

Keywords:

ese advancements are moving the eld towards personalized immunosuppression, tailoring treatment strategies based on individual patient characteristics and immune profiles [9]. is approach aims to minimize the risks of both rejection and over-immunosuppression, leading to improved long-term graft survival and reduced side effects. By identifying patients at low risk of rejection, it might be possible to reduce or even withdraw immunosuppression in selected individuals.

Future research should focus on several key areas. Large-scale clinical trials are needed to validate the clinical utility of these novel biomarkers and techniques and to establish their role in routine clinical practice. Further research is needed to identify more specific and sensitive biomarkers for different types of rejection and for different organ transplants. Integrating data from multiple monitoring modalities, such as dd-cfDNA, DSAs, immune cell profiling, and molecular diagnostics, will be crucial for developing comprehensive immune monitoring platforms. The development of artificial intelligence and machine learning algorithms to analyze these complex datasets will be essential for translating research findings into clinical practice. Further research into the mechanisms of tolerance and the development of tolerance induction strategies could potentially eliminate the need for long-term immunosuppression altogether [10].

Conclusion

Significant progress has been made in the eld of immunological monitoring post-transplantation. Novel biomarkers, molecular diagnostics, and immune cell profiling techniques offer the potential for earlier detection of rejection, personalized immunosuppression, and improved long-term graft survival. Continued research and development in these areas will continue to refine our understanding of

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