



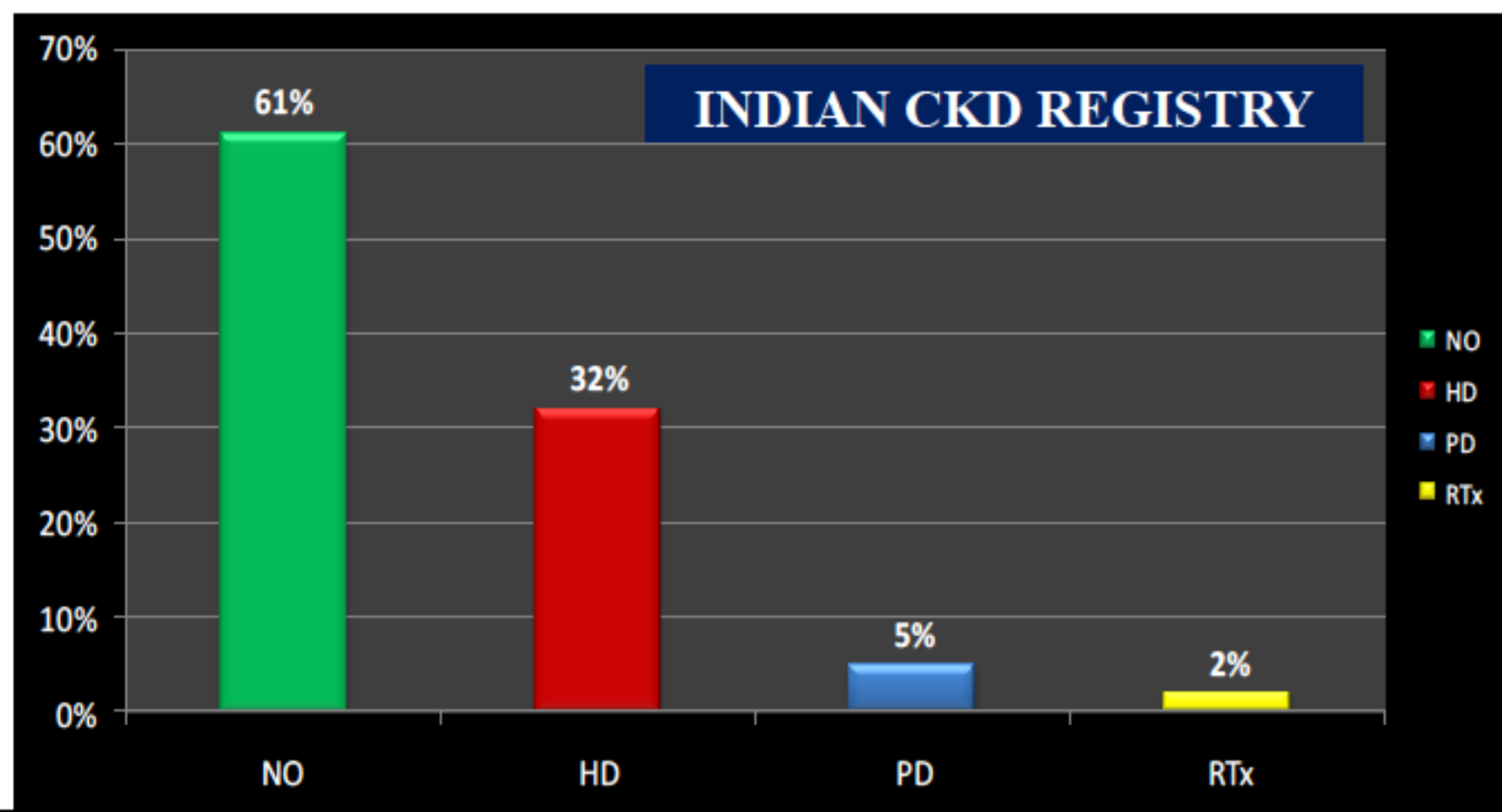
# INCREASING ACCESS TO KIDNEY TRANSPLANTATION IN COUNTRIES WITH LIMITED RESOURCES: 56 KIDNEY PAIRED DONATION TRANSPLANTATION IN 2013 IN SINGLE CENTRE: A MODEL FOR THE DEVELOPING WORLD TO PREVENT COMMERCIAL TRANSPLANTATION



VB Kute, PS Shah, AV Vanikar, PR Modi, VR Shah, MR Gumber, HV Patel, DP Engineer, SJ Rizvi, PR Shah, HLTrivedi

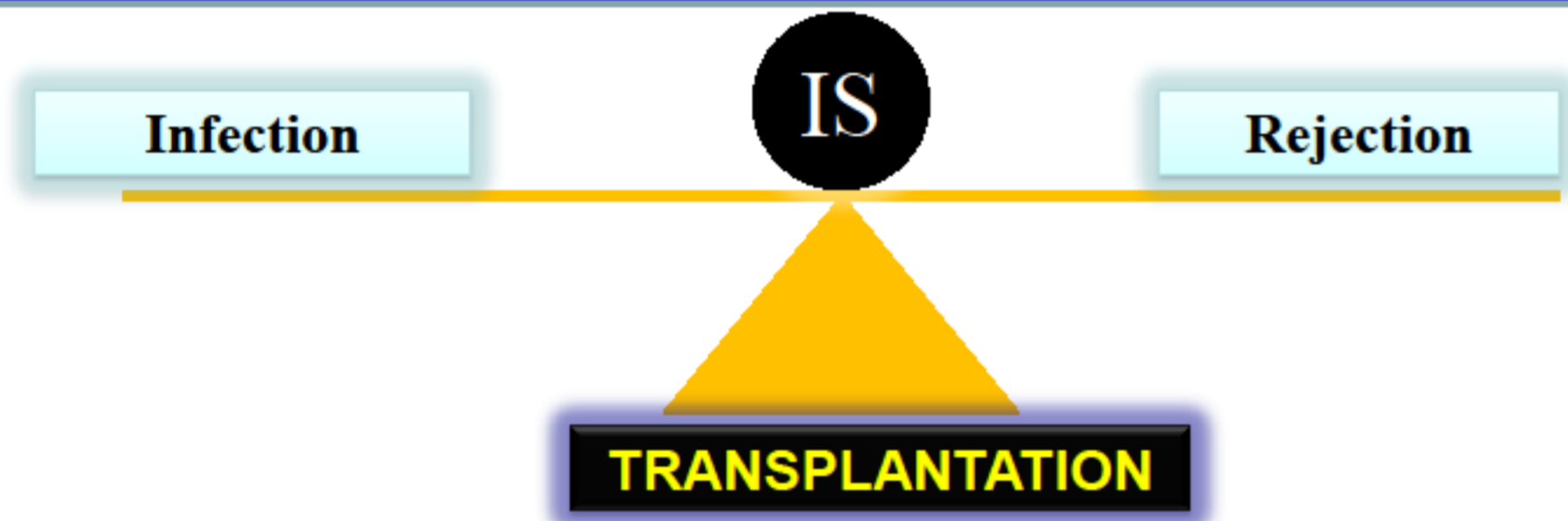
G.R. Doshi & K. M. Mehta Institute of Kidney Diseases & Research Centre  
Dr H L Trivedi Institute of Transplantation Sciences, Ahmedabad, INDIA

## INTRODUCTION



In view of cost and concern regarding risk of infection and outcome of ABO incompatible RTx /desensitization protocols in resource limited developing countries where DDRTx is in infantile stage, KPD is better option

Reason to reject donor : ABO incompatibility (45%)



## OUR KPD REGISTRY

- Once blood group incompatibility with LD confirmed, we offer KPD
- This list helped to find donor/recipient pairs who can “swap” kidneys
- We register only near relatives; altruistic donors not allowed
- Demographic of recipient\donors entered into database
- 2 major factors for success: daily data entry and match reviews
- Only basic labs along with blood grouping of donors
- All activities have been done as part of overall RT program with no additional cost \infrastructure

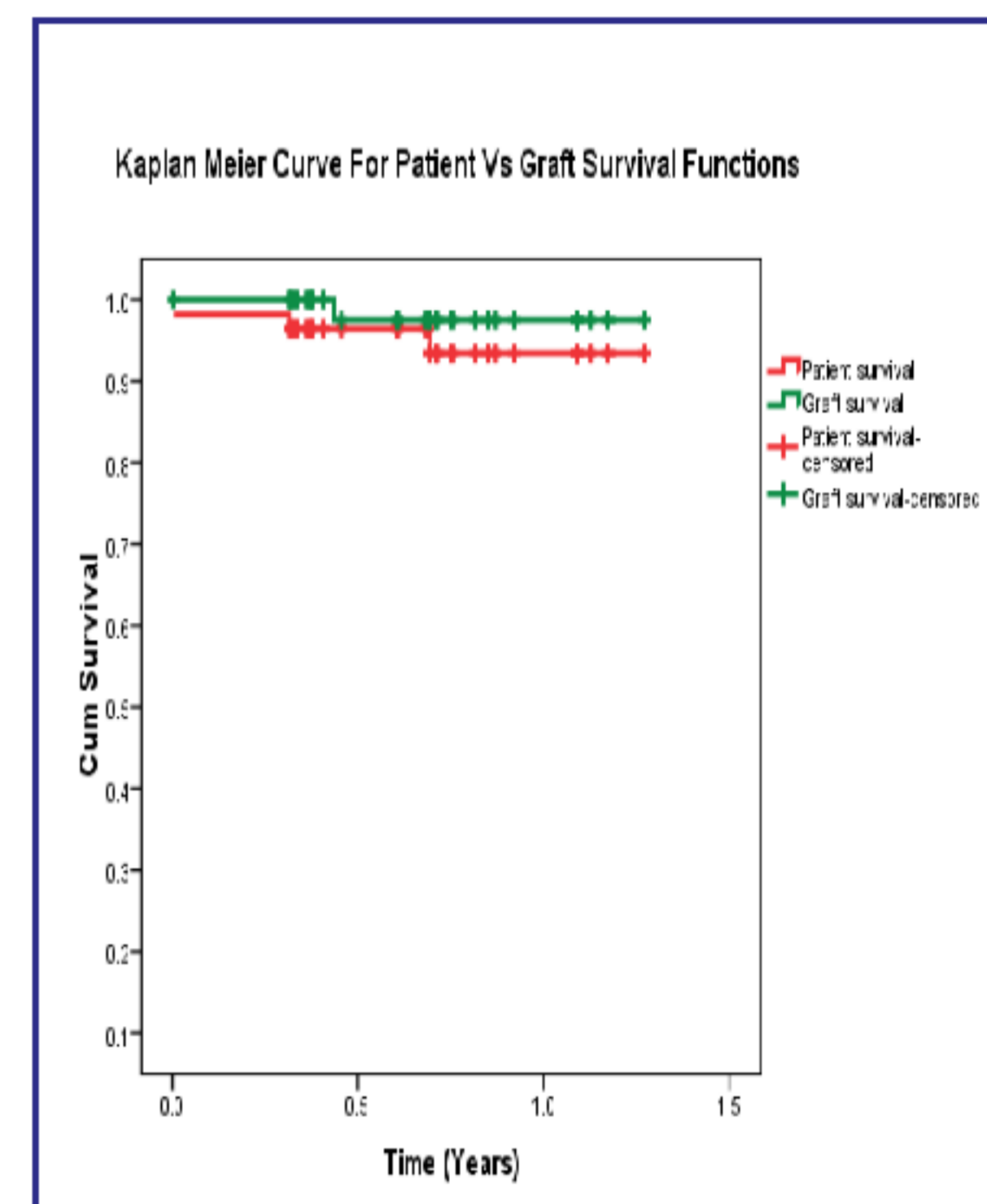
## MATERIAL AND METHODS

### SELECTION CRITERIA

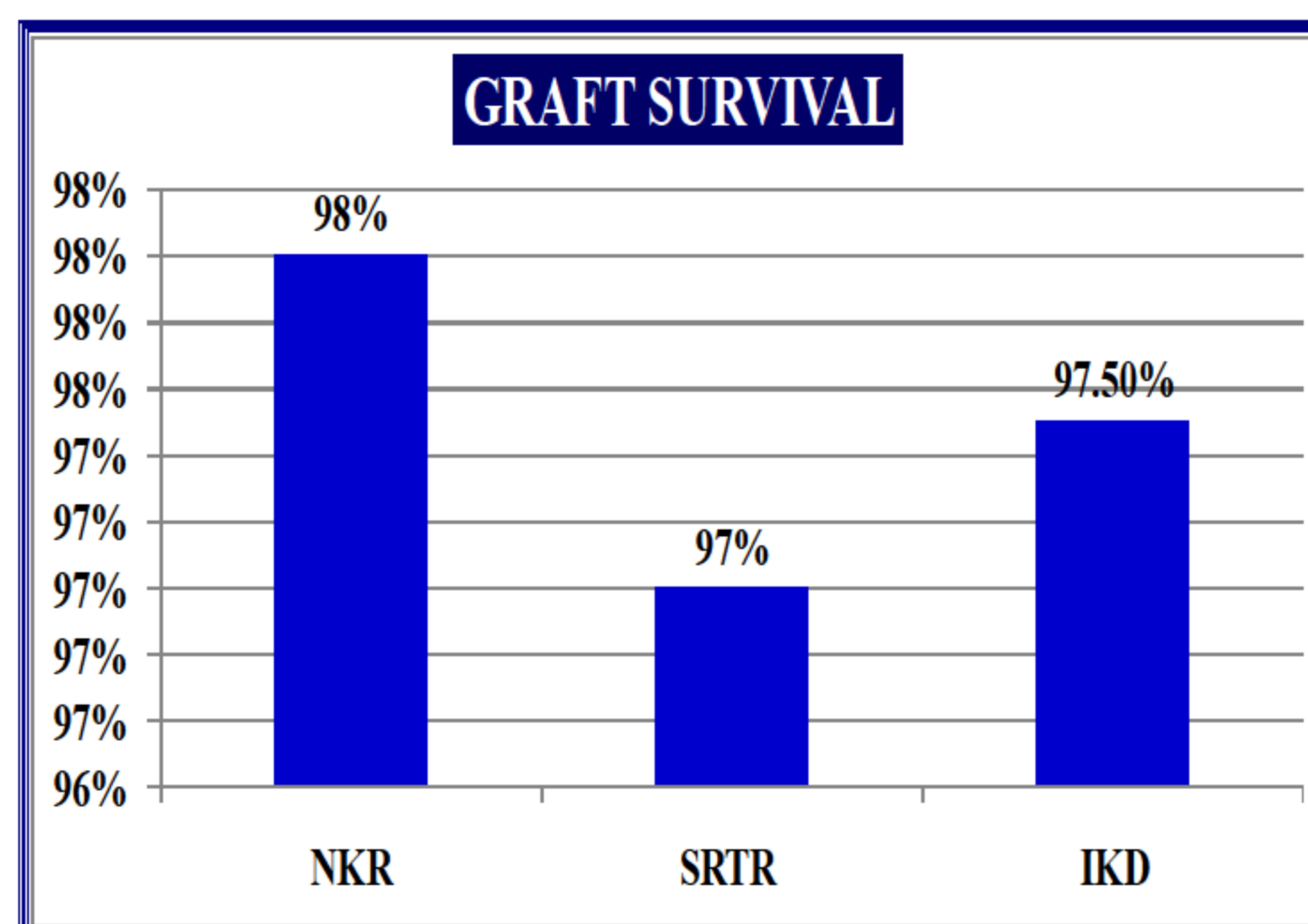
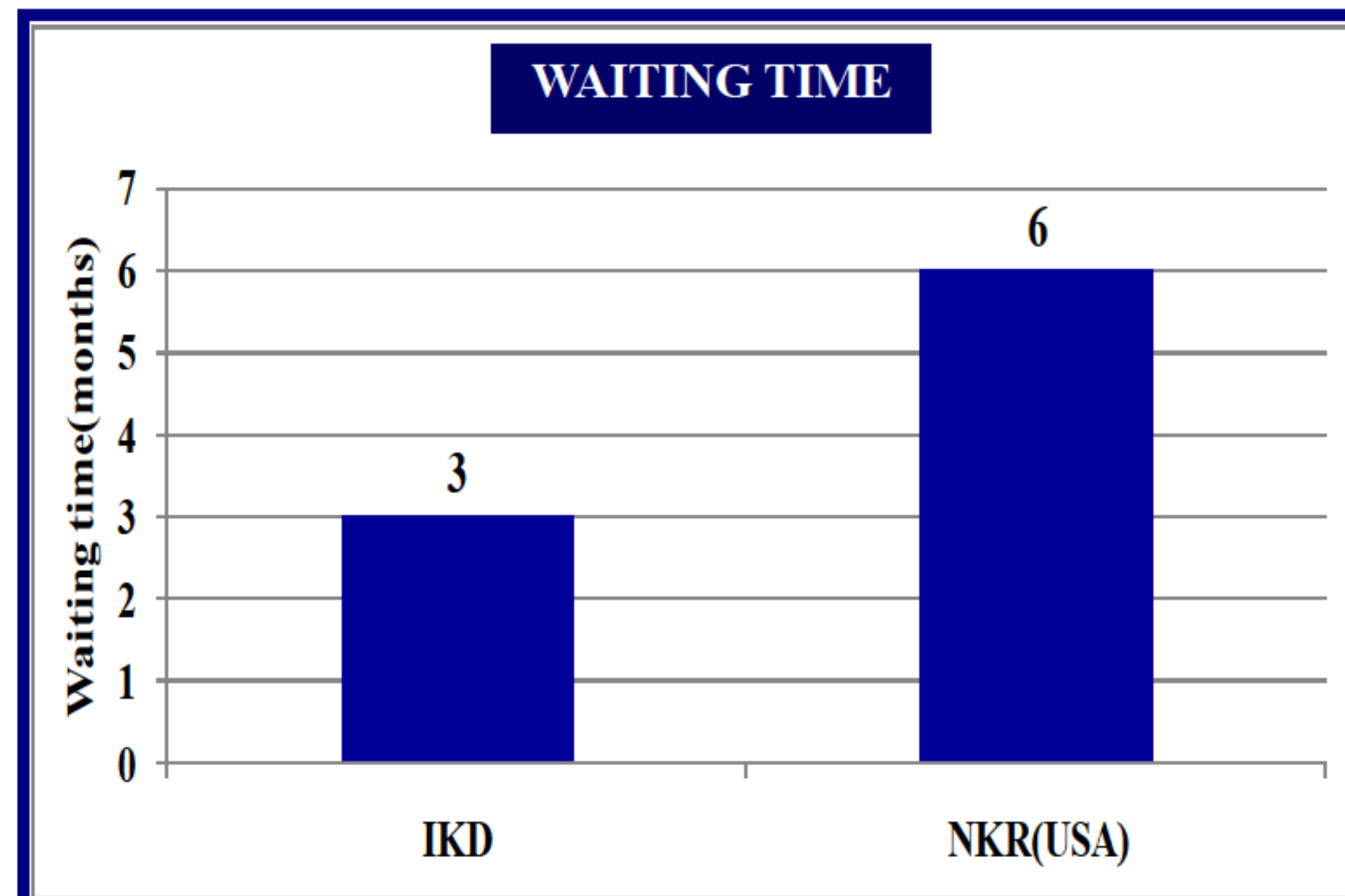
ABO Blood Group Compatible And Negative LCM
Simultaneous Donor Nephrectomies To Assure Committed Donation
Anatomic, Functional, Immunological- Similar And Suitable Donors
Allowed To Meet Each Other Before And After RT
Favoring Two Way Exchanges Over Longer Chains
Encourage Minimal Donor- Recipient Age Difference
Preference For Patients With Longer Waiting Time And Geographical Proximity
Preference For Sensitized, Pediatric And Difficult To Match Patients
HLA matches- less importance

Acceptable Outcome	
Waiting time (months)	KPD (<3m) vs DDRT(30 m)
Graft survival	97 %
Graft loss (n=1)	non-compliance to IS
Patient survival (n=53)	94.6%
Patient loss with functioning graft (n=3)	sepsis and CVD
BPAR	16%
Mean SCr	1.2 mg/dl
Mean follow up	0.73 0.32 months

Surgical details		N = 56(%)
WIT (seconds)	179	60
CIT (minutes)	65	35
AT (minutes)	31	13
Intra-operative urine	782	445 ml
Laparoscopic DN	54	(96.4)
Laparoscopic RT	5	(8.9)
Robotic RT	5	(8.9)
Surgical complication	RAS (n=1), bleeding(n=1)	



## DISCUSSION



- Our 1-yr patient and graft survival rates comparable to other KPD programs and conventional LRD and LURD RT programs and national averages
- If productivity of our KPD program were to be replicated on a national level, it will increase **LDRT to > 15 % in India.**

## CONCLUSIONS

- This is largest single-center report from India
- Each center should identify KPD champion to lead KPD team that includes HLA expert and dedicated TC
- Effective communication with other team members

- Compatible pairs: immediate step to increase RT rate
- There is need of national KPD registry and computer software for allocation
- Logistics will no doubt remain challenging

WAITING TIME SHORT IN KPD v/s DDRT

