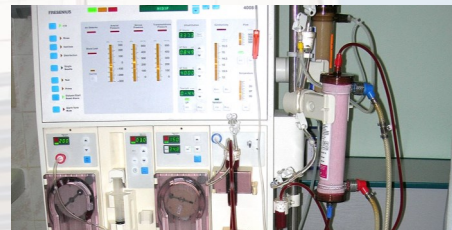


# LABORATORY OF KIDNEY TRANSPLANTATION AND RENAL REPLACEMENT THERAPY



## ABOUT US

Research activity is focused on infectious complications and their association with long-term results of kidney transplantation, and mainly with the incidence of graft rejection. In a long run optimal mode of cytomegalovirus prevention has been evaluated in independent randomized trials with results being incorporated to the International Guidelines. The possibilities of improvement of biocompatibility and anticoagulation therapy during dialysis are assessed in patients with end-stage kidney disease.

## MEMBERS

- doc. MUDr. Tomáš Reischig, Ph.D. – Research Group Leader
- Mirko Bouda, M.D.
- Irena Brabcová, Ph.D., M.Sc.
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- Prof. Ondřej Hes, M.D., Ph.D.
- Pavel Jindra, M.D., Ph.D.
- Martin Kačer, M.D.
- Jana Kašpírková, M.Sc.
- Lukáš Kielberger, M.D.
- Jan Klaboch, M.D.
- Michal Malina, M.D., Ph.D.
- Prof. Sylvie Opatrná, M.D., Ph.D.
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- Pavlína Richtrová, M.D., Ph.D.
- Prof. Tomáš Seeman, M.D., Ph.D.
- Vendula Šelmátová, DiS.
- Tomáš Vaněček, Ph.D., M.Sc.
- Petra Venigová, M.Sc.
- Prof. Ondřej Viklický, M.D., Ph.D.

## WE OFFER

- Suggestion of desing a methods of clinical studies in the field of viral infections after kidney transplantati-on, biocompatibility of dialysis membranes and peritoneal dialysis solutions, anticoagulation therapy during hemodialysis, and infectious complications in hemodialysis population.
- Evaluation of biocompatibility of dialysis membranes.
- Cytomegalovirus and polyomavirus detection in blood or other tissues bas on molecular biology methods.
- Assessment of cytomegalovirus antiviral drug resistance.

## SELECTED PUBLICATIONS

- Reischig T, Hribova P, Jindra P, Hes O, Bouda M, Treska V, Viklicky O. Pre-emptive valganciclovir therapy compared with valacyclovir prophylaxis for prevention of cytomegalovirus: 4-year results of a randomized trial in renal transplant recipients. *J Am Soc Nephrol* 2012, 23(9): 1588-97.
- Reischig T., Jindra P., Hes O., Bouda M., Kormunda S., Treska V. Effect of cytomegalovirus viremia on subclinical rejection or interstitial fibrosis and tubular atrophy in protocol biopsy at 3 months in renal allograft recipients managed by preemptive therapy or antiviral prophylaxis. *Transplantation* 2009, 87(3): 436-444.
- Reischig T, Prucha M, Sedlackova L, Lysak D, Jindra P, Bouda M, Matejovic M. Valganciclovir prophylaxis against cytomegalovirus impairs lymphocyte proliferation and activation in renal transplant recipients. *Anti-vir Ther* 2011, 16: 1227-1235.
- Richtrova P, Rulcova K, Mares J, Reischig T. Evaluation of three different methods to prevent dialyzer clotting without causing systemic anticoagulation effect. *Artif Organs* 2011, 35(1): 83-88.
- Reischig T. Advances in cytomegalovirus-preventive strategies in solid organ transplantation: defending pre-emptive therapy. *Expert Rev Anti Infect Ther* 2012, 10: 51-61.
- Reischig T, Kacer M, Jindra P, Hes O, Lysak D, Bouda M. Randomized trial of valganciclovir versus valacyclovir prophylaxis for prevention of cytomegalovirus in renal transplantation. *Clin J Am Soc Nephrol* 2015, 15(2):294-304.

