

This pamphlet from Transplant Québec is intended to answer the most frequently asked questions concerning general criteria for the allocation of organs and the process of kidneys allocation (including kidney and pancreas-kidney) for purposes of transplant. It is geared chiefly to persons on dialysis and persons on the wait list for a **kidney** or **pancreas-kidney** transplant in Québec.

In 2011, there were close to 1,000 patients on Québec's single wait list for a kidney transplant. The supply of kidneys from deceased donors in Québec is considerably lower than the demand for transplant purposes. Under these circumstances, it is essential that the allocation of available kidneys be based on recognized principles of equity and utility and that the allocation process be rigorously applied.

Criteria for the allocation of organs are aimed at satisfying these two core principles and in addition, the process of allocating organs is subject to scrutiny by the Transplant Québec ethics committee.

All efforts are deployed to ensure that each organ available for transplant is allocated.

PERSONS ON THE WAIT LIST FOR A TRANSPLANT

As part of its mandate, Transplant Québec manages the single wait list for all persons waiting for an organ transplant in Québec. Transplant Québec has established a strict and secure protocol for updating this wait list at all times.

Each transplant program¹ is responsible for registering its patients on the Transplant Québec wait list. Transplant programs also determine the status of each patient based on criteria developed by various committees made up of physicians specialized in their respective areas. These programs make decisions concerning changes to the wait list (e.g. temporary or permanent removal from the list based on a patient's health condition) and they are duty bound, at all times, to notify Transplant Québec of any changes to the records of their patients on the wait list.

GENERAL ALLOCATION OF ORGANS

In Québec, criteria for organs' allocation are defined objectively and established by specific medical committees assigned to each organ on the basis of a consensus established by the medical community and experts in transplant. These criteria are then validated by the Transplant Québec medical and scientific advisory committee and subsequently reviewed by the ethics committee (independent assessment) before their adoption by the organization's board of directors.

These objective criteria are based on principles of equity and utility. They are established, in general, on the basis of blood and tissue compatibility and on the patient's medical condition. Specific criteria apply to each organ.

Allocation criteria for organs are periodically reviewed, taking into account the most recent scientific advances. These periodic reviews are intended to ensure that all persons in need of a transplant receive one as soon as practicable, based on their medical condition and organs availability. Medical committee members play an active part in national and international consensus forums, and they also collaborate with organizations responsible for organ donation in other Canadian provinces and with other organizations in the field.

¹ In Québec, there are seven renal transplant programs, including two pediatric transplant programs.

ALLOCATION OF KIDNEYS

All allocation criteria for kidneys were established by a committee made up of nephrologists and transplant surgeons working in all renal transplant centres in Québec. As well, these criteria ensure that all persons on the wait list are as fairly represented as possible.

Once the organ donation process is set in motion, blood tests are carried out to assess the compatibility between donor and potential recipients. The kidney is thus allocated to potential recipients based on identical or compatible blood type. As well, persons on the wait list are assessed on the basis of a scoring system, and a level of priority is established in accordance with the criteria set out in the following tables.

The purpose of these criteria, therefore, is to ensure the equitable and effective allocation of every kidney available for transplant.

If your questions concern your situation, please contact your attending physician or transplant centre.

However, If you have any other questions or comments or if you require further information, please contact Transplant Québec:

by email: info@transplantquebec.ca
by telephone: Ligne Info-Don (1 877 463-6366)

RENAL ALLOCATION PROCESS

TABLE 1
SCORE BASED ALLOCATION PROCESS
FOR PATIENTS ON THE WAIT LIST FOR A KIDNEY

Criteria affecting score:

- ① **Wait time**
- ② **Level of compatibility**
- ③ **Percentage of antibodies present**
- ④ **Match of patient's age with donor's age**
- ⑤ **Priority for younger patients on the wait list**

SCORE-BASED GENERAL ALLOCATION PROCESS

The score-based general allocation process (table 1) was established to ensure the most equitable possible allocation of kidneys for patients registered on Transplant Québec's wait list.

The score given is based on the following five criteria:

- ① Wait time for dialyzed patient¹
- ② Level of compatibility with the donor²
- ③ Percentage of antibodies present in the patient (cPRA³)
- ④ Matching the age of the patient on the wait list with the age of the donor⁴
- ⑤ Priority for young patients⁵

¹ Wait time is calculated from the time of the first long-term dialysis.

² The greater the tissue compatibility, the lower the risk of complications or even rejection of the organ by the recipient.

³ Calculated Percentage of Reaction to Antibodies

⁴ A score is given to potential recipients within the same age group as the donor.

⁵ A mathematical formula based on age is used to calculate all patients' scores.

***The waiting time, for non-dialyzed patient who has been registered on Transplant Québec's wait list, before March 27, 2012, is calculated from the registration date on the list.**

TABLE 2
ALLOCATION PRIORITY IS GIVEN TO THE
FOLLOWING GROUPS OF PATIENTS
ON THE WAIT LIST

By order of priority:

- ① **Renal emergency**
- ② **Combined organs**
- ③ **Pediatric patients**
- ④ **Pancreas-kidney**

When a kidney is allocated to a patient ranked in one of the priority groups, the second kidney must be allocated, based on the scoring system, to patients on the kidney wait list (table 1). Patients in other priority groups who haven't received a kidney can also be part of the score-based allocation process.

PRIORITY GROUPS

Table 2 shows that a priority allocation may apply to certain patients, based on their medical examination or age.

- ① **Renal emergency***: For the majority of these patients, dialysis is no longer a possible or effective treatment option. They must receive a transplant in the very short term, before dialysis is no longer possible at all. The care team must demonstrate to all transplant programs that an emergency transplant is necessary in view of the patient's medical needs.
- ② **Combined organs***: These patients are on the wait list for a double transplant (liver-kidney, for example). The care team must demonstrate to all transplant programs that a double transplant is necessary in view of the patient's medical needs.
- ③ **Pediatric patients**: Priority is given to all patients aged under 18 who are on the wait list for a transplant.
- ④ **Pancreas-kidney**: Patients waiting for a pancreas-kidney transplant are given priority only if no such priority has been given beforehand, based on the priorities set out in the protocol as shown in the tab above.

* For these two priority groups, the medical team must demonstrate to all renal programs that the patient's current medical condition requires his or her inclusion in the designated priority group.



TRANSPLANT
QUÉBEC

*Ensemble pour
le don d'organes,
pour la vie.*

*Organ donation,
together for life.*

Waiting for a Kidney Transplant Allocation Criteria and Process

