is removed for transplantation. The lesionmay or may not be excised ex vivo at the discretion of the recipient surgeon.
iii) Multiple arteries – acceptable at the discretion of the donor and recipient surgeons.

1. Past Medical History
* Cardiac testing:
	+ An EKG will be performed on all potential donors during evaluation.
	+ A transthoracic echocardiogram and a stress test will be performed on potential donors age 50 and older.
	+ The living donor team will determine the need for further cardiac testing in individuals outside these criteria.

i) HTN – patients with HTN well-controlled by low to moderate doses of medication (demonstrated by a normal 24 hr BP monitor) may be considered if they meet the following criteria:

* Not African American
* No LVH by echocardiogram

ii) History of pre-eclampsia –should meet all other selection criteria and be at least 1 year after the pre-eclamptic episode.

iii) Glucose metabolism – demonstration of a normal HgbA1c.

iv) Renal calculi – donors with a history of renal stones may donate if they have a normal metabolic evaluation (Litholink®).

v) Family history of PCKD, will consider donation if:

* > 30 years of age and there are no cysts by CT imaging.
* < 30 years of age and MRI demonstrates no cysts

vi) History of malignancies –

* squamous and basal cell skin cancers are not a contraindication to donation
* all other malignancies will be evaluated on a case by case basis.

vii) Health maintenance testing:Additional testing at Emory or a local hospital/office should be obtained based on age, sex and medical guidelines. The candidate will need to have these records sent to their coordinator via mail or fax. It is the candidate’s responsibility to communicate results.

* **Colonoscopy:** We recommend that patients have a screening colonoscopy per American Gastroenterological Association guidelines ([http://www.gastrojournal.org/article/S0016-5085(08)00232-1/pdf](http://www.gastrojournal.org/article/S0016-5085%2808%2900232-1/pdf%5Ch)). We will require all patients to have at least a screening colonoscopy at age 50.
* **Mammogram**: We recommend that women have a bilateral mammogram per American College of Gynecology (ACOG) guidelines ([http://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations](http://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations%5Ch)). We will require all women age 40 and older have at least one screening mammogram.
* **GYN/PAP**: We recommend that women undergo a gynecologic exam and pap smear per the ACOG guidelines ([http://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations](http://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations%5Ch)).
* **PSA** should be checked in males per American Urological Association screening guidelines ([https://www.auanet.org/common/pdf/education/clinical-guidance/Prostate-Cancer-Detection.pdf](https://www.auanet.org/common/pdf/education/clinical-guidance/Prostate-Cancer-Detection.pdf%5Ch)).
1. Laboratory abnormalities –

i. Proteinuria

* <180 mg on 24 hr urine is acceptable
* 181-250 mg – Order an albumin to Cr ratio on a spot urine. Patient may be a donor if value is < 0.03
* >250 mg – not acceptable for donation

ii. Persistent microscopic hematuria(UA x 2 with microscopy demonstrating > 5 RBC/ hpf). Proceed with the following evaluation:

* Cystoscopy and/or renal biopsy
* Consider urine cytology

iii.Persistent elevated liver function studies

* Consult with hepatology to determine need for further evaluation

iv. Anemia/leukopenia/thrombocytopenia

* Consider evaluation by a hematologist
1. Psychological/social factors

i. Ability to independently consent without coercion – as determined by Independent Living Donor Advocate (ILDA) who evaluates each donor candidate and makes recommendations to team utilizing the Donor Advocate Psychosocial Tool
ii. History of alcohol/drug dependence as determined by a mental health specialist – demonstrated abstinence and/or completion of a treatment program
iii. Unwillingness to accept blood product- Absolute Contraindication

 8. Infectious disease transmission

i. HIV – HIV is an absolute contraindication
ii. Hepatitis B

* HBsAg+ - absolute contraindication
* HBcAb+ - acceptable if PCR is negative for Hep B and if recipient is Hepatitis B immune.

iii. Hepatitis C – absolute contraindication
vi. Histoplasmosis – acceptable if disease manifested by only calcified granulomas
vii. Tuberculosis – Active TB is an absolute contraindication. All donors get a CXR and candidates with an increased risk for TB infection undergo quantiferon gold testing. Positive immunologic screening tests requires an ID consult and clearance.
viii. West Nile Virus – Need to be negative for viremia by PCR during the peak season (April 1st – October 31st).
ix. Chagas- Screening per demographic history. Positive screen is an absolute contraindication.
x. Syphilis- Need negative RPR. If RPR is positive requires an ID notification and clearance.

1. Additional
2. Co-existing Conditions:
* Sarcoidosis – absolute contraindication
* Multiple sclerosis- Requires a neurology consult and clearance
* Chronic NSAID use: Need to demonstrate abstinence from NSAID use
* Chronic orthopedic injuries(back/neck) need orthopedic clearance
* Significant history of mental illness requires mental health evaluation.
* Significant cardiovascular disease(s/p CABG, multiple coronary stents, s/p MI) is an absolute contraindication
* Current anticoagulation therapy is a contraindication.
* Pregnancy is an absolute contraindication. Patient can be considered 6 months after delivery.
* Significant pulmonary disease(COPD) is an absolute contraindication
* Other co-existing medical conditions will be considered on a case by case basis

Approved by:

Renal Leadership Team under the direction of:
Nicole Turgeon, MD, Director, Emory Renal Living Donor Program

Approval Dates: 2/8/06, 9/20/06, 5/28/2014
Revision Date: 3/23/2011, 4/6/2011,5/28/2014, 5/10/2017, 5/31/2017

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| **Regulatory References:** | http://euhnotes.eushc.org/icons/ecblank.gif |

**Related Policies/Procedures:**

**Approved By**
**Transplant Leadership Group**