Higher pre-transplant serum creatinine levels in MHD patients are incrementally and linearly associated with better post-transplant outcomes including lower mortality and lower graft failure. This linear benefit may indicate the role of nutritional status, including muscle mass and probably meat intake, on patient and graft longevity of renal transplant recipients. Trials to examine intervention to improve sarcopenia are indicated in transplant wait-listed pts.

• Assuming that average pre-dialysis serum creatinine is a surrogate of muscle mass in long-term hemodialysis patients, larger muscle mass appears associated with better post-transplant outcomes.

• Larger lean body and higher muscle mass appear to be associated with greater survival in long-term dialysis patients.

• However the association of pre-transplant muscle mass with post-transplant outcomes in dialysis patients who undergo renal transplantation is not known.

• The reduction in muscle mass (sarcopenia), is a predictor of mortality in CKD patients, and muscle wasting may lead to reduced skeletal, respiratory, and cardiac muscle function, compromising the vital functions of these organ systems, leading to poor outcomes.

• In maintenance hemodialysis (MHD) patients receiving any given hemodialysis regimen, serum creatinine measured prior to a HD treatment session is a measure of nutritional status including muscle mass and probably striated meat intake.

• We hypothesized that a higher pre-dialysis serum creatinine, a surrogate of muscle mass, in the months prior to transplant is associated with better post-transplant outcomes including greater graft survival and lower mortality.