Transplant International

FORUM

Kidney paired donation in Brazil – it is time to talk about it

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This Forum discusses the paper by Bastos et al: Kidney paired donation in Brazil – a single center perspective. Transplant Int 2021: 34;1568.

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Dear Editors,

We appreciate the opportunity to have this scientific discussion regarding how Kidney Paired Donation (KPD) could increase transplantability in Brazil.

As organ donation rates remain unable to meet the needs of individuals waiting for transplants, especially for highly sensitized recipients [1], it is necessary to develop solutions to address it. We understand that KPD programmes have been implemented worldwide to reduce organ demand and supply gap, especially vulnerable recipients. A report of the demographics of patients transplanted through the National Kidney Registry network showed that, compared with other living donor kidney transplant recipients, KPD recipients were more often black, hyperimmunized, previous transplant recipients, women and on public insurance [2]. This programme has facilitated an increasing proportion of kidney transplants annually.

We agree with the statement by Abbud-Filho *et al.* that Brazil is a country with significant social disparities. But we do not think that [3] '... precisely in the social inequality, and consequently in the lack of equity, that the problem of implementing KPD lies'. If living donor transplants are considered ethical in two compatible pairs, then allowing these very transplants to be facilitated through an exchange to overcome incompatibility is similarly ethical. We argue that while some concerns about KPD are justified based on the available evidence, others are speculative and do not apply exclusively to KPD but to living donation more generally. Social inequality is not a KPD problem but a living kidney donation problem that is very well sedimented in most countries globally, especially in Brazil, where this concern is overcome. Brazil has a well-designed system with excellent laws.

The history of kidney transplantation in Brazil began in 1965 when the first related living donor transplant. Since then, Brazil has established a public programme and now has the most extensive public kidney transplantation system in the world. Brazil has established a regulated, standardized and ethical organ procurement system, created awareness of transplantation in physicians and the public, upgraded facilities and standardized medical care, and enforced legislation for transplantation.

The Aguascalientes document establishes that KPD and altruistic donation are acceptable. Its final recommendations also say that the country must provide access to transplantation based on ethical considerations and protect the most vulnerable population for a healthy transplant system [4]. We are failing to do that when we have a system that does not contemplate highly sensitized recipients, as shown by a recent Brazilian analysis: highly sensitized patients (PRA > 98%) had lower transplant rates (3.7% vs. 31.2%) and higher mortality (HR: 1.09, $P = 0.05$) in the waitlist when compared to nonsensitized patients [1].

We postulate that concerns can be mitigated by implementing safeguards, developing quality criteria and establishing a national committee that independently monitors and evaluates KPD procedures and outcomes. We also think patients' and donors' voices are missing in this debate.

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