



“Which Live Donor Kidney is Better?” Additional Q&A  
From Wednesday, February 20, 2019  
<https://ast.digitellinc.com/ast/sessions/2222/view>

**1. Any comments about pediatric recipients under the age of 18 (choosing between an older living donor >50 versus a deceased donor <35 with potential less HLA match).**

*Dr. Gill: The choice between a living and a deceased donor is clear - we would recommend the living donor.*

**2. Do you use living donor calculators to evaluate the outcome of the donors themselves?**

*Dr. Reese: Speaking just for myself, I do not use the living donor outcomes calculator from the NEJM because the source populations were not kidney donors and had very short median follow-up.*

*Dr. Gill: [I] agree with this statement.*

**3. Do you have a threshold for predonation risk for donor-candidates using risk calculator (Grams et al)?**

*Dr. Gill: See above - the webinar was clearly restricted to recipient outcome considerations.*

**4. What is the data to support that a smaller kidney donating to a larger recipient decreases graft outcome survival?**

*Drs. Gill and Reese: A number of studies have shown that living donor kidney volume impacts recipient outcomes. These are chiefly single center studies. Here is one example - [https://journals.lww.com/transplantjournal/Fulltext/2012/12150/Effect\\_of\\_Donor\\_Kidney\\_Volume\\_on\\_Recipient.8.aspx](https://journals.lww.com/transplantjournal/Fulltext/2012/12150/Effect_of_Donor_Kidney_Volume_on_Recipient.8.aspx)*

**5. Among donor variables, which ... have a higher impact on recipient outcomes? Age or GFR?**

*Dr. Reese: I think you can get the best sense of the relative impact by looking at the covariates in the risk calculators or playing around with the online applications to see how age and GFR (both continuous variables) impact the predicted graft outcome.*

*Dr. Gill: [I] agree with this response. There is no all or none answer and [it depends] on the range of GFR and range of age.*