and SEER registry data of the general population. The researchers recommend that patients be referred to a dermatologist for regular skin surveillance and educated in self-examination.

Within a mean follow-up of 3.9 years, melanoma developed in 0.275% of the 89,786 patients in the USRDS database who received a first kidney transplant during the 10-year study period. This was 3.6 times the odds of melanoma in the SEER population (95% CI 3.1–4.1). Interestingly, African American renal transplant recipients had 17.2 times greater odds of melanoma than African Americans in the general population, in whom melanoma is rare (13.32 per 100,000 population vs 0.776 per 100,000 population; $P = 0.0001$).

Factors that significantly augmented the risk of melanoma in renal transplant recipients included male gender, increased age and white race ($P = 0.0001$ for all). There was also a trend towards enhanced risk of melanoma in patients who had experienced an acute rejection episode (and therefore more intense immunosuppression).

It is generally accepted that the risk of non-melanoma skin carcinoma is greater in organ transplant patients, but there is disagreement over the link between renal transplantation and melanoma. In contrast to the results reported here, some researchers have concluded that melanoma rates are not increased compared with the general population. The large sample size of the present study, however, could make it the most accurate to date.

Rachael Williams

Original article Hollenbeak CS *et al.* (2005) Increased incidence of melanoma in renal transplantation recipients. *Cancer* **104:** 1962–1967

An ACE polymorphism and mortality in dialysis patients

The gene encoding angiotensin-converting enzyme (ACE) bears a diallelic, insertion/deletion (I/D) polymorphism within intron 16. The ACE I/D genotype is thought to be a determinant of plasma and tissue ACE levels, and has been linked to cardiovascular risk and renal disease progression. A recent study has looked at the relationship between ACE I/D genotype and mortality in a group of end-stage renal disease patients starting dialysis.

All 453 participants were drawn from the Netherlands Cooperative Study on the Adequacy of Dialysis (NECOSAD). A blood sample was taken from each patient around the time that chronic dialysis treatment was started, which was used to determine the ACE I/D genotype. Half of the patients were shown to bear one I allele and one D allele ('ID genotype'), a quarter of the group were homozygous for the I allele ('II genotype'), and a quarter were 'DD' homozygotes.

A total of 154 patients died within the mean follow-up of 2.3 years. Cox regression analysis showed that those with the DD genotype were at a significantly greater risk of death than the II homozygotes (hazard ratio 2.30, 95% CI 1.41–3.75). An intermediate risk was shown in the ID group.

The investigators conclude that the ACE DD genotype is linked to increased mortality in patients starting dialysis. They also explain that, as the I/D polymorphism lies within an intron, its relationship to mortality is probably mediated by another, closely linked variant.

Ruth Kirby

Original article van der Sman-de Beer F *et al.* (2005) ACE I/D polymorphism is associated with mortality in a cohort study of patients starting with dialysis. *Kidney Int* **68:** 2237–2243

GLOSSARY

SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS (SEER)
A program run by the National Cancer Institute of the National Institutes of Health that periodically reports estimates of cancer incidence and mortality in the US