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Session Title : Old age in kidney transplantation

Deceased donor kidney transplantation in elderly recipients

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The number of patients with end-stage kidney disease (ESKD) 65 years and older is growing. In Korea, the proportion of elderly patients with ESKD has steadily increased from 36.0% in 2010 to 51.9% in 2019. Assessing the possibility of kidney transplantation for elderly patients often involves contemplating more complex issues, including multiple comorbidities, frailty, cognitive impairment, and poor functional status, which makes selecting appropriate candidates more difficult.

Elderly recipients have decreased patient and transplant survival compared with younger recipients. Despite poorer outcomes compared with younger recipients, elderly recipients have a significant improvement in survival compared with similar patients who remain on the wait list, with decreases in mortality of 41%-61% depending on the study. Use of living donors, even older living donors, provides significantly better outcomes for elderly recipients compared with the use of deceased donors. However, in the absence of a living donor, survival is improved significantly by accepting an expanded criteria donor organ rather than waiting for a standard criteria deceased donor.

Aging results in changes to the immune system (immunosenescence) and affects the pharmacokinetics of immunosuppressants, which may increase the risk of infectious complications and decrease the risk of acute rejections. These immunologic issues, along with the fact that elderly patients often are excluded from transplant trials, have made selecting an ideal immunosuppressive regimen challenging. Prospective trials for optimal immunosuppressive strategies in the elderly patients are warranted.

Given that patients with ESKD are aging, we will need public discourse and focused research to determine which elderly patients with ESKD will benefit most from kidney transplantation.