transplanted and all animals survived the length of the study. Two kidneys were allocated to the CI group, and two in the immediate transplantation (IT) group. On postoperative day four, Serum Cr and BUN were 2.7±0.3mg/dL and 16.5±0.5mg/dL in the CI group, and 2.0±0.45mg/dL and 14.5±0.5mg/dL in the IT group respectively. 4-hour CrCl in the CI group was 19.3±0.77 mL/min and UPro 763±63 mg/dL. In the IT group, CrCl was 34.1±2.85 mL/min, and UPro 114.3±29.3mg/dL Conclusion: ECS can be used with thrombolytics to adequately resuscitate organs prior to transplantation in non-anticoagulated (uncontrolled) DCD after 60 minutes of warm ischemia, and result in functional organs. Cold ischemia may be detrimental to DCD organs after procurement.

K_PP#04 DELAYED GRAFT FUNCTION (DGF) DOES NOT HARM THE RESULTS OF CONTROLLED DONATION AFTER CARDIOVASCULAR DEATH (DCD) KIDNEY TRANSPLANTATION

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Introduction: Delayed graft function (DGF) occurs more frequently after kidney transplantation (KT) from donation after cardiovascular death (DCD) than from donation after brain death (DBD). In DBD-KT, DGF reduces graft survival. We investigated the effect of DGF on post-transplant outcomes in controlled DCD-KT. Patients and Methods: This single-center retrospective study recruited 80 controlled DCD-KT performed from January 2005 to December 2011. Mean follow-up was 28.5 months. Results: There was no primary non-function. DGF rate was 35.5%. Overall graft survivals in groups with and without DGF were 92.4% and 95.2% at 1 year, 92.4% and 87.1% at 3 years, and 84.7% and 87.1% at 5 years, respectively (p= NS). Patients with and without DGF had the same survival rates at corresponding time points (92.4% and 97.2%, 92.4% and 93.9%, and 84.7% and 93.9%, p=ns). Estimated glomerular filtration rate was significantly lower in DGF group at hospital discharge (29 vs 42 ml/min, $p<0.01$) and up to 6 months post-transplant (46 vs 52, $p<0.05$), but the difference disappeared afterward (47 vs 52 at 1 year, 50 vs 48 at 3 years, and 54 vs 53 at 5 years, p=ns). DGF did not increase the risk of acute rejection (29.6% vs 30.6%, p=ns) or surgical complications (33.3% vs 26.5%, p=ns). DGF significantly prolonged hospitalization length in DGF compared to non-DGF patients (18.9 vs 13 days, $p<0.01$). Donor BMI≥30, recipient BMI≥30 and pre-transplant dialysis duration increased DGF risk in multivariate logistic regression analysis. Conclusions: DGF had no deleterious impact on controlled DCD-KT function. Comparable graft and patient survivals, renal function, rejection rate and surgical complications were observed between groups with and without DGF. DGF should be no longer considered as a medical barrier to controlled DCD-KT.

K_PP#05 EARLY OUTCOMES OF DUAL CADAVERIC RENAL TRANSPLANTATION; USING CLINICAL ACCEPTANCE CRITERIA

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Introduction: The shortage of organs available for transplantation and rapid increase in the waiting lists has led to alternate strategies to expand the donor pool.Transplantation of two marginal kidneys into a single recipient can increase organ utilization. The aim of this study was to evaluate the early outcomes of dual renal transplants in our institution with a view of expanding the acceptance criteria for marginal donors. Methods: We retrospectively reviewed the data on all recipients who had cadaveric dual renal transplants from February 2011 to October 2012.A total of 13 transplants were carried out, with 12 from DCD donors and 1 from DBD donor. The selection criteria was based on the institutional guidelines,which include donors with an eGFR between 40-60,age less than 75 years,cold ischaemic time(CIT)less than 24hours and primary warm ischaemic time less than 40 minutes. Results: 11/13 kidneys were declined by 2 or more centers.The follow up period ranged from 2 weeks to 18 months. The mean CIT was 12.43 hours for the first kidney and 14.44 hours of the second kidney. 46% experienced delayed graft function but became dialysis independent between 4 and 56 days after transplantation.There has been 1 graft failure due to focal segmental glomerular sclerosis (FSGS).There is a 100% patient survival and 92% graft survival rate of which 12/13 grafts still functioning. 77% of recipients achieved serum creatinine of less than 300 µmol/l at 3 months. Conclusion: We conclude that transplanting two marginal kidneys,otherwise destined to be discarded is an appropriate option for selected recipients. When donors are considered unsuitable as single kidney donors,dual kidney transplant should be cautiously considered. Previous authors have suggested using pre-implant histology scores to guide decision making, but this data demonstrates that clinical criteria may be sufficient.

K_PP#06 FIRST HUMAN TRIAL OF ISCHEMIC POSTCONDITIONING IN KIDNEY TRANSPLANTATION FROM DONATIONS AFTER CARDIAC DEATH

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