Both studies revealed differences between the prescribed drugs according to whether or not they were kidney transplanted, despite the matching. Indeed, RAS blockers were less often prescribed among KTRs than among non-transplanted CKD patients (19% versus 72%, $P < 0.001$ [8] and 52% versus 79%, $P < 0.001$ [9]), to the benefit of calcium channel blockers (CCBs) (50% versus 39%, $P = 0.002$ [8] and 60% versus 34%, $P < 0.001$ [9]) and β-blockers (54% versus 35%, $P < 0.001$ [8] and 42% versus 23%, $P < 0.001$ [9]).

We were astounded by the relatively scarce prescriptions of RAS blockers at 1 year after renal transplantation, although the involved teams were widely different. To our knowledge, no previous large randomized trial has actually demonstrated a positive effect of RAS blockers on mortality or CV events among KTRs [10–14]. This could be explained, at least in part, by the potential absence of overactivation of the RAS system, low levels of proteinuria or improved CV diseases among KTRs. Hiremath *et al.* [12] reported in 2016 a meta-analysis of eight trials (1502 patients) and found that their results neither support nor refute the hypothesis that RAS blockade improves clinical outcomes in KTRs. They concluded their work by saying that a study of >10 000 patients would be needed to definitively answer the question of whether RAS blockade reduces graft loss in KTRs and that, in the meantime, clinicians should discuss with their patients the risks and benefits of using these drugs on a case-by-case basis. This case-by-case approach is often necessary in nephrology and/or kidney transplantation and further highlights the necessity of including KTRs among large randomized trials. In any case, the recently published Kidney Disease: IMproving Global Outcomes Practice Guideline for the Management of BP in CKD recommended the use of a CCB or an angiotensin II receptor blocker as the first-line antihypertensive agent in adult KTRs based on their previously reported renoprotective effects [14].

DATA AVAILABILITY STATEMENT

No new data were generated or analysed in support of this research.

CONFLICT OF INTEREST STATEMENT

None declared. This article has not been published previously in whole or part.

FUNDING

None.

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