Q: Given that graft nephrectomy can never remove all the allograft material (vascular pedicle remains after intracapsular nephrectomy), can immunosuppression ever be fully weaned without risk of sensitization?

A: That is an interesting question. I have no data on the risks of vascular pedicle leading to sensitization. The only paper reflecting timing of post-nephrectomy sensitization is by Del Bello, Clin J Am Soc Nephrol 2012; 7: 1310–1319.

Q: Which agent is preferable (CNI or MMF type drugs) for maintenance of immunosuppression after allograft failure? Data?

A: There is no data and no uniform practice. In the paper by Baliss, Clin Transplant 2013: 27: 895–900. 75% of respondents said that weaning was up to physician discretion.

Q: Do you have suggestions to optimize coordination of care with referring nephrologist?

A: We are trying to come up with guidelines in the Kidney & Pancreas Community of Practice. But starting with reading the British Transplant Society guidelines and maybe holding a ½ day conference with your referring nephrologists to brainstorm. Andrews, Transplantation 2014;98: 1130.

Q: Why do you choose urine output of less or more than a litre as a discriminator for weaning immunosuppression - understanding impact on the need for ultrafiltration in oligoanuric renal failure do you look at middle molecule clearance in any way eg B2 microglobulin?

A: Just a guess based on what amount of urine makes life easier for the dialysis patient in terms of fluid restriction, and no.

Q: Do you have any data on the infectious complications in patients maintained on full immunosuppression with a failed allograft (those that are expected to be retransplanted)

A: No, Johnston, J Am Soc Nephrol 18: 1331–1337, 2007 is the closest thing we have to data, but the authors suggest “The role of continued immunosuppression and vascular access creation was not assessed and should be addressed in future studies.”

Q: If no side effects in particular, why do you chose to stop MMF first?

A: It’s the drug we usually hold when someone comes in with severe infection. Just a practice, not data derived.