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## **Association between pretransplant dialysis modality and long-term graft outcomes**

**Tae Hee Kim<sup>1</sup>**, Il Young Kim<sup>2</sup>, Ho Sik Shin<sup>3</sup>, Seo Rin Kim<sup>2</sup>

<sup>1</sup>Department of Internal Medicine-Nephrology, Inje University Busan Paik Hospital, Korea, Republic of

<sup>2</sup>Department of Internal Medicine-Nephrology, Pusan National University Yangsan Hospital, Korea, Republic of

<sup>3</sup>Department of Internal Medicine-Nephrology, Kosin University Gospel Hospital, Korea, Republic of

### **Objectives:**

Even though previous systemic reviews have shown that peritoneal dialysis (PD) is associated with substantial improvements in patient survival and delayed graft function compared with hemodialysis (HD) treatment as a pretransplant modality, the association between pretransplant dialysis modalities and posttransplant outcomes remains controversial.

**Methods:** We retrospectively collected records from 773 kidney transplant recipients between January 2008 and October 2021 in 2 transplant centers. We excluded recipients under the age of 18, 2<sup>nd</sup> or 3<sup>rd</sup> transplant recipients, and preemptive recipients. The final analysis included 561 kidney transplant recipients. We examined graft survival across pretransplant modality, HD and PD.

### **Results:**

561 kidney transplant recipients were 47.5±11.8 years old and included 42% females and 29% diabetes. 410 recipients underwent HD, and 151 recipients underwent PD before transplantation. The median follow-up duration was 5.7 years (IQR: 3.0, 9.3), 5.5 years (IQR: 2.9, 9.3), and 6.2 years (IQR: 3.5, 9.5) for overall, HD, and PD, respectively. The median dialysis vintage was 4.5 years (IQR: 1.5, 7.4), 4.5 years (IQR: 1.3, 7.6), and 4.4 years (IQR: 2.0, 6.8) for overall, HD, and PD, respectively. 35% of recipients who underwent pretransplant HD and 37% of recipients who underwent pretransplant PD were transplanted from living donors. The overall graft survival between pretransplant HD and PD showed no statistical difference (Log Rank P=0.188) (Figure). However, pretransplant HD seemed to be favorable for graft survival over a long-term follow-up period of over 10 years.

**Conclusions:** Pretransplant modalities during the transition to a kidney transplant are not associated with graft survival. As follow-up duration increases, further studies on graft survival are warranted.

Figure. Overall graft survival