The need for precision medicine in kidney transplantation

Since the first successful kidney transplant between the Herrick twins in 1954, the lives of thousands of patients have been saved and transformed through kidney transplantation. While innovation has continued in kidney transplantation, long term outcomes have not changed. In the United States, at 10 years post-transplant, 50% of kidney transplant recipients have lost their transplanted kidney. The lack of change in long term outcomes is partially caused by the increased occurrence of cancer, infections and metabolic syndrome found among kidney transplant recipients compared to the general population. The increases in these post-transplant diseases is caused by the organ rejection medications that recipients take for life. Beyond the impact on post-transplant mortality, the medications also diminish quality of life. The current post-transplant monitoring test is serum creatinine function. This test is limited in its ability to determine the appropriate immunosuppressant dose, and determine whether the patient is either under immunosuppressed or over immunosuppressed. Besides the lack of specificity, the serum creatine test lacks the ability to predict future events such as acute and chronic rejection. Essentially, transplant nephrologists are forced to practice reactive medicine rather than proactive medicine. There is a need for a post-transplant monitoring test that provides specific and accurate information that will enable nephrologists to prescribe the appropriate dose which will reduce post-transplant cancer, infections, improve quality of etc. and prevent the development of acute and chronic rejection.

Biography

Kevin John Fowler is a Healthcare Executive with over 30 years of Life Sciences experience in Pharmaceutical Organizations both commercial and R&D. During his career, he has demonstrated leadership in sales management, training, public affairs, global marketing, patient advocacy and patient marketing. He formed his own patient advocacy and patient engagement consulting business in 2014, “The Voice of the Patient, Inc.”

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