Absolute Contraindications to Kidney Transplantation

1. Active infection (e.g., TB)
2. Active Malignancy
   - Candidates with a previous history of malignancy should be successfully treated before proceeding with transplantation
   - Most renal transplant candidates with a history of malignancy should wait a period of time between successful treatment and transplantation. The length of time will depend on the type of malignancy
   - Most patients with multiple myeloma should not undergo renal transplantation
   - Excluding localized squamous cell and basal cell carcinoma
3. Severe respiratory conditions
   - Patients requiring home oxygen therapy
   - Uncontrolled asthma
   - Severe cor pulmonale
   - Severe COPD/pulmonary fibrosis or restrictive disease with any of the following parameters:
     - Best FEV1<25% predicted value
     - PO2 room air <60mmHg with exercise desaturation SaO2<90%
     - >4 lower respiratory infections in the last 12 months
     - Moderate disease with the evidence of progression
4. Severe ischemic Heart Disease Including
   - Patients with progressive symptoms of angina
   - Patients with a myocardial infarction within 6 months
   - Patients without an appropriate cardiac workup
   - Patients with severe diffuse disease especially with non-invasive tests in whom intervention is not possible and in whom expected survival is sufficiently compromised that their life expectancy is <5 years
5. Severe Peripheral Vascular Disease including:
   - Large uncorrectable abdominal aneurysms
   - Severe occlusive common iliac disease
   - Gangrene
6. Transplant candidates with cirrhosis (unless being considered for a combined liver/kidney transplant)
7. Severe Cognitive impairment
   - Cognitive impairment is not an absolute contraindication to kidney transplantation. However, particular care must be taken to ensure that informed consent can be obtained and that a support system is in place to ensure adherence to therapy and patient safety
8. Active Drug or Alcohol Addiction
   - Patients with addiction should be in an established recovery program and stable for a minimum of one year
9. Patient non-adherence to therapy
   - Patient non-adherence to therapy is a contraindication to kidney transplantation, given the use of immunosuppressive agents with a narrow therapeutic window, the impact of non-adherence to therapy on risk of acute rejection and premature graft loss, and the scarcity of organ donors
10. Early loss (multiple transplants)
    - Early loss (less than 2 years) of two previous transplants to rejection or recurrent disease

For further clarification on a case by case basis, please contact the Transplant Program:
- St. Paul’s Hospital (ph: 604 806 9027/1-877-922-9822; donornurse@providencehealth.bc.ca); or
- if Vancouver General Hospital (ph: 604 875-5182/1-855-875-5182; kidneydonornurse@vch.ca)