Kidney Transplantation 2017: Breaking Down Barriers and Building Bridges

By David Serur, Adam Bingaman, and Barry Smith

Kidney transplantation, whether using organs from deceased or living donors, has been well established as the optimal management for patients with end stage renal disease (ESRD). Unfortunately, it is not nearly as widely available as it should be.

On December 9, 2016, the Rogosin Institute, a full-spectrum kidney care and research organization offering both dialysis and transplantation in New York City, convened a transplant roundtable of 24 experts drawn from multiple sectors from medicine and surgery to media across the United States. Discussants included three individuals who have experienced the benefits of such transplants, one individual waiting for a transplant, and two living kidney donors. The assembled group was charged with determining new ways to overcome the obstacles to the improvement of the rate of kidney donation.

A passion to increase kidney donation clearly emerged from the discussion. Here we provide a brief overview of the facts and challenges to increasing kidney donation, and we present five potential solutions. More details for each proposed solution will be included in future issues of Kidney News.

Although 2016 was a good year for deceased-donor kidney transplants (over 13,000 for the first time), up 11% over 2015, the rate for living donation has not improved at all since it achieved its highest level over a decade ago. Here are some numbers to think about: Only 20% of the half million dialysis patients make it to the transplant wait list, and of those, 5000 die each year waiting. Chronic kidney disease (CKD) is growing, with more than an estimated 26 million Americans affected by it, and it occurs three times more often in the African American community. Dialysis costs Medicare $31 billion annually, and commercial insurers, another $9 billion. It is known that transplant patients live longer and at a fraction of the cost of dialysis care, and yet the wait list for a kidney is growing each year. Optimally, dialysis should be considered as a bridge to transplant, with the emphasis on finding a living donor for as many ESRD patients as possible.

Proposed solutions

How can we make a difference and increase the volume of transplants? Here are 5 ways that were emphasized at the roundtable:

1. Decreasing the need for a transplant through health promotion and disease prevention

Early education, detection, and intervention regarding prevention of such diseases as obesity, hypertension, and diabetes, the major drivers of ESRD, are needed.

2. Increasing the supply of kidneys

Only 52% of American adults are registered for deceased organ donation. Some areas, such as New York State, are much lower at 24%. Concerted efforts to increase registration to 80% to 90% would certainly increase transplantation. Educational efforts regarding donor registration at the school level and community level would go far.

3. Decreasing the kidney discard rate

Twenty percent of kidneys procured are never used and are thrown out. Some of these organs may be salvageable. We need to consider what factors contribute to this discard rate. Are centers fearful of retribution if they take a chance on a marginal organ? Centers may currently be risk adverse to avoid increased oversight.

4. Increasing living donation

The option of living donation should be part of CKD education and not just at transplant centers. Transplant centers should have a dedicated donor team with experience and focus on live donors. A new slogan for patients to consider is, “Family and friends before fetus.” Education that transplantation may be a way to avoid dialysis is needed. The processes for donor screening and work-up should be quick and efficient, and policies should be in place to help decision-making for medically complex donors. Donor loss of wages and out-of-pocket expenses should be reimbursed. Because only 20% of the dialysis population is listed for transplant, a greater effort by dialysis units and nephrology clinics is needed to boost referrals. Although these efforts may not increase the number of deceased donors available, they have the potential to result in more live-donor opportunities.

5. Increasing kidney paired donation (KPD)

About 600 donations (10% of all living kidney donations) occur in swaps, a procedure that allows best-matched donors and recipients to be paired. This option needs to increase. More than half of the kidney programs in the US had no KPD transplants in 2015, while the more experienced centers had 10% to 28% of their live donor volumes attributable to KPD. A major effort to encourage more centers to participate in the KPD process is needed. This includes making it easier for centers to be part of this process. Peer mentoring in the actual process would support such an increase.

It was the consensus of the participants in the roundtable that an urgent and concerted effort among all the stakeholders representing the various sectors involved is needed if a meaningful increase in the rate of transplantation is to be achieved. There is no excuse for not meeting this challenge. Hemodialysis units, nephrologists, transplant centers, the CKD community, and both CKD and ESRD patients and potential living donors and donor families need to come together to help overcome the barriers and build bridges in order to significantly reduce the enormous transplant wait list and the needless loss of life and suffering of individuals on this list. Finally, this roundtable was seen as a new call to action and only the first of an ongoing effort to increase kidney transplantation.

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