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Supplementary Material

COVID-19 and Kidney Transplantation: an Italian Survey and Consensus

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Statements not reaching statistical significance (see also Table 3):

- 1. *During COVID-19 pandemic, local graft allocation should be preferred to reduce migration of patients from areas of low-incidence to areas of high-incidence of infection.***
- 2. *During COVID-19 pandemic, graft shipping from areas of high-incidence to areas of low-incidence of infection should be preferred to migration of patients from areas of low-incidence to areas of high-incidence of infection.***
- 3. *During COVID-19 pandemic, asymptomatic patients with positive nasopharyngeal swabs should receive antibiotic prophylaxis.***
- 4. *During COVID-19 pandemic, modification of ACE-inhibitors based anti-hypertensive therapy should be considered in symptomatic kidney transplant recipients with positive nasopharyngeal swabs.***

The first two statements did not reach agreement because, as reported by the comment of participants to the consensus, the logistical and ethical challenges related to a change either in the allocation system or in the migration of patients towards transplant centers where they were not referred to nor listed in, seemed difficult to be applied on a large scale, whereas this decision should be taken in a case-by-case fashion.

The third statement did not reach agreement because in a large number of transplant centers, the utilization of antibiotic prophylaxis in viral infections is not part of a standardized therapeutic approach for kidney transplant recipients.

The fourth statement did not reach agreement because, although some reports suggest a role of the interaction between the SARS viruses and ACE2 as a potential factor in their infectivity, and propose the discontinuation of ACE inhibitors and angiotensin-receptor blockers (ARBs), data in humans were considered too limited to support or refute these hypotheses and concerns (1).

REFERENCE:

1. Vaduganathan M, Vardeny O, Michel T et al. Renin-Angiotensin-Aldosterone System Inhibitors in Patients with Covid-19. N Engl J Med 2020 Apr 23; 382:1653-1659.