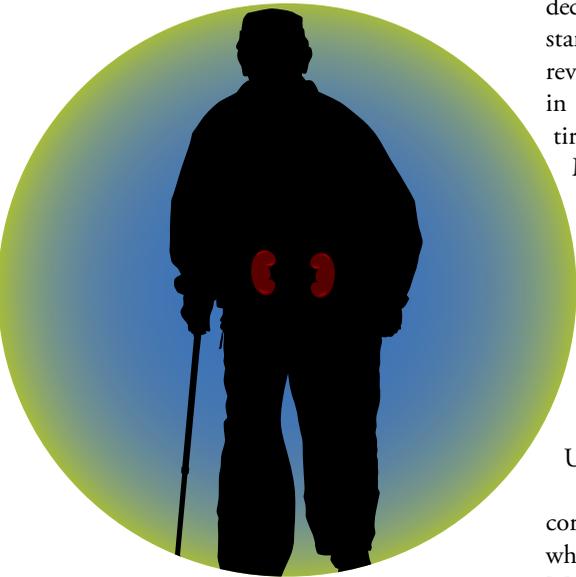


Kidney News

December 2013 | Vol. 5, Number 12

Starting Dialysis after 75: New Outcomes Data for Shared Decision-Making

By Kurtis Pivert



decision-making process of whether to start renal replacement therapy. In their review of 5 years of data from a cohort in this age group Bjorg Thorsteinsdottir, MD, and her coworkers from the Mayo Clinic uncovered sobering results, including the frequent loss of independent living and a high mortality rate after starting dialysis (1). Presented at Kidney Week 2013, their work fills an evidence gap and could aid physicians in delivering patient-centered care to individuals in this fast-growing segment of the U.S. population.

Thorsteinsdottir reviewed patient records for individuals 75 years or older who started any form of dialysis at the Mayo Clinic in Rochester, MN, between 2007 and 2011. The 379 patients studied were mainly male (66 percent) with a mean age of 80.8 years at time of initiation. The majority (76 percent) of patients started hemodialysis in the hospital after admission for an acute medical

event or surgery. Of note, more than half (60 percent) of the patients included in the analysis began dialysis in the intensive care unit (ICU).

A precipitous early mortality rate was observed in the cohort. Of those initiating dialysis in the ICU, the 6-month mortality rate was 73 percent, with only 23 percent surviving at 1 year. The non-ICU hospital starters had a 22 percent and 41 percent mortality rate at 6 and 12 months, respectively. However, patients starting hemodialysis as outpatients did surprisingly well with only a 4 percent mortality rate at 6 months and 89 percent survival rate after 1 year. This confirms that age alone was not a good predictor of survival, and that comorbid burden and context are more important predictors of morbidity as previously shown (3), said Thorsteinsdottir. They also observed a frequent loss of independent living, with only 37 percent of patients able to return home after hospitalization.

Continued on page 2

An analysis of outcomes in patients initiating dialysis at 75 years or older could provide important knowledge for physicians, elderly individuals, and their caregivers in the shared

HOPE Act Signed into Law, Promoting Transplant Research and Access

By Rachel Meyer

On Tuesday, November 12, 2013, Congress passed legislation that one day could allow individuals with HIV to receive organ transplants from deceased donors with HIV, expanding the total pool of available organs and reducing wait times. Nine days later, President Obama signed the act into law.

ASN made the HIV Organ Policy Equity (HOPE) Act a policy priority, and the society has aggressively pushed for passage of the bill since its introduction in February 2013.

“The HOPE Act could open up the door to hundreds more life-saving organ transplants and reduce the organ transplant waiting list for all 100,000 Ameri-

cans who are on it,” said co-lead House sponsor Rep. Lois Capps (D-CA). “I am incredibly proud to have authored this bill and applaud my colleagues in the House for coming together to pass this common sense, no-cost, bipartisan bill that has the potential to save lives, improve health outcomes, and save taxpayer dollars.”

The HOPE Act lifts a 1980s-era ban on the acquisition or use of HIV positive organs, making it possible for researchers to study the safety and effectiveness of HIV positive transplants to people with HIV who are on the wait list. The act cre-

Continued on page 3

Inside

Meet ASN's New President

Newly inducted ASN President Sharon M. Moe discusses the nephrology workforce, health disparities, and proactive approaches to reducing kidney disease.

Policy Update

What to watch for in the 2014 budget

Kidney Week 2013

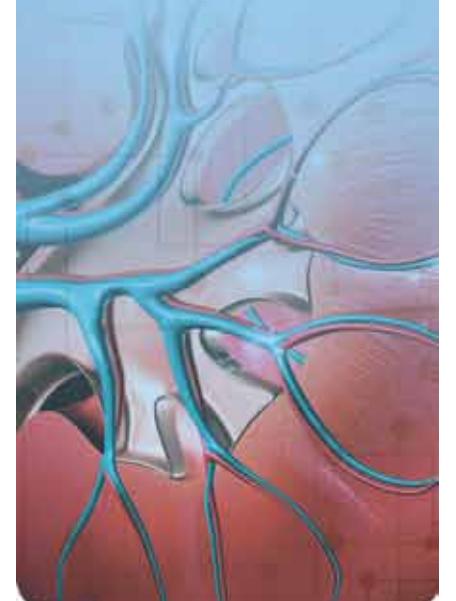
From beneficial diets to new saliva tests: Check out the latest cutting-edge research presented at Kidney Week

NIH Directors Series

National Heart, Lung, and Blood Institute Director: Hypertension, health disparities, public education among institute's top agendas

Journal View

Effectiveness of lower blood pressure targets in CKD



Hope Act

Continued from page 1

ates an avenue for one day expanding the donor pool so that patients—both HIV positive and HIV negative—may have greater access to life-saving transplants.

“For years, arcane federal rules have restricted what could be potentially life-saving organ transplants for HIV positive individuals,” said lead Senate Republican sponsor Sen. Tom Coburn, MD (R-OK). “I applaud ... taking action to lift these rules.”

Modernizing the law to reflect advances in scientific understanding and in the care of people with HIV could generate groundbreaking research.

“This is a very exciting time in the care of HIV-infected patients who need organ transplants,” said ASN member Dorry Segev, MD, PhD, whose research on the population of HIV positive patients who could be suitable organ donors inspired the HOPE Act legislation. “Allowing research on HIV positive-to-HIV positive transplants positions the United States to become the world leader in understanding this extremely important treatment paradigm. We have experience with HIV positive recipients, but only using HIV negative organs.”

The HOPE Act paves the way for researchers to learn how the body reacts when exposed to a new HIV strain in the context of immunosuppression, and how to minimize any risk associated with that exposure, Segev said. “We now also have the potential of understanding which strain of HIV will become dominant in the context of infection with one strain and exposure to a new strain,” he said. “This has implications beyond organ transplantation, such as for seropositive couples infected with different strains.”

“Research . . . will allow us to learn

whether this form of transplantation will provide the same benefits to recipients as [do] organs from non-HIV donors,” said ASN Transplant Advisory Group chair Michelle Josephson, MD. “It will also provide us with an opportunity to see whether anti-retroviral therapy can prevent super-infection with a different HIV strain. Enactment of the policy will ultimately give us the necessary data to determine whether we should continue forward with transplanting HIV positive kidneys into HIV positive recipients.”

In advocating for the HOPE Act, ASN collaborated with other organizations in the HIV and transplantation fields—including the HIV Medicine Association, the American Society of Transplant Surgeons, and the American Society of Transplantation—underscoring the broad cross-community support for the bill. In total, ASN met with more than a third of the members of the U.S. House of Representatives who cosponsored the bill. The society commended Rep. Capps and her lead House Republican sponsor Rep. Andy Harris, MD, and Sen. Coburn and Senate Democratic lead sponsor Sen. Barbara Boxer (D-CA) for their visionary leadership on this legislation and for the bipartisan support they built.

“There have been 200 or more transplants for HIV positive recipients each year in recent years, all of whom were matched with HIV negative organs,” said United Network for Organ Sharing CEO Brian Shepard. “If the needs of future candidates with HIV can be met with more HIV positive donor organs, that will also create more opportunities for the rest of the patients who are waiting. UNOS is committed to working with transplant programs to protect the safety of their patients and prevent disease transmission, through a robust system of verifying key clinical information for organ donors and recipients.” ●



Something to Say?

ASN Kidney News accepts correspondence in response to published articles. Please submit all correspondence to kidneynews@asn-online.org

Be a part of something innovative, influential, and dynamic.

Be a part of ASN.



ASN members enjoy an array of benefits, including:

World-class publications



ASN members receive online and print subscriptions to CJASN, JASN, NephSAP, and Kidney News.

Career resources



Whether you're searching for your first job or an advanced position, the Career Center has the resources you need.

Grant eligibility



ASN funds clinical and basic research, and provides grant support to members at various stages in their careers.

Distance learning discounts



ASN members receive discounts on distance learning, and can access cutting-edge resources anywhere.

Live meeting discounts



Enjoy reduced rates on ASN's live educational programs, including Kidney Week and BRCU.

Travel support



Many travel support opportunities are available to help ASN members attend Kidney Week.

To learn more and join or renew today, go to www.asn-online.org/membership.