

Castellanos *et al.* report on a retrospective study that compared the mammograms of women on long-term dialysis ($n=45$) with mammograms from an age-matched group of women with normal renal function ($n=86$). All mammograms were examined by three experienced mammographers. The occurrence of calcification on mammograms was significantly higher in women receiving dialysis than in women in the control group (84.4% vs 59.3%; $P=0.003$). An increased occurrence of benign parenchymal spherical or lucent calcifications was largely responsible for the higher frequency of calcifications in the dialysis group. Following initial mammogram interpretation the callback rates for the two groups were similar; however, as a group, malignancy-associated calcifications were more frequently identified in women on hemodialysis (4 of 45 patients in the dialysis group vs 1 of 86 patients in the control group). Once called back, therefore, women on dialysis were more likely to receive a biopsy recommendation than women in the control group ($P=0.047$).

Original article Castellanos M *et al.* (2006) Increased breast calcifications in women with ESRD on dialysis: implications for breast cancer screening. *Am J Kidney Dis* 48: 301–306

Peritoneal dialysate white cell count predicts outcome of peritonitis treatment

Dialysis-related peritonitis often results in death and catheter loss. In accordance with current guidelines, patients are administered empiric therapy before the causative organism has been identified. Early assessment of treatment response could enable beneficial changes in antimicrobial therapy to be made. Through a retrospective analysis of 565 consecutive episodes of peritonitis complicating peritoneal dialysis in 280 patients, Chow *et al.* have identified peritoneal dialysate white blood cell count as an accurate early predictor of treatment outcome.

Several factors were predictive of treatment failure, including diabetes, duration of peritoneal dialysis before peritonitis onset, and type of causative organism. Peritoneal dialysate total white cell count on the third day following diagnosis of peritonitis, however, was the most significant indicator ($P<0.0001$);

patients with a count $\geq 1,090$ mm³ on day 3 had a ninefold increased risk of catheter loss or peritonitis-related death, independent of other factors. These findings were confirmed in a separate validation cohort of 217 peritonitis episodes.

Peritoneal dialysate white blood cell count is readily obtainable and is associated with low cost. Chow *et al.* recommend that the measurement be routinely taken on day 3 following diagnosis, at which point changing the treatment strategy should be effective. It remains to be determined whether aggressive intervention in response to a high dialysate white blood cell count does indeed bring clinical benefit.

Original article Chow KM *et al.* (2006) Predictive value of dialysate cell counts in peritonitis complicating peritoneal dialysis. *Clin J Am Soc Nephrol* 1: 768–773

Development of an organ-procurement-organization-based living kidney donation program

Surveys have consistently detected public interest in altruistic living kidney donation to an unrelated and unknown recipient. Despite the chronic shortage of donor organs, transplant centers have been slow to capitalize on this public interest.

Mark and colleagues report their experience of working with a non-directed living kidney donor program managed by an organ procurement organization (OPO). The program, together with an online donor registry, encompassed four US states serving two transplant centers. OPO staff responded to all inquiries, screened potential donors using questionnaires and interviews, and referred suitable candidates to a transplant center for further medical and psychological workup.

Between March 2002 and September 2005, OPO staff handled 608 inquiries about non-directed living kidney donation, of which 578 were in direct response to OPO-sponsored publicity and the donor registry. Seventy-six potential donors were referred to a transplant center, and 20 successful transplants were performed.

The OPO-based model is an effective and efficient means of facilitating non-directed living kidney donation. Maximizing the potential of such programs will require establishment of national registries of living donors and