Comparison of renal volumetry and histological features between standard and marginal donors

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30th International Congress of The Transplantation Society (TTS 2024)

COI Disclosure Information

Shunta Hori

I(We) have no COI with regard to our presentation.

Introduction

- ✓ Recently, the Japanese Dialysis Committee stated that out of 233,501 patients on dialysis, 110 (0.05%) were LKDs, and the mean interval from DN to dialysis initiation was 249 months.
- ✓ This statement came as a big shock to Japanese transplant physicians and surgeons, and served as a reminder of the importance of evaluation and follow-up assessments of LKDs.
- ✓ Despite the criteria for SDs and MDs defined in the Japanese guidelines for LKDs, screening and prognostic tools for these groups of donors remain a topic of debate.

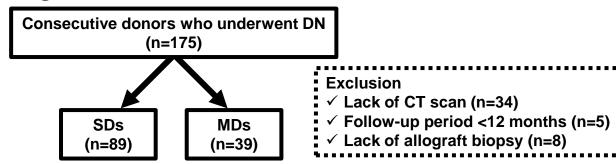
Objective

✓ The present study aimed to reveal differences in the CTV features and histological findings between SDs and MDs, and to investigate the association between these objective parameters and prognosis in LKDs and LKRs.

Study design

- ✓ Single-center retrospective observational study
- ✓ CTV were analyzed using the Volume Analyzer SYNAPSE VINCENT image analysis
- ✓ One-hour allograft biopsy were evaluated
- ✓ LKDs were classified into SDs and MDs according to Japanese guidelines

- Nara Medical University IRB project ID code: 3176
- ✓ The primary outcome was the difference in parameters calculated using the CTV and histological findings between the SDs and MDs
- ✓ Multivariate binary logistic regression analysis was performed and survival curves were compared using the log-rank test



| Variables - | | Cate | <i>P</i> value | |
|--|--------------|--------------------|--------------------|----------|
| | | SD (n=89) | MD (n=39) | P value |
| Age (years) | Median (IQR) | 56 (49 - 63) | 64 (56 - 68) | 0.0012 † |
| Sex | Male | 34 (38.2%) | 19 (48.7%) | 0.33 ‡ |
| | Female | 55 (61.8%) | 20 (51.3%) | |
| Body mass index (kg/m²) | Median (IQR) | 23.0 (20.8 - 24.9) | 23.4 (21.7 - 26.3) | 0.14 † |
| Body surface area (m ²) | Median (IQR) | 1.63 (1.49 - 1.72) | 1.66 (1.55 - 1.77) | 0.26 † |
| Follow-up period (months) | Median (IQR) | 73 (34 - 108) | 68 (25 - 109) | 0.47 † |
| Preoperative eGFR (mL/min/1.73m ²) | Median (IQR) | 80.7 (72.1 - 89.3) | 72.2 (66.2 - 86.0) | 0.031 † |

Results: Features of CTV

| Variables - | | Cate | Dyelue | |
|---------------|--------------|-----------------------|-----------------------|---------|
| | | SD (n=89) | MD (n=39) | P value |
| Total mGFR | Median (IQR) | 92.8 (81.0 - 105.5) | 86.8 (74.4 - 97.5) | 0.14 † |
| | ≥80 | 67 (75.3%) | 24 (61.5%) | 0.14 ‡ |
| | <80 | 22 (24.7%) | 15 (38.5%) | |
| Donated mGFR | Median (IQR) | 47.4 (40.0 - 54.1) | 42.7 (37.2 - 49.2) | 0.075 † |
| | ≥40 | 67 (75.3%) | 24 (61.5%) | 0.14 ‡ |
| | <40 | 22 (24.7%) | 15 (38.5%) | |
| Residual mGFR | Median (IQR) | 46.8 (40.3 - 52.8) | 43.8 (37.7 - 49.3) | 0.23 † |
| | ≥40 | 67 (75.3%) | 25 (64.1%) | 0.21 ‡ |
| | <40 | 22 (24.7%) | 14 (35.9%) | |
| TKV/BSA | Median (IQR) | 180.5 (167.2 - 193.7) | 178.6 (167.2 - 202.1) | 0.84 † |
| | ≥170 | 62 (69.7%) | 28 (71.8%) | 1.00 ‡ |
| | <170 | 27 (30.3%) | 11 (28.2%) | |
| DKV/BSA | Median (IQR) | 90.9 (82.4 - 97.7) | 92.9 (84.7 - 98.4) | 0.57 † |
| | ≥85 | 60 (67.4%) | 28 (71.8%) | 0.68 ‡ |
| | <85 | 29 (32.6%) | 11 (28.2%) | |
| RKV/BSA | Median (IQR) | 88.9 (82.7 - 97.3) | 88.6 (81.5 - 101.7) | 0.87 † |
| | ≥85 | 59 (66.3%) | 24 (61.5%) | 0.69 ‡ |
| | <85 | 30 (33.7%) | 15 (38.5%) | |

| Results: |
|--------------------|
| Exploration |
| of predictive |
| factors for |
| RRF in all |
| LKDs |

| | | | eGFR <45 | | | |
|--|-----------------|-----|-----------------------|-------------|---------|--|
| | Variables | | Multivariate analysis | | | |
| | | | OR | 95%CI | P value | |
| | Age | ≤60 | 1 | | | |
| | | >60 | 2.56 | 1.06 - 6.16 | 0.036 | |
| | ВМІ | ≤25 | 1 | | | |
| | | >25 | 2.99 | 1.11 - 8.05 | 0.031 | |
| | Residual KV/BSA | ≥85 | 1 | | | |
| | | <85 | 4.11 | 1.70 - 9.96 | 0.002 | |
| | Marginal donor | No | 1 | | | |
| | | Yes | 0.95 | 0.28 - 3.23 | 0.93 | |

Results: Features of histological findings

| Variables - | | Category | | Dyelue | |
|--|-----|------------|------------|---------|--|
| | | SD (n=89) | MD (n=39) | P value | |
| Glomerulus | | | | | |
| thrombus/glomerular capillary congestion | No | 88 (98.9%) | 39 (100%) | 1.00 ‡ | |
| | Yes | 1 (1.1%) | 0 (0%) | | |
| sclerosis | No | 65 (73.0%) | 27 (69.2%) | 0.67 ‡ | |
| | Yes | 24 (27.0%) | 12 (30.8%) | | |
| microvascular inflammation | No | 80 (89.9%) | 36 (92.3%) | 1.00 ‡ | |
| | Yes | 9 (10.1%) | 3 (7.7%) | | |
| Vessel | | | | | |
| arteriolar hyalinosis/necrosis | No | 81 (91.0%) | 36 (92.3%) | 1.00 ‡ | |
| | Yes | 8 (9.0%) | 3 (7.7%) | | |
| arteriosclerosis | No | 61 (68.5%) | 28 (71.8%) | 0.83 ‡ | |
| | Yes | 28 (31.5%) | 11 (28.2%) | | |
| Tubulointerstitium | | | | | |
| calcification/lithiasis | No | 89 (100%) | 38 (97.4%) | 0.30 ‡ | |
| | Yes | 0 (0%) | 1 (2.6%) | | |
| interstitial inflammation | No | 80 (89.9%) | 29 (74.4%) | 0.031 ‡ | |
| | Yes | 9 (10.1%) | 10 (25.6%) | | |
| interstitial fibrosis tubular atrophy | No | 78 (87.6%) | 28 (71.8%) | 0.041 ‡ | |
| | Yes | 11 (12.4%) | 11 (28.2%) | | |

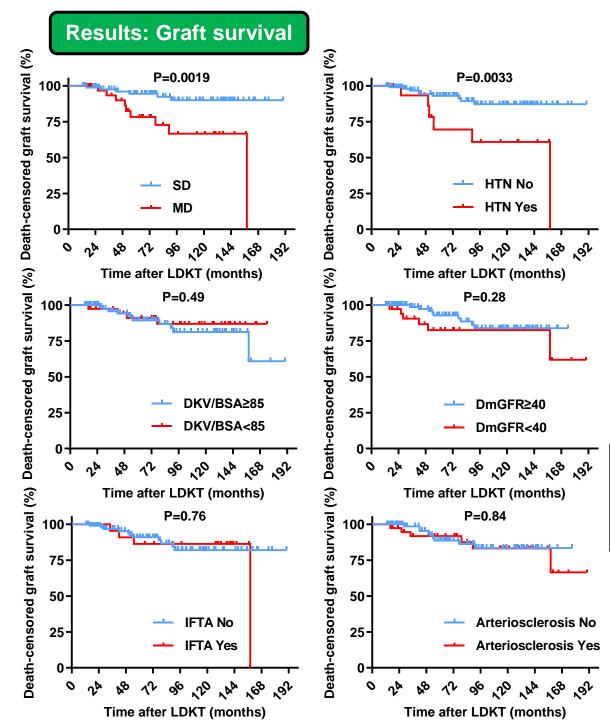
Results: Exploration of predictive factors for RRF in MDs

| | | eGFR <45 | | | |
|----------------------|-----|---------------------|--------------|---------|--|
| Variables | | Univariate analysis | | | |
| | | OR | 95%CI | P value | |
| Diabetes mellitus | No | 1 | | | |
| | Yes | 2.29 | 1.36 - 3.55 | 0.0096 | |
| Residual kidney mGFR | ≥40 | 1 | | | |
| | <40 | 19.00 | 3.15 - 94.32 | 0.0005 | |
| Residual KV/BSA | ≥85 | 1 | | | |
| | <85 | 7.00 | 1.71 - 23.99 | 0.0096 | |
| Arteriosclerosis | No | 1 | | | |

Yes

4.80

1.03 - 22.29 0.045



Conclusions As described in guideline, age, BMI, and HTN are definitely important considering marginal donors, whereas RKV/BSA and **RmGFR** are also informative to determine eligibility as marginal donors **Determining eligibility** for marginal donors Association of donor factors with recipient graft survival Marginal donors who should be followed **Donated kidney procured** carefully from marginal donors, especially with HTN, should be followed carefully in terms of both graft and patient survival

There is no room for debate that long-term follow-

advanced age, small RKV/BSA, or arteriosclerosis.

up is important in all donors. Particularly,

personalized follow-up should be provided to

improve prognosis for marginal donors with

CTV and pathological findings can be used to establish clearer marginal donor criteria and select donors that require attention during follow-up