

## KIDNEY TRANSPLANTATION FROM ELDERLY DONORS AFTER CONTROLLED CIRCULATORY DEATH HAVE SIMILAR OUTCOMES COMPARED TO THOSE FROM ELDERLY DECEASED DONORS

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**INTRODUCTION:** During the past decade, the number of donors after circulatory death (DCD) has increased exponentially in Spain. However, there are concerns about medium and long-term outcomes of elderly DCD kidney transplants (KT). We aimed to compare graft outcomes from elderly DCD-KT with young DCD-KT and KT from elderly donors after brain death (DBD).

**METHODS:** We analyzed 85 DCD-KT and 101 KT from  $\geq$ 65 years-old (y) DBD-KT from January 2013 to December 2017. Median follow-up was 9 months [IQR 4.6-29.6 months] for DCD-KT and 20 months [IQR 7.7-38.28] for  $\geq$ 65y-DBD-KT.

RESULTS:  $\geq$ 65y-DCD-KT represented the 53% of our DCD cohort, and 64.4% of these grafts were transplanted to  $\geq$ 65y recipients.  $\geq$ 65y-DCD-KT had more delayed graft function (DGF) compared to <65y-DCD-KT (43.2% vs 17.9%, p=0.013), but similar to  $\geq$ 65y-DBD-KT (38.3%; p=0.585). One-month renal function was worst compared to both groups (creatinine= 2.71, 1.89 and 2.11 mg/dl, respectively, p=0.003 and 0.05), but renal function at 6 months was similar (creatinine= 1.92, 1.53 and 1.93mg/dl; p=0.055 and 0.934). There were no differences in primary nonfunction or vascular graft-loss between groups. Table 1A. Donor age was the only determinant of DGF (HR 1.126 [1.025-1.236; p=0.013). Table 1B.

Table 1A.	<65y-DCD (39)	265y-DCD (n=46)	265y-080 (n= 101)	p value'	p value*	
Recipient						
HD as RRT before KT (n, %)	52.62 ± 10.61	66.11 ± 6.59	69.74 ± 6.82	<0.001	0,003	
Male gender (n, %)	22 (56.4)	33 (73.3)	60 (59.4)	0.104	0.106	
HD as RRT before KT (n, %)	28 (71.8)	38 (86.4)	84 (83)	0.101	0.628	
Time in RRT, (months, median (IQR))	21 [12.6 - 48]	23 [15-25-41.40]	20.5 [ 10.85 - 33.88]	0.638	0.169	
Donor /KT						
ECD (n, %)	11 (28.2)	45 (100)	101 (100)	<0.001	n.a.	
KDPI (mean ± SD)	62.65 ± 18.31	96.87 ± 3.08	97.69 ± 4.02	<0.001	0.374	
Cold ischemia time (hours, mean ± SD)	11.27 ± 6.63	10.32 ± 6.28	16.66 ± 5.02	0.512	<0.001	
Immunosuppression						
Thymoglobulin induction (n, %)	7 (17.9)	4 (8.9)	15 (14.85)	0.220	0.323	
mTORi (n, %)	13 (53.3)	12 (26.7)	12 (11.88)	0.505	<0.001	
Outcomes						
DGF (n, %)	7 (17.9)	19 (43.2)	36 (38.3)	0.013	0.585	
Days until Cr descent (days, mean ± SD)	7.5±9.27	8.85 ± 8.03	8.08 ± 8.12	0.499	0.623	
1 month Cr (mg/dl, mean ± 5D)	1.89 ± 1.00	2.71 ± 1.65	2.11 ± 1.02	0.015	0.05	
6 months Cr (mg/dl, mean ± 5D)	1.51±0.62	1.92 ± 0.77	1.93 ± 0.77	0.055	0.934	
Vascular graft-loss (n, %)	2 (5.1)	3 (6.7)	12 (11.88)	0.766	0.338	
Primary non-function (n, %)	1(2.6)	0 (0)	4 (3.96)	0.280	0.176	

Table 1B.	DGF							
	Univariate analysis			Multivariate analysis				
	HR	а	p value	HR	cı	p value		
Recipient age (years)	1.064	[1.011 - 1.120]	0.017	7.07				
Donor age (years)	1.060	[1.013 - 1.109]	0.013	1.126	[1.025 - 1.236]	0.013		
Diabetes Mellitus	1.240	[0.496 - 3.259]	0.659					
Hypertension	0.962	[0.165 - 5.606]	0.965					
Ischemic cardiopathy	1.270	[0.496 - 3.259]	0.616					
Time in RRT (years)	1.009	[0.994 - 1.025]	0.254					
HD as RRT before KT	2.667	[0.695 - 10.225]	0.156					
Previous KT	2.364	[0.621 - 8.991]	0.201					
KDPI	1.042	[0.999 - 1.086]	0.057					
HLA missmatch	1.034	[0.642-1.665]	0.891					
Pre-KT DSA	2.429	[0.607-9.722]	0.210					
Peak PRA >30%	5.278	[1.096-25.410]	0.038					
Cold ischemia time (hours)	0.975	[0.903 - 1.053]	0.515					
mTORI	0.484	[0.05 - 4.793]	0.539					
Thymoglobulin induction	4.637	[1.224 - 17.566]	0.024	* Exclude	recipient age by collin	earity		

RRT, renal replacement therapy; HD, hemodialysis; KT, kidney transplantation; KDPI, kidney donor profile index; DSA, donor specific antibody; PRA, panel reactive antibodies; mTORI, mammalian target of rapamycin inhibitor.

 $\begin{tabular}{ll} \textbf{CONCLUSIONS:} \ge & 65 y\text{-}DCD\text{-}KT have more DGF compared to $< 65 y\text{-}DCD\text{-}KT but similar to $\ge 65 y\text{-}DBD\text{-}KT. Renal function at 6 months was similar between the three groups. However, additional studies are needed to assess long-term outcomes. The only determinant of DGF among DCD groups was donor age. \\ \end{tabular}$