patients with renal artery aneurisms underwent arterial reconstruction. All procedures were performed by using with ex vivo technique.

Results: Mean operation duration was 413.97 ± 89.14 min. Mean warm ischemia time was 8.39 ± 4.75 min. The introduction of Custodiol solution was administrated via renal vein for kidney ischemia prevention. Mean cold ischemia time was 151.41 ± 41.29 min. Kidney temperature during ex vivo phase varied from 9.1 to 11.7 C^0. Mean kidney temperature during the whole extracorporeal stage was 10.58 ± 0.66 C^0. There were 8 cases of renal arteries anomaly. Replantation of renal artery in old ostia was made in 28 cases. In other 11 cases a significant diastasis between renal artery and abdominal aorta was found and treated with aorto-renal bypass. There were 3 cases of kidney ischemia after the inclusion in systematic circulation. Nephrectomy was made in all that cases (2 patients with renal cell carcinoma and one patient with renal artery aneurysm). When the months after the renal cell carcinoma operation a CT scan revealed kidney shrinkage (one case). Nephrectomy was done.

Conclusions: Extracorporeal partial nephrectomy and renal artery reconstruction is reasonable in the following cases: when a radical in situ resection is impossible, when a prolonged period of ischemia is expected and in case when patient has only one kidney.

EAS16-0323, METABOLIC ABNORMALITIES AND ATHEROSCLEROSIS: KIDNEY.
ISHCEMIC PRECONDITIONING IN CONTRAST-INDUCED NEPHROPATHY PROPHYLACTICS IN PATIENTS WITH MILD CHRONIC KIDNEY FAILUTE

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Objectives: In some studies, the nephroprotective effect of ischemic preconditioning (IP) in angiography in patients with coronary heart disease (CHD) and chronic kidney disease (CKD) was shown, however, not for patients with mild creatinine clearance decrease. **Aim.** To study nephroprotective effects of IP in planned coronarophraphy in patients with CKD stage I-II.

Methods: In randomized, sham-controlled blind study 51 patient with CHD and CKD and creatinine clearance <80 ml/min/m^2 expecting coronaroangiography were investigated. Patients were randomized for remote IP or remote sham IP (sIP). Remote IP was accomplished 40-50 min prior to angiography by performing 3 cycles of alternating 5-minute inflation and 5-minute deflation of standard upper-arm BP cuff to the individual's systolic BP plus 50 mm Hg. Sham IP was performed in the same way as IP, by inflating an upper-arm BP cuff to diastolic pressure to maintain non-ischemic upper-arm compression for blinding purposes. Before and after 3 days after the procedure blood serum some kidney markers were investigated: creatinine, urine, NGAL and cystatin-C. The primary endpoint was the development of contrast-induced nephropathy (KIN) and secondary − the increase of markers.

Results: 26 patients were randomized for IP (60.5 ± 1.95), and 25 − for sIP (62.96 ± 1.72). In sIP KIN was in 28% of cases, and in IP − only in 3.8%. All 4 markers have the trend to increase in sIP and decrease in IP ($p < 0.05$).

Conclusions: IP showed nephroprotective effect in contrast-induced nephropathy prophylactics in patients with mild kidney chronic disease.

EAS16-0499, METABOLIC ABNORMALITIES AND ATHEROSCLEROSIS: KIDNEY.
CHARACTERISTICS OF LONG-TERM SURVIVORS IN A DIABETIC DIALYSIS PATIENT COLLECTIVE (4D STUDY)

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Objectives: Identification of long-range mortality predictors and exact characterization of long-term survivors in a large diabetic dialysis collective.

Methods: Data were used from the German Diabetes Dialysis Study, a multicenter, prospective, randomized trial among 1255 hemodialysis patients with T2DM, and its follow-up. Patients' survival was analyzed retrospectively (mean time of overall follow-up: 11.5 years) calculating hazard ratios for presence and value of ten parameters at baseline, chosen by clinical expertise, literature and obtainability in clinical practice.

Results: 103 patients survived the post-trial period. The survival analyses revealed a strong predictive effect of the albumin, the cardiovascular and peripheral vascular co-morbidities. They showed that diabetic women on dialysis loose the survival advantage women usually have. Higher age, lower BMI, need of care and an elevated HbA1c also were predictors for overall mortality (table 1). For the results of the subgroup analysis see figures 1 and 2.

Conclusions: The average long-term survivor can be described as follows: he (!) is relatively young, is self-dependent, has little co-morbidities and a low HbA1c. Subgroup analysis identified patients necessitating further individualized criteria for prognosis estimation and therapy, which should strongly depend on age and sex.

EAS16-0705, METABOLIC ABNORMALITIES AND ATHEROSCLEROSIS: KIDNEY.
EVALUATION OF CARDIOVASCULAR RISK IN PATIENTS WITH CHRONIC KIDNEY DISEASE

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Objectives: Chronic kidney disease (CKD) is associated with atherosclerosis and represents an independent risk factor for cardiovascular disease (CVD). The aim of the present study was to evaluate the cardiovascular risk in patients with CKD using Framigham Risk Score (FRS).

Methods: We conducted a retrospective study including 71 patients with CKD. We excluded patients with incomplete variables for FRS calculation. For the rest, the FRS was calculated. 10-year CVD risk was categorized into low risk: <10%, moderate risk: [10-20] and high risk: >20%.

Results: The sex-ratio was 4.92 and the mean age was 58.04 ± 8.71 years. Renal impairment was mild in 17%, moderate in 32%, severe in 21% and at end stage in 30%. There were 38% smokers, 78% diabetics and 76% hypertensives. Ninety percent had dyslipidemia and 24% had android obesity. The average 10-year FRS was $22.22 \pm 13.9\%$ (0.1 to 57.2%). Twenty two percent of patients had a low risk score, 30% had a moderate risk and 48% had a high risk score. Age, systolic and diastolic blood pressure and HDL cholesterol were significantly correlated with FRS ($p < 0.001$). Age ≥ 50 years, diabetes, tobacco and low rate of HDL cholesterol were high vascular risk factors ($p < 0.05$); odds ratio were respectively 5.11, 5.59, 6.12 and 3.26.

Conclusions: Cardiovascular disease stratification using FRS showed a moderate to high risk in the majority of our patients. This estimation is important to initiate early preventive measures in order to reduce cardiovascular events in patients with CKD.

EAS16-0772, METABOLIC ABNORMALITIES AND ATHEROSCLEROSIS: KIDNEY.
ADULT RELAPSING FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS) MAINTAINED IN PARTIAL REMISSION FOLLOWING LIPOPROTEIN APHERESIS: CASE STUDY

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Objectives: Primary Focal Segmental Glomerulosclerosis (FSGS) is one of the leading causes of idiopathic nephrotic syndrome in adults and is difficult to treat due to its highly variable clinical course. Current therapy options fail to achieve sustained remission in some patients. Lipoprotein Apheresis (LA) has been shown as an effective therapy for FSGS patients