

## Transplantation

## **LIVING UNRELATED (COMMERCIAL) RENAL TRANSPLANTATION: A SINGLE CANADIAN CENTRE EXPERIENCE**

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**INTRODUCTION:** Canada, akin to other developed nations, faces the growing challenges of end-stage renal disease. Even with expanded donor criteria for renal transplantation, the treatment of choice for ESRD, the supply of kidneys is outpaced by the escalating demand. Remuneration for kidney donation is proscribed in Canada. Without an option of living-related transplantation (biological or emotional donors), patients often struggle with long waiting lists for deceased donor transplantation. Accordingly, many patients are now opting for more expedient avenues to obtaining a renal transplant. Through commercial organ retrieval programs, from living and deceased donors, patients are traveling outside Canada to have the procedure performed.

**METHODS:** Between September 2001 and July 2007, 10 patients (7 males, 3 females) underwent commercial renal transplantation outside Canada. We describe the clinical outcomes of these patients managed post-operatively at our single Canadian transplant centre.

**RESULTS:** Six living unrelated and 4 deceased donor renal transplantations were performed in our 10 patients (mean age 49.5 years). All procedures were performed in developing countries and the post-operative complications were subsequently treated at our centre. The mean post-transplant serum creatinine is 142  $\mu\text{mol/L}$ . Average follow-up time is 29.8 months (range 3-73 months). One patient required a transplant nephrectomy secondary to fungemia and subsequently died. One patient had a failed transplant and has currently resumed hemodialysis. Acute rejection was seen in 5 patients with 3 of these patients requiring re-initiation of hemodialysis. Only 1 patient has had an uncomplicated course after surgery.

**CONCLUSION:** Despite the kidney trade being a milieu of corruption and commercialization, and the high risk of unconventional complications, patients returning to Canada following commercial renal transplantation are the new reality. Patients are often arriving without any documentation and timely goal directed therapy for surgical and infectious complications are frequently delayed by establishing an accurate diagnosis. Refuting the existence of commercial renal transplantation is not a practical solution; perhaps more consistent communication and documentation with transplant teams may be more pragmatic. In the current climate, patients considering the option of overseas commercial renal transplantation should be advised that heightened risks to life and graft survival exist.

**GLUCOSE METABOLISM DISORDERS AFTER TRANSPLANTATION: RESULTS OF AN INTERNATIONAL,  
RANDOMIZED TRIAL COMPARING CYCLOSPORINE VERSUS TACROLIMUS**

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