Proteinuria and Albuminuria

Moderatore: Luigi Biancone (Torino)

Presenter: Umberto Maggiore (Parma)

Systematic: Barbara Buscemi (Palermo) - Ilaria Umbro (Roma)

ERBP 2013

3.5 On which criteria should we select living kidney donors to optimize the risk–benefit ratio of their donation?

Proteinuria

- We recommend quantifying urinary protein excretion in all potential living donors. (1C)

- We recommend overt proteinuria is a contraindication for living donation [24-h total protein >300 mg or spot urinary albumin to creatinine (mg/g) ratio >300 (>30 mg/mmol)]. (1C)

- We recommend further evaluating potential living donors with persistent (more than three measurements with 3 months interval) proteinuria <300 mg/24 h by the quantification of micro-albuminuria to assess their risk of living donation. (Ungraded statement)

- We suggest considering persistent (more than three measurements with 3 months interval) micro-albuminuria (30–300 mg/24 h) a high risk for donation. (Ungraded statement)

KDIGO 2015

CHAPTER 6: EVALUATION OF PROTEINURIA IN KIDNEY DONOR CANDIDATES

Graded recommendations below were extrapolated from the 2012 KDIGO CKD Guideline

Measurement

6.1: We suggest expressing proteinuria as albuminuria and NOT as total urine protein. (2B)

6.2: We recommend reporting albuminuria in a random urine single time point collection as albumin-to-creatinine ratio (ACR) in mg/g [mg/mmol], rather than albumin concentration as mg/dL. (1B)

6.3. We suggest initial evaluation of albuminuria (screening) using urine albumin creatinine ratio (ACR) in a random (untimed) urine specimen. (2B)

6.4: Confirmation of albuminuria should be obtained using: (Not Graded)

6.4.1: Albumin excretion rate (AER, mg/d) in a timed urine specimen

6.4.2: Repeat ACR if AER cannot be obtained

KDIGO 2015

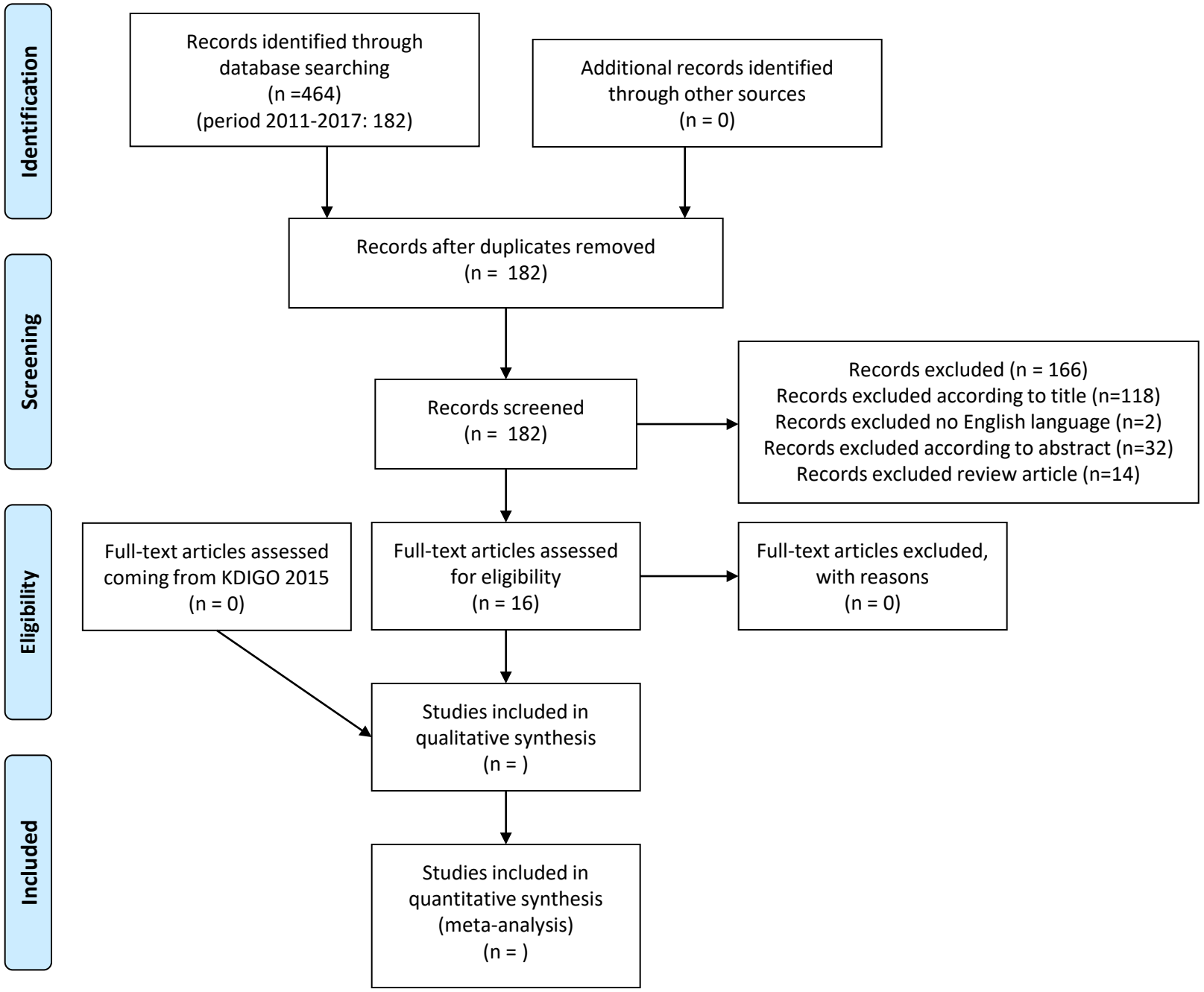
CHAPTER 6: EVALUATION OF PROTEINURIA IN KIDNEY DONOR CANDIDATES

Criteria for Acceptable Pre-Donation Albuminuria

6.5: Urine AER <30 mg/d should be considered as an acceptable level for kidney donation. (Not Graded)

6.6: The decision to approve donor candidates with AER 30-100 mg/d should be individualized based on the predicted lifetime incidence of ESRD in relation to the transplant center's acceptance threshold. (Not Graded)

6.7: Donor candidates with urine AER >100 mg/d should be excluded from donation (Not Graded)


Identification
Screening
Eligibility
Included
Records identified through database searching (n =464) (period 2011-2017: 182)
Additional records identified through other sources (n = 0)
Records after duplicates removed (n = 182)
Records screened (n = 182)
Records excluded (n = 166)
Records excluded according to title (n=118)
Records excluded no English language (n=2)
Records excluded according to abstract (n=32)
Records excluded review article (n=14)
Full-text articles assessed coming from KDIGO 2015 (n = 0)
Full-text articles assessed for eligibility (n = 16)
Full-text articles excluded, with reasons (n = 0)
Studies included in qualitative synthesis (n =)
Studies included in quantitative synthesis (meta-analysis) (n =)