No increased risk of renal retransplantation in recipients > 65 years of age

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Introduction and Aims: Estimated renal allograft half-life is between 10 and 20 years. Many renal transplant recipients will therefore be in need of a repeated transplantation, some after having reached an advanced age. Advanced age and many years of immunosuppression often leads to increased co-morbidity. This may affect patient survival and graft outcome. This study was designed to evaluate the outcome of recipients older than 65 years receiving allograft nr.1 vs allograft nr.2.

Methods: Patients transplanted at our centre between 2000 and 2012 being 65 years or older at time of engraftment were eligible. Survival data were sampled from the Norwegian Renal Registry. Graft survival with and without censoring for death with functioning graft was estimated and compared between 1st (TX 1) and 2nd (TX2). Mann-Whitney test (continuous data) and Fisher’s exact test (categorical data) were used to compare groups. Survival analyses were performed using the Kaplan Meier method and Cox regression models.

Results: A total of 3268 renal transplantations were performed from 2000 to 2012. A total of 720 (22%) of the recipients were >65 years at engraftment (mean age 71.1 ± 4.0 years) and were included. No data are missing. Estimated five year uncensored graft survival rates were 67% in TX 1 and 61% in TX 2 (Figure 1.). Estimated five year graft survival rates censored for death with functioning graft were 90% in TX1 and 86% in TX2 (Figure 2). Hazard ratio for uncensored graft loss adjusted for recipient age, recipient gender, donor age, donor source (living or deceased) and time on dialysis was 1.05 (95 CI 0.63-1.75, NS) for TX 2. Hazard ratio for graft loss censored for death with functioning graft was 1.38 (0.59-3.26, NS).

Conclusions: Second renal transplants perform well even in patients older than 65 years. Older patients with failing grafts should therefore, if possible, be offered a second transplant.

Table: Estimated renal allograft half-life is between 10 and 20 years. Many renal transplant recipients will therefore be in need of a repeated transplantation, some after having reached an advanced age. Advanced age and many years of immunosuppression often leads to increased co-morbidity. This may affect patient survival and graft outcome. This study was designed to evaluate the outcome of recipients older than 65 years receiving allograft nr.1 vs allograft nr.2.

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