



Kidney Transplant Program **Transplant Recipient Selection**

The Brigham and Women's Hospital Renal Transplant Program considers medical status and other factors as part of our patient selection criteria. Potential candidates have an extensive evaluation prior to placement on the waiting list, including visits with an RN transplant coordinator, a transplant social worker (LICSW), a transplant surgeon (MD), and a transplant nephrologist (MD). A medical evaluation and standard set of tests will be done. Additional consults with other medical specialists may be necessary, as well as specific testing based on the medical status of the potential candidate.

SELECTION CRITERIA

Indications for transplant

- End stage or approaching end stage renal disease (ESRD)

Contraindications for Transplant

Absolute

- Untreated active infections (e.g. sepsis, pneumonia)
- Active cancer

Relative

- Recent malignancy
- Severe cardiac dysfunction and/or other severe irreversible/uncorrectable disease
- Hepatitis B, surface antigen positive
- History of non-compliance with medical directives
- Psychosocial instability/illness with inability to adhere to treatment requirements
- Active recreational drug use and/or alcohol abuse
- Morbid obesity

EVALUATION

Candidates for renal transplantation undergo an extensive medical and psychosocial evaluation to determine the potential for transplantation to improve the individual's quality of life. This will include:

- A thorough medical evaluation, which includes an assessment of current regular health maintenance testing results, as provided by the patient's primary care or other medical provider. These tests include, as age or otherwise appropriate: PAP, mammogram, prostate exam and PSA, fecal occult blood, cholesterol, and colonoscopy. Prospective transplant candidates must be up to date on these tests, as well as their vaccines, for us to complete the evaluation.
- Testing, including infectious disease tests (hepatitis, HIV, syphilis, TB) and blood type determination.
- Complete cardiovascular screening, as indicated, to minimize the possibility of a significant cardiac event after transplantation.
- Disease specific evaluations (for example, patients with polycystic kidney disease may undergo brain MRA, because of their increased risk of intra-cerebral aneurysm)
- Assessment of the patient's ability to cope with a complex post-transplant regimen will be made. The patient will be ineligible for transplantation if there is evidence of failure to comply with medical directives and instructions.
- Evidence of adequate social support

Medical and psychosocial evaluations are deemed current for a maximum of 2 years.

Before the first visit, the patient's local physician(s) are contacted to obtain all available medical information, including recent test results. Necessary testing associated with regular health maintenance related care will be done locally and coordinated through the patient's primary care physician or local specialist if possible.