

mismatches number in the Aza and CsA groups.

In conclusion, matching for the HLA A+B significantly improved kidney graft survival in the Aza group. Matching for the HLA-DR significantly improved kidney graft survival in the CsA group. The best kidney graft survival was observed in the HLA-A+B+DR identical combination treated with Aza (80% at 5 years); while in 0 HLA-A+B mismatched recipients treated with CsA (95% at 5 years).

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The Influence of Age on Renal Allograft Survival

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Contradictory results have been reported concerning the outcome in kidney transplantation in relation to donor and recipient age. We have analyzed the Catholic Medical Center Transplant Registry data to evaluate the effect of donor and recipient age on the outcome of renal transplantation. Data from 578 first kidney transplants performed from March 1969 through March 1991 were included in these analysis.

The tendency to use younger donor has gradually increased in the CsA era. Donor under 30 years of age comprised 26% of the donors in Aza era and rose to 37% in CsA era. There is an increased tendency to transplant patients older than 50. The number rose from 6% in Aza era to 12% in CsA era. Graft survival rates ranged from 63~78% in the Aza group as compared to the CsA group, 88~96% at 1 year for recipients age. Only the older recipient (over 51

years) had a low 63% one year graft survival rate in the Aza group. Donor age had a little effect on graft survival. One-year graft survival rates were uniformly over 86% in transplants with 0, 1~2, 3~4 HLA-A+B and 0, 1 HLA-DR antigen mismatched, regardless of donor and recipient age (except when the donor was 31~40). However, one-year graft survival rates for older donor and recipients (over 51 years) was 63%, 69%, respectively when there were HLA-DR 2 mismatches.

In conclusion, older recipients (over 51 years) had a significantly lower one-year graft survival rate in the Aza group. Also, graft survival rates for older donor and recipient (over 51 years) was significantly lower when there were 2 HLA-DR mismatches.

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Factors Influencing 2-Year Renal Allograft Survival

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The improved 2 year renal transplant survival would lead to one predict better long-term success rates. We have reviewed our recipients of living and cadaveric donor transplants who retained their grafts for greater than 2 years, focusing on the impact of pretransplantation factors on late success. Several potential risk factors on late graft survival were compared between 2-year survivor and non-survivor groups; these variables included age, sex, donor source, diabetics, HBV status, immunosuppressant, and HLA. A total 342 patients underwent primary renal transplants (227 LRD, 106 NRD and 9 CAD) from March 1969 through March 1989.

A total 266 (78%) of 342 primary renal transplants were still functioning at 2 years. Aza for immunosuppression had significantly poorer 2 year graft survival ($p=0.00001$). Age, sex, donor source, diabetics,