



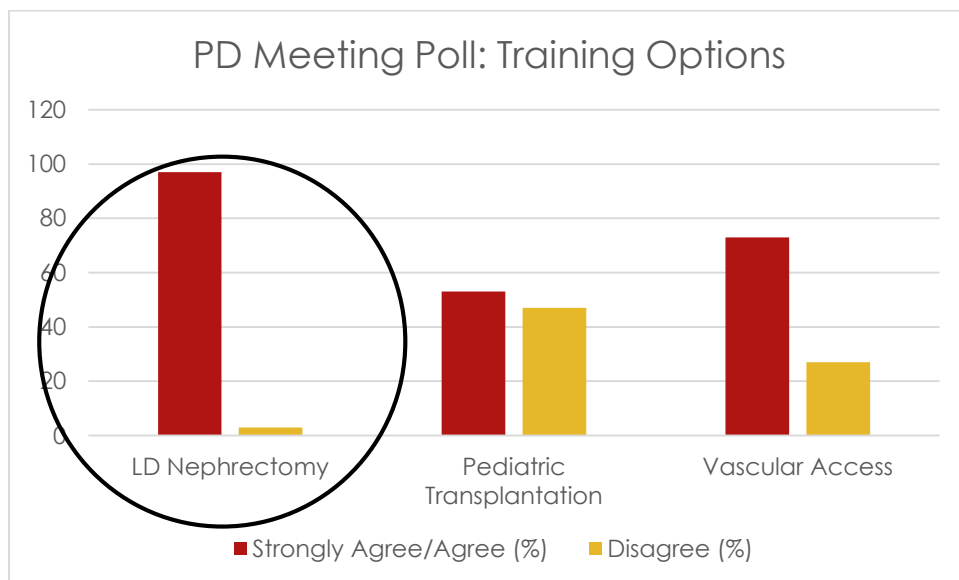
American Society of Transplant Surgeons

Approved by Council in January 2015

LIVING DONOR NEPHRECTOMY

BACKGROUND

In June 2014 during the program director's meeting, participants were asked what additional areas of training the ASTS should consider adding to its accreditation portfolio. These areas of interest included Living Donor Nephrectomy, Pediatric Transplantation and Vascular Access. There were 59 directors present at the meeting, representing 71 programs. Below are the results of the polling questions:



There was 97% agreement from the program directors that Living Donor Nephrectomy should be offered as a training designation within the ASTS accreditation portfolio. The Fellowship Training Committee (FTC) was asked to review program and fellow volumes and develop educational criteria and put forward a proposal to the Council in January 2015.

OBJECTIVE

The mission of ASTS fellowship training is to provide a comprehensive educational system that produces professional, skilled and knowledgeable transplant surgeons. As the accrediting body in abdominal transplant surgery fellowship training, the ASTS is responsible developing, cultivating and maintaining a robust accreditation system that is relevant to training a transplant surgeon. As transplantation surgery evolves, so does the need for revised training paradigms. Living kidney donation currently accounts for nearly 35% of all kidney transplants in the United States. While not all institutions have living donor programs as this procedure is highly specialized and complex procedure, most transplant surgeons are expected to know how to perform living donor nephrectomies and they should receive this training during their fellowship experience.



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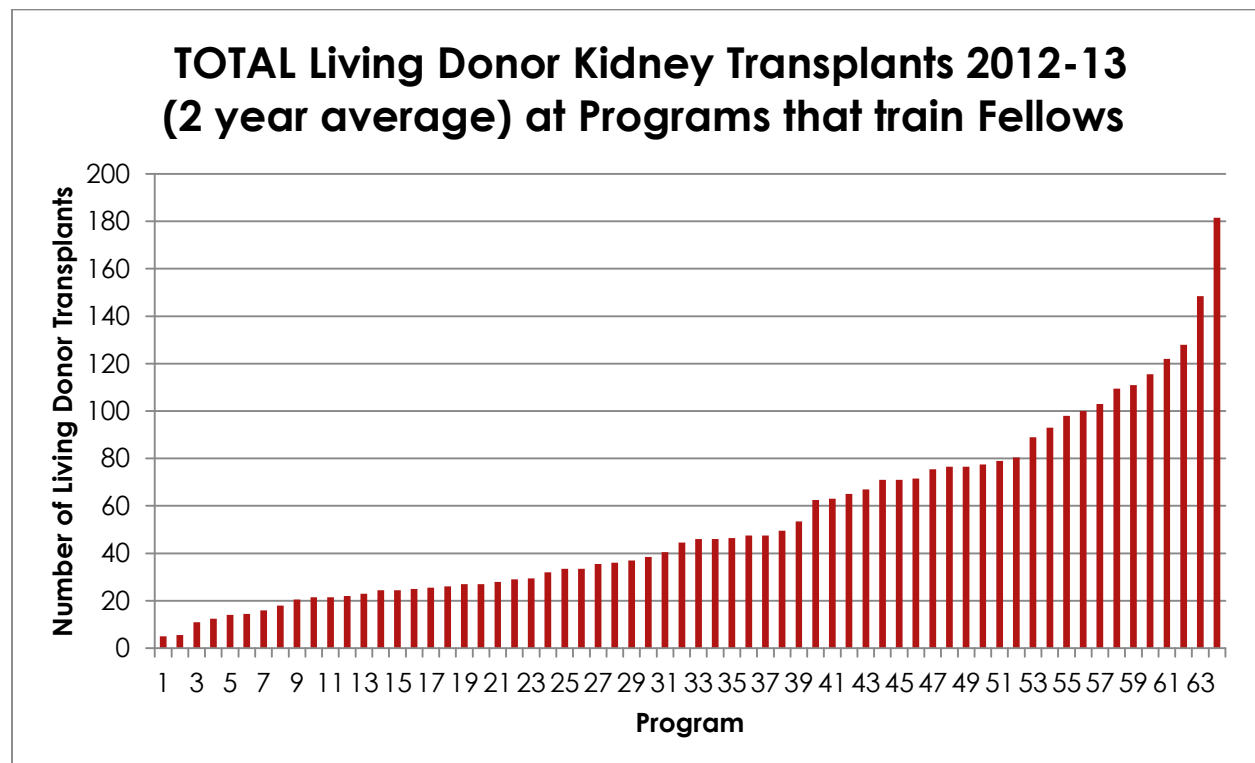
The objective of this additional training is to allow programs to add living donor nephrectomy (LDN) as a modified addition to the Basic Transplant Fellowship (BTF) in Kidney or Kidney and Liver, in which the program will identify whether the fellow(s) was either trained in or exposed to LDN. A trained fellow will have to meet a minimum case volume in order to meet this requirement.

NATIONAL DATA

Review of OPTN data for calendar years 2012 and 2013 shows that average percentage of LD transplants is 34% at all transplant program in the US. For those programs that have fellowship programs that average is 35.5%.

ASTS TRAINING PROGRAM IMPACT

If we use the current criteria to have a Kidney training program (Program 60 transplants, Fellow 40 transplants) and take 30% of those cases for LDN, we could recommend that the program must do 18 LD transplants per year to train in LDN and the fellow would have to do 12 LDN transplants to meet certificate requirements.



A recent survey of Program Directors (42 of 64 responded) indicates that 93% of PD think that LDN is an essential part of Kidney Transplant training. This recent data supports discussion from the PD meeting in 2014.



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Additional data from this survey indicate that at 2% of training programs, the transplant surgeons are NOT involved in the LDN. At 12-26% of programs, LDN are performed by Urologists or General Surgeons.

PROPOSAL

Based on review of the above data and a vote by the committee, the FTC proposes that **Living Donor Nephrectomy be added to the accreditation portfolio as a modified part of the BTF Kidney and Kidney-Liver programs.** The following criteria would be required in order to attain and maintain accreditation (in addition to current BTF-K requirements):

1. Program must perform a minimum of 18 living donor nephrectomies each year for 2 years consecutively or an average over 3 years.
2. Fellow must perform a minimum of 12 living donor nephrectomies over the 24 month fellowship.
3. Fellow must participate in preoperative evaluation of LDN donors and manage postoperative care.
4. Multi-disciplinary care of these patients should be inherent in the Kidney Training program.
5. Program Director will designate whether fellow *has had training* in LDN or has had *exposure* in LDN. In order for the fellow to be designated to have been trained case logs must indicate minimum number of cases as primary surgeon.

Action: The council is asked to review this proposal and provide any feedback regarding the requirements. If there are no objections, the council is asked to approve this proposal for implementation during the next reaccreditation cycle in January 2016.