# KSN 2016 Abstract Submission

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**Thymoglobulin is associated with a low incidence of acute rejection in low-immunological risk kidney transplant recipients.**

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**Background:** KDIGO recommends that T-cell depleting agents should be used only for kidney transplant recipients at high immunological risk. However, the effects of T-cell depleting agent, thymoglobulin (ATG) induction therapy in low-immunological-risk kidney transplant recipients have not been elucidated.
**Methods:** We retrospectively analyzed low-immunological-risk kidney transplant recipients at Soonchunhyang university hospital, Seoul, between January 2010 and September 2015. Recipients were divided into two groups, ATG and basiliximab group, based on the induction agent. The incidence of acute rejection was compared between the two groups. Low-immunological-risk recipients were defined as those having PRA levels less than 30% at the time of the kidney transplant.
**Results:** Of the 33 low-immunological-risk patients, 15 had received ATG. The incidence of biopsy-proven acute rejection was 0% in the ATG group. The basiliximab group had a significantly higher incidence of acute rejection, 27.8%(n = 5) ($p$ = 0.049, HR = 1.385, 95% CI 1.04 to 1.84). No significant differences in eGFR (CKD-EPI) were observed between the two groups at 6 months after the kidney transplantation.
**Conclusion:** ATG induction in kidney transplant recipients with low-immunological-risk reduced the incidence of biopsy-proven acute rejection more than basiliximab induction.

**Keywords**: Acute rejection, Kidney Transplantation, Thymoglobulin