**Renal Indications for use of Therapeutic Apheresis (Plasma Exchange)**

(Szczepiorkowski, Winters et al. 2010)

1. **ABO incompatible Renal** (**Solid Organ) Transplantation** (Category II/ Grade 1B) – page 96\* [**http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/page/Renal+Transplantation**](http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/page/Renal+Transplantation))
2. **ANCA- associated rapidly progressive glomerulonephritis** (Wegener’s Granulomatosis) – Dialysis dependence (Category I/ Grade 1A); Lung alveolar haemorrhage (Category I/ Grade 1C); Dialysis independence (Category III/ Grade 2C) - page 101\*
3. **Anti-glomerular basement membrane disease** (Goodpasture’s syndrome) - Dialysis independence (Category I/ Grade 1A); Lung alveolar haemorrhage (Category I/ Grade 1B); Dialysis dependence and no lung alveolar haemorrhage (Category IV/ Grade 1A) )- page 102\*
4. **Catastrophic antiphospholipid syndrome** – (Category II/ Grade 2C) - page 108\*
5. **Cryoglobulinemia** – severe symptomatic (Category I / Grade 1B); secondary to HCV (Category II / grade 2B) - page 112\*
6. **Focal Segmental glomerulosclerosis recurrent** (Category I/ Grade 1C) – page 116\*
7. **Haemolytic uremic syndrome (HUS)** - (Category II/II/IV/ Grade 2C/2C/1C) – see page 119\*
8. **Immune Complex Rapidly Progressive GN** (Category III/ Grade 2B)- page123\*
9. **Myeloma cast nephropathy** (although now preferentially using High Cut Off membrane dialysis and high grade chemotherapy) (Category II/ Grade 2B) – page 130\* ([**http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/page/Policies%20and%20Protocols**](http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/page/Policies%20and%20Protocols))
10. **Renal Transplantation** - Antibody mediated rejection (Category I/ Grade 1B); Desensitization, living donor, positive crossmatch due to donor specific HLA antibody (Category II/ Grade 1B); High PRA; cadaveric donor (Category III/ Grade 2C) (([**http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/resources/Transplantation\_6/$file/Antibody+Mediated+Rejection+and+Reducing+Thrombotic+Events.pdf**](http://stgrenal.med.unsw.edu.au/StGRenalWeb.nsf/resources/Transplantation_6/$file/Antibody+Mediated+Rejection+and+Reducing+Thrombotic+Events.pdf)) page 142\*
11. **Systemic lupus Erythematosus (Nephritis)** (Category IV/ Grade 1B)– page 147\*
12. **Thrombotic Thrombocytopenia Purpura (TTP)** (Category I/ Grade 1A) -page 151 and
13. **Thrombotic microangiopathy (TMA)** – depending on type (Category and Grade dependent on aetiology) - pages 149-151

\*Refers to page from reference below

Referrals should be made according to “Referral of patients to Apheresis service” business rule URL address <http://seslhnweb/SGSHHS/Business_Rules/Clinical/documents/A/Apheresis_Referral_to_SGH_SGSHHS_CLIN200.pdf>

Which in summary is:

* During office hours, contact Dr Fernando Roncolato.
* After hours, contact the on-call haematologist who will then notify the apheresis team as needed

**Reference**

Szczepiorkowski, Z. M., J. L. Winters, et al. (2010). "Guidelines on the use of therapeutic apheresis in clinical practice--evidence-based approach from the Apheresis Applications Committee of the American Society for Apheresis." J Clin Apher **25**(3): 83-177.

<http://onlinelibrary.wiley.com/doi/10.1002/jca.20240/abstract;jsessionid=47C97F0CF4D3AB3416821DECCB114AC1.d04t03>