In Germany the number of kidney transplantations has increased rather slowly during recent years. While living donations increased, the number of postmortal donations decreased during the same time. In order to lower the number of patients on the waiting lists in Germany, the rate of postmortal or living donations as well as the number of marginal donors must be increased. Furthermore, risk factors related to the development of coronary heart disease or chronic allograft nephropathy, have to be strictly controlled in order to improve graft survival and, thus, reduce the waiting lists. In addition to the well established risk factors for graft survival such as HLA-missmatch, ischemia, coronary artery disease, metabolic diseases, or recipient/donor age others such as recipient/donor gender, social status, and patient education also influence graft survival. Screening for malignant tumors is crucial as donor and recipient age is increasing. Whether newer immunosuppressive substances such as mycophenolat mofetil(MMF), sirolimus, II-2 receptor antagonists, or FTY720 prolong long term graft survival, has to be investigated in future clinical trials.