

## Should surveillance renal transplant biopsies be undertaken at twelve months

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Renal transplant biopsies are performed to identify graft pathology such as sub-clinical rejection, chronic damage and donor factors such as vascular disease. Surveillance biopsies are performed in patients with stable renal function at set time points following transplantation. Biopsies are performed to aid clinical decision making including optimising immunosuppressant regimens and may assist in graft survival estimates. There are no current standards or guidelines for the optimal time to perform a surveillance biopsy. Surveillance biopsies are not without risk although complication rates are low.

We investigated management changes of protocol renal transplant biopsies taken at one-year post-transplant and identified whether abnormal findings in surveillance biopsies altered patient management. A retrospective analysis of all patients who underwent a 12 month renal transplant surveillance biopsy between Jan 2007-Dec 2010 was performed. Surveillance biopsies from 9-16 months were included. Diagnostic and clinical trial biopsies were excluded.

A total of 315 transplant patients were investigated, with 95 (30%) having had a protocol biopsy. 84% of the surveillance biopsies identified pathological findings. 3 patients (3%) had histological evidence of sub-clinical rejection and were treated with intravenous methylprednisolone (3x500mg). Overall, 17.7% of patients had their immunosuppressant regimen altered based on the biopsy results. No significant complications requiring hospital admission occurred.

Twelve month surveillance biopsies identified pathology in a large proportion of patients. 18% of patients had a change to their immunosuppression based on the biopsy results. 12 month surveillance biopsies are a safe and effective tool in identifying potentially reversible graft pathology.

### Biography

Michael Nicholson is Professor of Transplant Surgery at the University of Leicester and a Consultant transplant surgeon. He studied medicine at the University of Nottingham, graduating in 1982, became a member of the Royal College of Surgeons in 1986 and studied for his MD in Leicester. Professor Nicholson has received several awards and prizes over the years and served on editorial boards for Transplantation and The British Journal of Surgery. Additionally, he heads the transplant research team in Leicester and has published over 230 peer-reviewed papers.

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