

Olsburgh *et al.* state that use of polycystic kidneys for transplantation should be limited to those from donors aged <50 years, because the graft is more likely to be successful, and because only about 23% of potential donors with autosomal dominant polycystic kidney disease in this age-group have significantly compromised renal function. In addition, before a kidney is accepted for transplantation, a biopsy is needed to assess likely glomerular function.

**Original article** Olsburgh JD *et al.* (2006) Transplantation of kidneys from deceased adult polycystic donors. *Am J Transplant* 6: 2809–2811

### Advance care planning can give hope to patients with end-stage renal disease

Health-care professionals often ‘protect’ end-stage renal disease patients from ‘bad news’ for fear of destroying hope. Consequently, advance care planning is insufficient, patients are left in the dark as to their options, and discussions of palliative care are left until late in the disease course. Challenging common belief, an interview study of 19 patients with end-stage renal disease provides evidence that the timely provision of appropriate information can actually increase patients’ hope for their future.

Advising patients of their prognosis and discussing end-of-life care was shown to facilitate advance care planning, and helped to focus goals of care in response to patients’ needs and wishes. Patients perceived hope as being intrinsic to such discussions, shaping their perception of the benefits of advance care planning and their willingness to engage in end-of-life discussions. Greater knowledge of the likely impact of disease progression on everyday life enabled patients to balance their values against future possibilities, enhanced their relationship with friends, family and carers, and gave them a more-realistic perception of their disease outcome. Lack of knowledge regarding the future increased fear and decreased hope. Patients felt they should be able to rely on health-care professionals to initiate discussions about end-of-life and long-term care.

The authors believe current practice to be ethically and psychologically inadequate. Their study supports the provision of more information

before initiation of dialysis, and a change of focus from the day-to-day to long-term goals.

**Original article** Davison SN and Simpson C (2006) Hope and advance care planning in patients with end stage renal disease: qualitative interview study. *BMJ* [doi: 10:1136/bmj.38965.626250.55]

### Vascular brachytherapy—useful for dysfunctional dialysis access grafts?

Hemodialysis vascular access dysfunction, which causes considerable morbidity, often results from venous stenosis followed by thrombosis in polytetrafluoroethylene (PTFE) grafts. Vascular brachytherapy (endovascular radiation therapy) has shown promise for the prevention of coronary restenosis, but there are few data on its use for hemodialysis vascular access stenosis.

The BRAVO I pilot trial randomized 25 patients with nonthrombosed (patent) but dysfunctional PTFE dialysis access grafts to radiation (18.4 Gy single dose;  $n=14$ ) or sham radiation ( $n=11$ ) after angioplasty. Patients were followed up monthly from their first post-angioplasty hemodialysis session and underwent an angiogram at 6 months.

Baseline demographics were similar between groups. At the 6-month angiogram, primary patency of the target lesion (i.e. no access thrombosis or need for intervention within the treatment area) was achieved by 41.6% of radiation-treated patients compared with 0% of the sham radiation group ( $P=0.015$ ). Secondary patency (i.e. vascular access not abandoned or surgically revised) at 6 months was similar in the two groups (about 90%), although more interventions were needed to achieve secondary patency in the sham group. Thrombosis rates were similar in the two groups. During screening, treatment or follow-up, four complications occurred in 88 interventional procedures. Adverse events were mainly a result of comorbidities present in hemodialysis patients. Blood flow through grafts improved in the radiation group but declined in the sham group.

The authors conclude that vascular brachytherapy might show promise for patients with dysfunctional dialysis access grafts, but state that larger studies are needed.

**Original article** Misra S *et al.* (2006) BRAVO I: a pilot study of vascular brachytherapy in polytetrafluoroethylene dialysis access grafts. *Kidney Int* 70: 2006–2013