Kidney Transplant Selection Criteria

Listed below are general criteria for kidney transplantation at our centers in Dallas and Fort Worth. However, we encourage patients to submit an application for kidney transplant as each patient is assessed individually. The program’s Kidney Transplant Selection Committee makes decisions regarding a patient’s eligibility for transplant.

A. Chronic kidney disease leading to kidney failure

B. Creatinine clearance: 20ml/min or less (by Glofil, 24-hour urine collection, or standard calculation) for pre-dialysis patients

C. Potential recipients with a BMI up to 35 will be accepted for evaluation. BMI >35-39 will be accepted with the recommendation of the transplant surgeon.

D. Adequate cardiopulmonary function

E. Financial approval

Our programs also offer pancreas and combined kidney/pancreas transplantation. For more information, call 214-358-2300 (Dallas) or 817-922-4650 (Fort Worth).
Recipient Selection Criteria

Effective Date: 3/2/2007

Reviewed By: Renal Transplant QAPI

Revision History: 10/11/17, 3/28/16, 6/4/14, 10/11/17

Background/Purpose

To establish consistent guidelines that align with those of ESRD and Medicare.

Procedure

Indications for Renal Transplant

1. ESRD on Dialysis
2. CKD with GFR < 20 ml/min
3. Patients with a living donor can be transplanted with a GFR >20 if indicated

Absolute Contraindications:

1. Age over 60 with coronary artery disease and EF 35% or less
2. Pregnancy
3. Inadequate social support which would threaten the life of the kidney or patient.
4. BMI greater than 45

Relative Contraindications:

1. Active malignancy
2. HIV positive
3. Age (70+)
4. BMI greater than 35
5. Drug and/or alcohol addiction
6. Non-compliance
7. Peripheral vascular disease not amenable to surgical correction
8. Coronary artery disease
9. Age under 60 with EF 35% or less 2° to coronary artery disease
10. Progressive dementia - psychiatry and neurology evaluation
11. COPD requiring home oxygen therapy
Inclusion/Exclusion Criteria for Kidney Transplant Patients/Families

Inclusion may include:
- A physical incapacitation due to end stage renal disease
- Currently on dialysis or soon to be placed on dialysis
- Medically compliant and emotionally stable
- Financially able to bear the cost of transplant, follow up care and medications through adequate insurance and ability to pay for additional costs

Relative Exclusions may include:
- Psychosocial abnormalities
- Refusal of blood transfusions
- Multiple congenital abnormalities, severe intellectual disability
- Renal disease that may recur in transplanted organ
- Chronic active liver disease

Absolute Exclusions may include:
- Current infections or recent exposure to chicken pox
- Terminal illness including multiple congenital anomalies
- Any malignancy unless cancer or tumor free for one to two years (based on current recommendation) and a consult from the Hematology/Oncology Service agreeing to the transplant.
Patient Selection Criteria for Adult Kidney Transplantation

Indications:

1. Patient must have a diagnosis of stage IV or V chronic kidney disease (GFR <20 ml/min/1.73m²) or require dialysis.
2. Patient must be medically compliant and capable of following a complex post-operative regimen.
3. Patient must have a Body Mass Index <40kg/m². However, patients with a BMI >40 kg/m² will be considered on a case-by-case basis per medical leadership.
4. Patient has adequate insurance coverage for all aspects of transplant care to include post-transplant medications.
5. Patient has an adequate social support system.
6. Patient and/or parent/legal guardian must have the ability to comprehend risks and benefits of procedure and be able to give informed consent.
7. Patient should be between ages 18-70, patients falling outside of this range will be considered on a case by case basis.

Contraindications:

1. Current or recent diagnosis of cancer or infection that would likely worsen after transplant immunosuppression.
2. HIV infection
3. Panel reactive antibody greater than or equal to 80%
4. Irreversible medical problems such as but not limited to:
   - Severe aorto-iliac vascular disease
   - End Stage Cardiomyopathy (EF<35%)
   - Severe lung disease sever Pulmonary Hypertension (>65mmHg)
   - CVA with significant cognitive or function deficit
   - Deconditioned and severely limited functional status
   - Multiple co-morbidities that would impact post-transplant survival
   - Ongoing illicit substance abuse or smoking
   - Open wounds, especially large, infected, or non-healing ones
   - Inability to adhere to a complex medical regimen
   - Morbid obesity, or documented continuous overweight patient not who is non-compliant to the dietitian's recommendations

Relative Contraindications:

1. Advanced age (>70 years) alone is not a contraindication to transplantation, but is a relative contraindication in combination with other co-morbidities.
**Criterio de Selección de Pacientes Adultos para Trasplante de Riñón**

**Indicaciones:**

1. El paciente deberá tener un diagnóstico de enfermedad crónica de riñón en etapa IV o V (GFR <20 ml/min/1.73m²) o requerir dialisis.
2. El paciente deberá estar de acuerdo y ser capaz de seguir un régimen post-operatorio completo.
3. El paciente deberá tener un índice de masa corporal <40kg/m². Sin embargo, los líderes médicos podrán considerar a pacientes con un BMI >40 kg/m² dependiendo del caso.
4. El paciente tiene cobertura adecuada del seguro para todos los aspectos del tratamiento del trasplante incluyendo los medicamentos posteriores al trasplante.
5. El paciente tiene un sistema de apoyo social adecuado.
6. El paciente y/o el padre/tutor legal deberá tener la habilidad de comprender los riesgos y beneficios del procedimiento y podrá dar su consentimiento informado.
7. El paciente deberá tener de 18 a 70 años de edad, los pacientes que queden fuera de este rango serán considerados dependiendo del caso.

**Contraindicaciones:**

1. Un diagnóstico actual o reciente de cáncer o infección que posiblemente empeore después de la inmunosupresión del trasplante.
2. Infección de VIH.
3. Panel de anticuerpo reactivo mayor o igual al 80%.
4. Problemas médicos irreversibles tales como pero no limitados a:
   - Enfermedad aortolítica vascular grave.
   - Cardiomiopatía en fase terminal (EF<35%)
   - Enfermedad severa de pulmones o hipertensión pulmonar severa (>65mmHg)
   - ACV con déficit cognitivo o funcional significante.
   - En mal estado físico o estado funcional limitado severamente.
   - Múltiples comorbididades que podrían impactar la sobrevivencia después del trasplante.
   - Abuso de substancias ilícitas o fumar actualmente.
   - Heridas abiertas, especialmente grandes, infectadas, o que no sanan.
   - Incapacidad de seguir un régimen médico complejo.
   - Obesidad mórbida, o que el paciente tenga tendencia documentada a subir de peso o si el paciente no es capaz de seguir las recomendaciones del nutriólogo.

**Contraindicaciones Relativas:**

1. La edad avanzada (>70 años) por sí sola no es una contraindicación, pero es una contraindicación relativa si esta combinada con otras comorbididades.
INCLUSION CRITERIA

- End stage renal disease defined by dialysis dependence
- Creatinine clearance less than 30 mL/min OR calculated GFR less than 30 mL/min

EXCLUSION CRITERIA

- Active infection with high risk of recurrence
- Active renal disease with high chance of recurrence (i.e. active lupus/until disease markers indicate quiescence)
- Irreversible heart, lung or hepatic dysfunction
- Myocardial infarction within 6 months and/or angina at rest
- Extensive vascular disease including peripheral, carotid and cerebral
- Active malignancy with high risk of recurrence
- Morbid Obesity (Body Mass Index greater than 38)
- Pregnancy
- Untreated or uncontrolled major psychiatric illness
- Patient not committed to long term regimen associated with organ transplantation
- Absence of consistent or reliable social support system
- Non-rehabilitated substance abuse or evidence of drug or alcohol abuse currently or within the past six months
- Exceptions may be made with agreement of Patient Selection Committee in select cases
Potential Recipient

These are the minimum requirements to be evaluated for a kidney transplant at this program:

1. Have irreversible kidney failure that requires dialysis or is approaching the need for dialysis.
2. Be older than 18 years old but less than 70 years old. Referrals over the age of 70 will be considered on a case-by-case basis and may have additional requirements.
3. Have a BMI (body mass index) of 35 or less. Referrals with a BMI greater than 35 will be considered on a case-by-case basis and may have additional requirements.
4. Be referred by their nephrologist or dialysis center.
5. Be legally admitted into the United States of America.
6. Be financially able to support the transplant and the follow up care and medications needed after the transplant.
7. Have an adequate support system with identified support people to help you before and after the transplant.

Absolute contraindications for kidney transplant evaluation at this program:

1. Having a life expectancy of 3 years or less.
2. Have an active or recent malignancy that can be reactivated with the anti-rejection medications.
3. Have an active or recent serious infection that can be reactivated with the antirejection medications.
4. Be HIV positive or have AIDS.
Selection Criteria

5. Have active liver disease that may require a liver transplant.
6. Having advanced heart disease that would cause significant risk under anesthesia and post-transplant.
7. Have advanced lung disease that would cause significant risk under anesthesia and post-transplant.
8. Have advanced peripheral vascular disease.
9. Have chronic gastrointestinal disease that is not treated or under control.
10. Have malformation of the urinary system that cannot be corrected.
11. Be actively using recreational drugs.
12. Be abusing alcohol (alcoholism, binge drinking).
13. Currently using any form of nicotine (cigarettes, chewing tobacco, cigars, pipes, hookah, e-cig, vaping, etc.)
14. Have a mental illness that is not under good control.
15. Be intentionally non-adherent with current medical recommendations.

LIVING DONOR INFORMATION

Individuals interested in becoming living donors must:

1. Have a current federal or state photo identification
2. Be 21 years old or older
3. Receive an evaluation clearance from the Transplant Social Worker
4. Receive an evaluation clearance from the Transplant Psychologist
5. Receive an evaluation clearance from the Living Donor Advocate
6. Have a BMI (body mass index) of 35 or less. The Living Donor Surgeon and Living Donor Nephrologist will consider anyone with a BMI between 35-39 on a case by case basis.
Individuals interested in becoming living donors must not:

7. Have a reduced kidney function:
   a. Estimated Glomerular Filtration Rate of 75 ml/min or less
   b. Measured creatinine clearance of 80 ml/min or less
8. Have a 24 hour urine collection showing protein in the urine to be greater than 300 mg/day
9. Be morbidly obese (BMI equal to or greater than 39)
10. Have an active malignancy (cancerous cells) or infections
11. Be HIV positive or have AIDS
12. Have active liver disease
13. Have advanced cardiac (heart) disease
14. Have advanced pulmonary (lung) disease
15. Be actively using recreational drugs or nicotine (includes chewing tobacco, electronic cigarettes and hookah) or substance abuse of alcohol
16. Have a mental illness that does not have documentation of compliance and control of the diagnosis
Posible receptor

Estos son los requisitos mínimos para ser evaluado para un trasplante de riñón en este programa:

1. Insuficiencia renal irreversible que requiere diálisis o se acerca a la necesidad de diálisis.
2. Ser mayor de 18 años de edad y menor de 70 años de edad. Mayores de 70 años se considerarán caso por caso y puede tener requisitos adicionales.
3. Tener un IMC (índice de masa corporal) de 35 o menos. Con un IMC superior a 35 se considerará caso por caso y quizá tengan requisitos adicionales.
4. Ser referido por su nefrólogo o diálisis centro.
5. Ser admitido legalmente en los Estados Unidos de América.
6. Ser financieramente capaz de solventar trasplante y el seguimiento de cuidados y medicamentos necesarios después del trasplante.
7. Tener un Sistema de apoyo y circulado con personas identificados para antes y después del trasplante.

Contraindicaciones absolutas para riñón trasplante evaluación en este programa:

1. Tener una esperanza de vida de 3 años o menos.
2. Tener una malignidad (cáncer) o reciente que puede reactivarse con los medicamentos contra el rechazo.
3. Tener una infección grave que esta active o reciente y que puede reactivarse con los medicamentos anti rechazo.
4. Ser VIH positive o tener SIDA.
Selection Criteria

1700 N Oregon St
Suite 680
El Paso, TX 79902 Phone: (915) 521-1828

5. Tener una enfermedad hepática activa que pueda requerir un trasplante de hígado.
6. Tener enfermedad del corazón avanzada que pueda causar en riesgo significativo bajo anestesia y/o después del trasplante.
7. Tener una enfermedad pulmonar avanzada que puedan provocar un riesgo significativo bajo la anestesia y/o después del trasplante.
8. Tener una enfermedad vascular periférica avanzada.
10. Tener una malformación del Sistema urinario que no se puede corregir.
11. Estar utilizando drogas activamente.
12. Estar abusando del alcohol (alcoholismo, o estar activamente usando alcohol).
13. Estar actualmente usando cualquier forma de nicotina (cigarrillos, masticar tabaco, cigarros, pipas, hookah, e-cig, vaping, etc.)
14. Tener una enfermedad mental que no está bajo control o se a tratado.
15. No seguir intencionalmente las recomendaciones médicas.

Probables Donantes en Vida

Revised 7/15

Las personas interesadas en ser donantes en vida deben:

1. Tener una identificación con fotografía Federal o Estatal actual
2. Tener 21 años o mayor
3. Recibir una evaluación por parte de la trabajadora social de trasplante
4. Recibir una evaluación por parte de un psicólogo especialista en donadores
5. Recibir una evaluación por parte de consejería de donadores
Selection Criteria

1700 N Oregon St
Suite 680
El Paso, TX 79902 Phone: (915) 521-1828

6. Tener un índice de Masa Corporal (IMC) de 35 o menos. El cirujano de donadores y el nefrólogo de donadores tomarán en consideración a las personas con un IMC entre 35 - 39 según las circunstancias de cada caso.

Las personas interesadas en ser donantes en vida no deben:

7. Tener una función renal reducida:
   a. Menor a los 75 ml / min FG
   b. Eliminación de creatinina menor a los 80 ml/min.
8. Tener un examen de orina de 24 horas que muestre proteína superior a 300 mg por día
9. Tiene una prueba de orina que estima una función renal menor a 80 ml / min
10. Obesidad mórbida (un índice de masa corporal mayor de 39)
11. Tener cáncer (células cancerosas) o Infecciones activas.
12. Ser VIH positivo o con síndrome de inmunodeficiencia adquirida
13. Tener enfermedad activa del hígado.
14. Tener enfermedad cardiaca avanzada
15. Tener enfermedad pulmonar avanzada
16. Estar activamente usando drogas recreativas o nicotina (incluye el tabaco de mascar, cigarrillos electrónicos, hookah) o el abuso de alcohol
17. Haber sido diagnosticado con una enfermedad mental que no a sido tratada y no esta bajo control.
I. PURPOSE

To define fair and non-discriminatory patient evaluation and selection criteria for kidney and pancreas patients.

II. POLICY

Patients referred for transplantation will be evaluated according to the procedures in this document. When a patient is placed on the list the selection criteria used will be documented in the patient’s chart. (See attachment 1). A copy of program’s selection criteria will be provided to patient or dialysis center upon request.

III. SELECTION CRITERIA

A. KIDNEY: End-Stage Renal Disease defined as dialysis dependence or pre-dialysis deterioration of kidney function as manifested by a glomerular filtration rate (GFR) of less than or equal to 20ml/minute by creatinine clearance, eGFR or Glofil.

B. KIDNEY/PANCREAS OR PANCREAS: Insulin dependent with C-peptide of less than 1.0 and potential recipient less than or equal to 55 years of age; or Insulin dependent with C-peptide >2 and body mass index (BMI) less than or equal to the maximum allowable BMI per UNOS criteria.

C. PANCREAS: Diagnosed with insulin dependent diabetes mellitus, or have pancreatic exocrine insufficiency.

D. BMI 40 and OVER: Patients will be seen by transplant surgeon for initial consult and will either move forward with evaluation or be given a weight loss referral. Patients will be given Dietitian referral upon request to assist with weight loss and a target weight to work toward. If patients are told they are not able to move forward due to weight, they will be advised that once they have achieved the weight goal, they may reapply for transplant.
E. HIGH KIDNEY DONOR PROFILE INDEX:
   The Kidney Donor Profile Index (KDPI) is a numerical measure that combines ten donor factors, including clinical parameters and demographics, to summarize into a single number the quality of deceased donor kidneys relative to other recovered kidneys. All patients over 60 and all diabetics over 55 will be considered for High KDPI consent.

IV. ABSOLUTE CONTRAINDICATIONS
   A. Absolute contraindications to Kidney or Pancreas Transplantation
      1. Presence of active infection or sepsis
      2. Open wound
      3. Active malignancies
      4. Severe or irreversible disease (i.e. heart, lung, liver)
      5. Unresolved social or psychiatric/psychological factors

V. RELATIVE CONTRAINDICATIONS
   A. The following conditions may increase the risk of renal transplantation and may be a relative contraindication:
      1. Evidence of active systemic disease (i.e. Lupus, Wegener’s, Sickle Cell)
      2. Treated and remote malignancy
      3. Obesity
      4. Chronic or recurrent GI diseases
      5. Peritonitis or dialysis access infection without 2 weeks resolution
      6. Cancer without a 2-5 year remission period (remission time required based on the type of treatment and the risk for recurrence) excluding non-melanoma skin cancers (at physician discretion)
      7. Serious psychiatric complications that might result from the procedure or medications required
      8. Lower urinary tract that is non-functional or in whom a reasonable urinary diversion mechanism cannot be constructed
      9. Compromised vascular integrity
      10. History of HIV or any active infectious process necessitating treatment
      11. Current substance abuse
      12. Marijuana has been found to be associated with severe lung fungal infections.
      13. Active psychosis

NOTE: The patient may be required to sign the High Risk Acknowledgement (see
attachment 2) at the discretion of the committee members. High-risk patients include (but are not limited to):

1. Patients over 60 years of age
2. Patients with a history of cardiovascular disease
3. Patients with a history of atherosclerotic vascular disease
4. Kidney/pancreas and Pancreas Only

VI. EVALUATION AND SELECTION PROCESS

A. Upon application to the program for kidney and/or pancreas transplant, the potential Recipient will be screened for baseline clinical requirements and financial coverage for the evaluation process. If we are unable to obtain a Letter of Agreement for patients with out of network insurance we will refer patient to a transplant center that will accept the insurance they have.

B. Recipient will be educated on the option of a living donor.

C. All patients will receive a psychosocial assessment prior to being placed on the waitlist. This assessment will be updated on an annual basis and will be conducted by a licensed social worker. (Solid Organ Transplant and VAD Social Work Services, TC3.03)

D. Informed consent will be obtained for evaluation and transplantation.

E. Initial evaluations may include:

1. Surgical
2. Financial Coordinator
3. Nutrition Assessment
4. Nephrologist
5. Sonogram (abdominal and/or pelvic)
6. Chest X-ray
7. VCUG
8. C-peptide, HgAIC
9. Lower Extremity Dopplers – when indicated
10. ECG/EKG
11. Carotid Dopplers
12. TB skin test
13. Occult stool
14. Urinalysis
15. 24-hour Urine
16. Glofil
17. Comprehensive Metabolic Panel
18. HIV
19. Hepatitis Acute Panel
20. RPR
21. CMV IgG, CMV IgM
22. ABO, HLA, PRA, Tissue Typing
23. PSA (men over 50)
24. Colonoscopy
25. Pelvic exam, mammogram
26. EBV VC IgG
27. Varicella Zoster: VZV IgG, VZV IgM
28. Pharmacy consult

F. Additional consultations will be requested as needed for the potential recipient (and may include):

1. Cardiology
2. Neurology
3. GI
4. Pulmonology
5. Urology
6. Surgical
7. Neuropsychology, Psychology, Psychiatry
8. GYN
9. Dental

G. As part of the evaluation the potential recipient will also receive the following educational materials:

2. UNOS – “What Every Patient Needs to Know”
3. Financial Materials
4. Nutritional Materials

H. The results of the evaluation are presented to the Transplant Committee for discussion and a listing decision is made. The Committee will advise each patient on the result in accordance with United Network for Organ Sharing (UNOS) and Centers for Medicare/Medicaid (CMS) requirements and will place a copy of the selection criteria in the patient’s chart.
I. Pediatric specific patients may have the following additional consultations:
   1. Ophthalmology
   2. Child Life Assessment

J. All transplant candidates will have their blood type documented in the medical record prior to being placed on the transplant list. A second person will verify the ABO compatibility. The ABO used for listing will either be two confirmations from Meditech or one from Meditech and one from an outside lab (both performed at different times) and is a source document.

REFERENCES

Center for Medicaid and Medicare Services – Transplant Conditions of Participation – 482.90
   TAG X052
   TAG X053
   TAG X054
   TAG X055
   TAG X056

Solid Organ Transplant and VAD Social Work Services, TC3.03
Kidney and Pancreas Patient Selection Criteria

Patient: __________________________ DOB: __________ Date: ________________

**Clinical Indications:**
- For kidney patient selection, end stage renal disease defined as dialysis dependence or pre-dialysis deterioration of renal function as manifested by a glomerular filtration rate (GFR) of less than or equal to 20ml/minute by creatinine clearance, eGFR or Glofil.
- For kidney/pancreas or pancreas alone: Insulin dependent with C-peptide of less than 1.0 and potential recipient less than or equal to 55 years of age; or Insulin dependent with C-peptide >2 and body mass index (BMI) less than or equal to the maximum allowable BMI per UNOS criteria
- PANCREAS: Diagnosed with insulin dependent diabetes mellitus, or have pancreatic exocrine insufficiency.

**Relative Contraindications**
- Evidence of active systemic disease (i.e. Lupus, Wegener’s, Sickle Cell)
- Treated and remote malignancy
- Obesity
- Chronic or recurrent GI diseases
- Peritonitis or dialysis access infection without 2 weeks resolution
- Cancer without a 2-5 year remission period (remission time required based on the type of treatment and the risk for recurrence) excluding non-melanoma skin cancers (or physician discretion)
- Serious psychiatric complications that might result from the procedure or medications required
- Lower urinary tract that is non-functional or in whom a reasonable urinary diversion mechanism cannot be constructed
- Compromised vascular integrity
- History of HIV or any active infectious process necessitating treatment
- Current substance abuse
- Active psychosis
- Marijuana use

**Absolute Contraindications**
- Presence of active infection or sepsis
- Open wound
- Active malignancies
- Severe or irreversible extra renal disease (i.e. heart, lung, liver)
- Unresolved social or psychiatric/psychological factors

This patient has completed his/her transplant evaluation.
Comments: ________________________________________________________________

- Patient Meets Criteria
- Does Not Meet Criteria

Medical Director/Designated Committee Member____________________________
High Risk Acknowledgement

I __________________________ have been informed that I am considered a high risk transplant candidate based on the Medical City Dallas patient selection criteria.

The reasons for high risk categorization are:

☐ Patients over 60 years of age
☐ Patients with a history of cardiovascular disease
☐ Patients with a history of atherosclerotic vascular disease
☐ Kidney/pancreas and Pancreas Only
☐ __________________________________________
☐ __________________________________________

I understand I fit at least one (if not more) of these criteria.

I have discussed this with my surgeon and have agreed to proceed with transplantation.

______________________________________________________________________________  ______________
Patient Signature                                                                        Date

______________________________________________________________________________  ______________
Witness Signature                                                                       Date
ELIGIBILITY CRITERIA

Adult Kidney Recipient Eligibility Criteria

I. Indications for Kidney Transplantation
   a. All patients with Chronic Renal Failure on maintenance dialysis or approaching dialysis are considered de facto for kidney transplantation unless excluded specifically below.
   b. Foreign Nationals - Foreign national patients (intending to return to their native country) will be considered on a case by case basis. All foreign nationals must commit to moving to Fort Worth, Texas prior to transplant and remain here for a minimum of three months after. All financial requirements with the hospital and physicians must be completed and satisfied prior to listing patient.
   c. Financial Verification - Since kidney transplantation is an expensive and involved process, verification that your financial resources are available for coverage at this facility will be completed prior to any pre-procedure evaluations.

II. Absolute Contraindications to Kidney Transplantation
   a. Active malignancy
   b. Active illicit drug use
   c. Untreated or uncontrolled psychosis
   d. Illegal presence in the United States
   e. Women who are currently pregnant
   f. Active nicotine usage at time of listing activation

III. Relative Contraindications to Kidney Transplantation
   a. Age greater than 70 - will be evaluated on a case by case basis
   b. Morbid obesity (BMI above 35)
   c. Patients with documented compliance problems
   d. Severe Sickle cell anemia
   e. Severe cardiovascular disease
   f. Poor functional status

I have read and understand the above criteria and have asked all questions concerning these criteria.

Patient Signature: ___________________________ Date/Time: ______________
Witness: ___________________________ Date/Time: ______________

Revised: 2/2/2018
Recipent Selection Criteria Checklist

<table>
<thead>
<tr>
<th>Disciplines Present at Meeting</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Surgery</td>
<td></td>
</tr>
<tr>
<td>Nephrology</td>
<td></td>
</tr>
<tr>
<td>Living Donor Advocate</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Transplant Coordinator</td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
</tr>
<tr>
<td>Other ________________</td>
<td></td>
</tr>
</tbody>
</table>

Psychosocial evaluation completed: □ Yes □ No
Psychologist/Psychiatrist evaluation completed if required: □ Yes □ No
History of substance abuse: □ Yes □ No Compliance contract complete if required: □ Yes □ No
RD evaluation completed: □ Yes □ No Patient BMI ________
Pharmacist - Medical record reviewed for pharmacy issues: □ Yes □ No
Financial Coordinator: □ No financial issues noted or financial issues have been addressed and resolved Financial issues pending ____________________________

Indications for Kidney Transplantation
ESRD or CKD: □ Yes □ No Dialysis: □ not started □ HD □ PD
Patient residency status: □ US citizen □ Legal resident □ Foreign National

Mark any contraindication patient has to transplantation:

### Absolute Contraindications:
- Active malignancy
- Active illicit drug use
- Untreated or uncontrolled psychosis
- Illegal presence in the United States
- Women who are currently pregnant
- Active nicotine usage at time of wait listing

### Relative Contraindications:
- Age greater than 70 - will be evaluated case by case
- Morbid obesity (BMI above 35)
- Patients with documented compliance problems
- Sickle cell anemia
- Multiple comorbidities
- Psychosocial concerns

### Additional Patient Exclusion Criteria:
- Patient request to be removed from consideration for transplant
- Death
- Transplanted

**Decision:** □ Approved for active Listing for Transplant

□ Approved for Status 7 Listing for Transplant, Following is needed prior to activation: _____

□ Approved for active Listing for Transplant pending: ____________________________

□ Declined patient for Listing for Transplant due to above marked exclusion criteria

Post-Selection Follow-Up Coordinator: ____________________________ Date: _____________

Patient notified via: □ phone call □ letter sent Date: _____________

Referring Physician notified via: □ phone call □ letter sent □ Fax Date: _____________

Dialysis notified, if applicable, via: □ phone call □ letter sent □ Fax Date: _____________

Signature of Transplant Surgeon/Physician: ____________________________ Date: _____________

Signature of Transplant Coordinator: ____________________________ Date: _____________

---

Medical City
Transplant Institute | Fort Worth

909 9th Avenue Suite #400
Fort Worth, TX 76104    (817)834-8500

Patient Identification
Kidney Transplant Criteria

Creatinine clearance: 20 ml per minute by eGFR by MDRD calculation, Glofil, or 24 hour urine collection.

Most recipients with a BMI up to 35 will usually be accepted. Recipients with a BMI of 35-39 will be accepted with the recommendation of a transplant surgeon.

Recipients who are current smokers and have a history of diabetes, any cardiac or vascular events (MI's, PVD, carotid disease, amputations) or interventions (peripheral or cardiac angioplasties/stents, peripheral vascular bypass, etc) will be required to stop smoking prior to evaluation. The committee may require documented negative carboxyhemoglobin prior to beginning evaluation.

Exclusions

Active infection

Active malignancy or metastatic disease

Significant cardiovascular disease

Significant liver disease

Morbid obesity (BMI>39)

Psychiatric disorders unresponsive to treatment

Noncompliance with medication and treatment regimen

Ongoing substance dependency or abuse. Potential recipients who use marijuana will be discussed on an individual basis by Selection Committee.

Inadequate financial/social resources to manage post transplant regimen

04/21/2016
PARKLAND TRANSPLANT PROGRAM

Patient Selection Criteria:

The selection criteria are as follows:

1. Your kidney function must have declined to the point that you need to either start dialysis or have a kidney transplant to remain healthy. You may apply for a kidney transplant if your kidney function has declined to 20%, but many insurance companies will not cover the cost of the work-up until the kidney function has gone down to 15%.

2. You must be healthy with a life expectancy of over two years.

3. You cannot have any absolute or relative contraindications that would increase the risks of transplantation.

4. Absolute and relative contraindications for transplantation can be:
   a. Recent malignancy with risk of recurrence
   b. Cardiac condition that will increase the risks of death
   c. Liver disease that will increase the risk of death
   d. Pulmonary condition that will increase the risk of death
   e. Vascular disease that will increase risk of loss of limb, stroke and/or inability to perform the transplant surgery
   f. Drug addiction and current abuse of illicit drugs
   g. Alcohol abuse that is current
   h. Immunologic disease clinically active
   i. Coagulation disorder that is untreated and active
   j. Anatomical condition preventing successful grafting of an organ
   k. Infections, active, and chronic that will increase the risk for complications
   l. Pancreatitis that is complicated and active
   m. Neurological disease that is debilitating with permanent deficits
   n. Noncompliance to current medical regimen, not coming to appointments, and not being interested in transplantation
   o. Psychiatric illness that is active and/or recent that will increase the risks for complications after transplant
   p. Physical or mental handicap without self-care ability or adequate family/social support that will increase the risks after transplantation
   q. Cognitive limitations that limit understanding of risks and process of transplantation and the ability to make informed medical decisions
   r. Lack of social support that will increase the risk of complications after transplant
   s. Body Mass Index > 35 that is not deemed to be appropriate for surgical candidacy and has an increased risk for severe complications

Evaluation Process

An evaluation for a Kidney Transplant means having many tests, procedures and visits with other doctors. It includes meeting with many members of the transplant team. All these consultations, tests, and procedures will help us know if a kidney transplant is the right treatment for you. It will also help us to know if you are well enough to have the kidney transplant surgery. The tests will help us know if there are any other treatments beside a kidney transplant that can help you.
POLICY STATEMENT:

Selection Criteria will be maintained in a manner that ensures a fair and non-discriminatory distribution of organs. Decisions will not be based on factors such as race, ethnicity, religion, national origin, gender or sexual orientation. Selection Criteria is based on medical and psychosocial suitability based on risk and benefit considerations as judged by the patient’s physicians and care team.

All candidates are reviewed on a case-by-case basis and any contradiction is thoroughly evaluated by the Multidisciplinary Transplant Committee. It is recognized that on a rare occasion, patients may be suitable candidates for transplantation despite falling outside of selection criteria. On such occasions, apparent contradictions will be acknowledged and the rationale for transplant listing thoroughly documented.

PROCEDURE:

I. Indications
   A. Chronic irreversible renal failure nearing need for dialysis or requiring dialysis with a CCr \( \leq 20\text{mL/min} \) by MDRD, Cockroft Gault, or measured creatinine clearance.
   B. Life expectancy > 2 years

II. Absolute Contraindications
   A. Excessive cardiac risk
   B. Severe vascular disease
   C. Body Mass Index > 50
   D. Prohibitive anatomical conditions preventing successful grafting of an organ
   E. Insufficient social support

III. Relative Exclusion Criteria
   A. Active infection
   B. Detectable HIV infection
C. Recent malignancy (or if immunosuppression is very likely to increase the risk of occurrence). Decision will be made based upon best practice. Other resources can be consulted on case by case basis.

D. Active coagulation disorder

E. Chronic Infection
   1. Osteomyelitis should be treated and if necessary the infected part removed and resolved.
   2. Diabetic foot ulcers must be free of infection and healed prior to transplant.
   3. Active Tuberculosis (TB) requires a full course of therapy.
   4. Active coccidiodomycosis (coccis) and other fungal infections may require prophylactic therapy (prior cocci will require long term therapy).
   5. Chronic active or persistent hepatitis
   6. Complicated Pancreatitis will necessitate a minimum wait of 6 months before referral to transplant.

F. Debilitating neurological disease (such as previous CVA with large permanent deficits).

G. Chronic liver disease: in selected cases, patients will be considered for dual liver and kidney transplants.

H. Cognitive deficits
   1. Patients with progressive cognitive diagnosis (i.e., dementia, Alzheimer’s) may not be candidates for transplants.
   2. Patients with cognitive disorders will need to demonstrate sufficient support to adhere to a post-transplant regimen.

I. Poorly controlled psychiatric disease

J. History of non-adherence with medical regimen

K. No Identifiable long term access to healthcare

L. Substance abuse or dependence may not be candidates

M. Renal Diseases associate with poor outcomes

N. Body mass index >40 but <50 (these patients may be referred for bariatric surgery consult- and if they undergo weight loss surgery then they will be considered for full evaluation)

O. Chronic lung disease – advanced or untreatable

IV. Transplant Selection Committee Presentation/Approval

Following a complete medical psychosocial evaluation, the results of the evaluation will be presented to the Multidisciplinary Team. The decision, of the Committee, and the selection criteria will be placed in the potential transplant recipient’s chart and will become part of the permanent medical record. Notifications of Committee decisions will be communicated according to regulatory guidelines.

REVIEWED BY:
Kidney Multidisciplinary Team

REFERENCE:
CMS 482.90 – X051, X052, X053, X054, and X055.


Written: 7/07
Revised: 11/08, 2/09, 10/12, 2/13, 9/13, 7/1/15, 2/16, 2/18
Reviewed: 11/08, 2/09, 10/12, 2/13, 9/13, 7/1/15