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ASN KIDNEY WEEK 2015 • NOVEMBER 3–8 • SAN DIEGO, CA

STUDIES ADDRESS LONG-TERM HEALTH OF LIVING KIDNEY DONORS

Highlights

- New equations may help predict the lifetime risk of kidney failure in kidney donor candidates.
- Living kidney donors who develop diabetes or hypertension are at greater risk for experiencing reduced kidney function.
- The findings, which point to the need for revised kidney transplant policies, will be presented at ASN Kidney Week 2015 November 3–8 at the San Diego Convention Center in San Diego, CA.

San Diego, CA (November 7, 2015) — While it's important to monitor the health of recipients following kidney transplantation, it's equally important to assess the ongoing health of living donors who have generously given up an organ. Several studies that will be presented at ASN Kidney Week 2015 November 3–8 at the San Diego Convention Center in San Diego, CA address various aspects of donor health.

Investigators led by Morgan Grams, MD (CKD Prognosis Consortium) have developed equations to predict the lifetime incidence of kidney failure, or end stage renal disease (ESRD), according to a donor's baseline demographic and health characteristics before kidney donation. The team found that the predicted predonation lifetime incidence of ESRD varied by age, race, and sex: 2.7%, 1.1%, 0.9%, and 0.6% in 20-year-old black men, black women, white men, and white women, respectively, and 0.6%, 0.3%, 0.3%, and 0.2% in the corresponding 60-year-old candidates. The lifetime incidence of ESRD was higher with additional risk factors, particularly low kidney function. The predicted lifetime incidence of ESRD before donation was <1% in 88% of recent US donors.

“We suggest consideration of predonation lifetime ESRD risk in the evaluation and counseling of potential living kidney donors,” the authors concluded. “Our equations estimate a person's lifetime incidence of ESRD in the absence of donation according to multiple demographic and clinical characteristics.”

In two studies, Hassan Ibrahim, MD, FASN (University of Minnesota) and his colleagues examined the health impacts of 2 conditions in living kidney donors: diabetes and high

blood pressure. The team found that kidney donors who develop diabetes or hypertension have a 2- to 4-times higher risk of experiencing reduced kidney function compared with donors who remain free of these conditions. “Moreover, demographic and laboratory variables can be used to predict individual patients’ risks of developing diabetes and hypertension with reasonable accuracy, especially among white donors,” said Dr. Ibrahim.

Studies: 1) “Predicting the Lifetime Risk of End-Stage Renal Disease in Kidney Donor Candidates” (Abstract FR-OR068). 2) “Post Donation Diabetes and Risk of Death” (Abstract SA-PO1020). 3) “ESRD and Post Donation Hypertension and Risk of Death and ESRD” (Abstract FR-OR069)

Disclosures: **1)** Andrew S. Levey owns a patent submitted with Drs. Inker and Coresh for development of precise panel estimated GFR with markers identified using the Metabolon. Kunihiro Matsushita is a consultant for Apex; receives research funding from Kyowa Hakko Kirin, Fukuda Denshi; and receives honoraria from Mitsubishi Tanabe Pharma, MSD, Kyowa Hakko Kirin. Bertram L. Kasiske receives honoraria from Astellas. Csaba P. Kovesdy is a consultant for Relypsa, ZS Pharma; receives research funding from Abbvie, Amgen, OPKO, Shire; receives honoraria from Sanofi-Aventis, Relypsa, ZS Pharma; and royalties from UpToDate. Varda Shalev owns a patent in Medial and is a scientific advisor for Belong, Bandmanage, Nuvo. Dorry L. Segev is a consultant for and receives honoraria from Genzyme/Sanofi, Pfizer, Astellas, Novartis
Consultancy Agreements: Genzyme/Sanofi, Pfizer, Astellas, Novartis. Josef Coresh receives research funding from NKF and NIH; and has a patent pending for more precise estimation of GFR from a single blood draw. Krista L. Lentine is a consultant for and has an ownership interest in XynManagement. Amit X. Garg receives research funding from Astellas, Roche, Fresenius, Ortho-Biotech, Pfizer Canada; honoraria from Amgen. **2–3)** Hassan N. Ibrahim is a consultant for Novartis; receives research funding from NIH; and honoraria from Relypsa. Robert N. Foley is a consultant for Novartis, Fibrogen, Baxter, Satellite Health; receives honoraria from Novartis, Fibrogen, Baxter, Satellite Health; and is a scientific advisor for Novartis, Baxter, Satellite Health. Richard S. Spong is a consultant for Medica. Arthur J. Matas receives research funding from Astellas, BMS, Alexion, Wyeth, Genzyme, NIH, Genentech, Veloxis, Sanofi; honoraria from Astellas, Novartis; and is a scientific advisor for Medica (advisory board), and Novartis (solid organ advisory board).

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ASN Kidney Week 2015, the largest nephrology meeting of its kind, will provide a forum for more than 13,000 professionals to discuss the latest findings in kidney health research and engage in educational sessions related to advances in the care of patients with kidney and related disorders. Kidney Week 2015 will take place November 3–8, 2015 in San Diego, CA.

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