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P227 -Renal Transplantation in the Over 70s – Outcomes at A Single Centre.

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Introduction.

Renal transplantation is increasingly being offered to older patients with end stage renal disease, reflecting global demographic trends and longevity. It is important to evaluate transplant outcomes in older patients, both to maximise the utility of scarce donor organs, and also to inform shared decision making.

Methods.

We performed a retrospective case note review of all patients who received a renal transplant after their 70th birthday between 2000-2017 in our transplant centre. A control group of younger transplant recipients aged 50-70 years, transplanted during the same period, was identified, and demographic and clinical data compared.

Results.

40 patients were transplanted after their 70th birthday, with a median age of 72 years. A control group of 40 patients with a median age of 61 years was identified. The frequency of live vs deceased donation was 31% in both groups. There were no significant demographic differences between study groups. However, the over 70s tended towards longer waiting times [1480 vs 1146 days, $p=0.15$] and were more likely to receive a kidney from an older donor [63 vs 58 yrs, $p=0.16$] with longer cold ischaemic time [13 vs 9 hrs, $p=0.09$].

There were no significant differences in patient and graft survival between the 2 groups although there was a clear trend towards lower 1 and 5 year survival in older patients (Table 1).

There were significantly more infections in the over 70s (Table 2), including CMV [$n=3$], BKV [$n=3$] and EBV [$n=1$]. Re-admissions after 3 months were significantly more frequent in the over 70s. There was a non-significant trend towards less rejection in older patients.

Conclusion.

Our study shows that renal transplantation in the over 70s is safe and successful; however larger studies with longer follow up are required to evaluate the differences observed in patient survival. Increased rates of infection in older patients suggest that immunosuppression should be individualised. This study does not assess the impact of renal transplantation on quality of life, nor compare outcomes with older patients who remain on the transplant waiting list.