MCGHealth Kidney and Pancreas Transplant Program

Exclusionary Criteria:

1. Age: Patients can be referred and evaluated for renal transplant irrespective of age.
   a. Patients under 18, have specific exclusionary criteria.
   b. Patients over 70, clear benefit of transplantation compared with other types of renal replacement therapy should be expected if the patient is to be transplanted. The presence of significant cardiac and/or vascular disease and the patient’s general medical condition must be considered when evaluating patients in this age group.

2. Malignancy: Patients with a known active malignancy should not be considered as a transplant candidate.
   a. Patients who have had cancer in the past and are presumed cancer-free can be considered.
   b. Oncologic consultation may be necessary for determination of the waiting period.
   c. Patients with metastatic cancer are excluded from transplantation.
   d. Female Patients
      i) Gynecologic examination with Pap smear within 6 months prior to beginning their evaluation.
      ii) Mammograms should have been performed within 12 months in females over 40.
   e. Male Patients: Men over the age of 50 will have a prostate-specific antigen test performed as part of their transplant evaluation.

3. Infection: The presence of any chronic infection precludes transplantation and the use of immunosuppressive therapy.
   a. Diabetic foot ulcers must be healed before transplantation.
   b. Patients considering a transplant evaluation should be tested for tuberculosis.
      i) Those showing a positive PPD with a negative chest X-ray should undergo a full course of prophylactic treatment (generally INH for 6 months) followed by close observation – the treatment can begin during the evaluation and be continued into their waiting period on the cadaver list and should not delay their evaluation.
      ii) Patients with active disease can be evaluated while they are being treated and transplanted after completion of the treatment.
   c. Infection with the human immunodeficiency virus (HIV) is a relative contraindication to kidney transplantation. We currently recommend that patients with HIV infection with an undetectable viral load be referred to a center participating in the NIH multicenter trial of kidney transplantation in patients with HIV infection.
   d. Patients with recurrent urinary tract infections or other urological problems can be referred for evaluation but will probably require urologic consultation.
   e. Patients should be immunized against influenza, pneumococcus, tetanus, VZV and hepatitis B prior to transplantation.
   f. Dental caries and gum disease can cause a patient to be at risk for infection.
      i) It is required that all patients be free from dental disease before they are transplanted.
      ii) Patients waiting for a cadaveric transplant should maintain their dental health, with dental evaluation done biannually during the waiting time.
   g. Active hepatitis, cirrhosis and chronic liver disease are generally contraindications to kidney transplantation.
      i) Patients who are HBsAg positive and/or HCV positive can be referred for transplant but may need further evaluation for evidence of active viral replication and histologic damage.
      ii) In general, hepatitis C positivity in the absence of circulating virus by PCR is not a contraindication to renal transplantation. Hepatitis C positive patients with circulating virus will be asked to undergo liver biopsy, with the presence of cirrhosis on biopsy excluding them from transplantation.

4. Cardiac: Cardiovascular disease is one of the leading causes of death after renal
transplantation.

a. High-risk patients, including those with angina, congestive failure, significant arrhythmia, diabetes, age over 60, and/or a history of coronary artery disease, require careful evaluation in order to determine the presence and severity of coronary artery disease.
   i) When present, coronary disease if best corrected before rather than after the transplant surgery. Either a noninvasive myocardial scan (stress or pharmacologic) or stress echocardiogram may be used in the patient’s evaluation.
   ii) Some patients – especially those with known disease or known abnormal screening tests – may undergo catheterization primarily.

b. Patients with myocardial disease leading to depressed left ventricular function may be satisfactory candidates for renal transplantation, especially if the cardiomyopathy is likely to be due to uremia.

5. Respiratory: Although most patients with controlled asthma or chronic obstructive pulmonary disease can be transplanted, those with severe pulmonary disease (FEV₁ < 1.25 L/min) may not be suitable candidates for elective surgery.

a. Cigarette smoking increases the risk of surgery and the likelihood of post-transplant malignancies and cardiovascular disease.

b. Patients who smoke should be offered a smoking cessation program and should be strongly encouraged to stop before transplantation.

6. Gastrointestinal: Patients with a history of peptic ulcer disease, pancreatitis and diverticulitis can be referred for transplant evaluation but must be adequately diagnosed and treated prior to transplantation.

7. Vascular: Patients with diminished or absent pulses in the lower extremities or symptoms of claudication will require vascular studies.

a. The recommended exams that may include invasive and non-invasive vascular studies.

b. Severe aorto-iliac arterial disease is a contraindication to transplantation since the arterial disease may prevent successful renal revascularization.

8. Psychiatric Disease: Patients with severe psychiatric conditions rendering them unable to comply with a complicated immunosuppressive regimen are excluded from transplantation.

a. Less severe psychiatric conditions are addressed on a case-by-case basis.

b. Patients with important psychiatric disease should be evaluated by a psychiatrist prior to the transplant evaluation, with attention directed towards the benefit to the patient and the likelihood of compliance.

9. Obesity: Obese patients are at a greater risk from wound complications and pulmonary infections.

a. The long-term risks from cardiovascular disease secondary to hypercholesterolemia and from hypertension are compounded by obesity.

b. Prednisone therapy may induce weight gain, and these patients must be encouraged to lose as much excess weight as possible before transplantation.

c. Patients can be referred to the MCG Transplant Program if their body mass index \([ \frac{wt(kg)}{ht^2(m)} ]\) is 38 or lower.

10. Pediatric Patients: Patients who are under 18 years of age may be referred to the MCG Pediatric Kidney Transplant Program, a joint effort of the MCG Pediatric Nephrology and Kidney/Pancreas Transplant programs. Although the evaluation and exclusionary criteria for pediatric patients are similar to those for adults, there are several special considerations.

a. Whenever possible, children are transplanted preemptively, most often with living donor kidneys, in order to avoid the serious growth implications of ESRD.

b. Those with congenital uropathy are managed in conjunction with the MCG pediatric urology team, and may require bladder reconstruction or augmentation prior to
transplantation.

c. Children with glomerular disease have often undergone kidney biopsy prior to referral, and special attention is paid to the risk of recurrent glomerular disease after transplantation.

11. Pancreas Transplantation: Patients with type 1 diabetes mellitus have several transplantation options.
   a. Those who have acceptable living kidney donors will be given the option of receiving a living donor kidney transplant alone or may opt to be listed for a pancreas-only transplant after their living donor kidney transplant.
   b. Many patients elect to receive a simultaneous kidney and pancreas transplant from the same deceased donor.
   c. Type 1 diabetic patients will be required to undergo rigorous cardiac evaluation.
      i) Those with significant coronary disease may be excluded from consideration as a pancreas transplant candidate unless they are completely revascularized prior to their transplant.
      ii) Patients who elect to receive kidney transplants alone may be acceptable with more advanced CAD.

12. Patient Refusal: Patients who have been informed about transplant as a treatment modality and do not wish to receive a transplant should not be evaluated.

13. Transportation and Telephone Service
   a. Patients who wish to be considered for transplantation at the Medical College of Georgia must have reliable transportation to and from MCG for evaluation visits and post-transplantation follow-up clinic visits.
   b. Patients must have a telephone service at their residence and agree to maintain this service after transplantation.
   c. Patients who rely on state-assisted transportation service must have emergency plans for transportation for travel when a kidney becomes available and for urgent health care.

14. Drug and Alcohol Addiction: Patients with an ongoing addiction to alcohol or drugs are not transplant candidates.
   a. Addictive behaviors can lead to noncompliance and failure of the transplant.
   b. Patients with a prior history of addiction who have been rehabilitated may be candidates for kidney transplantation, but random drug screening and ongoing attendance in drug and alcohol rehabilitation programs is highly recommended.
   c. Patients must be drug free for a period of six months prior to the referral for transplant evaluation.

15. Jehovah’s Witnesses: MCG will accept Jehovah’s Witness patients as transplant candidates if the patient’s medical condition is stable enough to allow for a safe transplant surgery without the need to use blood transfusions.
   a. Aggressive treatment with erythropoietin prior to transplantation in order to achieve a Hgb ≥ 12.0 g/dL is advised.
   b. Jehovah’s Witness patients will undergo carotid and coronary evaluation to exclude the presence of significant obstructive vascular lesions.

16. Compliance: Patients with a history of repeated noncompliance with previous medical therapy should be considered at extremely high risk for recurrent non-compliance, transplant rejection and loss of the kidney.
   a. Compliance with the medical regimen following transplantation can be predicted by the patient’s behavior on dialysis.
   b. Kidneys are needlessly lost through noncompliant behavior with medications and follow-up after the transplant procedure.
   c. Patients with a history of repeatedly missing dialysis treatments or repeated emergency hospitalization for urgent dialysis are at a particularly high risk for noncompliant
behavior following transplantation.

i) Patients with a history of noncompliance may be asked to demonstrate their ability to comply with their dialysis regimen for a period of 6 to 12 months prior to accepting them for transplant evaluation.

ii) We are very dependent upon the dialysis unit staff’s judgment and experience in order to identify high-risk patients, and rely on the units to notify us of problematic behavior.

17. Financial Concerns: Most patients who are referred for transplantation have or are eligible for Medicare.

a. Medicare and/or private health insurance will cover the expenses of transplant evaluation, hospitalization, and (in the case of Medicare) 36 months of post-operative care.

i) It is very important that patients be aware that Medicare ends 36 months after a successful transplant.

ii) Patients who are eligible for Medicare on the basis of their ESRD receive coverage for two immunosuppressive drugs for 36 months post-transplant only, and it is crucial that clear arrangements be made in advance of the transplant for coverage of the patient’s co-pays, other medications and for immunosuppressives beyond the 36 month point.

b. Financial coverage for medications is often much more difficult to insure than is coverage for the transplant itself.

The MCG Transplant Social Worker and Financial Aid Counselor will meet with all patients during their evaluation to discuss their financial responsibilities.