

Modify Living Donor Exclusion Criteria

OPTN Living Donor Committee

Purpose of Proposal

- Ensure relevancy of living donor exclusion criteria
- Propose modifications supported by current research
- Broaden individuals' opportunities to become living organ donors
- Maintain living donor and transplant recipient safety

Proposal

Current OPTN Policy Language	Proposed Modification
Active malignancy, or incompletely treated malignancy	Active or incompletely treated malignancy that requires treatment, other than surveillance, or more than minimal risk of transmission
High suspicion of donor coercion	High suspicion of donor inducement, coercion, or other undue pressure
High suspicion of illegal financial exchange between donor and recipient	High suspicion of knowingly acquiring, receiving, or otherwise transferring anything of value in exchange for any human organ
Diabetes	Type 1 diabetes Type 2 diabetes where an individualized assessment of donor demographics or comorbidities reveals evidence of end organ damage or lifetime risk of complications

Rationale

Current OPTN Policy Language	Proposed Modification
Active malignancy, or incompletely treated malignancy	Active or incompletely treated malignancy that requires treatment, other than surveillance, or more than minimal risk of transmission

- Current guidelines and literature show that individuals with low-grade malignancies, where there is a minimal risk of transmission, may be acceptable and safe as living donors
- Consideration of these potential living donors should be individualized and based on clinical judgement and comprehensive informed consent

Rationale

Current OPTN Policy Language	Proposed Modification
High suspicion of donor coercion	High suspicion of donor inducement, coercion, or other undue pressure
High suspicion of illegal financial exchange between donor and recipient	High suspicion of knowingly acquiring, receiving, or otherwise transferring anything of value in exchange for any human organ

- To better align language with other OPTN policy references for consistency

Rationale

Current OPTN Policy Language	Proposed Modification
Diabetes	Type 1 diabetes Type 2 diabetes where an individualized assessment of donor demographics or comorbidities reveals evidence of end organ damage or lifetime risk of complications

- Current literature and guidelines recommend type 1 diabetes as an absolute contraindication to living kidney donation
- Individuals with type 2 diabetes may undergo an individualized evaluation based on demographics, health profiles, and lifetime risk assessments

Member Actions

- This proposal does not require transplant programs to change their living donor evaluation and acceptance practices.
- However, should a transplant program choose to expand their living donor evaluation and acceptance practices based on the proposed modifications, there may be additional administrative burden for programs to adapt evaluation protocols.

What do you think?

- Do you agree with the living donor exclusion criteria modifications as proposed? If not, why?
- Are the proposed modifications to the malignancy exclusion criterion clear? If it is not clear, what needs to be clarified?
 - How would your transplant program interpret minimal risk of transmission?
- Are the proposed modifications to the diabetes exclusion criterion clear? If it is not clear, what needs to be clarified?
 - How would your transplant program interpret lifetime risk of complications?