

Parma, January 22, 2019

Fewer medical tests – timely listing for transplantation

16% of the patients on renal replacement therapy are under the age of 40. These younger patients would benefit greatly from kidney transplantation. Their expected remaining lifetime may even be doubled by having a transplant. “We have to do all we can to get young patients listed for transplantation as soon as possible, preferably pre-emptively”, says Professor Luuk Hilbrands (The Netherlands), MD, Chair of the DESCARTES working group of the ERA-EDTA. A proposal for the work-up of low-risk kidney transplant candidates has now been published for that reason.

The standard work-up of kidney transplant candidates is complex and includes many medical tests in part because most CKD patients are older and suffer from many comorbidities, for example, diabetes, hypertension or heart disease. According to the Annual Report of the ERA-EDTA Registry, the mean age of patients on renal replacement therapy is 61.5 years. Only 16% of all patients who are dependent on renal replacement therapy are 40 years old or younger (see [Figure 1](#)). “Yet these young and, apart from their kidney failure, relatively healthy patients, benefit most from kidney transplantation”, comments ERA-EDTA President, Professor Carmine Zoccali, MD (Italy). “Transplantation allows them to lead a normal life and greatly increases their life expectancy as well.”

Data from the ERA-EDTA Registry shows that a 35-39-year-old patient on dialysis has a life expectancy of less than 15 years, whilst a patient in the same age group who has received a kidney transplant can expect to live another 30 years. This means that in young patients (under 40), transplantation doubles the remaining life span in comparison with dialysis (see [Figure 2](#))!

“We have to do all we can to get young patients listed for transplantation as soon as possible, preferably pre-emptively”, explains Professor Luuk Hilbrands, MD (The Netherlands), Chair of the DESCARTES (“Developing Education Science and Care for Renal Transplantation in European States”) working group of the ERA-EDTA.

“The usual medical assessment of transplant recipients is very complex and time-consuming. This is why the DESCARTES working group developed a proposal for the work-up of low-risk kidney transplant candidates. We want to maximize the chance of pre-emptive transplantation for these young and ‘fit’ patients. Furthermore, a reduced work-up is also cost-effective.”

The working group has defined a low-risk kidney transplant candidate as a patient aged 18-40 years who is prepared to undergo a first kidney transplantation, does not suffer from diabetes or cardiovascular disease or from any abnormalities of the urogenital tract, and who has not been on dialysis for longer than five years. A streamlined process of transplant work-up has been defined for such patients. “Transplant centers striving for cost-effective patient care will hopefully feel supported by this consensus report”, explains Professor Hilbrands.

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[1] Maggiore U, Abramowicz D, Budde K et al. Standard work-up of the low-risk kidney transplant candidate: a European expert survey of the ERA-EDTA Developing Education Science and Care for Renal Transplantation in European States Working Group. *Nephrol Dial Transplant*. 2019 Jan 9. doi: 10.1093/ndt/gfy391. [Epub ahead of print]

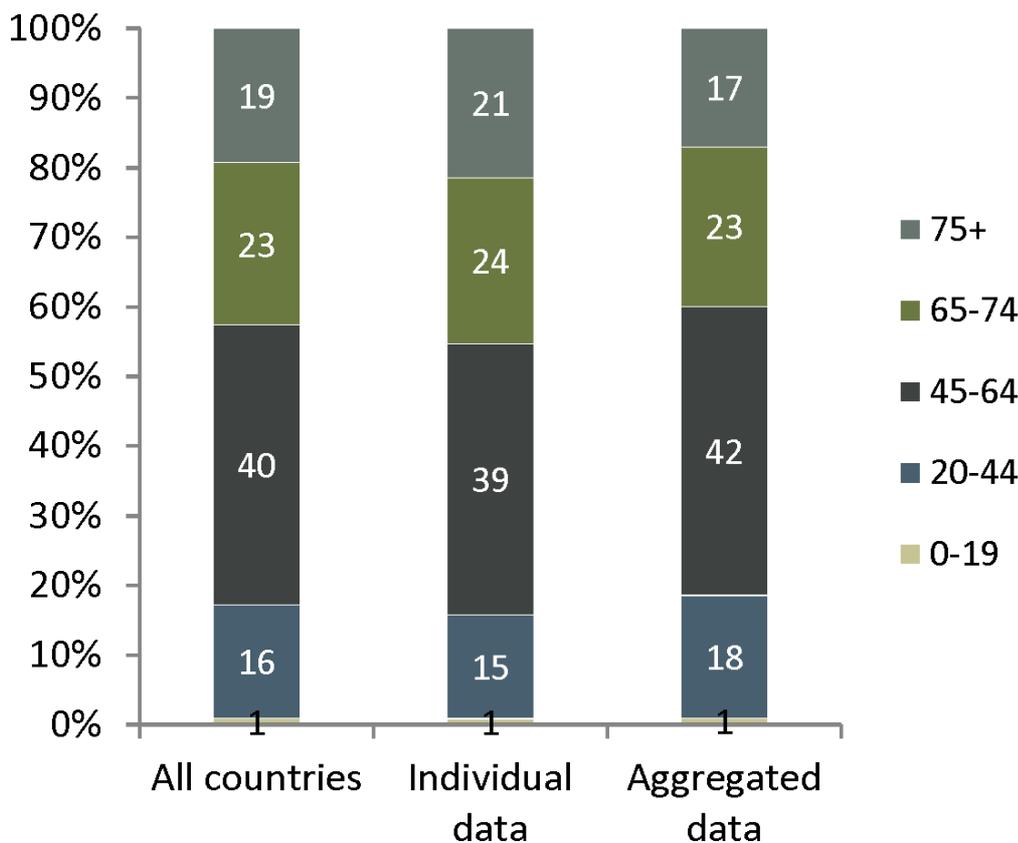
About ERA-EDTA

With more than 11,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all its activities, ERA-EDTA has created the "Young Nephrologists' Platform" (YNP), a very active committee whose board includes members who are 40 years old or younger. In addition, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: The series of CME courses combined with the annual congress offer an attractive scientific programme to cover the need for continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation.

The association’s journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; furthermore NDT-Educational is the Society’s online educational journal , with free access for all users, as well as being a very important and useful feature of the NDT-Educational “Literature Review”. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practices throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA, where all those interested in the activities of the Society can find everything that is happening, all in one place. Finally, ERA-EDTA is a member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses and foundations relating to renal issues that actively interacts with the European Parliament. For more information, please visit www.era-edta.org

Figure 1

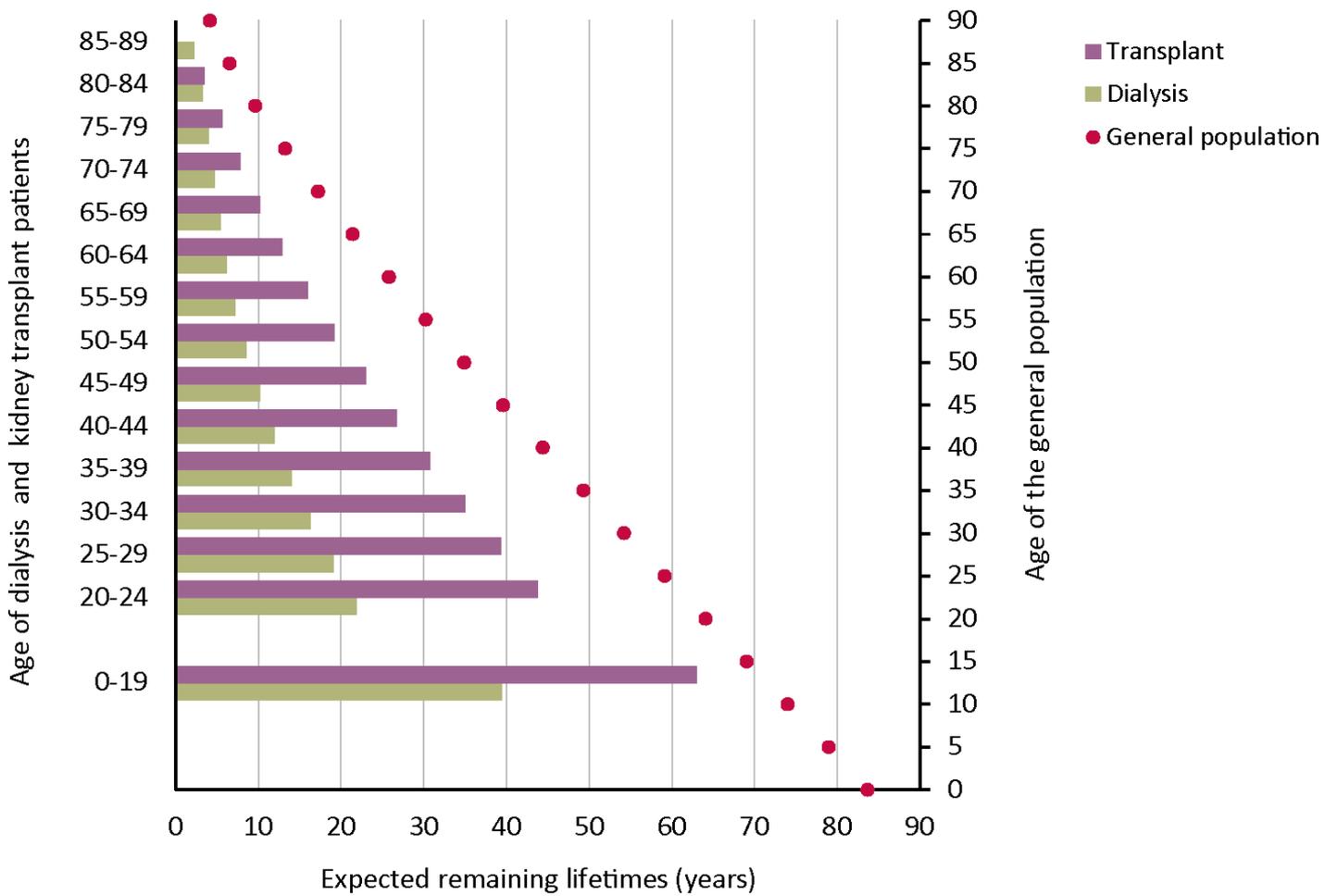
Prevalence by age category *by type of data provided by registry*



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Figure 2

Expected remaining lifetimes of the general population and of prevalent dialysis and kidney transplant patients



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