

# WORKING GROUPS & COMMITTEES



NEWSLETTER

N. 29 - May 2021

## Does kidney transplantation improve survival in the current era in Europe?

*By Vianda Stel (left picture), senior epidemiologist at ERA-EDTA Registry,  
Rachel Hellemans, nephrologist at Antwerp University Hospital  
and Cynthia Mercado (right picture), ERA-EDTA Registry research fellow*

Older studies have shown a survival benefit with kidney transplantation compared to dialysis, even for patients older than 60 years. However, due to important evolutions such as older recipient age and the use of less-than-optimal quality donors, as well as improved survival on dialysis, it is unclear if the survival benefit with transplantation still holds true nowadays. Therefore, the ERA-EDTA Registry in collaboration with the ERA-EDTA Descartes transplantation working group, performed a pilot study in a Belgian cohort of 3808 patients waitlisted for a first deceased donor kidney transplant between 2000 and 2012 (Hellemans et al.; NDT 2021 26;36:918-926). For this purpose we linked waitlist and donor data from Eurotransplant with patient survival data for end-stage kidney disease patients from the two regional Belgian renal registries. We analyzed patient survival of those who were transplanted, either with a standard criteria donor (SCD) kidney or expanded criteria donor (ECD) kidney, and compared this to the survival of those who remained on dialysis. Our analysis suggests that recipients  $\geq 65$  years have a survival benefit when transplanted with an SCD, but that the survival benefit with an ECD may be small or non-existent as compared to remaining on dialysis. However, the relatively low number of patients leads to effect estimates with considerable uncertainty. Hence, we aim to expand the Belgian pilot study to



other European countries. Several renal registries (in collaboration with transplant registries) will join (Bosnia and Herzegovina, Catalonia, Estonia, France, Italy, and Norway) and will provide extra data to the ERA-EDTA Registry for this project. Another 5 countries are interested to join, while most of them awaiting approval from their scientific committee. Furthermore, we are waiting for a response from some other countries.

This project has been awarded with an ERA-EDTA long-term fellowship and fellow Dr. Cynthia Mercado has started working at the ERA-EDTA Registry in March 2021. In addition, we aim to extend the ERA-EDTA Registry database with additional patient, waiting list, donor, transplant related and follow-up data for those renal registries that are interested to participate.

# Work status and work ability of patients treated with kidney replacement therapy

## Results from the EDITH kidney patient survey

By Rianne de Jong, PhD student EDITH project



According to data from the ERA-EDTA Registry, around 330,000 individuals of working age suffer from end-stage kidney disease (ESKD) and receive kidney replacement therapy (KRT) in Europe. Unfortunately, unemployment seems common in these patients and tends to be associated with hospitalization, mortality, and impaired mental

health.

Work status refers to the involvement in paid work (e.g. being employed, unemployed or receiving disability benefits) while work ability involves assessment of one's capacity to perform work given one's health condition. So far, a comprehensive European study using uniform measures for work status and work ability in patients receiving KRT is lacking. To this end, researchers from the ERA-EDTA Registry have investigated work status and work ability in

a sample of 3,544 dialysis patients and kidney transplant recipients from nearly all European countries and studied factors associated with employment. Data were collected with the EDITH kidney patient survey, which was available in 31 languages and was administered online or on paper between November 2017 and January 2019.

More information about the EDITH project can be found in the box below and at [www.edith-project.eu](http://www.edith-project.eu). In this study, 25.8% of the dialysis patients and 53.9% of the kidney transplant recipients were employed and working.

The mean general work ability was 4.8 (out of 10) for dialysis patients and 6.5 for kidney transplant recipients. Hence, the employment rate and work ability of European dialysis patients and kidney transplant recipients deserve attention, as these lag behind those in the general population. Our study may help to develop interventions to support employment in patients receiving KRT.

For more details, please join the online presentation by Rianne de Jong on Sunday 6 June 2021, 8:00 - 9:30 hour (CEST) entitled "Work status and work ability of patients treated with kidney replacement therapy".

**We sincerely thank all patients who filled out the EDITH kidney patient survey and all international colleagues who translated, promoted or distributed the survey.**

## The EDITH Project

The European EDITH project, which is co-financed by the European Commission, focuses on the differing CKD treatment modalities along with organ donation and transplantation practices and their impact on health expenditures and patient outcomes. The EDITH consortium consists of 10 partners from all over Europe together with collaborating stakeholders including the European Kidney Health Alliance, renal registries, ERA-EDTA, the European Kidney Patients Federation, the French Agence de la Biomédecine and national kidney foundations.

See also: [www.edith-project.eu](http://www.edith-project.eu)



# Health-related quality of life trajectories over time in older men and women with advanced CKD – Results from the EQUAL study

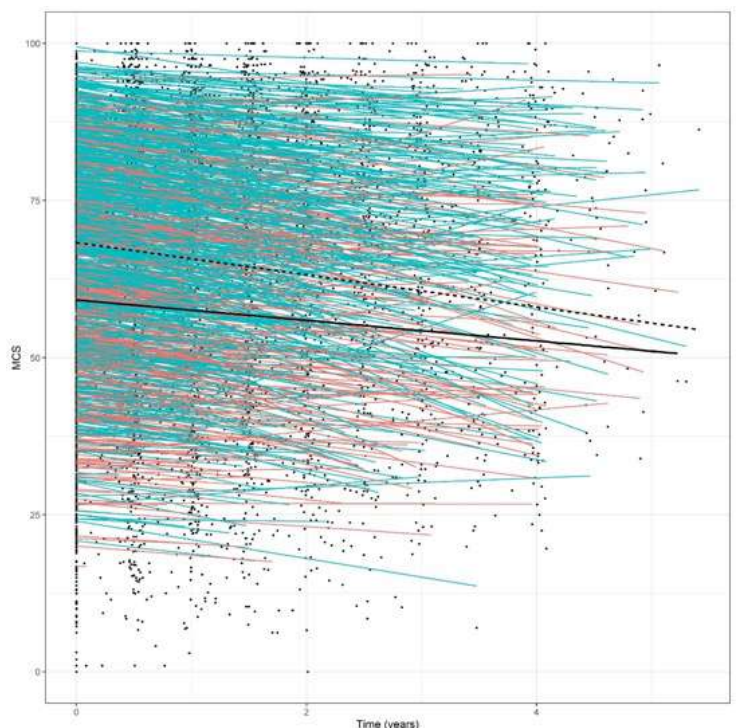
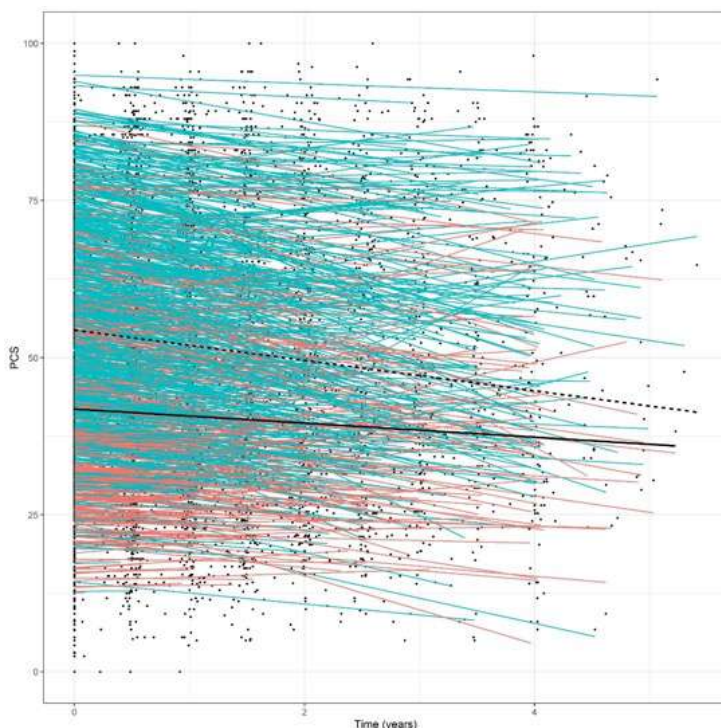
By Nicholas Chesnaye, EQUAL coordinator and epidemiologist

Differences between the sexes are apparent in the epidemiology of chronic kidney disease (CKD), and have also been described regarding patient reported outcomes. It is known that women consistently report a poorer health-related quality of life (HRQOL) than men in the general population, as well as in patients with various chronic conditions. In patients with severely decreased kidney function, several cross-sectional studies report a poorer HRQOL in women across both mental and physical HRQOL domains, although this finding is not universal. Longitudinal studies exploring the role of sex on HRQOL trajectories over time in advanced stage CKD are scarce. An understanding of sex-specific HRQOL over the course of pre-dialysis CKD, and the potential mechanisms underlying any differences, can provide insights into a patient's health and needs, and aid sex-specific clinical monitoring, the KRT decision making process, and patient-centred care. Using data from the EQUAL study, an international cohort of older adults with advanced CKD, we therefore set out to 1) describe the sex-specific evolution of HRQOL in referred CKD patients of older age, 2) determine which factors mediate the difference in HRQOL between the sexes, and 3)

explore the sex-specific determinants of HRQOL. Our preliminary findings demonstrate that, during several years of follow-up, women consistently report lower physical and mental HRQOL scores compared with men in this population. Nonetheless, despite the higher overall HRQOL scores reported by men, HRQOL declined approximately twice as fast over time compared with women. This effect was attenuated to some extent after accounting for sex differences in eGFR levels, suggesting a mediating role for decreasing kidney function. However, the majority of this disparity remained unexplained, meaning that other unidentified factors are likely responsible. Interestingly, decreased kidney function, lower serum haemoglobin, higher phosphate levels, and pre-existing diabetes seemed relatively more detrimental to HRQOL in men compared to women, warranting further investigation into whether men could benefit from interventions targeting the intensified treatment of anaemia and a reduction in serum phosphate levels.

*For more details, please attend the session on “Big data & nephrology” on Sunday 6 June 2021, at 08:00 (CEST).*

Individual physical component scores (PCS) and mental component scores (MCS), individual trajectories (red = women, blue = men), and the population average trajectory (solid black line = women, dashed black line = men).



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[www.era-edta.org/en/registry](http://www.era-edta.org/en/registry)

## ERA-EDTA REGISTRY

Symposium 0.2

Sunday, 6 June 2021      Hall Helsinki - 08:00-09:30 (CEST)

Chairs: *Kitty Jager, Amsterdam, Netherlands*  
*Ziad Massy, Paris, France*

1. International comparison of trends in kidney transplantation rates in Europe:  
*Rianne Boenink, Amsterdam, Netherlands*

2. Uraemic symptoms and uraemic toxins in the EQUAL study:  
*Ziad Massy, Paris, France*

3. Work status and work ability of patients treated with kidney replacement therapy:  
*Rianne de Jong, Amsterdam, Netherlands*

## Presentations based on the EQUAL study collaboration:

Session ID FC 28  
Hall A1 Sun, June 06, 08.00-09.30 (CEST)  
FC 112 Health-related quality of life (HRQOL) and symptom burden before and after start of dialysis in older patients  
*Esther de Rooij, Den Haag, Netherlands*

Session ID FC 18  
Hall New York, June 06, 08.00-09.30 (CEST)  
FC 068 Quality of life over time in older men and women with advanced CKD –Results from the EQUAL study  
*Nick Chesnaye, Amsterdam, Netherlands*

**58<sup>TH</sup>**  
**ERA-EDTA**  
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 **JUNE 5-8, 2021**

