## Long term risks in kidney donors

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Hypertension Proteinuria ESRD Mortality

## **Blood** pressure

**Annals of Internal Medicine** 

Review

### Meta-Analysis: Risk for Hypertension in Living Kidney Donors

Neil Boudville, MD; G.V. Ramesh Prasad, MD; Greg Knoll, MD, MSc; Norman Muirhead, MD; Heather Thiessen-Philbrook, MMath; Robert C. Yang, MD; M. Patricia Rosas-Arellano, MD, PhD; Abdulrahman Housawi, MD; and Amit X. Garg, MD, PhD, for the Donor Nephrectomy Outcomes Research (DONOR) Network\*

#### **Annals of Internal Medicine**

ESTABLISHED IN 1927 BY THE AMERICAN COLLEGE OF PHYSICIANS

From: Meta-Analys (Reference)		Donors, after Donation				Control Participants			Mean Difference in SBP (95% CI), mm Hg	
nn Intern Med. 2006;145(3):	Mean Years after Donation, (Range)*	Donors, n	Mean Value SBP (SD), mm Hgt	Use of Antihypertensive Medications, %	Controls, n	Mean Value SBP (SD), mm Hg†	Use of Antihypertensive Medications, %			
Najarian e 1992 (5		57	134 (15)	32	50	130 (21)	44	+	4 (-3.1 to 11.1)	
Undurragi 1998 (5		30	125 (18)	NR	30	118 (13)	NR	-	7 (-0.9 to 15.2)	
Talselth et 1986 (5		32	140 (23)	10	32	132 (29)	NR	+-	8 (-4.8 to 20.8)	
Williams of 1986 (5		38	136 (25)	*	16	129 (16)		+-	7 (-3.7 to 18.5)	
Pooled	estimate	157	133 (6)		128	126 (8)		-	6 (1.6 to 10.5)	
							SBP Higher	5 0 5 10 20		

	dy, Year ference)	Donors, after Donation			Control Participants			Mean Difference in DBP (95% CI), mm Hg		
		Mean Years after Donation, (Range)*	Donors, n	Mean Value DBP (SD), mm Hg†	Use of Antihypertensive Medications, %	Controls, n	Mean Value DBP (SD), mm Hg†	Use of Antihypertensive Medications, %		30
200	Donnell et al., 986 (37)	6 (3–18)	33	83 (10)	3	33	78 (9)	NR	<b> -</b>	5 (0.4 to 9.7)
	arian et al., 992 (50)	8 (1–19)	63	80 (8)	32	50	80 (11)	44	+	0 (-3.5 to 3.5)
	durraga et al., 998 (53)	11 (1-21)	30	86 (13)	NR	30	79 (9)	NR	⊷■⊶	7 (1.7 to 12.9)
	selth et al., 986 (54)	11 (10–12)	32	90 (10)	10	32	85 (10)	NR	-	5 (0.1 to 9.9)
	liams et al., 986 (57)	13 (10–18)	38	85 (25)		16	82 (16)		-	4 (-7.6 to 14.5)
P	ooled estimate		196	84 (5)		161	80 (3)		•	4 (0.9 to 6.7)

DBP Higher in Controls DBP Higher in Donors

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 "On the basis of the limited studies conducted to date, kidney donors may have a 5-mm Hg increase in blood pressure within 5 to 10 years after donation over that anticipated with normal aging."

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REVIEW

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## Proteinuria

Proteinuria and reduced kidney function in living kidney donors: A systematic review, meta-analysis, and meta-regression

AX Garg<sup>1,2,3</sup>, N Muirhead<sup>1</sup>, G Knoll<sup>4</sup>, RC Yang<sup>1</sup>, GVR Prasad<sup>5</sup>, H Thiessen-Philbrook<sup>1</sup>, MP Rosas-Arellano<sup>1</sup>, A Housawi<sup>1</sup> and N Boudville<sup>1,6</sup> for the Donor Nephrectomy Outcomes Research (DONOR) Network<sup>7</sup>

## Increased

#### 24 h urine protein

	Donors, p	ost-donation	Controls					
	Years after	24 h urine	24 h urine					
	donation,	Protein (mg/day)	Protein (mg/day)	24 h urine protein				
Source*	Mean (range)	N mean (s.d.)	N mean (s.d.)	Mean difference (mg/day) 95% CI				
D'Almeida et al.45	7 (1-14)	59 151 (125)	28 96 (116)	⊢■⊣	54 (1, 108)			
Williams et al.58	13 (10-18)	37 115 (135)	17 31 (125)	¦ <b></b>	84 (10, 157)			
Mathillas et al. 60	15 (10-20)	33 306 (320)	14 212 (255)		94 (-79, 267)			
Pooled estimate		129 147 (22)	59 83 (30)	•	66 (24, 108)			
			Г					
			−5 Higher	The second secon				
			controls donors					

### Long-term risks for kidney donors

Geir Mjøen<sup>1</sup>, Stein Hallan<sup>2,3</sup>, Anders Hartmann<sup>1</sup>, Aksel Foss<sup>1</sup>, Karsten Midtvedt<sup>1</sup>, Ole Øyen<sup>1</sup>, Anna Reisæter<sup>1</sup>, Per Pfeffer<sup>1</sup>, Trond Jenssen<sup>1</sup>, Torbjørn Leivestad<sup>4</sup>, Pål- Dag Line<sup>1</sup>, Magnus Øvrehus<sup>2</sup>, Dag Olav Dale<sup>1</sup>, Hege Pihlstrøm<sup>1</sup>, Ingar Holme<sup>5</sup>, Friedo W. Dekker<sup>6</sup> and Hallvard Holdaas<sup>1</sup>

### Long-term risks for kidney donors

Geir Mjøen<sup>1</sup>, Stein Hallan<sup>2,3</sup>, Anders Hartmann<sup>1</sup>, Aksel Foss<sup>1</sup>, Karsten Midtvedt<sup>1</sup>, Ole Øyen<sup>1</sup>, Anna Reisæter<sup>1</sup>, Per Pfeffer<sup>1</sup>, Trond Jenssen<sup>1</sup>, Torbjørn Leivestad<sup>4</sup>, Pål- Dag Line<sup>1</sup>, Magnus Øvrehus<sup>2</sup>, Dag Olav Dale<sup>1</sup>, Hege Pihlstrøm<sup>1</sup>, Ingar Holme<sup>5</sup>, Friedo W. Dekker<sup>6</sup> and Hallvard Holdaas<sup>1</sup>

 1901 kidney donors with 15 years median follow-up. Controls from HUNT1 survey.

• Increased mortality (HR 1.3) and increased incidence of ESRD (HR 11.4) vs. controls.

#### Other studies on ESRD

- "Risk of End-Stage Renal Disease Following Live Kidney Donation" Muzaale et al, JAMA 2014
  - Around 8 10 times increased risk for ESRD
- Reese et al. et al. "Mortality, Cardiovascular and End-Stage Disease outcomes among Older Live Kidney Donors" JASN 2013; 24: 71A
  - Around 7 8 times increased risk for ESRD

## Mortality differs from other studies

Other studies did not find increased mortality.

However, follow-up time was shorter

#### Perioperative Mortality and Long-term Survival Following Live Kidney Donation

Dorry L. Segev, MD, PhD
Abimereki D. Muzaale, MD, MPH
Brian S. Caffo, PhD
Shruti H. Mehta, PhD
Andrew L. Singer, MD, PhD
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Maureen A. McBride, PhD

Robert A. Montgomery, MD, DPhil

**Context** More than 6000 healthy US individuals every year undergo ne for the purposes of live donation; however, safety remains in question be gitudinal outcome studies have occurred at single centers with limited generations.

**Objectives** To study national trends in live kidney donor selection and o estimate short-term operative risk in various strata of live donors, and to con term death rates with a matched cohort of nondonors who are as similar to cohort as possible and as free as possible from contraindications to live don

**Design, Setting, and Participants** Live donors were drawn from a mational registry of 80 347 live kidney donors in the United States between Aprand March 31, 2009. Median (interquartile range) follow-up was 6.3 (3.2 A matched cohort was drawn from 9364 participants of the third National

#### BMJ

BMJ 2012;344:e1203 doi: 10.1136/bmj.e1203 (Published 1 March 2012)

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#### RESEARCH

#### Cardiovascular disease in kidney donors: matched cohort study

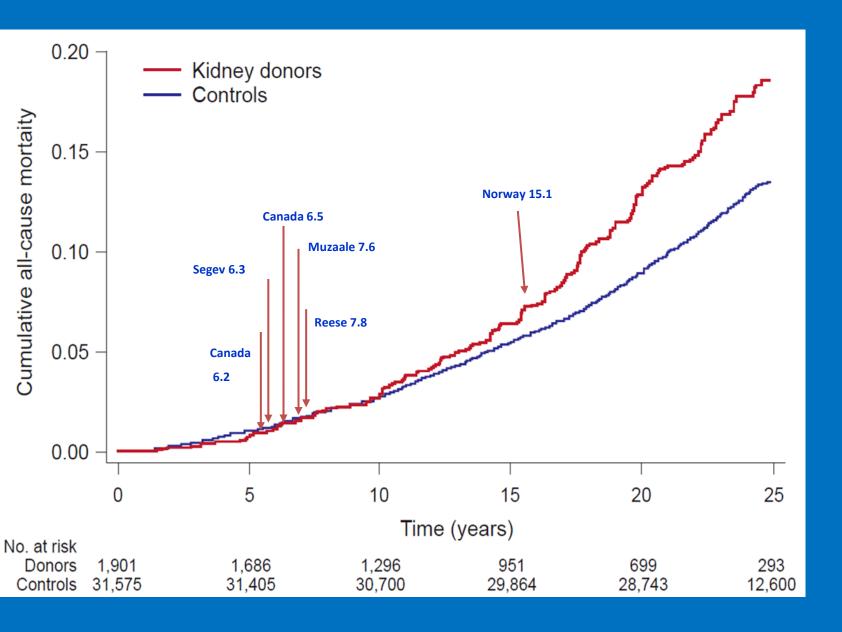
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Amit X Garg *professor*<sup>1,2,3</sup>, Aizhan Meirambayeva *epidemiology student*<sup>1,2</sup>, Anjie Huang *biostatistician*<sup>3</sup>, Joseph Kim *assistant professor*<sup>3,4</sup>, G V Ramesh Prasad *associate professor*<sup>4</sup>, Greg Knoll *professor*<sup>5</sup>, Neil Boudville *associate professor*<sup>5</sup>, Charmaine Lok *associate professor*<sup>4</sup>, Philip

# Follow-up time

- Long follow-up time is needed
- Harmful effects may take decades
- Kidney donors are very healthy and often relatively young at donation

#### Different follow-up time may explain different findings



## Long-term risks

- Increased blood pressure
- Increased proteinuria
- Increased incidence of ESRD
- Increased mortality