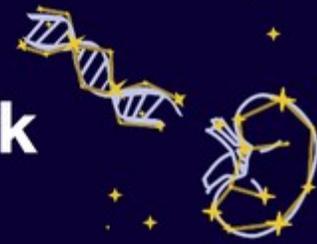




The APOLLO Network Newsletter



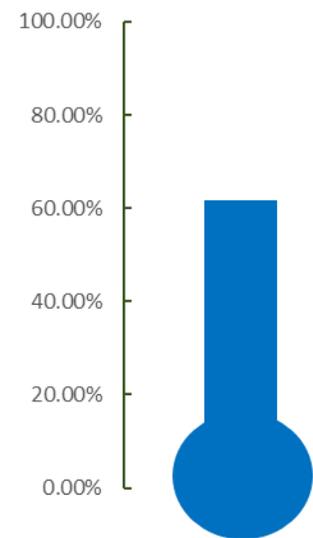
You are receiving this newsletter because you are participating in the NIH-funded APOLLO research study.

Fall 2022
Edition 2

What Has Been Accomplished So Far In the APOLLO Study?

On June 1, the APOL1 Long-term Kidney Transplantation Outcomes Network (APOLLO) study entered its 6th year. Due to the challenges presented by COVID-19, recruitment is taking longer than expected. As such, the NIH has authorized an additional year of recruitment using funds remaining within the original grant budget. APOLLO's goal is to recruit 2614 eligible deceased kidney donors, pair them with their recipient and follow the recipients of these kidneys for a minimum of 2 years and up to 5 years. APOLLO is an observational study so data collected on participants is obtained through Electronic Medical Records. As of August 12, 2022, 1611 deceased kidney donor + recipient pairs have been recruited (there are 320 recipients waiting for their paired deceased donor to be shipped to the APOLLO Central Lab). The APOLLO study investigators anticipate reaching the recruitment goal by May 31, 2023.

Recipient Recruitment



What's Next?

Investigators are preparing for a possible second phase of the APOLLO study that, if funded, will increase the time participants are followed (beyond 5 years), resulting in much more data for analysis and reporting. In addition, the APOLLO Scientific & Data Research Center (aka coordinating center), housed at Atrium Health Wake Forest Baptist in North Carolina is working to develop a secure method to distribute individual APOL1 genetic results to all participants interested in receiving such data. The return of individual research results takes careful planning to 1) make sure data is only distributed to participants who request their data, 2) verify participant identities prior to results distribution and 3) develop a mechanism to share the results in a secure manner. APOL1 genetic results will be provided after all participants have been recruited, DNA is verified in the APOLLO Central Lab and genotyping is complete.

Follow us on social media!



Twitter: <https://twitter.com/ApolloNetwork13>



Facebook: <https://www.facebook.com/theapollonetwork>



YouTube: <https://www.youtube.com/channel/UC-vl446hGj5aX-pWTe5YdoQ> (educational videos about the APOL1 gene, kidney transplantation and the APOLLO study.)

The APOLLO study includes transplant programs from all over the US and Puerto Rico. These transplant programs, or recruiting sites, are aligned with one of 13 Clinical Centers (CCs), which also serve as a recruitment site.



How Do Genes Work?

Genes

Genes control traits we inherit from our parents, such as eye color.

Differences in some genes can put us at risk for getting some diseases.

Differences in the APOL1 gene can put us at increased risk for kidney disease.

APOL1 Gene

- 3 forms: G0, G1, G2
- Everyone inherits 2 copies of the gene

G?

G?/G?

G?

G0 - most common; no increased risk of kidney disease

G1 and G2 - can increase risk of kidney disease

G0/G0

- No increased risk of kidney disease

G0/G1 or G0/G2

- No increased risk of kidney disease
- Carrier: Could pass higher risk form of gene to children

G1/G1 or G2/G2 or G1/G2

- Increased risk of kidney disease
- Will pass higher risk form of gene to children

4 out of 5 people who have 2 copies of the higher risk forms of APOL1 DO NOT get kidney disease

Healthy

Kidney Disease