Fig 1

- Progressing Towards ESRD
  - Eligible for transplant?
    - Living Donor Available?
      - Eligible for SPK?
        - Y: List for SPK
        - N: Problems
      - N: Cadaveric Kidney Tx List
    - N: Contraindications to Dialysis?
      - Y: Pros for HD or Cons for PD?
        - Y: Hemodialysis
        - N: Peritoneal Dialysis
      - N: Need RRT while waiting

- Y: Transplant Wait List
  - Live Related Kidney Transplant
  - Cadaveric Transplant

- N: Remove from Wait List if no longer suitable for Tx

- Problems:
  - Graft Failure
  - Resume Dialysis ± Re-List for Tx

- Supportive / Symptomatic Care
a. discussions about renal replacement therapy should take place before people develop ESRD to allow preparations (eg vascular access) to be made in advance or potentially allow permit pre-emptive (before dialysis) transplantation

b. local eligibility criteria will vary. Common contraindications include severe / untreated coronary artery disease (CAD), chronic infections (eg TB, HIV), cancer, limited life expectancy, psychological / psychiatric disease, patient preference

c. a living donor kidney transplant is currently the preferred treatment, because of short wait time and superior short and long term outcomes relative to cadaveric renal graft

d. these may include severe CAD, malignancy, significant comorbidity associated with limited life expectancy, psychological / psychiatric disease, patient preference

e. Selection criteria for SPK are very stringent, and include age < 50, no or minimal CAD, minimal comorbidity.

f. significant cardiac dysfunction or difficult vascular access might favour PD, while recurrent peritonitis might favour HD

g. A deceased donor renal transplant may be a better choice given very long wait times for SPK associated with declining health on dialysis

h. patients who develop contraindications to transplant may be removed from the wait list (temporarily or permanently)

i. Patients may develop contraindications to, or decline to continue dialysis

j. Those with failure of their renal transplant will generally resume dialysis (unless they decline or there is a contraindication). Younger, fitter individuals may be eligible to be listed for a second (or third) transplant.