

## 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 uniformly 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).

<b>Graft/Patient Status, n (%)</b>				
	<b>Functional/Deceased</b>	<b>Functional/Alive</b>	<b>Dialysis</b>	<b>Total</b>
<b>&lt; 41 yo</b>	4 (2.4)	123 (74.5)	36 (21.8)	165
<b>41 – 50 yo</b>	14 (9.7)	112 (77.2)	16 (11.0)	145
<b>51 – 60 yo</b>	16 (9.8)	115 (70.1)	33 (20.1)	165
<b>&gt; 60 yo</b>	32 (19.4)	113 (68.5)	19 (11.5)	165
<b>Total</b>	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.