



**Abstract Type : Poster exhibition**

**Abstract Submission No.: A-0461**

**Abstract Topic : Transplantation**

## **Comparison with Steroid Withdrawal versus Steroid Maintenance in ABO Incompatible Kidney Transplantation**

**DongHui Shin**, Jaeseok Kim, Jae Won Yang, Byoung Geun Han, Seung Ok Choi, Jun Young Lee  
Department of Internal Medicine-Nephrology, Wonju Severance Christian Hospital, Korea, Republic of

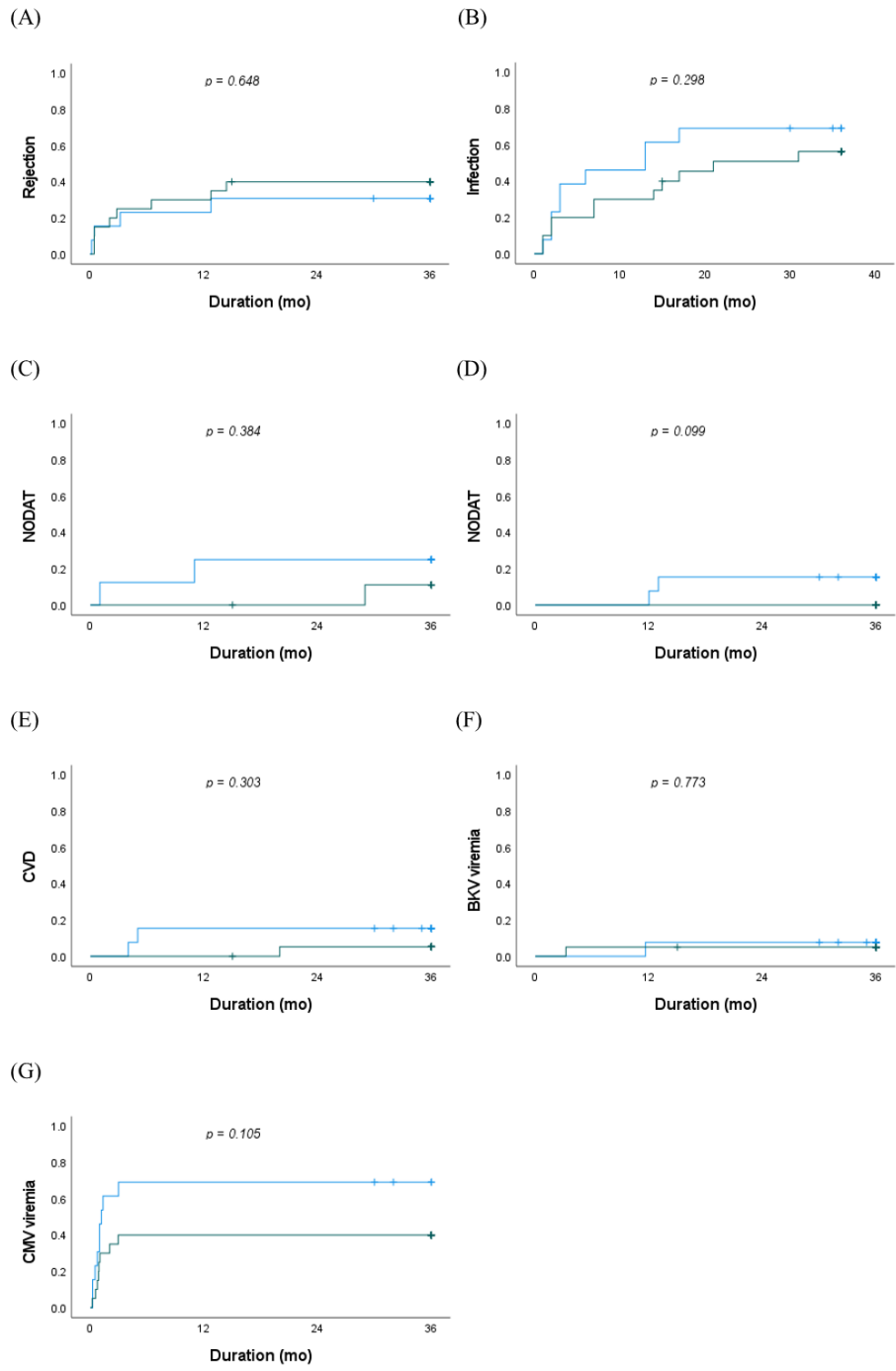
**Objectives :** The incidence of ABO-incompatible (ABO-i) kidney transplantation (KT) is increasing; however, it has been reported to have higher early mortality rates compared to ABO-compatible (ABO-c) KT. This is largely attributed to extensive use of immunosuppressive agents. While efforts to reduce steroid use are common in ABO-c KT, they are less prevalent in ABO-i. Therefore, our study aims to investigate the specific impact of steroid withdrawal on graft survival in ABO-i KT patients.

**Methods :** This retrospective observational study included all patients who underwent ABO-i KT at Wonju Severance Christian Hospital from January 2014 to December 2021, with a total of 33 patients included. The primary outcome was biopsy-proven acute cellular rejection. Secondary outcomes included graft function, infection, new-onset diabetes mellitus after transplantation (NODAT), and delayed graft function.

**Results :** Over an average follow-up period of  $57.0 \pm 23.7$  months, the cumulative probabilities of rejection at 3 years post-transplantation were 30.8% in the steroid maintain group and 40.0% in the steroid withdrawal group, with no significant difference ( $p = 0.648$ , HR 1.113 95% CI 0.315-3.925). (Figure 1A) Steroid withdrawal did not affect the rates infection, NODAT, osteoporosis, CVD and BKV viremia, CMV viremia. (Figure 1) During the follow-up period, eGFR was compared between the steroid maintain group and the steroid withdrawal group. At 1 year, the eGFR was  $65.5 \pm 31.4$  in the steroid maintain group and  $67.2 \pm 14.7$  in the steroid withdrawal group ( $p = 0.829$ ). At 3 years, the eGFR was  $53.2 \pm 25.1$  in the steroid maintain group and  $61.8 \pm 19.7$  in the steroid withdrawal group ( $p = 0.316$ ), showing no statistically significant differences between the two groups. (Figure 2).

**Conclusions :** Compared to steroid maintenance, steroid withdrawal did not affect rejection or graft function due to any cause.

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