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How do doctors decide who gets on the waiting list for a deceased donor kidney?

A kidney transplant is usually the best treatment for people with end stage kidney disease. Donor kidneys can come from both living donors, or people who wish to donate their kidneys after death.

Deceased donor kidneys are scarce. When a deceased donor kidney becomes available for transplantation it makes sense to ensure that the best use is made of this special donation.

To be accepted on the deceased donor kidney transplant waiting list, a person needs to be in good general health. For people with poor, or multiple, health conditions, having a kidney transplant may not be the best option. For example, a kidney transplant is not recommended for those who are at high risk of having a heart attack during, or soon after, surgery. Similarly, those with an active cancer cannot be transplanted until a period of time in remission has passed. There is more information available about this at:

www.kidneys.co.nz/resources/file/Having%20a%20Kidney%20Transplant.pdf

The National Kidney Allocation Scheme

The National Kidney Allocation Scheme is a nationally agreed protocol, or tool, for assessing the health and suitability of people who would like to be accepted on to the deceased donor kidney waiting list – the “transplant list”.

The kidney allocation scheme has three main aims:

- To ensure everyone with kidney failure has equal access to the transplant waiting list
- To ensure that decisions made about people going on the waiting list are fair
- To ensure that the best use is made of donor kidney

About this tool

- A “standard” for acceptance onto the waiting list has been developed by kidney doctors and transplant surgeons in New Zealand and Australia.
- To ensure the best allocation of a kidney, this tool estimates the likelihood (chance) that a person with kidney failure who receives a transplant will live for at least five years following their transplant (The ideal is an 80% ‘five-year survival score’, or better).
- To calculate the ‘score’, data such as age, presence of disease, cardiac history, smoking history, cause of kidney failure, and years on dialysis is included.
- Scoring is done by the patient’s kidney specialist who knows the patient best.
- A ‘good score’ doesn’t guarantee that a patient will get a kidney, or that a patient will have a good outcome (patients with high five-year survival scores may still die after a transplant).
- Patients whose five-year survival scores fall between 70% and 80% may still be discussed and accepted on the waiting list if the patient’s kidney specialist and the transplant committee agree to list them.
- A score that is below 70% will not meet eligibility.
- Although the tool provides a rough guide to transplant eligibility, there are other factors considered by the committees, and a good score does not automatically make a patient suitable.
- The tool and its use are endorsed by the Transplantation Subcommittee of the National Renal Advisory Board who monitor use of the tool.
- This tool is only used for the deceased donor waiting list – if a patient does not meet the criteria to be accepted on the transplant list, the patient may still be transplanted from a suitable living donor kidney who has offered to donate to them.

- The patient's kidney specialist will review the patient's score with the patient should the patient like to discuss it.
- The tool is based on research on kidney patients in North America. Local kidney doctors have checked to see that the tool works on New Zealand patients.

Who uses the tool?

A patient's renal specialist will use the tool to 'score' the patient. They will then include this information with the patient's referral to one of the three transplanting centres in New Zealand at Auckland, Wellington and Christchurch. The teams at these transplanting centres meet regularly to discuss and review all adult patients who have been referred to the transplant waiting list.

What happens once a patient is accepted on the waiting list?

Once patients are accepted onto the waiting list, they must continue to meet the criteria. To ensure a person remains fit for transplant, regular blood and other health checks must be maintained at intervals, and as directed by the patient's kidney doctor or transplant coordinator – this includes dental checks, chest xray, cardiac testing, and cancer screening (such as mammogram, cervical smear as per national screening criteria for women, and prostate checks for men over 50 years of age).

Scores can change with new illnesses and advancing years, so patients should be aware that just because they are accepted on the list at a given point in time, changing circumstances and advancing years may mean that they do not remain on the list for ever.

Transplant units will recheck scores of patients on the list annually, or when new illnesses occur.

Sometimes patients will be suspended from the list for intervals of months or years while an illness is investigated or treated.

For further information about the deceased donor wait list, or the kidney allocation scheme, please speak to your kidney doctor.