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IN BRIEF

RISK FACTORS

Levels of uraemic toxins increase after kidney donation

A role for the uraemic toxins indoxyl sulfate and p-cresyl sulfate in the pathogenesis of cardiovascular disease has been suggested. Now, researchers report a significant and sustained increase in the levels of these toxins and a 30% decrease in renal function in 42 living kidney donors after nephrectomy. Toxin levels were significantly associated with markers of cardiovascular and renal risk and were independent predictors of change in kidney function from baseline at 2 years.

Original article Rossi, M. *et al.* Uremic toxin development in living kidney donors: a longitudinal study. *Transplantation* doi:10.1097/01.tp.0000436906.48802.c4

TRANSPLANTATION

Immunosuppression and rejection in KTRs with HIV infection

Data suggest that antithymocyte globulin (ATG) induction reduces the risk of acute rejection in kidney transplant recipients (KTRs) with HIV infection. Locke *et al.* showed that the risks of acute rejection and graft loss were higher in HIV-positive KTRs ($n=516$) than in HIV-negative KTRs ($n=93,027$). However, the risks of these outcomes did not differ between HIV-positive and HIV-negative KTRs who received ATG induction. Among HIV-positive KTRs, ATG induction was associated with a 2.6-fold lower risk of acute rejection than was no induction therapy, whereas sirolimus-based immunosuppression was associated with a 2.2-fold higher risk of rejection than was calcineurin-inhibitor-based therapy.

Original article Locke, J. E. *et al.* Immunosuppression regimen and the risk of acute rejection in HIV-infected kidney transplant recipients. *Transplantation* doi:10.1097/01.TP0000436905.54640.8c

DIABETES

Effectiveness of antihypertensives in patients with diabetes

Use of angiotensin-converting enzyme (ACE) inhibitors as first-line antihypertensives in patients with diabetes mellitus is supported by data from a new meta-analysis. Compared with placebo, ACE inhibitors significantly reduced doubling of serum creatinine levels and β -blockers significantly increased mortality in these patients ($n=36,917$). Angiotensin-receptor blockers, calcium channel blockers, diuretics and combination therapies had no significant effects on these outcomes and none of the therapies had a significant effect on dialysis requirement in the study participants.

Original article Wu, H.-Y. *et al.* Comparative effectiveness of renin-angiotensin system blockers and other antihypertensive drugs in patients with diabetes: systematic review and bayesian network meta-analysis. *BMJ* doi:10.1136/bmj.f6008

TRANSPLANTATION

Paying living donors for their kidneys could be cost-effective

Paying living donors to donate their kidneys to patients undergoing dialysis could be cost-effective, say researchers. Barnieh *et al.* report that if paying CAN\$10,000 per kidney increased the number of living donors by 5%, the incremental cost saving and gain in quality-adjusted life years (QALYs) per recipient would be \$340 and 0.11, respectively. If the number of donors increased by 20%, a cost saving of \$4,030 and gain in QALYs of 0.39 per recipient could be achieved.

Original article Barnieh, L. *et al.* The cost-effectiveness of using payment to increase living donor kidneys for transplantation. *Clin. J. Am. Soc. Nephrol.* doi:10.2215/CJN.03350313