

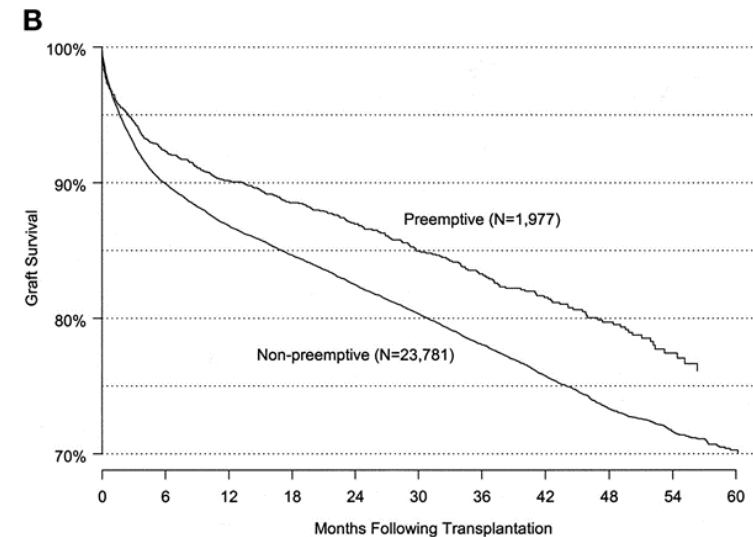
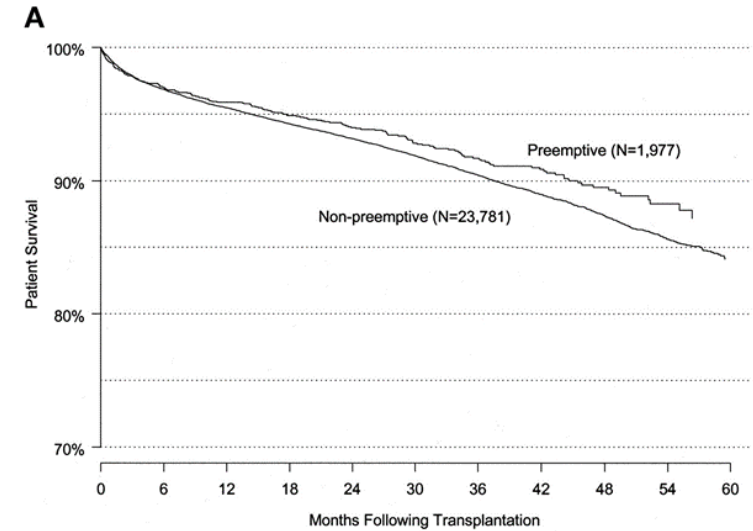
# Barriers to pre-emptive kidney transplant listing – a single centre experience.

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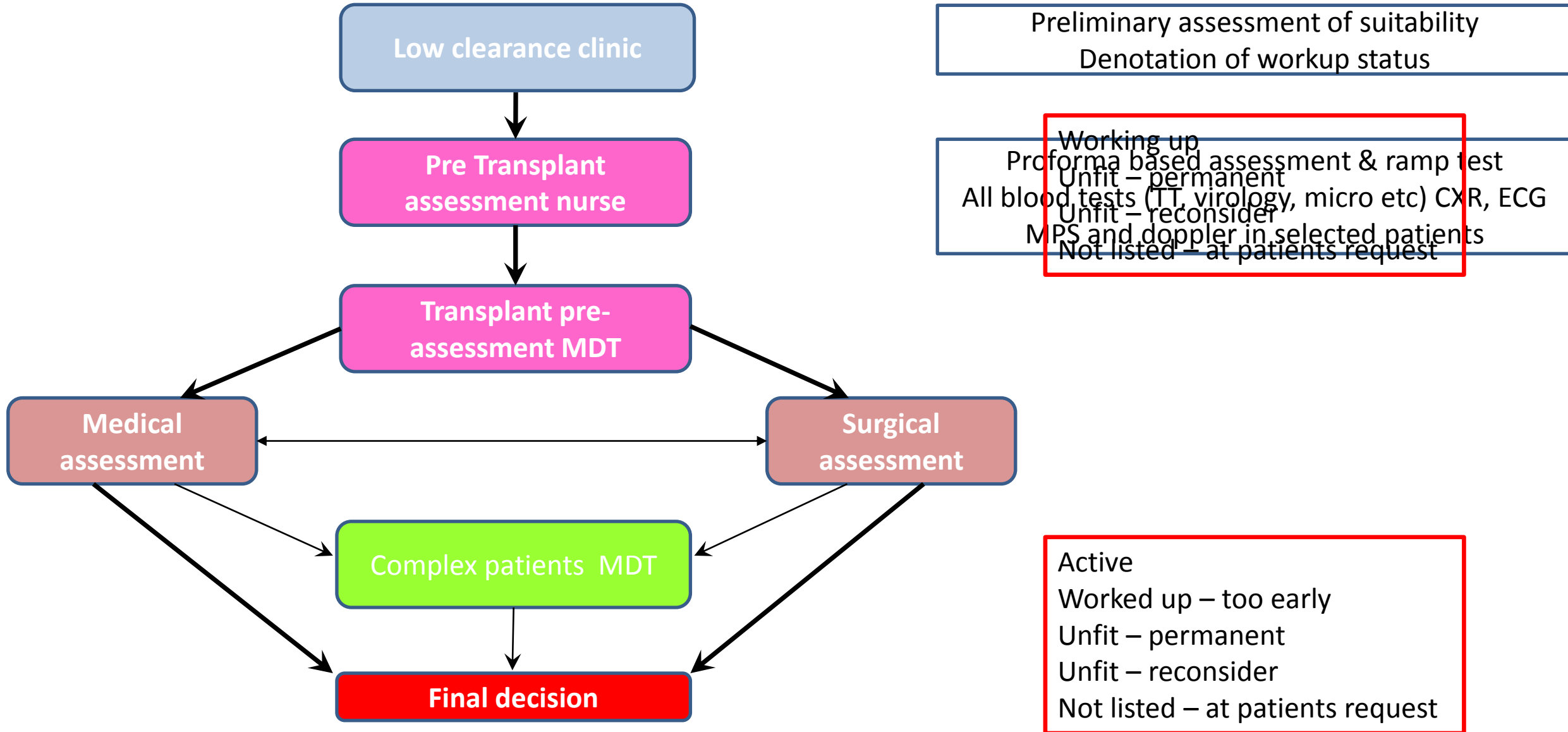
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# Background

- Pre-emptive kidney transplant (PKT)
  - Provides best long term outcomes
  - Avoids dialysis
- BUT
  - Requires early transplant assessment
  - Timely activation on W/L
- Royal Free London
  - Historically poor at pre-emptive listing
  - Redesigned our assessment pathway
  - Audit to examine barriers to PKT



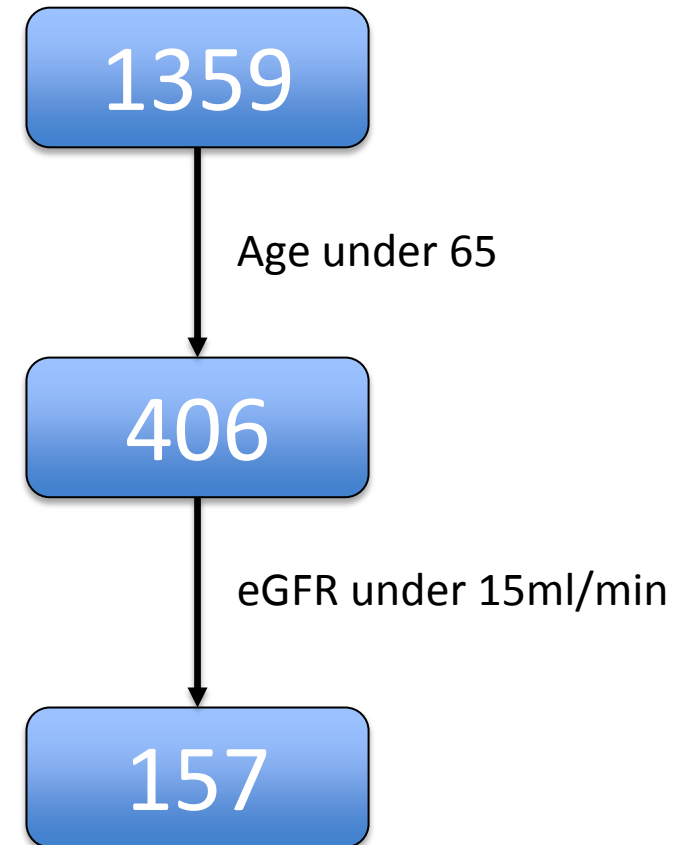
# Assessment pathway



## Methodology

- Cross sectional analysis
  - Waiting list status
  - Barriers to listing
- Royal Free LCC patients
  - Age under 65
  - eGFR under 15ml/min

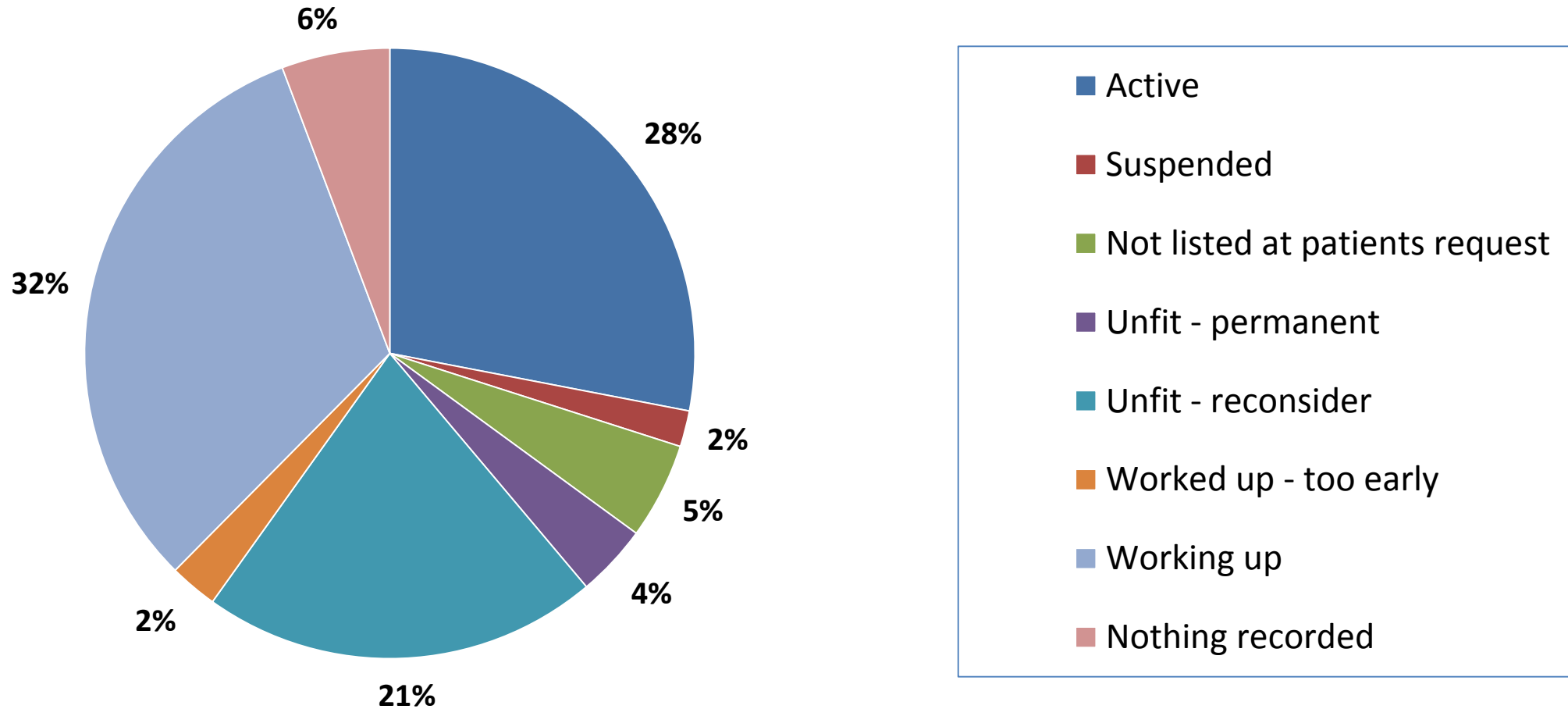
## LCC patient numbers



- Age 55 (47.1 – 61.1)
- Male:Female 79:78
- Ethnicity
  - White 38%
  - Asian 28%
  - Black 27%
- Cause of ESRF
  - Diabetes 36%
  - Unknown 14%
  - ADPKD 12%
- eGFR (ml/min) 11.2 (9.1 – 12.9)
- BMI 28 (24.3 – 34.5)
- Assessment status
  - 94% - LCC consultant
  - 75% - Pre-tx nurse
  - 60% - Assessment clinic
- Assessment times (days)
  - Nurse to clinician 67 (45 – 109)
  - Clinician to active 69 (13 – 269)

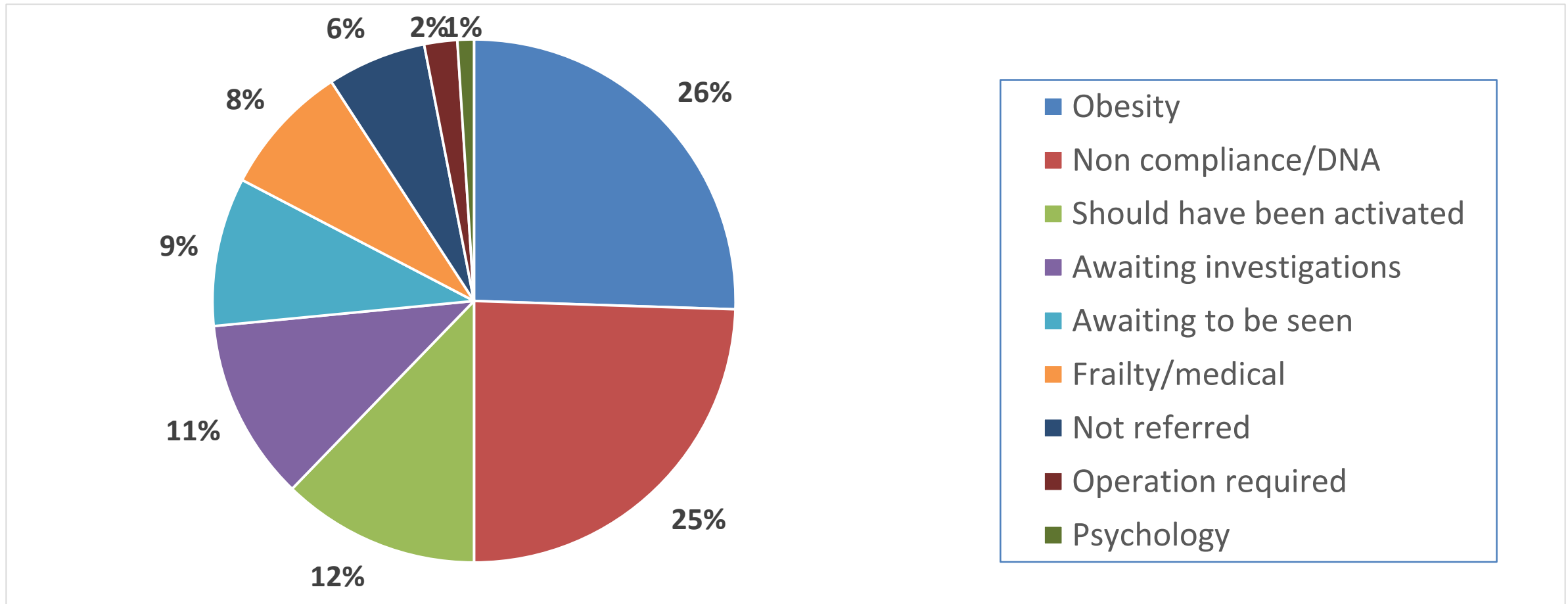
# Activation status

Transplant wait listing status of LCC patients under 65 & eGFR <15 ml/min (n=157)



# Barriers to activation

Reasons for patients not being activated on transplant waiting list (n=98)



# Conclusions

- Pre-emptive listing requires a rapid and organized assessment
- Barriers to pre-emptive listing
  - Obesity is the leading cause - requires a structured approach
  - Poor concordance plays a major role - measure can be subjective
  - Vigilance for changes in native function is required for worked up patients
- Weaknesses
  - Methodology would not have picked up pre-emptive live donor transplant
  - Requires benchmarking