In case of end stage kidney disease, living donation by expanding the donor pool might give a chance for pre-emptive kidney transplantation, which is defined as having a kidney transplant before initiation of chronic dialysis. In this guideline, Descartes Working Group conducted a systematic review of the literature which included observational data of 29 studies, mainly coming from single center or regional registries, performed after 1990 providing data on aspects of pre-emptive living donation. They found that around half of studies showed improvements in patient and graft survival or reductions in the risk of acute rejection. However, relating to pre-transplant glomerular filtration rate no differences were found between the graft and patient survivals. In the light of the data, the group recommends pre-emptive transplantation where possible, with the timing designed to avoid dialysis in patients who have kidney disease that is indefinitely irreversible and clearly progressive. There is also a selection bias. The characteristics of population who receive a pre-emptive kidney transplantation is very different from those receiving a transplant on the waiting list in the mentioned studies, which is well recognized by the authors.

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