

AST Live Donor Educational Topics

1. Limits to preemptive living kidney donation; when it is “too preemptive”?
Although preemptive transplantation has long been desirable, newer literature suggest limits to benefit with higher predonation GFRs. A similar cautionary literature now exists for when to initiate dialysis. Education of centers might improve timing decisions.
2. Variable renal risks in living kidney donor candidates
Common predonation findings such as diabetic risk, hypertension, hematuria, and nephrolithiasis have different long term risk implications for ESRD. Young vs. older donor age has also been identified as a donor risk factor. Better education in this area might help centers make more uniform risk-based acceptances and refusals of donor candidates.
3. An increased risk associated with donation
Two current studies suggest increased risk associated with donation. More education about the limits of these studies, how they might apply to donors with different baseline donor risks, how candidates should now be counseled, and how the increased risks may be offset by other specific donor factors would be useful to centers.
4. Disparities in both minority living kidney donors and recipients of living donor kidneys.
Minority living kidney donors and recipients are currently underrepresented. Education to identify root causes and address them would be beneficial to the living donor effort.
5. Current resources and future efforts to minimize the financial impact of living kidney donation.
Removing disincentives to living kidney donation is ethically accepted but is incompletely achieved. Education about existing resources and methods for the development of new ones would benefit centers.
6. Updating the medical evaluation and counseling of living liver donors
This is a developing area and in which donor risks and recipient benefits are greater than for living kidney donation. Centers would benefit from ongoing education about accumulating experience.
7. Informed consent in the shared transaction of living kidney donation.
Recipients have the right to know certain facts about their donors and vice versa. Each party also needs to know what he or she will not be told. Education about center practices that optimally achieve this balance would improve the process of living kidney donation.
8. Paired donation (KPD) versus desensitization for immunologically incompatible pairs
Updating accumulating experience with KPD vs single-pair ABO and HLA desensitization, including feasibility, counseling, outcomes, and expense would help centers with single patient decisions and guide long-term programmatic planning.
9. Maximizing efficient living donor evaluations and care
Centers vary markedly in their ability to identify potentially willing and informed donors, to retain them as they are being evaluated, and to facilitate appropriate long term aftercare. Education about successful practices would improve the living donor effort.
10. Complex psychosocial issues in donor candidates
A spectrum of problem issues can exist in donor candidates, not all of which might preclude donation. These include chronic pain, uncertain long term financial stability, some controlled mental illnesses or character disorders, and illegal or parolee status. Education about the philosophy and approaches of experienced centers would be very helpful in dealing with these difficult situations.