

GUEST EDITORIAL

Starting Well: Induction Immunosuppression after Organ Transplantation

Immunosuppression after organ transplantation has developed based on clinical experience over that past half century, and one basic observation is that rejection occurs more frequently early after transplantation and is progressively less frequent with advancing time. This observation parallels the recent finding that patients who become immunologically tolerant to their liver become tolerant with increasing time after their transplant, with greater likelihood of tolerance more than 10 years after transplantation.

Early practice in kidney transplantation but also virtually every other organ transplant included high-dose immunosuppression on the day of the transplant and in the succeeding several days or week using both steroids and antibody directed against immune cells of the host. This practice has been termed “induction,” suggesting a preparatory treatment regimen that increases the success of immunosuppression and reduces the risk of rejection. How these practices have evolved, and the data in support of these practices, is the topic of the expert reviews in this

issue of Transplant International. We have organized the reviews according to organ as there are indeed differences in the application and practices of induction therapy according to organ transplant type.

Not surprisingly, the organs with the highest risk of rejection continue to employ induction routinely, whereas the organ with the lowest risk of loss owing to rejection (liver) relies least on induction. The agents available from industry for induction have changed over the past 20 years, and there are differences between drugs used in Europe versus North America and other continents. The current practices are very well summarized in the reviews of this issue that are designed to educate the clinician and student of transplantation.

We would like to thank the authors of the reviews for their valuable insights and for making the organ-specific reviews up to date, thorough, and a useful aid for educating the transplant community regarding the evidence guiding current immunosuppressive therapy with induction agents.



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