Model calculates lifetime ESRD risk from predonation characteristics


The researchers performed a meta-analysis of seven general population cohorts, totaling more than 4.9 million participants. Included subjects were free of absolute contraindications to kidney donation; median follow-up was 4 to 16 years. Models were developed to estimate the combined effects of 18 readily available demographic and clinical variables for estimating ESRD risk among kidney and donor candidates over a 15-year time window. The 15-year projections were compared with actual risk in a population of 53,000 living kidney donors.

Risk of ESRD was significantly associated with estimated GFR (eGFR), noninsulin-dependent diabetes, higher systolic BP, antihypertensive medication use, current and former smoking, and higher urinary-to-albumin creatinine ratio. There was also a small, graded association with obesity. Fifteen-year risk varied by age and race: for a 40-year-old with health variables similar to those of age-matched kidney donors, risk was 0.24 percent for black men, 0.15 percent for black women, 0.06 percent for white men, and 0.04 percent for white women.

Lifetime projected ESRD risks were highest in the youngest age group, particularly among young blacks. In contrast, many older individuals were at lower risk—even in the presence of health issues regarded as con-
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For the control of serum phosphorus levels in patients with chronic kidney disease on dialysis

Belatacept improves long-term kidney transplant outcomes

Follow-up from a previous clinical trial shows improvements in kidney graft survival and function in patients receiving belatacept-based immunosuppression compared with those receiving cyclosporin, reports a study in The New England Journal of Medicine.

The researchers presented 7-year follow-up data from the Belatacept Evaluation of Nephroprotection and Efficacy as First-line Immunosuppression Trial (BENEFIT). Kidney transplant recipients were randomly assigned to ‘primary’ immunosuppression with a more intensive belatacept-based regimen, a less intensive belatacept regimen, or a cyclosporin regimen. Patient and graft survival and eGFR were assessed at 84 months. Of 666 randomized patients, 660 received their assigned treatment. Complete follow-up data were available for 153 patients treated with the more intensive belatacept regimen, 163 patients treated with less intensive belatacept, and 131 patients treated with cyclosporin. Both the more and less intensive belatacept regimens were associated with a lower risk of death or graft loss compared with the cyclosporin regimen: hazard ratio of 0.35 in both groups.

Mean eGFR increased with both belatacept regimens but declined in the cyclosporin group. At 84 months, mean eGFR was 70.4 mL/min per 1.73 m² with more intensive belatacept and 72.1 mL/min per 1.73 m² with less intensive belatacept compared to 44.9 mL/min per 1.73 m² with cyclosporin. The three groups had similar cumulative rates of serious adverse events.

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References:

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