

Jeevandan

Scheme for Cadaver Organ Transplantation
Government of Andhra Pradesh

(Established under G.O.Rt.No.1462, HM & FW, department, dated 11.11.2009 &
G.O.Ms 184, HM& FW department dated 2010)

Sub- committee Kidney, AACT Proposed Guidelines for kidney allocation in Andhra Pradesh

The AACT, Jeevandan formed a sub-committee for liver and pancreas with a mandate to prepare guidelines for organ harvesting, transportation, organ allocation and other issues related to cadaver transplantation. The following members were appointed for the kidney Sub-Committee.

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The Committee in its formal and informal meets deliberated and suggested the following guidelines as operating principles for implementation of kidney Transplantation programme in the state.

Registration:

- All patients with ESRD waiting for cadaver renal transplant should register their name in a transplant centre (hospital/Institution) recognized by Jeevandan.
- Registration will be Institution-based after on-line application in the appropriate format and after the required payment is made. Patients will be placed on the Transplant Database waiting list on the day on which complete details are received.
- One recipient should register only in one Organ Transplant Center.
- The CTC should maintain ID-proof of all recipients (passport, PAN card or Aadhaar card, voters card etc.)
- The Organ Transplant center should maintain active /inactive recipient list and periodically update the waiting list every 4-weeks to CTC.
- The recipients on MHD at District centers should get registered at Organ Transplant Centres recognized by Jeevandan and should be allocated kidney as per guidelines and score secured.
- The change of centre will not be taken cognizance for allotment unless done at least 72 hrs before a deceased donor's organ retrieval with the permission of CTC and obtaining no objection certificate from both the hospitals.
- The priority sequence in waiting lists of recipients and the criteria adopted will have to be declared by the OTCs. If for any reason, the criteria are not followed in any given case, a valid explanation will have to be provided. All the waiting lists, the allotment criteria and exceptions if any, will be published on the portal.

Allocation of Kidney:

- **Criteria for Cadaver kidney transplantation;**

Patients would be included in the state/city waiting list for kidney transplantation provided the following criteria are met with-

- Patients should have end stage renal disease(ESRD) and on Maintenance dialysis for at least 3 months
- The patient should not have any other organ disease of significance.(eg. acute /chronic .infections, active TB, malignancy and active peptic ulcer)
- The recipient has been proved not to have any suitable living genetically or emotionally related donor and should be so certified by the hospital administration. (affidavits to be submitted at the of registrstion)
- The results of all investigations done on this patient must be within normal limits except those mentioned in 9 . A & B.
- The patient must be between 3 and 65 years old and body weight must be more than 10 Kgs if the recipient is a child. In case of diabetic patients they will be evaluated on individual basis by the treating Nephrologist.
- The patient should be psychologically stable and compliant to therapy.
- The patient must be hepatitis B & C negative. If he/she is hepatitis positive, should obtain Medical Gastroenterology clearance
- Patients who are positive for anti-glomerular basement membrane anti-bodies,anti-DNA antibodies for 6 months anfd patoents with antineutrophil cytoplasmic autoantibodies must be on dialysis for at least 3 months.
- Under special circumstances concerning hepatitis serology, the following is to be noted.

- **Allogeneic transplantation** - Patients receive donor cells from another individual. This is the most common type of transplantation. It is used to treat various types of cancer, leukemia, and other blood disorders. It involves the use of donor cells to replace the patient's own cells.

- **Indications for transplantation**

- Patients having leukemia with high blast
- Patients with primary bone marrow failure (e.g. aplastic anemia, Fanconi anemia, and other dysplasias)
- Patients with relapsed or refractory lymphomas
- Non-malignant conditions
- Patients with congenital diseases
- Liver disease
- Autoport disease (e.g. sickle cell disease, thalassemia)
- End-stage liver disease (e.g. cirrhosis) not responding to treatment
- End-stage renal disease (e.g. ESRD) which restricts the patient's daily activities
- Progressive cardiac disease (e.g. dilated cardiomyopathy)
- Incurable metastatic solid organ disease
- Genetic enzyme deficiency

Priority criteria for allocation Scoring system

- **ABO blood group**

Blood group matching: Blood type of donor must be compatible with the recipient's blood type. In the case of liver transplantation, the donor's blood type must be compatible with the recipient's blood type. If there are no O blood group available donors, then the next best option would be the following order:

- B blood group
- A blood group

AB Blood group

AB Blood group recipient should receive only from AB donor unless there are blood group matched recipient in O, B or A donors

B. The score for individual patient depends on multiple factors:

1. Time on the waiting list (number of days)
2. Tissue match and age combined (favoring younger patients)
3. Age difference between the donor and patient (favoring closer age matches)
4. Location of patient in relation to donor (favoring patients closer)
5. Tissue typing
6. Vascular access Problem

- **Scoring Criteria**

- **Vascular access failure:**

- Failure of A-V shunt/ Fistula / graft. 0.5 per vessel failed (to maximum of 2) score.
- failure of synthetic graft after multiple vascular access failure - 3.0 score

Those who had synthetic graft failure without prior A-V fistula failure will continue to get 0.5 per vessel failure. It is mandatory that the patients of multiple access failure will be scrutinized /examined by the Appropriate Authority before the scoring is awarded.

- Cytotoxic antibodies 1-point for each 10% more than 50%(PRA)*

- Age: 3 to 5 yrs. 3 points
 - 6 to 10 2 points
 - 11 to 45 1
 - Period on dialysis 0.1 per each month on dialysis (document to be produced at the time of registration)
 - Period from registration 0.1 per each month from the date of registration
 - Previous Primary Graft Failure 2 (nonfunctioning graft within 3 months of transplantation)
 - HLA match 1 per each Ag*.
 - Identical age group (\pm 10 Years) 2
 - Previous Kidney donor 3
- *shall be considered when available

Distribution of Kidneys:

- One kidney will be transplanted to a suitable patient from the hospital/Institution where the kidney has been harvested according to the local priority list of that institution.
- The second kidney will be given to the general pool.
- A multi-organ recipient takes precedence in priority over all others on the regular waiting list.

Sharing of organs retrieved in Government Hospitals/Institutions .

- The priority for organ allocation is as follows.

Government Hospital where organs retrieved has first priority to the-

Liver, heart and kidney.

The second kidney will be given to the general pool and allocated in the priority sequence below.

- Combined waiting list in the Govt. Hospitals within the city/state.
- Combined waiting list in the private hospitals within the city/state.

- Govt. hospitals outside the state.
- Private hospitals outside the state.
- Foreign nationals registered in Govt./Pvt. Hospitals within or outside the state.

Private Hospital. The priority of organ allocation is as follows:

Private hospitals where deceased is located gets priority for Liver, Heart and kidney.

The other kidney goes to general pool and will be allocated as follows:

- Combined Government. & Private hospitals waiting list within the state.
- Government. & Private hospitals list outside the State.
- Foreign nationals registered in Government /Private Hospitals within and then outside the state.

Organs retrieved from Non-Transplant centers to be allocated as follows:

- Combined Private hospitals list within the state gets next priority for the organs.
- Then Govt. Hospitals list outside the State.
- Private hospitals list outside the State.
- Foreign nationals registered in Government /Private. Hospitals within and then outside the state.

Zonal Distribution of Kidney:

In order to prevent prolonged ischemic time and organ wastage during organ transportation of retrieved organ and for effective utilization of organs, Andhrapradesh state can be divided into zones as follows

- North Zone: It constitutes Hyderabad and adjacent areas eg Karimnagar, Nizamabad, Khammam, Kurnool.
- Central Zone: Vijayawada, Guntur, Rajahmundry, Kakinada.

- East Zone: Vizag, and adjacent areas

- South Zone: Tirupathi, Nellore

If organs are retrieved from OTC, 1st kidney will go to same Hospital and the general pool kidney will be allocated to the priority list of that Zone. If there is no blood group matched donor in that Zone, general pool kidney will be allotted to next nearest Zone.

If organs are retrieved from NTOHC, both the kidneys will go the general pool and will be allotted to the priority list of that Zone. If there is no blood group matched donor in that Zone, both the kidneys will be allotted to next nearest Zone.