Research on the survival and rejection of kidney and liver transplantation has been conducted over the years by teams of Finnish surgeons and medical scientists at the Transplantation and Liver Surgery Clinic of the Helsinki University Hospital. Since 1982 when liver transplantation surgeries were started in Finland under the leadership of Professor Krister Höckerstedt, the 'cutting edge' in development and research has shifted. Earlier acute rejection complications were the foremost problems, but these have now largely been overcome. Acute hepatic reactions can in most cases be treated with medication, whereas chronic rejection is an inexorable progression of the impairment that leads to a deterioration and eventual loss of the graft. Hence chronic rejection has become more prevalent and remains a major complication affecting long-term survival of liver transplantation. The survival of patients following graft rejection is dependent on many predisposing factors such as post-operative therapy and donor's age. The life-saving moment of a transplantation surgery is self-evident as well as the importance of the immediate intensive care and the long-term follow-up with subsequent medical examinations. Yet in the investigative context, the applied statistical methods, such as modern multivariate survival analysis with generalized linear modeling, prognostic modeling using hierarchical tree-based regression, and a new Bayesian approach to solve the problem of testing multiple hypothesis deserve mentioning. Five noteworthy publications are brought to the fore.

Risk factors predicting chronic rejection of renal allograft.

Isoniemi H, Nurminen M, Tikkanen MJ, Von Willebrand E, Krogerus L, Ahonen J, Eklund B, Hö...
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Risk factors predicting chronic rejection of renal allografts. 

Nurminen M. Prognostic models for predicting delayed onset of renal allograft function. The Internet Journal of Epidemiology 2003; Volume 1, Number 1.


Nurminen MM. *Some observations of the impact of acute and chronic rejection on graft survival in kidney and liver transplantation*. Helsinki: MarkStat Consultancy, April 2017.