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**How to reduce disparities in access to kidney transplantation:
For elderly, frail patients**

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As the number of elderly kidney transplantation (KT) patients increases, it becomes more important to assess the status of frailty. At the time of KT evaluation, about 20% of patients are known to have frailty. In particular, since frailty is known as an independent risk factor for hospitalization and mortality after KT, it should be considered as an important condition in making decisions before KT.

However, frailty is a modifiable risk factor, which can be improved through interventions such as rehabilitation and nutritional support, and some patients with frailty may have a survival advantage after KT over waiting-list patients. Therefore, we need to carefully evaluate frailty in the pre-transplant program. In particular, the elderly is less likely to receive KT due to the classification into the frailty group. Therefore, it is important to make efforts to increase their accessibility to KT through objective evaluation.

Although there is still insufficient evidence that evaluation and rehabilitation for frailty improve post-transplant outcomes, frailty should be considered as a patient condition that requires additional support rather than a risk factor to exclude KT, and further studies are needed.