Discussion to: Do age and functional dependence affect outcomes of simultaneous heart-kidney transplantation?

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Dr. Francis Pagani (Ann Arbor, MI):

Thank you. An excellent presentation, and congratulations to you and your team. It's a really important topic, obviously, because of the change in the allocation system and the increase that we're seeing in heart and kidney transplantation. So, your observations are timely and really relevant. So, a couple of questions, I think you've already addressed one of them that we talked about. But for your propensity matching for the unmatched cohorts for the younger age, was there a difference in survival between the unmatched and matched cohorts?

Iris Feng (New York, NY):

Yeah. Thank you so much, Dr. Pagani, for your comments and your question. So, in terms of the nonpropensity match and propensity match younger subjects in our study, interestingly, there are lot of differences in baseline characteristics between the two groups. However, when we did a Kaplan-Meier survival
analysis, there was no difference in survival at both 90 days and 7-year post transplant.

Dr. Pagani:

And just to verify, you did the multi-variable regression. So, after the allocation change, there was a higher mortality?

Ms. Feng:

Yes. Yeah. And so yeah, there was higher mortality after the allocation policy change. And I do think that it's relevant because it's possible that the policy change could adversely affect the older recipients more. Given that the new policy tends to favor those recipients or the waitlisted candidates who are on mechanical circulatory support and therefore may be higher risk while our study suggested that the older recipients undergoing heart, kidney transplant might be more carefully selected by having fewer comorbidities. And so, I think this would be a very interesting future direction for this study.

Dr. Pagani:

And importantly, I know you didn't do it, but I think it's really important to consider really looking at waitlist outcomes because the older age group could be sensitive to it. When you think about the heart and kidney, it's a strategy. So, with the strategy from listing, how successful are these older patients to get to a heart kidney transplantation? So, I think the conception when we think about listing somebody for heart, kidney, we want to know their waitlist outcomes. And I think it's important to include that. And the last comment, really, your numbers are small. I think you raised that as an important limitation. But I think you would be careful, particularly at your seven-year mark saying there's no statistical difference because a 10% survival difference is clinically relevant. So just be careful how the inferences you make in terms of your ability with the limited dataset. Great job, again. Thank you.

Ms. Feng:

Thank you so much for your comments and questions.