

New clinical prediction index to help patients considering kidney transplant

March 29 2010

A new clinical prediction index has been developed to determine the risk of death in patients with end-stage kidney disease considering transplantation, states a Research article in *CMAJ* (*Canadian Medical Association Journal*).

The article reports on a study aimed at developing and testing a new index that can calculate survival for various options a patient faces with end-stage [kidney disease](#). It included patients on the kidney transplant wait list between 1995 and October 2006 as well as those who had a kidney transplant as their first therapy during the same time.

The index uses readily available data so it can be used in clinics during transplantation counseling. It has a simple scoring system to calculate survival without transplant, with deceased [donor transplantation](#) and with living donor transplantation. The goal is to improve decision making by patients and physicians by providing calculated survival information at the time of transplant counseling.

[Kidney transplantation](#) is the optimal choice for people with end-stage kidney disease because it improves quality of life and survival rates. Overall, kidney transplant recipients have a 68% lower risk of death than those eligible for transplantation that remained on dialysis. While the benefits of transplantation are significant, there is a need to look at other factors before proceeding including quality of life after transplantation, immunosuppressive medication side effects, malignancy risk, and the need for an extensive medical evaluation or ongoing re-evaluation.

Dr. Carl van Walraven, and coauthors conclude that this prognostic index can accurately to predict mortality among patients with end stage renal disease eligible for transplantation. "We believe that this renal prognostic index can provide valuable quantitative survival data for clinicians and patients to use when deciding on whether to pursue transplantation or remain on dialysis."

More information: www.cmaj.ca/cgi/doi/10.1503/cmaj.091661

Provided by Canadian Medical Association Journal

Citation: New clinical prediction index to help patients considering kidney transplant (2010, March 29) retrieved 30 April 2024 from <https://medicalxpress.com/news/2010-03-clinical-index-patients-kidney-transplant.html>

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