Living Donor Kidney Transplant

The Preferred Renal Replacement Therapy for Kidney Disease

Staff Education Presentation
Transplant First Initiative

- Provincial initiative to support KCC staff in their work with patients and living donor outreach
- Goal is to help increase pre-emptive living donor transplants in BC
- Donor Outreach Coordinator Role
  Education and Resources
Objectives

• Identify transplant options for patients
• Understand benefits of living donor transplant
• Learn how to assist recipients with barriers to donor outreach
• Develop strategies for donor outreach
Transplant Options

Living Donor Transplant
• Direct donation—including OOP and OOC donors
• Kidney paired exchange program (KPD)

Deceased Donor Transplant
• Must have started dialysis
• Standard BC wait list = two to eight years
Transplant Options

Kidney transplant options in BC

- Deceased donor transplant (NDD/DCD)
  - Provincial waitlist
  - Highly sensitized registry

- Living donor transplant (preemptive/not)
  - Direct donation (ABO compatible or ABOi)
  - Indirect (Kidney Paired Donation)
## Kidney Transplant Activity in BC

<table>
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<th>2015</th>
<th>2016</th>
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Transplant as a Treatment Option

Do the benefits outweigh the risks?

Benefits of Transplant

• Feel better / improved energy
• Freedom from constraints of dialysis
• Freedom to travel
• Added survival years

Risks of Transplant

• Anti-rejection drugs have risks and side-effects
• Medications must be taken for the rest of your life
Benefits of Living Donor Transplants

Success Rates
• Better outcomes, less chance of rejection
• Graft function lasts longer than deceased donor transplant
• Greater longevity for patient, survival years
• Better overall health
• Best outcomes for “higher risk” population (elderly, obese)

Other Benefits
• Surgery can be planned and timing optimized for patients
• Allows transplant before dialysis
• Prolonged wait times are avoided
Transplant Preferred over Dialysis

- Patients live much longer with transplants, better long term survival than patients on dialysis
- Less cardiovascular risks
- Increased quality of life, less disruptions to family, work, social aspects of life
- Pre-emptive transplant allows for one less transition for patients
The Benefits of Transplant

Benefits of transplant may apply to most KCC patients. Survival benefit of transplantation compared to dialysis has been proven in:

- Diabetic patients
- Elderly patients
- Obese patients
- HIV positive patients
- Patients with failed prior transplants
Pre-emptive Kidney Transplants

On average, pre-emptive kidney transplant patients live longer than patients transplant on dialysis.

Fig. 2. Kaplan-Meier plots of patient survival. Patients were divided into three groups according to the time that they had spent on dialysis (any modality) prior to transplantation: No dialysis (−); 1 to 2 years (¼); or ≥ three years (−). Cox regression: $P = 0.0003$. 
Living Donor Transplantation

- Living donor transplantation is the preferred therapy for ESRD in patients, **ideally pre-emptively**.
- Early education of patients and their social network necessary.
- Deceased donor transplantation is the second choice (minimize time on dialysis).
Pre-emptive Living Donor Transplant

Benefits of Pre-Emptive Living Donor Transplant

- Decreased rejection rates
- Fewer potential sensitization events because dialysis has been eliminated
- Reduced cardiovascular issues
- Reduced hospitalization rates
- Longer survival years, better overall health
- When a patient begins RRT, or transitions from one modality of care to another, there is a dramatic decline in QOL measures

Kimmel PL KI 2001; 59:1599
Watnick S et al AJKD 2003; 41: 105
Absolute Contraindications to Transplant

- Active malignancy
- Severe respiratory conditions or severe ischemic heart disease
- Severe Peripheral Vascular disease
- Active drug or alcohol addiction
- Patient non-adherence to therapy
- (Consult St. Paul’s/VGH Transplant Teams for case by case consultation)
Living Donation Program Goals

The goals of the Living Kidney Donor Program are to ensure:

- Donors live normal, healthy lives with one kidney
- Donors have stepped forward voluntarily, not being coerced
- Donors are in good physical and emotional health
- Can give informed consent
- Minimum nineteen years of age, no strict upper age limit
- Donors can explore donation with no obligation to donate
After Kidney Donation

- Remaining kidney will increases function to approximately 75% of pre-donation level
- Risk of progressing to ESRD is 30 in 10,000; within 15 years after donation
- Pregnancy is generally safe but there is a higher risk of Preeclampsia (11% vs 5%)
- Donors must have access to health care, preferably a GP
- Annual medical exams with family physician
  - BP, FBS, urine ACR, Creatinine
  - Results copied to Transplant Centre
- Transplant team consults as needed
Kidney Paired Exchange Program (KPD)

- A National program managed by Canadian Blood Services
- For pairs where direct donation is not possible
- Allows matches to be found throughout the country
- Recipients receive a living donor transplant despite their own donor not being able to donate directly to them
Principles & Guidelines
• Anonymity between the pairs is maintained
• Usually only Canadian donors can be considered
• Surgeries within the chain occur close to the same time of each other

Benefits
• “Widens the net” for matches due to number of participants

Challenges
• Difficult to predict timing, requires flexibility
• Donor travel frequently required
• Companion a requirement and their travel may not be funded
Types of KPD Exchanges

Closed Chain (Paired Exchange)

Closed Chain (Multiple Pairs)

Domino Chain
Solicited Donors

- Donor who has learned of the recipient’s need for transplant through a public solicitation or appeal
- Has no prior relationship with the recipient
- Potential for one-sided anonymity
- Donors may choose to donate anonymously through KPD or to the waitlist.
- Potential to flood the transplant programs with inquiries, donor assessments are triaged.
Donor Outreach: Getting Started

• Provide education on benefits of transplant
• Encourage pre-emptive transplant
• Be sure donor outreach is not being ruled out based on incorrect assumptions
• Recipients may still choose to go on deceased donor waitlist
Kidney Donation Videos

Find this and other videos about living kidney donation at bit.ly/BCTransplantYouTube

- Living Kidney Donation and Transplant Videos (playlist)
- Living Kidney Donation Stories (playlist)
Barriers to Outreach

• Recipients comfortable with donor outreach can begin right away
• Some barriers impeding donor outreach include:
  • Lack of accurate medical information
  • Emotional barriers
  • Lack resources on how to communicate their need
  • Require support to begin the process
Challenges in Communicating their Need

It’s a difficult discussion to have due to:

- Discomfort in making the request
- Lack of knowledge about donation
- Fear for donor’s health after donation
- Concern about relationship with donor
- Uncertainty about how to ask/bring up the subject
- Concern about impacting donors responsibilities
- Ethnicity/cultural beliefs
Common Emotional Barriers to Outreach

Fear No One Will Come Forward
• Donors don’t step forward for their own personal reasons
• Donation is not the right emotional fit for everyone

Concern Relationship Will Be Changed
• Donors equally concerned about the relationship remaining the same
• Donors see donation as a gift, don’t want attention

Uncomfortable To Ask
• Most donors offer to donate once they understand the need
• Shift their thinking from “asking” to communicating medical need
Helpful Information for Recipients

- Donors live healthy lives with one kidney
- Donors are thoroughly medically screened
- Donors can explore donation with no obligation
- Donors benefit from basic information about transplant
- Reassure donors about their relationship with recipient, frees donor to explore donation
Practical Barriers

- Concern for the donor’s finances
- Concern about disrupting donor’s employment
- Concern about impacting the donor’s responsibilities and obligations
- Donors can often access private benefits, employment insurance
- LODERP program
- More employers are supporting employees to donate
- Pre-emptive transplant allows for planning and organization
Living Donor Reimbursement Program (LODERP)

- National Program reimbursement program
- Assists with most out of pocket expenses
- The BC Kidney Foundation administers the program in BC:
  - Assists with travel, hotel, food and parking costs for Out of Town/Province/Country Donors
  - Loss of Income Subsidy - Canadian Residents, when no other benefits
  - Child Care
- For more information, visit [www.kidney.bc.ca](http://www.kidney.bc.ca), 1-800-567-8112
Donor Pools

Who Can Be A Donor?

• Family, friends, coworkers, neighbors, people from church
• Consider all social groups, connections, clubs/organizations
• Out of country, out of Province
• Donors do not have to be blood relatives or same blood type
• Encourage recipients to not screen out potential donors themselves
• Start outreach with people who have relationship/connection to recipient
Donor Outreach with Patients

How to begin donor outreach?
Starting the Conversation

How do they feel about doing donor outreach?
• Provide support around their concerns

Have they tried to reach out?
• Tell me about that, or what has stopped them

Identify barriers, provide basic information

Ask open-ended questions, ask from a place of curiosity
• Help me to understand from your perspective
• For you, what was your experience?
• Tell me about your donor outreach, what did it look like?
Putting it into Practice

- Donna is middle aged woman, married, two young adult children
- Daughter is offering, Donna is accepting
- Donna works part-time
- Donna struggles with depression
Patient Example: Donna

- Tried outreach with no success
- Talked to a colleague about her situation
- Conversation was awkward, not brought it up again
- Felt hurt and disappointed colleague did not respond
Comprehensive Approach

- State medical need, impact on quality of life
- Transplant is recommended treatment
- Provide reassurance about the relationship
- Basics about kidney donation
- Invite people to explore kidney donation
- Provide transplant centre contact information
Case Example

- Sally is a 45 year old woman from England originally
- Married, two teenage boys – she’s a “Soccer Mom”
- Works part-time at a Realtor’s office
- She enjoys her volunteer work at the SPCA but lately has been feeling more fatigued and wonders if she should give it up
- Sally is social, is the “one people go to”, her spouse is her closest confident
- She’s busy with life, reports kidney disease won’t run her life, she is compliant
- She attends her KCC appointments, rarely asks questions or for assistance
- She reports she tried outreach with no success
- Her GFR is slowly trending down and it’s currently at 20
- She is leaning toward the night cycler, believes that decision is a ways off
How to Broach the Subject with Potential Donors

• Understand how the patient is comfortable communicating
• Keep family and friends informed of medical situation
• Use face-to-face meetings, blogs, social media and technology to communicate
• Appoint a spokesperson to get the word out
• Have support network attend medical appointments
• Have donors contact the Pre-Transplant Centres confidentially
Crafting the Outreach

- Speak from the heart
- State medical need, transplant recommended
- Address any of their specific concerns
- Include basic donor information
- Reassure people about their relationship with recipient
- Give invitation to explore donation, next steps
Information Available for Patients

Available in: Punjabi, Chinese Simplified and Chinese Traditional at transplant.bc.ca/livingdonation
Your Pre-emptive Toolkit

**BC Renal Agency** (bcrenalagency.ca/health-professionals)
- KCC patient journey map
- RRT transplant module/flip charts

**BC Transplant website** (transplant.bc.ca/livingdonation)
- Donor Outreach guide and letter. Available in English, traditional and simplified Chinese and Punjabi
- Living kidney donation/transplantation: step by step process videos
- Pre-emptive transplant posters
- Role playing YouTube video

**BC Kidney Foundation** (www.kidney.ca/bc-home)
- Living donor mentor program
- LODERP
Questions?

If there are questions, or further clarification is needed about a referral, please contact the Transplant Centre:

St. Paul’s Hospital
ph: 604 806 9027/ 1-877-922-9822
recipientnurse@providencehealth.bc.ca
donornurse@providencehealth.bc.ca

Vancouver General Hospital
ph: 604 875-5182/1-855-875-5182
kidneydonornurse@vch.ca
Contact Information

Carolyn Jarvis
BC Transplant Donor Outreach Coordinator/Transplant Social Worker

BC Transplant/Vancouver General Hospital
carolyn.jarvis@vch.ca