CONVERSION FROM TACROLIMUS TO BELATACEPT IN KIDNEY TRANSPLANT RECIPIENTS: REAL-WORLD OUTCOMES FROM A RETROSPECTIVE OBSERVATIONAL STUDY

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BACKGROUND AND IMPORTANCE

- Calcineurin inhibitor (CNI) toxicity is a major contributor to chronic graft dysfunction and graft loss after kidney transplantation.
- Belatacept is a non-nephrotoxic immunosuppressive alternative.
- In our country, belatacept use is restricted because it is not funded by the national health system.
- A multidisciplinary protocol (Nephrology + Pharmacy) was approved to select appropriate candidates.
- Real-world evidence in this non-funded context is limited in Europe.

AIM AND OBJECTIVES

• Describe: patient characteristics, indications for conversion, persistence on belatacept

• Outcomes: graft and patient survival at 12 months; safety in clinical practice

MATERIALS AND METHODS

Design
Retrospective, single-centre, observational

Period
February 2019 - June 2025

Population
Adult kidney transplant recipients, EBV-positive, converted tacrolimus → belatacept

Data
- Demographics
- Number of transplants
- Donor characteristics
- Cold ischaemia time
- Time to conversion
- Reason for conversion
- Discontinuation
- Safety
- Graft/patient survival (12 months and last follow-up)

Statistics
Descriptive analysis (standard methods)

KEY MESSAGE: In a non-funded setting, tacrolimus → belatacept conversion is feasible and safe under a multidisciplinary protocol, showing high graft survival and good tolerability.

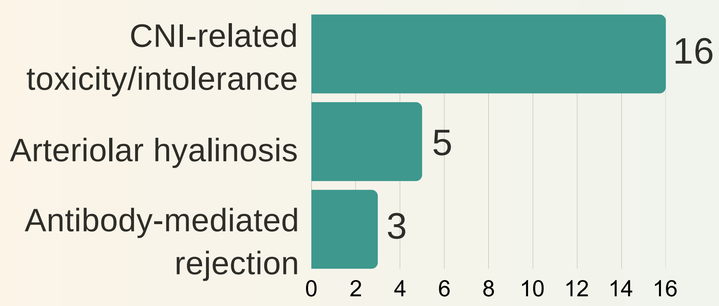
RESULTS

KEY SAMPLE CHARACTERISTICS

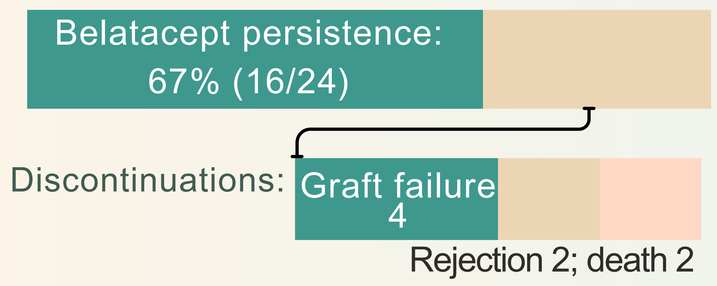
N=24

- Male 14/24; mean age 57 years
- First transplant: 20/24
- Expanded-criteria donors: 10/24
- Cold ischaemia time: median 16 h
- Conversion timing: late (>6 months) 20/24; median 36 months post-transplant

Figure 1: Indications for conversion (n)



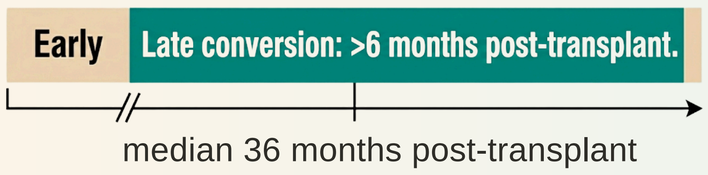
PERSISTENCE / DISCONTINUATION



12-MONTH OUTCOMES

Patients with >12 months follow-up	Graft survival	Patient deaths
n=16	94% (15/16)	2

Figure 2: Conversion Timing



SAFETY

No adverse events attributed to belatacept reported.

CONCLUSION AND RELEVANCE

- In a non-funded national setting, conversion tacrolimus + belatacept under a multidisciplinary protocol was feasible and safe
- High graft survival at 12 months among patients with >12 months follow-up; good tolerability observed
- Limitations: small sample size, single centre, retrospective design, incomplete long follow-up for all patients
- Implication: supports belatacept as a rescue strategy after CNI intolerance in similar healthcare systems

REFERENCES AND/OR ACKNOWLEDGEMENTS

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