

significant in the propensity-matched analysis: 40.0% versus 34.0%, hazard ratio (HR) 1.39. Discontinuation was also associated with an increased risk of major adverse cardiovascular events: HR 1.37.

Risk of developing kidney failure was about 7% in both groups. The presence of baseline diabetes had a modifying effect on the association between ACEI/ARB and risk of kidney failure: estimated HR 1.56 in patients with diabetes versus 0.61 in those without. Discontinuation of ACEI/ARB therapy was associated with a lower risk of hyperkalemia: HR 0.65. Analysis of ACEI/ARB discontinuation after eGFR decrease

by 40% or more also showed significant increases in the risk of death or cardiovascular events: HR 1.53 and 1.40, respectively.

Patients with lower eGFR are more likely to experience adverse effects of ACEI/ARB therapy. As kidney disease progresses, treatment discontinuation becomes increasingly common. However, there are conflicting data on the risks versus benefits of ACEI/ARB discontinuation in patients with advanced CKD.

Continuing ACEI/ARB therapy after a decline in eGFR is associated with lower mortality and a lower rate of cardiovascular events, with no increase in kidney failure, the

retrospective study suggests. The findings are robust on sensitivity analyses and similar for patients with an eGFR under 30 mL/min/1.73 m<sup>2</sup> or a decline of 40% or more. “The findings suggest that continuing ACEI or ARB therapy in patients with declining kidney function may be associated with cardiovascular benefit without excessive harm of ESKD,” the investigators conclude [Qiao Y, et al. Association between renin-angiotensin system blockade discontinuation and all-cause mortality among persons with low estimated glomerular filtration rate. *JAMA Intern Med* 2020; DOI:10.1001/jamainternmed.2020.0193]. ■

## DMV Video Increases Organ Donor Registrations

A video played at Alabama Department of Motorized Vehicles (DMV) facilities—specifically targeting African Americans—resulted in a modest but significant increase in organ donor registrations, reports a study in *Transplantation*.

The 10-minute video was created by a professional film company experienced in producing motivational “call to action” videos. The video built on previous research with African American DMV patrons and was developed with input from members of the community. Topics included medical mistrust, the need for donor organs, and stories shared by organ donor and recipient families. The video also featured brief promotional clips by well-known local figures, such as elected officials and football coaches.

In an interrupted time series design, the video was played in six DMV facilities, in cycles of 2 months on and 2 months off over 1 year. Evaluation included assessment of the video’s impact on organ donor registration rates.

The analysis included nearly 163,000 patron visits during the 12-month study period; about 55% of patrons were Caucasian and 40% African American. Overall donor registrations increased by an average of 2.3% during times the video was on. Rates were 51.1% with the video on versus 48.4% with the video off; increases varied by site, from 1.98% to 3.35%.

On multivariable analysis, the video-on condition was significantly associated with donor registration: odds ratio (OR) 1.09. Other independent factors included female sex (OR 1.29), Caucasian race (OR 4.48), and younger age (OR 0.982 per year). Even though the video was tailored to African Americans, there was no evidence of an incremental effect in this group. In exit interviews with African American patrons, only 16% said they watched the video and could identify its main message.

Efforts are needed to increase organ donor registration, particularly among potential African American donors. Baseline data suggest that only 28% of African Americans in Alabama are registered organ donors, compared to 64% of Caucasians. Nationwide, DMV locations are a major portal for organ donor registration.

A video played in Alabama DMV locations resulted in a modest but significant increase in organ donor registrations. The findings suggest similar effectiveness in African American and Caucasian DMV patrons. The authors plan refinements to the video approach, particularly marketing-based promotion with frequent and unambiguous calls to action [DuBay D, et al. A video intervention to increase organ donor registration at the department of motorized vehicles. *Transplantation* 2020; 104:788–794]. ■

## It’s time for kidney talk

When you see unexplained signs of kidney disease, think **Alport syndrome**. It can filter through a family.

### Incurable disease

- Alport syndrome (AS) is a **permanent, hereditary condition** responsible for a genetically defective glomerular basement membrane, causing chronic kidney inflammation, tissue fibrosis, and kidney failure<sup>1-6</sup>
- Across the entire range of AS genotypes, **patients are at risk of progressing towards end-stage kidney disease (ESKD)**<sup>3,7,8</sup>

### Hidden signs

- **Patients often go undiagnosed**, as the clinical presentation of AS is highly variable and family history may be unavailable<sup>3,9-11</sup>
- **Persistent, microscopic hematuria is the cardinal sign of AS** and should prompt immediate diagnostic investigation—particularly when combined with any family history of chronic kidney disease<sup>8,11,12</sup>

### Early action

- Expert guidelines published in the *Journal of the American Society of Nephrology* **now recommend genetic testing as the gold standard for diagnosing Alport syndrome**<sup>8</sup>
- Early AS detection via genetic diagnosis, and its ability to guide a patient’s treatment decisions, demonstrates the **powerful impact of precision medicine in nephrology**<sup>12-14</sup>

Reata and Invitae have collaborated to offer no-charge genetic testing for rare chronic kidney disease diagnosis and greater clinical insights. For more information regarding the KIDNEYCODE program or to order a test, please visit [www.invitae.com/chronic-kidney-disease](http://www.invitae.com/chronic-kidney-disease) or contact Invitae client services at [clientservices@invitae.com](mailto:clientservices@invitae.com) or 800-436-3037.

**Abnormal kidney function can have a strong family connection—  
Alport syndrome**

Learn more about Alport syndrome at  
[ReataPharma.com](http://ReataPharma.com).



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