

# Long-Term Medical Management of the Renal Transplant Recipient: A Consensus

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**T**he extraordinary improvement in renal transplant success has paradoxically led to several problems. First, clinics are rapidly accumulating successfully engrafted patients who keep their grafts for many years and who look to the transplant team for primary medical care delivery. Second, the long-term success has generated a range of new medical management problems hitherto not encountered with shorter life spans of the renal allograft. Increasingly, the nephrologist has taken upon himself or herself the mantle of the chronic management of these successfully engrafted individuals.

Members of the transplant community have recognized this importantly enhanced role of nephrology and have underscored this new role through a series of symposia seeking a consensus on several management dilemmas. Meeting first in New Orleans and later in Wyoming, a panel of transplant physicians has wrestled with several of the most important management issues that these successfully transplanted individuals encounter. This unique and extraordinary series of symposia has engendered a unified approach to the management of these important problems, which form the basis of this supplement

of the *Journal Of The American Society Of Nephrology*. The six articles that constitute the output of the Consensus Conference are unique in that they represent the commonly held view of how to deal with these management problems throughout the transplant community. Each article is coauthored by transplant experts from around the country; they are not the parochial view of any single transplant center. Helderman and colleagues deal with three specific dilemmas of immunosuppressive strategies for the chronic management of the renal transplant, addressing the issues of "double versus triple" therapy, cyclosporine withdrawal, and optimal cyclosporine dosing. Their article envelops the meta-analysis technique to attempt to derive consensus recommendations for the immunosuppression of these patients. Van Buren and colleagues address the very important issue of the long-term renal safety of the main immunosuppressant used and recommended for chronic immunosuppressive strategies, cyclosporin A. Matas and coworkers review the therapeutic options to address the chronic rejection paradigm. Hricik *et al.* review the capacity to withdraw steroids from chronic immunosuppressive management, with particular reference to several single-center and multicenter trials of this effort. Two additional articles deal with medical issues that have become very important in the long-term management of the renal transplant recipient. The consensus approach to hypertension after renal transplantation in the cyclosporine era is provided by Dr. First and his colleagues, whereas approaches to hyperlipidemia and diabetes are presented by Dr. Markell and her panel.

This array of articles, representing the output of more than 1 year of work of the Management Consensus Conference, is presented to guide nephrologists as to the most appropriate clinical approaches to the renal transplant recipient.

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