Patients on the kidney transplant waitlist are sometimes made inactive due to a temporary issue which requires resolution. During this time, they are ineligible to receive an organ offer. Since 2003, the percent of candidates with inactive status on the national kidney transplant waitlist has risen. As of 2012, 38% of the national kidney transplant waitlist were inactive. These patients potentially remain inactive for extended periods of time without review.

Continuously inactive candidates are found to have increased waiting time and a lower rate of organ transplantation, thus conferring a twofold-increased risk of death on the waitlist. However, it is shown that patients that are converted to active status are found to have lower rates of mortality overall. Considering the decreased likelihood of reactivation after 18 months, it is important to develop a way to regularly monitor inactive candidates on the waitlist.

The same situation prevailed at our center; nearly 1/3 of our candidates with inactive status were inactive. We initiated a project to address this issue.

A multidisciplinary group consisting of coordinators, surgeons and nephrologists was developed and met at regularly scheduled intervals to review the inactive status patients. Patients were then discussed, fast-tracked for reevaluation and either reactivated, delisted, or remained waitlisted, based on updated information and using our relative and absolute exclusion criteria.

By monthly review of inactive patients, TMC was able to reduce the total number of inactive patients on the kidney waitlist from nearly 30% to 20.5% over the course of 6 months. In addition, a downtrend was seen in average number of days inactive over the 6 month period.

By analyzing the etiology of inactivity, the following were considered as risk factors:

1. Malignancy
2. Infection
3. Surgical procedures
4. BMI > 40
5. Complications of other medical problems
6. Incomplete transplant workup
7. Patient request

The criteria for transplant for patients with inactive status are:

Absolute Exclusion Criteria for Transplant:
- Active infection
- Untreated malignancy
- History of multiple myeloma
- Active substance abuse
- Chronic, irreversible non-compliance
- Severe medical comorbidities
- Severe psychosocial issues preventing informed consent
- Inadequate financial resources

Relative Exclusion Criteria for Transplant:
- BMI > 40
- Age less than 2, greater than 65 years
- Compromised pulmonary, cardiac, or liver function
- Prior history of substance abuse
- Untreated acute or chronic infection
- Inability to understand risks/benefits of procedure, disease process, medications, or care post transplant
- Prior history of non-compliance
- Prior history of malignancy, active malignancy
- HBA1c > 10
- PTH > 1000

Absolute Exclusion Criteria for Inactivity:
- Active infection
- Untreated malignancy
- History of multiple myeloma
- Active substance abuse
- Chronic, irreversible non-compliance
- Severe medical comorbidities
- Severe psychosocial issues preventing informed consent
- Inadequate financial resources

Relative Exclusion Criteria for Inactivity:
- BMI > 40
- Age less than 2, greater than 65 years
- Compromised pulmonary, cardiac, or liver function
- Prior history of substance abuse
- Untreated acute or chronic infection
- Inability to understand risks/benefits of procedure, disease process, medications, or care post transplant
- Prior history of non-compliance
- Prior history of malignancy, active malignancy
- HBA1c > 10
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References: