Rook *et al.* (2006)[7]	125	Prospective analysis. GFR and dopamine stimulated GFR measured using ^{125}I-iothalamate clearance	Consecutive donors (45 males; age 49 ± 11 years)	57 ± 16 days	The average baseline GFR was 104 ± 15 mL/min per 1.73 m^2. GFR fell to 64 ± 7% of the pre-donation value. eGFR by MDRD fell to 71 ± 7% of pre-donation eGFR. Renal function impairment (GFR < 60 mL/min per 1.73 m^2) occurred in 25% of donors after donation. Independent risk factors for low GFR post-donation were, low GFR pre-donation, age and body mass index.
Gossmann *et al.* (2005)[22]	152	Retrospective analysis. Pre-donation data taken from records. Post-donation from 24 h urine and blood samples. Abbreviated MDRD used to estimate GFR.	Live donors cohort from a single centre from the period 1973–2001 (96 female, age at donation 45 ± 11)	11 ± 1 years	Achieved 93% follow up of the 145 donors who were alive at follow up. Creatinine clearance declined from 119 ± 30 mL/min per 1.73 m^2 to 99 ± 30 mL/min per 1.73 m^2 after donation ($P < 0.001$) and eGFR from 92 ± 20 mL/min per 1.73 m^2 to 71 ± 15 mL/min per 1.73 m^2 ($P < 0.001$). No significant correlation between the loss of GFR with time after donation. The only significant risk factor for the percentage loss of GFR was a higher GFR at the time of donation.
Ramcharan and Matas (2002)[23]	464	Retrospective analysis	Laboratory results available for 325 living donors who donated over the period 1963–1979	20–37 years	Obtained information on 60% and laboratory results from 16% of the donors. Of the 84 donors known to have died three were known to have had kidney failure. Of the 380 alive, three had abnormal kidney function and two undergone transplantation. Remainder had normal kidney function. Most donors had normal kidney function 20–37 years after donation. The retrospective nature and the large loss to follow up limit the ability to assess the significance of the small number who developed renal dysfunction and renal failure.
Fehrman-Ekholm *et al.* (2006)[24]	1,112	Retrospective analysis of medical records	Consecutive living donors who donated over the period 1965–2005	1–40 years (median 14 years)	5 (0.5%) had developed ESKD. Majority were females, most common diagnosis was nephrosclerosis and the age at time of uraemia was 73–89 years. Time since donation was 14–27 years, median 20 years.
Seyahi *et al.* (2007)[25]	101 (donors) 99 (controls)	Cross-sectional analysis GFR estimated using MDRD	Live donors ≥ 1 year after nephrectomy. Exclusion criteria, age older than 65 years, history of coronary artery disease, stroke, diabetes, hypertension before donation and malignancy.		The mean GFR of donors was significantly lower than the control group ($P < 0.001$) being 75 ± 16.0 mL/min per 1.73 m^2 compared with 99.8 ± 20.7 mL/min per 1.73 m^2. The incidence of ESKD was in the same order as expected for the Swedish population taking age into account.

CG, Cockcroft-Gault; GFR, glomerular filtration rate; ESKD, end-stage kidney disease; MDRD, Modified Diet in Renal Disease.