

# Chapter 3: How to Tell if You are a Transplant Candidate

## Evaluation

You will have several tests and routine screens to help the transplant team determine if you are a candidate for a transplant. Tests are based on your age, gender and health history.

Some tests will be at Abbott Northwestern Hospital. Others (like routine screens) will need to be scheduled with your primary care provider. Your coordinator will help you know which tests are needed and where to do each one.

You are possibly a candidate for a transplant if you:

- have end-stage kidney disease (you need dialysis) or you have chronic kidney disease (a creatinine clearance of less than or equal to 20) but not yet on dialysis
- you have 2 years or longer to live
- you are at least 18 years old.

If you are age 75 or older, your transplant coordinator will talk with you about more criteria.

While kidney transplant has many potential benefits for most people, for some people, the risks outweigh the benefits. You might not be a candidate for a transplant if you:

- currently have an infection (even if it is being treated)
- have cancer or have not been cancer-free for long enough
- are a high-risk for anesthesia
- have many other health problems that may make surgery and/or recovery difficult or dangerous
- are dependent on drugs or alcohol
- are not following your current treatment plan (non-compliant)
- unable to follow complex medical regimen required after transplant
- have a body mass index of 35 or higher
- have unstable psychiatric illness
- have inadequate social support system
- have inadequate insurance/financial resources to cover expected post transplant expenses.

## Screens

The tests you need are based on your age, gender and health history. Follow the checklist you received from your transplant coordinator. Examples of screening tests are:

- mammogram (women age 40 and older)
- Pap smear and pelvic exam (women, based on primary care provider's recommendation)
- PSA (men age 50 and older)
- colonoscopy (men and women age 50 and older)
- dental exam and clearance (men and women, all ages)
- Mantoux skin test (for tuberculosis): every 2 years.

The above are general guidelines. Your recommendations may be different. Your coordinator will tell you what tests you need.

## Vaccinations

You will also need to update your vaccinations to help lower your risk of getting some infections. Examples are:

- flu shot: every year
- Pneumovax®: due every 5 years
- Prevnar®: one time dose
- tetanus/diphtheria/pertussis (Tdap): every 10 years
- hepatitis B series: usually only needed once
- Shingrix®: series of 2 injections
- additional vaccinations as recommended.

Talk with your coordinator if you have questions.

## Specific testing for transplant

In addition to the screens and vaccinations, you will need some specific tests for transplant. You will be scheduled for these tests at Abbott Northwestern Hospital.

Examples of tests you may need are:

- heart stress test or echocardiogram
- chest X-ray
- chest CT
- CT abdomen and pelvis
- labs that are specific to transplant (see below for additional information)
- surgical consult
- dietitian consult
- social worker consult.

## Lab work

There are many lab tests you will need that are specific and unique to transplant. These tests help determine DNA and compatible donors as well as other important information for transplant.

## Blood type

This is the first test to determine if a donor is potentially compatible with you. You don't always need to be the same blood type as a donor but you do need to be compatible. The Rh factor (+ or -) does not matter for a kidney transplant.

| <b>(ABO Compatibility)</b> |  |
|----------------------------|--|
| Your blood type            | Blood types from which you can accept a kidney |
| O                          | O  |
| A                          | A or O   |
| B                          | B or O   |
| AB                         | A, B, AB or O                                  |

## **Tissue typing**

This blood test determines your genetic markers called antigens. Your body knows your own antigens as you, or self. Your body sees the donor antigens as foreign or non-self.

Your body's natural response is to fight off those non-self antigens. This is called rejection.

Each person has many antigens but there are 6 key antigens for transplant. Each recipient and potential donor will have their own antigens checked as part of the evaluation. This helps to determine if a potential donor is compatible with the recipient.

## **Antibody levels**

Antibodies are part of your immune system that can develop after exposure to someone else's DNA. If you had a blood transfusion, a previous transplant or been pregnant, you may have developed antibodies.

Antibodies watch for repeated exposure to foreign DNA and attack quickly if encountered.

If you have antibodies to your donor's antigens, you may not be able to receive a kidney from that donor. If you have antibodies, your transplant coordinator will provide more information and how it may impact transplant for you.

## **Crossmatch**

This blood test combines your blood with blood from a potential donor to see if your blood reacts to the donor blood.

- If your blood does not react to the donor's blood, the test is negative. This means you can receive the donor's kidney.
- If your blood does react to the donor's blood, is positive. This means you cannot receive the donor's kidney.

## Summary

Once your tests are done, your transplant coordinator will review the results with your transplant team. If all testing is done and transplant is a safe option for you, you will be added to the deceased donor waiting list, even if you have potential living donor(s).

If you have a living donor who is already approved, surgery may be scheduled.

If additional testing is needed or there are concerns that transplant is not a safe option for you, your coordinator will discuss this with you.

If at any time during your evaluation you have questions, contact your transplant coordinator.