

# The impact of age at transfer from pediatric to adult-oriented care on renal allograft survival

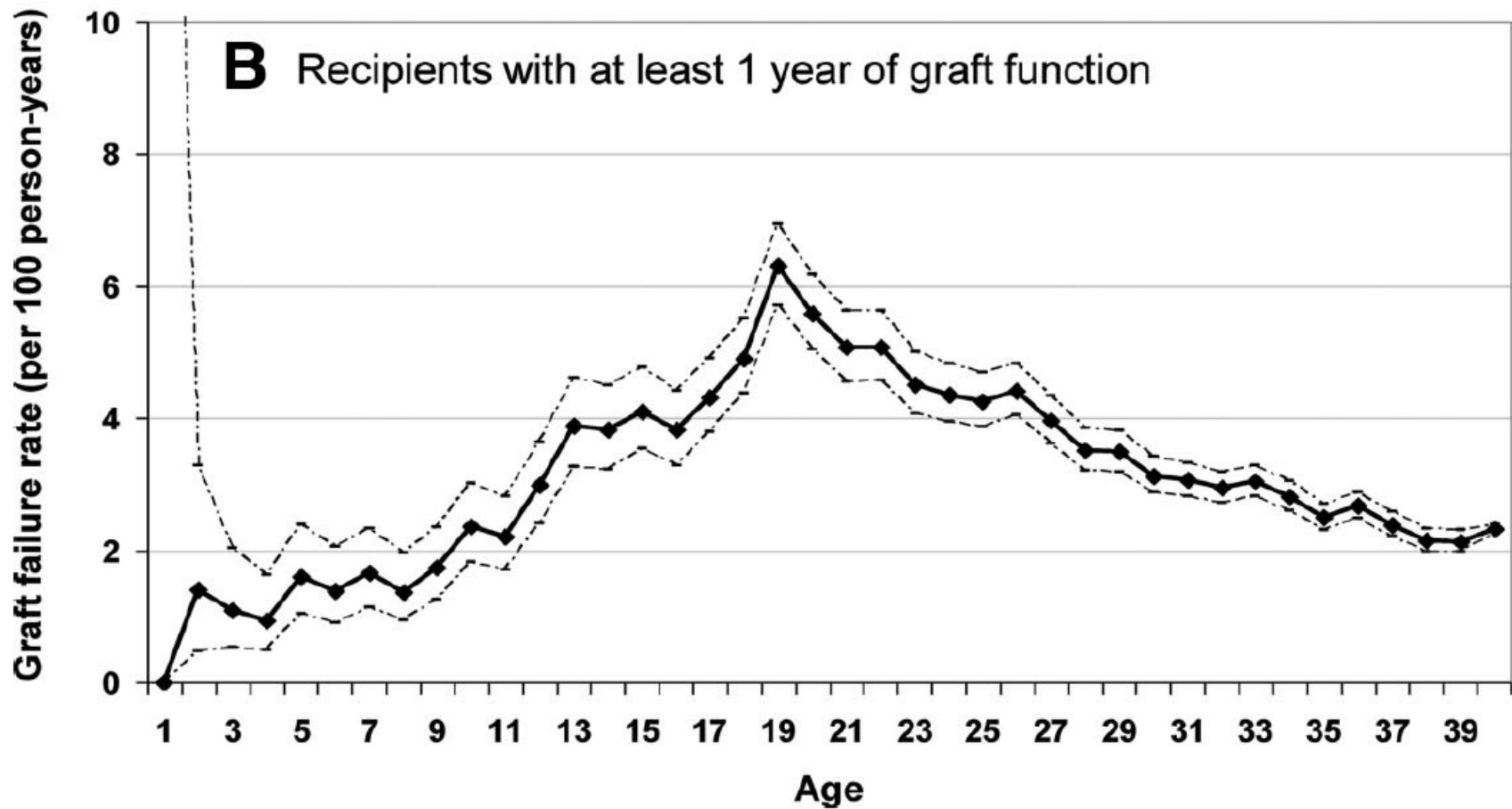
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Immaturity among individuals transferred from pediatric to adult-oriented care at a young age may leave them vulnerable to higher graft failure risks than in individuals transferred older.

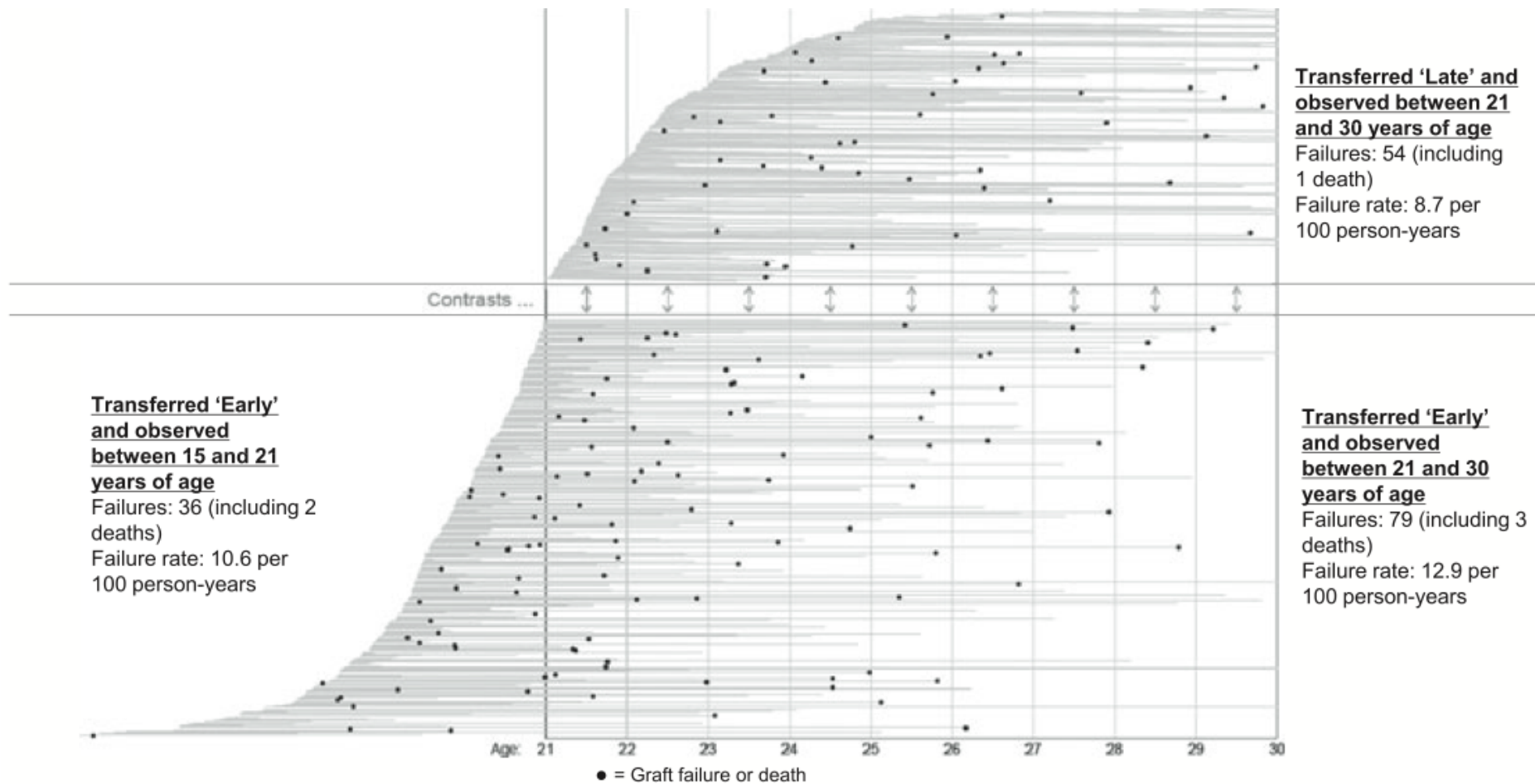
We sought to determine the impact of age at transfer on renal allograft failure rates. We evaluated graft failure rates among 440 kidney recipients recorded in the UNOS database (1987–2007), who had been transferred from pediatric to adult care.

Failure rates for those transferred early (<21 yr old) were compared with rates for those transferred late (≥21 yr old); time-dependent Cox models were used to estimate the additional risk of graft failure associated with early vs. late transfer.

The age-standardized failure rate was 12.9 per 100 person-years among those transferred early, and 8.7 per 100 person-years among those transferred late.

Compared with individuals the same age who had transferred late, graft failure rates were 58% higher ([95% confidence interval: 7%, 134%],  $p = 0.02$ ) among those who had transferred early.

Younger age at transfer to adult care is associated with higher graft failure rates. Transfer to adult-oriented care at <21 yr of age should be undertaken with caution.



*Fig. 2.* Each horizontal line represents the experience of a single patient. Patients entered the cohort at transfer to adult-oriented care. The x-axis shows patient age at observation (the timescale for the Cox models). Early and late transfer groups were contrasted in the interval between 21 and 30 yr (double-headed arrows). There were 110 patients who were transferred early, but either failed or ended observation in the interval between 15 and 21 yr of age, so were not included in the above contrast, and do not contribute to the HR.