

Recommendation

R-KAC 04.17 – Pediatric waiting list registration

Children either on dialysis or registered on the Eurotransplant waiting list before the age of 16, should be granted a pediatric status until either their first successful graft, or their 30th birthday. In case of a pre-emptive registration on the kidney waiting list, the pediatric status will end on the 17th birthday, if dialysis is not initiated before this date.

Patients on dialysis or registered on the waiting list after their 16th birthday will be granted the pediatric status provided that they are proven to be in maturation. This proof has to be delivered by the transplant center through an imaging technique by a competent radiologist or pediatric endocrinologist. In this report a statement must be added that the imaging technique has proved that the patient is still in maturation. The report is to be audited by ET.

The pediatric status will be withdrawn in the event dialysis does not start within one year after registration, but will be restored at time the patient fulfils above criteria for maturation at time of institution of dialysis.

In the latter case the pediatric status should be granted until either the first successful graft, or the 30th birthday.

R-KAC02.12 and R-KAC04.14 will be replaced by R-KAC 04.17 as soon as the above recommendation will have been implemented.

Rationale and goal

In R-KAC04.14 only X-Ray was mentioned as technique to prove the maturation, literature showed that there are other possibilities to prove the maturation. Therefore the recommendation is changed on this part.

Old R-KAC04.14 :

“This proof has to be delivered by the transplant through an X-ray report of the left distal radius by a competent radiologist or pediatric endocrinologist. In this report a statement must be added that the epiphysis of the left distal radius is not closed. The report is to be audited by ET.”

Changed to:

“ This proof has to be delivered by the transplant center through an imaging technique by a competent radiologist or pediatric endocrinologist. In this report a statement must be added that the imaging technique has proved that the patient is still in maturation. The report is to be audited by ET.”

Scientific base

Literature on imaging technique on the maturation was used.

Involved parties

ETKAC.

Concurrence with other organ allocation procedures

No or small Impact on other kidney-only patients.

Impact on current national guidelines

This policy is supported by all national representatives within the ETKAC.

Concurrence with other IT innovations within Eurotransplant

No influence.

Impact for development

No technical impact, but allocation office should be trained in the change of maturation audit.



Follow-up analysis

Evaluation of the request for maturation after two years.