

IN BRIEF

TRANSPLANTATION

Impact of early kidney resistance index on kidney graft and patient survival during 5-year follow-up

Kolonko, A. *et al.* *Nephrol. Dial. Transplant.* <http://dx.doi.org/10.1093/ndt/gfr424>

Measurement of resistance index (RI) in the segmental arteries using Doppler sonography soon after renal transplantation could be predictive of graft function and graft loss in the 5 years following transplantation, according to a recent study. Kolonko and colleagues found that high RI values 2–4 days after transplantation were associated with worse kidney graft function and an increased risk of all-cause graft loss, including death.

GLOMERULAR DISEASE

Circulating urokinase receptor as a cause of focal segmental glomerulosclerosis

Wei, C. *et al.* *Nat. Med.* <http://dx.doi.org/10.1038/nm.2411>

A recent study reports that serum soluble urokinase receptor (suPAR) is a circulating factor that might cause focal segmental glomerulosclerosis (FSGS). Wei *et al.* found that serum suPAR is increased in two-thirds of patients with primary FSGS, but not in patients with minimal change disease, membranous nephropathy or preeclampsia. In addition, they report that increased suPAR before transplantation is associated with an increased risk of post-transplantation FSGS recurrence.

DIALYSIS

Long-term follow-up of patients randomized to biocompatible or conventional peritoneal dialysis solutions show no difference in peritonitis or technique survival

Srivastava, S. *et al.* *Kidney Int.* <http://dx.doi.org/10.1038/ki.2011.244>

Biocompatible peritoneal dialysis solutions have no beneficial effect on rates of peritonitis or technique survival, according to a recent paper. The randomized controlled study compared biocompatible and conventional solutions, and found no difference in median peritonitis-free survival duration or peritonitis rates over 7,000 patient-months of experience.

TRANSPLANTATION

Effect of eliminating priority points for HLA-B matching on racial disparities in kidney transplant rates

Hall, E. C. *et al.* *Am. J. Kidney Dis.* <http://dx.doi.org/10.1053/j.ajkd.2011.05.023>

African Americans are less likely to receive a deceased donor kidney transplant (DDKT) than white individuals. To address this disparity, in 2003 UNOS/OPTN changed the DDKT kidney allocation policy to eliminate priority on the basis of HLA-B matching. Although racial disparity in DDKT rates decreased following the change, differences still exist, indicating that other unaddressed factors are also involved in the disparity.