I am grateful for the opportunity to comment on the CJASN article “A RAND-Modified Delphi on Key Indicators to Measure the Efficiency of Living Kidney Donor Candidate Evaluation” (1). As the article confirms, the evaluation process for potential living kidney donor candidates can be improved to be more efficient and easier to navigate. The identification and examination of obstacles in the living donor candidate process are beneficial to transplant centers worldwide.

This is a topic that is important to me and my family because my daughter needed a kidney transplant. The wait time for a kidney transplant can vary from a few months in some states to 10–12 years for patients living where we do in Los Angeles, California. With the national waiting list for a deceased donor kidney currently at over 93,000 (https://transplantliving.org/kidney/the-kidney-transplant-waitlist/), living donors are making a big difference in saving lives. Additionally, according to the National Kidney Registry, research shows that kidneys transplanted from living donors can last nearly twice as long as kidneys transplanted from deceased donors (2).

Over the last 15 years, I have observed obstacles to those wishing to become living donors. I myself tested for my daughter but was disqualified due to an underlying health issue. Those who were tested for my daughter will forever be our heroes. We should do everything in our power to assist living donor candidates in safely navigating the donor process and provide strong follow-up with them afterward. It should, ultimately, be a satisfying experience for them.

It is encouraging that the donor process has gotten better over the years in many transplant centers. Still, there are missed opportunities due to people becoming frustrated in a center’s ability to safely and successfully complete the evaluation process and kidney transplant. Some donors may have donated directly to the person for whom they tested, or they may have donated to another person the center identified as a match. Perhaps even a chain of transplants could have been started through a paired exchange program, but these opportunities may have been lost due to inefficiencies in the transplant center’s process. Gathering information on potential donors who do not follow through on donation could help us understand what needs to be done to retain them.

Each delay in moving the donor process forward puts the potential recipient at risk. The patient may need to begin dialysis, as life support, until a kidney match is found. It is not an easy life, and the patient may become sicker or unstable, resulting in being put on hold or no longer qualifying for a transplant. Dialysis is covered by Medicare for most people, but it is much costlier than a transplant. The best scenario is when a patient can get a preemptive transplant and avoid dialysis. As the National Kidney Registry states, “Once a person has made the decision to get a transplant, time matters. Studies indicate that the less time the patient is on dialysis, the better the transplant outcome. Receiving a preemptive transplant and never going on dialysis leads to higher transplant success rates” (2). Improving the speed of the assessment can help recipients avoid dialysis.

The evaluation process for living kidney donors can vary from center to center. I hope someday there will be standardized criteria throughout the nation, as each center could be monitored and compared to improve the quality of their processes. Where one center disqualifies a donor, another may accept the donor. Some centers take weeks or months to finish evaluations, whereas others take years. We changed hospitals because of roadblocks, delays, and inconsistencies in the donor evaluation process for those who were testing for our daughter. In contrast, efficient evaluations result in engaged donor candidates and more transplants.

Many transplant centers will test only one donor at a time. They will do a complete workup, which is costly and time consuming, only to find that the donor and recipient are not good antibody cross-matches. Other more progressive centers will review an online questionnaire; if everything looks good, they will do a phone interview and then follow up by mailing out a laboratory kit for blood tests. If more centers took this approach, multiple donors could be tested at once, and the best match would move forward. As mentioned earlier, a donor may still be interested in exploring the option of donating to another person and could have already begun the process. This would reduce the total number of visits to the transplant center, which is a benefit to the donor candidate.
Communication and follow-up throughout the evaluation process are key, as is following up on the donor’s health post-transplant. It is sadly not uncommon for transplant centers to stop checking up on the health of a donor, both in the long and short term. As one donor says, “the only complaint I have is it seems like you drop off the grid once you donate.” We want donors to know they are valued, celebrated, and certainly not forgotten. Additionally, donors who receive good care from beginning to end will be great advocates for living donation by sharing their experience online, speaking at hospital events or to organ procurement organizations, and carrying positive messages to their communities.

I am happy to report that my daughter received a living donor kidney from a swap; she is doing well and so is the donor.

Disclosures
The author has nothing to disclose.

Funding
None.

Acknowledgments
The content of this article reflects the personal experience and views of the author(s) and should not be considered medical advice or recommendation. The content does not reflect the views or opinions of the American Society of Nephrology (ASN) or CJASN. Responsibility for the information and views expressed herein lies entirely with the author(s).

References

See related article, “A RAND-Modified Delphi on Key Indicators to Measure the Efficiency of Living Kidney Donor Candidate Evaluations,” on pages 1464–1473.