

prevent and treat organ failure; aim for self-sufficiency in terms of organ donation (e.g. by increasing deceased donor transplantation); and have a legislative framework and a transparent regulatory system for organ donation and transplantation. The medical and psychosocial care of the organ donor should be considered of equal importance to the care of the recipient, and the cost of donation should be reimbursed.

The authors of the declaration plan to submit this document to the health authorities of all countries and to all relevant professional bodies for consideration.

Original article Participants in the International Summit on Transplant Tourism and Organ Trafficking (2008) The declaration of Istanbul on organ trafficking and transplant tourism. *Kidney Int* 74: 854–859

Good long-term outcome of kidney transplantation for fibrillary glomerulonephritis

Fibrillary glomerulonephritis (FGN) is rare; as a result, few data are available on the long-term outcomes of this disease after renal transplantation. Czarnecki and colleagues reviewed the outcomes of all patients with FGN or monoclonal gammopathy with fibrillary deposits (MGFD) who underwent kidney transplantation and protocol biopsies at the Mayo Clinic, Rochester, MN, between January 1988 and December 2007 ($n=5$ and $n=7$, respectively).

During follow-up (median 52 months), MGFD recurred in four individuals but FGN did not recur in any patient. Six grafts were lost in the MGFD group (median graft survival 38 months) but only one graft was lost in the FGN group, as a result of graft thromboembolism. Three patients with MGFD required a second kidney transplantation; one lost the second graft to recurrence. Median time to graft failure after MGFD recurrence was 17 months (range 10–46 months). Two deaths occurred in the MGFD group, both of which were associated with hematological malignancies. Both of the patients with MGFD who retained their original allografts experienced recurrence but had stable graft function at final follow-up, although one individual required peripheral blood stem cell transplantation.

The authors conclude that kidney transplantation is a valid therapeutic option in

patients with FGN, but that patients with MGFD should only be offered kidney transplantation if their hematological disease is in remission or can be treated to induce remission.

Original article Czarnecki PG *et al.* (2008) Long-term outcome of kidney transplantation in patients with fibrillary glomerulonephritis or monoclonal gammopathy with fibrillary deposits. *Kidney Int* [doi:10.1038/ki.2008.577]

De novo anti-HLA antibodies predict poor graft outcome after kidney transplantation

The prognostic significance of anti-human leukocyte antigen (HLA) antibodies that develop after transplantation is receiving increasing attention. A group of Japanese investigators recently examined this issue.

Their study included 87 patients who underwent their first living-related-donor kidney transplantation at Tokyo Women's Medical University Hospital during the period January 2000 to July 2004. Participants did not have pre-existing donor-specific anti-HLA antibodies (DSA). Flow cytometry before and 6 months after transplantation revealed that 47 (54%) of participants had no anti-HLA antibodies at either assessment, 12 (14%) had antibodies that disappeared after transplantation, 15 (17%) had antibodies that persisted after transplantation and 13 (15%) developed *de novo* antibodies after transplantation.

Patient survival was similar in the four groups. However, individuals who developed *de novo* anti-HLA antibodies had the poorest graft survival (92% at 1 year, 77% at 3 years and 69% at 5 years; $P=0.009$ for overall comparison). Patients in this group were the only ones who experienced acute antibody-mediated rejection more than 6 months after transplantation (17%; $P=0.004$ vs those who did not have antibodies before or after transplantation). In the *de novo* antibody group, only the patients who developed DSA ($n=5$) experienced acute antibody-mediated rejection (80%; $P=0.002$ vs those with non-DSA).

The authors suggest that long-term surveillance of anti-HLA antibodies should be undertaken in all renal transplant recipients.

Original article Li X *et al.* (2008) Poor graft outcome in recipients with *de novo* donor-specific anti-HLA antibodies after living related kidney transplantation. *Transplant Int* 21: 1145–1152