

OHSU Kidney Transplant Eligibility Criteria

Adult Kidney Recipient Eligibility Criteria

- I. Indications for Kidney Transplantation
 - A. End Stage Renal Disease (dialysis dependent), or
 - B. Estimated GFR \leq 20cc/min.
 - 1. Patients may be referred when eGFR is less than 25 ml/minutes if declining at a rate that would require dialysis within the next year.

- II. Absolute Contraindications to Kidney Transplantation
 - A. Active uncontrolled infection (including but not limited to open wounds) that requires ongoing treatment.
 - 1. Latent tuberculosis can be transplanted after one month of treatment.
 - B. Active or recently treated malignancy within the window period for recurrence surveillance (in general, a minimum of two year malignancy-free interval after successful treatment is completed)
 - 1. Localized basal cell or squamous cell carcinoma of the skin require no waiting time.
 - 2. For some tumors with low potential of recurrence such as localized, low grade or intermediate grade genitourinary cancer, ductal carcinoma in situ of the breast and papillary thyroid carcinoma, a 6 month waiting period after resection will be acceptable.
 - 3. Some advanced stages of colon, breast, soft tissue sarcomas, and melanoma may require 5 year waiting period before transplantation.
 - C. Active drug use, alcoholism, untreated or inadequately treated mental illness
 - 1. Active mental health illness (i.e., active psychosis, decompensated depression or mania).
 - 2. Active alcoholism.
 - 3. Active use of substances including, but not limited to cocaine, heroin, barbiturates, opiates, or methamphetamines.
 - 4. Untreated substance use disorder as defined by DSM-V Diagnostic Criteria.
 - D. Detectable HIV viral load or CD4 count $<$ 200 cells/ml
 - E. Unsuitable anatomy for technical success (to be determined by the transplant surgery team).

- F. High probability of peri-operative mortality such as:
 - 1. Advanced cardiac disease (may be considered for combined heart-kidney transplant)
 - a. Inoperable multi-vessel coronary artery disease (CAD)
 - b. Active ischemia
 - c. Refractory cardiac failure
 - d. Left ventricular ejection fraction equal or less than 30%
 - 2. Chronic liver disease (may be considered for a combined liver-kidney transplant)
 - a. Decompensated liver cirrhosis
 - b. Portal hypertension defined by portal system pressure gradient of >10 mm Hg.
 - 3. Advanced chronic lung disease (may be considered for a combined lung-kidney transplant, requires referral to another transplant center)
 - a. Chronic intermittent or continuous supplemental Oxygen requirements.
 - b. Inability to ambulate for at least twenty minutes without requirement of supplemental Oxygen.
 - c. Pulmonary arterial hypertension (mean pulmonary artery pressure greater than 45 mmHg) refractory to therapy.
- G. Medical noncompliance, including but not limited to:
 - 1. Skipping dialysis sessions, signing off early, or not doing CAPD exchanges as prescribed, and lack of adherence to diabetic treatment
 - 2. Missing numerous medical and/or testing appointments
- H. Inappropriate or threatening behavior towards healthcare providers.
- I. Active tobacco use in any form (smoking, vaping, chewing).
- J. Inability to maintain appropriate and timely communication with healthcare providers
- K. Inadequate financial or social support/stability
 - 1. Inability to secure funds to cover out of pocket expenses pre and post transplantation.
 - 2. Homelessness.
 - 3. Lack of caregivers available for transportation at short notice and to keep appointments at the transplant center. Care givers must also be able to provide assistance with medications.
- L. Poor physical performance status
 - 1. Individuals must be able to independently perform activities of daily living (ADL)

III. Relative contraindications

- A. Significant asymptomatic cardiac disease.
 - 1. Prior revascularization
 - 2. LVEF less than 40% or diastolic dysfunction grades III or IV.
- B. Severe peripheral or cerebral vascular disease
 - 1. Active claudication or rest ischemia (must be treated/resolved before listing)
 - 2. History of a cerebrovascular event with or without a deficit.
 - 3. Transient ischemic attack (TIA) or cerebrovascular attack (CVA) within past 12 months
- C. Renal disease with significant potential for recurrence causing kidney graft loss without use of available therapies:
 - 1. Primary Oxalosis (unless combined with a liver transplant)
 - 2. Fabry's disease: must be on enzyme treatment
 - 3. Atypical hemolytic uremic syndrome (aHUS): must be on complement inhibitor therapy
- D. History of substance use disorder with significant risk of relapse.
- E. Decreased physical performance status.
 - 1. Age greater than 70 years
 - 2. Significant cognitive impairment or disorder that affects the patient's ability to understand transplantation or ability to adhere to post transplant treatment