Interested in learning more?

Have any questions?

Contact Us!

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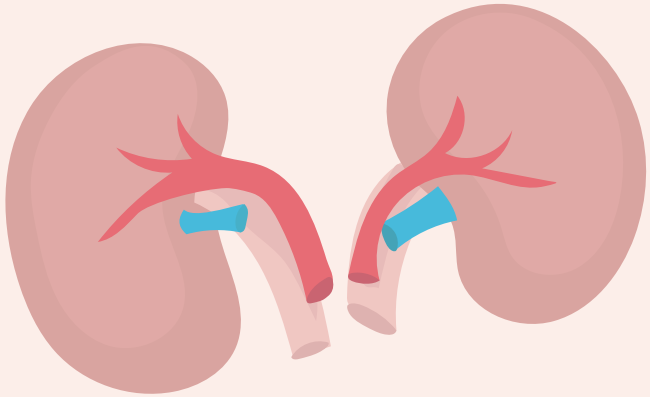
Why should you participate?

Early recognition of rejection or any kidney inflammation may prevent kidney damage. Current monitoring with creatinine doesn't pick up early rejection. Our goal is to find better tests for early rejection. This study will help us determine whether the urine CXCL10 should be added to the standard for monitoring rejection in the clinic.

As part of this trial, you will:

- Have access to innovative testing that is not yet part of clinical care, which may enhance monitoring and transplant outcome
- Have the opportunity to contribute to medical knowledge and help improve treatment for children living with a kidney transplant



PROACT TRIAL: THE URINE CXCL10 TEST

A POTENTIAL NEW TEST FOR EARLY KIDNEY TRANSPLANT REJECTION

UNDERSTANDING KIDNEY TRANSPLANT REJECTION

Kidney transplant rejection happens when the body's immune system attacks your kidney transplant. Over time, rejection can lead to serious complications like kidney damage and eventually kidney transplant failure.

Doctors prescribe medications known as immunosuppressants to prevent this immune system attack. Too much can sometimes increase side effects or infections. But too little risks kidney rejection. The right amount of immunosuppressant medications is different for everyone.

CURRENT MONITORING CHALLENGES

Kidney function is monitored with routine blood tests to measure creatinine and other markers. Transplant recipients also undergo routine kidney biopsies to assess the tissue health of the transplanted organ.

Current monitoring strategies don't always give your doctors all the information they need. As a result, additional testing, including biopsies, may be recommended.

These tests can be invasive and uncomfortable for patients, especially pediatric transplant recipients.

THE URINE CXCL10 TEST

Urine CXCL10 is a potential new test for kidney monitoring after a transplant. CXCL10 is a small protein that is produced by your body's immune system when there is inflammation. When inflammation in the kidney is caused by early rejection, higher levels of CXCL10 can be found in the urine.

Urine CXCL10 also goes higher with different kidney infections. All causes of inflammation in the kidney can lead to kidney damage.

CXCL10 AND KIDNEY REJECTION

The urine CXCL10 test can be done as often as needed to monitor kidney health and detect rejection. Because it is a urine test, it doesn't cause any discomfort.

The urine CXCL10 test has the potential to be much better than standard creatinine testing for picking up early kidney rejection. That means that treatment can be started much sooner, to prevent kidney damage. It can also be used to monitor whether rejection is resolved, after treatment.

What is the PROACT Trial?

This clinical trial will evaluate how well the urine CXCL10 test works, when it is used as part of regular clinic testing. We expect that the test will pick up more episodes of kidney rejection and other causes of kidney inflammation. By picking them up earlier, we also expect that early treatment will prevent kidney damage. However, to know that for sure, we need to compare adding the urine CXCL10 test to the current standard kidney transplant monitoring.

In this trial, children with a kidney transplant who agree to participate will be assigned to one of two groups (by random selection).

Group 1 will receive standard post-transplant care.

Group 2 will have regular urine CXCL10 tests in addition to their standard care.

We will follow both groups for two years time. By comparing the two groups, we can see whether adding the urine CXCL10 test to regular monitoring better preserves kidney transplant function.

Read more