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Association of Kidney Transplantation with Survival in Patients with Long Dialysis Exposure

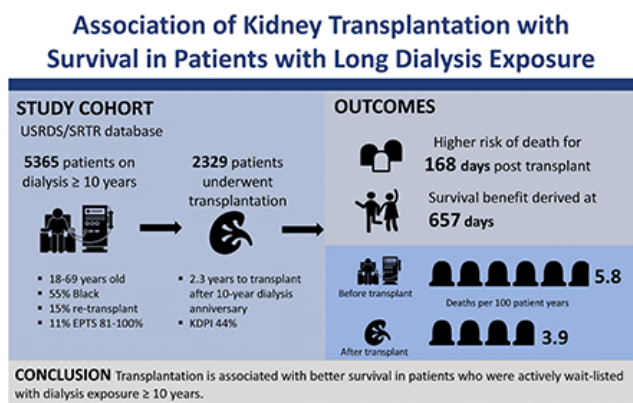
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Visual Overview



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Abstract

Background and objectives Evidence that kidney transplantation is associated with better survival compared to dialysis stems from data in populations with short durations of dialysis exposure. Recent changes in allocation policy increase access to transplantation for patients with longer dialysis exposure. The objective of this study was to determine the association of transplantation with survival in patients with ≥ 10 years of dialysis treatment.

Design, setting, participants, & measurements Our study of $n=5365$ patients in the Scientific Registry of Transplant Recipients determined the adjusted relative risk of death in recipients of a deceased donor kidney transplant after ≥ 10 years of dialysis treatment compared with waitlisted patients with the same dialysis exposure in a time-dependent nonproportional hazards analysis.

Results The adjusted relative risk of death in $n=2320$ transplant recipients compared with patients on dialysis who had equal lengths of follow-up from their 10-year dialysis anniversary was 0.60 (95% confidence interval, 0.53 to 0.68), and this benefit was observed in a variety of patient subgroups, including patients ≥ 65 years of age and patients with diabetes. However, transplant recipients were at higher risk of death for 180 days after transplantation and did not derive survival benefit until 657 days after transplantation, despite receiving good-quality kidneys. The study patients were younger and had higher expected post-transplant survival than patients currently waitlisted with ≥ 10 years of dialysis.

Conclusions Transplantation is associated with better survival in patients who were actively waitlisted with dialysis exposure ≥ 10 years. Whether transplantation is associated with better survival in currently waitlisted patients with similar dialysis exposure and whether transplantation of lower-quality deceased donor

« Previous | Next Article »
Table of Contents

This Article

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