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

C Durand1, N Boudreault1, A Duplantie3, MC Fortin1,2,3
1. Centre de recherche du Centre hospitalier de l’Université de Montréal (CHUM), Montreal, Canada
2. Nephrology and Transplantation Division, Centre hospitalier de l’Université de Montréal (CHUM), Montreal, Canada
3. Department of Social and Preventive Medicine, School of Public Health, Université de Montréal, Montréal, Canada

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

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

Characteristics

<table>
<thead>
<tr>
<th>Transplant centers N = 19 (%)</th>
<th>Dialysis centers N = 19 (%)</th>
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<tbody>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Nephrologists</td>
<td>5 (26.3)</td>
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<tr>
<td>Surgeons</td>
<td>4 (21.1)</td>
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<td>Nurses</td>
<td>5 (26.3)</td>
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<tr>
<td>Other</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male/Female</td>
<td>8 (42.1)/11 (57.9)</td>
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<td>Age</td>
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<tr>
<td>Years of practice</td>
<td>19 (range: 2-35)</td>
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