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Pre-sensitized patients and expanding opportunity by desensitization

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HLA-incompatible (HLAi) living donor (LD) kidney transplantation (KT) is one of efforts to increase KT opportunity for sensitized end-stage renal disease (ESRD) patients. Recently, there are conflicting reports for outcomes of HLAi KT compared to patients who wait for HLA-compatible (HLAc) deceased donor kidney transplantation (DDKT) in US and UK. We compared outcomes of HLAi LDKT with those who wait for HLAc DDKT in Korea. One hundred eighty nine patients underwent HLAi LDKT after desensitization between 2006 and 2018 in two centers (42 with a positive complement-dependent cytotoxicity cross-match, 89 with a positive flow cytometric cross-match, and 58 with a positive donor-specific antibody (DSA) with negative cross-match). The distribution of matched variables were comparable between the HLAi LDKT group and the matched control groups (waiting-list-only group; n=930 and waiting-list-or-HLAc-DDKT group; n=930). The HLAi LDKT group showed significantly better patient survival rate compared to the waiting-list-only group ($P < 0.001$) and the waiting-list-or-HLAc-DDKT group ($P < 0.001$). Furthermore, HLAi LDKT group showed significant survival benefit as compared with the matched groups at all strength of DSA. In conclusion, HLAi LDKT could have a survival benefit as compared with patients who were waitlisted for HLAc DDKT or received HLAc DDKT in Korea, suggesting HLAi LDKT as a good option for sensitized ESRD patients in countries with prolonged waiting times for DDKT.