Policy Title: Patient Selection Criteria for Kidney Transplantation

Location: GWUH  
Department: Transplant Institute

Policy Number:  
Review Date: September 26, 2020

Original Effective Date: April 14, 2014  
Current Effective Date: September 26, 2017

I. Scope  
Transplant Institute

II. Purpose  
The purpose of this policy is to provide team members with guidelines for selecting patients for whom transplantation will provide the most optimal benefit.

III. Definitions  
A Kidney Transplant candidate is an individual with end stage kidney disease requiring dialysis or in a pre-dialysis state of health who meets the criteria of this team to be listed for a deceased donor or living donor kidney.

IV. Policy  
It is the policy of George Washington University to determine eligibility for kidney transplantation based on selection criteria that evaluates risks and benefits of the transplant procedure on an individual basis and ensures fair and nondiscriminatory decisions by the transplant team.

V. Procedures  
Patients are evaluated through the comprehensive review of medical evaluation, psychosocial assessments and testing. A multidisciplinary team of transplant professionals meets to review outcomes of these assessments and test results. Decisions to accept or exclude an individual for transplantation are based on the team’s determination of the most optimal outcome and least risk for the patient. Decisions are documented in the patient’s medical record.

Indications for kidney transplantation:
- A patient with Chronic Kidney Disease (CKD) who has a Glomerular Filtration Rate (GFR) less than or equal to 25 ml/min.
- Patients on dialysis
- Chronic irreversible kidney disease that has not responded to other medical or surgical treatments but the patient is not yet on dialysis
- History of adherence with healthcare recommendations
- BMI < 40
- Social support system willing to assist patient as needed in the post-operative phases of transplantation.
- Not currently smoking, using recreational drugs or abusing alcohol
- Free of active or untreated infection or malignancy
- Psychologically stable as determined by psychosocial assessments
- No severe heart disease or other blood vessel disease
- Frailty score of 0-2
- No current pharmaceutical issues that would preclude the candidate from transplant
- Have adequate insurance to cover transplant surgery, post-transplant care and medication needed after transplant

Absolute contraindications to kidney transplantation:
- Active, untreated infection
- Advanced chronic lung disease
- Advanced liver disease where the patient is not a candidate for a simultaneous liver-kidney transplant
- Advanced heart failure where the patient is not a candidate for a simultaneous heart-kidney transplant
- Uncontrolled HIV infection
- Active and unstable psychiatric illness
- Active malignancy
- Nonexistent social support system
- Active illicit substance abuse
- Active alcohol dependence
- Active psychotic symptoms that may impair adherence with transplantation
- Dementia
- History of continual non adherence with treatment
- History of recidivism of substance abuse after previous organ transplant
- Marijuana may be an absolute contraindication if the Patient Selection Committee determines that there are existing comorbidities or psychosocial concerns for a patient who tests positive for marijuana. For more details, see GW Transplant Institute’s “Patient Marijuana Use” policy.
- Frailty score of 5
• Inadequate insurance to cover transplant and or medications

Relative contraindications to kidney transplantation:
• Frailty testing score of 3-4 (frail)
• Low left ventricular ejection fraction (LVEF) <35-40%
• Active nicotine abuse
• A history of multiple suicide attempts
• Marijuana may be a relative contraindication if the Patient Selection Committee determines that there is an absence of comorbidities or psychosocial concerns for a patient who tests positive for marijuana. For more details, see GW Transplant Institute’s “Patient Marijuana Use” policy.

Other potential contraindications to transplantation:
Cardiac disease
• Advanced cardiomyopathy disease, coronary artery disease (CAD)
• Peripheral vascular disease (PVD)
• Congestive heart failure (CHF) optimally managed and leaves the patient in *NYHA class III or IV
• Reduced exercise capacity (VO2 max. < 10 ml/kg/min)
• Malignant ventricular dysrhythmias refractory to treatment

Candidates considered a high risk potential for cardiac disease (1)
• Diabetics
• History of smoking
• Prior cardiac disease
• On dialysis > 1 year
• Hyperlipidemia
• Age > 60

Nutritional problems
• Severe malnutrition or cachexia
• Morbid obesity (BMI>40)
• Severe unexplained weight loss

GI disturbances
• Active peptic ulcer disease
• Active diverticular disease
• Irreversible hepatic dysfunction
• Symptomatic cholelithiasis
• Pancreatitis

Cerebrovascular disease
• Cerebrovascular accident (CVA) with severe neurological deficit
• Severe neuropathy, or myopathy with poor prognosis for rehabilitation

Pulmonary disease
• Significant pulmonary insufficiency (FEV1<1.2 liters)
• Mild to moderate pulmonary hypertension (pulmonary artery systolic pressure >45 mmHg)
  o Testing by ECHO following dialysis to ensure a dry weight

Infections
• Hepatitis B surface antigen positive with evidence of active or severe hepatic disease
• Hepatitis C with biopsy proven histologic evidence of severe hepatic disease
• HIV viral load and CD4 <200 and non-compliance with HAART medications

Team Decision
If a patient is deferred and requires additional testing, the patient is notified in writing of the tests required to make a final decision.

• Criterion used to select each candidate is documented in the patient’s chart.
• Each patient is notified in writing of the results of the team’s decision with the date the decision was made.
• The patient’s referring physician and dialysis center are also notified of the team decision.

VI. References:
3. CMS Interpretive Guidelines X051 Patient and living donor selection

Approved

__________________________  ____________  __________________________  ____________  
J. Keith Melancon MD         Date                  Muralidharan Jagadeesan, MD   Date
Chief, Transplant Surgery    Medical Director, Kidney Transplant Institute
# The George Washington University Transplant Institute

## Patient Selection Meeting

### Section 1: Patient Information

- **Patient Name:**
- **DOB:**
- **Date:**
- **Primary Diagnosis:**
- **PRA:**
- **Referring MD:**

### Section 2: Selection Criteria for Potential Transplant Recipients (select all that apply)

<table>
<thead>
<tr>
<th>Medical Indications</th>
<th>Psychosocial Indications</th>
<th>Financial Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Have a GFR less than or equal to 25 ml/min.</td>
<td>- No psychiatric illness</td>
<td>- Have adequate insurance to cover the transplant surgery, post-transplant care and medication needed after transplant</td>
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<td>- On dialysis</td>
<td>- Have controlled major psychiatric disorder (controlled with either mental health therapy, medication management, support group)</td>
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<tr>
<td>- Have chronic irreversible kidney disease that hasn’t responded to other treatments but is not yet on dialysis</td>
<td>- Have a reliable social support system to provide support both before and after receiving transplant</td>
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<tr>
<td>- Have a history of adherence with healthcare recommendations</td>
<td>- SIPAT Score</td>
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<td>- Have a BMI &lt; 40</td>
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<td>- Not currently smoking, using recreational drugs or abusing alcohol</td>
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<td>- Free of active or untreated infection or malignancy</td>
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<td>- No severe heart disease or other blood vessel disease</td>
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<td>- Frailty Score of 0-2</td>
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<tr>
<td>- No current pharmaceutical issues that would preclude the candidate from transplant</td>
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</tbody>
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### Other (specify):

- Active, untreated infection
- Advanced chronic lung disease
- Advanced liver disease
- Advanced heart failure
- Uncontrolled HIV infection
- Active and unstable psychiatric illness
- Active malignancy
- Frailty Score of 5
- History of recidivism of substance abuse after previous organ transplant

### Section 3: Absolute Contraindications (select any that apply)

- Inadequate social support system
- Active illicit substance abuse
- Active alcohol dependence
- Active psychiatric symptoms that may impair adherence with transplant
- Dementia
- History of continual non-adherence with treatment
- Inadequate insurance to cover the transplant and/or meds

### Section 4: Relative Contraindications (select all that apply)

- Cerebrovascular accident (CVA)
- Severe neuropathy, or myopathy with poor prognosis for rehab
- Significant pulmonary insufficiency
- Active peptic ulcer disease
- Advanced cardiomyopathy disease
- Severe peripheral vascular disease
- Congestive heart failure
- Hepatitis B surface antigen positive
- Hepatitis C with biopsy proven histologic evidence of hepatic disease
- HIV with negative viral load and CD4>200 on HAART medications
- Unintentional weight loss
- Frailty Score of 3 or 4
- History of multiple suicide attempts
- Low left ventricular ejection fraction

### Other (specify):

- Any previous malignancy
- Exhausted vascular Access
- Exhausted peritoneal Access
- Ethnicity:
- Functional Status (0-100%):
- If diabetes, age of diabetes onset:

### Section 5: Final Decision

- List
- List after review of pending test results
- Continue to list active (e.g. for annual review)
- Continue to list inactive (e.g. for annual review)
- Status change (e.g. inactive to active)
- Remove from waitlist

- Deferral
  - If "defer", provide the proposed follow up date:
  - Reason for deferral:
    - Additional testing needed
    - Psychosocial follow up needed
    - Other

- Deny

### Section 6: Follow Up Plan

- No follow up needed before listing

### Section 7: Signatures

- **Name:**
  - **Title:** Surgeon/Nephrologist
  - **Signature:**

- **Name:**
  - **Title:** Transplant Coordinator
  - **Signature:**

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Revised June 2018