PROACT STUDY NEWSLETTER

OCTOBER 2025

Dear Participant,

We're so excited to share with you the second PROACT study newsletter! You can look forward to receiving updates on the study every quarter.

STUDY UPDATES

We initiated data collection for the PROACT study in May 2025.
The PROACT research team is honoured to have you as a study participant, and we appreciate your dedication to our study visits.

Study milestones:

- [x] Participants enrolment
- [x] Study intervention
- [x] Monitoring of the study tests and results
- [ ] Study results
- [ ] Publications

The study intervention will continue into May 2027.

PROACT study visits

We have had excellent participation in the study intervention visits.

Every time you go to the lab for a urine or blood sample, make sure to provide a urine sample to the PROACT study team.

This way, you will make sure that your sample is collected. Data is still captured.

So far, we have more than 120 study visits from the three hospitals involved in this study

BENEFITS OF BIOMARKER TESTING

On page 2 of this newsletter, you will see a summary of a scientific paper related to Biomarker testing.

This paper demonstrates that biomarker testing can be effective in identifying rejection and can detect it even when no other signs are present.

WE LOOK FORWARD TO HEARING FROM YOU

Check our website (PROACT Study Website) to discover more about our study progress and ask questions about kidney transplantation and health. Your question will be anonymous, and no personal details will be collected. Answers will be posted biweekly on the website.

Proact Study Website

Stay tuned for our May 2026 newsletter, where we will share updates on the study intervention process.

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Paper summary

Title: Combination Automated Microfluidics Measurement of Urine C-C Motif Ligand 2, CXC-Motif Chemokine 9, CXC-Motif Chemokine 10, and Vascular Endothelial Growth Factor A for Monitoring Patients with a Kidney Transplant

Authors: Seifert, Michael E.[1]; Kho, Alvin T.[2]; Sheward, Lea[2]; Rodig, Nancy[2]; Goldberg, Sarah[2]; Diehl, Margaret[2]; Zurakowski, David[2]; Mannon, Roslyn B.[3]; Dharnidharka, Vikas R.[4]; Bestard, Oriol[5]; Blydt-Hansen, Tom D.[6]; Briscoe, David M.[2]

Lay Summary

Acute rejection in a kidney transplant is diagnosed mainly through biopsy, even if kidney function appears normal. The risk for rejection is highest in the first year, with up to 36% of children and adults with stable transplants showing rejection on surveillance biopsy.

This study aimed to evaluate a new urine-based test for rejection, measuring four proteins (cytokines): CXCL9, CXCL10, VEGF, and CCL2. It assessed whether these cytokines could individually and in combination identify rejection. Over 500 urine samples from individuals who underwent kidney biopsies on the same day were tested.

They discovered that specific cytokines were more effective than others in detecting rejection. The two best cytokines are called CXCL9 and CXCL10. These two cytokines are like “cousins” because their levels rise with inflammation in the kidney during rejection. They also tested whether combinations of four cytokines were more effective. All four were better together, but CXCL9 and CXCL10 were most significant, working slightly better for diagnosing rejection than alone. This test detected signs of rejection even before other common signs were present.

Take home message

This study demonstrates that cytokines such as CXCL9 and CXCL10 can effectively identify rejection, even in the absence of other signs. Such tests are ideal for routine screening, as they detect rejection early before kidney damage leads to failure. The PROACT trial evaluates CXCL10 for standard monitoring, aiming to find early cases of rejection and improve long-term kidney transplant outcomes.

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Links:

Full paper

Paper Infographic

Proact Study Website

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