JEEVANDAN

Cadaver Transplantation Programme, Government of Telangana

APPROPRIATE AUTHORITY FOR CADAVER TRANSPLANTATION (AACT)

(G.O.Ms. No: 184, HM&FW (M1) Department, dated 16.08.2010)

AACCTSub- committee (Kidney)

Donor Organ Sharing Scheme

Operating principles for Kidney Transplantation Units in Telangana

Prepared by

AACT Sub – Committee (Kidney)

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AACCTSub- committee (Kidney)

The AACT, Jeevandan formed a sub-committee for Kidney with a mandate to prepare guidelines for organ harvesting transportation, organ allocation and other issues related to cadaver transplantation. The following members were appointed for the Kidney Sub-Committee.

Committee Members:

Dr. PVLN Murthy
Dr. Saharia
Dr. Manisha Sahay
Dr. Gangadhar
Dr. Siva kumar
Dr. Somasekher
Dr. RajashekarChakravarthy
Dr. Kamal Kiran
Dr. M V Rao
Dr. Jagadeshwar

The committee in its formal and informal meet deliberate and suggested the following guidelines as per operating principle for implementation of Kidney transplantation program in the state.

I. Registration

1. All patients with ESRD waiting for Cadaver Renal transplant should register their names in a transplant centre (hospital/institution) recognized by Jeevandan.
2. Registration will be institution based after online application in the appropriate format and after the required payment is made. Patient will be placed on theTransplant database wait list on the day on which complete details are received.
3. One recipient should register only in one organ transplant centre.
4. The CTC should maintain ID proof all recipients (Passport, PAN card,Aadhaar card, voter card etc.)
5. The organ transplant centre should maintain active /inactive recipient list and periodically update the waiting list every 4 week to CTC.
6. The patients on MHD at district centres should get registered at organ transplant centres recognised by Jeevandan and should be allocated kidney as per guidelines and score secured.
7. The changes of centre will not be taken cognizance for allotment unless done at least 72 hours before a deceased Donor organ retrieval with the permission of CTC and Obtaining No Objection Certificate (NOC) from the both the hospitals.
8. The priority sequence in the waiting list of recipient and the criteria adopted will have to be declared by the OTCs.If for any reason, the criteria are not followed in any given case, a valid explanation will have to be provided. The waiting lists, the allotment criteria and exceptions if any, will be published on portal.

II. Allocation of Kidney

A. Criteria for cadaver Kidney transplantation:-

Patients would be included in the State/City waiting list for Kidney transplantation provided the following criteria are met with-.

1. Patients should have End Stage Renal Disease(ESRD) and on maintenance Dialysis for at least 3 months.
2. The patient should not have any other organ disease of significance (e.g.Acute /Chronic.Infections, active TB, malignancy and active peptic ulcer).
3. The recipient has been proved not to have any suitable living geneticallyor emotionally related donor and should be so certified by Hospital administration(Affidavits to be submitted at the of registration).
4. The results of all investigation done on this patient must be within normal limits except those mentioned in 9.a and b.
5. The patient must be between 3 and 65 years old and body weight must be more than 10 kg if the recipient is a child. In case of diabetic patients they will be evaluated on individual basis by treating Nephrologist.
6. The patient should be Psychologicallystable and compliant to the therapy
7. Patient must be Hepatitis B and C negative if he / she is Hepatitis positive, should obtain Medical Gastroenterology clearance.
8. Patient who are positive for anti-glomerular basement membrane antibodies and Anti-ds DNA antibodies for 6 months and patient with Anti-Neutrophil Cytoplasmic Auto Antibodies must be on dialysis for at least 3 months.
9. Under special circumstances concerning Hepatitis serology, the following is to be noted.

   a. HBsAg positive patients and Hepatitis B immune patients can be transplanted with kidneys from HBsAg positive cadaveric donors.

   b. Hepatitis C positive donorkidney should go to hepatitis C positive recipient, however there is no bar to transplant normal kidneys to hepatitis B and C positive recipients.

B. Contraindications for Cadaver kidney transplantation:-

1. Patients having incurable malignant disease.
2. Patients with primary oxalosis (except if the patient is undergoing a combined kidney and liver transplant)
3. Patients addicted to narcotics and similar drugs.
4. Non-compliant patients.
5. Patients with organ diseases like-
   a) Liver cirrhosis
   b) Periportal fibrosis with advanced esophageal varices.
   c) End stage heart failure, class IV not responding to treat efficient.
   d) End-stage respiratory failure which restricts the patient’s day activities.
   e) Progressive cerebralDisease (of any etiology)
   f) Irreversible vascular collagen disease.
   g) Chronic active hepatitis.

III. Priority Criteria for organ allocation- Scoring system;

A. ABO Blood Group

Blood group matches (Blood type O kidneys must be transplanted only into blood type O candidate except in the case of zero antigen mismatched candidate who have a blood type other than O). If there are no O blood group matched recipient in the state then it shall be allotted in following order

B Blood group

A Blood group

ABBlood Group

AB blood group recipient should receive only from AB donor unless thereare no blood group matched recipients in O, B or A group donors in the same order.

B. The score for individual patients depends on multiple factors:

1. Time on the waiting list(number of days)
2. Age (favouring younger patients)
3. Age difference between the donor and the patient (favouring closer age matches)
4. Location of patients in relation to Donor (favouring patients closer)
5. Tissuetyping
6. Vascular access problem

C. Scoring criteria

1. Vascular access failure:
   A. Failure of A-V shunt /fistula / graft 0.5vessel failed (to maximum of 2) score.
   B. Failures of Synthetic Graft after multiple vascular access failure 3.0 score.

Those who had synthetic graft failure without prior A-V fistula failure will continue to get 0. 5 per vesselfailure.It is mandatory that the patients of multiple access failure will be scrutinized / examined by the appropriate authority before the scoring is awarded.

2. *Cytotoxic antibodies — 1 point for each 10% more than 50% PRA
3. Age 3 to 5 years — 3.0 points
   6 to 10 — 2.0 points
   11 to 45 — 1
4. Period on dialysis — 0. 1 per month on dialysis(documents to be produced at the time of registration)
5. Period from registration — 0. 1 for each month from the date of registration
6. Previous graft failure — 2(non-functioning graft within 3 months of transplantation)
7. HLA Match — 1 Per each Ag*
8. Identical age group($\pm$ 10) — 2
9. Previous Kidney Donor — 3

*Shall be considered when available

IV. Distribution of Kidneys

1. One kidney will be transplanted to a suitable patient from the hospital / institution where the kidney has been harvested according to the local priority list of that Institution.
2. The second kidney will be given to the general pool
3. Multiorgan recipient take precedence in priority over all others on the regular waiting list.

4. **Sharing of organs retrieved is as follows**

A. Organs retrieved from Government

Government hospitals where deceased donor is identified and organs are retrieved will have first priority to the Liver, Heart and Kidney.

The second kidney will be given to the general pool and allocated in the priorities sequence below.

a. Combined waiting list in the government hospital within the city /state
b. Combine waiting list in the private hospital within the city / state
c. Government hospitals outside the state
d. Private hospitals outside the state
e. Foreign national registered in Government / Private Hospitals within or outside the state

B. Organs retrieved from Private hospital.

A private hospital where deceased Donor is located gets priority for Liver, Heart and Kidney

The otherKidney goes to general pool and will be allocated as follows

a. Combined Government and Private Hospital waiting list within the state
b. Government and Private Hospital List outside the state
c. Foreign national register in government or private hospitals within and then outside the state

C. Organs retrieved from Non transplant centres to be allocated as follows:

- Combined private and government hospitals list within the state gets next priority for the organs.
- Then government hospital List outside the state
- Private hospital List outside the state
- Foreign national registered in government or private hospitals. Hospitals within and outside the state.

Amendments in Kidney and multi organ allocation guidelines as on 4th OCT 2014

1. New Age scoring recommended by the committed is as follows
   a. Age 3- 10 years – Score 3
   b. 11-20 Years – Score 2
   c. 21- 40 years – Score 1

2. Scoring for previous graft failure recommenced by the committee is as follows
   a. Graft failure within 3 months of live related or unrelated transplantation- Score 3
   b. Graft failure from 3 months to 1 years of live related or unrelated transplantation - Score 2
   c. Graft failure after 1 years of live related or unrelated transplantation - Score 1
   d. Graft failure after deceased donor transplantation at any time – Score 1

3. Multi organ transplantation
   A. Multi-organ transplantation shall be considered for Kidney–liver and, Simultaneous Kidney pancreas transplantation
   B. The OTC pool Liver and Kidney shall only be allocated for Multi-organ transplantation on priority basis
   C. If there are many multi-organ recipients registered in an OTC, then the OTC shall allocate liver – kidney to the recipient according to liver priority.
   D. General pool Liver and kidney shall not be allocated to multi-organ recipient on priority basis, however if general pool kidney has been allocated to Hospital which has multi-organ recipient the hospital can consider multi-organ recipient dragging general pool, kidney.
   E. General pool kidney, if utilized by the Hospital for multi-organ recipient as mentioned in 2D above, that hospital shall pay back either OTC or general pool kidney