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Session Title : Old age in kidney transplantation

Living donor transplantation after desensitization in elderly recipients

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The number of older patients with end-stage renal disease (ESRD) has increased worldwide in parallel with the increase in average life expectancy over the past several decades. According to the Korean ESRD Registry data, just 8% of the total number of patients with ESRD were aged >60 years in 2004, which increased rapidly to 42% in 2014. According to this, the number and proportion of older patients undergoing kidney transplantation (KT) showed an almost six-fold increase, from 2% in 2000 to 11.6% in 2015. KT offers a better quality of life, cardiovascular stability and improved survival in comparison with PD or HD in older ESRD patients. Hence, several studies suggest that patients should not be excluded from KT merely because of old age. However, aging is associated with biological changes, affecting the response to allograft or immune suppressants after KT. For example, elderly recipients usually showed a decrease in entire immune responses and also altered pharmacokinetics, which can diminish the immune response to allograft or infection, and also increase the levels of immunosuppression.⁶⁻⁸ Such changes can distinguish KT in older patients with ESRD from KT in younger patients in terms of post-transplant clinical outcomes, and also the effect of immunological risk factors on allograft rejection or opportunistic infection. In our previous study, KT in elderly ESRD patients showed differential clinical outcomes and also a varying response to risk factors, such as sensitization or use of DSZ, compared with KT in young ESRD patients. In addition, this difference varied according to the donor type. Therefore, a modified approach was based on the recipients' age, especially in immunologically high-risk patients who required pre-transplant DSZ. Elderly recipients showed inferior clinical outcomes in allograft or patient survival in comparison with young recipients. Notably, highly sensitization showed a less significant impact in the elderly, and old age was a significant risk factor for patient mortality, mainly as a result of infection, and DSZ might increase the risk of death. The present findings suggest that less intensified DSZ can be considered to decrease the risk of death due to infections in elderly recipients