

Letter and Reply

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Renal transplantation in the elderly

Sir,

We have read with great interest the manuscript of Stevens *et al.* [1], concerning deceased donor transplantation in the elderly in the UK. It has been clear that kidney transplantation offers improved survival and quality of life as compared to dialysis for patients without contraindications for immunosuppressive therapy. The same is true for elderly patients with end-stage renal disease (ESRD) [2]. However, the increase in number of potential renal transplant recipients is not followed by an appropriate increase in the number of donors, thus creating a great disparity between needs and possibilities for renal transplantation. One of the strategies to increase the pool of donors is the use of organs from older donors. Donors >65 years belong to the group of ‘extended criteria donors’. Kidneys from extended criteria donors are not likely to provide adequate function as long as kidneys from standard criteria donors [3]. Thus, kidneys from donors >65 years are not suitable for all young recipients (probably only for those >55 years and young diabetic patients in countries with long waiting time). Stevens *et al.* demonstrated the very unfavourable situation for elderly patients, which, we agree, may create false hope in this group of patients. However, in order to completely understand the current status of renal transplantation in elderly patients in the UK, it is necessary to provide information about donor characteristics. It remains unclear what the criteria are for allocation of kidneys from elderly donors.

In contrast with this group, we have had a completely different experience with deceased donor transplantation in patients aged >65 years. Croatia joined Eurotransplant in 2007, but we introduced our own model of ‘senior’ programme in 2004. This programme was based on the allocation of kidneys from donors >65 years to recipients of the same age. Contrary to Eurotransplant allocation policy, we included human leucocyte antigen matching in the allocation scheme. Twenty-two elderly patients received an allograft from donors who were >65 years old. One-year patient survival was 95.4%, and 1-year graft survival was 81.8% [4]. Patients underwent an extensive pre-transplant evaluation to exclude potential contraindications for immunosuppressive therapy.

Use of organs from elderly donors for transplantation in elderly recipients provides probably the best option for elderly recipients. In our centre, which is the largest transplant centre in Croatia, we currently have no active elderly patient on the waiting list, and the average waiting time of an elderly patient after inclusion to the waiting list is 1–2 months. However, the access to transplantation in elderly patients, according to our experience, is limited by extensive evaluation which is necessary to exclude contraindications for transplantations and their fear of complications.

Promotion of organ donation in the elderly population, as well as promotion of renal transplantation among patients >65 years, may improve results of treatment in the largest group of patients with ESRD, improving their survival, quality of life and providing financial benefit for society.

Conflict of interest statement. None declared.

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