**Methods:** In this nation-wide retrospective cohort study survival was investigated using a multi-state model with Cox regression analysis in elderly patients waitlisted and transplanted between 2000 and 2019 in the Netherlands.

**Results:** 4138 patients were included in this study (65.5% male, age 68 [65-71]), with 1374 (33.2%) remaining waitlisted. Out of the 2762 (66.7%) patients who received a kidney transplant, 1095 (39.6%) had a LDK, 672 (24.3%) a YDK and 997 (36.1%) an ODK. Median patient survival from start of RRT in was significantly lower in patients remaining waitlisted (4.51 years) compared to those who received a transplant (9.54 years, p<0.001). Waiting time on dialysis was significantly longer for YDK [2.5 years (1.4-3.8)] and ODK [2.6 (1.7-3.7)] compared to LDK [0.0 (0.0-1.4)] recipients. 5 year survival from start of RRT did not differ significantly between donor types (82.4%), but median survival from start of RRT was significantly lower in ODK (8.88 years, p<0.001) patients compared to the LDK (10.06 years) and YDK (10.28 years) recipients. After correction for potential confounders, survival still did not differ significantly between LDK (Ref.) and YDK [HR 1.19 (0.99-1.44), p=0.081] recipients, but was lower in ODK [HR 1.67 (1.39-1.99)] recipients.

**Conclusions:** For elderly recipients starting RRT, there was a limited survival difference between donor categories, with slightly lower survival for ODK recipients. Additionally, deceased donor kidney recipients have a longer waiting time, which carries a significantly increased risk of mortality. However, ultimately, all donor types had satisfactory survival, with any type of transplantation having a clear survival benefit over dialysis.

**Funding:** Government Support - Non-U.S.

**SA-PO828**

**Effect of Pretransplant Dialysis Vintage on Clinical Outcomes in Deceased Donor Kidney Transplant**

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**Background:** The shortage of donor organs and the increase of waiting lists increase the waiting time for deceased donor kidney transplants (DDKT). We evaluated DDKT prognosis according to the pretransplant dialysis vintage.

**Methods:** A total of 4,117 first-time kidney transplant recipients were enrolled from a prospective nationwide cohort. DDKT recipients were divided into tertiles according to pretransplant dialysis duration. Graft failure, mortality, and composite were compared between DDKT and living donor kidney transplant (LDKT) recipients.

**Results:** Pretransplant dialysis vintage was longer annually in DDKT recipients. In the subdistribution of the hazard model for the competing risk (set as patient death), the first tertile did not show an increased risk of graft failure compared with LDKT recipients; however, the second and third tertile groups had an increased risk of graft failure compared to LDKT recipients (adjusted hazard ratio [aHR], 3.59; 95% confidence interval [CI], 1.69–7.63; P < 0.001; aHR, 2.37; 95% CI, 1.06–5.33; P = 0.037). All DDKT groups showed a significantly higher risk of patient death than LDKT, with the highest risk in the third tertile group (aHR, 11.12; 95% CI, 4.94–25.0; P < 0.001). The risk of the composite of mortality and graft loss significantly increased in tertile order compared with LDKT recipients (all P < 0.05).

**Conclusions:** A longer pretransplant dialysis period was associated with a higher risk of the composite of patient death and graft failure in DDKT recipients. DDKT after a short period of dialysis had non-inferior results on graft survival compared with LDKT.

**Funding:** Government Support - Non-U.S.