KN Editorial Fellows Program Open for Applications

ASN *Kidney News*—the kidney community's leading newsmagazine— invites you to apply to be a *KN* Editorial Fellow.

Who can apply? Fellows entering their second, third, or fourth year of fellowship in nephrology with an interest in clinical nephrology, transplantation, basic research (physiology, pharmacology, or pathophysiology), or clinical research (observational research and clinical trials).

ASN Kidney News *embraces diversity and equal opportunity. We are committed to building an inclusive culture that represents the diverse backgrounds, perspectives, and skills of the communities we serve globally.*

How long is the appointment? Two years.

What are the responsibilities? Editorial Fellows participate in all ASN *Kidney News* editorial processes, including reviewing articles, developing the Fellows First column, and identifying topics for invited articles and special issues. Trainees will participate in ASN *Kidney News* editorial calls and will be encouraged to contribute, as appropriate, to discussions of *KN* strategy and invited papers. The time commitment is at least one hour per week for soliciting and editing articles and communicating with authors and *KN* editorial staff.

First-year participants will be provided with a series of training sessions to ensure their familiarity with editorial processes. Periodic "trainee only" meetings with ASN *Kidney News* senior leadership will be held to discuss specific topics in the editorial process.

Fellows will be assigned to a specific editor who will oversee their progress. They will work closely with the assigned mentor and the Editor-in-Chief.

What's the deadline? October 30, 2022. The fellowship will begin January 1, 2023.

How do I apply? Interested applicants are invited to provide the following:

- A brief bio
- A detailed CV
- A commitment and recommendation letter from Division Chief or Program Director of fellowship specifying how you are suited for the position
- A 200- to 300-word short article on the topic "Training in Nephrology 2023: What can be changed?" One original figure and/or a visual abstract may be included. No coauthors are allowed.

Application materials may be submitted at https://www.asn-online.org/knfp.

Outcomes of Kidney Transplantation in AL Amyloidosis

By Umut Selamet and Naoka Murakami

Amyloid light chain (AL) amyloidosis is a systemic disease affecting multiple organs, including the kidney, heart, gastrointestinal tract, and nerves. Kidney involvement is common and seen in ~70% of patients with newly diagnosed AL amyloidosis. Proteinuria >5 g/day and estimated glomerular filtration rate <50 mL/min at the time of diagnosis predict 60%–85% progression to end stage kidney disease (ESKD) in 3 years (1). The survival of patients with AL amyloidosis improved significantly over the past several decades, owing to advancements of treatment options with plasma cell-targeted therapies and hematopoietic stem cell transplant (HSCT) (2). Overall survival (OS) at 10 years is 95% for patients with AL amyloidosis who achieve hematological complete remission (CR) with high-dose melphalan and HSCT (3). Despite the encouraging survival data, kidney transplantation is rarely used for patients with ESKD due to AL amyloidosis. According to the United Network for Organ Sharing (UNOS) database, only 30–40 cases out of a total of ~22,000 kidney transplants per year were performed for patients with all types of amyloidosis (4).

Recently, three key observational studies updated data on the outcomes of kidney transplantation in AL amyloidosis. Angel-Korman et al. (5) reported a single-center cohort study from the Boston University Amyloidosis Center (n = 49); the median OS (mOS) and allograft survival after kidney transplant were 10.5 and 8.3 years, respectively. Hematological CR or very good partial response (VGPR) was associated with longer OS and less recurrence rate. Law et al. (6) studied data from the UK National Amyloidosis Centre (n = 51); OS and allograft survival of kidney transplant recipients with AL amyloidosis were not different from kidney transplant recipients due to diabetes. Cardiac involvement (interventricular septal thickness >12 mm) was associated with worse OS, whereas hematological CR was associated with better OS. Heybeli et al. (7), from the Mayo Clinic (n = 60), reported their experience of excellent mOS of 10.3 years after kidney transplant. Interestingly, even patients who were treatment naive before kidney transplant achieved CR with high-dose melphalan and autologous HSCT after kidney transplant. In addition, UNOS/Organ Procurement & Transplantation Network (OPTN) analyses repeatedly showed that OS and kidney allograft survival for AL amyloidosis patients are similar to kidney transplant recipients due to diabetes, especially with deceased kidney transplant (4, 8).

Is it time to consider kidney transplant as an option for ESKD management for patients with AL amyloidosis? When evaluating transplant candidacy, we should consider both utility (improvement of survival and quality of life) and justice (equitable allocation of scarce resource of donated organs). Data from the cohort studies and UNOS database analyses are promising for AL amyloidosis patients, as OS and allograft survival are similar to those who received kidney transplant due to diabetes and are better than patients remaining on dialysis. It is now reasonable to offer kidney transplant for carefully selected groups of AL amyloidosis patients with hematological CR and/or VGPR. Larger, multi-center studies are needed.

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The authors report no conflicts of interest.

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Kidney transplant outcomes in AL amyloidosis KidneyNews

Study cohort	Cardiac involvement	HSCT	mOS	Graft survival	Recurrence (%) estimated time	Prognosis factor
BU Amyloidosis Center (n = 49) 1987–2017 (5)	33%	80%	10.5 yr	8.3 yr	29% 3.7 yr	CR/VGPR: ↑mOS ↓recurrence
UK National Amyloidosis Centre (n = 51) 1989–2018 (6)	22%	24%	7.9 yr	NR	14% 4.5 yr	CR: ↑mOS IVSd >12 mm: ↓mOS
Mayo Clinic (n = 60) 1997–2018 (7)	47%	60%	10.3 yr	NR	22% 10.2 yr	CR/VGPR: ↑mOS

See References for each study. BU, Boston University; CR, complete remission; HSCT, hematopoietic stem cell transplant; IVSd, interventricular septal thickness in diastole; mOS, median overall survival; NR, not reached; VGPR, very good partial response.

Visual abstract by Naoka Murakami, MD PhD, FASN