Funzione renale

Linee guida ERBP 2013

3.6. What lower level of kidney function precludes living donation?

We recommend that all potential living kidney donors have their GFR assessed. (1C)
We recommend that in cases where more exact knowledge on GFR is needed or where is doubt regarding the accuracy of GFR from estimation methods, a direct measurement of GFR is undertaken by exogenous clearance methods. (Ungraded Statement)
We recommend that all potential donors should have a predicted GFR that is projected to remain above a satisfactory level after donation within the life-time of the donor as indicated in figure 3. (Ungraded Statement)

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5.1: We recommend expressing kidney function as glomerular filtration rate (GFR) andNOT as serum creatinine concentration. (1A)
5.2: We recommend expressing GFR in mL/min/ 1.73 m2 rather than mL/min. (1B)
5.3: We recommend initial evaluation of GFR (screening) using estimated GFR from
serum creatinine concentration (eGFRcr). (1B)
5.3.1: We recommend that serum creatinine be measured using an assay standardized to the international reference standard. (1B)
5.3.2: We recommend that eGFRcr should be computed using the 2009 CKD-EPI
creatinine equation or other equations that are more accurate than the 2009 CKD-EPI equation. (1B)

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5.4: We suggest confirmation of GFR using one or more of the following, if eGFRcr is out
of range of reliability, depending on the accuracy and reproducibility at the transplant center: (2B)
5.4.1: Measured GFR (mGFR) using an exogenous filtration marker: Urinary or plasma clearance of inulin, urinary or plasma clearance of iothalamate, urinary or plasma clearance of 51Cr-EDTA, urinary or plasma clearance of iohexol, and urinary clearance of 99mTc-DTPA are preferred. Other
methods, including imaging, are less accurate. (Not Graded)
5.4.2: Measured creatinine clearance (mClcr) should be used if mGFR is not available. (Not Graded)

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5.4.3: Estimated GFR from the combination of serum creatinine and cystatin C (eGFRcr-cys) should be used if mGFR and mClcr are not available. (Not Graded)
5.4.3.1: We recommend that serum cystatin C be measured using an assay traceable to the international reference standard. (1B)
5.4.3.2: We recommend that eGFRcr-cys should be computed from the 2012 CKD-EPI equations. (1B)
32 5.4.4: Repeat estimated GFR from serum creatinine (eGFRcr) if mGFR, mClcr and eGFRcr-cys are not available. (Not Graded)
5.5: If there is evidence of greater than expected asymmetry of kidney size on medical imaging, assess individual kidney GFR by using radionuclides or contrast agents that are excreted by glomerular filtration (e.g., 99mTc-DTPA). (Not Graded)

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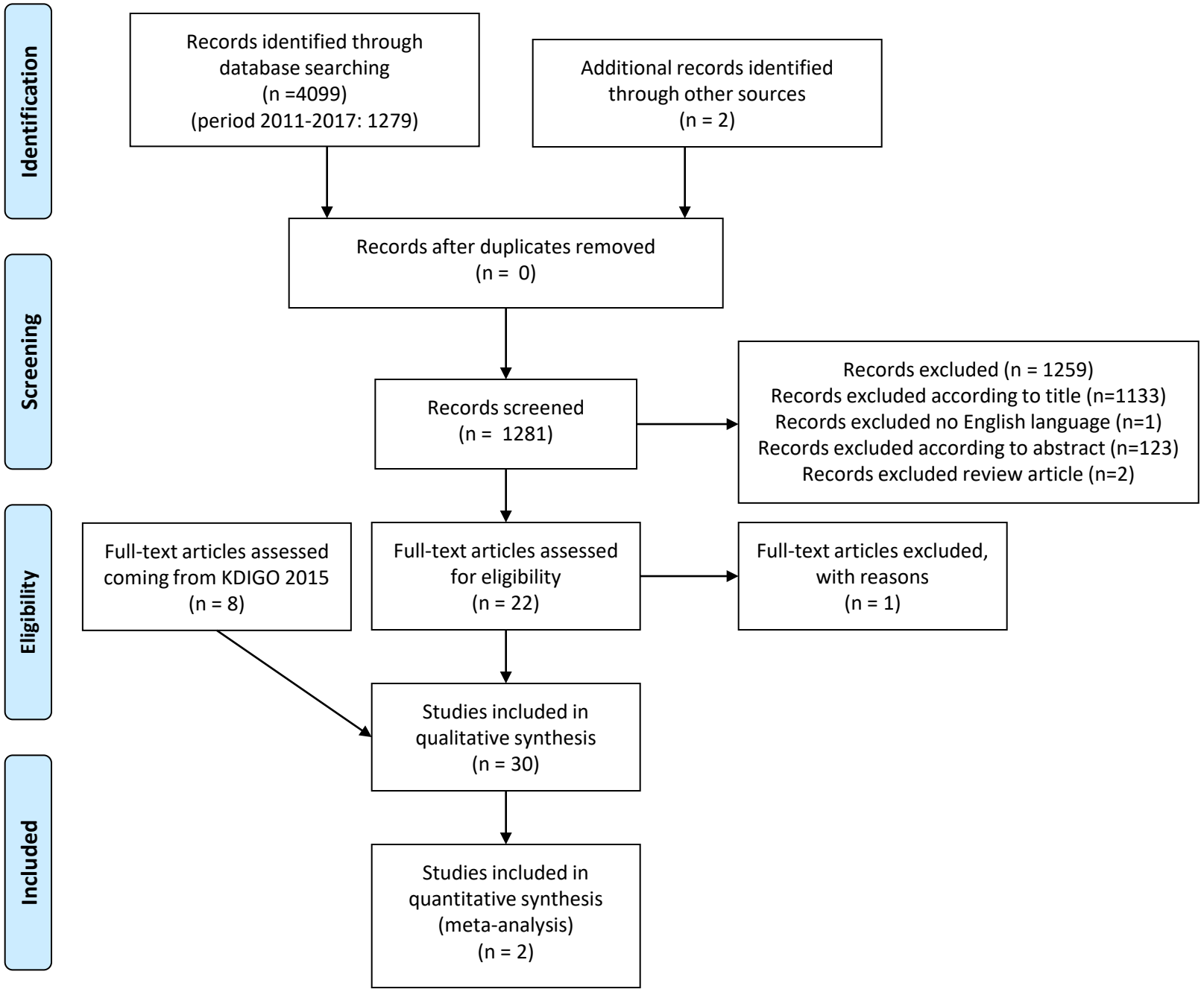
Criteria for Acceptable Pre-Donation GFR

5.6: mGFR ≥ 90 mL/min/ 1.73 m2 should be considered as an acceptable level of kidney function for kidney donation. (Not Graded)

5.7: The decision to approve donor candidates with mGFR 60-89 ml/min/1.73 m2 should be individualized based on the predicted lifetime incidence of ESRD in relation to the transplant center's acceptance threshold. (Not Graded)

5.8: Donor candidates with mGFR <60 ml/min/1.73 m2 should be excluded from donation. (Not Graded)

5.9: If the donor candidate's mGFR is acceptable but there is a difference in size or function between the two kidneys that is greater than expected, the transplant center should consider procuring the kidney with smaller size or lower function and leaving the donor with the kidney with larger size or higher function. (Not Graded)


Identification
Screening
Eligibility
Included
Records identified through database searching (n =4099) (period 2011-2017: 1279)
Additional records identified through other sources (n = 2)
Records after duplicates removed (n = 0)
Records screened (n = 1281)
Records excluded (n = 1259)
Records excluded according to title (n=1133)
Records excluded no English language (n=1)
Records excluded according to abstract (n=123)
Records excluded review article (n=2)
Full-text articles assessed coming from KDIGO 2015 (n = 8)
Full-text articles assessed for eligibility (n = 22)
Full-text articles excluded, with reasons (n = 1)
Studies included in qualitative synthesis (n = 30)
Studies included in quantitative synthesis (meta-analysis) (n = 2)

Studi selezionati

Study (vedi doc. word)
Measuring GFR: A Systematic Review Inga Soveri, MD, PhD,1 Ulla B. Berg, MD, PhD,2 Jonas Bjo¨ rk, PhD,3 Carl-Gustaf Elinder, MD, PhD,4 Anders Grubb, MD, PhD,5 Ingegerd Mejare, PhD,6 Gunnar Sterner, MD, PhD,7 and Sten-Erik Ba¨ck, MSc, Am J Kidney Dis. 2014;64(3):411-424
Estimating equations for glomerular filtration rate in the era of creatinine standardization: a systematic review Earley A, Miskulin D, Lamb EJ, et al. Ann Intern Med 2012; 156: 785-795
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