腎臓作業班 参考資料4

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## 透析期間と献腎移植の成績

## 参考文献

生体腎および献腎移植の成績におよぼす透析期間の検討(原著論文)

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透析期間と献腎移植生着率に差はないが、生存率では透析15年以上と5年未満では p=0.025と有意差がある。

レシピエントの年齢では10歳あたり、生着率は差はないものの、生存率はp<0.0001と低下する。

## 生体腎および献腎移植の成績におよぼす透析期間の検討

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Effect of duration of dialysis therapy on the outcome of living-and cadaveric renal transplantation: a report by the Japan Renal Transplant Registry

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#### [Summary]

The period of dialysis therapy before renal transplantation (RT), including preemptive RT without performing dialysis therapy, is the important issue when considering an introduction of preemptive RT as well as a policy of indication of recipients with long-term hemodialysis therapy. Using data from the Japan Renal Transplant Registry from 1983 to 2007, we studied 15,020 cases of primary, living and cadaveric, renal transplant recipients aged more than 20 years. A total of 12,156 of these cases that had valid information of a dialysis period were retrospectively analyzed to determine the correlation between the outcome of RT and the period of pretransplant dialysis. The current immunosuppressive induction therapy and better management of dialysis patients were realized to classify into two periods of cases, from 1983 to 1999 and 2000 to 2007. The data of current cases from 2000 to 2007 in both living and cadaveric cases showed a better 5-year patient survival rate. The living cases with long-term periods of hemodialysis of more than 10 years and also the cadaveric cases with periods of more than 15 years showed worse outcomes of patient survival. With respect to the effects of a dialysis period on renal graft survival, only living cases with a shorter period of dialysis exhibited a better outcome. In those of preemptive living RT done in the 2000-2007 period, one-year patients and graft survivals showed better results. However, there was no significant difference between the outcome of preemptive RT and that of RT done less than a five-year period of dialysis therapy. Remarkably, however, it was noticed that the preemptive cases of any age group, ranging from the twenties to more than the sixties, had deaths resulting from infections, which in the latter age-group infection was the leading cause of death in the current period of 2000-2007. In conclusion, it was suggested that preemptive RT might have a beneficial effect on both patient and graft survival in any age group, avoiding fatal complications of infection.

Keywords: preemptive renal transplantation, long-term outcome of renal transplantation, immunosuppression, Japan Renal Transplant Registry

## 献腎移植の透析期間と生存率と生着率

## 2000~2007年

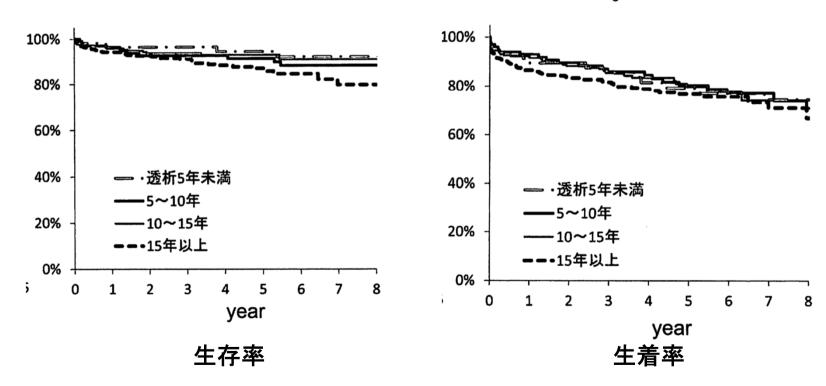
	N	1-year	5-year
透析5年未満	58	96.4%	94.3%
5~10年	102	96.0%	91.3%
10~15年	225	96.4%	92.9%
15年以上	440	94.3%	86.9%

log-rank test for trend P=0.040

2000~2007年

	N	1-year	5-year
透析5年未満	58	91.3%	79.3%
5~10年	99	92.9%	80.3%
10~15年	217	92.2%	79.8%
15年以上	431	86.5%	76.8%

log-rank test for trend P=0.200



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# 透析期間と献腎移植成績

要因	ハザード比	95% 信頼区間 (下限,上限)		p值
レシピエント性別(男/女)	1.458	1.210	1.756	<.0001
レシビエント年齢 (10 歳当たり)	1.445	1.310	1.594	<.0001
ドナー年齢 (10歳当たり)	1.067	1.012	1.126	0.016
透析 5~10 年/透析 5 年未満	1.221	0.995	1.497	0.056
透析 10~15 年/透析 5 年未満	1.061	0.821	1.373	0.650
透析 15 年以上/透析 5 年未満	1.406	1.044	1.892	0.025
移植年 2000 年以降/以前	0.415	0.308	0.560	<.0001

生着率 (献腎)				
要因	ハザード比	95% 信頼区間 (下限,上限)		p値
レシピエント性別(男/女)	1.368	1.206	1.551	<.0001
レシビエント年齢 (10 歳当たり)	1.003	0.938	1.074	0.925
ドナー年齢 (10 歳当たり)	1.155	1.112	1.200	<.0001
透析 5~10 年/透析 5 年未満	1.030	0.894	1.186	0.683
透析 10~15 年/透析 5 年未満	0.900	0.750	1.080	0.259
透析 15 年以上/透析 5 年未満	1.125	0.910	1.392	0.277
移植年 2000 年以降/以前	0.559	0.455	0.688	<.000

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