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Antibody Mediated Rejection in Kidney Transplantation and Incorporation of Newer Non-Invasive Markers in Evaluation and Management

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Message from the Guest Editors

Kidney transplant is still the best treatment for the management of end-stage kidney disease, and we need to strive to get patients transplanted in a timely manner. Antibody-mediated rejection (AMR) remains elusive both in the short term but especially in the long term. While the conventional approaches of augmenting anti-rejection therapy, plasmapheresis, and anti-B cell agents might be appropriate for acute AMR, there are a still a lot of unknowns. How do we manage chronic AMR? Are there different strategies for management of AMR due to HLA Class I vs. Class II donor-specific antibodies or both? How do we monitor success and long term outcomes? There are lots of questions with relatively few answers. In recent years, there has been an addition of newer non-invasive markers of active rejection in kidney transplantation. We will specifically focus on donor-derived cell-free DNA (ddcf-DNA) and how we can incorporate this additional non-invasive marker in the evaluation and management of kidney transplant recipients.

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