Introduction to the Well-Transplant Visit—More than Vital Signs and a Creatinine Check

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Against the backdrop of remarkable advances in renal transplantation in the past half-century resulting in excellent early patient and allograft survival rates, it is clear that commensurate improvement in long-term outcomes lags. Current research is increasingly focused on improving the longevity and quality of life after transplantation. As prognostic risk factors are identified, new strategies aimed at modifying their impact will be developed and tested.

After a quarter century devoted to understanding calcineurin inhibitor nephrotoxicity as a major component of long-term allograft dysfunction, it is now obvious that many phenotypes of graft injury compromise long-term success. Most of the mechanisms are immune mediated. Proteinuria, independent of underlying pathogenesis or histology, is an important marker for an allograft at risk for failure. With successful management of anemia in patients with chronic kidney disease, approaches to correction of anemia after transplantation are the subject of increasing interest. Kidney transplant recipients are a diverse group whose heterogeneity underscores the need for careful consideration of novel approaches to reduce morbidity in the patient and maintain function in the allograft. At the most recent annual meeting of the American Society of Nephrology, a clinical conference was dedicated to discussion of the long-term treatment of clinically stable kidney transplant recipients, focusing on clinical approaches that are important in an outpatient setting. The symposium consisted of four presentations, each addressing a commonly encountered posttransplantation management conundrum:

- Michelle A. Josephson, MD, University of Chicago Medical Center: “Monitoring and Managing Graft Health in the Kidney Transplant Recipient”
- Donald E. Hricik, MD, Case Western Reserve University School of Medicine: “Metabolic Syndrome in Kidney Transplantation: Management of Risk Factors”
- Greg A Knoll, MD, The Ottawa Hospital, Riverside Campus: “Posttransplantation Proteinuria: An Approach to Diagnosis and Management”
- Wolfgang C. Winkelmayer, MD, Stanford University School of Medicine: “Posttransplantation Anemia: Mechanisms and Management”

We thank the discussants for condensing their presentations into the summary manuscripts that follow and hope that the reader will find them informative for improving the long-term treatment of their kidney transplant recipients.

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