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## WHAT'S THE BEST STRATEGY TO INCREASE LIVING KIDNEY DONATION?

## **Highlights**

- There are very few high quality studies on strategies to increase living kidney donation.
- From the limited data available, educational interventions directed at potential recipients and their social networks are the most promising.

**Washington, DC (August 17, 2017)** — A new analysis indicates that few strategies to increase living kidney donation have been evaluated effectively; however, educational strategies targeted to recipients and their family and friends have the best evidence of being successful. The analysis, which appears in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), also provides possible suggestions that could help investigators, organizations, and policy makers determine which, out of the many strategies that may be used to increase living donation, should be considered.

There is a critical need to increase rates of living kidney donation to address the growing organ shortage; however, it's unclear which strategies are effective. To investigate, Scott Klarenbach, MD, MSc (University of Alberta) and his colleagues summarized the breadth and quality of the evidence on approaches to increase living kidney donation.

When the researchers conducted a search of the medical literature, they found very few high quality studies. The most evidence related to educational strategies: those directed at both the potential recipient and their close social network. Of the 7 studies that focused on educational strategies, 2 studies that targeted the potential recipient's close social network reported significant benefits. Other approaches were also identified, but their impact was assessed through less rigorous study designs.

"Living kidney donation is the optimal treatment for patients with kidney failure, who would otherwise be treated with dialysis. It improves survival and quality of life, and is less resource intensive and can be safely performed with appropriate donor selection," said Dr. Klarenbach. "There are large numbers of patients with kidney failure waiting for a kidney transplant, and increasing living kidney donation would reduce their wait time and improve outcomes."

In an accompanying editorial, Krista Lentine, MD, PhD (Saint Louse University School of Medicine) Didier Mandelbrot, MD (University of Wisconsin School of Medicine) noted that certain steps are needed for practitioners and policymakers to expand living donor kidney transplantation. "We and others believe that the strategies that have the potential to improve informed consent and access to living kidney donor transplantation include: (a) broader and repeated living donor kidney transplantation education beginning at earlier stages of kidney disease and involving the patient's social network, (b) removal of disincentives to donation, (c) optimized efficiency in the evaluation of donor candidates, and (d) improving the safety and defensibility of donor selection," they wrote.

Study co-authors include Lianne Barnieh, David Collister, Braden Manns, Ngan Lam, Soroush Shojai, Dianne Lorenzetti, and John Gill.

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The article, entitled "A Scoping Review for Strategies to Increase Living Kidney Donation," will appear online at http://cjasn.asnjournals.org/ on August 17, 2017, doi: 10.2215/CJN.01470217.

The editorial, entitled "Moving from Intuition to Data: Building the Evidence to Support and Increase Living Donor Kidney Transplantation," will appear online at http://cjasn.asnjournals.org/ on August 17, 2017.

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