

## Kidney and/or Pancreas Transplant Referral Criteria

Please see the criteria below for referring patients for kidney transplantation at our center. Note that a patient who meets referral criteria may not necessarily meet selection criteria for transplant. Upon referral, our center will evaluate each patient for their suitability for kidney transplantation. **If you are unsure if a patient meets referral criteria, please feel free to call and ask to speak to a pre-kidney patient care coordinator.**

Prior to referral, we strongly encourage patients to watch the *Kidney Transplant Education Video* accessible from our website [www.queens.org/transplant](http://www.queens.org/transplant). This video will provide patients with information about the overall transplant process. After the video, we recommend that patients discuss with their nephrologist if transplant is an option for them. Note that if language interpretation is needed, a referral is required to schedule the patient for class with an interpreter.

Referral Accepted for Review	
<u>Kidney</u> : Race neutral eGFR	Less than or equal to 25 (or any history of) <i>[Note that patient cannot accrue waiting time until race neutral eGFR is 20 or less.]</i>
<u>Pancreas</u> : Diabetes	Diagnosed with diabetes or pancreatic exocrine insufficiency and is on insulin
Mental Health Disorder	Documented mental health stability
Nonadherence history	Improved adherence to prescribed plan of care. Documentation of improved adherence must be included with referral.
Cardiac Conditions	Heart failure controlled and managed by cardiology, ejection fraction >40% Coronary artery disease – stable Cardiac arrhythmias/pacemakers/defibrillators – stable and managed by cardiology

Referral Not Accepted	
Race neutral eGFR	Greater than 25
BMI	Greater than 38 for kidney, and 35 for pancreas/kidney-pancreas
HgbA1c	Greater than 8% <i>[Note that DM type 1 patients being referred for combined kidney-pancreas transplant can be referred with a HgbA1c &gt; 8 and candidacy will be individually assessed.]</i>
Substance use disorder	Active substance use or within past 60 days. Marijuana use without a valid current medical certification from certifying provider.
Oxygen use	Current home oxygen use (continuous or as needed)
Financial	No active health insurance coverage or inability to private pay

## **IS PATIENT READY TO START EVALUATION FOR TRANSPLANT?**

Please review the expectations below with patient. If there are any issues, they are likely not ready to be evaluated for transplant and their referral/evaluation may be closed.

1. Patient has a working phone with voicemail set up to check messages regularly.
2. Patient is attending all physician appointments and following up with all providers as recommended.
3. If applicable, patient is completing dialysis treatments as prescribed.
4. Patient is adhering strictly to all prescribed medications.
5. Patient is following the prescribed diet and adhering to dietary restrictions prescribed to them by their care team.
6. Patient's BMI is 38.0 or less.
7. If diagnosed with diabetes, patient is checking their blood sugars as prescribed with Hemoglobin A1c 8.0% or less.
8. Patient does not have any open wounds or active infections.
9. Patients' other comorbid conditions (e.g., heart disease, cancer, etc) are well managed and patient is following up with specialists as prescribed.
10. Patient has at least one person who is able to either personally assist them after transplant or coordinate and manage others who are assisting with coming to follow up appointments, driving/arranging transportation, helping patient adhere to medication regimen.
11. Patient does not have substance use disorder, including the involvement of any of the following: Alcohol, marijuana, PCP, LSD and other hallucinogens, Inhalants such as paint thinners and glue, opioid pain killers such as codeine and oxycodone, heroin, sedatives, hypnotics and anxiolytics (medicines for anxiety such as tranquilizers), cocaine, methamphetamine and other stimulants, tobacco/nicotine, including cigarettes, cigars, pipes, vape/electronic cigarettes, patches, smokeless (chew, dip, snuff, nicotine gum, betel nut), and cloves cigarettes. Medical marijuana use with current registration card is okay.

## **IF PATIENT IS READY TO START EVALUATION, HOW CAN WE EXPEDITE THE EVALUATION PROCESS?**

Cancer screening, dental clearance, and consults/follow-up from other specialists as appropriate will be requested as part of the transplant evaluation. We encourage patients to see their providers and dentist regularly, and complete their indicated routine cancer screenings and that it be up-to-date (see next page for list).

## ROUTINE CANCER SCREENING

### Females:

CERVICAL

Cervical cancer screening as recommended by the U.S. Preventative Services Task Force (USPSTF).

1. Women aged 21-29 cervical cytology alone every 3 years.
2. Women aged 30 to 65 years
  - a. Cervical cytology alone every 3 years
  - b. High-risk human papillomavirus (hrHPV) testing alone or hrHPV testing in combination with cervical cytology (co-testing) every 5 years
3. Women age over 65, normal pap smear results within the last 10 years will be accepted.

\*\*\*\*Frequency of repeat testing based on prior results. Certain risk factors increase risk for cervical cancer such as a compromised immune system.

BREAST

Breast cancer screening as recommended by the American Cancer Society. Annual mammogram for women age 40 and older, or otherwise as indicated.

COLON

Colorectal cancer screening as recommended by the U.S. Preventative Services Task Force (USPSTF). Testing for patients age 45 to 75.

\*\*Frequency of repeat testing based on symptoms and prior results.

1. High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
2. Stool DNA-FIT every 1 to 3 years
3. Computed tomography colonography every 5 years
4. Flexible sigmoidoscopy every 5 years
5. Flexible sigmoidoscopy every 10 years + annual FIT
6. Colonoscopy screening every 10 years

### Males:

PROSTATE

Prostate cancer screening as recommended by the American Cancer Society. Annual Prostate Specific Antigen (PSA) blood testing for men age 50 and older, or otherwise as indicated.

COLON

Colorectal cancer screening as recommended by the U.S. Preventative Services Task Force (USPSTF). Testing for patients age 45 to 75.

\*\*Frequency of repeat testing based on symptoms and prior results.

1. High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
2. Stool DNA-FIT every 1 to 3 years
3. Computed tomography colonography every 5 years
4. Flexible sigmoidoscopy every 5 years
5. Flexible sigmoidoscopy every 10 years + annual FIT
6. Colonoscopy screening every 10 years