of peripheral vascular disease (OR 2.97) and presence of coronary artery disease (OR 2.83). White patients had a lower FTM rate than nonwhite patients (OR 0.43). A simple additive scoring system was derived from a multivariate model of these risk factors, and was validated in a separate group of 445 patients. On the basis of patients' scores, the authors described four categories that were predictive of the rate of FTM, ranging from low risk (FTM rate 24%) to very high risk (FTM rate 69%).

Lok *et al.* propose that stratification of patients into these four risk categories could guide the selection of appropriate treatment strategies. They note, however, that it remains to be determined whether implementation of their risk equation would lead to reduced rates of FTM and greater permanent functional access to circulation for hemodialysis.

Original article Lok CE *et al.* (2006) Risk equation determining unsuccessful cannulation events and failure to maturation in arteriovenous fistulas (REDUCE FTM I). *J Am Soc Nephrol* **17:** 3204–3212

Statins do not improve UAE or GFR in subjects with elevated UAE and modest renal impairment

The effectiveness of statins in cardiovascular care is well recognized. Experimental studies and some human trials—mostly in people at high risk and with high cholesterol levels—also indicate a positive effect on renal outcomes. Data from subjects with a modestly impaired glomerular filtration rate (GFR) and an elevated urinary albumin excretion (UAE) rate are less promising, with statins failing to lower UAE rate or significantly change GFR in these individuals.

Atthobari *et al.* used data from the randomized controlled PREVEND-IT and the PREVEND cohort study, which enrolled subjects with modest renal impairment (stages 1–3 chronic kidney disease). The observational PREVEND cohort comprised 3,440 subjects. Over a mean 4.2-year follow-up, statin use ($n = 469$) significantly increased UAE compared with no statin use (+12.1% vs +3.6%), even after adjustment for confounders and propensity score ($P < 0.001$). This rise was greatest in those who used statins continuously, for a long period of time, or at high daily doses, indicating interference of statins with tubular albumin uptake. In PREVEND-IT, which enrolled 864 PREVEND subjects with UAE 15–300 mg/day, pravastatin did not significantly affect UAE when administered with or without fosinopril. Statins had little effect on GFR in either study, although there was a modest fall in this marker in the observational cohort that was nonsignificant following adjustment. These and other data indicate that the positive effect of statins on renal function might be greatest in those with more-severe kidney impairment.

Original article Atthobari J *et al.* (2006) The effect of statins on urinary albumin excretion and glomerular filtration rate: results from both a randomized clinical trial and an observational cohort study. *Nephrol Dial Transplant* **21:** 3106–3114

Could polycystic kidneys be used for transplantation?

Kidney transplantation is the most effective treatment for end-stage renal disease, but demand for donor kidneys far outstrips supply. Use of marginal donor organs (e.g. organs from non-heartbeating donors or donors who have well-controlled hypertension) has, therefore, been investigated. A recent study reported in the *American Journal of Transplantation* indicates that polycystic kidneys might be suitable marginal donor organs.

Olsburgh *et al.* transplanted five polycystic cadaveric donor kidneys into four recipients (aged 63–72 years) with end-stage renal disease. The three donors (aged 24, 46 and 55 years) had all died from subarachnoid hemorrhage but all were normotensive and had normal serum creatinine levels; none of the donor kidneys was severely enlarged (i.e. all were <15 cm long). All recipients were fully informed about the marginal status of the kidneys before giving their consent to transplantation.

Three of four patients had primary graft function and two patients remained alive and well with functioning allografts 58 months and 26 months after undergoing transplantation. The other patient with a functioning graft died from cardiovascular disease 18 months after transplantation. The patient who received two polycystic kidneys (from the donor aged 55 years) had primary nonfunction and underwent a graft nephrectomy because of pyelonephritis 8 weeks after transplantation.