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BIOPSY TESTS MAY LEAD TO INAPPROPRIATE DISCARDS OF DONATED KIDNEYS

Highlights

- Kidney biopsy results had no impact on the function of kidneys transplanted from living donors.
- Outcomes following kidney transplantation using deceased donor kidneys were influenced by biopsy findings; however, even transplantation with kidneys with the worst biopsy findings would result in 5 additional years of life for a patient compared with remaining on dialysis.
- Most deceased donor kidneys with suboptimal biopsy results were still functioning 5 years after transplantation.

Nearly 20% of deceased donor kidneys are currently discarded in the United States despite a growing organ shortage.

Washington, DC (July 6, 2017) — Researchers have found that discarding donated kidneys on the basis of biopsy findings may be inappropriate. The findings, which appear in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN), may help address the organ shortage by keeping valuable organs from being thrown away.

Discard rates for deceased donor kidneys in the United States are at an all-time high, and transplant centers frequently cite biopsy findings as the reason for not accepting kidneys obtained from donors for transplantation. The importance of biopsy results in determining how well a kidney will function post-transplant remains unclear, however.

To assess the true impact of biopsy results on long-term outcomes, Sumit Mohan, MD, MPH (Columbia University College of Physicians & Surgeons and New York Presbyterian Hospital) and his colleagues analyzed nearly 1000 kidney biopsy samples that were processed under ideal circumstances and read by experienced renal pathologists.

The investigators found that biopsy results did not appear to impact long-term patient outcomes following transplantation of kidneys from living donors. Also, living donor kidneys with suboptimal biopsy results had better outcomes than deceased donor kidneys with optimal results. Outcomes following kidney transplantation using deceased donor kidneys were influenced by biopsy findings; however, the team estimated that even

transplantation with kidneys with the worst biopsy findings would result in several additional years of life for a patient compared with remaining on dialysis. “Also, 73% of deceased donor kidneys with suboptimal biopsy results were still functioning at 5 years, suggesting that discards based on biopsy findings may be inappropriate and merits further study,” said Dr. Mohan. “Understanding the true impact of suboptimal biopsy findings is essential to reducing the inappropriate discard of valuable kidneys from deceased donors.”

Study co-authors include Eric Campenot, MD, Mariana Chiles, MPH, Dominick Santoriello, MD, Eric Bland, MA, R. John Crew, MD, Paul Rosenstiel, MD, Geoffrey Dube, MD, Ibrahim Batal, MD, Jai Radhakrishnan, MD, MS, P. Rodrigo Sandoval, MD, James Guarrera, MD, Michael Stokes, MD, Vivette D'Agati, MD, David Cohen, MD, Lloyd Ratner, MD, MPH, and Glen Markowitz, MD.

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The article, entitled “Impact of Reperfusion Renal Allograft Biopsy Findings on Renal Transplantation Outcomes,” will appear online at <http://jasn.asnjournals.org/> on July 6, 2017, doi: 10.1681/ASN.2016121330.

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