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IN BRIEF

ACUTE KIDNEY INJURY

Oral fluoroquinolone use and acute kidney injury

Oral fluoroquinolone use is associated with an increased risk of acute kidney injury (AKI) in men, say researchers. Bird *et al.* examined the association in a case–control study using data from men aged 40–85 years from a US health plan claims database. Current use of oral fluoroquinolones was associated with a 2.18-fold increase in the relative risk of AKI compared with no use, but recent or past use of these drugs was not associated with AKI. Use of fluoroquinolones together with renin–angiotensin–aldosterone inhibitors was associated with an even greater increase in risk of AKI.

Original article Bird, S. T. *et al.* Risk of acute kidney injury associated with the use of fluoroquinolones. *CMAJ* doi:10.1503/cmaj.121730

GENETICS

CYP2C SNP associated with warfarin dose requirement in African American individuals

Researchers report a new genetic variant that contributes to warfarin dose requirement in African American individuals. In a genome-wide association study of adult African Americans, Perera *et al.* identified a novel *CYP2C* single nucleotide polymorphism (SNP) that is associated with warfarin dose requirement. The researchers confirmed the association in a validation cohort and say that including this variant in pharmacogenetic dosing algorithms could improve warfarin dose prediction in this patient population.

Original article Perera, M. A. *et al.* Genetic variants associated with warfarin dose in African-American individuals: a genome-wide association study. *Lancet* doi:10.1016/S0140-6736(13)60681-9

TRANSPLANTATION

Alefacept does not reduce risk of T-cell-mediated rejection

Alefacept is not associated with a reduced incidence of biopsy-confirmed acute T-cell-mediated rejection, say the authors of a recent randomized controlled trial. Rostaing *et al.* randomly assigned *de novo* renal transplant recipients to receive alefacept ($n = 105$) or placebo ($n = 107$). They found that memory-T-cell counts were decreased between 3 weeks and 6 months in the alefacept group, but found no difference in the incidence of acute T-cell-mediated rejection at 6 months. Patient and graft survival were similar in the two groups, as were safety and tolerability, although malignancy rate was higher in patients treated with alefacept.

Original article Rostaing, L. *et al.* Alefacept combined with tacrolimus, mycophenolate mofetil and steroids in *de novo* kidney transplantation: a randomized controlled trial. *Am. J. Transplant.* doi:10.1111/ajt.12303

CHRONIC KIDNEY DISEASE

Being overweight in early life linked with increased CKD risk

A longitudinal study has shown that being overweight in early life is associated with an increased risk of chronic kidney disease (CKD) in later life. Data from 4,340 individuals born in the UK in March 1946 showed that compared with patients in the never-overweight group, those who became overweight during puberty or who were always overweight at ages 2–20 years were at increased risk of CKD at the age of 60–64 years.

Original article Silverwood, R. J. *et al.* Early-life overweight trajectory and CKD in the 1946 British Birth Cohort Study. *Am. J. Kidney Dis.* doi:10.1053/j.ajkd.2013.03.032