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Post-Renal Transplant Outcome in Kidney Waitlist Candidates with Inactive Status Due to Being Temporarily Too Sick

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## KIDNEY TRANSPLANT OUTCOMES: EXTREME RECIPIENTS

### Abstract# 253

#### **Post-Renal Transplant Outcome in Kidney Waitlist Candidates with Inactive Status Due to Being Temporarily Too Sick.**

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**BACKGROUND:** In 2003, UNOS/OPTN changed policy allowing candidates with 'inactive' (status7) to accrue time on the waitlist. Thus far, there is no study that examines the correlation between the status (active vs.inactive) and subsequent kidney transplant outcome. We conducted a cohort study to assess the impact of being placed on inactive status due to being temporarily too sick (reason7) on subsequent transplant outcome.

**METHODS:** Using UNOS data as of June 2011, we included all adult kidney recipients with an initial listing date after May 2006. The cohort was divided into two groups: kidney recipients who were active at all time, and those who were categorized as inactive due to reason7 at any time point on the waitlist. Kidney recipients with inactive status for reasons other than reason7 were excluded. The cohort was further divided according to whether they received a deceased or living donor kidney transplant. Covariate-adjusted hazard ratios of patient survival were evaluated.

**RESULTS:** Of 14,434 patients who received a deceased donor kidney, 21.09% were inactive at least once due to reason7. Out of 11,319 living donor kidney recipients, 10.37% were inactive due to reason7. Proportionally more reason7 patients receiving either deceased or living donor kidneys were older, male, had diabetes, malignancy, higher BMI, poorer functional status, and longer dialysis duration. At 4 years post-transplant, those with reason7 had lower survival (73.73% vs.83.83% [P<0.001] for deceased and 89.32% vs.92.26% [P=0.02] for living donor kidney transplant). After controlling for age, functional status, comorbidity, and dialysis time, having inactive status due to reason7 was not an independent risk factor for patient survival (HR 1.16;95% CI 0.97-1.38 [P=0.10] for deceased & HR 1.16; 95% CI 0.81-1.65 [P=0.42] for living donor kidney transplant).

**CONCLUSION:** Patients with reason7 had a lower unadjusted post-transplant patient survival compared to patients who remained active at all time. However, after adjusting for confounding factors, there was no significant difference in terms of patient outcome between these two groups.

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Oral Sessions  
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