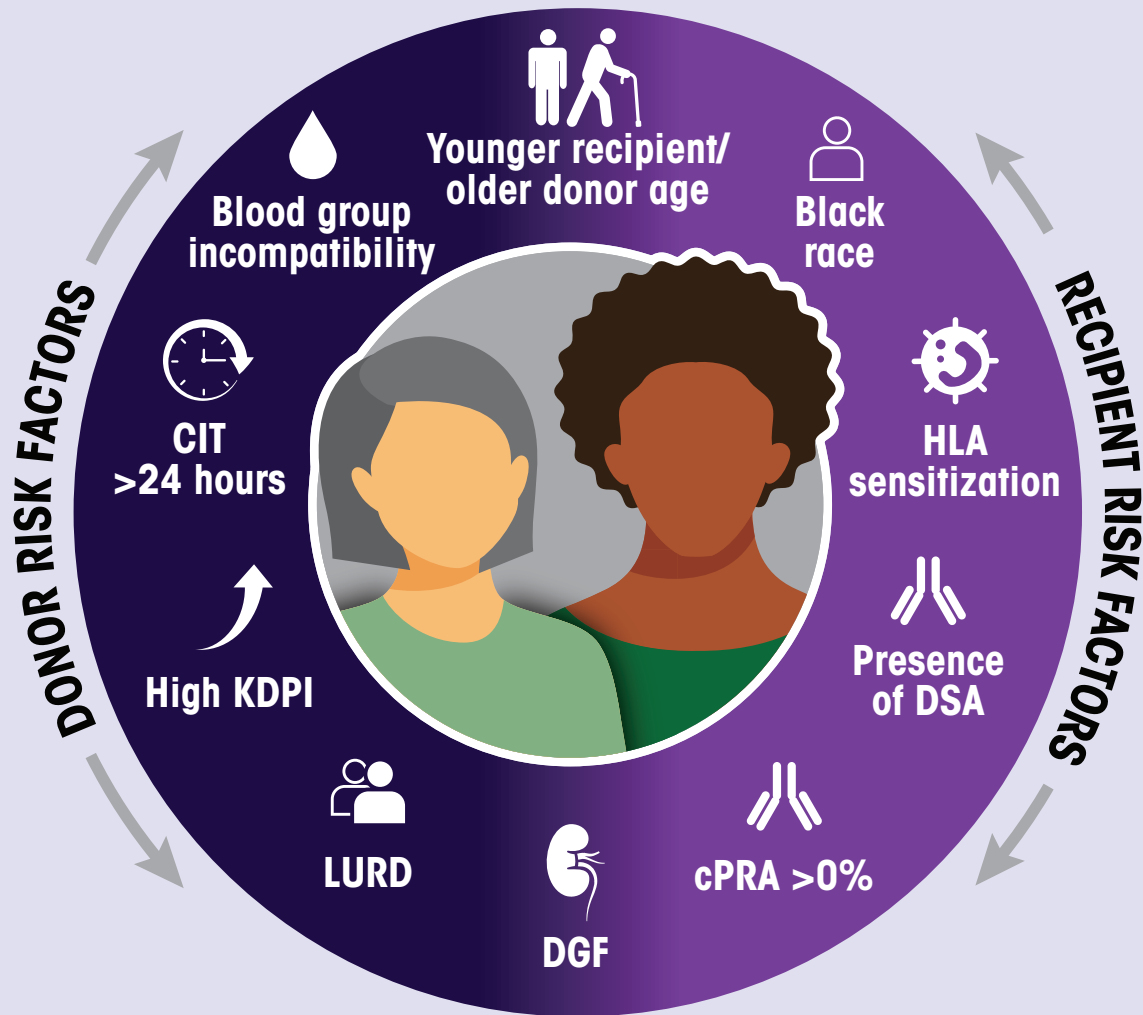
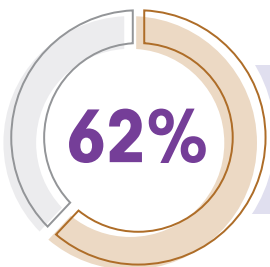


Patients With 1 or More Risk Factors May Be Considered at HIGH Risk of Acute Rejection¹

Factors for Increased Risk of Acute Rejection²⁻⁵



Protection Against Acute Rejection Is a Critical Step to Preserve Kidney Function⁶



of Patients Who Experienced Acute Rejection in the First 3 Months **Did Not Return to Normal Kidney Function^{6,*}**

*Return to normal was defined as SCr <130µmol/L.

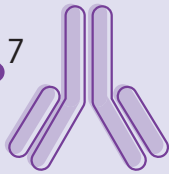
The Proportion of Kidney Transplant Recipients With Risk Factors for Acute Rejection Is **Increasing**^{4,7,8}

From 2008 to 2021,

118%

increase in the total number of LDKT and DDKT recipients with

cPRA of 20%-79%⁷



From 2016 to 2020,

>30%

of DDKT recipients had **5 or more** HLA A, B, and DR mismatches⁴



From 2008 to 2021,

75%

increase in the total number of

Black LDKT and DDKT recipients⁷



From 2008 to 2015,

9.3-fold

increase in **CIT** with the use of KPD registries to ship kidneys and facilitate **LDKTs**^{8,a}



2009 KDIGO guidelines suggest the use of lymphocyte-depleting agents for patients at high risk for acute rejection^{1,5}

^aMedian CIT in hours vs in-center KPD transplants.⁸

Abbreviations: CIT, cold ischemia time; cPRA, calculated panel reactive antibody; DDKT, deceased donor kidney transplant; DGF, delayed graft function; DSA, donor-specific antibodies; HLA, human leukocyte antigen; KDIGO, Kidney Disease: Improving Global Outcomes; KDPI, Kidney Donor Profile Index; KPD, kidney paired donation; LDKT, living donor kidney transplant; LURD, living unrelated donor; SCR, serum creatinine.

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