## P1630 IS THERE ALWAYS A SURVIVAL BENEFIT WITH KIDNEY TRANSPLANTATION? RESULTS FROM A BELGIAN COHORT.

Rachel Hellemans[1], Anneke Kramer[2], Johan De Meester[3], Dirk Kuypers[4], Michel Jadoul[5], Wim Van Biesen[6], Alain Le Moine[7], Jean-Marie Krzesinski[8], Karl Martin Wissing[9], Kim Luyckx[1], Marieke Van Meel[10], Erwin De Vries[10], Ineke Tieken[10], Serge Vogelaar[10], Undine Samuel[10], Daniel Abramowicz[1], Vianda Stel[2], Kitty J Jager[2]

*[1]University Hospital Antwerp, Nephrology, Edegem, Belgium, [2]Amsterdam UMC, locatie AMC, ERA-EDTA Registry, Amsterdam, Netherlands, [3]A.Z. Nikolaas, Nephrology, Sint-Niklaas, Belgium, [4]UZ Leuven, Nephrology, Leuven, Belgium, [5]UCLouvain, Nephrology, Ottignies-Louvain-la-Neuve, Belgium, [6]Ghent University Hospital, Nephrology, Gent, Belgium, [7]Université Libre De Bruxelles / Campus Érasme, Nephrology, Anderlecht, Belgium, [8]Chu De Liège, Nephrology, Liège, Belgium, [9]UZ Brussel, Nephrology, Jette, Belgium and [10]Foundation Eurotransplant International Foundation, Leiden, Netherlands*

**Background and Aims:** Older studies have shown a survival benefit with kidney transplantation compared to dialysis, even for patients older than 60 years. However, due to important evolutions such as older recipient age and the use of less-than-optimal quality donors, it is unclear if the survival benefit with transplantation still holds true nowadays.

**Method:** Patient survival was analyzed for 3808 Belgian patients waitlisted for a first deceased donor kidney transplant between 2000 to 2012. Patients were divided into age categories (20-44y, 45-64y, ≥65y). Primary outcome was the comparison of mortality during median waiting time *plus* 3 years follow-up, either after transplantation or when remaining on dialysis. Outcomes were analyzed separately for those receiving a standard criteria donor (SCD) or an expanded criteria donor (ECD) transplant. The survival analyses were adjusted for age, sex and primary renal disease.

**Results:** Among patients ≥ 65 years old, only SCD transplantation provided a significant survival benefit compared to dialysis: mortality was 16.3 % (95 % CI: 13.2–19.9 %) with SCD transplantation, 20.5 % (16.1–24.6 %) with ECD transplantation, and 24.6 % (19.5–29.5 %) when remaining on dialysis. Relative mortality risk was increased in the first months after transplantation compared to dialysis, with equal risk levels being reached earlier for SCD than ECD transplantations in all age groups.

**Conclusion:** This study suggests that older patients have a survival benefit with SCD transplantation versus dialysis, but the survival benefit with ECD transplantation versus dialysis may be small or non-existent.

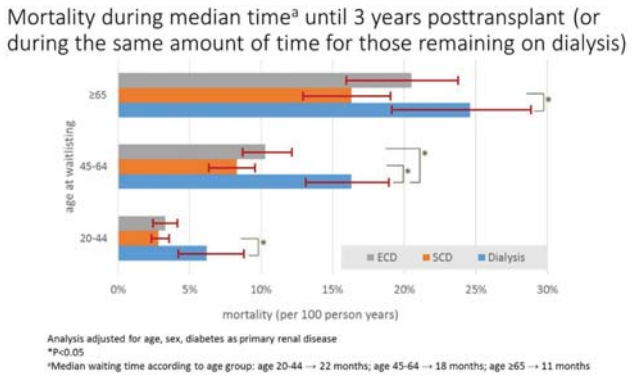


**Figure:**