

GUEST EDITORIAL

Dear readers and members of the transplantation community,

Because of the results obtained today in organ transplantation, transplant physicians have shifted their interest more and more towards improved quality of life and long-term survival of the recipients. Both factors are, however, frequently hampered by the side-effects of the immunosuppressive drugs.

The current interest and extraordinary clinical relevance of minimal immunosuppression and withdrawal of immunosuppression have prompted the Editors of *Transplant International* to take a closer look at this most important evolution in the field of transplantation.

Internationally renowned experts were invited to present a comprehensive review of the literature as well as to provide their own points of view on the subject. Both steroid and calcineurin inhibitor minimization and withdrawal have been addressed, not only in the classical fields of liver, pancreas and renal transplantation but also

in the less permissive fields such as islet, intestinal and even heart and lung transplantation.

Several examples in daily practiced clinical medicine have clearly shown that it is possible to embark on prospective studies related to immunosuppression minimization and even withdrawal when the patient is adequately monitored. Adequate monitoring includes immunological as well as histopathological entities. It is for this reason that this Special Issue of *Transplant International* has two additional parts (Parts III and IV) which thoroughly evaluate these topics.

This Special Issue of *Transplant International* aims to be a practical and comprehensive, up-to-date reference for all clinicians involved in the individualization and minimization of immunosuppressants. We believe that this approach will help improve patients' quality of life, especially in long-term allograft recipients.



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