

Policy for use of New Zealand Survival After Kidney Transplant Predictor system in patients assessed for deceased donor transplantation in New Zealand (Version 1.0)

- Patients being listed for deceased donor kidney transplantation(alone) in New Zealand must have an estimated 5 year survival of 80%, in line with the current TSANZ recommendations, agreed by the Transplantation Subcommittee of the NZ National Renal Advisory Board.
- It is recognised that this is a form of rationing, which is necessary due to the limited number of deceased donors and the need to balance utility and equity. Patients who might benefit from transplantation are potentially denied access to a deceased donor kidney by this policy
- It is therefore desirable that similar, objective, and defensible decisions are made nationwide to ensure equity of application
- To aid transplant teams at each of the three transplantation centres to make this estimation, all patients being considered for listing will be scored using a validated scoring system
- Currently, the system agreed for use is after van Walraven, CMAJ 2010.
- Because no scoring system remains able to take into account all possible clinical scenarios, the final decision to list or not list a patient remains with each committee.
- Individual transplant committees may decide to list patients with a less than 80% but greater than 70% 5 year survival if they consider the estimate is unduly pessimistic. An example of this is where there has been a delay in listing for transplantation due to reasons not likely to be associated with a poor prognosis.
- The predicted probability of survival is only one tool in the assessment of patients' suitability for transplantation and a predicted probability of >80% at five years after transplant does not guarantee listing. For example, the severity of an individual comorbidity (eg coronary vascular disease) or presence of other conditions (eg malignancy) may contraindicate listing.
- Committees agree not to list patients with a predicted probability of five year survival of less than 70% except in exceptional circumstance and after discussion with and agreement of the Transplantation Subcommittee of the New Zealand Renal Advisory Board.
- Patients will be scored at the date which they are first considered by the transplant team for listing ("date of referral" for those not already listed)
- The "date accepted" is the date on which the patient is formally accepted as suitable for the deceased donor transplant list. This date does not change when a candidate is rescored.
- Patients will be rescored annually or when they develop new comorbidities that may affect risk score. The "date of referral" changes to that date on which a patient is rescored.
- Patients on the waiting list whose probability of survival at 5 years falls below 70% due to new comorbidity or advancing age will be removed from the waiting list except in exceptional circumstance and after discussion with and agreement of at least one other New Zealand transplant centre.
- Scoring will be performed by referring nephrologists and checked by transplant units. Where there are differences in scoring this will be resolved by discussion
- The scoring system will not be applied to repeat transplants, paediatric recipients, or recipients being considered for multi-organ transplants
- The score of each patient considered by each transplant centre will be recorded and audited annually with the distribution of scores of patients listed

and not listed (mean, standard deviation, proportion above and below 80% probability) reported to the transplantation subcommittee and nephrologists

Domain	Agreed definition for purposes of scoring
Albumin	Best of the last three albumin checks over maximum of prior three months
BMI	Actual weight and estimated height for bilateral amputees
Cause	As notified to ANZDATA
COPD	As per problem list OR spirometry (FEV1/FVC <70% without improvement on bronchodilator)
Non ambulatory	Cannot walk into clinic room (prostheses ok)
Congestive heart failure	Admission with heart failure (not fluid overload due to ESKD) OR latest echo (< 1year ago) LV EF <40%
Diabetes requiring insulin	Prescribed or recommended insulin by caring physician/GP
Coronary artery disease	Symptoms, positive stress test, coronary angio with >50% stenosis in any artery OR any prior intervention
Peripheral vascular disease	Symptoms, positive provocation test, >50% stenosis on angiography OR any prior intervention
Cerebrovascular disease	History of stroke, TIA, carotid bruit OR revascularisation
Hypertension	Current or prior treatment required for hypertension
Smoker	Current smoker, ex-smoker is after 3 months
Currently employed	Whether paid or otherwise (eg. homemakers, volunteer workers are employed)
Time from first renal replacement therapy	For new referrals this will be calculated as the time from first dialysis for ESKD until referred for the first time to the transplant centre for formal consideration of transplant suitability. For patients on dialysis at 1 February 2013, a time of 1 month will be entered.
Date referred	For new referrals this will be the date first referred for formal consideration of transplant suitability. For patients who have already been listed and are being reassessed for transplant suitability the date on which they are reconsidered will be entered as the "date referred".
Date accepted	This is the date on which a patient is first formally accepted onto the NZ deceased donor kidney transplant waiting list. This date does not change when the patients' suitability for transplantation is reassessed