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The January issue of *Nephron Clinical Practice* (Vol. 111, No. 1, 2009) features a number of interesting original articles as well as some outstanding reviews and commentaries. The current issue of **Nephron News** highlights three articles: The mini review by Courtney and Maxwell, Belfast, on the challenges facing global renal transplantation and organ retrieval; the first of a series of critiques of current nephrological guidelines by Connolly and Woolfson, London; and the article by Takemoto et al., Japan, on the prognostic value of the serum adiponectin level for coronary heart disease in hemodialysis patients.

Please do not hesitate to write to me and share your views and experiences of topics related to these publications.

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The timely review by **Courtney and Maxwell** (2009;111:c62-c68) discusses issues related to the challenge of equity in the allocation of organs for kidney transplantation. Globally, the shortage in kidney transplants has challenged national healthcare authorities to come up with policies addressing this issue without compromising ethics and human rights. The authors examine some of the allocation schemes and discuss related ethical considerations, all in the spirit of the Istanbul declaration (2008) that concluded that organ trafficking and transplantation tourism violate the principles of equity, justice and respect for human dignity and that such practices should be prohibited. It is also important to bear in mind that geographical and socio-economic factors, along with cultural influences, impact on transplantation worldwide. I just hope that the current global financial crisis does not put even more pressure on those living in conditions of deprivation to jeopardize their health through dangerous and unethical renal transplantation practices.

In their thorough and considerate review (2009;111:c69-c73), **Connolly and Woolfson** highlight the limitations of the current CKD classification and guidelines. They also raise reservations regarding the limitations of current formulae, in particular MDRD, for the calculation of GFR in the general population and in ethnic minorities where it has not been fully validated. Of note, efforts have been made to come up with correction factors for the MDRD formula to make it more accurate in predicting GFR in Asian CKD patients including those from Japan. Improving the accuracy and precision of the calculation of GFR may enhance future applicability. The nephrology community needs to appreciate that KDIGO is committed to regular reviews of the definition and classification of CKD and that more data is needed to refine them, with emphasis on the prognostic implications of CKD stages in terms of progression to ESRD, but also in relation to the high CVD mortality that plagues CKD patients.

The Japanese study by **Takemoto et al.** (2009;111:c12-c20) confirms the prognostic value of low adiponectin in ESRD patients. A number of studies have shown that low circulating levels of this adipokine, known to be decreased in obesity, has negative CVD prognostic implications. Adiponectin is a multifunctional adipokine with anti-inflammatory properties. Low serum levels of adiponectin have been associated with increased CVD mortality in the general population, in patients with CKD as well as in those with ESRD.

Adiponectin, along with brain natriuretic peptide (BNP), is emerging as a reliable prognostic indicator in hemodialysis patients. The mechanisms of the cardioprotective effect of adiponectin remain poorly understood, although an increase in HDL cholesterol and a direct effect on myocardial contractibility have been postulated. In the general population, another adipokine leptin known to be raised in obesity has also been associated with increased CVD risk in men. Moreover, published data link low adiponectin levels with raised blood pressure and associated vascular stiffness; these are also known to impact CVD morbidity and mortality in hemodialysis.

Clearly, the relationship between adipokines and CVD outcomes in ESRD patients is a hot topic that warrants further investigations. This is all the more intriguing since increased weight in HD patients is associated with improved survival.