

## **Kidney Transplant at Robert Wood Johnson University Hospital**

Any patient diagnosed with Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD) that is either on dialysis or approaching the need for dialysis can be referred for transplant evaluation. All potential candidates seen for evaluation will be educated and assessed by the RWJUH multidisciplinary transplant team.

### **Inclusion criteria for kidney transplantation are:**

- ESRD with a GFR <20
- Transplant Dietitian clearance,
- Psychosocial clearance, including adequate support system.
- Adequate financial coverage for transplant care and medications
- All Hepatitis C positive recipients will be tested by PCR and genotyped.
- All current smokers must be referred to a smoking cessation program.
- Age appropriate cancer screenings to meet the American Cancer Society recommendations.
- Screening of renal cysts- All patients with polycystic kidney disease should have pre-transplant imaging to evaluate for the presence of lesions suggestive of renal cell carcinoma. Patients who have been dialysis dependent for 4 or more years must have a renal ultrasound.
- Cardiac Clearance (which may require Cardiac Catheterization).
- Pulmonary Evaluation with Pulmonary Hypertension or COPD (If patient meets criteria Protocol for Pulmonary Evaluation with Pulmonary Hypertension or COPD).
- HIV with CD4+ T-cell count of 200 cells per cubic millimeter or greater, undetectable HIV type 1 (HIV-1 RNA levels, and no opportunistic infections.)

## **Referrals for Transplant Evaluation at Robert Wood Johnson University Hospital**

**Phone: 732-253-3699- Option #2**

**Fax: 732-448-7319**

**Online: [www.NJTransplant.org](http://www.NJTransplant.org)**

## Patient Selection Criteria for Kidney Transplant

Although some contraindications to transplantation are absolute, many are relative and are determined by individual program policy and experience. **Patients should be presumed to be acceptable transplant candidates until proven otherwise.** If there is any question regarding an individual's candidacy, the patient should be referred and the transplant team will make the final determination.

**Absolute Exclusion criteria** which may prevent a patient from being listed or require removal from the transplant waiting list are, but may not be limited to:

- Age >75 without a living donor
- Advanced and/or inoperable coronary artery disease; ischemic cardiomyopathy, and/or EF <30 measured by echocardiogram or MUGA scan
- Severe and uncorrectable peripheral vascular disease
- Untreated psychiatric condition(s), including suicide risk
- Severe psychiatric illness, uncontrolled with medication
- Does not meet definition of Resident Alien (deceased donor transplant only)
- Chronic, unresolved systemic infection
- Documented history of repeated and/or prolonged treatment/medication non-adherence
- Active alcohol or illicit drug abuse
- Active or recent malignancy (may have required waiting period)
- Dependence on chronic supplemental oxygen
- Decompensated liver cirrhosis
- Lack of adequate financial or social support.
- BMI>45
- A BMI of <18.5 with diabetes and/or poor functional status
- HIV+ patients with active Hepatitis infection B or active Hepatitis C infection will not be transplanted.

### **Relative Contraindications include:**

- RV Systolic Pressure > 50 on an echo performed within 24hrs of dialysis treatment.
- A combination of co-morbid conditions which unacceptably raise the risk of patient or graft loss
  - Age restrictions 65-69 years old with >2 comorbidities
    - Will allow 3 comorbidities only if the patient has a living donor)
  - 70-75 years old with 1 comorbid condition only if they have a living donor
- History of ESRD following early recurrence of primary kidney disease in previous transplant
- Morbid obesity (BMI greater than or equal to 40- 45)
- Poor functional status
- Persistent hypotension, particularly requiring Midodrine
- Advanced COPD
- HIV with CD4+ T-cell count less than 200 cells per cubic millimeter, or detectable HIV type 1 (HIV-1 RNA levels, or presence of opportunistic infections).