REASONS OF DISQUALIFICATION FROM CADAVERIC RENAL TRANSPLANTATION WAITING LIST IN MALAYSIA

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Introduction

End-stage renal disease (ESRD) is increasing globally, and renal transplantation (RT) is the preferred renal replacement therapy to treat ESRD. This study is to analyse the reasons of disqualification of ESRD patient from cadaveric renal transplantation waiting list.

Methodology

This is a retrospective analysis of a national cadaveric RT program in Malaysia. The demographic data (age, gender, body weight, ABO group, dialysis vintage) of all potential cadaveric RT were extracted from Malaysia Kidney Allocation System (MyKAS). Those who are permanently disqualified from this waiting list and their reasons were analysed using SPSS version 27.

	n = 133
Gender	
Male, n (%)	82 (62%)
Female, n (%)	51 (38%)
Age, year	32.74 ± 3.45
Body weight, kg	51.4 ± 17.2
Diabetes mellitus, n (%)	17 (12.8%)
ABO group	
A, n (%)	36 (27.1%)
B, n (%)	39 (29.3%)
AB, n (%)	6 (4.5%)
O, n (%)	52 (39.1%)
Dialysis Vintage, year	16.6 (15.4-17.9)
RRT Modality	
HD, n (%)	115 (86.5%)
PD, n (%)	18 (13.5%)

Table 1. Demographic data of ESRD patient who are permanently disqualified from cadaveric renal transplantation program

Result

133 adult patients with ESRD on regular dialysis (82 males and 51 females) were permanently disqualified from cadaveric RT waiting list. The mean age of those recipients was 32.74 ± 3.45-year-old and median duration of dialysis is 16.6 (15.4-17.9) years. The modality of renal replacement therapy in this disqualified group are 86.5% hemodialysis and 13.5% peritoneal dialysis. The reasons of these disqualifications as shown in chart 1.
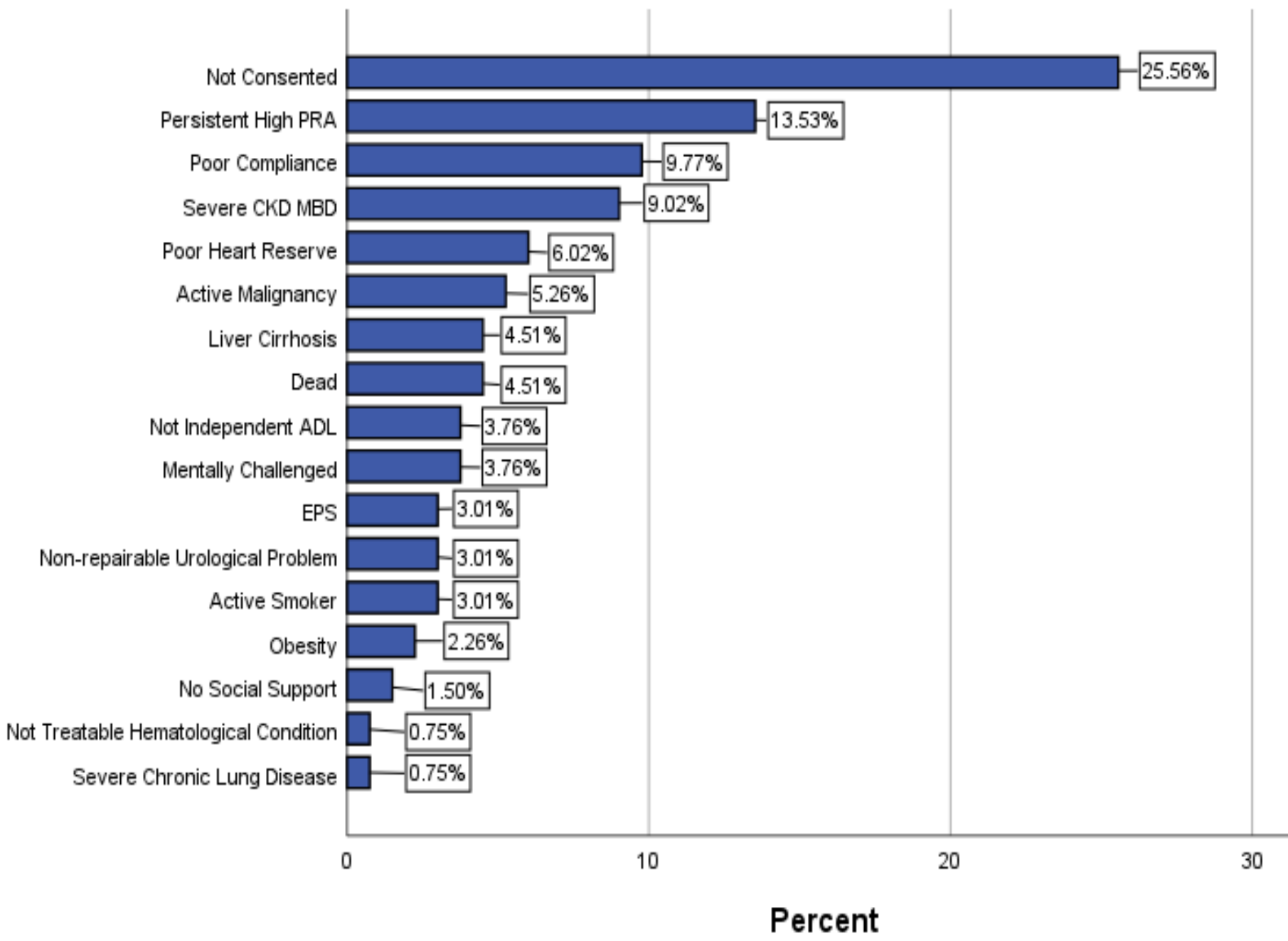

Chart 1. Reasons of disqualification from cadaveric renal transplantation waiting list

Discussion

Those patients who received a RT had a 54% lower mortality rate compared with the patients who were listed but remained on dialysis.

Besides Donor factors are important determinants of the short- and long-term outcomes of RT, recipient factors also play roles to determine patient and graft survival rates.

Our findings document that there is substantial selection of healthier patients for placement on the waiting list for cadaveric RT. Because of these selection factors, the survival of patients on dialysis who are awaiting transplantation is better than that of other patients on dialysis, even before RT.

In our analysis, most of our patients are removed from the waiting list because of refusal of being transplanted, poor compliance to the treatment, medically unfit, persistent high antibody, severe CKD-MBD complications, liver cirrhosis, poor heart function and active malignancy.

Conclusion

This study is the first to evaluate and explore the reasons of disqualification from cadaveric RT program in Malaysia. Further evaluation of renal transplantation system and public awareness is required to provide further insight to improve the RT rates in Malaysia.