



FORMATO ÚNICO DE COMISIÓN

GENERALIDADES

NOMBRE: LUIS GARCIA COVARRUBIAS

ADSCRIPCIÓN: UNIDAD DE TRANSPLANTES FECHA: 22/07/2016

FILIACIÓN: GACL790416-3A4

PUESTO: JEFE DE SERVICIO

CLAVE/CATEGORÍA: NBD-002-004/CF41013-IIS02361

COMISIONADO AL ESTADO/PAÍS DE: HONG-KONG, CHINA

PERIODO DURANTE: 6 DÍAS DEL 23 AL 28 de Agosto

NACIONAL INTERNACIONAL

MOTIVO DE LA COMISIÓN: Asistir al Congreso XXVI Congreso Internacional de Trasplantes

MEDIO DE TRANSPORTE: TERRESTRE AEREO

VIATICOS

LUGARES Y PERIODOS DE LA COMISIÓN:				
	TARIFA	CUOTA DIARIA	DÍAS	IMPORTE
				\$ -

INSCRIPCIÓN AL CONGRESO				EVALUACIÓN: DOCUMENTOS DE RESPALDO: () ACTAS CIRCUNSTANCIADAS () DIPLOMAS; O CONSTANCIAS DE PARTICIPACION () PROGRAMAS DE TRABAJO: () INFORME DE LA COMISIÓN: () OTROS, DESCRIBIR _____
AÑO	RAMO	UNIDAD PROP.	UNIDAD EJEC.	
F SF PS PE AI	PROY.	PARTIDA	TG GE FF	
IMPORTE INSCRIPCIÓN		\$7,268.56	38301 24170	

PASAJES

22 VIAJE REDONDO <input type="checkbox"/>		SELLO PRESUPUESTAL	
AÑO	RAMO	UNIDAD PROP.	UNIDAD EJEC.
ESPECIFICACIONES		F SF PS PE AI	
IMPORTE PASAJE \$7,755.76		PROY. PARTIDA TG GE FF	
		IMPORTE TOTAL DE APOYO \$ 15,024.32	

DECLARO BAJO PROTESTA DE DECIR VERDAD, QUE LOS DATOS CONTENIDOS EN ESTE FORMATO SON LOS SOLICITADOS Y MANIFIESTO TENER CONOCIMIENTO DE LAS SANCIONES QUE SE APLICAN EN CASO CONTRARIO.

TITULAR DE LA U. ADIVA.

DR. CESAR ATHIE GUTIERREZ
DIRECTOR GENERAL

EL BENEFICIARIO:

DR. LUIS GARCIA COVARRUBIAS

DIRECCIÓN DE INVESTIGACION

DR. SERGIO A. ISLAS ANDRADE

Buzón (367)

Borrador (27)

Enviados

Spam (4) [Vaciar]

Papelera [Vaciar]

Mis carpetas [Modificar]

Re: Retiro/Compra de la Cuenta Banamex

viernes, 22 de julio de 2016, 13:34

De: "luis garcia" <asfa@live.com.mx>

Para: "luis garcia" <asfa@live.com.mx>

"unidadcontablehgm@yahoo.com.mx" <unidadcontablehgm@yahoo.com.mx>

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De: Notificaciones <notificaciones@banamex.com>

Enviado: lunes, 16 de mayo de 2016 10:12 p. m.

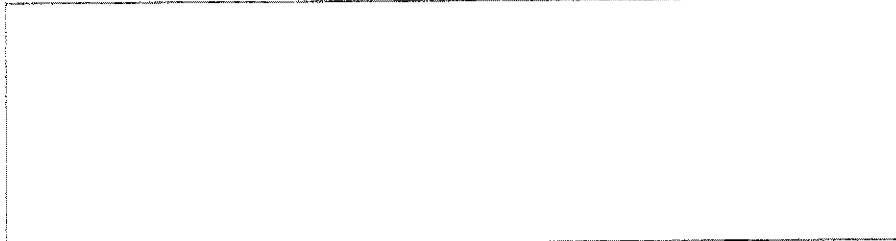
Para: "LUIS,GARCIA/COVARRUBIAS "

Asunto: Retiro/Compra de la Cuenta Banamex



LUIS GARCIA COVARRUBIAS

16/05/16 10:12:24 PM

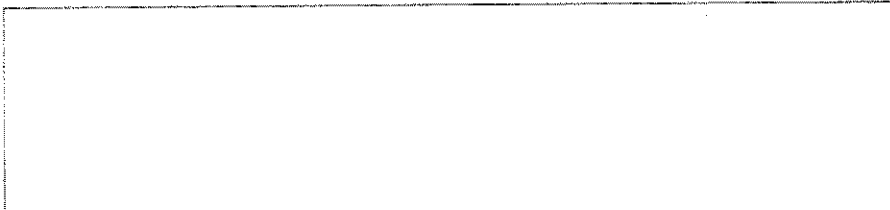


Datos de la operación

Operación: Retiro/Compra
Establecimiento: TRANSPLANTATION SOC. MO
Estatus: Exitoso
Cuenta/Tarjeta: 597
Importe: \$14,537.12
No. de autorización: 631850
Fecha y hora: 16/05/16 10:12:24 PM

Fecha límite de pago de la tarjeta: 16/05/16 Mínimo a pagar: \$1,500.00 Fecha de corte: 26/04/16

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- Borrador (27)
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- Spam (4) [Vaciar]
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RV: Retiro/Compra de la Cuenta Banamex viernes, 22 de julio de 2016, 13:36

De: "luis garcia" <asfa@live.com.mx>
 Para: "luis garcia" <asfa@live.com.mx>
 "unidadcontablehgm@yahoo.com.mx" <unidadcontablehgm@yahoo.com.mx>

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De: Notificaciones <notificaciones@banamex.com>
 Enviado: jueves, 23 de junio de 2016 01:57 a. m.
 Para: asfa@live.com.mx
 Asunto: Retiro/Compra de la Cuenta Banamex

LUIS GARCIA COVARRUBIAS

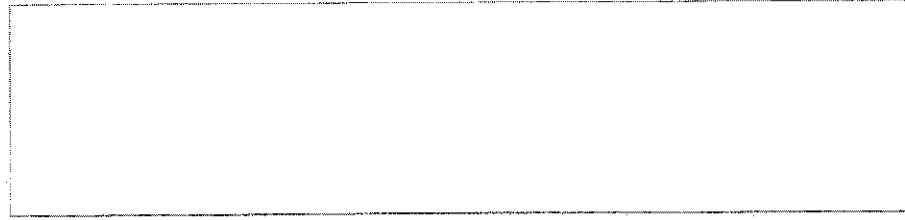
23/06/16 01:57:02 AM

Datos de la operación

Operación: Retiro/Compra
 Establecimiento: UNITED 80
 Estatus: Exitoso
 Cuenta/Tarjeta: 597
 Importe: \$15,511.52
 No. de autorización: 987403
 Fecha y hora: 23/06/16 01:57:02 AM

Fecha límite de pago de la tarjeta: 15/06/16 Mínimo a pagar: \$1,500.00 Fecha de corte: 26/05/16

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VOS

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5. PUBLICATION

Your abstract (only those accepted and confirmed) will be published online in the Journal "*Transplantation*" which will provide a citable publication.

6. REGISTRATION – Please do so by May 16, 2016

You will need to register online following the steps below:

- Log into your account
- On the 'Dashboard', click on the module 'Register for Conference'
- Follow the steps
- Click on the blue button 'Confirm my registration'
- Make the final payment

7. HOUSING – Please do so by July 11, 2016

The TTS 2016 Congress has set aside a block of rooms in various hotels in Hong Kong. We encourage you to secure your accommodation as soon as possible. [Click Here](#) to view the list of hotels.

Cancellation Policy: We invite you to carefully review the cancellation policy as **cancellation fees might apply to your booking**. The cancellation policy is available here: <http://www.icc-hk.com/tts2016-hotel/policy.html>

Best Regards,

TTS 2016 Congress Secretariat

c/o The Transplantation Society
René-Lévesque Ouest, Suite 1401
Montreal, QC, H2Z 1Y7, Canada

Phone: +1 514-874-1717
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Web: www.tts2016.org

Please contact us if you are experiencing issues by email (info@tts2016.org) or by phone (+1.514.874-1717) or visit our website at <https://confman.tts2016.org/>

TTS 2016



26th INTERNATIONAL CONGRESS OF
THE TRANSPLANTATION SOCIETY

HONG KONG 香港 AUGUST
KONG 港 18-23

REMINDER

WE NEED YOUR ACCEPTANCE BY MAY 13 AT THE LATEST

Dear Luis García Covarrubias,

We are happy to inform you that your abstract ID #2101 entitled "Correlation in a year Of Monitoring Kidney Donors Glomerular Filtration Rate Between DTPA Renal Scan Vs Renal Creatinine Clearance in 24 Hrs Urine, MDRD-4, CKD-EPI and Cockcroft – Gault." has been accepted for Poster Presentation.

Please note the session details and confirmation instructions below. *This acceptance does not imply any financial assistance*; presenters must make and pay their own registration, hotel and travel arrangements.

1. SESSION DETAILS

Session Date and Time:	Poster Session 1 on August 20th from 17:00 to 18:30
	Poster Session 2 on August 21st from 17:00 to 18:30
	Poster Session 3 on August 22nd from 18:00 to 19:00

IMPORTANT NOTE: If the abstract submitter is not the presenter of this lecture, please contact program@tts2016.org confirm to us who will be presenting. Please note that in order for us to change the presenter of the abstract, he/she must be registered to the Congress. If you were accepted for more than 2 abstracts as oral communication, please let us know who will be covering the other presentations, since we have a "rule of 2" oral presentations per person this year.

2. CONFIRMATION

Please confirm if you will present your paper by logging into TTS 2016 Congress online system at <https://confman.tts2016.org> and clicking on the "My Lectures" followed by "Confirm Acceptance". If you forgot your password (from when your abstract was submitted), please do not create a new user. Click on "forgot my password" to retrieve.

If you cannot accept this presentation, please logging into the system (as instructed above), click on "My Lectures" and in the action required, click on "Decline".

If you're not the presenter, you may still confirm acceptance and advise us of the presenter name by email to program@tts2016.org

3. CONDITIONS

1. You must confirm your acceptance by April 29, 2016. **WE NEED YOUR ACCEPTANCE BY MAY 13 AT THE LATEST**

2. You must register and pay by May 16, 2016.

3. Those who do not comply will have their abstract automatically withdrawn.

Please contact the Congress Secretariat (program@tts2016.org) with any questions.

4. POSTER GUIDELINES

Posters will be mounted at the beginning of the Congress (August 20th) and will stay in the Exhibit Hall until the end of the last Poster Session (August 22nd). Participants will be able to view posters during the Exhibit opening hours, but the presenters will be requested to be at their board only during the Poster Sessions listed above.

Further guidelines and instructions will be sent to all confirmed presenters at the end of May 2016.

5. PUBLICATION

Your abstract (only those accepted and confirmed) will be published online in the Journal "Transplantation" which will provide a citable publication.

6. REGISTRATION – Please do so by May 16, 2016

You will need to register online following the steps below:

- Log into your account
- On the 'Dashboard', click on the module 'Register for Conference'
- Follow the steps
- Click on the blue button 'Confirm my registration'
- Make the final payment

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Best Regards,

TTS 2016 Congress Secretariat

c/o The Transplantation Society
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Montreal, QC, H2Z 1Y7, Canada

Phone: +1 514-874-1717

Fax: +1 514-874-1716

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Issue Date: June 23, 2016

Traveler information

Traveler	eTicket Number	Frequent Flyer Number	Seats
GARCIAMD/LUIS	0162497525860		27D/---/---/47C/29C/22C

FLIGHT INFORMATION

Day, Date	Flight Class	Departure City and Time	Arrival City and Time	AircraftMeal
Wed, 17AUG16	UA1085T	MEXICO CITY, MEXICO (MEX) 6:20 AM	HOUSTON, TX (IAH -BUSH INTL) 8:43 AM	737-800 Purchase

Wed, 17AUG16	UA7937S	HOUSTON, TX (IAH -BUSH INTL) 11:20 AM	TOKYO, JAPAN (NRT - NARITA) 3:20 PM (18AUG)	Meal
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Flight operated by ANA ALL NIPPON AIRWAYS.

If this is an originating flight on your itinerary, please check in at the ANA ALL NIPPON ticket counter.

Thu, 18AUG16	UA7989S	TOKYO, JAPAN (NRT - NARITA) 6:35 PM	HONG KONG (HKG) 10:15 PM	767-300 Meal
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Flight operated by AIR JAPAN.

If this is an originating flight on your itinerary, please check in at the ANA ALL NIPPON ticket counter.

Wed, 24AUG16	UA862 S	HONG KONG (HKG) 11:30 AM	SAN FRANCISCO, CA (SFO) 9:15 AM	747-400 Lunch
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Wed, 24AUG16	UA1589S	SAN FRANCISCO, CA (SFO) 12:45 PM	HOUSTON, TX (IAH -BUSH INTL) 6:31 PM	787 Purchase
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Wed, 24AUG16	UA1094G	HOUSTON, TX (IAH -BUSH INTL) 9:09 PM	MEXICO CITY, MEXICO (MEX) 11:31 PM	A-319 Purchase
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Table 1. Demographic characteristics of patients in the ICU classified as possible but not potential, possible and potential kidney donors.

Variable	Possible, but not potential donor (n=26)	Possible and potential donor (n=18)	p-value*
Age, Media (SD)	46,7 (17,8)	52,8 (18,5)	0.272
LOS, Media (SD)	8,5 (5,9)	10,1 (7,1)	0.420
	n(percentage)		
Variable	Possible, but not potential donor (n=26)	Possible and potential donor (n=18)	p-value**
Sex			
Female	14 (53,9)	13 (72,2)	0.218
Male	12 (46,2)	5 (27,8)	
Diagnosis			
Medical/Surgical procedures	9 (34,6)	1 (5,6)	0.039
CNS Tumors	8 (30,8)	4 (22,2)	
Head trauma	4 (15,4)	3 (16,7)	
Intracranial hemorrhage	5 (19,2)	10 (55,6)	
SEPSIS			
No	14 (53,9)	9 (50,0)	0.802
Yes	12 (46,2)	9 (50,0)	
Infection source			
No	13 (50,0)	8 (44,4)	0.687
Lungs	5 (19,2)	4 (22,2)	
Urinary	4 (15,4)	3 (16,7)	
SNC or Abdomen	4 (15,4)	3 (16,7)	
Antimicrobials			
No	9 (34,6)	6 (33,3)	0.930
Yes	17 (65,4)	12 (66,7)	
Renal injury			
No	25 (96,2)	13 (72,2)	0.023
Yes	1 (3,9)	5 (27,8)	
Altered LFT's			
No	22 (84,6)	18 (100,0)	0.081
Yes	4 (15,4)	0 (0)	
Neurological damage			
None/moderate	0 (0,0)	1 (5,6)	0.224
Severe	26 (100,0)	17 (94,4)	

Variables AGE and LOS are presented as mean (SD). Categorical variables are presented as absolute and relative frequency (percentage)

* t-Student test was used for age and LOS.

** Pearson's χ^2 was used for categorical variables.

References:

- [1] World J Surg. 2012; 36: 2909-2913.
- [2] JAMA Neurol. 2015; 72(1):112-118.
- [3] CAN J ANESTH. 2006; 53(7): 716-721.
- [4] N ENGL J MED. 2015;373(5): 477-478
- [5] Transplant Int. 2011; 24: 373-378.

Day 0 August 17		Day 1 August 18 (Thursday)		Day 2 August 19 (Friday)		Day 3 August 20 (Saturday)		Day 4 August 21 (Sunday)	
Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
6:30	6:30								
7:00	7:00	Registration (all day)		Registration (all day)		Registration (all day)		Registration (all day)	
7:30	7:30					Morning Symposia 7:00-8:15 (5 concurrent rooms)		Morning Symposia 7:00-8:15 (5 concurrent rooms)	
8:00	8:00								
8:30	8:30								
9:00	9:00	Registration (all day)		Registration (all day)		Plenary Session 1: Basic and Translational Sciences 8:30-10:00 (1 room - 3 x 30 min)		Plenary Session 2: Antibody Mediated Injury 8:30-10:00 (1 room - 3 x 30 min)	
9:30	9:30					Coffee Break		Coffee Break	
10:00	10:00					Orals and Mini-Orals Sessions 1 to 10 10:30-12:30 (10 concurrent rooms - 9 x 10 min orals + 4 x 7 min mini-orals)		Orals and Mini-Orals Sessions 21 to 30 10:30-12:30 (10 concurrent rooms - 9 x 10 min orals + 4 x 7 min mini-orals)	
10:30	10:30								
11:00	11:00								
11:30	11:30								
12:00	12:00								
12:30	12:30	Post-Graduate Courses 8:30-13:00 14:00-17:30 (3 concurrent rooms)		Pre-congress meetings TID 2016 (55) www.tts.org/tid (08:30-18:00)		Post-Graduate Courses 8:30-13:00 14:00-17:30 (5 concurrent rooms)			
13:00	13:00	Pre-congress meetings		Pre-congress meetings		Lunch Break - Exhibitions		Lunch Break - Exhibitions	
13:30	13:30					Industry Symposium 12:30-13:30 (1 room)		Industry Symposium 12:30-13:30 (1 room)	
14:00	14:00					State-of-the-Art Sessions 1 to 10 13:30-15:00 (10 concurrent rooms - 3 x 30 min SOTAs)		State-of-the-Art Sessions 11 to 20 13:30-15:00 (10 concurrent rooms - 3 x 30 min SOTAs)	
14:30	14:30								
15:00	15:00								
15:30	15:30					Coffee Break		Coffee Break	
16:00	16:00					Oral Sessions 11 to 20 15:30-17:00 (10 concurrent rooms - 9 x 10 min orals)		Oral Sessions 31 to 40 15:30-17:00 (10 concurrent rooms - 9 x 10 min orals)	
16:30	16:30								
17:00	17:00								
17:30	17:30								
18:00	18:00					WIT Workshop & Networking event 17:00-19:30		WIT Workshop & Networking event 17:00-19:30	
18:30	18:30					Industry Symposium 17:30-19:00 (1 room)		Industry Symposium 17:30-19:00 (1 room)	
19:00	19:00								
19:30	19:30								
20:00	20:00								
20:30	20:30								
21:00	21:00								

FARE INFORMATION

Fare Breakdown		Form of Payment:
Airfare:	673.00	MASTERCARD
		USD Last Four Digits 1597
Mexico Departure Tax:	44.10	
Mexico IVA Transportation Tax:	26.90	
U.S. Customs User Fee:	11.00	
U.S. Immigration User Fee:	14.00	
U.S. APHIS User Fee:	7.92	
September 11th Security Fee:	11.20	
Japan Passenger Security Service Charge:	5.00	
Japan Passenger Service Facilities Charge:	10.10	
Hong Kong Airport Passenger Departure Tax:	15.50	
U.S. Passenger Facility Charge:	4.50	
Per Person Total:	823.22 USD	
eTicket Total:	823.22 USD	

Fare Rules: Additional charges may apply for changes in addition to any fare rules listed.

NONREF/0VALUAFTDPT/CHGFEE;MEX POS END
 Cancel reservations before the scheduled departure time or TICKET HAS NO
 VALUE.

UAL Tax ID: CAL 341217BA2

Baggage allowance and charges for this itinerary.

Baggage fees are per traveler

Origin and destination for checked baggage	1 st bag	2 nd bag	Maximum weight and dimensions per piece of baggage Max wt / dim per piece
8/17/2016 Mexico City, Mexico (MEX) to Hong Kong (HKG)	0.00 USD	100.00 USD	50.0lbs (23.0kg) - 62.0in (157.0cm)
8/24/2016 Hong Kong (HKG) to Mexico City, Mexico (MEX)	0.00 USD	100.00 USD	50.0lbs (23.0kg) - 62.0in (157.0cm)

Your Completed Abstract

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2. My Abstracts
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MY ABSTRACTS DASHBOARD

Correlation in a year of monitoring kidney donors glomerular filtration rate between dtpa renal scan vs renal creatinine clearance in 24 hrs urine, MDRD-4, CKD-EPI and Cockcroft – gault

Luis García Covarrubias¹, JUAN DE LOS SANTOS¹, Hector Hinojosa¹, Edwin Ventura¹, Garcia Aldo¹, Pedro Fragoso¹, Jose Manuel Torres¹, Diana Fernandez¹, Arturo Reding², Hector Diliz¹.

¹TRANSPLANTATION, HOSPITAL GENERAL DE MEXICO DR. EDUARDO LICEAGA, MEXICO, , Mexico; ²RESEARCH, HOSPITAL GENERAL DE MEXICO DR. EDUARDO LICEAGA, MEXICO, , Mexico

Introduction: The TFG is considered as the best index to determine kidney function in general. GFR can be determined by measuring renal clearance intrinsic or extrinsic agent which is freely filtered by the glomeruli. Inulin clearance is considered the gold standard for measuring GFR, invasive, expensive. Measurement of plasma clearance through renal scintigraphy with 99 Tc-diethylenetriaminepentaacetic acid (99m Tc-DTPA) is used because of its accessibility, sensitivity and specificity exceeding 90%.

Objective: To demonstrate that eGFR by CKD-EPI has better correlation with DTPA renal scan in a year after nephrectomy in healthy kidney donors compared to the results obtained by creatinine clearance in 24-hour urine, MDRD and CG.

Materials and Methods: Observational, analytical, transversal, retrospective, in healthy kidney donors, from 1 January 2014 to 31 December 2015, the age variables were collected, weight, height, Body Mass Index (BMI). Calculated eGFR standardize DTPA by an area of 1.73 m² body surface area. serum levels of serum creatinine and creatinine clearance were determined pre donation and one year follow-up to determine that equation more accurately correlated with the results obtained by DTPA renal scan also determine the decrease in GFR at one year.

Results: From January 1, 2013 to December 31, 2014 58 donor nephrectomies were performed with inclusion criteria 44 patients (25 women, 19 men). The average age 36 years, with an average weight of 65.5kg with 0.6 Kg annual increase. Determination of creatinine was pre donation 0.7 mg / dL. The estimated glomerular filtration rates were pre donation: creatinine clearance 24hrs urine was 108.8 mL / minute, DTPA renal scan 114 mL / minute, CKD-EPI 106 mL / minute, MDRD 99 mL / minute, Cockcroft 115 mL / min . Year follow-up there was a decrease in the glomerular filtration rate of 29.6 mL / minute (urine creatinine clearance 24 hrs 22 ml / min, DTPA 27 mL / min, CKD-EPI 31 ml / min, MDRD -4 33 mL / min, Cockcroft 35 mL / min). When analyzing the linear correlation between the determination of DTPA renal scintigram eTFG by the highest correlation it was obtained with the estimate calculated by CKD-EPI. (p 0.003)

Conclusion: We were able to confirm a decrease in GFR of 29 ml / min in our patients. In addition we found that eGFR with CKD - EPI has a good correlation with the estimated GFR by renal scintigraphy DTPA, which is considered a level worldwide a suitable parameter for and estimate the long-term renal function in monitoring kidney donors

References:

- [1] Kasiske BL, Ravenscraft M, Ramos EL, Gaston RS, Bia MJ, Danovitch GM. The evaluation of living renal transplant donors: clinical practice guidelines. J Am Soc Nephrol 1996; 7: 2288 –2313.
- [2] Norden G, Lennerling A, Nyberg G: Low absolute glomerular filtration rate in the living kidney donor: A risk factor for graft loss. Transplantation 2000; 70: 1360–1362
- [3] Cockcroft DW, Gault MH. Prediction of creatinine clearance from serum creatinine. Nephron 1976; 16: 31–41.

[4] Imai E, Horio M, Nitta K, Yamagata K, Iseki K, Hara S, Ura N, Kiyohara Y, Hirakata H, Watanabe T et al. Estimation of glomerular filtration rate by the MDRD equation modifies for Japanese patients with chronic kidney disease. *Clin Exp Nephrol* 2007; 11: 41-50.

[5] Peters AM, Glass DM, Bird NJ. Extracellular fluid volume and glomerular filtration rate: their relation and variabilities in patients with renal disease and healthy individuals. *Nucl Med Commun* 2011; 32: 649-53.

Main factors affecting loss of the potential deceased donors for kidney transplantation

Luis García Covarrubias¹, ALDO GARCIA¹, Hector Hinojosa¹, Arturo Reding², Alejandra Cicero¹, Edwin Ventura¹, JUAN DE LOS SANTOS¹, Pedro Fragoso¹, Jose Manuel Torres¹, rodrigo miyagui¹, roberto martinez¹, Hector Diliz¹.

¹TRANSPLANTATION, HOSPITAL GENERAL DE MEXICO DR. EDUARDO LICEAGA, MEXICO, , Mexico; ²RESEARCH, HOSPITAL GENERAL DE MEXICO DR. EDUARDO LICEAGA, MEXICO, , Mexico

Background: In Mexico the shortage of organs for transplant is increasing, due to the lack of timely detection of potential donors: patients with Glasgow Coma Score (GCS) less than 7, with neurological damage that may progress to brain death. Delaying the detection of these patients may contribute to the development of contraindications which could have been prevented and/or corrected.

Objective: To describe the main factors that influence the loss of potential donors in our hospital.

Methods: Retrospective, transversal (cross-sectional) study in which we reviewed information from charts of 44 possible kidney donors (26 were possible but not potential donors and 18 were potential kidney donors). A multiple logistic regression model was used to identify variables associated with the loss of potential donors after the patients were considered to be possible donors.

Results: A total of 150 medical records were reviewed from March 1 to July 1 2015. Regarding gender 27 (38.6%) PD were female and 17 (38.6%) were male; and 60 (62.3%) NPD were female NPD; and 40 (37 were male. The main causes of neurological damage were: intra cranial hypertension in 15 (39.1%) PD and in 26 (69%) NPD, neoplasms of the central nervous system in 12 (27.3%) PD and in 2 (11.3%) NPD (53%), other metabolic disorders in 6 (13.6%) PD and in 50 (50.9%) NPD, this was found to be statistically significant ($p < 0.0001$) Mean age of patients included in the study was 51.1 ± 17.2 years. After the multiple logistic regression model was applied we found that patients who had a medical/surgical procedure performed were 20 times more prone (OR= 20.2) to be lost as potential kidney donors after being considered as possible donors ($p < 0.05$).

Discussion and Conclusions: The lack of timely identification of potential donors by donation services is a major cause of loss. The implementation of a warning system for the remission of all possible potential donors should increase the identification of these patients by coordinator. We conclude that, as reported in other studies neoplasms and infectious diseases were the leading cause of loss of potential donors. Systemic infectious diseases can sometimes be prevented and thus increasing the actual and potential donor pool.

Table 2. Logistic Regression Model for factors associated with the loss of potential kidney donors

Variable	OR	p-value
Age	0.99	0.619
Sex		
Female	1.00	
Male	2.54	0.230
Diagnosis		
Intracranial hemorrhage	1.00	
Head trauma	2.05	0.467
CNS tumor	2.91	0.219
Medical/surgical procedure	20.20	0.013*
Constant	0.66	0.754

OR: Adjusted odds-ratio

* Statistically significant OR estadísticamente with p-value < 0.05