

Advance Results

Comment from PROF MacMAHON:

"The results of ADVANCE should have major implications for guidelines, clinical care, and public policies"

The ADVANCE trial clearly demonstrates that, even in diabetic patients with an already low baseline blood pressure and a very well controlled HbA1c (6.9% at the end of the trial in both groups), addition of Coversyl PLUS® to current therapy allows a significant 14% decrease in total mortality (P=0.026), primarily due to a significant 18% decrease in cardiovascular mortality (P=0.028). The primary end point of the trial, combining macrovascular - (stroke, MI, cardiovascular death) and microvascular outcomes (eye and renal disease) is significantly reduced by 9%. Patients benefited also from a sig-

nificant reduction in coronary heart disease, the major killer in diabetes, and also from significant reduction in all renal events, including a 21% reduction in microalbuminuria (P<0.001).

Stephen MacMahon is Principal Director of the George Institute for International Health.

The ADVANCE study was initiated and designed by investigators in Sydney at The George Institute for International Health, and received funding from the National Health and Medical Research Council of Australia and from Servier.

The George Institute for International Health is an internationally-recognised health research body, undertaking high impact research across a broad health landscape. The Institute is central-

ly involved with Australian community health issues in Aboriginal health, ethnic community health, road safety and injury, mental health, ageing, health-care access, clinical practice in Australian hospitals and health policy development.

It is also a leader in the clinical trials, health policy and capacity-building areas. Its research has a direct, practical impact on a wide range of healthcare, health policy, safety and socio-cultural issues facing Australians.

The Institute is affiliated with The University of Sydney, Sydney South West Area Health Services, and collaborates in its research with other prestige research institutes, clinical authorities and policy centres around the world.

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Improving long-term graft survival in kidney transplant recipients reduces the need for dialysis or re-transplantation

Innovative model shows that long-term graft protection is also highly cost effective

Prague, 1 October 2007: Management strategies which provide optimal long-term protection to already transplanted kidneys are highly cost effective and can help patients avoid the need for dialysis or re-transplantation, according to an innovative, new transplant health-care model presented for the first time today at the *13th Congress of the European Society for Organ Transplantation (ESOT), Prague, Czech Republic.*¹

The transplant team at University Hospital Birmingham analysed 15,229 kidney transplant patients from the UK Transplant database and registry of outcome over a 10 year period in order to examine the effects of a sustained year on year improvement in the proportion of kidney transplants working. They studied the impact of this trend on dialysis and kidney transplant requirements and assessed the cost effect of this improvement.

The UK researchers who developed the model analysed ten year data from more than 15,000 kidney transplant recipients, and found a significant correlation between long-term graft survival and the need for "rescue" dialysis or re-transplantation.

In the UK the 10 year survival of kidneys transplanted into patients between 1985 and 1995 increased from 53.1 % to 63.7%.

It costs substantially less to treat a patient with a functioning kidney transplant than a patient on dialysis. This improvement in outcomes has therefore led to a cumulative cost benefit. For example there was an overt cost saving for the UK of over 70 million Euro/yr in 1995 based on the improvement in kidney transplant outcomes in the 10 years from 1985. If secondary cost-effects are included total cost savings may have been in excess of 125 million Euro/yr. The researchers suggest that these results could be generalised to other European countries

If the data are generalised for Europe they show:²

- Over a ten year period, each 1 % improvement in graft survival reduces the number of European patients who require dialysis by 1,910
- Over the same ten year period, each 1% improvement in graft survival reduces the number of European patients who require re-transplantation by 950
- When adjusted for current pricing,

each 1% improvement in ten year graft survival leads to a cumulative pan-European cost saving of 149,760,230 Euros per year

Dr Paul Cockwell, Consultant Nephrologist at Birmingham and lead investigator on the study commented: "These data show that by better preserving already transplanted kidneys we could make more organs available for patients awaiting their first transplant. The cost benefits of kidney transplantation are clear and transplant programmes must receive sufficient funding to continue to improve long-term outcomes. This will benefit patients and represents a great example of 'investing to save'."

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References

1. Cockwell P *et al.* The impact of kidney transplant outcomes on end-stage renal failure programmes. Abstract presented at the *13th Congress of the European Society for Organ Transplantation (ESOT), Prague, Czech Republic.*
2. World Gazetteer. European population statistics, 2007. Available at: <http://www.world-gazetteer.com/wg.php?x=&men=gpro&lng=en&dat=32&geo=-4&sr=nan&col=aohdq> Accessed on 20 September 2007.