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IN BRIEF

PHARMACOLOGY

KDIGO update on drug dosing in kidney disease

Pathophysiological changes occurring in acute kidney injury and chronic kidney disease are associated with profound alterations in the pharmacokinetics and pharmacodynamics of many drugs. A recent paper reports the recommendations from a KDIGO conference on drug-dosing considerations in patients with acute and chronic forms of kidney disease. The group hope that their recommendations will stimulate research to improve outcomes of patients with kidney disease.

Original article Matzke, G. R. *et al.* Drug dosing consideration in patients with acute and chronic kidney disease—a clinical update from Kidney Disease: Improving Global Outcomes (KDIGO). *Kidney Int.* doi:10.1038/ki.2011.322

END-STAGE RENAL DISEASE

Persistent asymptomatic isolated microhematuria associated with increased risk of end-stage renal disease

The presence of persistent asymptomatic isolated microscopic hematuria in adolescents and young adults is associated with a significant increase in the risk of treatment for end-stage renal disease (ESRD) in the following 22 years, say researchers in Israel. Vivante *et al.* used medical data from 1,203,626 individuals aged 16–25 years who were examined for fitness for military service between 1975 and 1997; the data were linked with data from the Israeli treated ESRD registry.

Original article Vivante, A. *et al.* Persistent asymptomatic isolated microscopic hematuria in Israeli adolescents and young adults and risk for end-stage renal disease. *JAMA* 306, 729–736 (2011)

TRANSPLANTATION

Cold ischemia time and graft survival

Graft survival of expanded criteria donor (ECD) kidneys does not seem to be affected by increased cold ischemia times, say researchers in the USA. Kayler and co-workers analyzed data from paired ECD kidneys from the Scientific Registry of Transplant Recipients and found that although greater cold ischemia time was associated with an increased risk of delayed graft function, overall rates of graft loss over 8 years were similar in paired recipients with higher and lower cold ischemia times.

Original article Kayler, L. K. *et al.* Impact of cold ischemia time on graft survival among ECD transplant recipients: a paired kidney analysis. *Am. J. Transplant.* doi:10.1111/j.1600-6143.2011.03741.x

CHRONIC KIDNEY DISEASE

Use of skin autofluorescence to assess risk

As a close correlation exists between collagen-linked fluorescence and advanced glycation end product (AGE) content in skin biopsies, measuring skin autofluorescence (SAF) can be used to assess tissue deposition of AGEs. McIntyre *et al.* now report that increased SAF is independently associated with multiple cardiovascular and renal risk factors in patients with stage 3 chronic kidney disease, and may therefore be a useful and noninvasive method for assessing risk.

Original article McIntyre, N. J. *et al.* Skin autofluorescence and the association with renal and cardiovascular risk factors in chronic kidney disease stage 3. *Clin. J. Am. Soc. Nephrol.* doi:10.2215/CJN.02420311