



Re: Does Pre-emptive Transplantation versus Post Start of Dialysis Transplantation with a Kidney from a Living Donor Improve Outcomes After Transplantation? A Systematic Literature Review and Position Statement by the Descartes Working Group and ERBP

Abramowicz D¹, Hazzan M², Maggiore U³, Peruzzi L⁴, Cochat P⁵, Oberbauer R⁶, Haller MC⁷, Van Biesen W⁸; Descartes Working Group and the European Renal Best Practice (ERBP) Advisory Board

¹Descartes Working Group of ERA-EDTA, London, UK; Antwerp University Hospital, Clinic of Nephrology, Antwerp, Belgium

²Descartes Working Group of ERA-EDTA, London, UK; Centre Hospitalier Régional Universitaire, Hôpital Huriez, Service de Néphrologie, Lille, France

³Descartes Working Group of ERA-EDTA, London, UK; Parma University Hospital, Kidney and Kidney-Pancreas Transplant Unit (Clinic of Nephrology), Parma, Italy

⁴Descartes Working Group of ERA-EDTA, London, UK; Regina Margherita Children's Hospital, AOU Città della Salute e della Scienza di Torino, Nephrology Dialysis and Transplantation, Turin, Italy

⁵Descartes Working Group of ERA-EDTA, London, UK; Université Claude Bernard, Centre de Référence des Maladies Rénales Rares, Lyon, France

⁶Descartes Working Group of ERA-EDTA, London, UK; Medical University of Vienna, Department of Nephrology and Dialysis, Vienna, Austria

⁷Ghent University Hospital, Methods Support Team ERBP, Ghent, Belgium; Krankenhaus Elisabethinen, Clinic of Internal Medicine III, Nephrology and Hypertension Diseases, Transplantation Medicine and Rheumatology, Linz, Austria

⁸Ghent University Hospital, Methods Support Team ERBP; Division of Renal, Ghent, Belgium

Nephrol Dial Transplant 2016;31:691-697. doi: 10.1093/ndt/gfv378

EDITORIAL COMMENT

In case of end stage kidney disease, living donation by expanding the donor pool might give a chance for pre-emptive kidney transplantation, which is defined as having a kidney transplant before initiation of chronic dialysis. In this guideline, Descartes Working Group conducted a systematic review of the literature which included observational data of 29 studies, mainly coming from single center or regional registries, performed after 1990 providing data on aspects of pre-emptive living donation. They found that around half of studies showed improvements in patient and graft survival or reductions in the risk of acute rejection. However, relating to pre-transplant glomerular filtration rate no differences were found between the graft and patient survivals. In the light of the data, the group recommends pre-emptive transplantation where possible, with the timing designed to avoid dialysis in patients who have kidney disease that is indefinitely irreversible and clearly progressive. There is also a selection bias. The characteristics of population who receive a pre-emptive kidney transplantation is very different from those receiving a transplant on the waiting list in the mentioned studies, which is well recognized by the authors.

Yarkin Kamil Yakupoğlu, MD