PANCREAS TRANSPLANT ALONE AND PANCREAS AFTER KIDNEY TRANSPLANT
PATIENT SELECTION CRITERIA

The following are current, accepted criteria for Pancreas Transplant Alone and Pancreas After Kidney transplantation. These criteria are used as guidelines for referral for transplant evaluation and are not intended as an automatic inclusion or exclusion of a candidate for referral. It is important to note that these are guidelines and should be applied together with careful clinical judgment.

1. PANCREAS TRANSPLANT ALONE (PTA/PAK)
   1.1. Indications (The following items are all required):
   1.1.1. Type 1 DM with disabling and potentially life threatening complications as seen in brittle diabetes with severe and recurrent episodes of either hypoglycemia (involving seizures, loss of consciousness and/or calls to 911) and or hyperglycemia (episodes of DKA) or hypoglycemic unawareness in which the individual requires constant supervision.
   1.1.2. Optimally and intensively managed by an endocrinologist for at least 12 months.
   1.1.3. Age 18 - 55 except under special clinical circumstances.
   1.1.4. Native or transplanted kidney must be functioning well as evidenced by an accepted formula for GFR or a 24-hour urine for creatinine clearance of >50 ml per minute i ii iii

2. Contraindications
   2.1. Significant irreversible coronary artery disease and/or left ventricular dysfunction, and irreversible pulmonary disease.
   2.2. Irreversible peripheral vascular disease, including carotid vascular disease. (Amputation alone is not a contraindication)
   2.3. Uncontrolled hypertension.
   2.4. Active bacterial or fungal infections
   2.5. Patients with a history of malignancy, with a moderate to high risk of recurrence (as determined after consultation with oncologist considering tumor type, response to therapy, and presence or absence of metastatic disease) may be unsuitable candidates for transplantation. Patients with low risk of recurrence may be considered.

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ii An assessment of the effect on renal function of a calcineurin inhibitor may be required for a creatinine clearance or GFR between 50 and 70 ml/minute.
ii As determined by direct measurement or calculated by an accepted formula, such as MDRD.

3. Psycho-social behavioral and support issues, such as:
3.1. Active alcohol and/or substance abuse\textsuperscript{iv}: Patients must be free for six (6) months from alcohol and other substance abuse and have been evaluated by a substance abuse program. Exceptions may be made on a case-by-case basis. Such patients shall have been evaluated and cleared by a substance abuse program. The risk of recidivism, which has been documented to negatively impact transplant outcomes, must be addressed and considered to be low.\textsuperscript{v}
3.2. Active nicotine abuse\textsuperscript{vi}: Patients awaiting transplants must be free from tobacco use for the previous six (6) months.
3.3 Lack of an adequate support system provided by family, friends, or others to support the patient before, during, and after the transplant process.
3.4 Active psychological and/or psychiatric conditions that have been evaluated by a mental health professional and found to render the patient unsuitable for transplantation.
3.5 Demonstrated lack of compliance with a complex medical regimen, as evidenced by failure to keep appointment, failure to make steady progress in completing pre-transplant evaluation testing, non-adherence to medication.

4. Relative Contraindications.
4.1. BMI ≥ 35. Patients may be referred to the COE for individual consideration. 
4.1.1 May be concurrently referred for weight loss intervention.
4.2. Cachexia and/or malnourishment 
4.3. High risk of reactivation of previous infection.


\textsuperscript{v} Alcohol abstinence prior to liver transplantation for Alcoholic Liver Disease (G110807), TPMG New Medical Technology