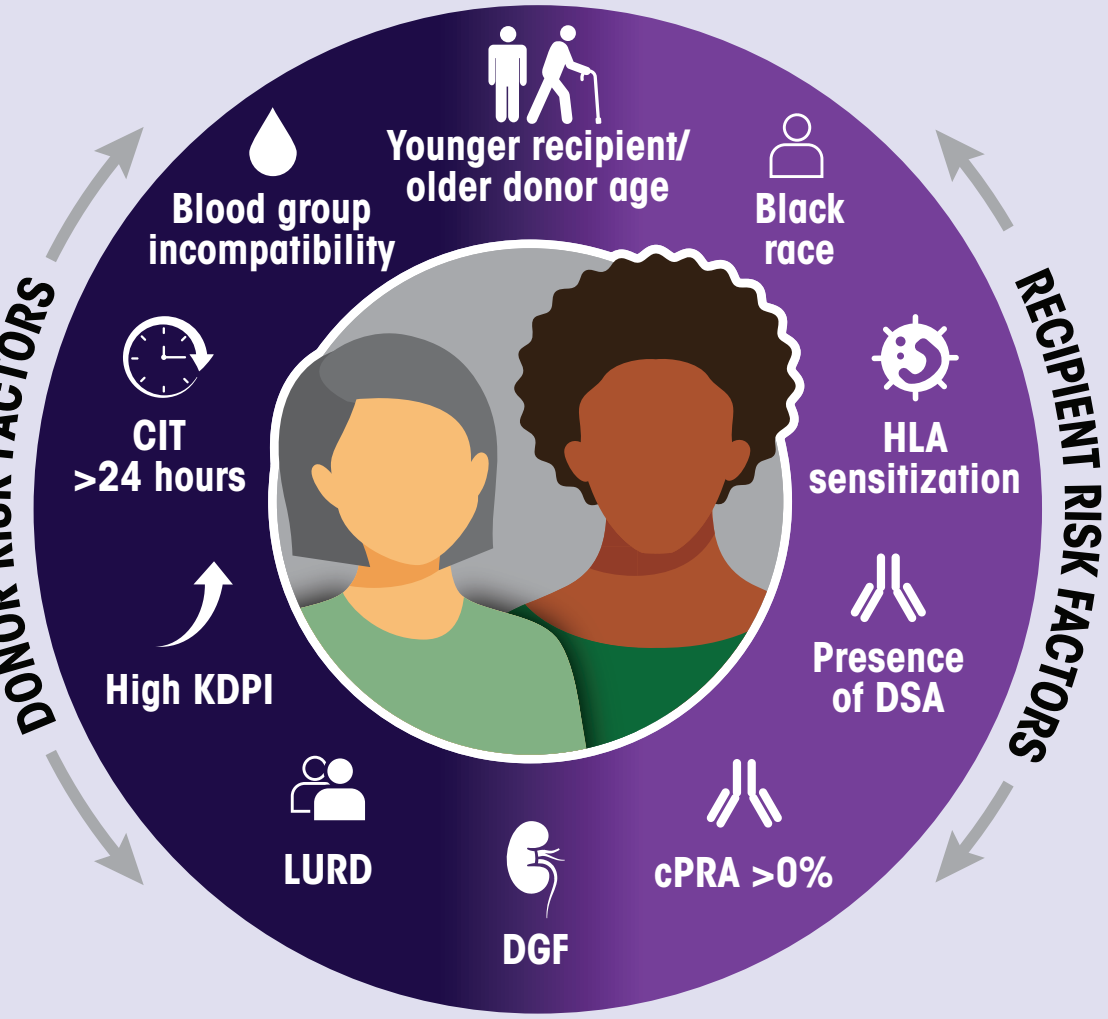
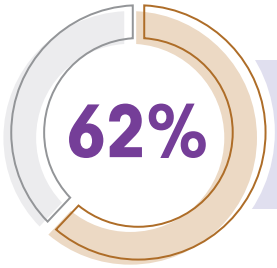
Patients With 1 or More Risk Factors May Be Considered at HIGH Risk of Acute Rejection[1]

Factors for Increased Risk of Acute Rejection[2-5]



Protection Against Acute Rejection Is a Critical Step to Preserve Kidney Function[6]



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.

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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 mismatches[4]



From 2008 to 2021,

75%
increase in the total number of **Black LDKT and DDKT recipients**[7]



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]

[a]Median 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-specifi c antibodies; HLA, human leukocyte antigen; KDIGO, Kidney Disease: Improving Global Outcomes; KDPI, Kidney Donor Profi le Index; KPD, kidney paired donation; LDKT, living donor kidney transplant; LURD, living unrelated donor; SCr, serum creatinine.

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