Final Proposed amendments to the kidney guidelines

1. **IV a) General Criteria**
   Criteria number 1 should be replaced by "Loss of organs due to initial insult or due to shock lasting for more than 30 minutes; unless it is corrected and biochemical parameters are shown to be within acceptable limits for the concerned organ to be transplanted**"**.

2. **IV. a) General Criteria** :

   Note : In case of kidney transplant donors with HIV, HBsAg and Anti HCV can be accepted as per the special criteria mentioned below.

3. **IV. b) Special Criteria for kidney transplantation :**

   All existing criteria should be deleted and replaced with.
   "1. If donor has any one of the problems mentioned under general criteria expect – general criteria 5 and criteria 6.
   2. Donor is a known case of CKD with a high creatinine prior to the current illness / accident leading to a brain death state.
   3. Expanded criteria donor (ECD) kidneys are those from either a brain-dead donor older than 60 years, or a donor older than 50 years with at least two of the following: hypertension, the most recent serum creatinine concentration at the time of kidney placement is 1.5 mg/dL or cerebrovascular cause of death. Standard donors are all other donors. (from United Network for Organ Sharing in the United States/Organ Procurement Network guidelines)
   Expanded criteria donors should be accepted on cases to case basis. The decision to accept expanded criteria donors should be taken by the transplant team of the retrieving hospital. The prospective patients should however be informed about the status of the donor kidney and informed consent obtained in case it is decided to go ahead with the transplant.
   4. Donors with clinical acute kidney injury (prerenalazotemia or acute tubular injury) due to hemodynamic instability can be accepted on case to case basis.The decision to accept such a donor should be taken by the transplant team of the retrieving hospital. If decided to go ahead, theprospective recipients should be clearly explained about the status of the donor kidney and an informed consent obtained.
   5. For an expanded criteria donor, the second kidney should be offered to the first fit patient on the city waiting list. If this kidney is refused by the transplant team of that hospital because of ECD, then the said kidney will be offered to the next fit patient on the city list. In case of refusal by that transplant team also because it is ECD then both the kidneys should be offered to the retrieval hospital patient for dual kidney transplant (both kidneys go to one donor).

6. In cases of expanded criteria donor,if the retrieving hospital transplant team is of the opinion that the kidneys are only suitable for DKT and not suitable for single kidney transplantation then this decision must be endorsed by both the chairpersons of the kidney committee. If one or both the chairpersons do not agree, then the second kidney should be offered to first fit patient on the city waiting list. The process described in point number 5 above will be adopted.

To aid decision making the following criteria may be used but is in no way mandatory :**Criteria** – DKT without offering the second kidney to the recipient first on the city waiting list may be considered if any two of the following are present – Donor age greater than 60 years; eGFRby abbreviated MDRD equation or CKD–EPI equation is less than 65 mL/min based upon serum creatinine concentration upon admission; rising serum creatinine concentration (greater than 2.5 mg/dL) at time of retrieval; history of medical disease in donor (defined as either longstanding hypertension or diabetes mellitus); adverse donor kidney histology by frozen section (defined as moderate to severe glomerulosclerosis [greater than 15 and less than 50 percent]).(from United Network for Organ Sharing in the United States/Organ Procurement Network guidelines). Doing a donor kidney biopsy is no way mandatory, given the ground realities at present. However an attempt should be made to do it whenever feasible.

7. Hep B, C, HIV positive donors should be considered for hep B, C and HIV positive patients respectively as per the international norms prevalent at the time of retrieval.

4. **VI. 4. Drugs**4.1, 4.2,4.3, 4.4should be deleted.

5. **VI 6. Criteria for cadaveric kidney transplantation:**6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9,6.10, should be deleted and replaced by – 6.1 patient should have ESRD and should be placed on hemodialysis or CAPD as a prerequisite for enrolment on cadaver transplant list. 6.2 prevailing international norms should be followed by the nephrologist for judging the medical fitness and suitability of a patient for placement on cadaver transplant list.
6. **VI. 7 contraindications for kidney transplantation** - Should be deleted. (VI 6.2 above is applicable for contraindications too)

7. **VI 8 – priority criteria for kidney transplant.** Delete all previous one and replace with

PRIORITY CRITERIA	PRIORITY SCORE
Failure of A V fistula / Graft #	0.2per failed fistula or graft. (max of 1)
Cytotoxic antibodies by PRA	PRA class I- Positive – 0.5 / Negative -0 PRA class II- Positive – 0.5 / Negative -0
Age 3to 5 years Age 6 to 10 years Age 11 to 45 years	3 2 1
Period on dialysis	0.1 points per month on dialysis.
Period of registration	0.1 point per month of registration
Previous failed grafts	2 total
Identical blood group	3
Identical age group	2

if needed ZTCC has the right to ask for examination of the patient / scrutinizing the patient records to check information provided.

VI 9 – Distribution of kidneys. Replace with the following

9.1 Of the two kidneys harvested one will be allotted to the patient first on the retrieving hospital waiting list and the second will go to the patient first on the city waiting list. In both cases allotment will be done by ZTCC and the retrieving hospital will have no say in this. If for any reason any patient who is first on the list is not contactable, not ready for transplant because of financial / other reasons or if is medically unfit for transplant then the kidney will be allotted to the second patient on the list. The transplant coordinator should send a note to the ZTCC by email charting the name of patients and reasons for refusal. This should be done within a week of the transplant.

9.2 The nephrologist of the hospital which is offered a kidney has the right to refuse the kidney if in his opinion the kidney is not good for use in his patient.

These guidelines were finalised after extensive discussion in the kidney subcommittee meeting held on 13th October 2011 at 2 pm at Bombay hospital. Further the same were circulated to all the kidney committee members and all the Mumbai nephrology group members by email on January 2, 2012 and sufficient time given for them to write their feed backs. Later these were discussed in a well-attended meeting of the Mumbai Nephrology Group meeting at Hotel Ramada, Palm Grove, Juhu on Saturday 21st January 2012 for final suggestions and objections.

Dr. Shrirang Bichu
Chairman Kidney subcommittee

Dr. M. M. Bahadur
Chairman Kidney subcommittee

Amended in 2016

Effective from 1st June 2016 the multiple registration for kidney Patient has been discontinued instead of that the Patients is allow to Reregister at ONLY one private and one Public hospital. If the patient decided to change the hospital he can do so by informing in writing to the hospital where he is already registered and filing the new form from new hospital were the patient want to get register. Letter from both the hospital is mandatory for the change.