

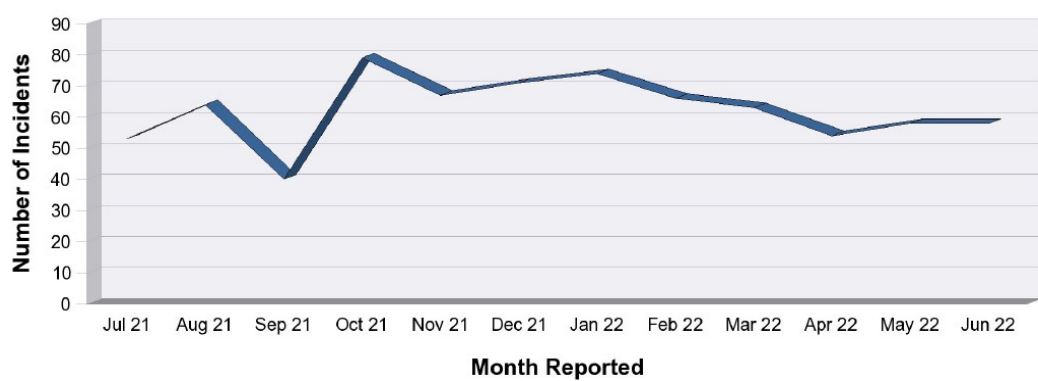
Kidney Advisory Group ODT Clinical Governance Report October 2022

1. Status – Confidential

2. Action Requested

KAG are requested to note the findings within this report.

3. Data



4. Learning from reports

Below is a summary of the findings and learning from key clinical governance reports submitted to ODT:

Date reported:

Reference: ODT-INC-5998

What was reported?
Several months following transplantation of a kidney the recipient developed a rapid growing tumour within the transplanted kidney and developed metastatic disease. Histopathology showed a differential diagnosis lymphoma versus sarcomatous renal cell carcinoma. The recipient later sadly died.
Investigation findings and learning:
The liver and kidney transplant centres were informed of the finding along with Tissue and Eye Services (TES).
Investigation found that lesions had also been identified in the transplanted liver. A liver biopsy confirmed the lesions as malignant with similar pathology to those found in the kidney recipient.
The second kidney was also found to have a mass in the transplanted kidney. As above the biopsy confirmed the mass as malignant with similar pathology to the kidney and liver recipients. The recipient underwent a nephrectomy.

A full review of the CDDF, MaSH, GP questionnaire at the time of donation was undertaken. This confirmed no contraindications to solid organ/tissue donation and there was no evidence to suggest a history or suspicion of malignancy in the donor.

A review of retrieval documentation was undertaken and there was no concerns or findings to suggest malignancy.

As part of the investigation a detailed review of the source medical notes and imaging at the donor hospital took place and summarised “conclusion from this review is that there was no history of cancer. All previous imaging was reported and available which supports this conclusion.”

All three transplant centres confirmed the pathology of the malignancy unusual and difficult to characterise. Following in-depth histopathology review and subsequent DNA fingerprinting it has been concluded that the malignancy “is likely to have originated from the...donor kidney”.

In view of the clinical presentation and histological findings it has been concluded this is a donor transmitted malignancy. There was nothing to suggest malignancy in the donor therefore the organs were transplanted without this knowledge. This is a known risk of donation and transplantation.

5. Requirement from KAG

Note this report

Author

Claire Mitchell

ODT Clinical Governance Team