



# Levende nierdonatie - de beste optie

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  In collaboration with  
**World Health Organization**

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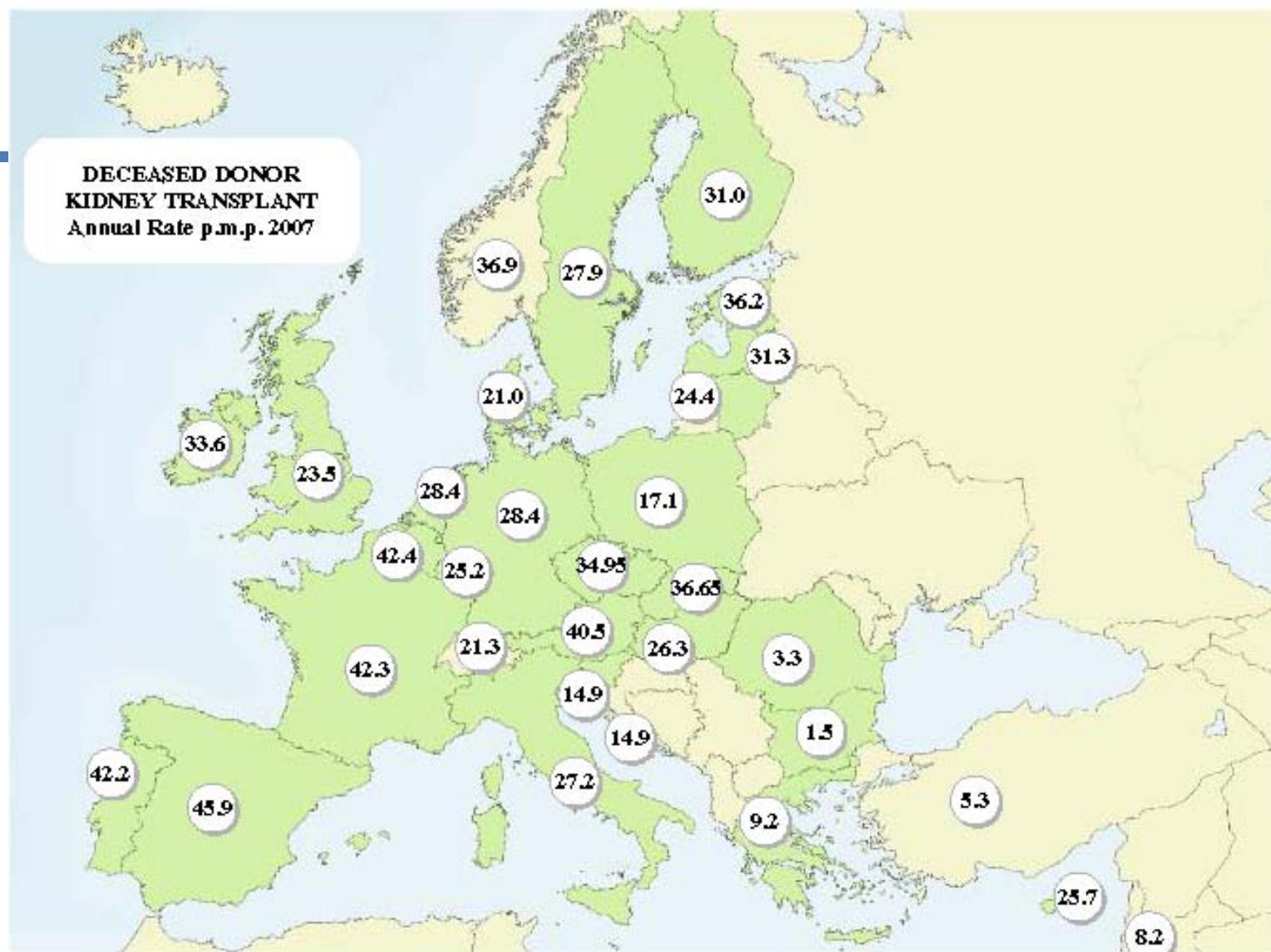
## GLOBAL DATA

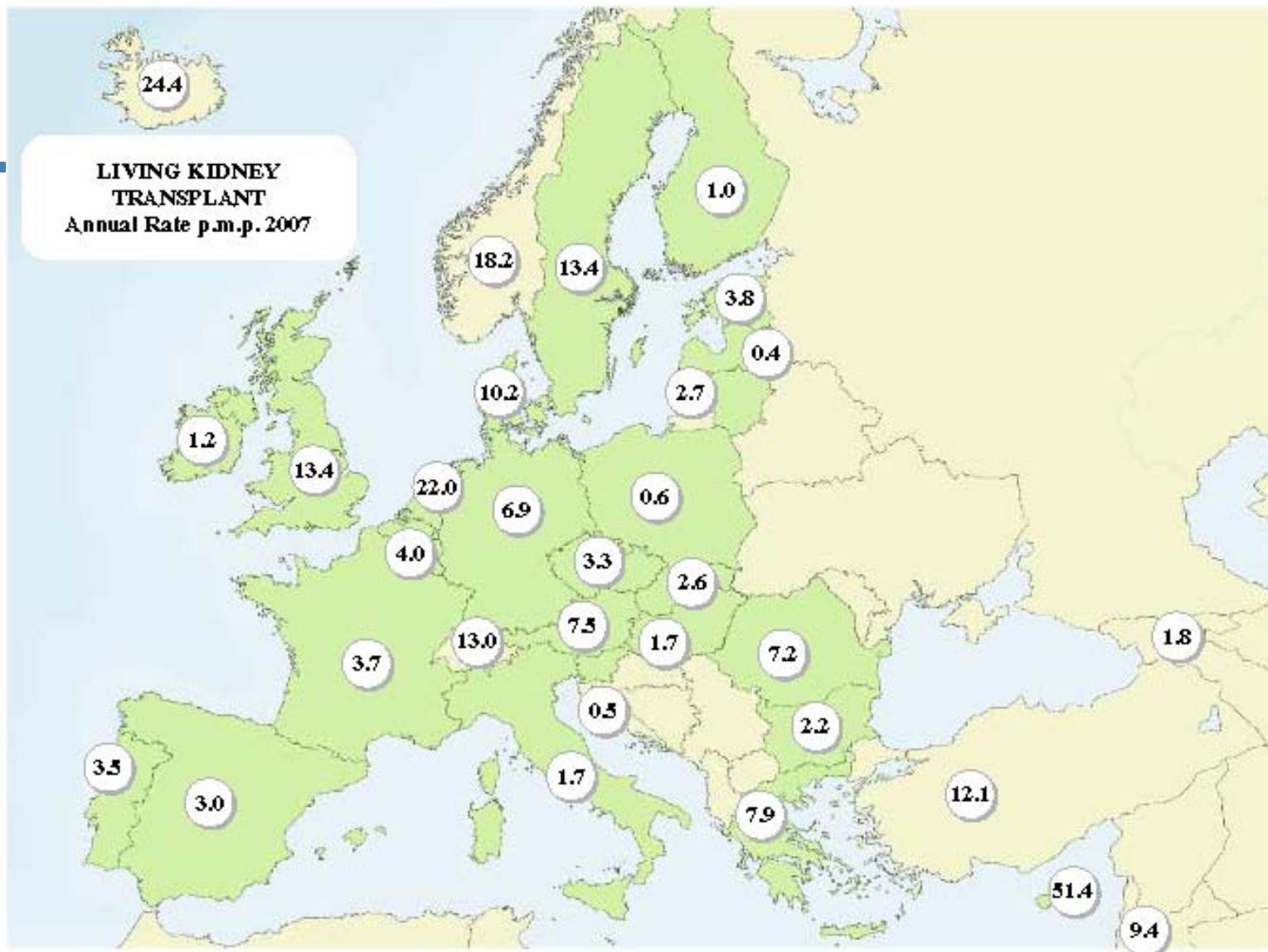
Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants
<b>65511</b> (61% from LD)	<b>20366</b> (10% from LD)	<b>5313</b>	<b>3051</b>	<b>2559</b>

**96820 SOLID ORGAN TRANSPLANTS**

Global Database on Donation and Transplantation.  
2006 data.93 countries







# Plan of presentation

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1. Advantages of transplantation
2. The main problem
3. Definitions
4. The LRD donor
5. The LRD acceptor

# Organ transplantation is

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- Most effective
- Life-saving
- Cost-effective

# Patient survival

**TABLE 3.** OUTCOME AMONG RECIPIENTS OF FIRST CADAVERIC TRANSPLANTS,  
ACCORDING TO CHARACTERISTICS AT THE TIME OF INITIAL PLACEMENT ON THE WAITING LIST, 1991–1997.\*

GROUP	RELATIVE RISK 18 MO AFTER TRANSPLANTATION (95% CI)†	P VALUE	TIME AT WHICH RISK OF DEATH EQUALS THAT IN REFERENCE GROUP	TIME AT WHICH LIKELIHOOD OF SURVIVAL EQUALS THAT IN REFERENCE GROUP	PROJECTED YEARS OF LIFE (IN REFERENCE GROUP) WITHOUT TRANSPLANTATION‡‡	PROJECTED YEARS OF LIFE WITH TRANSPLANTATION‡‡
days after transplantation						
All recipients of first cadaveric transplants	0.32 (0.30–0.35)	<0.001	106	244	10	20
<hr/>						
Age						
0–19 yr	0.33 (0.12–0.87)	0.03	3	5	26	39
20–39 yr	0.24 (0.20–0.29)	<0.001	11	57	14	31
40–59 yr	0.33 (0.29–0.37)	<0.001	95	251	11	22
60–74 yr	0.39 (0.33–0.47)	<0.001	148	369	6	10
<hr/>						
Sex						
Male	0.34 (0.30–0.38)	<0.001	110	255	10	19
Female	0.30 (0.26–0.34)	<0.001	94	220	11	23
<hr/>						

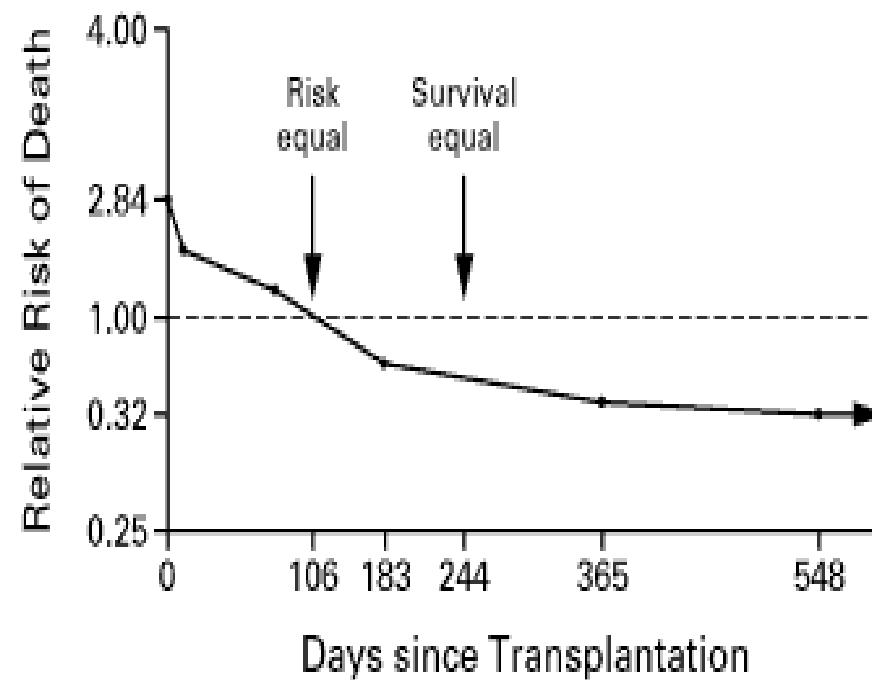
# Patient survival

**TABLE 3.** OUTCOME AMONG RECIPIENTS OF FIRST CADAVERIC TRANSPLANTS,  
ACCORDING TO CHARACTERISTICS AT THE TIME OF INITIAL PLACEMENT ON THE WAITING LIST, 1991–1997.\*

GROUP	RELATIVE RISK 18 MO AFTER TRANSPLANTATION (95% CI)†	P VALUE	TIME AT WHICH RISK OF DEATH EQUALS THAT IN REFERENCE	TIME AT WHICH LIKELIHOOD OF SURVIVAL EQUALS THAT IN REFERENCE	PROJECTED YEARS OF LIFE (IN REFERENCE GROUP) WITHOUT TRANSPLANTATION‡‡	PROJECTED YEARS OF LIFE WITH TRANSPLANTATION‡‡
days after transplantation						
Cause of end-stage renal disease						
Diabetes	0.27 (0.24–0.30)	<0.001	57	146	8	19
Glomerulonephritis	0.39 (0.31–0.48)	<0.001	130	360	11	18
Other	0.38 (0.33–0.43)	<0.001	137	353	12	20

# Patient survival

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# Quality of life

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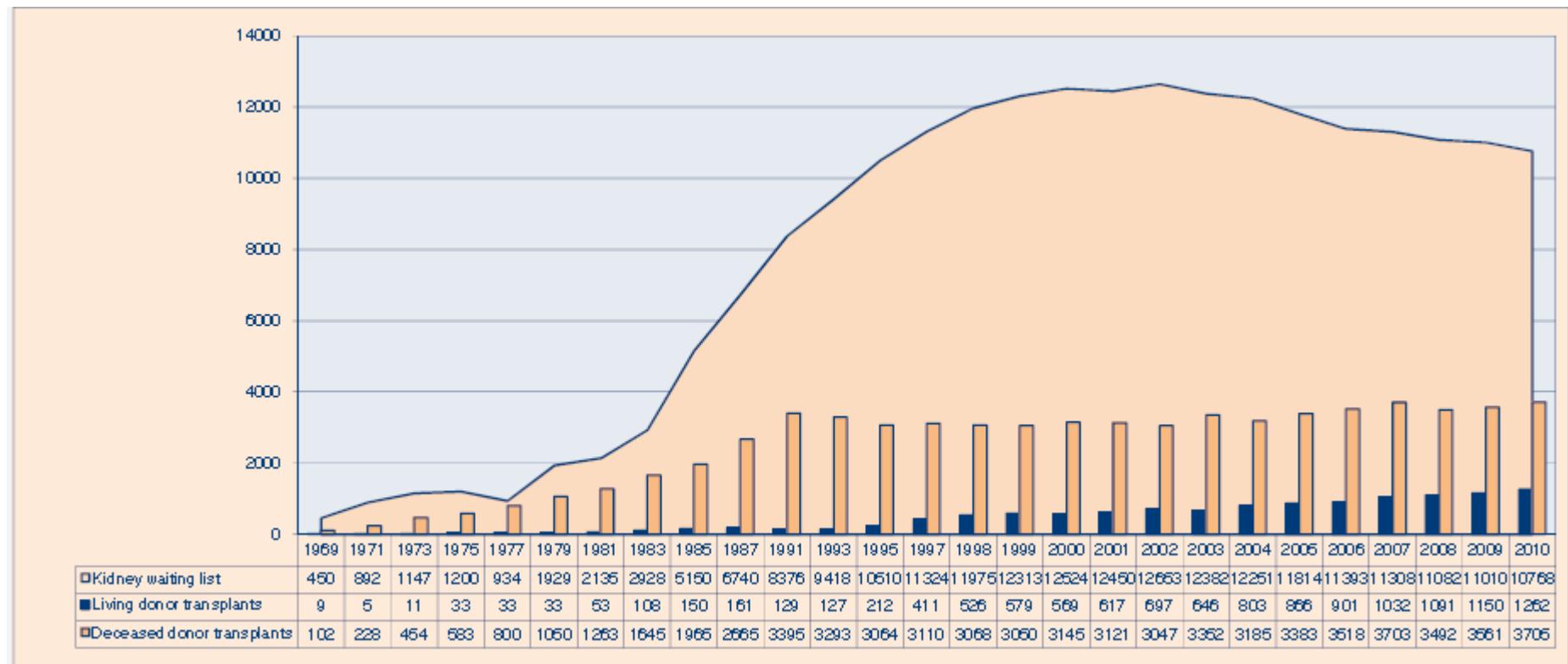
- 90% have an increased quality of life
- 45% go working again as before.

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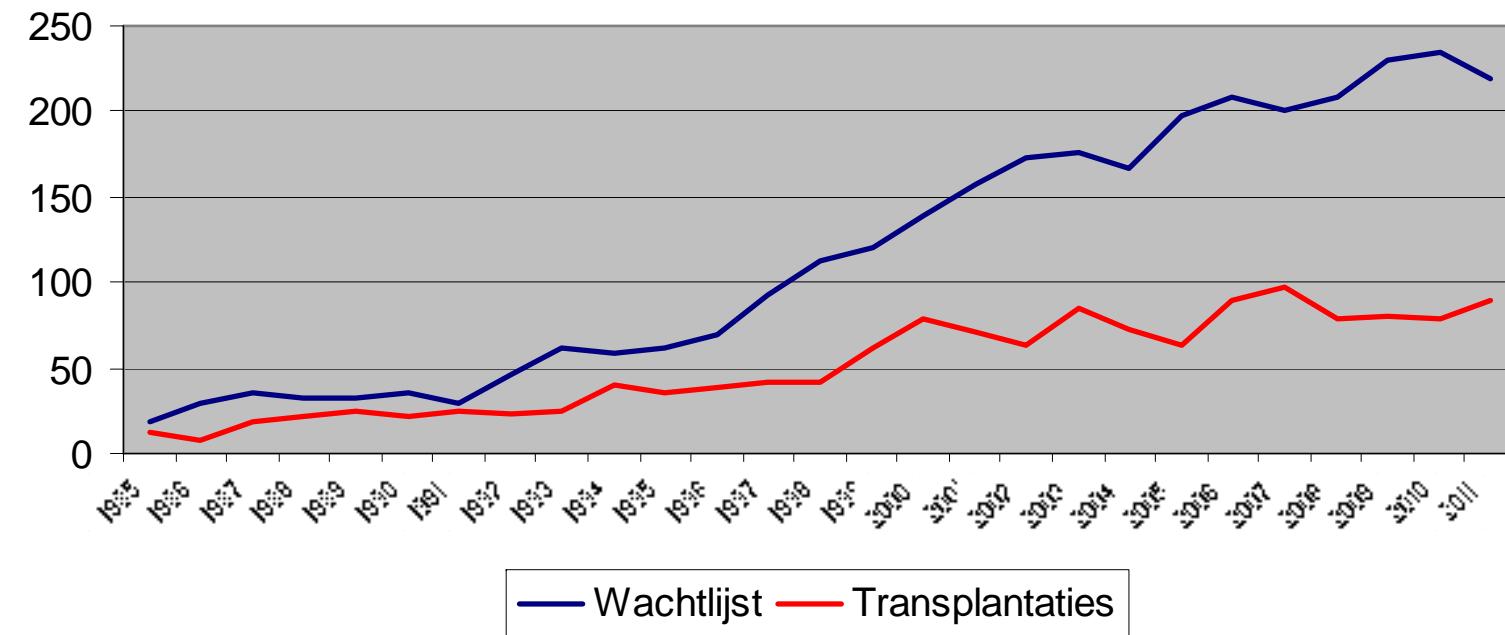
# Kidney transplantation

The main problem

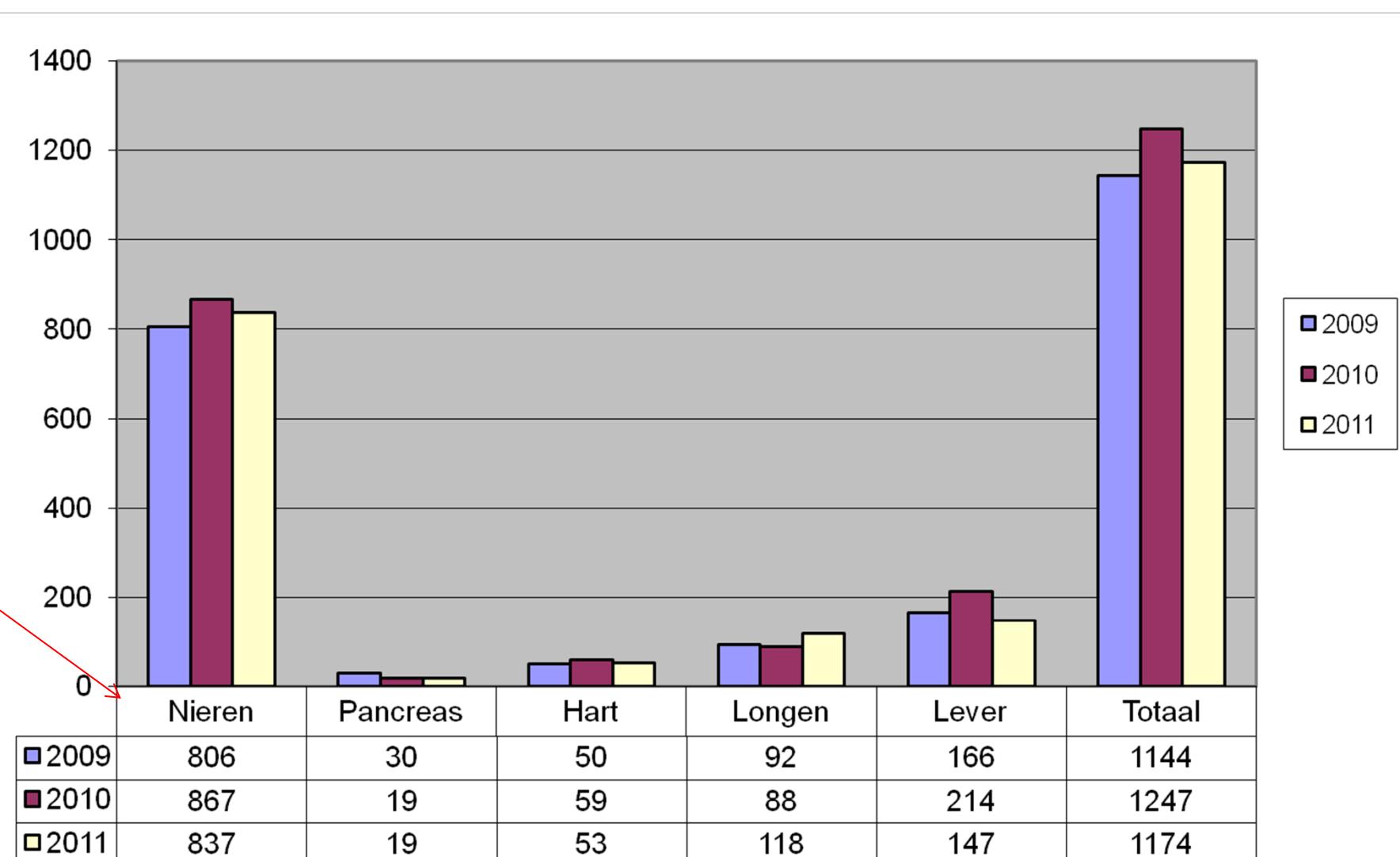
# Dynamics of the Eurotransplant kidney waiting list and transplants between 1969 and 2010



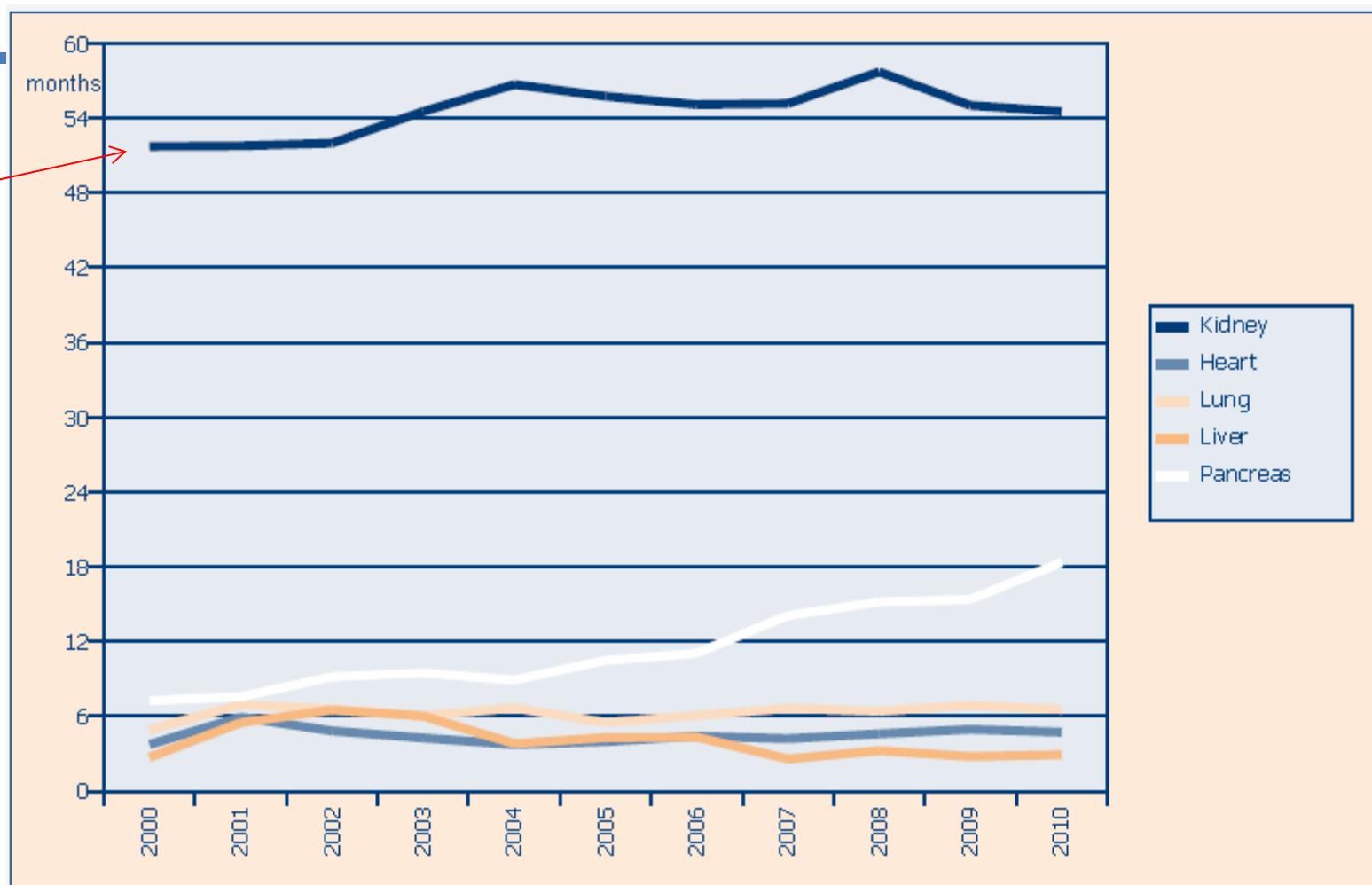
## EVOLUTIE WACHTLIJST & AANTAL NIERTX

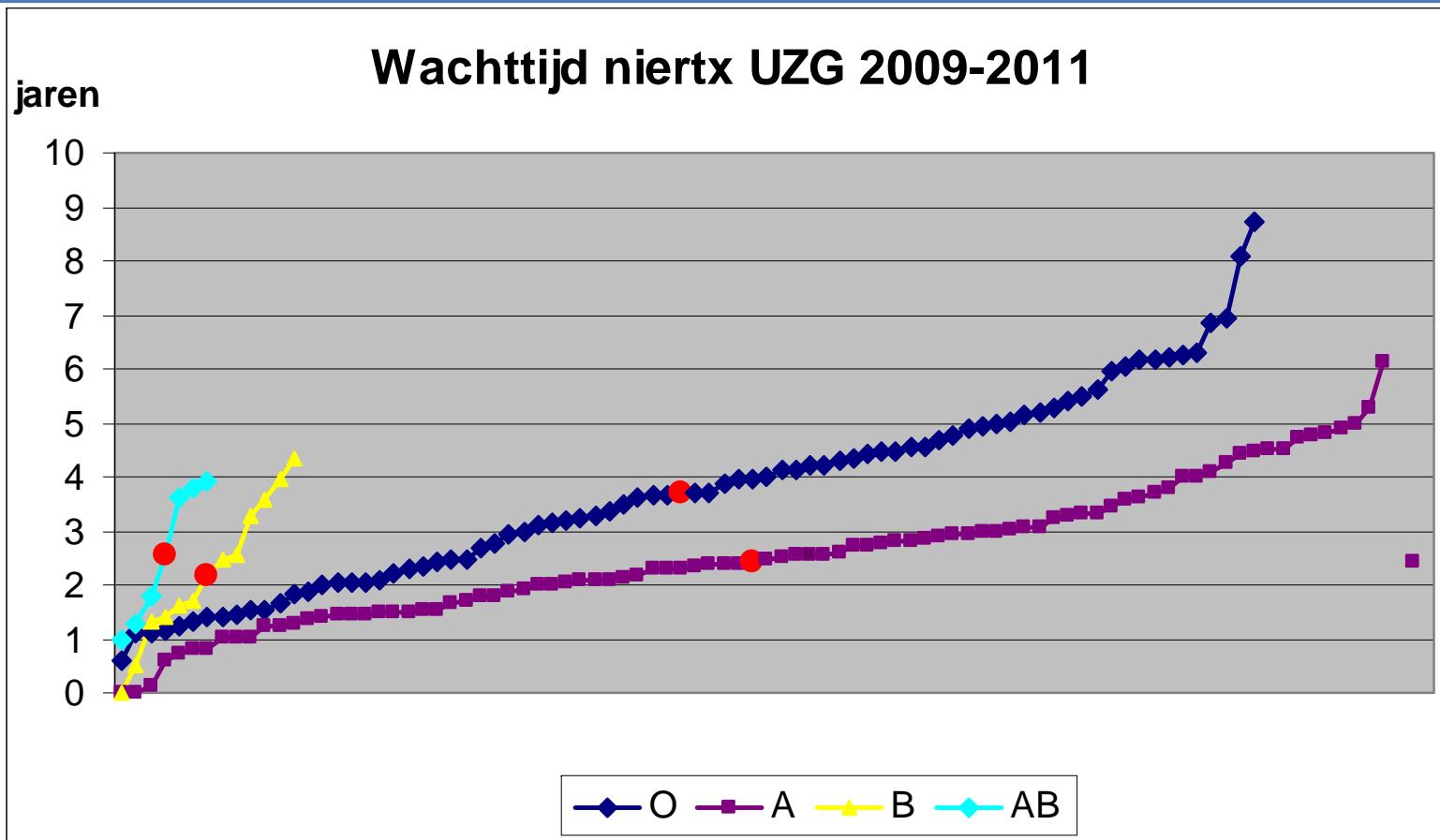


## Waiting list Belgium 2010-2011 (-2,5%)

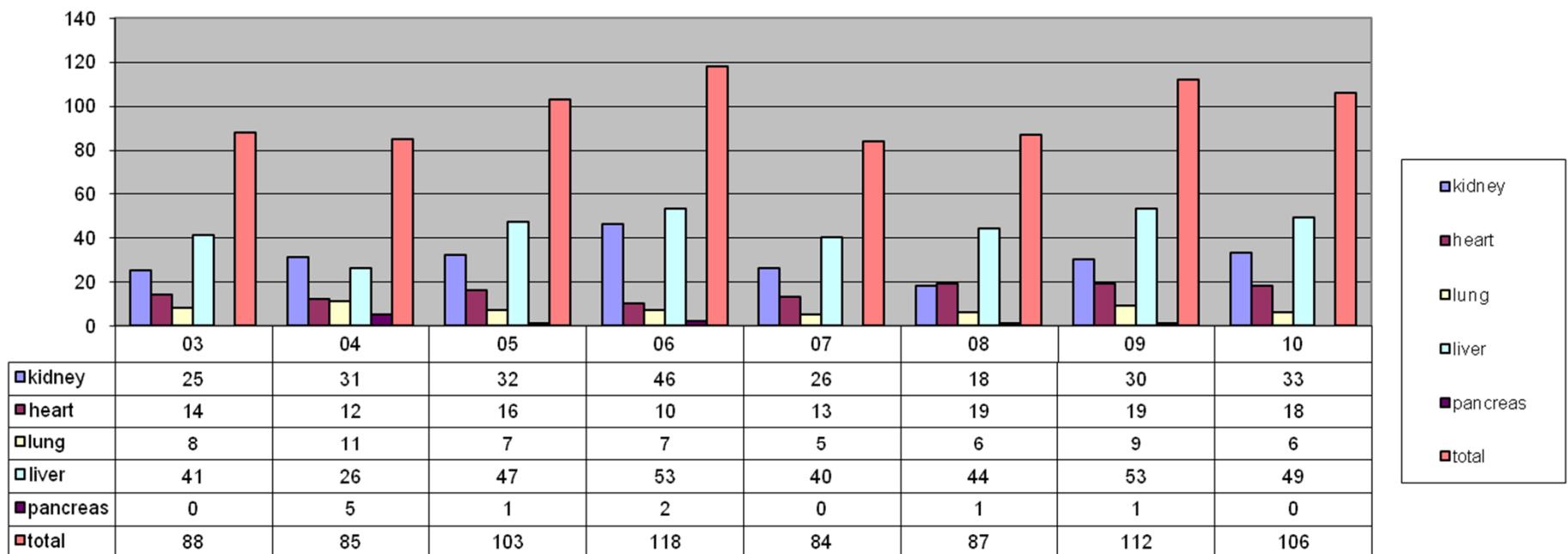


## Median waiting time to deceased transplant





## Death while on the waiting list ± 2/week



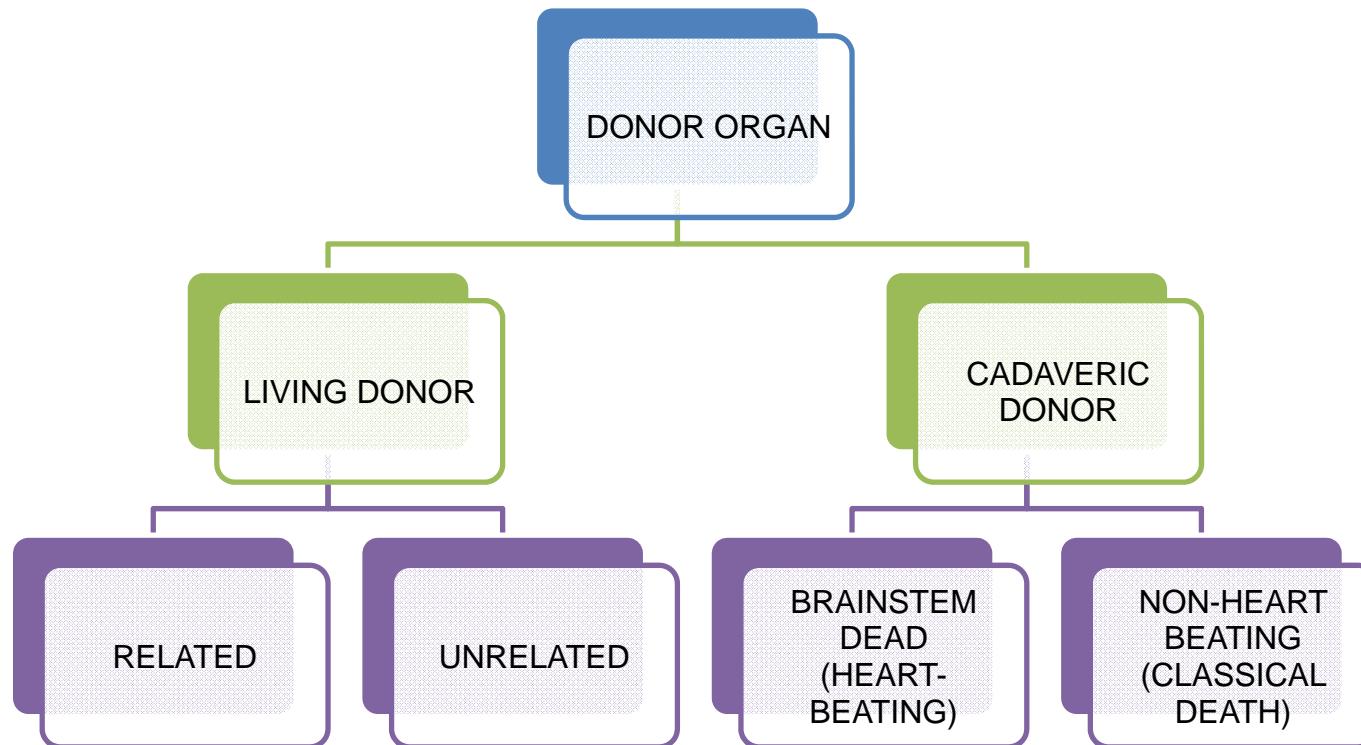
# Alternatives

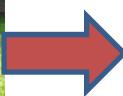
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- Try to diminish cadaveric donation refusals
- “Old for Old” Eurotransplant program
- ECD extended criteria donors
  - >60 y
  - >50 y + arterial hypertension / CVA / Screat>1.5 mg/dl
- NHBD non heart beating donation
- (Xenotransplantation)
- LRD/LURD living (un)related donation

- 
- One organ, tissue and eye donor might save the lives of 7 and help up to 50 people

Ref: [www.lifelineofohio.org/media/story.cfm](http://www.lifelineofohio.org/media/story.cfm)

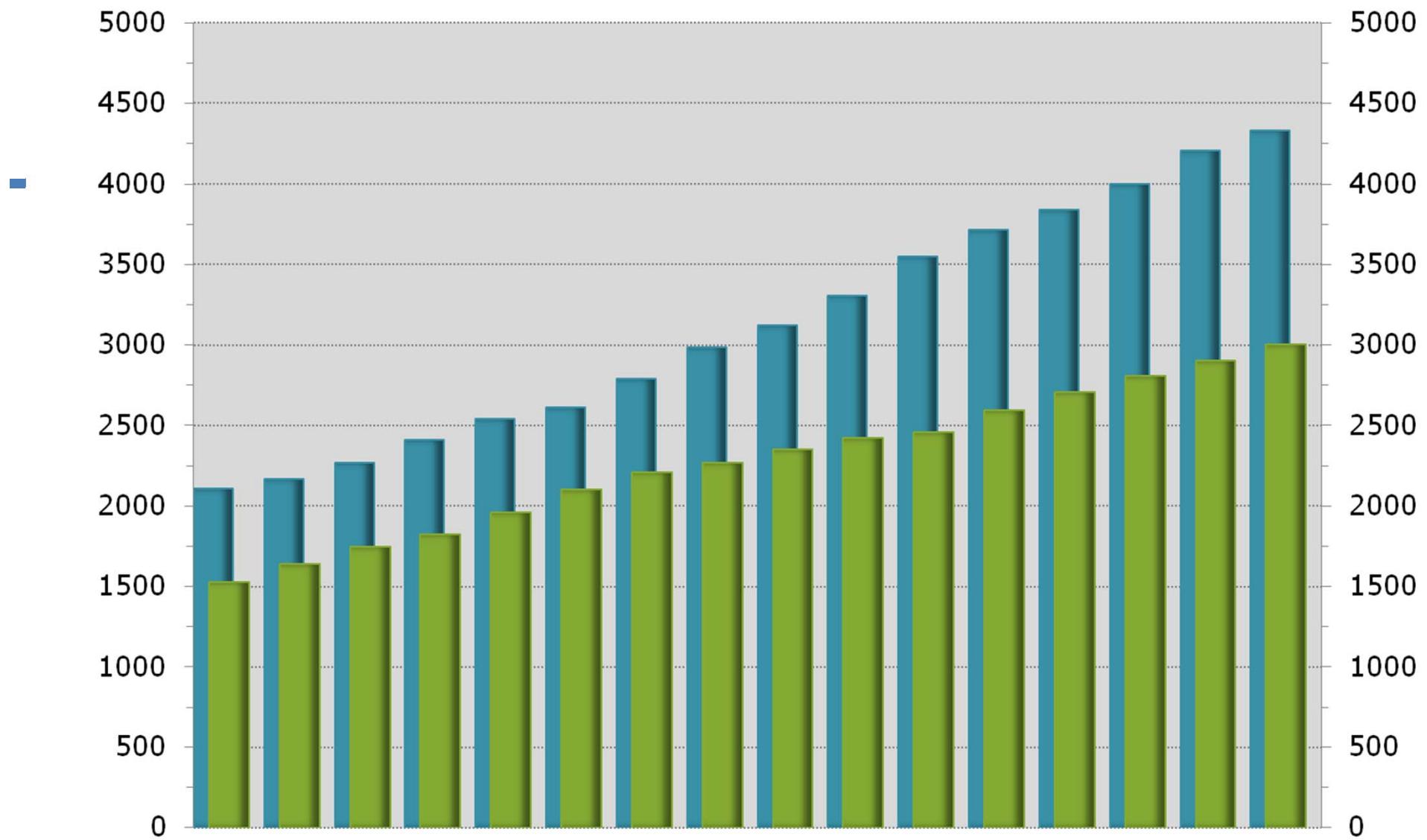




# Definitions

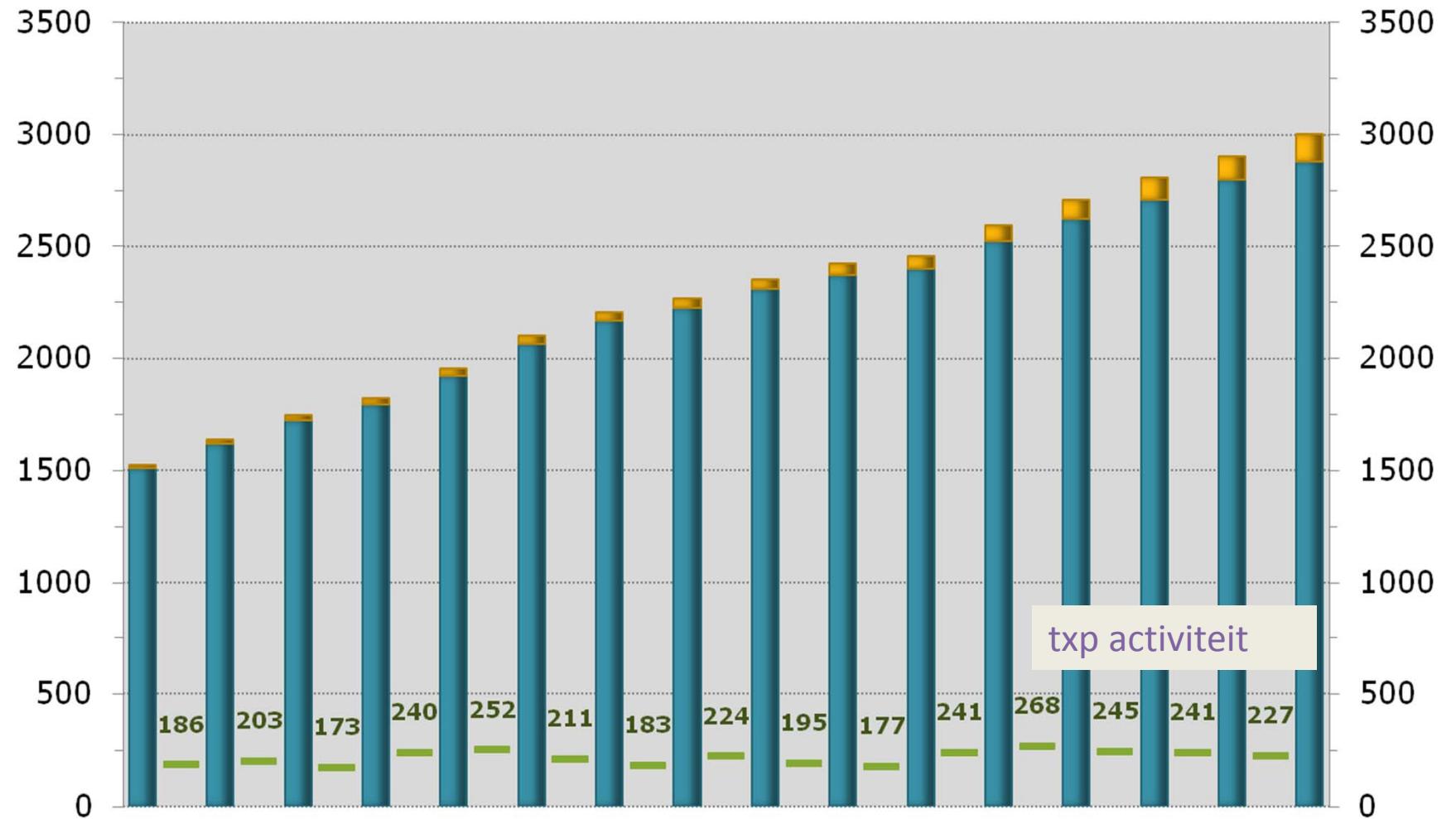
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- LRD living related donation = genetically related
  - Siblings
  - Parental
- LURD living unrelated donation = emotionally related
  - Spousal
  - Cross-over = paired exchange
  - Friends
  - Non-directed – “good samaritan”
  - Paid donation is legally forbidden and ethically not accepted !!



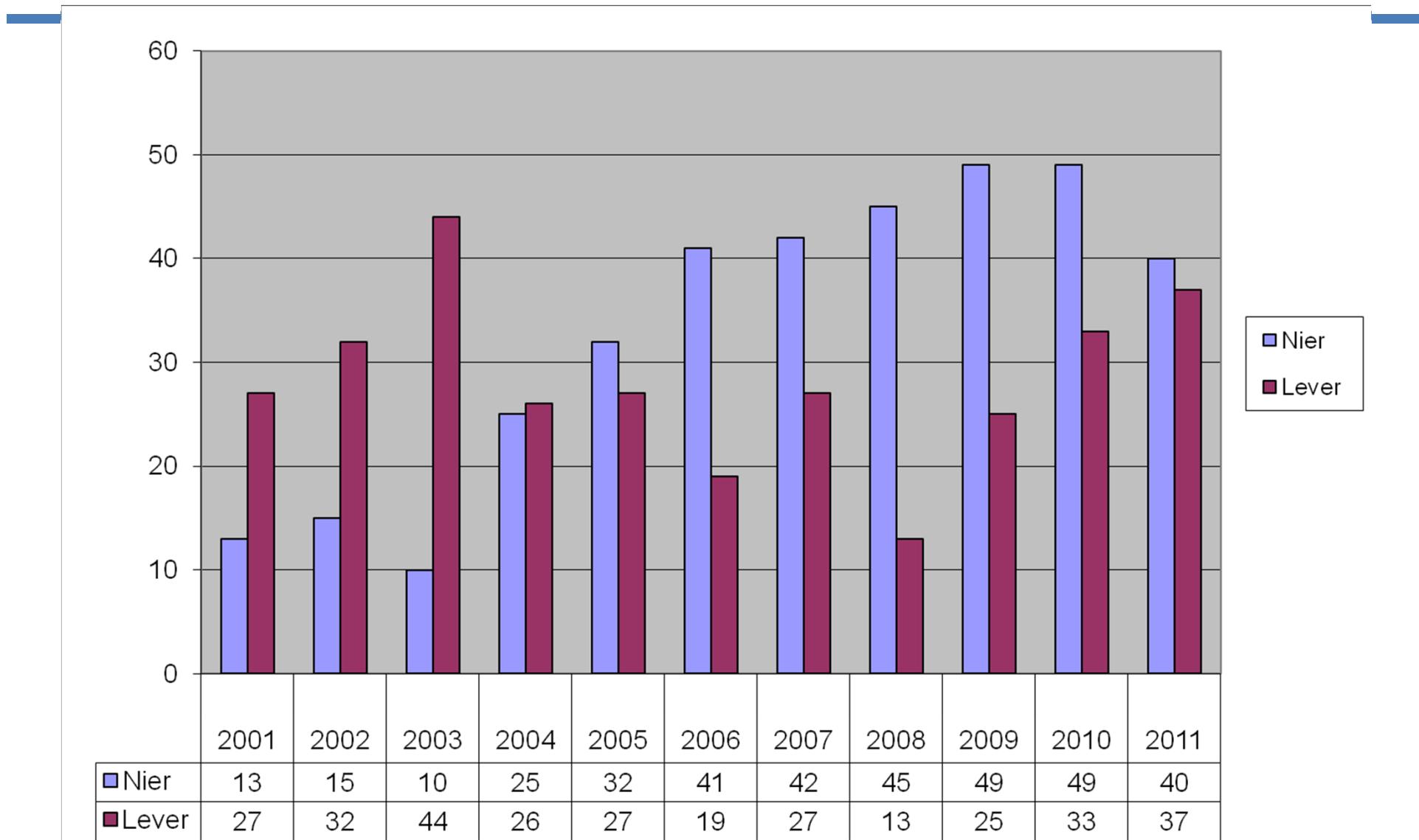
1 januari	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2011
Dialyse	2106	2165	2266	2412	2540	2612	2789	2988	3123	3307	3547	3712	3840	3999	4207	4332	59%
Transplantatie	1526	1637	1746	1823	1958	2102	2206	2269	2352	2425	2458	2593	2709	2808	2904	3002	41%
Totaal	3622	3802	4012	4235	4498	4714	4995	5257	5475	5732	6005	6305	6549	6807	7111	7334	100%

GENT



1 januari	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Overleden donor TXP	1511	1619	1726	1797	1923	2064	2168	2227	2311	2375	2400	2524	2624	2711	2798	2879
Levende donor TXP	15	18	20	26	35	38	38	42	41	50	58	69	85	97	106	123
Totaal prevalentie	1526	1637	1746	1823	1958	2102	2206	2269	2352	2425	2458	2593	2709	2808	2904	3002

## Levende transplantatie 2009 - 2010 - 2011



# The LRD donor - risk

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- Donor mortality  $3/10000 = 0.03\%$ 
  - UNOS database: 11/32791 between 1999-2004
- Donor ESRD  $4/10000 = 0.04\%$ 
  - UNOS database since 1988
  - Risk of ESRD of US population = 0.03%
  - FSGS / HUS / diabetic and hypertensive nephropathy most frequent

# The LRD donor - concerns

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- Immediate mortality
- Familial disease – FSGS / HUS
- Development of disease that will cause mortality
  - Cardiovascular disease : Diabetes / hypertension / metabolic syndrome – obesitas
- Development of diseases that will cause ESRD
  - Diabetes, hypertension
  - proteinuria
- Transmission of disease to the recipient

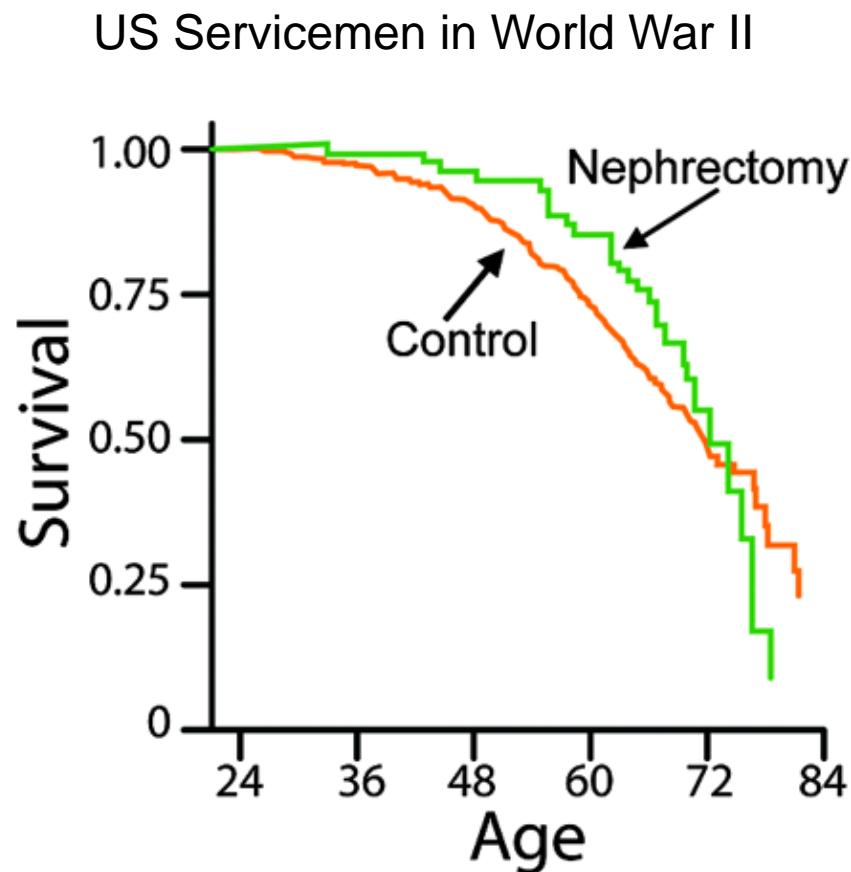
# The LRD donor – acceptance criteria

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- Age – variable acceptance
- Proteinuria < 100 mg/24h and albuminuria < 30 mg/24h  
Kasiske AJKD 1995 Klausen Circulation 2004
- GFR > 80 ml/min/1.73m<sup>3</sup>
- OGTT normal
- No haematuria
- Normal blood pressure
- BMI < 30
- No infectious or cancer risk
- Correct social / psychological evaluation
- Willingness to donate and follow-up

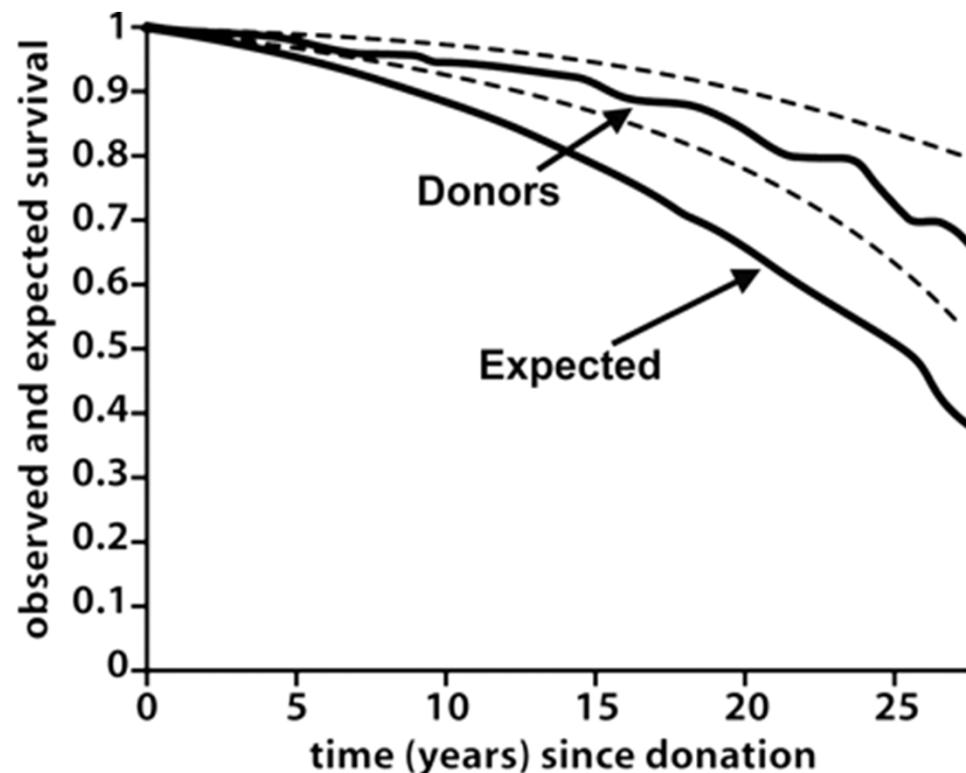
# Safety of Living Kidney Donation

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# Living donors live longer

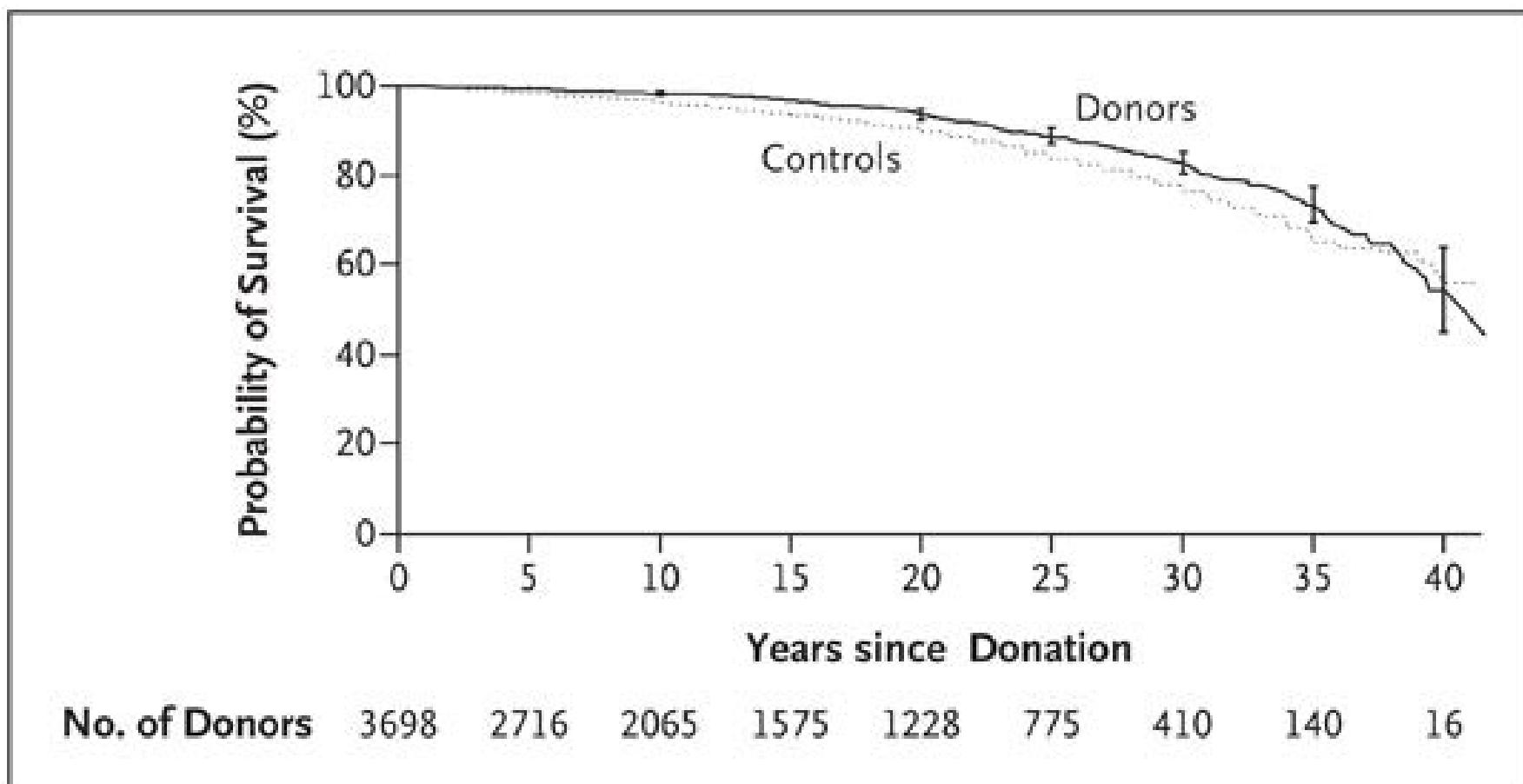
## Sweden 1964-94



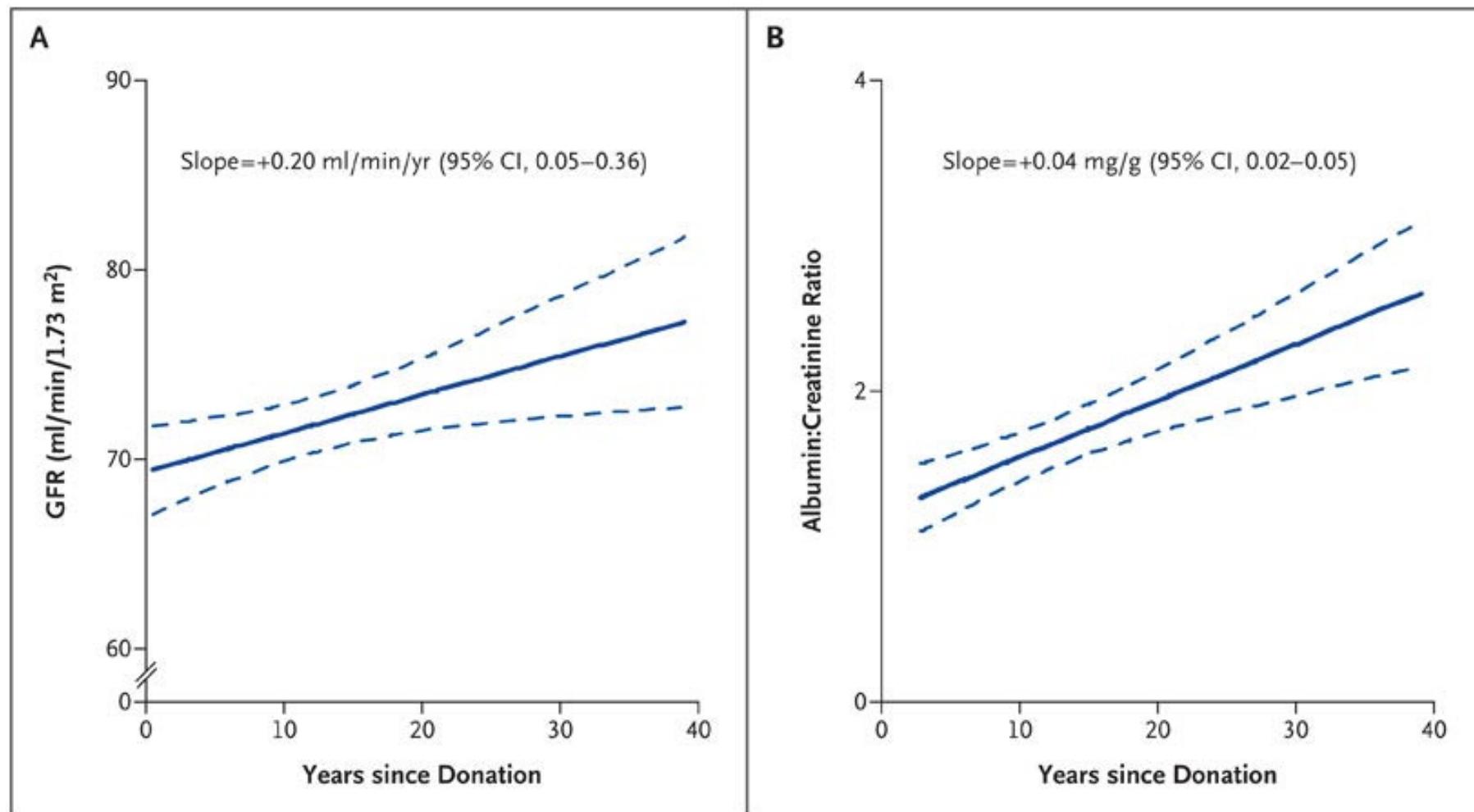
At 20 y : survival 29% better



# Survival of Kidney Donors and Controls from the General Population – US experience 2009



# Glomerular Filtration Rate (GFR) and Urinary Albumin Excretion According to Time since Donation



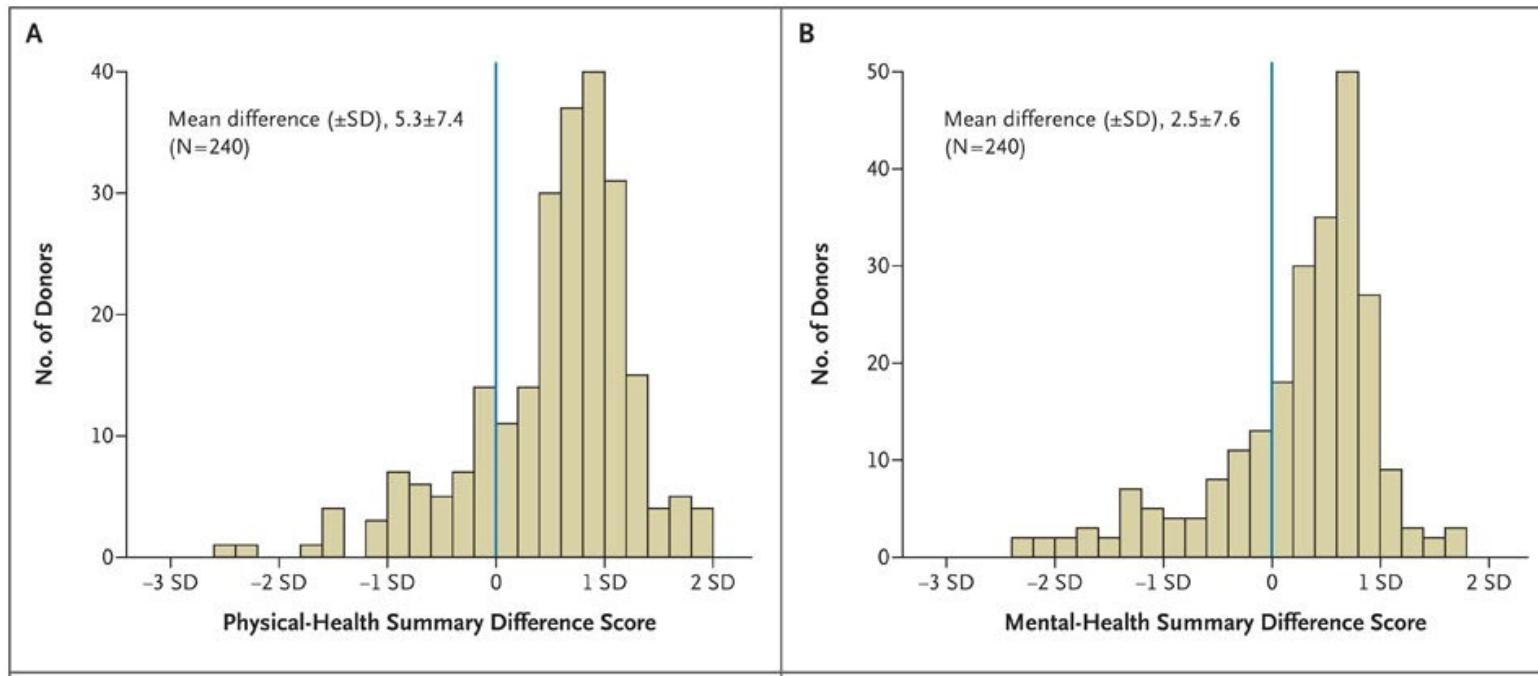
# Multivariable Risk of Reduced Iohexol Glomerular Filtration Rate (GFR), Albuminuria, and Hypertension in 255 Kidney Donors

**Table 1.** Multivariable Risk of Reduced Iohexol Glomerular Filtration Rate (GFR), Albuminuria, and Hypertension in 255 Kidney Donors.\*

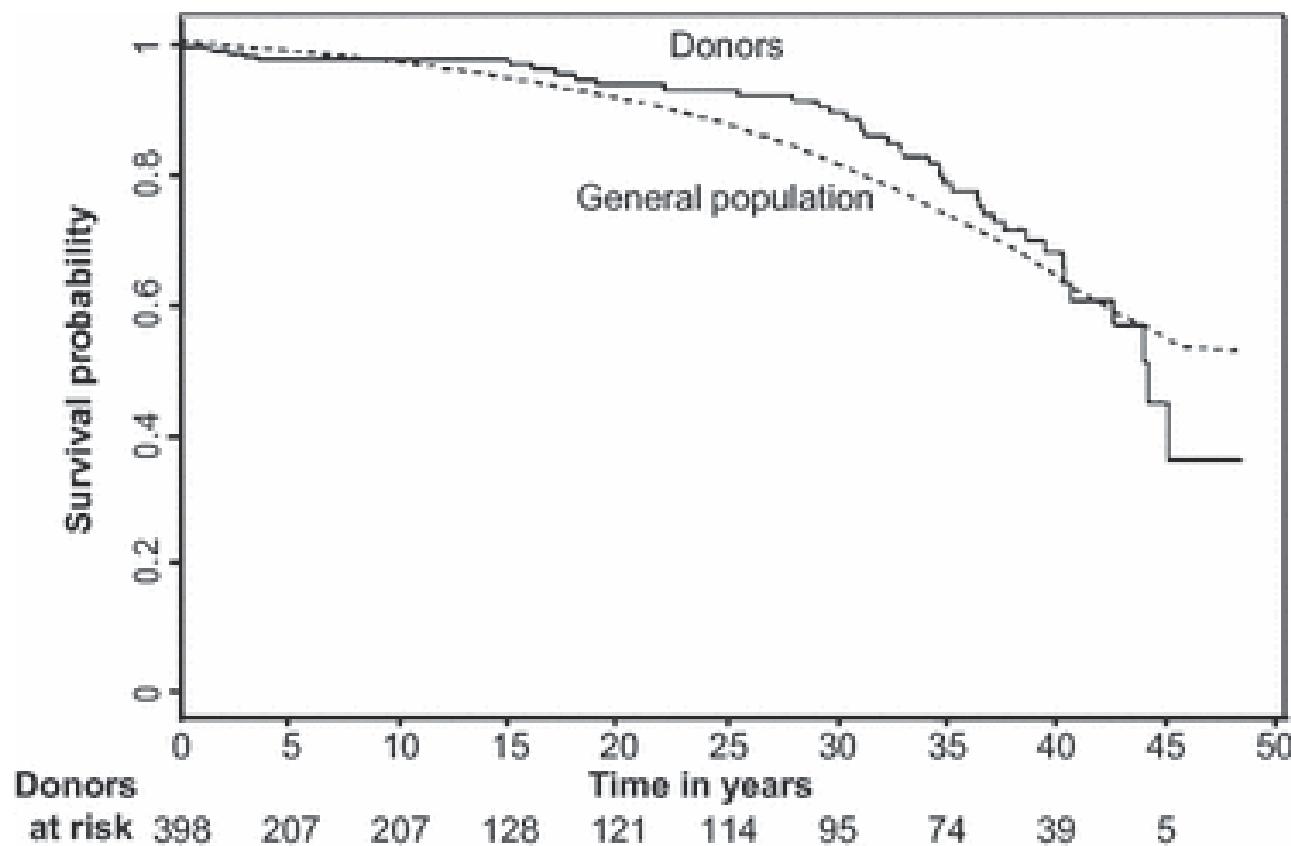
Variable	Odds Ratio (95% CI)	P Value
Iohexol GFR <60 ml/min/1.73m <sup>2</sup>		
Age, per year	1.15 (1.08–1.21)	<0.001
Time since donation, per year	0.87 (0.79–0.95)	0.003
Body-mass index, per unit	1.12 (1.02–1.23)	0.02
Current smoker	0.42 (0.17–1.05)	0.06
Female sex	3.11 (1.11–8.67)	0.03
Albuminuria		
Time since donation, per year	1.12 (1.05–1.20)	<0.001
Female sex	0.31 (0.12–0.79)	0.01
Hypertension requiring medication		
Age, per year	1.09 (1.04–1.13)	<0.001
Body-mass index, per unit	1.12 (1.04–1.21)	0.003

\* Covariates include age, sex, time since donation, current body-mass index, creatinine level at the time of donation, smoking status, and systolic and diastolic blood pressures.

# Quality-of-Life Scores for Kidney Donors.



# Very long-term follow-up of living kidney donors – Paris experience 2012



# Pregnancies in donors

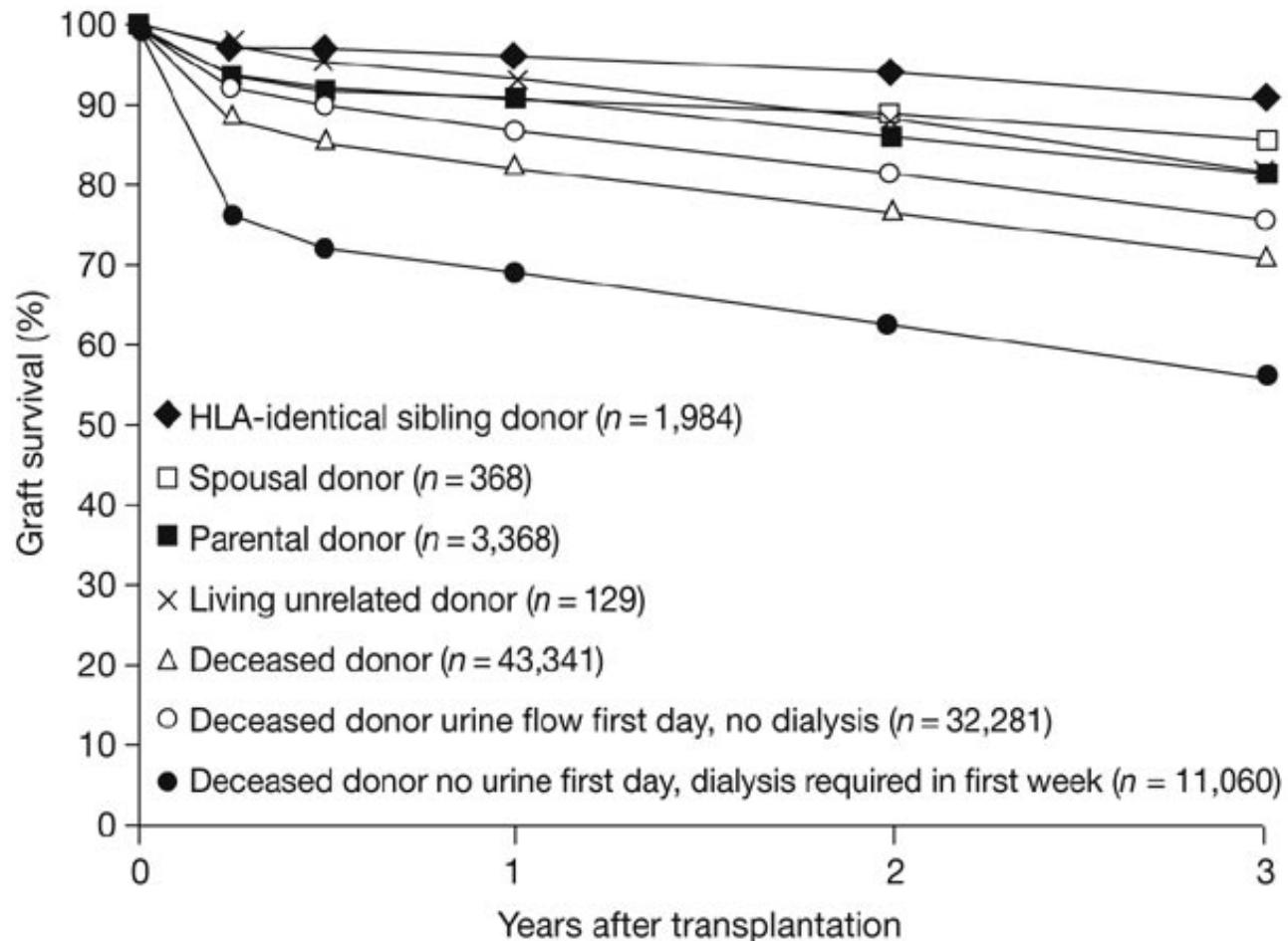
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- Postdonation (vs. predonation) pregnancies associated with
  - lower likelihood of full-term deliveries (73.7% vs. 84.6%,  $p = 0.0004$ )
  - higher likelihood of fetal loss (19.2% vs. 11.3%,  $p < 0.0001$ )
  - higher risk of gestational diabetes (2.7% vs. 0.7%,  $p = 0.0001$ )
  - gestational hypertension (5.7% vs. 0.6%,  $p < 0.0001$ )
  - proteinuria (4.3% vs. 1.1%,  $p < 0.0001$ )
  - preeclampsia (5.5% vs. 0.8%,  $p < 0.0001$ )

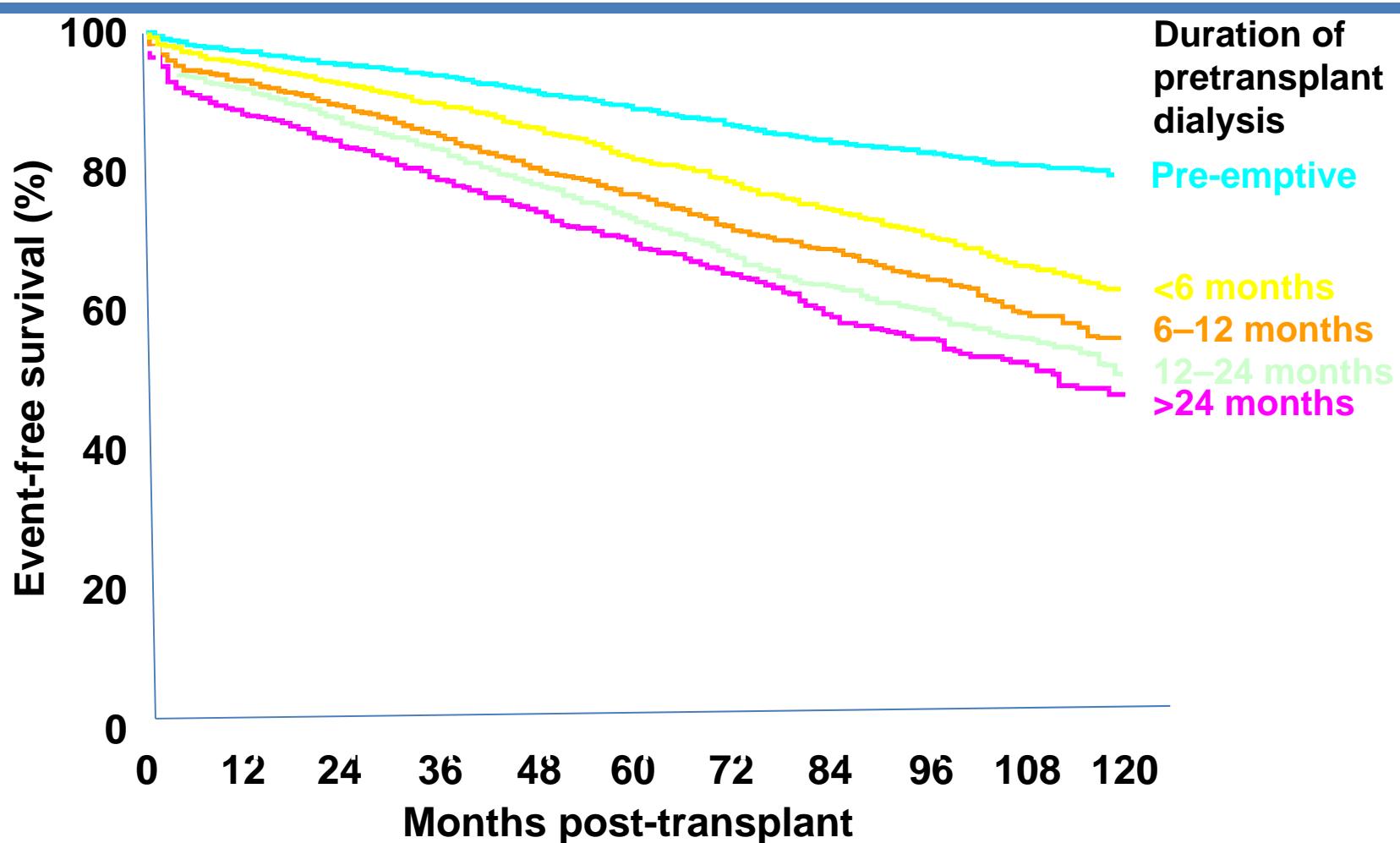
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# Acceptor issues

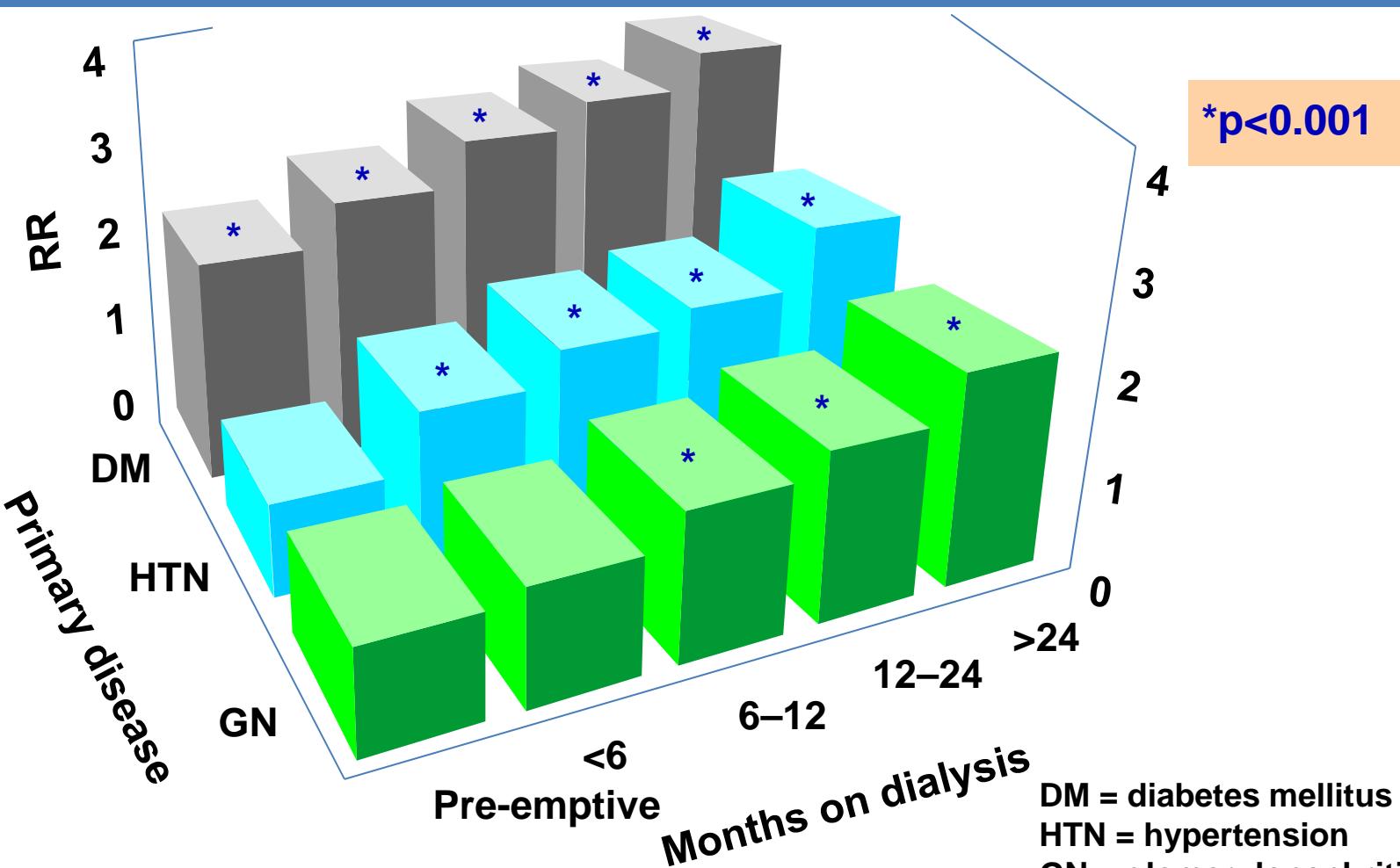
# Graft outcome living versus deceased donor transplantation



# Living donor graft survival

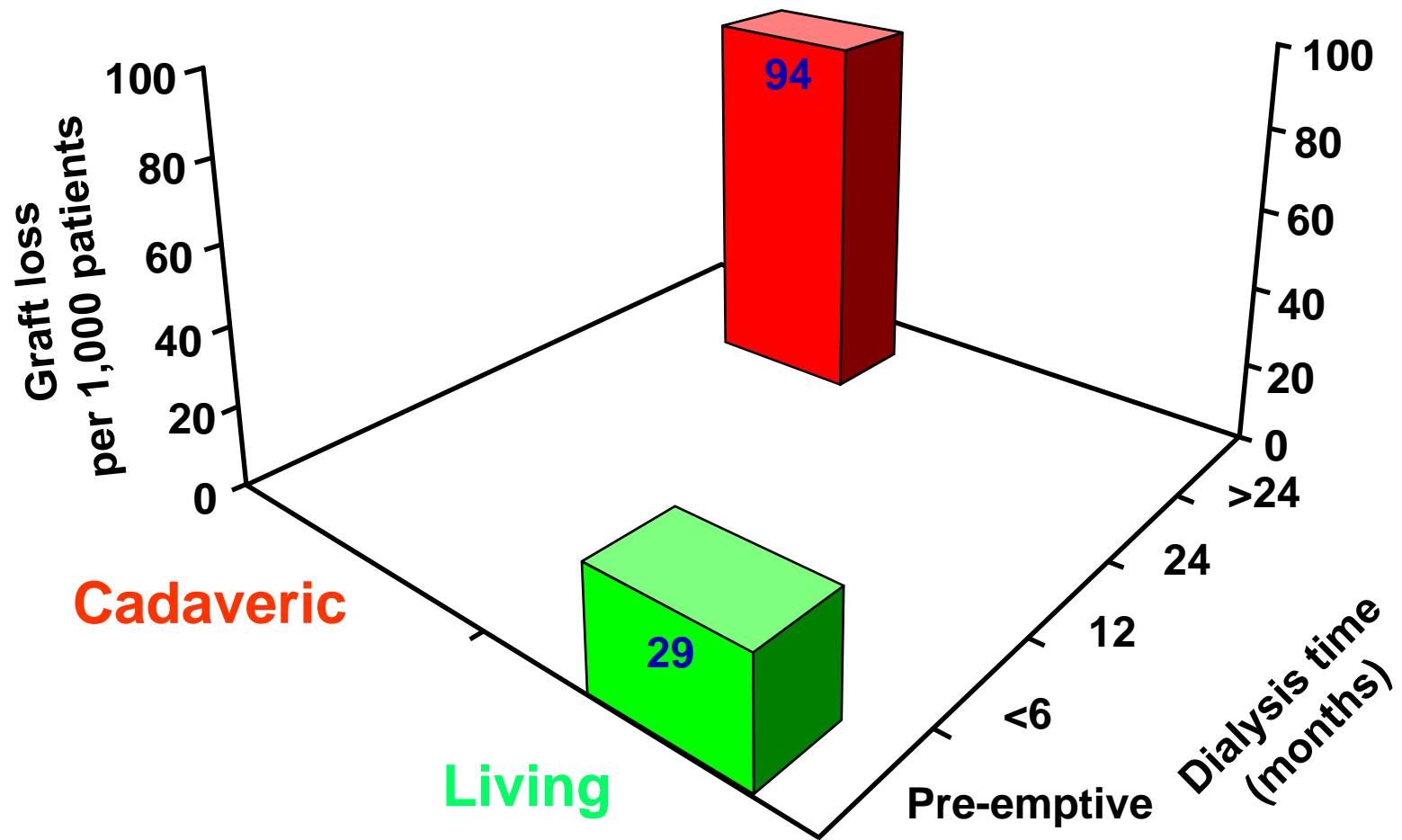


# Relative risk for death with a functioning graft by primary disease

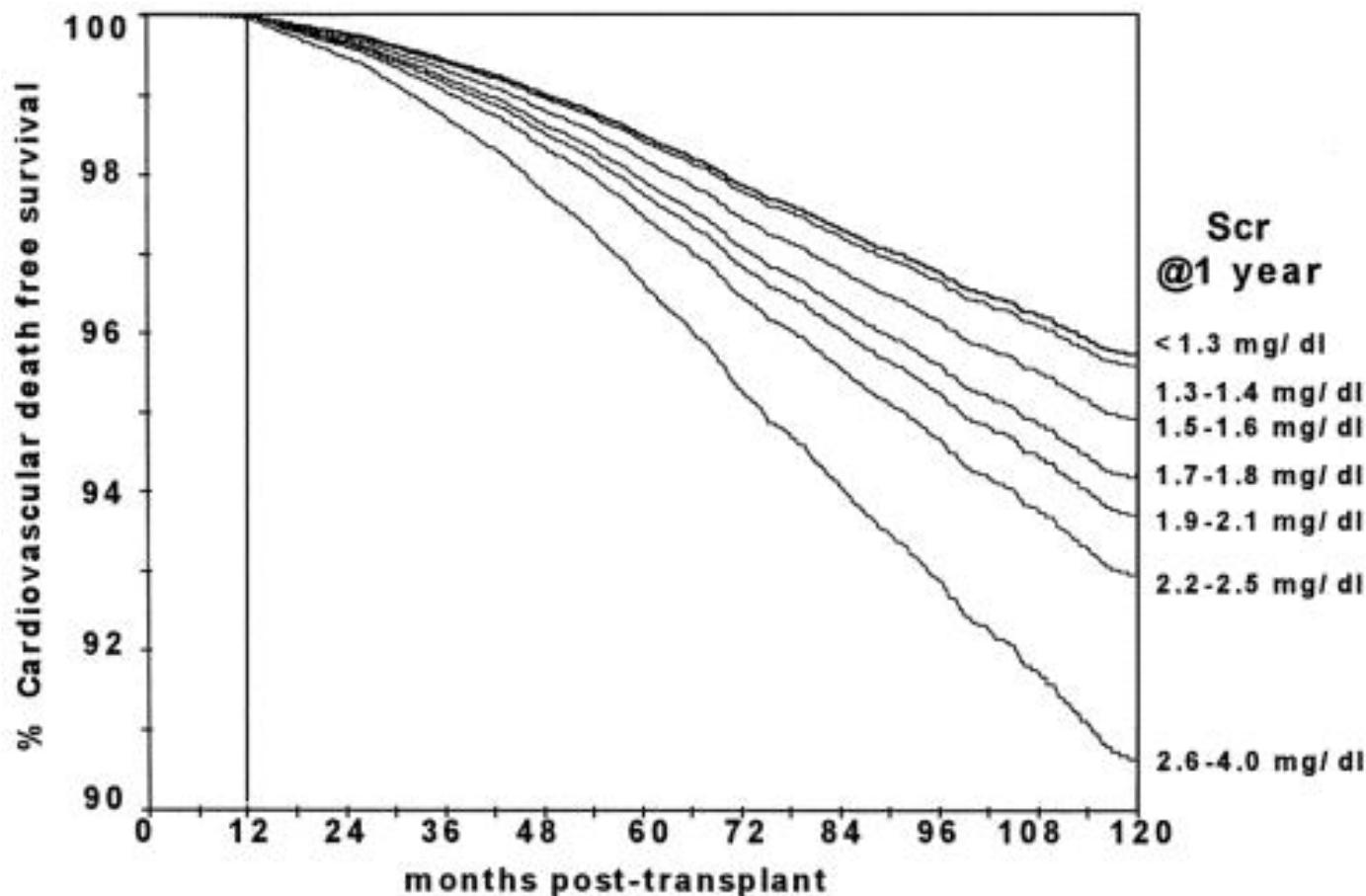


DM = diabetes mellitus  
HTN = hypertension  
GN = glomerulonephritis

# Annual adjusted graft loss rates per 1,000 patients

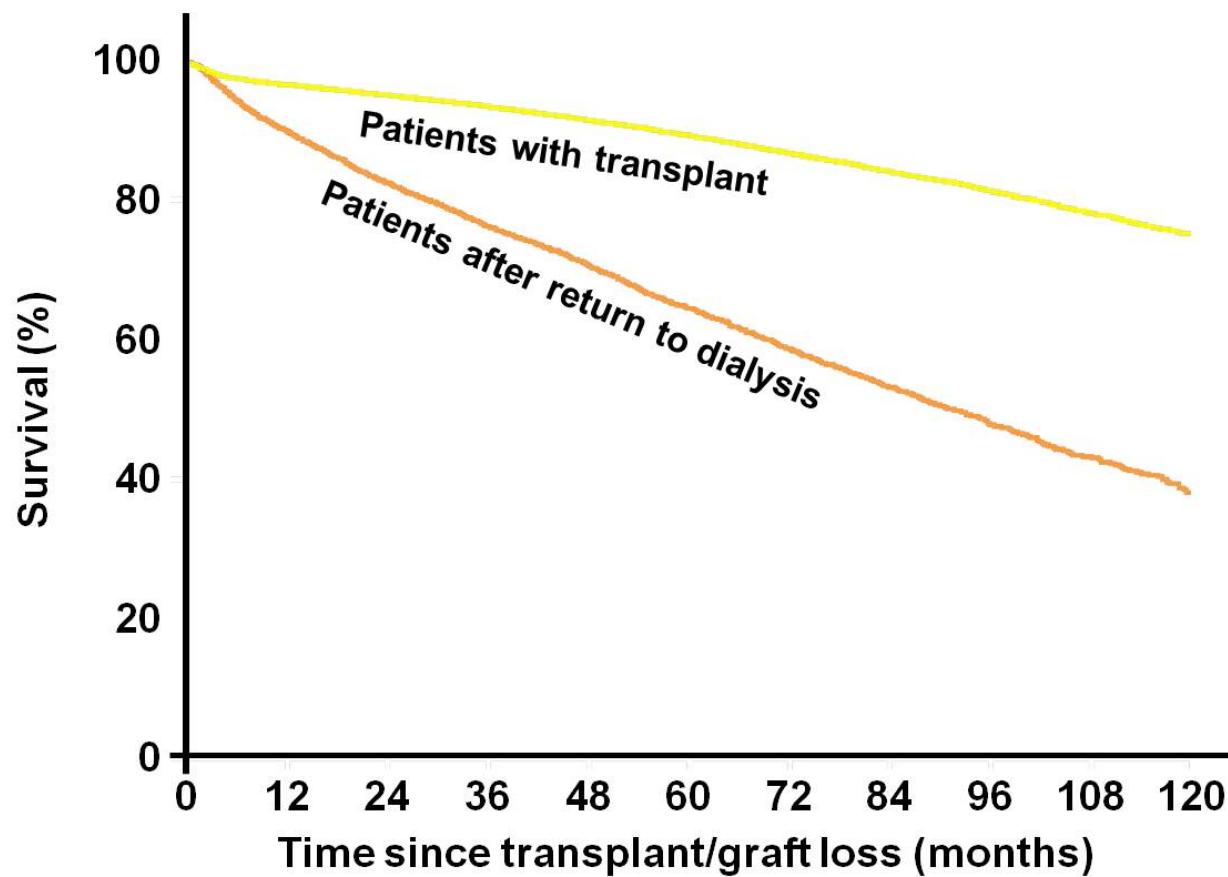


# Association between CV death and serum creatinine at 1 year post-transplant



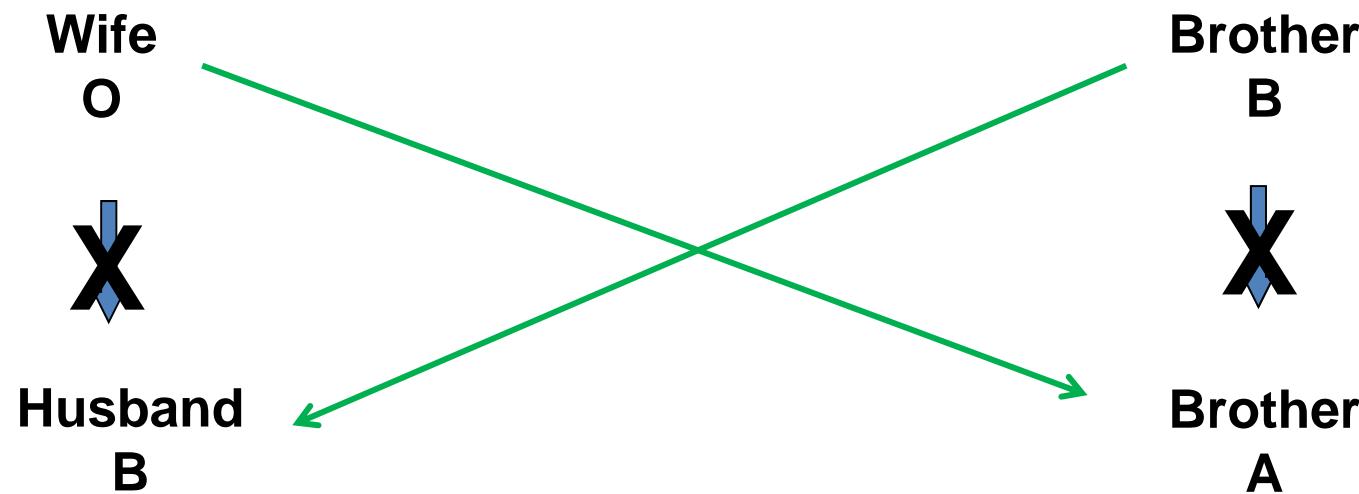
# Adjusted patient survival for patients with a transplant and for patients after transplant loss

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# Live donor paired kidney exchange: cross match and ABO incompatibility

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Cross-match  
incompatibility

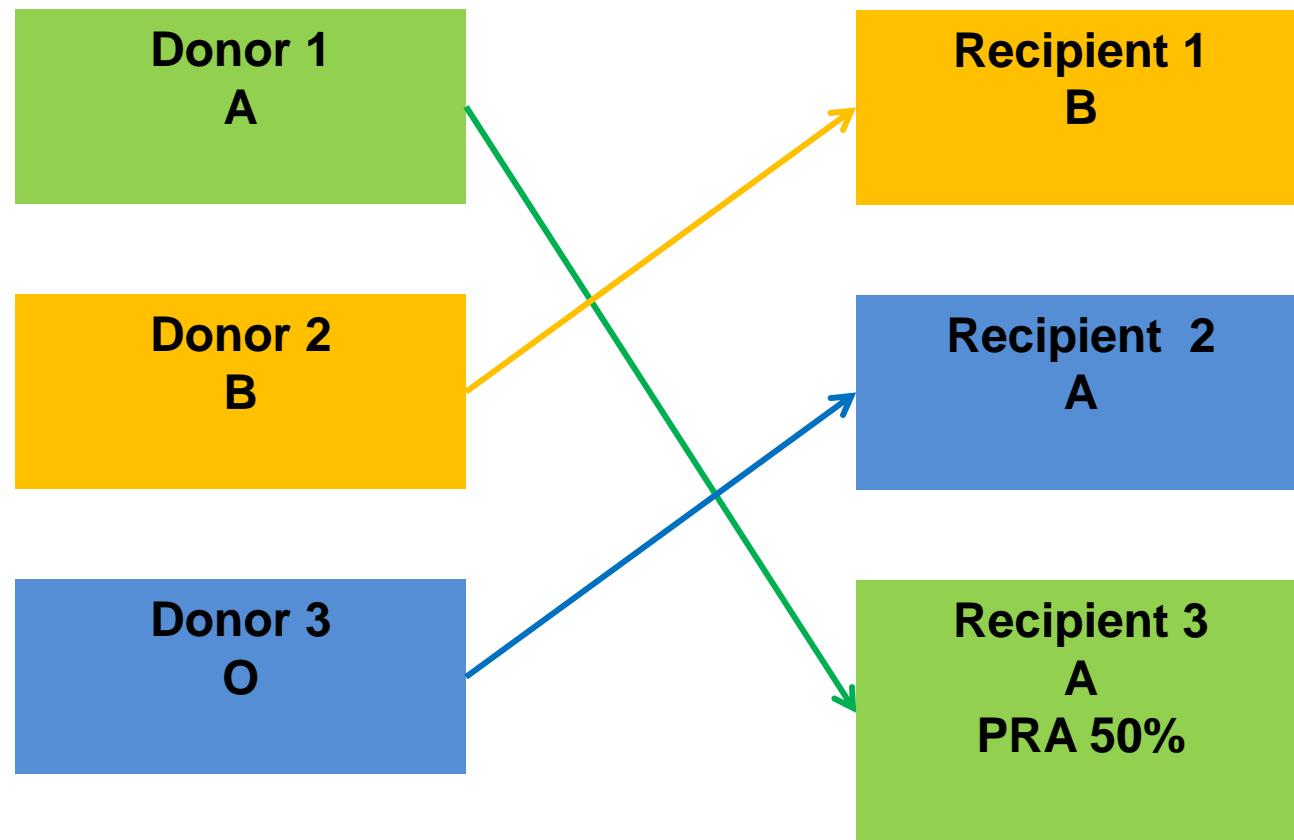


Blood-type  
incompatibility

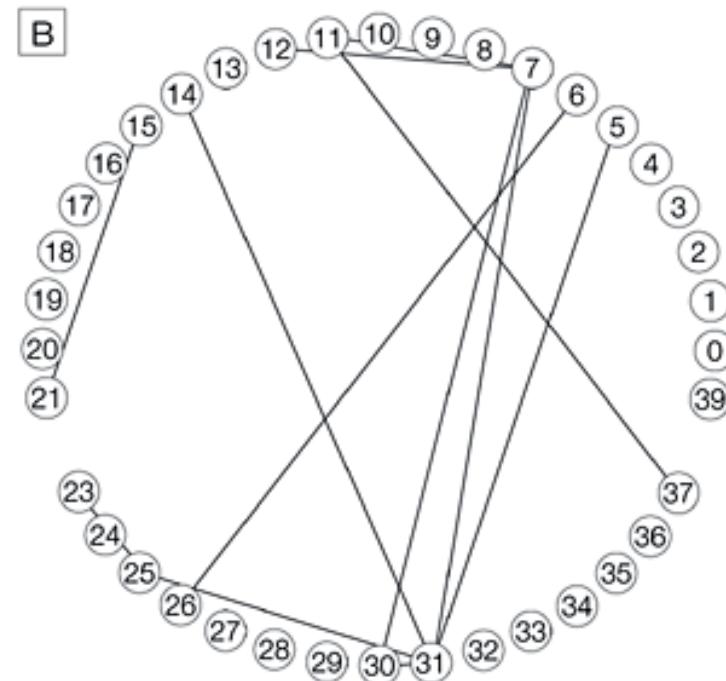
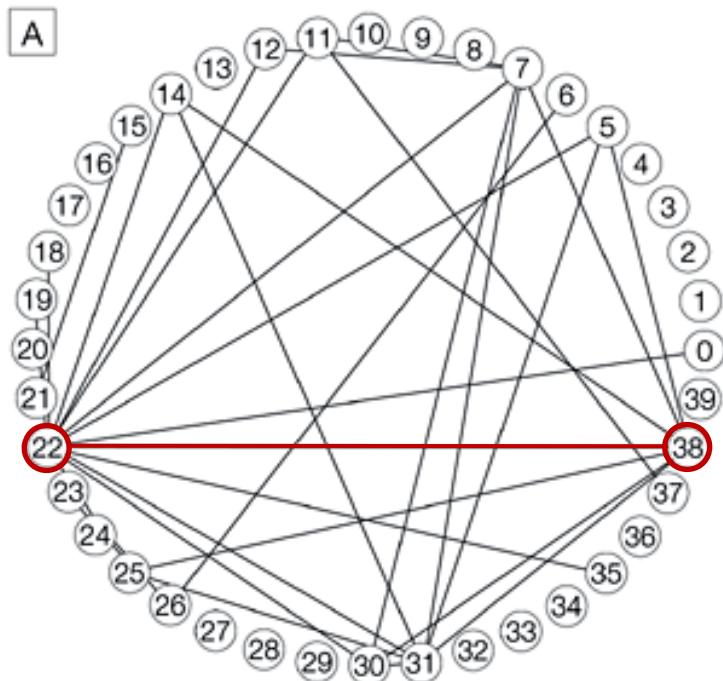


# Three pair kidney exchange

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# Incompatible pairs and potential matches represented as a “Graph”



# Advantages of LRD

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## PRO

- acceptor
  - Shorter waiting time and possibility for preemptive Tx
  - Lower cost
  - Superior graft survival
    - Shorter Cold Ischem Time
    - Less acute rejection
    - Selected donor
    - Optimal surgical conditions
  - Better renal function
  - Pregnancy
  - Acceptor compliance is better
  - Better patient survival

## CONTRA

- Risk for the donor
  - Potential mortality
  - Morbidity
  - Pain
    - Physical
    - Financial

# Advantages of LRD

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## PRO

- acceptor
  - Superior graft survival
  - Better patient survival
- donor
  - Higher self esteem
  - Advantage for general health:  
work-up and follow-up
  - 97% would do it “again”
  - Better Quality Of Life

## CONTRA

- Risk for the donor
  - Potential mortality
  - Morbidity
  - Pain
    - Physical
    - Financial

# Advantages of LRD

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## PRO

- Society
  - Lower cost
  - Most efficient procedure
- Pool of patients in dialysis
  - Shorter waiting times

## CONTRA

- Risk for the donor
  - Potential mortality
  - Morbidity
  - Pain
    - Physical
    - Financial

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# Q & A

# Health Status of Kidney Donors More Than 20 Years

**Table 3.** Health Status of Kidney Donors More Than 20 Years after Donation.\*

	Kidney Donors with GFR Measurement (N=55)	Controls (N=55)	Kidney Donors without GFR Measurement (N=1035)†	P Value‡
Age (yr)	57.7±9.8	57.7±9.8	61.9±11.6	—
Female sex (%)	64.1	64.1	57.6	—
White race (%)	98	98	98	—
Body-mass index >30 (%)§	32.0	32.0	31.8	—
Blood pressure				
Systolic (mm Hg)	121.3±16.1	128.7±21.3	126.9±15.8	0.02
Diastolic (mm Hg)	72.5±10.5	68.5±17.9	75.8±9.7	0.16
Systolic ≥140 mm Hg or diastolic ≥90 mm Hg (%)	24.5	22.6	23.2	0.80
GFR (ml/min/1.73 m <sup>2</sup> )¶	62.7±12.6	76.1±16.5	65.2±9.5	<0.001
Urinary albumin-to-creatinine ratio				
Natural-log-transformed value	2.22±1.7	2.28±1.0	NA	0.81
>0.03 (%)	17.3	11.3	NA	0.36
Hemoglobin (g/dl)	13.8±1.3	14.5±1.3	14.0±1.9	<0.001
Glucose (mg/dl)	90.9±9.8	102.3±16.2	100.6±25.9	<0.001
Cholesterol (mg/dl)	186.4±38.1	205.4±35.1	200.5±41.4	0.01
Triglycerides (mg/dl)	112.7±60.3	153.8±80.3	138.1±93.2	<0.01
High-density lipoprotein cholesterol (mg/dl)	50.3±17.4	54.4±16.4	54.7±17.6	0.12
Clinical conditions (%)				
Diabetes	5.7	11.3	7.1	0.17
Cancer	11.3	15.1	13.4	0.56
Coronary heart disease	3.8	9.4	4.5	0.17
Cerebrovascular accident or transient ischemic attack	1.9	3.8	1.9	0.56
Use of antihypertensive drugs (%)	39.6	37.7	40.4	0.85
Current smoker (%)	15.1	11.3	15.7	0.52

\* Plus-minus values are means ±SD. Kidney donors in whom the glomerular filtration rate (GFR) was measured were matched in a 1:1 ratio according to age, sex, race or ethnic group, and body-mass index with participants from the National Health and Nutrition Examination Surveys (NHANES). The paired t-test (for continuous variables) and McNemar's test (for categorical variables) were used for between-group comparisons. NA denotes not available. To convert the values for hemoglobin to millimoles per liter, multiply by 0.6206. To convert the values for glucose to millimoles per liter, multiply by 0.05551; to convert the values for cholesterol to millimoles per liter, multiply by 0.02586. To convert the values for triglycerides to millimoles per liter, multiply by 0.01129.

† Data were available for 391 to 1035 kidney donors. Total numbers of donors whose data were included for each variable are listed in the Supplementary Appendix.

‡ The P value is for the comparison of donors in whom the GFR was measured with controls from NHANES only.

§ The body-mass index is the weight in kilograms divided by the square of the height in meters.

¶ The GFR was estimated with the use of the Modification of Diet in Renal Disease (MDRD) study equation.

|| This variable was self-reported.

# Current Health Status of Kidney Donors with Measured Glomerular Filtration Rate (GFR).

**Table 2.** Current Health Status of Kidney Donors with Measured Glomerular Filtration Rate (GFR).\*

Variable	Kidney Donors (N=255)	Controls† (N=255)	P Value
Age (yr)	52.9±9.9	52.9±9.9	
Female sex (%)	62.1	61.8	
White race (%)	99.2	99.2	
Body-mass index >30 (%)‡	29.3	29.3	
Blood pressure			
Systolic (mm Hg)	121.8±14.6	125.9±19.1	0.003
Diastolic (mm Hg)	73.0±8.9	71.0±16.5	0.07
Systolic ≥140 mm Hg or diastolic ≥90 mm Hg (%)	14.4	18.7	0.19
GFR (ml/min/1.73 m <sup>2</sup> )§	63.7±11.3	81.6±18.5	<0.001
Urinary albumin-to-creatinine ratio			
Natural-log-transformed value	1.65±1.2	2.10±1.0	<0.001
>0.03 (%)	9.1	8.9	1.00
Hemoglobin (g/dl)	13.7±1.2	14.5±1.2	<0.001
Glucose (mg/dl)	90.9±11.9	102.8±33.1	<0.001
Cholesterol (mg/dl)	186.2±33.1	205.2±41.1	<0.001
Triglycerides (mg/dl)	124.5±95.6	174.3±182.5	<0.001
High-density lipoprotein cholesterol (mg/dl)	50.4±16.5	54.5±16.4	0.001
Clinical conditions (%)¶			
Diabetes	3.1	5.9	0.10
Cancer	8.2	14.5	0.01
Coronary heart disease	4.3	3.9	0.81
Cerebrovascular accident or transient ischemic attack	0.4	1.9	0.10
Use of antihypertensive drugs (%)¶	24.7	28.8	0.83
Current smoker (%)¶	14.5	21.5	0.03

\* Plus-minus values are means ±SD. The paired t-test (for continuous variables) and McNemar's test (for categorical variables) were used for between-group comparisons. To convert values for hemoglobin to millimoles per liter, multiply by 0.6206. To convert the values for glucose to millimoles per liter, multiply by 0.05551; to convert the values for cholesterol to millimoles per liter, multiply by 0.02586. To convert the values for triglycerides to millimoles per liter, multiply by 0.01129.

Ibrahim HN et al. N Engl J Med 2009;360:459-469