serum prealbumin concentrations and the risk of mortality and cause-specific hospitalization in hemodialysis patients.

The relative risks of mortality and cause-specific hospitalization were calculated in 7,815 hemodialysis patients, who presented with a spectrum of serum prealbumin concentrations at baseline. Analyses showed that the lower the serum prealbumin concentration, the higher the risk of death and of hospitalization (both all-cause and due to infection); however, lower prealbumin concentrations correlated with reduced risk of vascular-access-related hospitalization. Serum prealbumin levels above 30 mg/dl could be considered optimal. The increased relative risks were independent of serum albumin level and other clinical features.

This study did not include patients with less severe forms of renal disease, or peritoneal dialysis patients; therefore, further studies are required to examine whether the results can be extrapolated to these patient groups. In addition, prealbumin concentrations were only measured at baseline, meaning that prealbumin levels might have been misclassified later in the study. Nevertheless, the data indicate that monitoring of serum prealbumin concentrations might be useful in assessing risk of adverse events in end-stage renal disease patients.

Kate Matthews

Original article Chertow GM *et al.* (2005) Prealbumin, mortality, and cause-specific hospitalization in hemodialysis patients. *Kidney Int* **68:** 2794–2800

Prolonged waiting times should not preclude kidney transplantation

A growing disparity between supply and demand of organs for kidney transplantation is expected to increase waiting times to more than a decade by 2010. Excluding candidates who would derive no survival benefit from transplantation would maximize efficient use of limited resources. A longitudinal study of mortality of dialysis patients on waiting lists for transplantation in the US, however, has shown that an anticipated waiting time of as long as 3 years is not a suitable exclusion criterion.

The analysis, which used data from the US Renal Data System, included patients who underwent kidney or multiorgan transplantation from live or deceased donors within 3 years of joining the waiting list ($n = 28,234$) and those who remained on dialysis ($n = 35,549$).

Projected survival benefit from transplantation for all graft recipients was 9.8 years. As expected, anticipated survival benefit was less in those with comorbid conditions, such as diabetes (6 years), ischemic heart disease (7.9 years) and congestive heart failure (6.7 years), and decreased as age increased. Compared with subjects with waiting times of 1 year, the survival benefit for graft recipients who waited 3 years was only slightly reduced (7.1 years vs 5.6 years). Because of the greater likelihood of death as dialysis-dependent waiting times increased, the relative risk of mortality among transplant recipients after 12 months was less among those who waited longest (0.43 after 1 year vs 0.34 after 3 years).

It therefore seems that preferential organ allocation to patients with short anticipated waiting times and no comorbidities would not significantly improve survival benefit. The authors do, however, suggest excluding potential graft recipients from the waiting list if their life expectancy on dialysis is projected to be less than the time taken to secure a suitable donor organ.

Rachael Williams

Original article Gill JS *et al.* (2005) The impact of waiting time and comorbid conditions on the survival benefit of kidney transplantation. *Kidney Int* **68:** 2345–2351

Post-transplantation recurrence of FSGS prevented by pre-emptive plasmapheresis

Results of a small prospective investigation indicate that recurrence of FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS) in kidney allografts might be prevented by perioperative plasmapheresis. The treatment probably works by removing a putative glomerular permeability factor from the circulation.

A 2-week course of eight plasmapheresis sessions was initiated in 10 patients with FSGS either 1 week before or immediately after they received renal grafts from living or deceased donors. All subjects were at high risk for FSGS recurrence, having experienced rapid progression to end-stage renal disease or prior episodes of post-transplantation disease re-emergence.

Biopsy-confirmed FSGS (proteinuria >3 g/day) recurred in three patients within 3 months of

GLOSSARY

FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS)
A kidney disorder with an unknown cause that clinically manifests as steroid-resistant nephrotic syndrome, microscopic hematuria, hypertension and progressive deterioration of renal function to end-stage renal disease