Nature Reviews Nephrology 8, 2 (2012); published online 29 November 2011; doi:10.1038/nrneph.2011.177; doi:10.1038/nrneph.2011.178; doi:10.1038/nrneph.2011.179; doi:10.1038/nrneph.2011.180

# IN BRIEF

### DIALYSIS

Lowering dialysate temperature reduces the risk of overall and cardiac mortality

Cold dialysis could reduce overall and cardiac mortality, say investigators from Taiwan. In a retrospective study of 165 patients receiving cold dialysis (dialysate <35.5 °C) and 745 patients on standard dialysis (dialysate 35.5–37 °C), cold dialysis was significantly associated with better survival, even after adjusting for the possible impact of cardiovascular factors as well as factors associated with inflammation and dialysis efficacy. However, this association was not significant for infectious or noncardiac mortality.

Original article Hsu, H.-J. et al. Association between cold dialysis and cardiovascular survival in hemodialysis patients. Nephrol. Dial. Transplant. doi:10.1093/ndt/gfr615

## BIOMARKERS

Circulating levels of endothelial microparticles predict cardiovascular events in patients on hemodialysis

Endothelial dysfunction in cardiovascular disease is associated with an increase in circulating levels of endothelial microparticles (EMPs). Amabile *et al.* assessed EMP levels in 81 patients on hemodialysis with the use of flow cytometry and found that EMP levels could be used to identify asymptomatic patients who are at risk of developing cardiovascular disease. Together with older age, EMP levels were found to be an independent predictor of all-cause and cardiovascular mortality.

Original article Amabile, N. et al. Predictive value of circulating endothelial microparticles for cardiovascular mortality in end-stage renal failure: a pilot study. Nephrol. Dial. Transplant. doi:10.1093/ndt/gfr573

## TRANSPLANTATION

#### Good outcomes with ABO-incompatible transplantation

The use of ABO-incompatible kidney transplants could improve access to organs and reduce waiting times, shows a new study. This analysis compared death-censored graft survival of A2 kidneys transplanted into ABO-incompatible recipients with survival of A2 kidneys in ABO-compatible recipients. Mean wait time was shorter for ABO-incompatible kidneys, and 5-year graft survival of the ABO-incompatible and ABO-compatible transplants did not differ. Use of ABOincompatible organs could therefore lead to much-needed expansion of the donor pool.

Original article Redfield, R. R. et al. Underutilization of A2 ABO incompatible kidney transplantation. *Clin. Transplant.* doi:10.1111/j.1399-0012.2011.01543.x

#### POLYCYSTIC KIDNEY DISEASE

#### STAT6-a potential new drug target for treatment of PKD

Researchers have found that signal transducer and activator of transcription (STAT)6 is aberrantly activated in renal cysts of mouse models of polycystic kidney disease (PKD). STAT6 is usually inactive, but activation of this protein induces a positive feedback loop involving cytokine signaling, which leads to continuous cell proliferation and cyst growth. Genetic inactivation of *STAT6* and treatment with teriflunomide *in vivo* inhibited cyst growth and improved renal function, indicating that STAT6 might be a potential new drug target in PKD.

Original article Olsan, E. E. et al. Signal transducer and activator of transcription-6 (STAT6) inhibition suppresses renal cyst growth in polycystic kidney disease. Proc. Natl Acad. Sci. USA 108, 18067–18072 (2011)