

LETTER TO THE EDITORS

Regarding long-term outcome after kidney donation

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Dear Sirs,

We read with interest the recently published position statement by Biancone *et al.* [1] on behalf of the European Committee on Organ Transplantation.

Sadly, there seem to be a misunderstanding regarding our previously published study on mortality and ESRD in kidney donors [2]. The authors argue that there is a potential age-derived bias with regard to ESRD or death, due to the fact that a considerable proportion of the living donors were on average 8 years older and had a longer follow-up compared to controls. In our study, 1901 kidney donors included in the period 1975-2007 were compared against 32 621 included in the period 1984-1987. Follow-up data on death and ESRD were available untill 2010. Firstly, please note that our statistical analyses were adjusted for differences in age between groups. Secondly, as previously stated in our response [3] to a letter from Matas et al. [4], we repeated survival analyses after excluding those who donated a kidney before 1984. Consequently, in this analysis, no donors had a longer follow-up than controls. This did not change results, indicating that no such bias is present. We agree that our study may have its limitations, but differences in mean age or follow-up time are not among these.

Lastly, we agree with the authors conclusion that there is a need for lifelong follow-up of all donors, and that potential donors should be provided with the necessary data for informed consent.

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References

- 1. Biancone L, Cozzi E, Lopez-Fraga M, *et al.* Long-term outcome of living kidney donation Position paper of the European Committee on Organ Transplantation (CD- PTO), Council of Europe. *Transplant Int* 2015; **29**: 129.
- Mjøen G, Hallan S, Hartmann A, et al. Long-term risks for kidney donors. Kidney Int 2014; 86: 162.
- 3. Mjoen G, Hallan S, Dekker FW, *et al.* The authors reply. *Kidney Int* 2014; **86**: 650.
- 4. Matas AJ, Woodle ES, Gaston RS, *et al.* Kidney donors at increased risk? Additional studies are needed *Kidney Int* 2014; **86**: 650.