

SELECTION CRITERIA for Potential Recipients

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Selection Criteria for Potential Transplant Recipients

1. All patients referred for consideration for renal transplant will be screened by the transplant assistant to ensure that all required documentation is received for the referral.
2. After all required documentation is received; all other referrals will be reviewed by the pre-transplant coordinator. The pre-transplant coordinator will initiate the work-up process. The pre-transplant coordinator will review with the transplant surgeon/nephrologist with any questions related to the patient medical history.
3. Indications: Diagnosis of end stage renal disease or chronic kidney disease (using non-race-based calculation $GFR < \text{or } = 20$). Exception will be made on a case by case basis for listing of candidates with $GFR > 20$.
4. Absolute contraindication: These contraindications include:
 - a. Active malignancy
 - b. Cardiac conditions- Non-correctable, severe coronary artery disease, CHF or
 - c. cardiomyopathy, $EF < 30\%$.
 - d. Severe PVD/aortoiliac disease
 - e. Pulmonary conditions- Oxygen dependency, non-correctable severe pulmonary
 - f. disease, severe pulmonary hypertension
 - g. Liver conditions- Positive HbSAG or HCV with unacceptable liver biopsy/Fibroscan or cirrhosis
 - h. Unstable / active psychopathology
 - i. Inadequate psychosocial support
 - j. Age: greater than 80years of age with co-morbidities that preclude transplant.
 - k. Recurrent and persistent noncompliance with medications and dialysis treatments.
 - l. Unacceptable anatomy (genitourinary)
 - m. Pregnancy
 - n. Co-Morbidities that preclude transplantation
 - o. Untreated Active or Chronic Infection
5. Relative contraindications will be reviewed prior to initiation of work- up.
 - a. BMI > 40
 - b. Compromised pulmonary function, Moderate pulmonary hypertension
 - c. Active alcohol, tobacco, or drug abuse
 - d. Inability to understand the disease process, medications regimen and follow-up after transplantation.
 - e. Prior history of substance abuse
 - f. Prior history of noncompliance with medical regimen, medication, and/or follow-up
 - g. Prior History of Malignancy
 - h. Inability to understand the risks and benefits of procedure
 - i. HIV with detectable viral load and/or CD4 count < 200
6. When considering candidacy of elderly recipients, close attention should be paid to co-morbidities that would increase the risk of morbidity and mortality. It is reasonable to exclude patients whose overall condition place them at an excessive risk of postoperative morbidity.

7. Each potential recipient will be seen by the multi-disciplinary team including transplant surgeon, transplant coordinator, transplant social worker, transplant dietician, transplant pharmacist, and transplant financial counselor. Any issues identified will be addressed during the patient selection committee meeting.
8. Follow up and referral procedures will be implemented as needed by the appropriate multi-disciplinary team member in conjunction with the transplant coordinator.
9. The transplant coordinator will communicate with the transplant surgeon any abnormal findings with the pre-transplant testing.
10. When the potential recipient's evaluation is complete, the transplant coordinator will present the patient to the transplant selection committee. A current evaluation is considered to be within a one year time frame +/- one month.
11. The transplant selection committee will meet on a weekly basis to review potential candidates for transplant.
12. The kidney transplant candidate selection meeting notes will be utilized as documentation for all patients reviewed as potential transplant recipients.
13. For all potential transplant candidates, the selection committee will determine:
 - a. The patient is an acceptable candidate and will be placed on the UNOS waiting list.
 - b. The patient needs additional testing to determine his/her candidacy for transplant.
 - c. The patient is not a candidate for renal transplant.
14. After the Selection Committee has made final determinations, the medical assistant will send out an email to the following staff to inform them of the determinations: transplant assistant, transplant dietitian, transplant social worker, transplant financial counselor, and tissue typing lab personnel.
15. Each potential recipient, their nephrologist and dialysis unit (if applicable) will be notified in writing or verbally of the transplant selection committee's decision.
16. Contraindications are carefully evaluated by the transplant team and if present, may result in a candidate not being accepted for transplant at CAMC. Contraindications are transplant program specific. Candidates not accepted at CAMC can be referred to another center for evaluation by their referring provider.