6

ALLOCATION OF NON-ECD RENAL GRAFTS TO OLDER PATIENTS RESULTS IN LOSS OF FUNCTIONING GRAFT-YEARS SECONDARY TO RECIPIENTS' LOWER LIFE EXPECTANCY

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INTRODUCTION

Patient's age is not considered a selection criterion for the allocation of renal grafts in North America.

PURPOSE

To investigate whether allocation of non-ECD grafts to older patients results in loss of 'graft-years'.

METHODS

Of 640 patients with a kidney transplant, 414 received a non-ECD, whereas 226 received an ECD graft. Patients were divided into four groups; group 1: <41 yo, group 2: 41- 50 yo, group 3: 51-60 yo and group 4: >60 yo.

RESULTS

35.3% of patients received an ECD graft. 17.3% of patients received graft from an over 60-years old donor. Non-ECD grafts were uniformely allocated among the study cohorts. The 10-year graft survival was 75%, 72%, 60% and 55% for groups 1, 2 ,3 and 4 respectively ($p = .003$). Group 1 and 2 superior graft survival was still present when graft ECD status was considered ($p = .017$). One out of five patients older than 60 years, compared to one out of forty patients younger than 41 years, died with a functioning graft (table1).

	Graft/Patient Status, n (%)			
	Functional/Deceased	**Functional/Alive**	**Dialysis**	**Total**
< 41 yo	4 (2.4)	123 (74.5)	36 (21.8)	165
41 – 50 yo	14 (9.7)	112 (77.2)	16 (11.0)	145
51 – 60 yo	16 (9.8)	115 (70.1)	33 (20.1)	165
> 60 yo	32 (19.4)	113 (68.5)	19 (11.5)	165
Total	66 (10.3)	463 (72.5)	104 (16.3)	640

CONCLUSIONS

Allocation of non-ECD renal grafts to older patients results in loss of functioning graft-years secondary to recipients' lower life expectancy.