



Re: The Impact of Donor Body Mass Index on Outcomes After Deceased Kidney Transplantation-a National Population-Cohort Study

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EDITORIAL COMMENT

The negative relationship between organ supply and demand has caused an increase in the acceptance of previously declined organs for transplantation including kidneys from obese donors. There are no clear guideline recommendations regarding acceptable body mass index (BMI) limits for kidney transplantation. As a result, there is wide variability in practice and heterogeneous acceptance criteria for deceased donor BMI across transplantation centers. In this population cohort study, the authors have evaluated the impact of donor BMI on a range of deceased donor kidney transplant outcomes by using UK Transplant Registry for all deceased donor kidney transplant recipients (n=17590) between January 2003 and January 2015. Donor BMI was found to be an independent risk factor for delayed graft function in recipients of kidneys from overweight [odds ratio (OR): 1.12, 95% confidence interval (CI): 1.00-1.23, p=0.022], obese (OR: 1.23, 95% CI: 1.08-1.39, p<0.001) and morbidly obese (OR: 1.38, 95% CI: 1.16-1.63, p<0.001) donors, when compared to normal donor BMI group. However, donor BMI did not appear to influence long-term graft survival or patient survival. Furthermore, donor BMI does not appear to be associated with a deleterious increase in either warm ischaemia time or functional warm ischaemia time. In the light of this information, in the context of increasing BMI in the deceased donor pool, acceptance of those kidneys from higher BMI donors should not be avoided.

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