

October 2025 • Autumn Issue

# UK Living Kidney Donation (LKD) Network Newsletter

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## New Newsletter Design

This edition sees our new newsletter design. You can also access the newsletter via the QR code below. We hope you find the content interesting.

Ever wondered if fasting can have immunomodulatory effects? Want to hear more about KQIP?



## Introduction of the New Co-Chairs

### Keith Graetz



Along with Shafi Malik I have recently been given the privilege of becoming a co-chair for the living kidney donor network for the next 3 years. This is a fantastic opportunity especially as I am the first surgeon to undertake this role.

I have been a consultant transplant surgeon in Portsmouth for nearly 17 years although my transplant journey started 25 years ago and I have a passion for living kidney donation which is primarily where my early focus was directed with my consultant application primarily wanting to be a living donor surgeon (as well as a transplant surgeon).

I am not the most vocal of people unless I feel an opinion is needed or requested (as many of you who know me will attest to) and will usually be seen loitering in the background. This is my first role at a national level although I have been actively engaged with many living donor working groups over the years. Being the first surgeon in this role will hopefully give a new slant to our living donor network. If nothing else, I will educate you that there are 2 smaller transplant units on the South Coast that begin with P and are both naval towns!

### A Bit of Light Relief

I have recently re-found my love of live music and attended an intimate acoustic performance by a man called Miles Hunt. He was and is the lead singer of a band called the Wonderstuff who frequented the charts back in the 90s. Whilst listening to him, he introduced a song that he reported to be both personal and poignant about one of his best friends who had donated a kidney to another of his best friends. It moved me to tears (literally) and reminded why I do what I do. It was a pleasure to meet with both author and patient after the gig. Have a listen as the lyrics mean a lot and should remind us of why we do what we do.

### Miles Hunt – “And She Gives (for Laney)”

## Shafi Malik

It's an absolute pleasure to take over as co-chair of the UKLKD network along with Keith Graetz. Colin and John have done phenomenal work over the last three years and leave big shoes to fill. When Lisa emailed me informing that I was successful in my application, I really couldn't believe it as I had heard that the selection process was quite competitive. That does of course mean that I would have to work doubly hard!



I am a transplant nephrologist at QE in Birmingham. During my training years I got the opportunity to author the first Canadian KDPE report and ever since living donation has piqued my interest, especially in the area of exploring barriers and promoting living donation among ethnic minority communities in the UK. I do work with a few charities and do a lot of community work promoting organ donation, this is also an area of my research interest.

Outside of work, I am a chauffeur to my two young children, keen aviation enthusiast (avgeek), on my way slowly to getting a PPL (that's the short form for a pilot's license), play chess with my kids and embarrassingly get beaten every time. I also volunteer with UK-Med and part of the UK Emergency Medical Team as a general physician.

### Results of KQIP Midlands Living donor QI Project

In May 2022 the Midlands Kidney Network, in partnership with KQIP, launched a regional QI project with the following key aims:

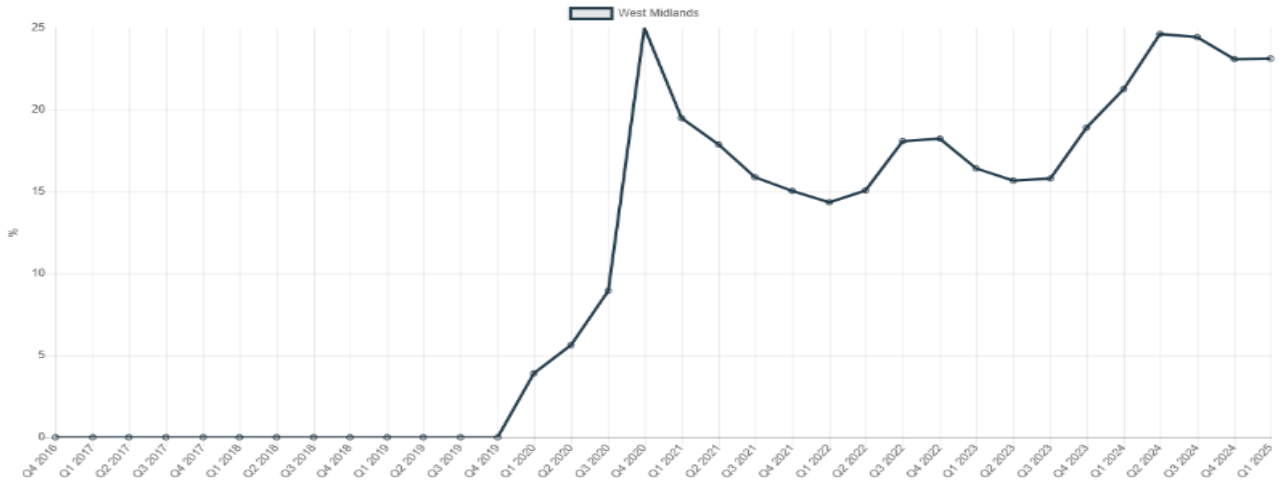
- **All Trusts to match or exceed current best practice pre-emptive listing rates of (60%)**
- **Less than 20% of kidney replacement therapy (KRT) starters to be “Missed” (no documented transplant decision or still in workup)**

The project used KQIP’s ‘10 Steps to Improvement’ each unit was asked to complete a Driver Diagram identifying drivers for achieving the aims, and plans for addressing these. Regular workshops were held to bring units together and address common barriers, provide feedback between referring and transplanting units, and ongoing QI support. QI training was given, promoting the use of the IHI Model for Improvement. To support this project, six specialist transplant nurses were recruited (4.5 WTE) to referral units across the Midlands with the aim of improving transplant access, patient experience and sustainability.

Results of this QI project showed:

- a) An increase in proportion of patients starting KRT who have at least one potential donor who has reached phase 1 tests by 50.7% in West and 107% in East Midlands.
- b) % missed patients fell from 48% to 30.6% in East Midlands and from 34.5% to 21.1% in the West Midlands and are below 20% in some units.
- c) % pre-emptively listed patients remained steady across the region. % pre-emptively listed patients in the latest quarter were 44% in West Midlands and 49% in the East Midlands.

## % with donor reached stage 1 testing at start of KRT



## % No documented decision at start of KRT



# Transplant Trial Watch in Collaboration with the Peter Morris Centre for Evidence in Transplantation

## Living Donation Trial Watch

September 2025

In collaboration with the Peter Morris Centre for Evidence in Transplantation (CET), we aim to bring you a summary of interesting and recently published clinical papers in the field of living donation and transplantation. These have been collated by staff at the CET and a critical appraisal completed. We have included a range of papers from the last year, covering topics as diverse as anticoagulation, immune tolerance and the immune modulation of fasting.

### **Short-term fasting before living kidney donation has an immune-modulatory effect**

**Oudmaijer et al. *Front Immunol.* 2025 Feb 20;16**

This paper reports on a sub-study of the FAST RCT, “short-term fasting to improve outcomes in living kidney donation/transplantation”. Here the authors scrutinise the immunomodulatory effects of short-term fasting prior to donation. The study found that fasting produced metabolic ketosis and after approximately 40 hours, fasted donors showed a modulated immune cell population towards fewer activated/memory T cells and more naïve B cells and cDC1s, consistent with a transient “immune reset”. This was however a small subset of a larger trial that was not specifically designed, or powered, to evaluate immunomodulatory effects. The study was certainly not powered to detect clinically relevant outcomes in the recipient. Whether the effect demonstrated in this small group translates into reduced peri-operative inflammation, better graft function or altered infection risk is unknown. This has to be balanced against the effect of fasting a patient immediately before any form of surgical intervention.

**Editor's Note** – this is a sub-study of an ongoing FAST RCT which is looking at post-operative fatigue in live donors and recipients. In Short-Term Fasting individuals restrict their calories but are allowed to drink fluids. This sub-study is hypothesis generating and it would be interesting to see any reported clinical outcomes when results of the FAST trial is published.

Oudmaijer, C.A.J., Minnee, R.C., Pol, R.A. et al. Fasting before living-kidney donation: effect on donor well-being and postoperative recovery: study protocol of a multicentre randomized controlled trial. *Trials* **23**, 18 (2022).

## **Comparison of Magnetic and Conventional Double-J Stent Following Kidney Transplantation: A Randomized Controlled Trial**

**Glienke et al. *Transplant Direct.* 2025 Mar 10;11(4)**

This is a well-written report of a small, randomised trial comparing a magnetic double-J stent with standard double-J ureteric stent for renal transplantation. The magnetic stents have the potential to be removed by passing a magnetic catheter, rather than using a flexible cystoscopy. The stent removal was successful in all 30 cases, whether by standard cystoscopy or magnetic catheterisation and there was no difference in urinary symptoms or discomfort during stent removal. Stent removal took 3-4 minutes for both groups. It is worth noting that the patients in this study were relatively young, and this may make catheterisation more straightforward. In this small study, there were no major safety concerns, but there was a clear reduction in overall cost using the magnetic stents, which can be removed without flexible cystoscopy and the associated equipment costs.

**Editor's Note** – a recent systematic review including one study in renal transplant and four others in urolithiasis, similarly, concluded that magnetic stents were both safe and cost effective. However, the Ureteral Stent Symptom Questionnaire score was high in the magnetic stent group. Magnetic stents hold promise.

## Induction of immune tolerance in living related human leukocyte antigen-matched kidney transplantation: A phase 3 randomized clinical trial

**Kaufman et al. Am J Transplant. 2025 Jul;25(7):1461-1470**

This is a very interesting multicentre, randomised study investigating a cell therapy product (MDR-101) to induce clinical tolerance in recipients of HLA-matched renal transplants. Recipients received ATG induction and low-dose lymphoid irradiation post-transplant, followed by MDR-101 cell therapy on day 11. During the first-year post-transplant, immunosuppression was gradually withdrawn until tacrolimus was stopped completely at 1 year in patients with evidence of mixed chimerism. 75% of patients (15/20) remained immune suppression-free for 2 years with an acceptable safety profile. Although this is a small study, the results are impressive.

**Editor's Note** – certainly a very interesting study, steroids and anti-proliferative were withdrawn soon after transplant (day 10 and day 30 respectively), with tacrolimus being discontinued at 1 year. No death, [graft loss](#), DSA, or [graft versus host disease](#) at 2 years. Perhaps we may not need to be fret about immunosuppression compliance in the future!



### UK Living Kidney Donation Buddy Support Service

The UK Living Kidney Donation Buddy Support Service, delivered by the Robert Dangoor Partnership for Living Kidney Donation allows anyone interested in learning more about living kidney donation to speak with someone with lived experience - whether they are considering donating themselves, or know someone else thinking about it. We know that support can be essential for everyone involved in kidney donation, including the donor and their family and friends, before and after the donation. This service offers a secure and safe place for open conversations with someone who understands that journey. Learn more here: [Requesting a kidney donation buddy - Make Your Mark](#)

The following websites could be beneficial in helping both clinicians and patients:

1. [www.KidneyBeam.com](http://www.KidneyBeam.com) – this is an incredible resource that is still in development although already very advanced by a team at Kings College Hospital. There are videos and information pages as well as links to interactive exercise classes led by appropriately trained health professionals (some of whom have already donated a kidney themselves so know what it's all about).
2. Enhanced Recovery After Surgery (ERAS) [Adult kidney transplant recipient pathway - ODT Clinical - NHS Blood and Transplant](#) – Whilst this is primarily directed at kidney transplant recipients the principles also apply to any surgical patient. By using the principles set out in the guidelines, outcomes are optimised including length of stay in hospital and recovery following surgery. There is now a huge volume of evidence that came originally from colorectal surgery in the late 90s and early 00s.
3. The ERAS Living Kidney Donor pathway is underway and should be available for centres shortly. Thanks to all who have contributed.

## UK Living Kidney Donation (LKD) Network Meetings

### Take home messages from the 2025 UKLKD Network Meeting in Wolverhampton

This year's programme was varied and interesting, particularly the living donor pre-optimisation and enhanced recovery programs for surgery. Hearing from a health professional who had also donated a kidney was extremely informative and provided a medical and personal viewpoint – “be prepared for your surgery and try and plan your own pathway through the surgery and into the recovery period and start laxatives early”.

Additionally, another area that was of interest was the discussion about donor autonomy, providing a second opinion where there isn't consensus in the team, keeping the donor and recipients best interests in mind.

### Next UKLKD Conference

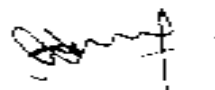
Looking forward to the next UKLKD Network conference in 2026!

Provisional date for your diary, 30<sup>th</sup> April 2026 (venue to be confirmed). We are pulling together an engaging programme, expect talks on robotic live donor surgery, UKLKSS updates, for the first time there will be a debate and even a life coach talking about managing stress in work environments.

Until next time,



**Keith Graetz – UK LKD**  
**Network Co-Chair**



**Shafi Malik – UK LKD**  
**Network Co-Chair**

## **‘Save the Dates’:**

### **BTS Annual Congress 2026**

Tuesday, 3rd to Friday 6<sup>th</sup> March 2026, Venue Cymru, Llandudno, North Wales

### **UKLKD Network Meeting 2026**

Thursday, 30th April 2026 (Venue to be confirmed)

## **Resources available from NHSBT:**

### **Activity and centre specific reports**

#### **Living Donation:**

#### **Professional resources**

#### **Donor information**

#### **Recipient information**

#### **Promotional materials**

#### **Community Investment Scheme - Living Donation**

#### **Writing to living donors**

#### **Kidney Advisory Group papers and regular living donation updates**

#### **Donor-recipient information/organisations:**

#### **Kidney Care UK**

#### **National Kidney Federation**

#### **Give a Kidney**

#### **Make your Mark- Robert Dangoor Partnership**

#### **Gift of Living Donation (GOLD)**

#### **Living Donation Scotland**

#### **Northern Ireland: Donate Life**

## Professional Societies and other organisations:

[BTS](#)

[UKKA](#)

[NHS England](#)

[Access to NHSE Renal Services Transformation Programme](#)

[Transplantation Toolkit](#)

[Human Tissue Authority](#)

HTA Transplant Team - [transplant@hta.gov.uk](mailto:transplant@hta.gov.uk)

## Please contact us if we can help or support you in any way

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