Legacy Transplant Services
TITLE: KIDNEY TRANSPLANT CANDIDATE CRITERIA

Policy

Kidney transplantation should not be performed when, regardless of patient preference, the risk of death or graft failure is unacceptably high or the potential benefit is too low. While individual risk factors may not independently disqualify a candidate, their combined effect may represent a contraindication to transplantation. Each candidate's eligibility is determined on a case-by-case basis following a comprehensive medical, surgical, and psychosocial evaluation.

Indications for Transplantation

Candidates may be considered for kidney transplantation if they meet one of the following:

- End-Stage Renal Disease (ESRD) requiring dialysis.
- Stage 4 or 5 Chronic Kidney Disease (CKD) with an estimated Glomerular Filtration Rate (eGFR) ≤ 20 mL/min.
- Exceptional cases: Patients with symptomatic CKD and a rapidly declining eGFR approaching 20 mL/min may be considered for living donor transplantation if progression to dialysis is anticipated within one year.

Absolute Contraindications

The presence of any of the following conditions generally excludes a patient from kidney transplantation. If an absolute contraindication is identified during evaluation, further assessment will not proceed.

Absolute contraindications include, but are not limited to:

- Active or recent malignancy with a high risk of recurrence or progression under immunosuppression.
- Active or untreatable infection, including viral hepatitis with detectable viral load, or HIV infection with detectable viral load or CD4 < 200 cells/mL.
- Advanced heart, vascular, pulmonary, or liver disease.
- Prohibitive surgical anatomy precluding safe transplantation.
- Refusal of blood products when transfusion may be necessary (e.g., anticoagulated patients, Hgb <10, or expected complex surgery).
- Class 3 obesity (BMI ≥ 45).
- Severe malnutrition or cachexia.
- Severe debility.
- Poorly controlled or refractory mental illness.
- Active substance misuse or dependency (including tobacco, alcohol, marijuana, prescription or illicit drugs) as determined by multidisciplinary team assessment.
- Medical non-adherence

- Inadequate financial resources or insurance coverage for post-transplant medications and care.
- Lack of stable housing or homelessness.
- Absence of a reliable care partner or inadequate social support for post-transplant recovery.
- Inappropriate, threatening, or abusive behavior toward transplant or healthcare staff.
- Failure to disclose relevant medical information to a potential living donor that could affect graft or recipient outcomes.
- Residence outside the Cascade Life Alliance/LCNW Donor Service Area (Oregon, Washington, or Idaho) without meeting referral criteria. [1]

Relative Contraindications:
The following factors may represent relative contraindications. These will be evaluated individually, considering comorbidities, improvement potential, and overall clinical context.

Relative contraindications may include:
- BMI > 40, or BMI > 37 when combined with diabetes, or in patients refusing blood products.
- Renal diseases with high risk of recurrence leading to early graft loss.
- Left Ventricular Ejection Fraction (LVEF) < 40%.
- Requirement for medications due to low blood pressure that cannot be optimized with dialysis or other measures.
- Severe thrombophilia or hypercoagulable disorders posing substantial thrombotic risk.
- Short gut syndrome or other severe malabsorption disorders.
- Limited mobility or inability to ambulate, including patients who are wheelchair-dependent due to non-modifiable frailty or failure to thrive.
- Lack of reliable transportation for post-transplant appointments.

[1]**Geographic eligibility notes:**
- Patients listed at another transplant center.
- Patients not listed elsewhere: must agree to complete full evaluation at Legacy Good Samaritan and remain in **Portland for at least 6 weeks post-transplant** and have a **local nephrologist** for follow-up care after returning home.