

14th Annual Living Donation Conference - Call for Case Studies

Instructions for submitting a case study:

- Typed in size 12 font
- No more than 2 pages in length (tables and graphs included)
- Word format
- Less than or equal to 550 words (graphs and tables excluded)
- Sample attached—Title, Authors, Introduction, Case Profile, Summary and Discussion

Content Area: Select the content area that best matches your case study:

- Non-directed living liver donors
- Cultural disparities in living kidney donation
- Substance abuse in LD liver and kidney Eplet
- Matching
- QAPI projects in kidney donation/data driven
- Ethical/Paternalistic Challenges in living donation

Submit: Two copies of the case study are to be submitted, **one as written and one blinded with all potential identifiers removed** (ie., facility name, author name, geographic location).

Send: Case studies to Kara Mountain at mountain@afdt.org. **Questions:** via email or 804-323-9890.

Deadlines:

- February 3, 2023 at 11:59 PM ET - must be submitted.
- February 13, 2023—primary author will be notified via email.
- February 15, 2023—presenter deadline to accept or decline the invitation.

All case studies must be submitted February 3 at 11:59 PM ET. We look forward to having you join us in San Diego!

CASE STUDY SAMPLE

Please note: No edits have been made to this document (spelling/grammar)

Introduction and brief definition

COMPATIBLE PAIRS INCREASE OPPORTUNITIES FOR TRANSPLANTATION IN KIDNEY PAIRED DONATION

Marie Margieich, RN, APN.C, CNN, CCTC; Ethel Batina, RN, BSN; Donna Walton, RN; Shankar Mulgaonkar, MD, FASN; Debbie Morgan, LCSW; Andrea Tietjen, MBA, Saint Barnabas Medical Center, Livingston, NJ

Full name, credentials listed

Concise explanation of situation

Alternative programs in living kidney donation have emerged as essential to the growth of transplantation. Because candidates far outnumber available organs our LD program has embraced innovative programs such as altruistic donation, incompatible transplantation, and kidney paired donation (KPD) but the need to increase opportunities for LD transplantation still exists.

Detailed explanation of flow of events

Case Profile: A compatible recipient/donor pair present for evaluation. The 55y.o. recipient and 52y.o. wife are ABO compatible, donor O, recipient A, ccr compatible, 1/6 HLA match. During initial evaluation the concept of compatible exchange was introduced. They were offered participation in KPD with opportunity for recipient to receive a younger kidney, improved HLA match, and/or ability to help one/more incompatible pairs achieve transplantation. The pair agreed to participate with the primary goal of receiving a younger kidney. Additional benefit of improved HLA match and ability to help others would be meaningful to them. They were only willing to participate in match within center as they were not willing to receive a shipped kidney/incur CIT from participating in a registry match that involved shipped kidneys.

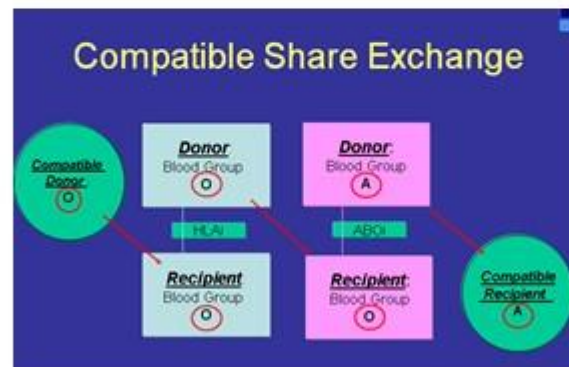
No confidential information disclosed

Three distinct sections

Summary: Our center database of incompatible pairs waiting matching is typically 30 pairs. While we enter all pairs into exchange registry databases, wait times even at the most active registry is typically 7 months or longer. Sensitized recipients can wait much longer. We identified 2 incompatible pairs to form a 3 pair match. The compatible recipient was able to receive a 15 year younger kidney but not an improved HLA match. The compatible pair did find significant meaning in helping 2 incompatible pairs achieve transplantation. The 3 pair combination was as follows:

Appropriate use of numbers

Transplant center, OPO and service area are NOT identified



All pairs underwent KPD education/consenting. The transplants were scheduled at convenience of compatible pair and all surgeries occurred on the same day. All recipients had immediate graft function with one year creatinines remaining under 1.5 mg/dl.

Discussion: 'Compatible Share' has increased our ability to offer compatible LD transplantation to more incompatible pairs. This program also offers benefits to the compatible pair. Widespread adaptation of this program has the ability to significantly increase LD transplantation.