ASU FC
Azienda sanitaria universitaria Friuli Centrale
REGIONE AUTONOMA FRIULI VENEZIA GIULIA

TRENT'ANNI DI TRAPIANTO RENALE A UDINE E IN FRIULI VENEZIA GIULIA

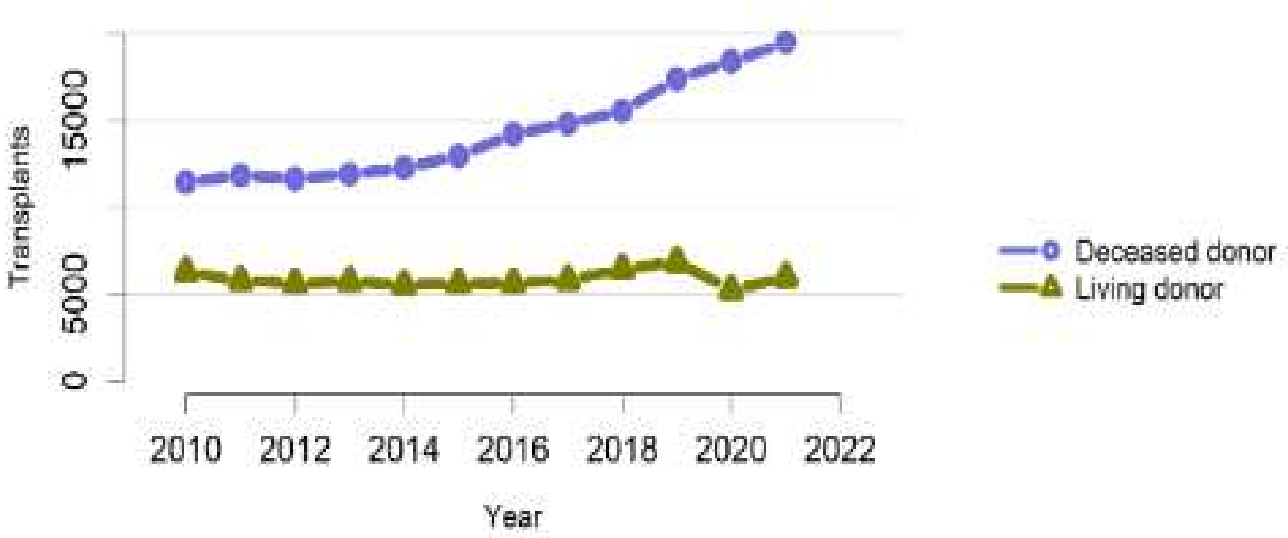
Udine, 30 giugno 2023
8:30 - 18:00

Aula Perraro - 4° piano, padiglione d'ingresso
Presidio Ospedaliero Universitario "S. Maria della Misericordia"

Il trapianto renale da donatore vivente: una grande opportunità per il paziente, per il nefrologo e per una comunità da sempre generosa e disponibile verso chi soffre

Dr.Patrizia Tulissi-
SOC NEFROLOGIA DIALISI E TRAPIANTO S.MARIA DELLA MISERICORDIA
UDINE

Figure KI 65: Total kidney transplants by donor type



Trends in kidney transplantation rate across Europe: Study from the ERA Registry

Background

Kidney transplantation (KT) results in better patient survival and quality of life at lower costs compared with dialysis. High KT rates are therefore important. This study aimed to give an overview of trends in KT rates across Europe. Its results may guide the medical community and policymakers where to focus strategies to further increase KT rates.

Methods

Data from 40 countries:

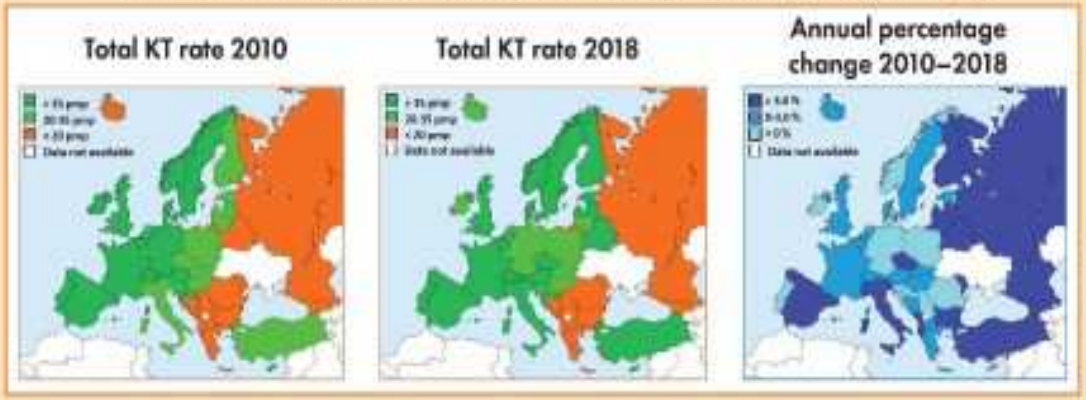
- Number of KTs, from
  - ERA Registry
  - GODT
- Number of inhabitants, from
  - Eurostat
  - National Bureaus of Statistics

Trend analyses between 2010 and 2018

- KT rate per million population
- Annual percentage change

Results

Total KT rate: 2010: 29.6 pmp → 2018: 34.7 pmp; Annual increase: 1.9%



Deceased donor KT rate
2010: 21.6 pmp → 2018: 25.0 pmp
Annual increase: 1.9%

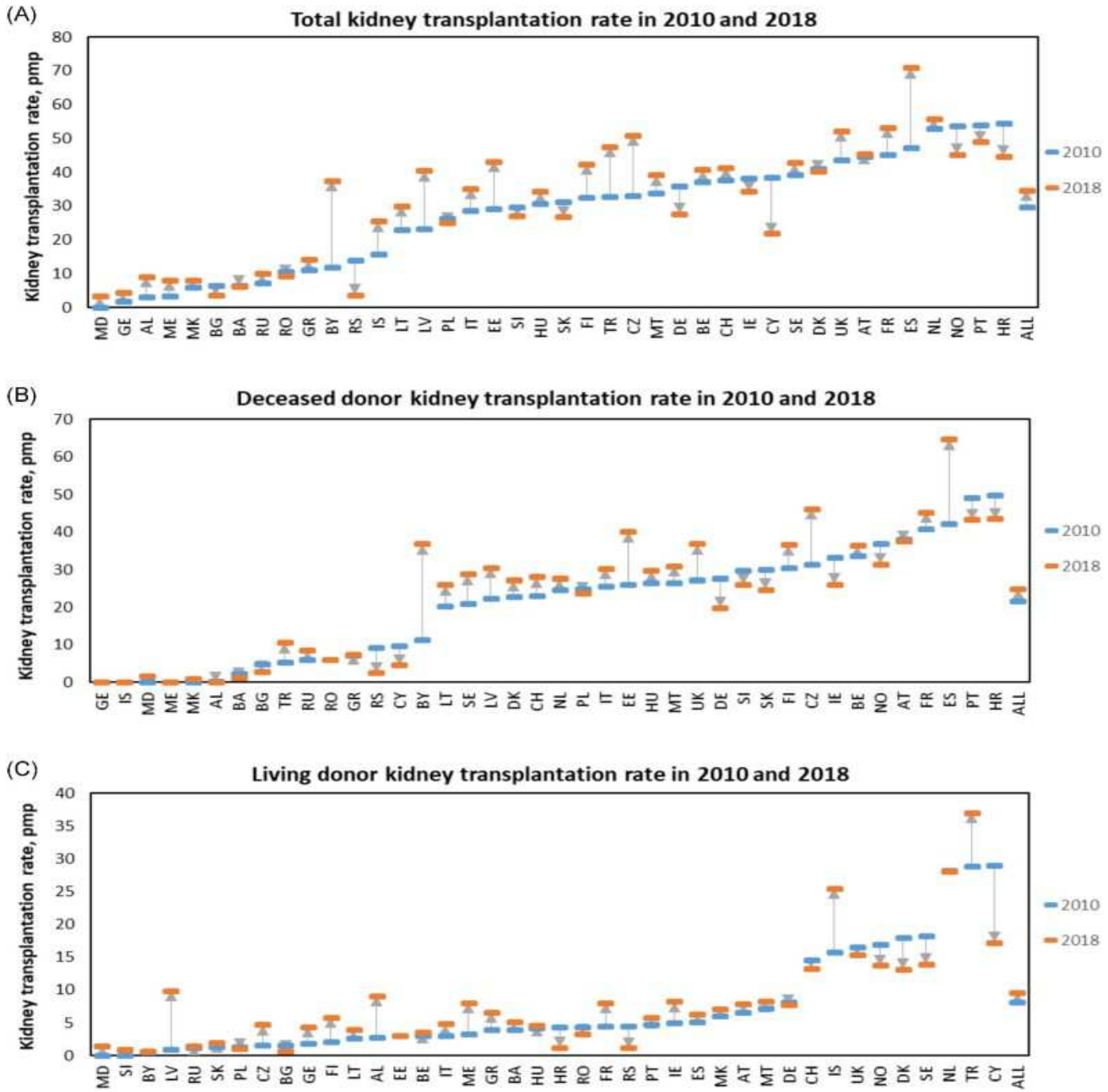
Living donor KT rate
2010: 8.1 pmp → 2018: 9.6 pmp
Annual increase: 1.6%

Conclusion

The total KT rate increased due to a rise in the KT rate from deceased donors and to a lesser extent from living donors. The trends in KT rate varied widely across European countries. An East-West gradient was observed with Western European countries performing more KTs.

ERA NEPHROLOGY DIALYSIS TRANSPLANTATION

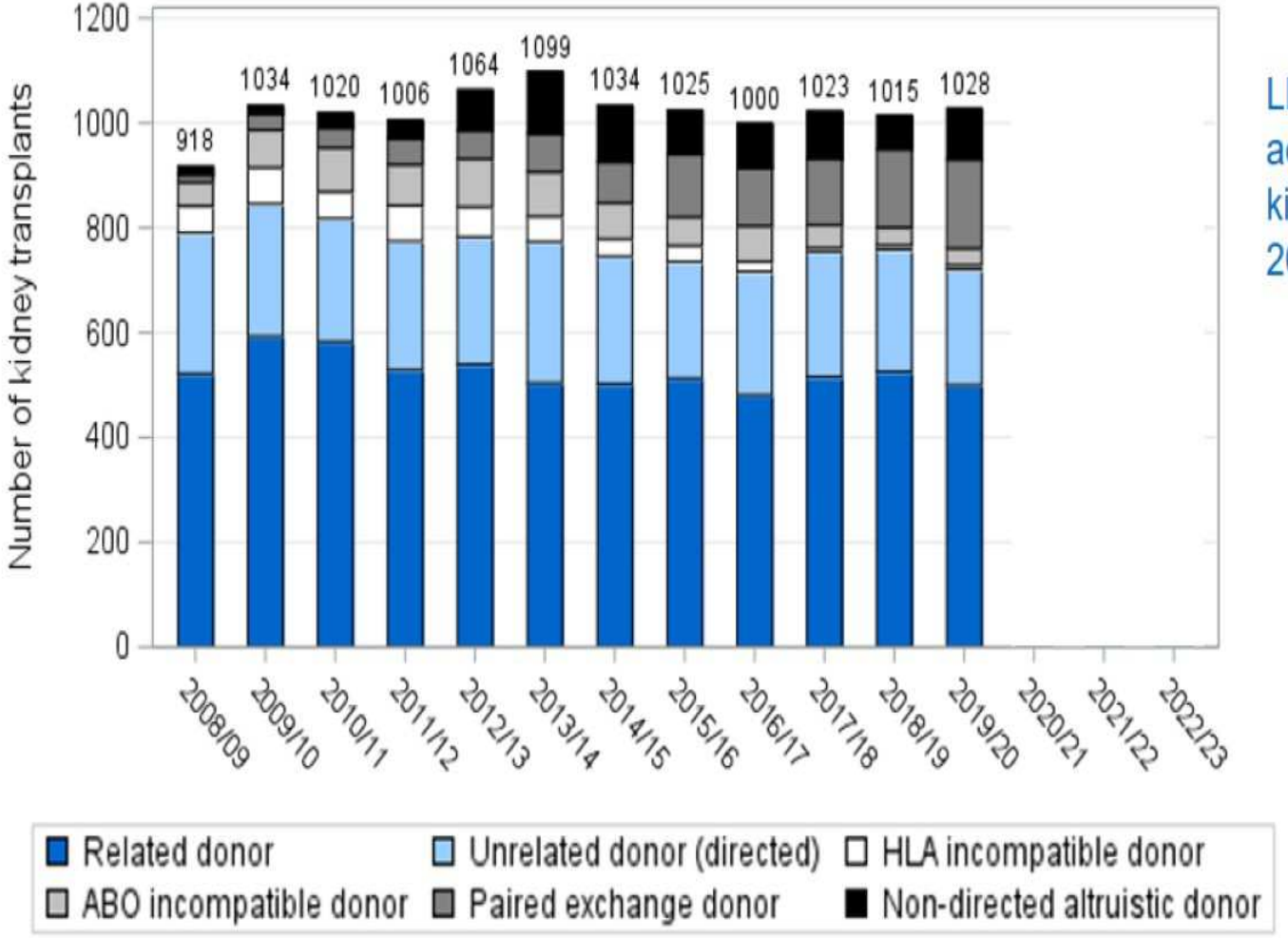
Boenink R., et al. NDT (2022)
@NDTSocial



Nephrol Dial Transplant (2023) 38: 1528–1539 https://doi.org/10.1093/ndt/gfac333 Advance Access publication date 4 January 2023 Trends in kidney transplantation rate across Europe: a study from the ERA Registry

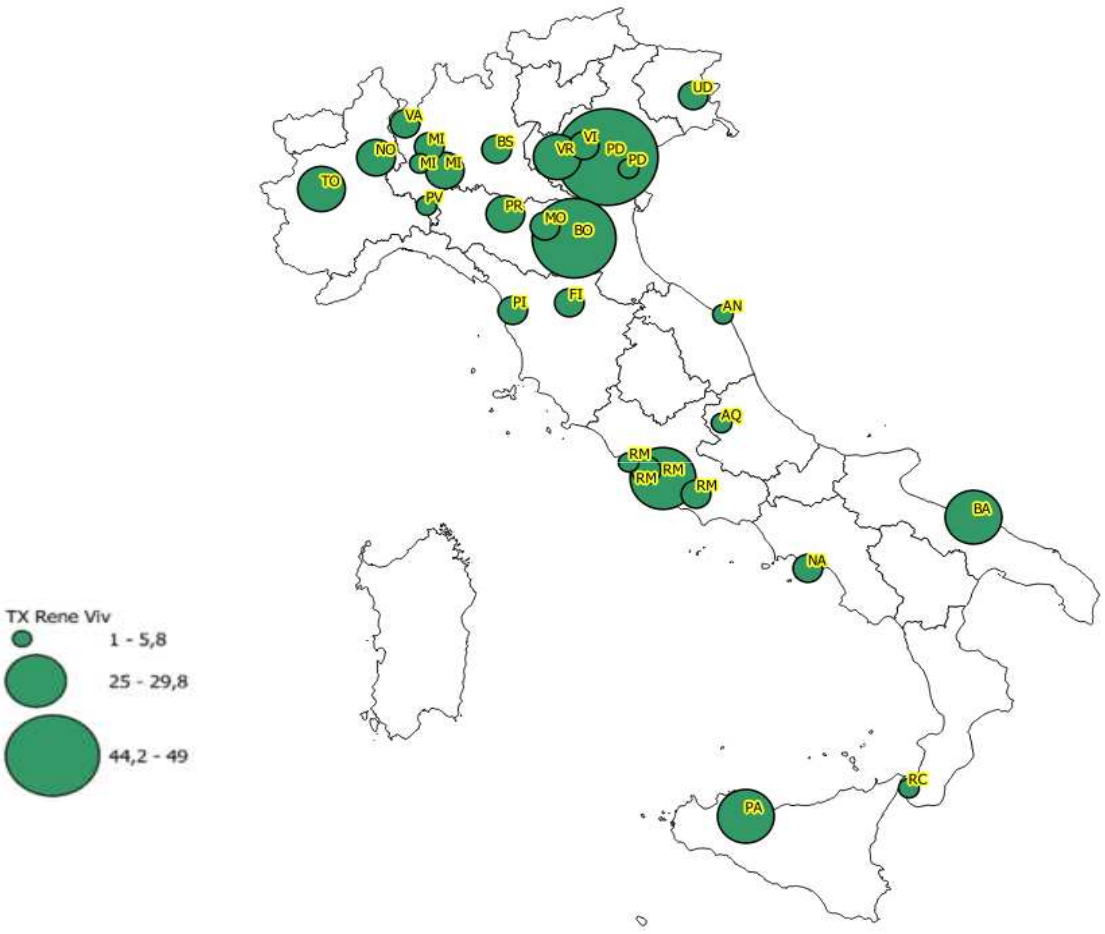
UK Living Donor Kidney Transplants, April 2007 – January 2023

NHS Blood and Transplant



LD kidney transplants account for 32% of all kidney transplants 2014-19

Attività per centro trapianti 2022
N°336

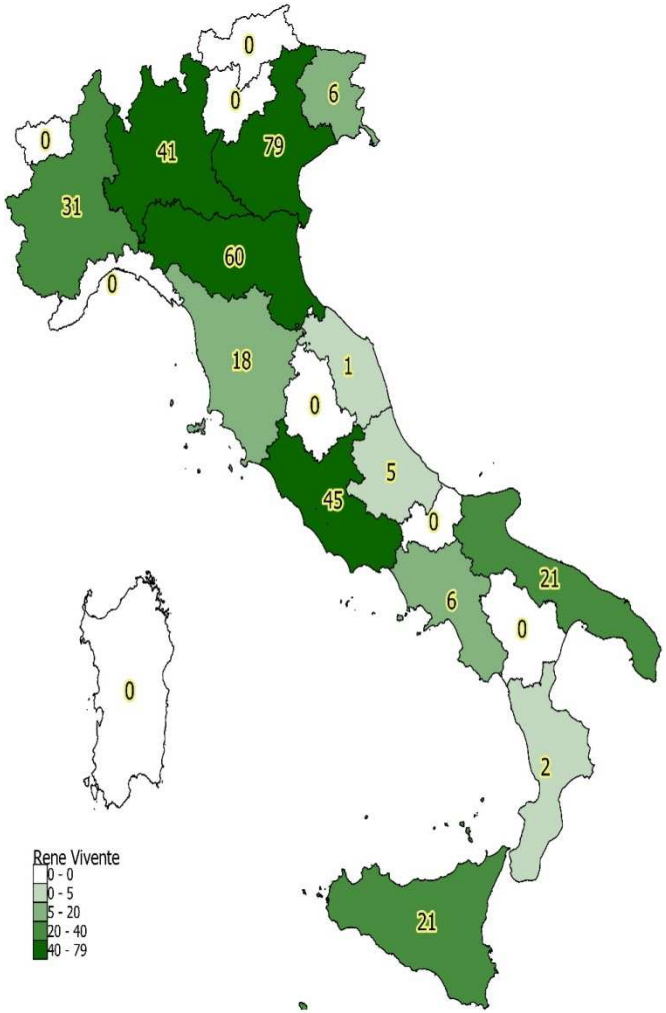


Ctx	Tot Tot Rene VIV
Padova	49
Bologna	39
Rm-Gemelli	28
Bari	21
Pa ISMETT	21
Torino	20
Verona	20
Mi-Niguarda*	16
Parma	12
Novara	11
Pisa	9
Firenze	9
Rm-Tor Vergata	9
Modena	9
Vicenza	9
Mi-Policlinico	8
Varese	8
Rm-B. Gesù	6
Brescia	6
Na-Federico II	6
Udine	6
L'Aquila	5
Pavia	3
Rm-San Camillo	2
Reggio Calabria	2
Ancona	1
Padova Pediatrico	1

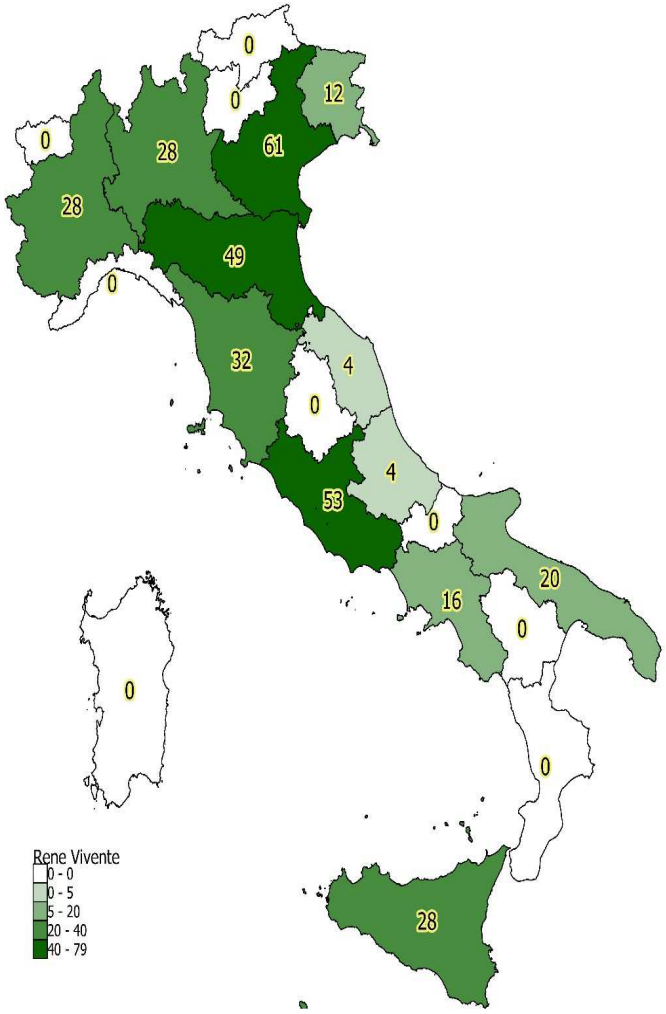
Trapianti Rene vivente

Centro Nazionale Trapianti
ISTITUTO SUPERIORE DI SANITÀ

Totale 2022: 336



Proiezione al 31/12/2023: 335



Fonte dati:
Ctx

ORIGINAL ARTICLE

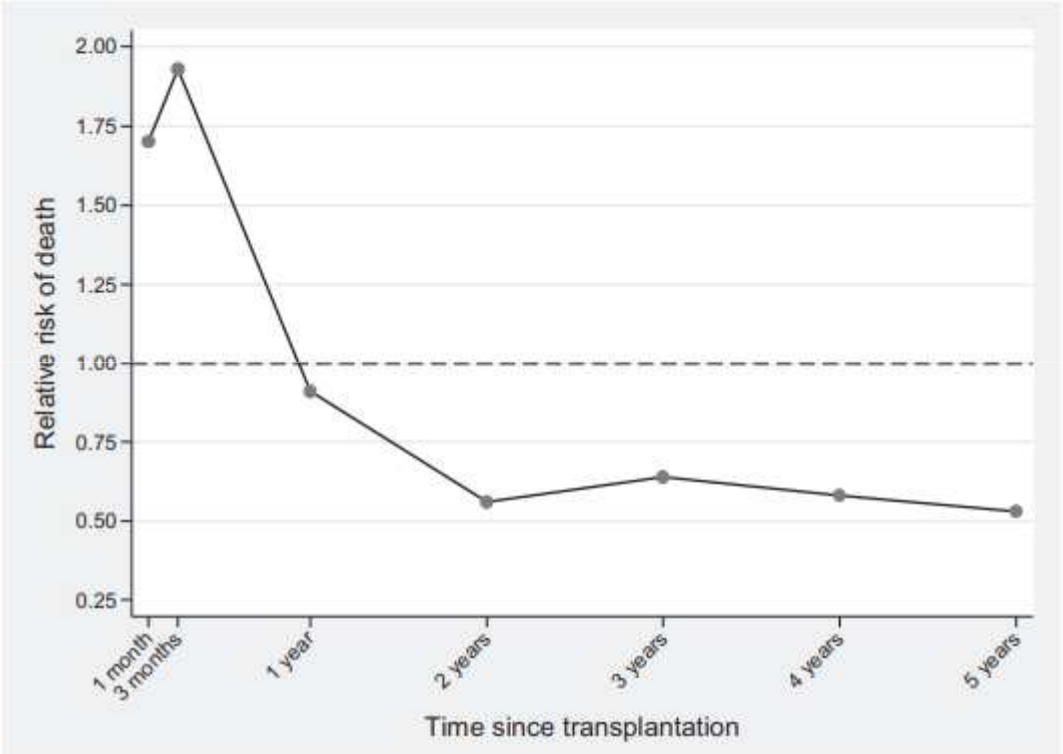
A comparative analysis of survival of patients on dialysis and after kidney transplantation

Mohammed A. Kaballo[1], Mark Canney[1], Patrick O'Kelly[1], Yvonne Williams[1], Conall M. O'Seaghdha[1] and Peter J. Conlon[1]

[1]Department of Nephrology and Transplantation, Beaumont Hospital, Dublin, Ireland

Correspondence and offprint requests to: Mohammed A. Kaballo; E-mail: Mohammedakaballo@physicians.ie

3600 pazienti



Clinical Kidney Journal, 2018, vol. 11, no. 3, 389–393

doi: 10.1093/ckj/sfx117
Advance Access Publication Date: 18 October 2017
Original Article

PERCHE' UN TRAPIANTO DA VIVENTE ?

- Migliore opzione per il paziente
- Migliore sopravvivenza del rene trapiantato e del ricevente
- Riduce i tempi di attesa
- Riduce il divario tra domanda e offerta di organi
- Intervento programmabile anche preemptive
- Terapia proposta dal nefrologo

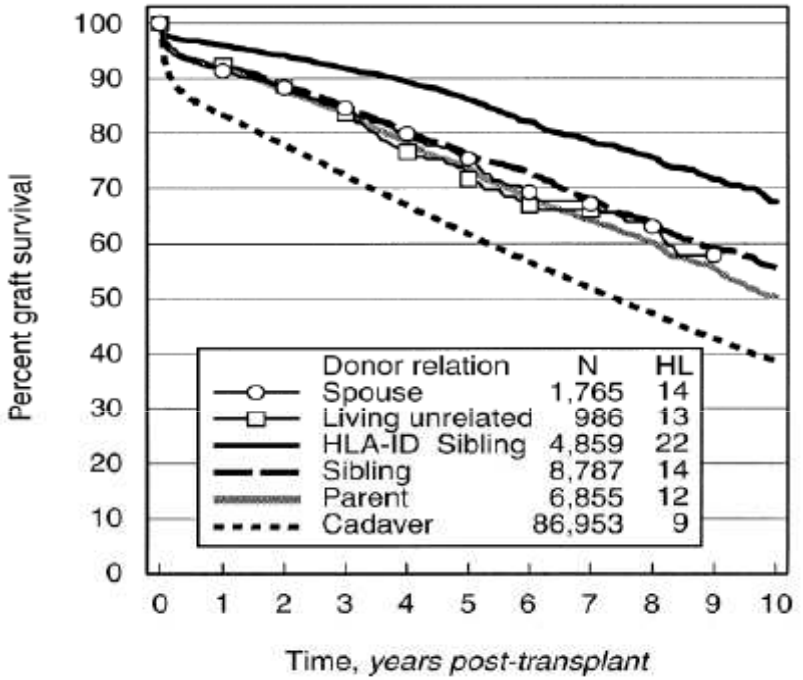


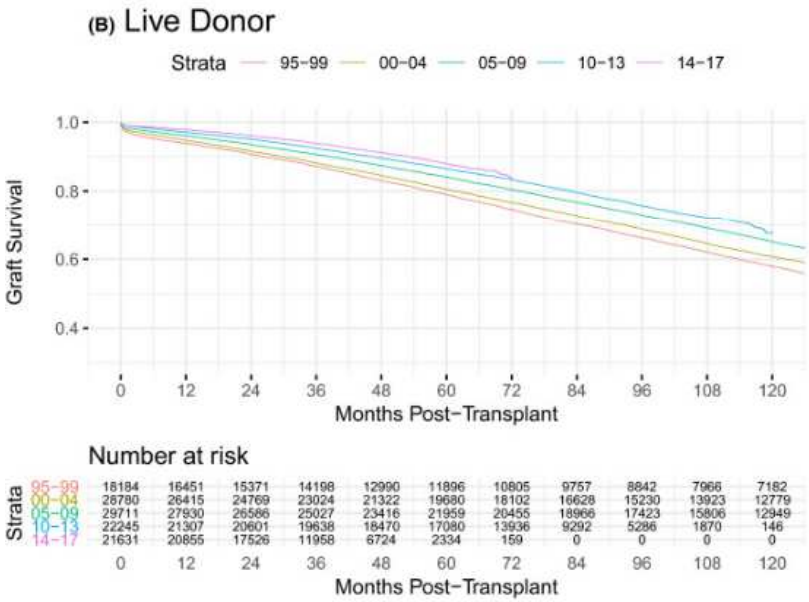
Fig. 2. Graft survival rates for kidney transplants performed between October 1987 and December 1998 according to the donor source.

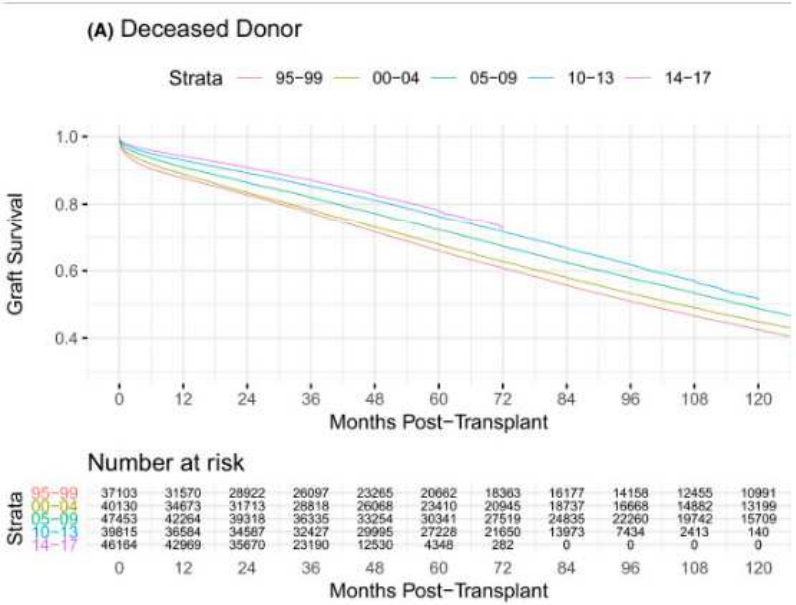
ORIGINAL ARTICLE

AJT

Long-term kidney transplant graft survival—Making progress when most needed

Emilio D. Poggio[1,2] | Joshua J. Augustine[1,2] | Susana Arrigain[3,4] | Daniel C. Brennan[5] | Jesse D. Schold[2,3,4]





Living kidney donor transplant median survival increased from 12.1 years in 1995–1999 to an estimated 19.2 years for transplants in 2014–2017. AJ. Transplant. 2021;21:2824–2832

TIPOLOGIE DI TRAPIANTO DA VIVENTE

- diretto
  - Trapianto tra consanguinei
  - Trapianto tra non consanguinei
- Indiretto o altruistico
  - Donatore samaritano
- Tipo di trapianto
  - ABO compatibile
  - ABO incompatibile
  - CROSS OVER

CHI E’ UN POSSIBILE DONATORE?

- ETA’ >18 ANNI
- CAPACE DI ESPRIMERE IL PROPRIO CONSENSO
- CHE NON PRESENTI NESSUNA DELLE CONTROINDICAZIONI ASSOLUTE

CONTROINDICAZIONI ASSOLUTE ALLA DONAZIONE

- **ETA' INFERIORE A 18 ANNI**
- **INCAPACITA' AD ESPRIMERE IL PROPRIO CONSENSO ALLA DONAZIONE**
- **EVIDENZA DI COERCIZIONE**
- **ABUSO DI DROGHE**
- **GRAVIDANZA**
- **EVIDENZA DI NEOPLASIA**
- **COMPLICANZE MAGGIORI RESPIRATORIE O CARDIOVASCOLARI**
- **DIABETE MELLITO**
- **MALATTIE RENALI**
- **MALATTIE SISTEMICHE AD INTERESSAMENTO RENALE**
- **TROMBOFILIA**
- **OBESITA' CON BMI >35**
- **IPERTENSIONE ARTERIOSA CON DANNO D'ORGANO**
- **INFEZIONI ATTIVE**
- **INFEZIONE DA VIRUS B, VIRUS C (?) E HIV**

REPERIMENTO DELLE COPPIE E STUDIO

- AMBULATORIO PRE-UREMICI DEL NOSTRO REPARTO
- AMBULATORIO PER L'IMMISSIONE IN LISTA TRAPIANTO DEL NOSTRO CENTRO
- PROPOSTI DAI CENTRI DIALISI REGIONALI ED EXTRAREGIONALI
- CONTATTO SPONTANEO DELLA COPPIA AL NOSTRO CENTRO
- **IL DONATORE VIENE STUDIATO PER L'IDONEITA' PRESSO IL NOSTRO CENTRO**
- **IL RICEVENTE PRESSO IL CENTRO DIALISI INVIANTE SE GIA' IN TRATTAMENTO DIALITICO.**
- **NEL CASO SI TRATTI DI UNA COPPIA AFFERENTE AL NOSTRO CENTRO O DI UN TRAPIANTO PREEMPITIVE ENTRAMBI I SOGGETTI VENGONO STUDIATI DAL NOSTRO CENTRO**

LINEE GUIDA NAZIONALI

Riferimenti Nazionali:

Comitato Nazionale per la Bioetica. Il trapianto di rene da vivente non consanguineo.

Legge 26 giugno 1967, n. 458 (GU 27/6/1967, n. 160)

Centro Nazionale Trapianti: Linee guida per il trapianto renale da donatore vivente (Conferenza permanente per i rapporti tra lo Stato, le Regioni e le Province autonome di Trento e Bolzano G.U. n.144 del 21 giugno 2002).

Centro Nazionale Trapianti: Linee Guida per l'accertamento della sicurezza del donatore di organi di cui al D.M. 2 agosto 2002

LINEE GUIDA INTERNAZIONALI

World Medical Association. Statement on human organ & tissue donation and transplantation.

World Health organization. Guiding principles on human organ transplantation.

Consiglio d'Europa. Recommendation on transplantation of kidneys form living donors that are not genetically related to the recipient (non-genetically related living kidney transplants).

Consiglio d' Europa. Additional Protocol to the Convention on Human Rights and Biomedicine Concerning Transplantation of Organs and Tissues of Human Origin.

"Amsterdam forum" Ethics Committee of the Transplantation Society. **The consensus statement of the Amsterdam Forum on the Care of the Live Kidney Donor**. (Transplantation. 2004 Aug 27;78(4):491-2)

Council of the Transplantation Society. **A Report of the Amsterdam Forum On the Care of the Live Kidney Donor: Data and Medical Guidelines.** Transplantation. 2005 Mar 27;79(6 Suppl):S53-66.)

PERCORSO DEL DONATORE/COPPIA

- IDONEITA’ PSICOLOGICA
- IDONEITA’ CLINICA
- IDONEITA’ IMMUNOLOGICA
- IDONEITA’ GIURIDICA

PRINCIPIO FONDAMENTALE

NON RECARE DANNO AL DONATORE

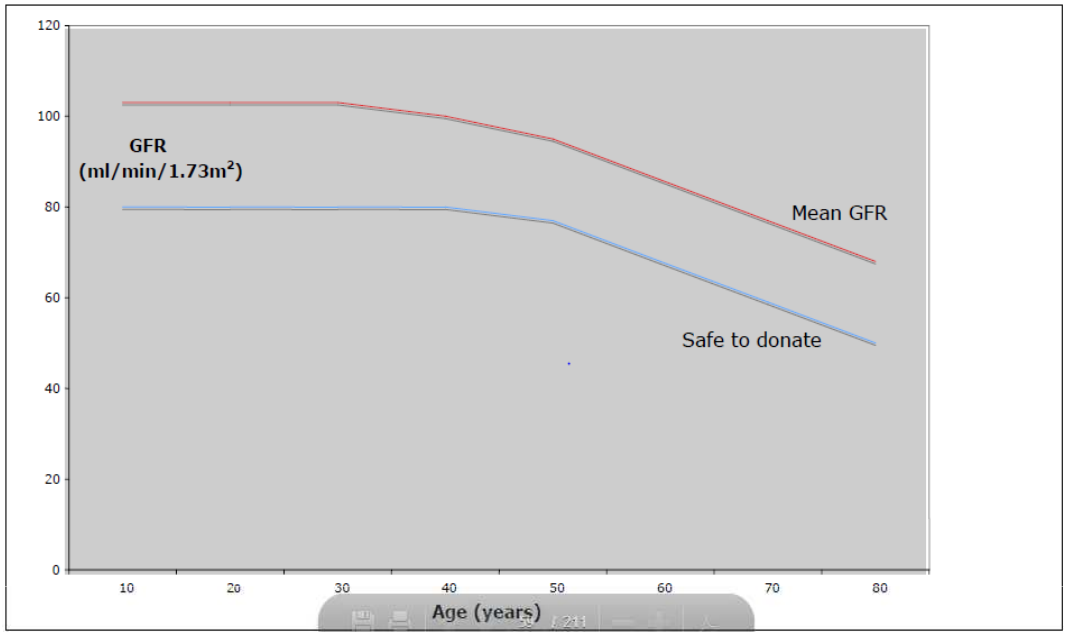
Rischi per il donatore

- Sviluppare un' insufficienza renale terminale nel breve e nel lungo termine
- Rischio di mortalità conseguente la donazione

Guideline	Year	Acceptable eGFR, mL/min/1.73 m^2	Age limit	BMI limit	Gender match	Kidney size
British transplantation society [16]	2018	≥49 according to age and gender	No	No (caution if >30 kg/m^2)	na	na
KDIGO [15]	2017	≥90 (caution between 60 and 89)	No	No (caution if >30 kg/m^2)	na	na
ERBP [14]	2015	≥80 if older than 50	No	>35 kg/m^2 (caution if ≥30 kg/m^2)	na	na

eGFR, estimated glomerular filtration rate.

Acceptable GFR by donor age prior to donation



Obiettivo GFR >30 ml/min/1.73m2
età vita media attuale

Table 5.5.1 Acceptable GFR by donor age prior to donation

Donor age (years)	Acceptable corrected GFR prior to donation (ml/min/1.73m^2)
Up to 46	80
50	77
60	68
70	59
80	50

Living Kidney Donor Risk Index (LKDPI)

This model predicts recipient risk of graft loss after living donor kidney transplantation based on donor characteristics, on the same scale as the KDPI ...

Massie AB, Leanza J, Fahmy LM, Chow EK et al. A Risk Index for Living Donor Kidney Transplantation. Am J Transplant. 2016 Jul;16(7):2077-84

Continue to model »

ESRD Risk Tool for Kidney Donor Candidates

This model is intended for low-risk adults considering living kidney donation in the United States. It provides an estimate of 15-year and lifetime incidence of end-stage renal disease...

Grams ME, Sang Y, Levey AS, Matsushita K, Ballew S, Chang AR et al. Kidney-Failure Risk Projection for the Living Kidney-Donor Candidate. N Engl J Med. 2016 Feb 4;374(5):411-21.

Continue to model »

Postdonation Risk of ESRD in Living Kidney Donors

Risk estimation is critical for appropriate informed consent and varies substantially across living kidney donors.

Massie, Allan B., et al. "Quantifying Postdonation Risk of ESRD in Living Kidney Donors." Journal of the American Society of Nephrology (2017): ASN-2016101084.

Kidney Donor Risk Prediction

Massie AB, Leanza J, Fahmy LM, Chow EK, Desai NM, Luo X, King EA, Bowring MG, Segev DL. A Risk Index for Living Donor Kidney Transplantation. Am J Transplant. 2016 Jul;16(7):2077-84

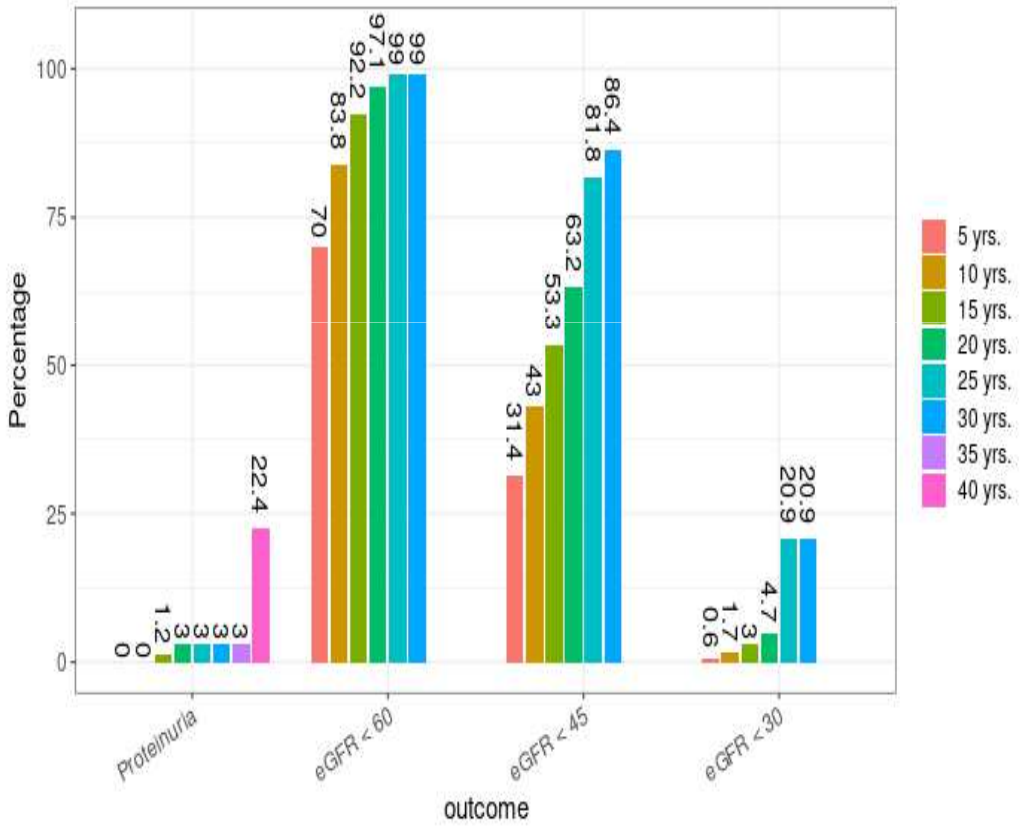
Risk Models

Enter Values at Evaluation:

Donor Characteristics

Age	71
Sex	Male
Race	White
Smoking Status	Non-smoker
eGFR	70
Serum Creatinine	0,9
Glucose	93
BMI	28

Hypertension | Type II Diabetes | Proteinuria and eGFR | ESRD



About the Model:

Causes and timing of end-stage renal disease after living kidney donation

Arthur J. Matas[1] | Danielle M. Berglund[2] | David M. Vock[3] | Hassan N. Ibrahim[4]

4030 donatori da 1963 al 2015
Età media alla donazione 39,5 ±11,7

39 ESRD di cui 25 da causa nota
Età media ESRD 62,4 ±14,1 anni

ESRD più frequente se donatore:
- ✓ **maschio (p 0,002)**
- ✓ **fumatore (p 0,002)**
- ✓ **giovane alla donazione (p 0,02)**
  35,3 ± 12,7 anni
- ✓ **parente di I grado (p 0,005)**

Intervallo da donazione a ESRD 27,1 ± 9,8

48% ESRD da DM e/o HTN

Solo 4/25 stessa causa di ESRD tra donatore e ricevente

TABLE 3 Known causes of donor ESRD (n = 25)

Cause of ESRD	n
HTN	6
Essential	4
Atherosclerotic renal disease	2
DM plus HTN	4
DM	2
Renal cancer	2
Alport syndrome	2
Hemolytic uremic syndrome	2
Glomerular disease	4
Scleroderma	1
Other	2
Sepsis	
Interstitial nephritis	

DM, diabetes mellitus; HTN, hypertension.

Risk of ESRD in prior living kidney donors

UNOS

Jennifer L. Wainright[1] | Amanda M. Robinson[1] | Amber R. Wilk[1] | David K. Klassen[2] | Wida S. Cherikh[1] | Darren E. Stewart[1]

Studio più rigoroso mai fatto
- accuratezza di segnalazione di ESRD

IL RISCHIO AUMENTA ESPONENZIALMENTE NEL TEMPO

% di ESRD superiore rispetto ad altri studi:
49 su 10000 in 20 anni
rispetto a 31/10000 in 15 anni

Living kidney donors in US 1994-2016 (n 123,526)

Characteristic	ESRD (N = 218)	No ESRD (N = 123 308)
Time observed (y), median (IQR)	11.1 (8.3-14.6)	10.3 (5.4-15.1)
Age at donation (y), median (IQR)	38.0 (31.0-50.0)	41.0 (32.0-49.0)
White	113 (51.8%)	86 388 (70.1%)
Black	70 (32.1%)	15 149 (12.3%)
Hispanic	24 (11.0%)	15 890 (12.9%)
Other	11 (5.1%)	5881 (4.8%)
Male	127 (58.3%)	49 538 (40.2%)
Full sibling of recipient	91 (41.7%)	32 871 (26.7%)
Parent of recipient	44 (20.2%)	14 496 (11.8%)
Child of recipient	39 (17.9%)	20 135 (16.4%)
Other blood relation of recipient	13 (6.0%)	10 202 (8.3%)
Identical twin of recipient	[a]	220 (0.5%)
Not related to recipient	31 (14.2%)	45 185 (36.7%)
Neighborhood income ($),[b] median (IQR)	57.2 (42.5-77.0)	65.1 (51.4-85.5)
BMI (kg/m^2) at donation, median (IQR)	29.0 (24.4-31.3)	26.6 (23.7-29.7)
eGFR (mL/min) at donation, median (IQR)	96.0 (79.3-107.0)	97.8 (84.2-110.3)
Preop systolic BP, median (IQR)	124.0 (119.5-133.5)	120.0 (111.0-130.0)
Preop diastolic BP, median (IQR)	77.0 (70.0-80.5)	74.0 (68.0-80.0)

20-year risk

UNOS

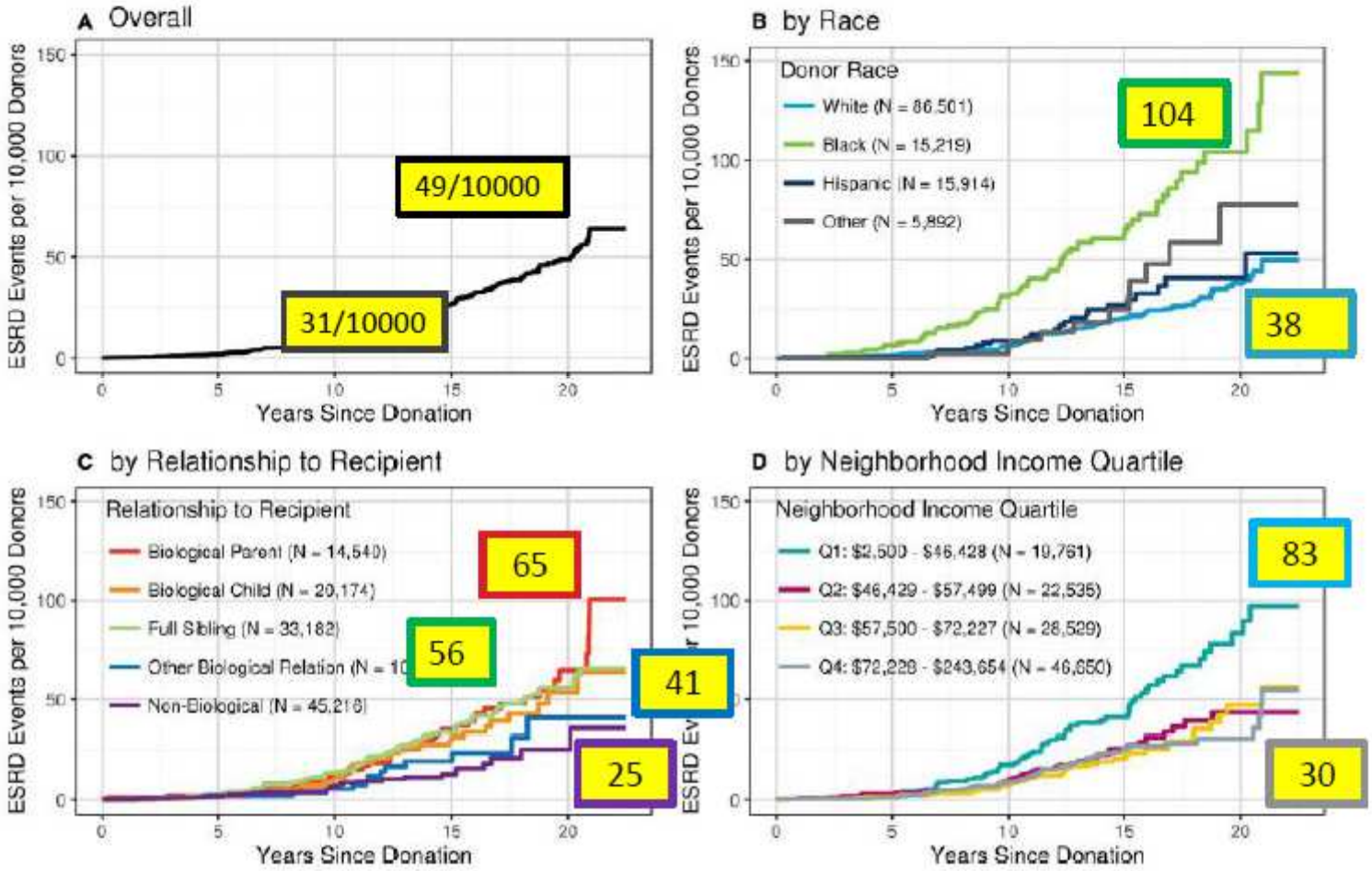


FIGURE 1 Cumulative incidence of ESRD among living kidney donors, per death-censored Kaplan-Meier analysis overall (A), by donor race (B), by donor relationship to the recipient (C), and by donor neighborhood income quartile at donation (D). ESRD, end-stage renal disease

Considerazioni
Cause di ESRD nel donatore

A total of nine donors (0.47%) developed ESRD. All were family members. Median time from donation was 18.7 (10.3–24.3) years. Renal failure in donors was mainly caused by immunological diseases: glomerulonephritis ($n=3$), systemic lupus erythematosus ($n=1$), Wegener's granulomatosis ($n=1$), ANCA (anti-neutrophil cytoplasmic antibodies)-positive vasculitis ($n=1$), sarcoidosis ($n=1$), and diabetes/nephrosclerosis ($n=2$). In the control group, 22

UNOS

- UNOS ESRD Diagnoses:
  - HTN 33.5%
  - GN 23.9%
  - Diabetes 7.8%
  - Other 23.9%
  - Unknown 11.0%

TABLE 3 Known causes of donor ESRD (n = 25)

Cause of ESRD	n
HTN	6
Essential	4
Atherosclerotic renal disease	2
DM plus HTN	4
DM	2
Renal cancer	2
Alport syndrome	2
Hemolytic uremic syndrome	2
Glomerular disease	4
Scleroderma	1
Other	2
Sepsis	
Interstitial nephritis	

DM, diabetes mellitus; HTN, hypertension.

- GN primitive o secondarie
- Ipertensione
- DM
- Urologiche

NON PREVEDIBILI IN UN DONATORE GIOVANE

American Journal of Transplantation 2011; 11: 737–747
Wiley Periodicals Inc.

doi: 10.1111/j.1600-6143.2011.03485.x

Living Kidney Donors: Impact of Age on Long-Term Safety

L. F. C. Dols[a], N. F. M. Kok[a], J. I. Roodnat[b], T. C. K. Tran[a], T. Terkivatan[a], W. C. Zuidema[b], W. Weimar[b] and J. N. M. IJzermans[a]

Introduction

The outcomes of transplantation of kidneys derived from live kidney donors are superior with regard to early func-

539 consecutivi tx da vivente dal 1994 al 2006 Erasmus Medical Center, Rotterdam

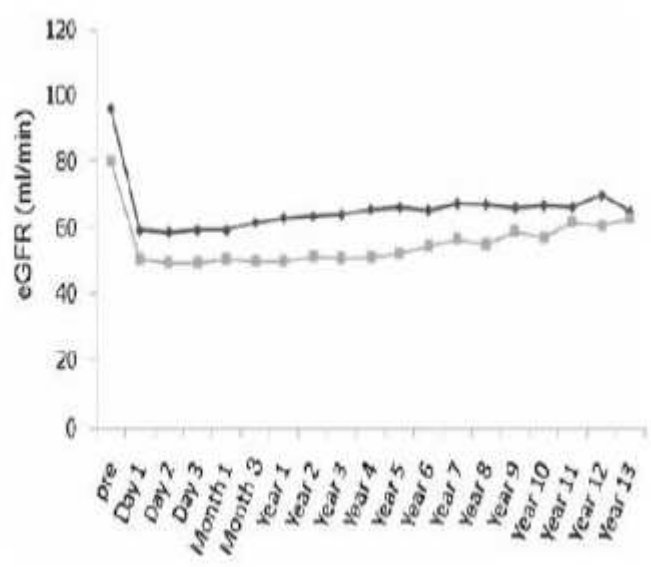


Figure 2: Median estimated glomerular filtration rate (eGFR) of 539 live kidney donors divided into two age groups. (Black line indicates <60; gray line indicates > 60.)

Dols et al.

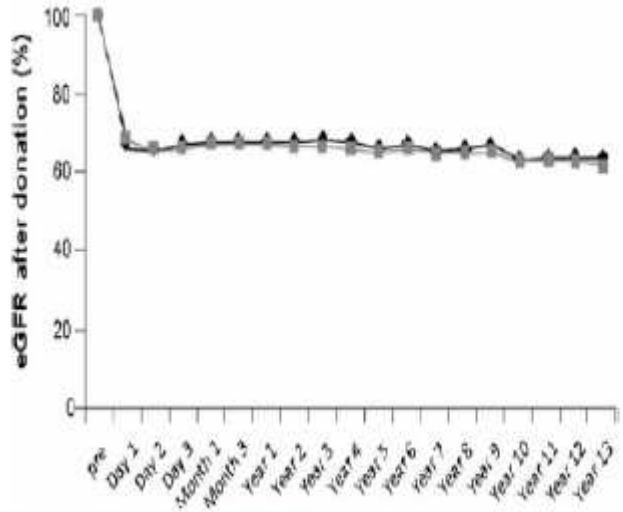


Figure 3: Percentual difference in estimated glomerular filtration rate (eGFR) of 539 live kidney donors divided into two age groups. The baseline value is 100%. (Black line indicates <60; gray line indicates > 60.)

....after initial drop in kidney function there is no accelerated decline after donation, neither in young donors, nor in older. None of the donations led to a GFR of less than 30 ml/min during follow-up, and the prevalence of hypertension was lower in comparison to the normal population.

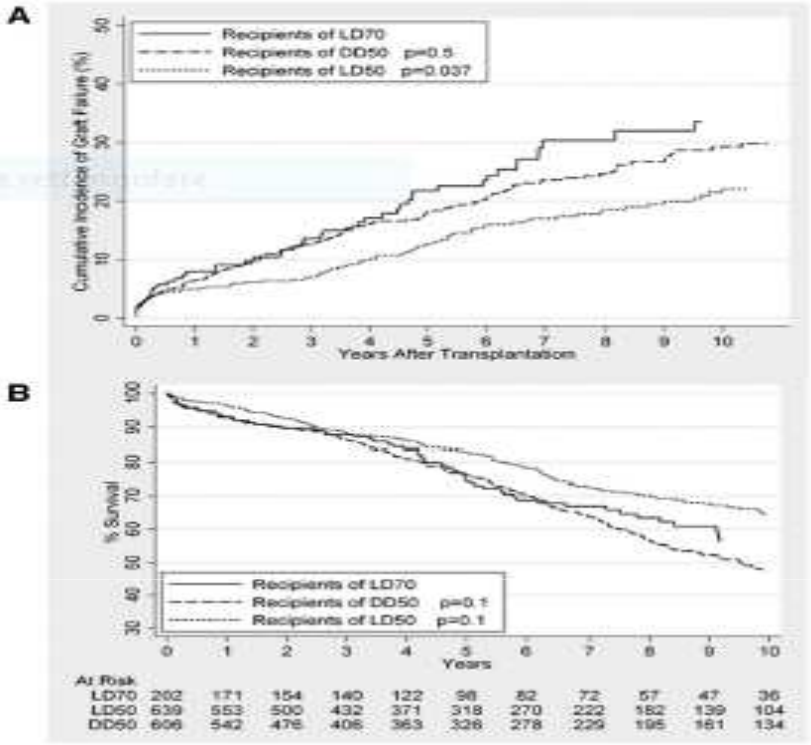


Figure 2. | Cumulative incidence function (CIF) of graft failure (A) and Kaplan-Meier curve of patient survival (B) among recipients of kidneys from live donors age ≥70 (LD70) versus matched controls from among recipients of live donors age 50 to 59 (LD50) and nonextended criteria deceased donors aged 50 to 59 (DD50).

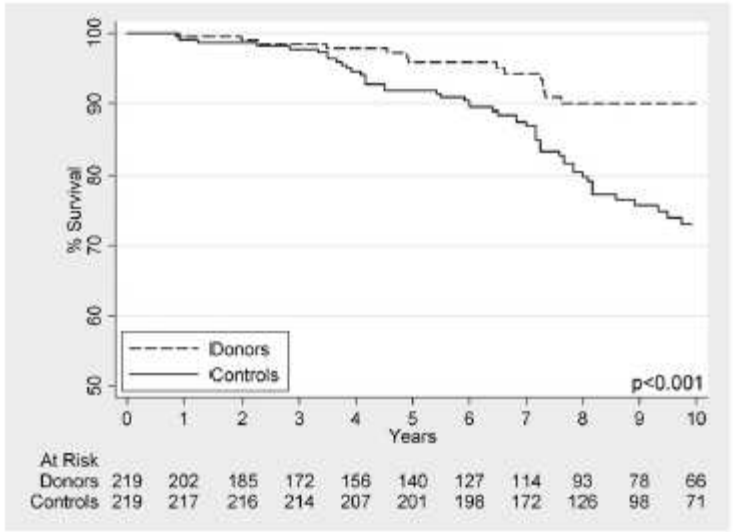


Figure 3. | Kaplan-Meier survival curve of live kidney donors aged ≥70, compared with matched healthy controls drawn from the National Health and Nutrition Examination Survey cohort.

Living Kidney Donors Ages 70 and Older: Recipient and Donor Outcomes

Jonathan C. Berger, Abimereki D. Muzaale,*† Nathan James,* Mohammed Hoque,‡ Jacqueline M. Garonzik Wang Robert A. Montgomery,* Allan B. Massie,*† Erin C. Hall,* and Dorry L. Segev*†*

Clin J Am Soc Nephrol 6: 2887–2893, 2011. doi: 10.2215/CJN.04160511

SOCIETÀ ITALIANA DEI TRAPIANTI D'ORGANO E DI TESSUTI
IL PENSIERO E LA VOCE DEL TRAPIANTO IN ITALIA

S·I·T·O·

ETÀ

1) We recommend that old age in itself is not a contraindication to donation. (1B)
2) We suggest to inform all potential young donors (e.g. aged <35) that their lifetime risk of ESRD may be difficult to assess on the basis of the current screening protocols, especially in those having first degree relatives with ESRD, and in blacks. (Not Graded)

.....CONSIDERAZIONI.....

IN SINTESI: NUMERI MOLTO BASSI DI ESRD

9/1901 -> 0,47% (Mjoen) Follow up medio 15,1 anni

99/96217 -> 0,10% (Muzaale) Follow up medio 7,7 anni

39/4030 -> 0,97% (Matas) Follow up medio di ESRD 31.2 anni

218/123526 -> 0,18% (Wainright)

Follow up medio 11,1 anni

JAMA. 2010 Mar 10;303(10):959-66. doi: 10.1001/jama.2010.237.

Perioperative mortality and long-term survival following live kidney donation

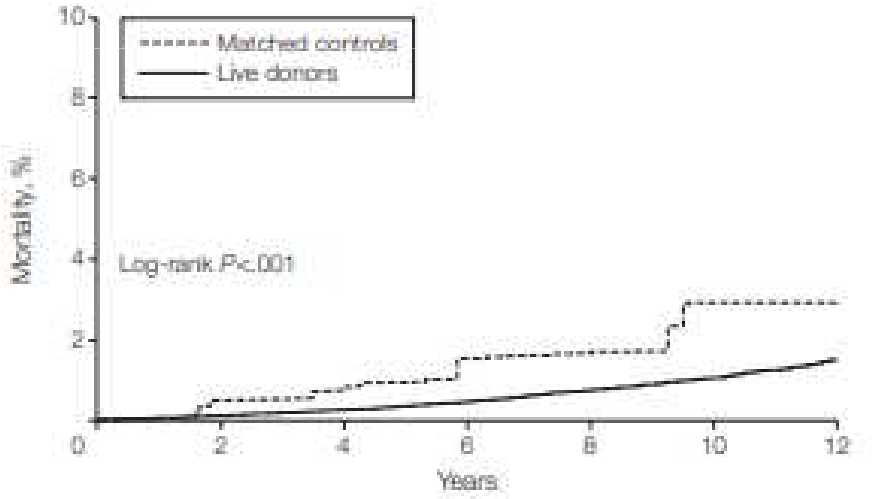
Dorry L Segev [1], Abimereki D Muzaale, Brian S Caffo, Shruti H Mehta, Andrew L Singer, Sarah E Taranto, Maureen A McBride, Robert A Montgomery

Affiliations + expand

PMID: 20215610 DOI: 10.1001/jama.2010.237

25 decessi entro 90 giorni dalla nefrectomia dal 1994 al 2009 condiderando 80347 donatori
Mortalità perioperatoria 3,1 per 10000 donatori e non si è modificata negli ultimi 15 anni

Figure 1. Kaplan-Meier Curves Comparing Cumulative Mortality of Live Kidney Donors and Matched Controls for the Entire Cohort of Live Donors



Matched controls were identified among participants in the third National Health and Nutrition Examination Survey.

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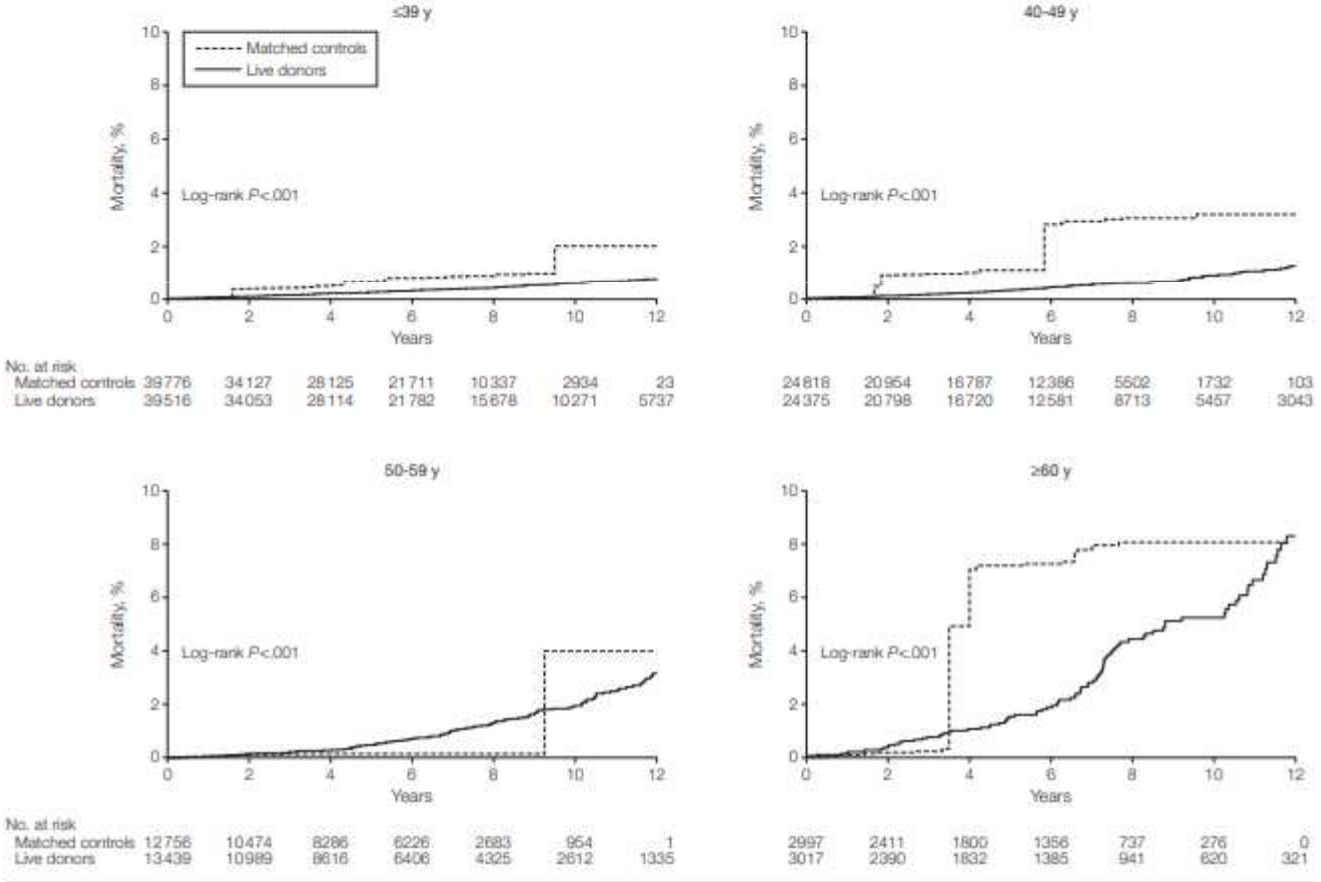
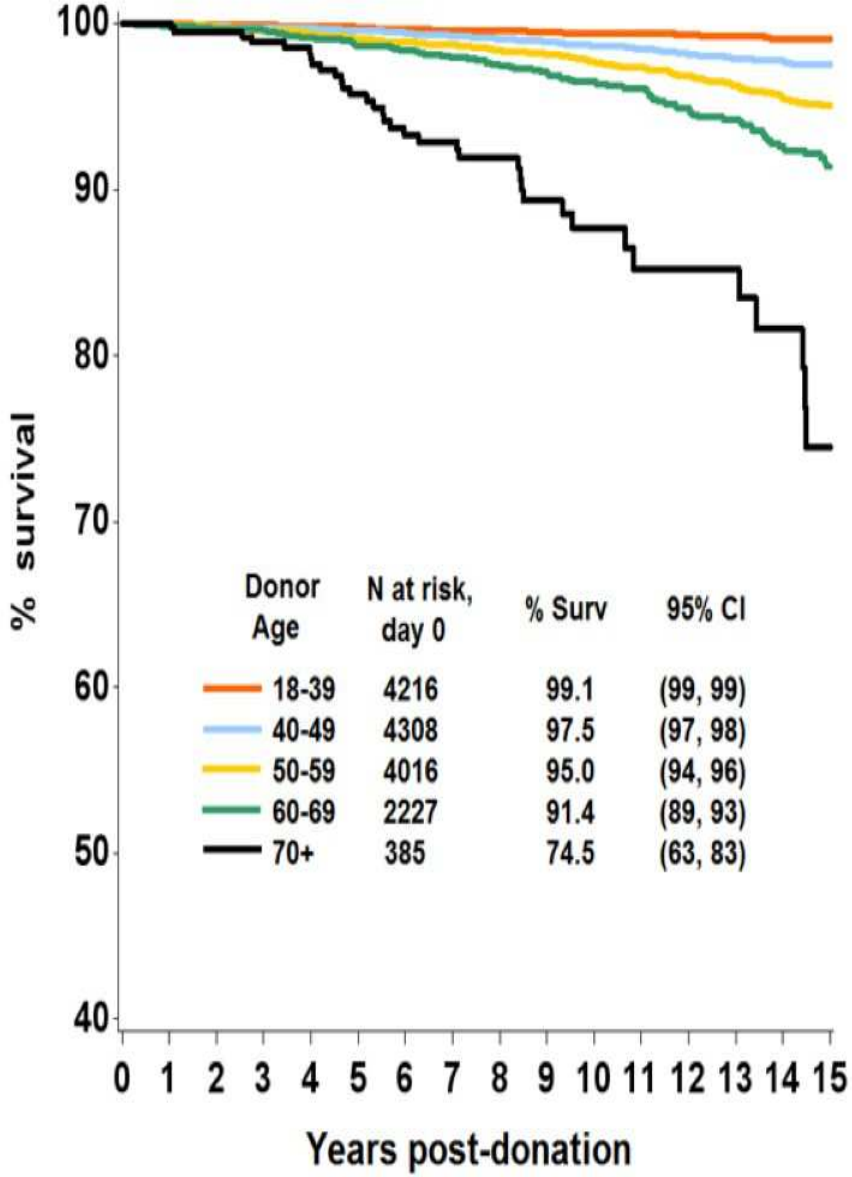
Figure 2. Kaplan-Meier Curves Comparing Cumulative Mortality of Live Kidney Donors and Matched Controls by Age Category



Matched controls were identified among participants in the third National Health and Nutrition Examination Survey

Donor Survival Outcomes - Post Donation

NHS Blood and Transplant



Living kidney donors in England and Wales, 2000-2022

N=15,153

10 deaths within 1 year post donation

- 7 cases where cause of death available, none reported as associated with nephrectomy
- -3 cases no cause of death available

1 death within 30 days

Long-term outcome of living kidney donation

Position paper of the European Committee on Organ Transplantation (CD-P-T Council of Europe[1]

Rapporteurs: Cozzi, E., Biancone, L., López-Fraga, M., Nanni-Costa, A.

With the endorsement of the European Society for Organ Transplantation (ESOT), the In Society of Nephrology (ISN) and The Transplantation Society (TTS)

Nephrol Dial Transplant. 2017 Feb 1;32(2):216-223. doi: 10.1093/ndt/gfw429.

Long-term risks of kidney living donation: review and position paper by the ERA-EDTA DESCARTES working group.

Maggiore U[1], Budde K[2], Heemann U[3], Hilbrands L[4], Oberbauer R[5], Oniscu GC[6], Pascual J[7], Schwartz Sorensen S[8], Viklicky O[9], Abramowicz D[10]; ERA-EDTA DESCARTES working group.

INFORMAZIONE DEL CANDIDATO DONATORE E IMPORTANZA DEL FOLLOW-UP

Long-ter
kidney donation

Position paper of the European Committee on Organ Transplantation (CD-P-TO), Council of Europe

Rapporteurs: Cozzi, E., Biancone, L., López-Fraga, M., Nanni-Costa, A.

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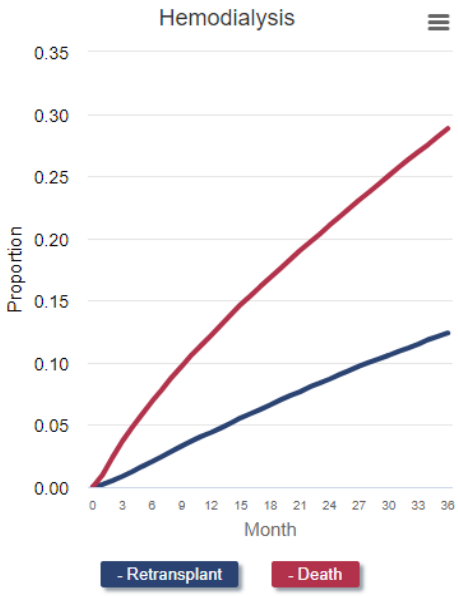
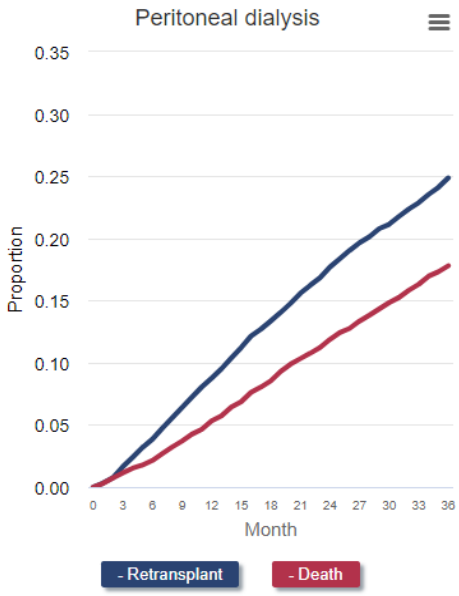
Commentary

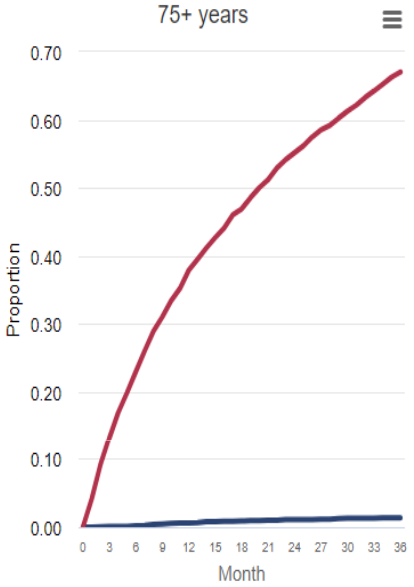
Transplantation

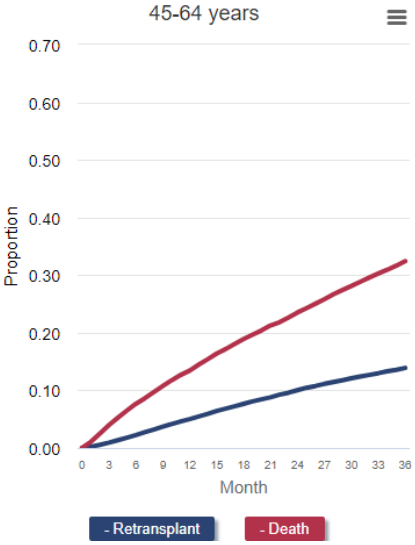
Long-term Outcome of Living Kidney Donation: Position Paper of the European Committee on Organ Transplantation, Council of Europe

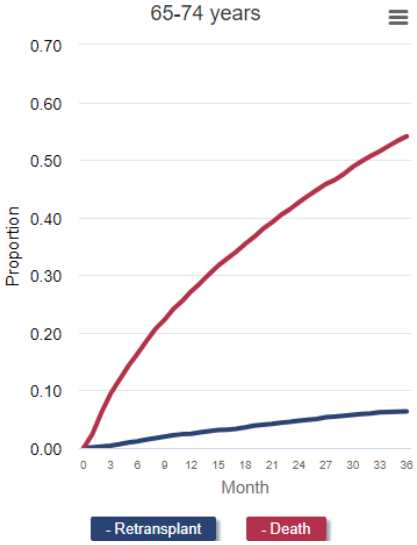
Emanuele Cozzi, MD, PhD,[1,2] Luigi Biancone, MD, PhD,[3] Marta López-Fraga, PhD,[4] and Alessandro Nanni-Costa, MD[1]











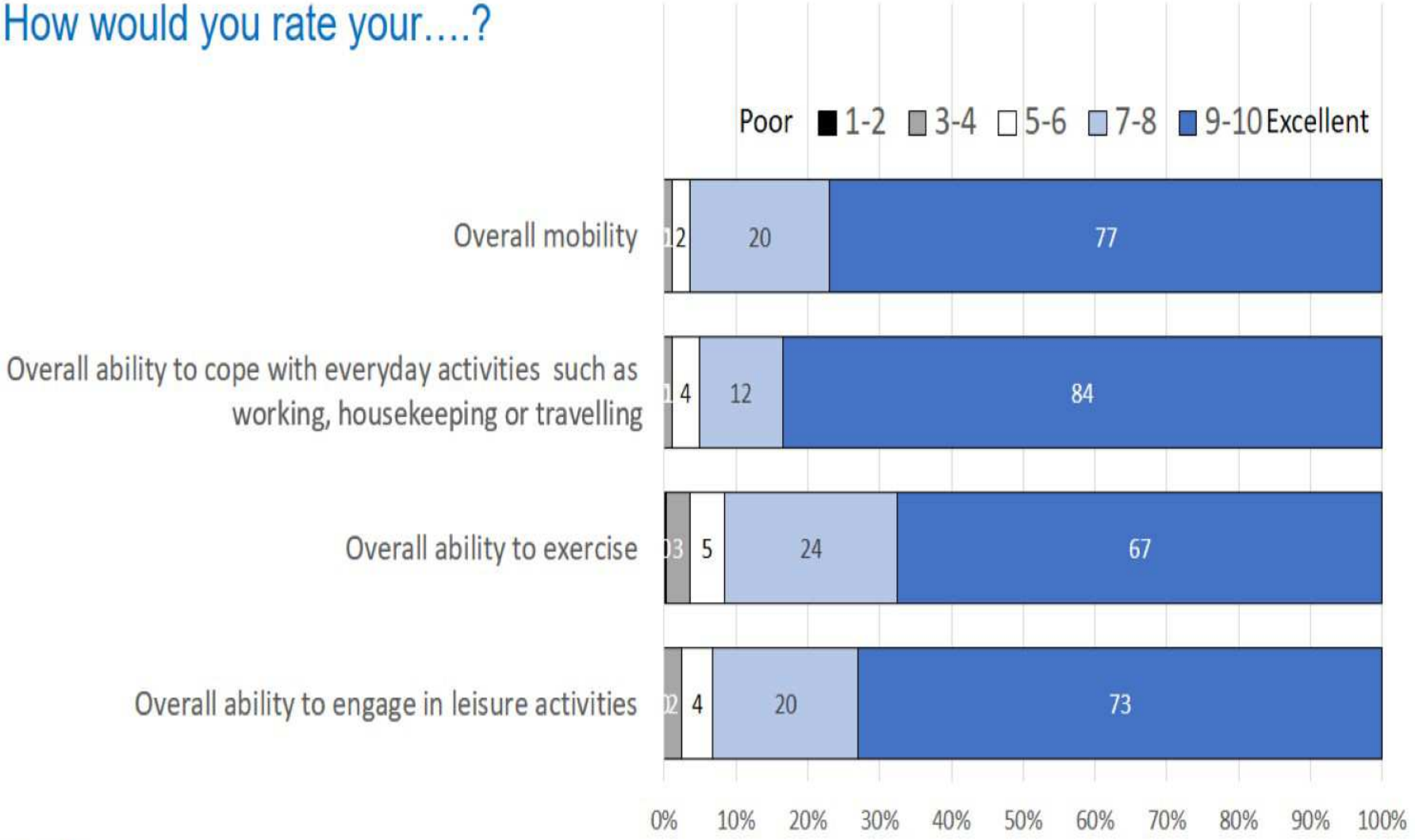
USRDS

2022 Annual Data Report

1 Year Outcomes – Return to Normal Activity

NHS Blood and Transplant

How would you rate your….?



N=371

IL1

TRAPIANTI RENE VIVENTE

Confronto 31/03/2021 vs 31/03/2022

Centro Nazionale Trapianti
ISTITUTO SUPERIORE DI SANITÀ

DATI MARZO	31/03/2022	Definitivi al 31/12/2022	PMP 2022	31/03/2023	Proiezione al 31/12	PMP 2023
VENETO	14	79	16,2	15	61	12,6
EMILIA ROMAGNA	15	60	13,5	12	49	11,1
LAZIO	7	45	7,9	13	53	9,3
LOMBARDIA	9	41	4,1	7	28	2,8
PIEMONTE	5	31	7,3	7	28	6,6
SICILIA	3	21	4,3	7	28	5,8
PUGLIA	4	21	5,3	5	20	5,1
TOSCANA	2	18	4,9	8	32	8,7
CAMPANIA	0	6	1,1	4	16	2,8
FRIULI VENEZIA GIULIA	1	6	5	3	12	10
ABRUZZO	1	5	3,9	1	4	3,1
CALABRIA	0	2	1,1			0
MARCHE	0	1	0,7	1	4	2,7
	61	336	6,3	83	335	6,3

Fonte dati:
Ctx

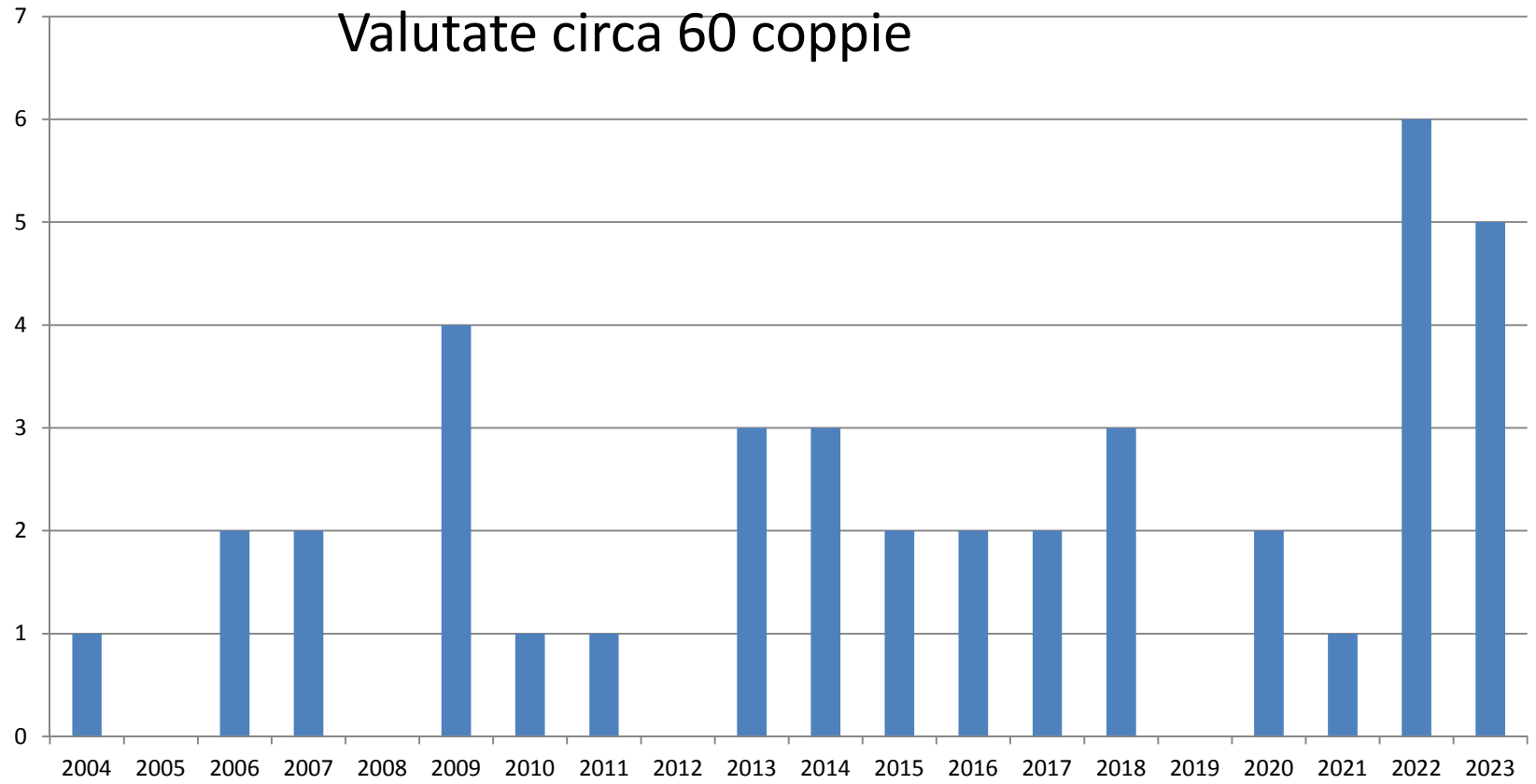
Diapositiva 36

IL1 Ilaria Lombardi; 03/10/2022

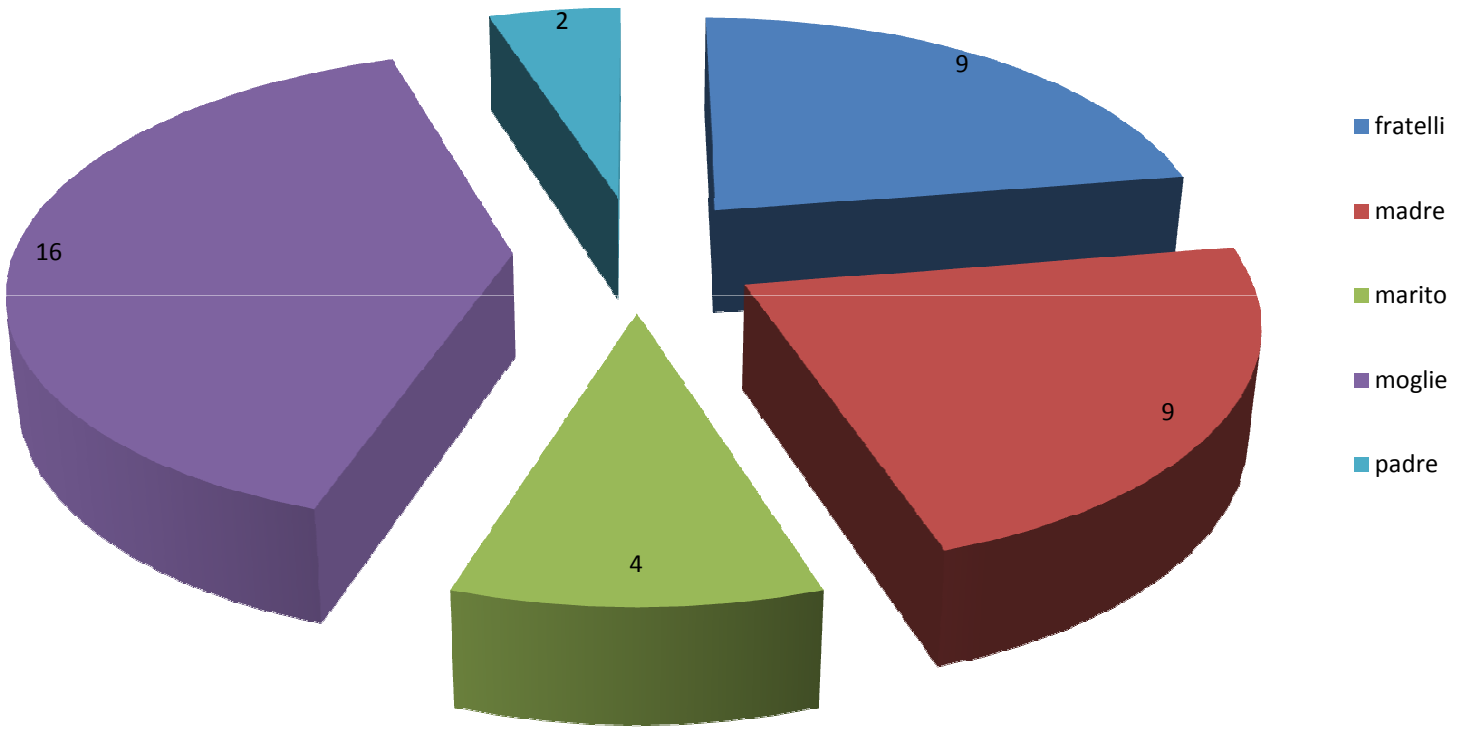
La nostra attività dal 2004 al 2023

Eseguiti 40 trapianti

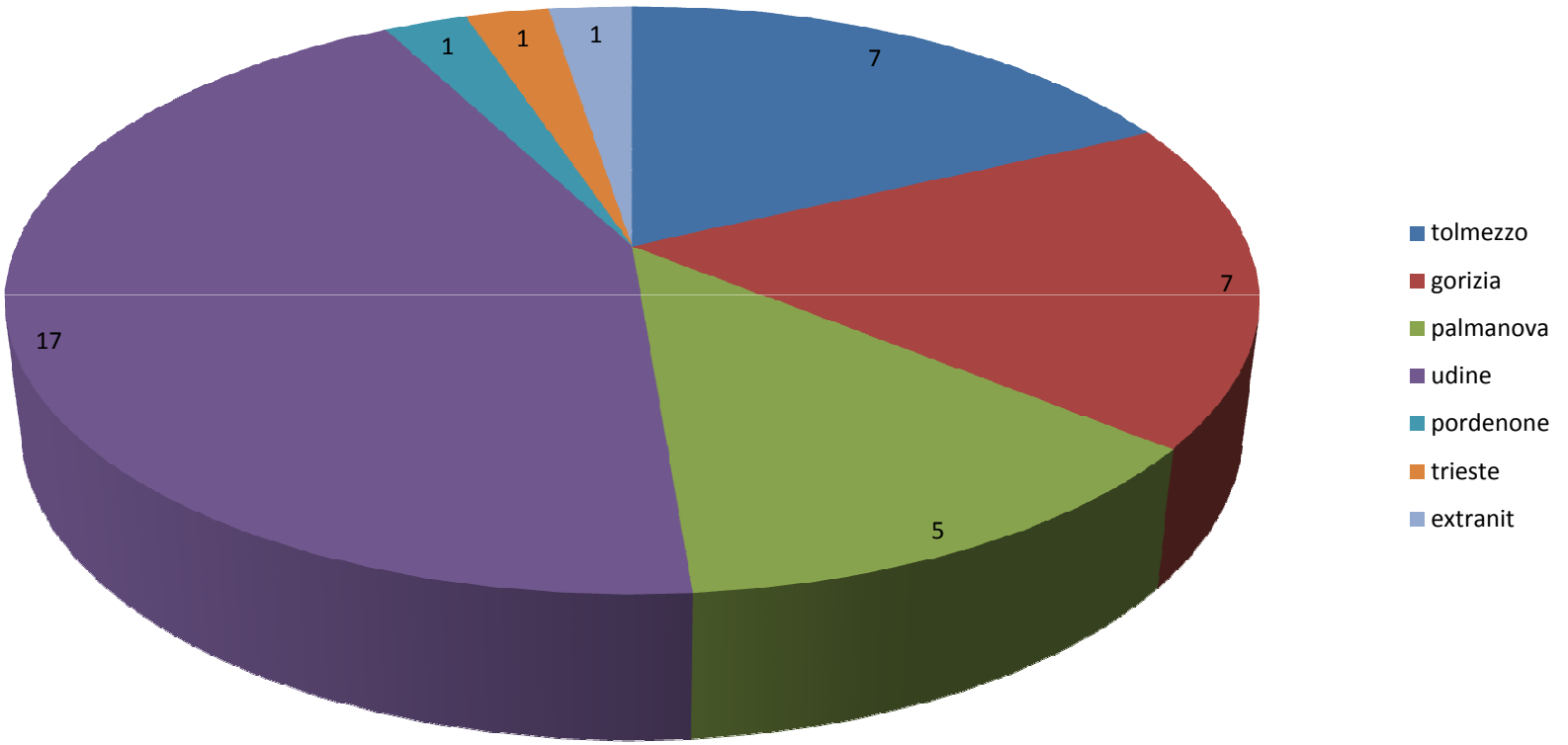
Valutate circa 60 coppie



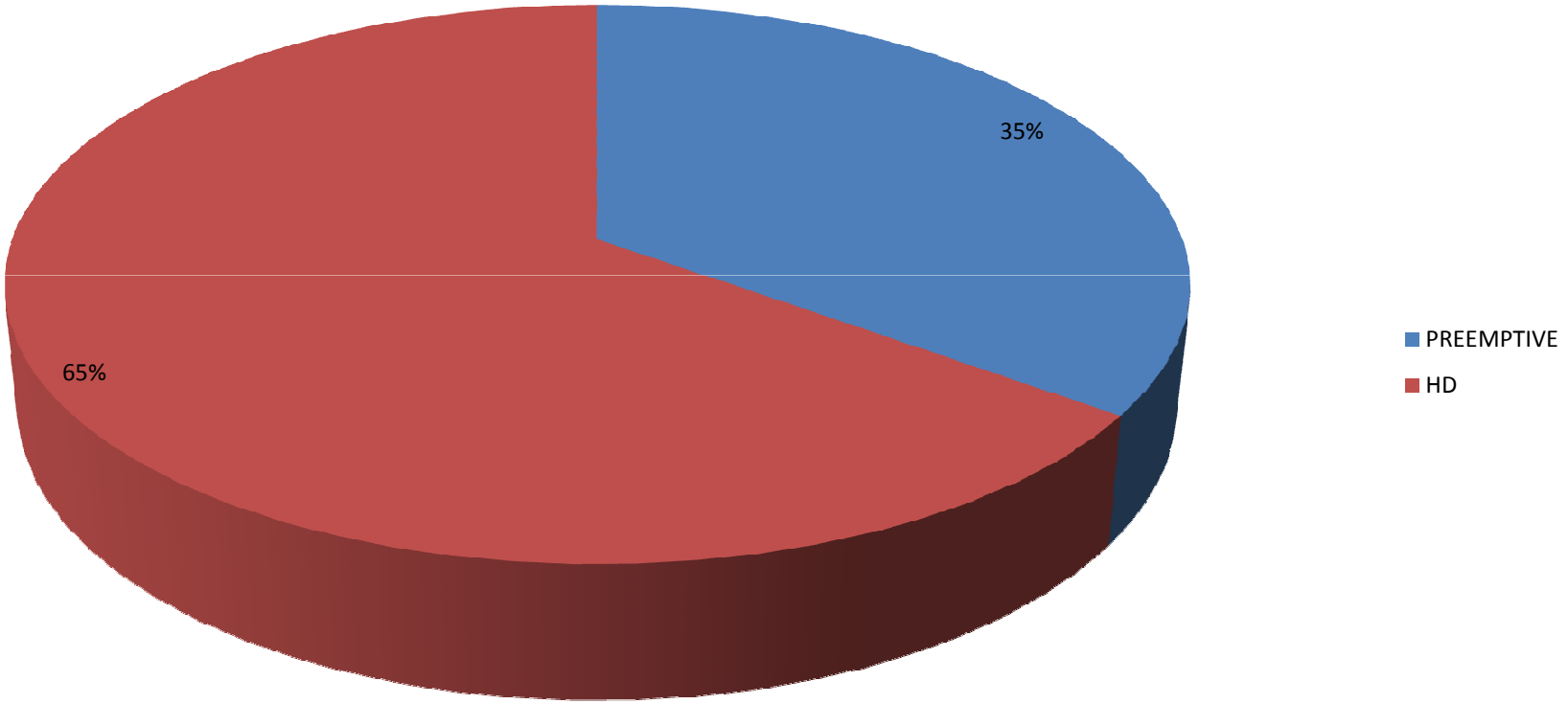
I nostri donatori



La provenienza



IL TRAPIANTO RISPETTO ALLA DIALISI



I NOSTRI PROGETTI

- INCREMENTARE IL NUMERO DEI TRAPIANTI DA VIVENTE
- POSSIBILMENTE PREEMPTIVE
- ABO INCOMPATIBILE
- PARTECIPARE AL PROGETTO CROSS OVER
- ATTUALMENTE ABBIAMO IN STUDIO 7 COPPIE

Conclusioni

- Migliore opzione terapeutica
- Gestione nefrologica
- Migliore sopravvivenza del graft e del paziente
- Programmabile
- Rischio di insufficienza renale terminale basso
- Attenzione a donatori giovani, imparentati, afro-americani
- Rischio di morte post dona
- Aspettativa di vita dei don
  anche nei donatori più anz
- Necessità di follow up del
- L'età non è un limite alla d


AREA
INFERMIERI


DI RENE
A MONOCENTRICA


12
13

Grazie per l'attenzione