



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology



Jun 11 (Thu) – 14 (Sun), 2026

COEX, Seoul, Korea

Abstract Type : Oral presentation

Abstract Submission No.: A-0777

Abstract Topic : Transplantation

Clinical Outcomes According to Early Graft Function in Deceased Donor Kidney Transplantation: Multicenter Cohort Study

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Objectives : Early graft function is commonly classified into three categories—immediate graft function (IGF), slow graft function (SGF), and delayed graft function (DGF). Slow graft function (SGF) is defined as failure of attainment of an absolute level of Cr by a given postoperative day (POD), Cr ≥ 2.5 on POD7 or Cr reduction ratio of $<30\%$ between POD1 and POD2. Delayed graft function (DGF) is defined as the need for dialysis during the first week after transplantation. While the detrimental effects of DGF have been well documented, SGF remains a gray zone, and whether it behaves more like IGF or DGF has not been clearly defined. Our study aims to evaluate the clinical long-term outcomes of SGF and DGF compared with IGF using real-world data from three centers.

Methods : It was retrospective cohort analysis. We reviewed 846 deceased-donor transplants performed between 1996 and 2022, all with at least one year of follow-up. Out of total renal transplants 65.6% patients had IGF, 13.24% patients had DGF and 21.16% patients had SGF.

Results : Death censored graft survival at end of 5 year was 93.5% in IGF, 89.1% in SGF ($p=0.036$) and 84.3% in DGF ($p=0.003$). Both SGF and DGF were associated with a significantly increased risk of graft failure compared with IGF. Interestingly, cumulative patient survival at end of 5 year was 95.1% in IGF, 94.6% in SGF ($p=0.939$), and 89.7% in DGF group ($p=0.034$). SGF patients showed almost identical survival to IGF, while DGF again showed significantly poorer outcomes. Acute rejection was most prevalent in the DGF group—31.4%, compared with 20.2% in SGF and 14.3% in IGF—suggesting a stronger immunologic burden in DGF.

Conclusions : SGF appears to represent an intermediate clinical phenotype distinct from both IGF and DGF. These findings underscore the importance of diligent graft monitoring in SGF, even when patient survival appears reassuring.

Figure 1.png



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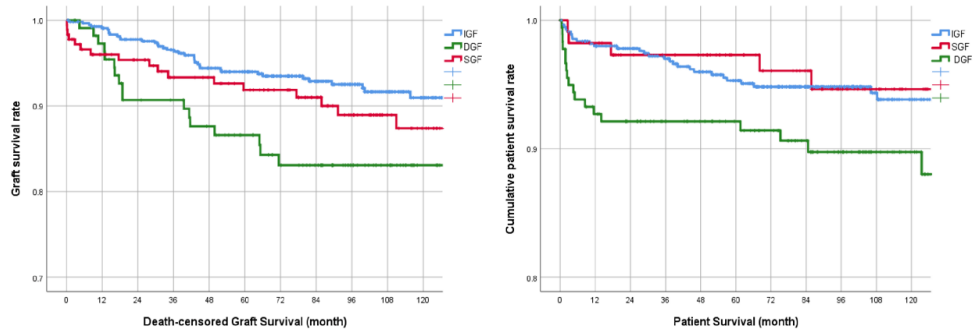


Figure 1.png

Table1. Adjusted hazard ratios (aHR) for death-censored graft loss

Early graft function	aHR	95% CI	P-value
IGF	Ref.		
SGF	1.56	(1.02-2.18)	0.029
DGF	2.20	(1.27-3.81)	0.005

