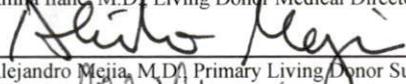
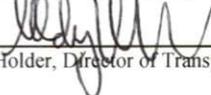


 Methodist Dallas Medical Center	Title: Evaluation Policy for Non-Domino Therapeutic Donor Kidneys Recovered at MDMC	Effective Date: 10/08/20
	Section: Kidney – Living Donation	
Approved by:  _____ Anna Ilah, M.D., Living Donor Medical Director		Revision Date(s): 02/09/2021; 06/2021;10/2024
 _____ Alejandro Mejia, M.D., Primary Living Donor Surgeon		Next review Date: 10/2027
 _____ Melody Holder, Director of Transplant Clinical Operations		

Purpose: To describe the evaluation process of the non-domino therapeutic kidney donor. This applies to all donors whose kidney is recovered at Methodist Dallas Medical Center whether the organ is transplanted into a recipient at this center or shipped to another center.

Policy: The evaluation of the potential donor will be performed by Methodist Dallas Medical Center. This medical evaluation may include information obtained from other consultants and specialists. Documentation of the evaluation is maintained in the donor record.

Process:

The goal of the medical evaluation is to:

- Assess the general health and surgical risk of the donor, including screening for conditions that may predict complications from having one kidney in the future
- Determine if there are diseases present that may be transmitted from donor to recipient
- Assess the anatomy and function of the kidneys
- All potential therapeutic donors will be presented to Selection Committee for approval

Exclusion Criteria:

Absolute exclusion criteria for therapeutic donors include the following:

- Age less than 18 years
- Mentally incapable of making an informed decision
- Uncontrollable hypertension or history of hypertension with evidence of end stage organ damage
- HIV
- Diabetes
- Active malignancy or an incompletely treated malignancy
- High suspicion of donor coercion
- High suspicion of illegal financial exchange between donor and recipient
- Evidence of acute symptomatic infection, until that infection is resolved
- Uncontrolled diagnosable psychiatric conditions requiring treatment before donation, including any evidence of suicidality

- 1) General tests to include:
 - CBC with differential and platelet count
 - CMP with eGFR calculation
 - HLA typing
 - Blood type and subtype (an additional blood type will be drawn before the donor is entered into the UNet system)

- 2) Screening for transmissible diseases:
 - CMV IgG
 - EBV IgG
 - HIV Antibody (anti-HIV) testing or HIV Antigen/Antibody (Ag/Ab) combination test as close as possible but within 28 days prior to organ recovery
 - HIV (RNA) by nucleic acid testing (NAT) as close as possible but within 28 days prior to organ recovery
 - VZV IgG
 - HBsAg (Hepatitis B surface antigen) as close as possible but within 28 days prior to organ recovery
 - HBcAb (Hepatitis B core antibody) as close as possible but within 28 days prior to organ recovery
 - HBsAb (Hepatitis B surface antibody)
 - HBV deoxyribonucleic acid (DNA) by nucleic acid test (NAT) as close as possible but within 28 days prior to organ recovery
 - Hepatitis C antibody as close as possible but within 28 days prior to organ recovery
 - HCV RNA by nucleic acid test (NAT) as close as possible but within 28 days prior to organ recovery
 - RPR (Rapid Plasma Reagin test for syphilis)
 - Screening for latent TB using PPD testing ,Quantiferon Gold or T Spot
 - West Nile Virus screening (for all potential donors)
 - Trypanosome cruzi screening (for potential donors from Mexico, South America, and Central America)
 - Strongyloides screening (for potential donors from Southeast Asia, Central America)
 - Schistosoma (for donors from Africa and Southeast Asia)

- 3) Cancer screening per American Cancer Society protocols:
 - Females between the ages of 21-29 must have pap smear within the last 3 years;
 - Females between the ages of 30-65 must have pap smear within the last 3 years or co-testing (pap smear and HPV testing) within the last 5 years if both initial tests were negative.
 - Females >65 who have had adequate negative prior screening (3 consecutive pap smears or 2 consecutive co-tests within the previous 10 years) are not required to have a pap smear.
 - Older females who have not been adequately screened must have pap smear within the last 2 years or co-tests within the last 5 years.
 - *Exceptions to the above will be based on the recommendations of the patient's gynecologist.

 - Females 40 years and over or with any family history of breast cancer or ovarian cancer in a first degree relative will have mammogram within the past year.
 - Prostate cancer: PSA level (within the past year) on all males >40
 - Colon cancer: Colonoscopy for patients >45 years of age

- Skin cancer: Periodic health exam
 - Lung cancer: Low-dose Chest CT scan for potential donors who meet all of the following criteria:
 - >30 pack-year smoking history
 - Either still smoking or have quit smoking within the last 15 years
- 4) Consultations
- Transplant Nephrologist
 - Infectious Diseases Physician consult/screening
- 5) Additional testing or consultations as indicated by nephrologist, surgeon or Selection Committee