

# Health professionals' proposals for the implementation of an altruistic unbalanced paired kidney exchange program

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## BACKGROUND

Altruistic unbalanced paired kidney exchange (AUPKE):

- Compatible pair consisting of an O blood group donor and a non-O recipient is invited to participate in a KEP;
- A way to remedy the unfair situation of O recipients in KEPs;
- 32% of US transplant centres would encourage AUPKE, while 47% would not, because they consider it unethical or not medically necessary. (1)

No published guidelines on AUPKE or established programs

### Aim of this study

To gather empirical data about health professionals' views on AUPKE.

## METHODS

- Qualitative research
- Semi-structured interviews with transplant professionals working in four Canadian transplant centres (three in Quebec, one in Ontario) and non-transplant professionals working in five Quebec dialysis centres between 11/2011 and 06/2013.
- Qualitative data analysis with the software QSR NVivo 9.

## RESULTS

Characteristics	Transplant centers N = 19 (%)	Dialysis centers N = 19 (%)
Position		
•Nephrologists	5 (26.3)	14 (73,7)
•Surgeons	4 (21.1)	-
•Nurses	5 (26.3)	5 (26,3)
•Other	5 (26.3)	-
Gender		
•Male/Female	8 (42.1)/11 (57.9)	8 (42.1)/11 (57.9)
Age	48 (range: 31-65)	47 (range: 33-67)
Years of practice	19 (range: 2-35)	19 (range: 2-35)

## RESULTS

Respondents' recommendations focused on :

### Transplant and non-transplant professionals (both)

#### Logistics of AUPKE

- not delaying the transplant for the compatible pair;
  - Limit their participation to only one match cycle
  - Allocate extra points to them in order to find a match rapidly
- transporting kidney rather than donor or reimbursement of a companion's travel expenses;
- providing a good quality organ to the compatible pair;
  - Organ in the same age range or younger than the intended donor
- maintaining anonymity between pairs;
  - Open to the idea of meeting later if both parties agreed.

#### Resources

- ensuring there are sufficient resources in the system to manage the increased number of renal transplants performed.

### Transplant Professionals (mostly)

#### Medical teams

- promoting KEPs within transplant teams;
- establishing a consensus among members;

#### Research

- looking into all transplant options for O recipients;
- studying all potential impacts of KEPs and AUPKE.

#### Information provided to compatible pairs

- ensuring that information is neutral, understandable and presented without any form of pressure;
- providing information brochures from a neutral third party.

### Non-transplant professionals (mostly)

#### Medical teams

- fostering collaboration between dialysis and transplant teams;
- getting more information about new transplantation options.

#### Logistics of AUPKE

- ensuring that compatible pairs benefit from AUPKE.

## DISCUSSION

- For most of the respondents, AUPKE did not appear unethical or non-medically necessary. 87% were open to the idea of AUPKE, since it increases the chances of O blood group recipients to be transplanted.
- Transplant professionals were particularly concerned about the information provided to compatible pairs, whereas non-transplant professionals were mostly concerned about the lack of benefits for compatible pairs.
- There is general agreement with the idea that compatible pairs should not be disadvantaged by their participation in AUPKE.
- It will be important to take into account the views of other stakeholders, such as patients and potential donors, to ensure the appropriate implementation of AUPKE.
- The results of this study can be used to develop future guidelines for the implementation of an AUPKE program in Canada.

## REFERENCES

1. Clark E, Hanto R, Rodrigue JR. Barriers to implementing protocols for kidney paired donation and desensitization: survey of US transplant programs. *Progress in Transplantation* 2010;20(4):357-65.

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