# **Long-Term Outcome of Kidney Donation in Older Donors**

Shih-Yi Lin<sup>1</sup>, Cheng-Li Lin<sup>2</sup>, Chih-Hsueh Lin<sup>3</sup>, Cheng-Chieh Lin<sup>4</sup>

### **Background:**

- Living kidney donation is generally considered to be safe for donors.
- Recent years, kidney supply from deceased donors older than 50 years of age has increased markedly. However, most of previous studies focused on outcome of young kidney donors.
- This study investigated effects of age on the risks of health disorders developed in elderly kidney donors after donation.

### **Method:**

- From January 1997 to December 2011, living Taiwan citizens who donated kidney were enrolled.
- Prospective population based cohort study by linkage nationwide health insurance database.
- Multiple variable Cox regression model addressed newly diagnosed hypertension, diabetes, acute renal failure, end stage renal disease, cardiovascular events and cancer after living kidney donation.

#### **Results:**

- •From January 1997 to December 2011, 1069 living kidney donors were enrolled and classified by age:  $\leq$ 34 years (n=404), 35-44 years (n=253), 45-54 years (n=285), >55 years (N=127). (**Table 1**)
- •The incidence rate of hypertension, diabetes, cancer, acute renal failure, end stage renal disease, stroke, and coronary artery disease were 4.35, 13.3, 6.46, 4.26, 2.13, 4.14, and 2.14 per 1,000 person-years, respectively. The overall incidence rate of renal events, cancer, and cardiovascular events are higher in cohort of kidney donor with age >55 years compared with those age younger than 55 years-old.

Table 1. Comparison of demographic status and comorbidities among kidney donors at baseline

≤34 years (N=404)		35-44 years (N=253)			•	>55 years (N=127)		<i>p</i> -value
n	%	n	%	n	0/0	n	0/0	
25.6	6.3	40.2	2.79	49.7	2.95	59.9	4.37	< 0.001
								0.03
187	46.3	142	56.1	158	55.1	61	48.8	
217	53.6	111	43.9	127	44.6	64	51.2	
	(N=40) n 25.6	(N=404) n % 25.6 6.3 187 46.3	(N=404) (N= n % n 25.6 6.3 40.2 187 46.3 142	(N=404)       (N=253)         n       %       n       %         25.6       6.3       40.2       2.79         187       46.3       142       56.1	(N=404) (N=253)  n % n % n  25.6 6.3 40.2 2.79 49.7  187 46.3 142 56.1 158	(N=404)       (N=253)       (N=285)         n       %       n       %         25.6       6.3       40.2       2.79       49.7       2.95         187       46.3       142       56.1       158       55.1	(N=404)       (N=253)       (N=285)       (N=285)         n       %       n       %       n         25.6       6.3       40.2       2.79       49.7       2.95       59.9         187       46.3       142       56.1       158       55.1       61	(N=404)       (N=253)       (N=285)       (N=127)         n       %       n       %       n       %         25.6       6.3       40.2       2.79       49.7       2.95       59.9       4.37         187       46.3       142       56.1       158       55.1       61       48.8

Chi-square test; 't-test; SD= standard deviation;

Table 2. Incidence of diabetes, hypertension, renal and CV events diagnosed among donors classified by age of  $\leq$ 34 years, 35-44 years, 45-54 years, and  $\geq$ 55 years.

age of _s t jears, is s t jears, and zes jears.											
	≤34 y (N=4		•		vears		>55 years (N=127)		≤35-44 years to >34 years	45-54 years to >34 years	
Variables	Event	IR	Event	IR	Event	IR	Event	IR		Adjusted HR* (95% CI)	
Diabetes	0	0	9	8.89	12	9.9	6	13.3	-	-	_
Hypertension	1	0.88	2	1.92	12	9.75	2	4.35	2.12 (0.19, 23.5)	12.2 (1.57, 94.7)*	4.59(0.41, 51.4)
CAD	1	0.88	1	0.95	0	0	2	4.34	-	-	-
Stroke	1	0.88	0	0	3	2.42	1	2.15	-	-	4.79(0.41, 56.4)
CKD	0	0	0	0	0	0	1	2.13	-	-	_
ESRD	0	0	0	0	0	0	1	2.13	-	-	
ARF	0	0	1	0.95	0	0	2	4.26	To trans	-	_
Cancer	1	0.88	2	1.89	4	3.21	3	6.46	2.29 (0.21, 25.4)	3.81 (0.42, 34.3)	7.60(0.77, 74.6)

CI=confidence interval; HR= hazard ratio by multiple analysis including sex; IR= incidence rate; PY= per 1,000 person-years; \*p<0.01, \*\*p<0.001 Rate: case events/ per1000 person years

## **Conclusion:**

- The long term outcome of living elderly kidney donors is not as good as young kidney donors.
- Clinicians should keep alert and close follow up for renal, metabolic, and cardiovascular disorders in elderly kidney donors.

<sup>&</sup>lt;sup>1</sup> Division of Nephrology and Kidney Institute, China Medical University Hospital; School of Medicine, College of Medicine, China Medical University, Taichung, Taiwan.email address:sylin@mail.cmu.edu.tw

<sup>&</sup>lt;sup>2</sup> Management Office for Health Data, China Medical University Hospital.orangechengli@gmail.com

<sup>&</sup>lt;sup>3</sup> School of Medicine, College of Medicine, China Medical University; Department of Family Medicine, China Medical University Hospital, Taichung, Taiwan; email address:D5496@mail.cmuh.org.tw

<sup>&</sup>lt;sup>4</sup> School of Medicine, College of Medicine, China Medical University; Department of Family Medicine, China Medical University Hospital; Department of Healthcare Administration, College of Medical and Health Science, Asia University, Taichung, Taiwan; email address:cclin@mail.cmuh.org.tw