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REASONS FOR DISQUALIFICATION KIDNEY RECIPIENTS TYPED FOR TRANSPLANTATION - ABSTRACT

Introduction: Kidney transplantation is currently the best method of treatment for patients with chronic renal failure. It extends the patient's life and improves its quality. It brings measurable economic benefits for the health care system. Annually about 1,000 kidney transplants are performed in Poland. Qualification of a patient for kidney transplantation consists in tests and consultations, which are to exclude the existence of contraindications to perform the operation. Patients who are active on the waiting list are called for transplantation by the transplant center in accordance with the order on the tissue typing list created in accordance with the kidney allocation criteria in Poland.

Aim of the study: The aim of the study was to analyze the reasons of disqualification from kidney transplantation in patients selected for transplantation. This study presents also an assessment of the frequency of kidney transferring for transplantation to the transplant center which qualified the patient. Attention was also paid to the further fate of disqualified recipients.

Materials and methods: Recipient selection protocols from a two-year follow-up from February 2014 to February 2016 were analyzed. Recipients of simultaneous pancreas-kidney transplantation and recipients of kidneys from a living donor were excluded. The parametric Student's t-test was used in the analysis of equinumerous groups. In the case of groups that differed in size, the non-parametric U Mann Whitney test was used. In order to examine the relationships between variables on nominal scales, the chi-square test was used. UNIANOVA single-variable analysis of variance was used to compare several factors. Statistical inference was performed at the significance level of $p < 0.05$.

Results: In the analyzed period, 1967 patients had kidney transplantation and 2798 were disqualified. The transplantation rate, expressing the number of transplanted patients to the sum of transplanted and disqualified patients, was 41%. The reasons for the disqualification of recipients were: lack of required examinations and consultations or lack of updating them (18.9%), long distance of the patient from the transplantation center and increase ischemia time

of the donated organ (14.3%), insufficient cardiological diagnostics (12.7% %), active inflammation (12.1%), recipient refusal (8.3%), large difference between donor and recipient body weight (7.8%), large difference between donor and recipient age (6.3%), too high body mass index of the recipient (5.4%), lack of contact with the patient (4.2%), low level of HBs antibodies (1.5%) and other reasons (8.5%). Patients over 50 were disqualified more often (56%) than those under 30 (14%). The frequency of disqualifications was not affected by the urgency of transplantation (41.2% elective and 41.8% urgent disqualifications). Recipients from a greater distance from the transplantation center were disqualified more often (282.57 km in the disqualified group and 216.10 km in the transplanted group). Also more often were disqualified patients with transplantation history in the past (67% compared to 57%), with a longer waiting period for transplantation (14 .42 months versus 11.32 months), The vast majority of decisions to disqualify a patient from transplantation were made after analyzing the application form in the transplant registers (94.3%). Only 3% of disqualifications took place in dialysis centers and 2.8% in a transplantation center. 81% of disqualified patients were transplanted at a later date (86.6% in another transplant center and 13.3% in the same one). 13% of them were died before transplantation. Only in 4.7% of cases, transplantation centers offered to transfer a kidney for transplantation to a center that qualified the patient. In 23.4% of cases, the transplant center disqualified the recipient who was qualified by them.

Conclusions: Transplantation centers showed different procedures and differences in qualification requirements for recipients selected for transplantation. The vast majority of disqualified patients (81%) had their transplantation done at a later date. It means that many of these disqualifications could have been avoided by more careful supervision of patients on the waiting list and making offers to transfer the organ for transplantation to the center which qualified the patient.