

CAUSE OF GRAFT FAILURE New codes for classifying chronic allograft rejection

Executive Summary

For reporting chronic allograft rejection as a cause of graft failure, more precise classification has been introduced with addition of three new codes to replace historical reporting of and categorisation of the type of rejection.

The ANZDATA Advisory Committee and Transplant Working Group agreed to this new data collection element and are to implement this within the Online Electronic Data Collection tool (<https://services.anzdata.org.au>) and the A3 Survey Paper Form from Survey 71 - 2020.

Background

The cause of graft failure code 40 - Chronic Allograft Nephropathy (CAN) has historically describes a variety of processes which lead to graft failure, such as, glomerular and/or interstitial fibrosis and atrophy. In patients with chronically declining function who have a biopsy, chronic antibody mediated rejection is the most common cause of CAN while atrophy and fibrosis without a defined underlying cause is another frequent finding. Many patients though do not have a biopsy in this situation so a diagnosis cannot be attributed clearly.

The Transplant Working Group agreed more specific terms be available for selection, to describe the CAN processes. The reporting of allograft rejection is now updated to reflect changes requested by the working group. The removal of **40 "Chronic Allograft Nephropathy (Slow Progressive Loss of Function)"** classification enables three (3) expanded classifications to better describe CAN processes in more detail. These commencing in the 2020 survey period. These new classifications include:

- Chronic Antibody Mediated Rejection - Code 41
- Interstitial Fibrosis/Tubular Atrophy (Biopsy Proven) - Code 42
- Gradual Graft Failure (Biopsy Not Proven) - Code 43

Data Element

New codes added to the ANZDATA database table AnzdataCauseOfGraftFailure are as follows and are active for selection for the 2020 Survey 71 period ending 31-December-2020

Code	Description
41	Chronic Antibody Mediated Rejection
42	Interstitial Fibrosis/Tubular Atrophy (Biopsy Proven)
43	Gradual Graft Failure (Biopsy Not Proven)

Collection of Data Element

Figure 1 – Paper Form - Back of A3 Form for rejection codes as cause of Graft Failure

CAUSE OF GRAFT FAILURE

REJECTION

- 10 Hyperacute Rejection (within 48 Hrs of Transplantation)
- 20 Acute Rejection at anytime Causing Graft Failure
- 41 Chronic Antibody Mediated Rejection (Biopsy Proven)
- 42 Interstitial Fibrosis/Tubular Atrophy (Biopsy Proven)
- 43 Gradual Graft Failure (Biopsy Not Proven)

Figure 2 – Paper Form - Front of A3 Form for location to place Cause of Graft Failure code

COURSE OF TREATMENT COMPLETE ACCORDING TO CODE		SEQ	CODE	DAY	MTH	YR	REASON
		1	G	31	10	1996	
		2	P	25	07	2020	42
		3	BC	25	07	2020	
		4					
		5					
		6					
		7					
		8					
		9					
		10					
		11					
		12					
		13					
		14					
		15					

E	APD / IPD
M	CAPD
BC	HD Hospital-Conventional
BQ	HD Hospital-Quotidian
DC	HD Satellite-Conventional
DQ	HD Satellite-Quotidian
YC	HD Community-Conventional
YQ	HD Community-Quotidian
FC	HD Home-Conventional
FQ	HD Home-Quotidian
G	Transplant in AUST/NZ
H	Date of last post graft dialysis
X	Transplant Overseas
T	Graft function ceased-Temporary
P	Graft function ceased-Permanent
J	Own kidney function recovered. Dialysis ceased
K	Date of last visit if lost to follow up
W	Withdrawal from Dialysis
Z	Date of Death

Figure 3 – Screen View - Treatment History Cause of Graft Failure

Treatment History

Sequence	Description *	Treatment Date *	Reason	Delete?
1	BC - HD Hospital - Conventional	09/07/1995		<input type="checkbox"/>
2	G - Transplant in AUST/NZ	31/10/1996		
	P - Graft Function Permanently Ceased			

10 - Hyperacute Rejection (within 48 Hrs of Transplantation)
20 - Acute Rejection at anytime Causing Graft Failure
41 - Chronic Antibody Mediated Rejection (Biopsy Proven)
42 - Interstitial Fibrosis/Tubular Atrophy (Biopsy Proven)
43 - Gradual Graft Failure (Biopsy Not Proven)
92 - Rejection Following I/S Reduction Due to Malignancy
93 - Rejection Following I/S Reduction Due to Infection
90 - Complications of Drug Therapy Requiring Reduction or Withdrawal of Steroid and/or Immunosuppressants