

Timing and duration of pre-transplant screening: Reasons for delay and room for improvement?

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Introduction

Transplant eligibility is assessed via a range of medical examinations. Since post-transplantation survival is improved with shorter pre-transplant dialysis, the transplant work-up should be started in a timely fashion in order to register patients on the waiting list before or at least at the moment they initiate dialysis. This study analyses the chronology of actions taken during the care for patients with CKD stage 5.

Methods

This is a retrospective analysis of all patients registered on our renal transplant waiting list between 2016 and 2019. We assessed whether patients started the transplant evaluation before or after initiating dialysis and searched for factors responsible for delay. We analysed the time spent on the transplant work-up and performed a multiple linear regression analysis to identify significantly influencing variables.

Results

161 patients were included. The median age was 53 years (IQR 43-64) and 62% were male. The median follow-up time in chronic nephrology care before CKD stage 5 was 3.4 years (IQR 0.4-7.2 years) and 22% of patients were late referrals.

Only 43% of patients started the transplant work-up before the start of dialysis and only 33% of patients initiated the transplant work-up before their first dialysis access surgery.

Multiple logistic regression analysis identified the number of hospitalisation days, language barrier and a shorter duration of nephrology care before the diagnosis of CKD stage 5 as significant factors having a negative impact on the probability of starting the transplant screening before dialysis.

The median duration of the transplant work-up was 8.6 months (IQR 5-14). Only the number of hospitalisation days during the screening period was identified as a significant prolonging factor.

Conclusion

The transplant work-up was often started late and the median time spent on the transplant work-up was surprisingly long. By starting the transplant screening in a timely fashion and reducing the time spent on the screening examinations, we should be able to register patients on the waiting list before or at least at the start of dialysis. We estimate that such an internal audit could be of value for every transplant centre and that we should perform it regularly to permanently monitor our results.