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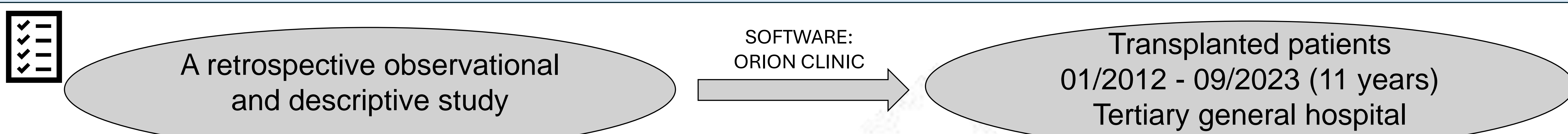
BACKGROUND AND IMPORTANCE

Basiliximab (anti CD25) and thymoglobulin (T-cell depleting) are used alongside other immunosuppressants in renal transplant induction therapy to prevent acute rejection. Selecting the appropriate induction regimen, based on the patient's immunological risk, is crucial for ensuring the success of the transplant.

AIM AND OBJECTIVES

Evaluate the effectiveness of protocolized immunosuppressive induction therapy with basiliximab and thymoglobulin in renal transplant.

MATERIAL AND METHODS



Group **LOW** immunological risk: **BASILIXIMAB** (20mg on days +1 and +4 post-transplant)
Group **HIGH** immunological risk: **THYMOGLOBULIN** (5 mg/kg/total cumulative dose for 3 - 9 days after the intervention)

Analysed variables

Sex	Weight	Immunosuppressive treatment and dose used
Age	Date of transplant	Concomitant immunosuppressive treatment

✓ Measurement the **effectiveness by the rejection rates** at 6 and 12 months after the transplant

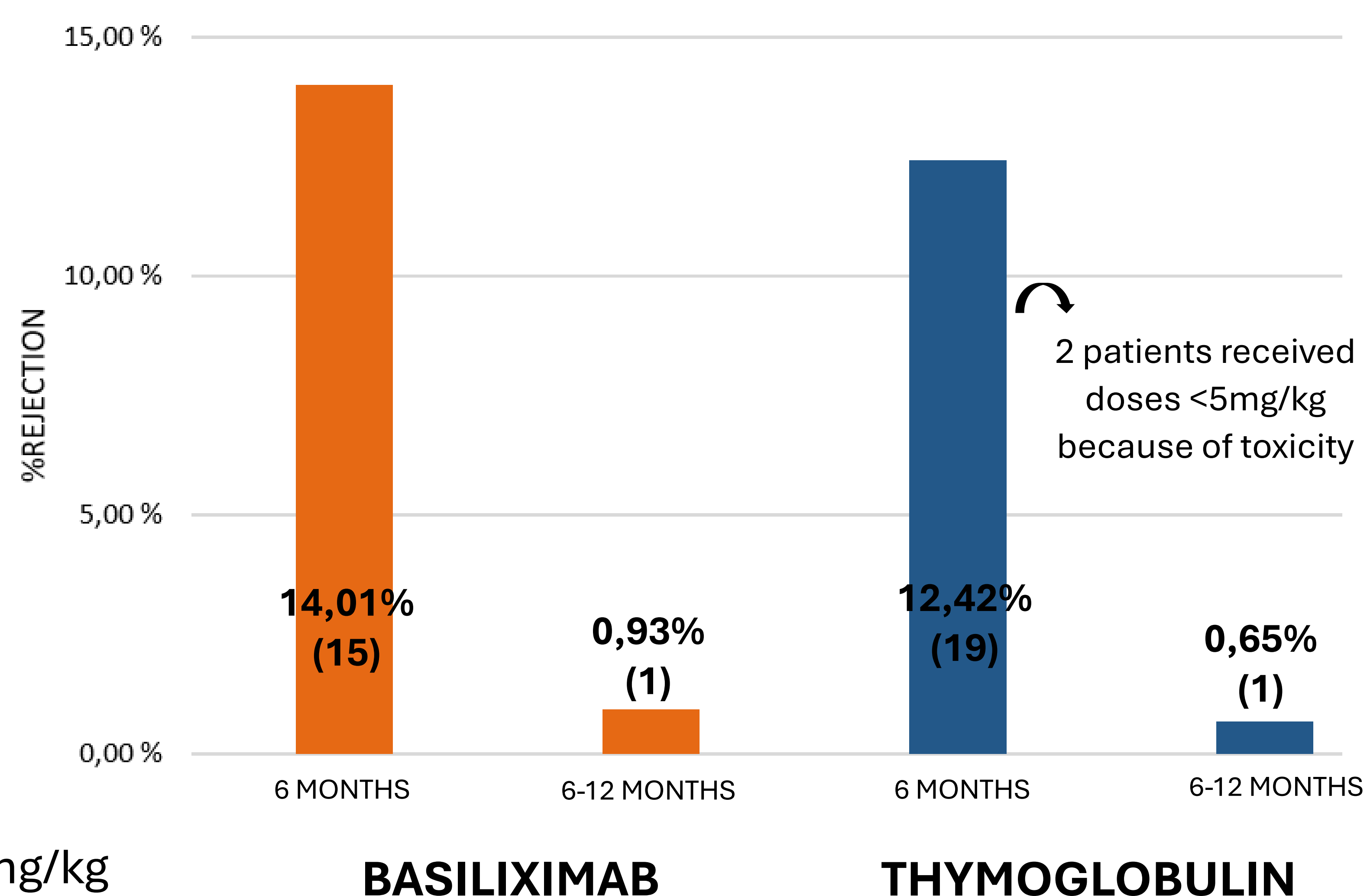
RESULTS

260 transplanted patients

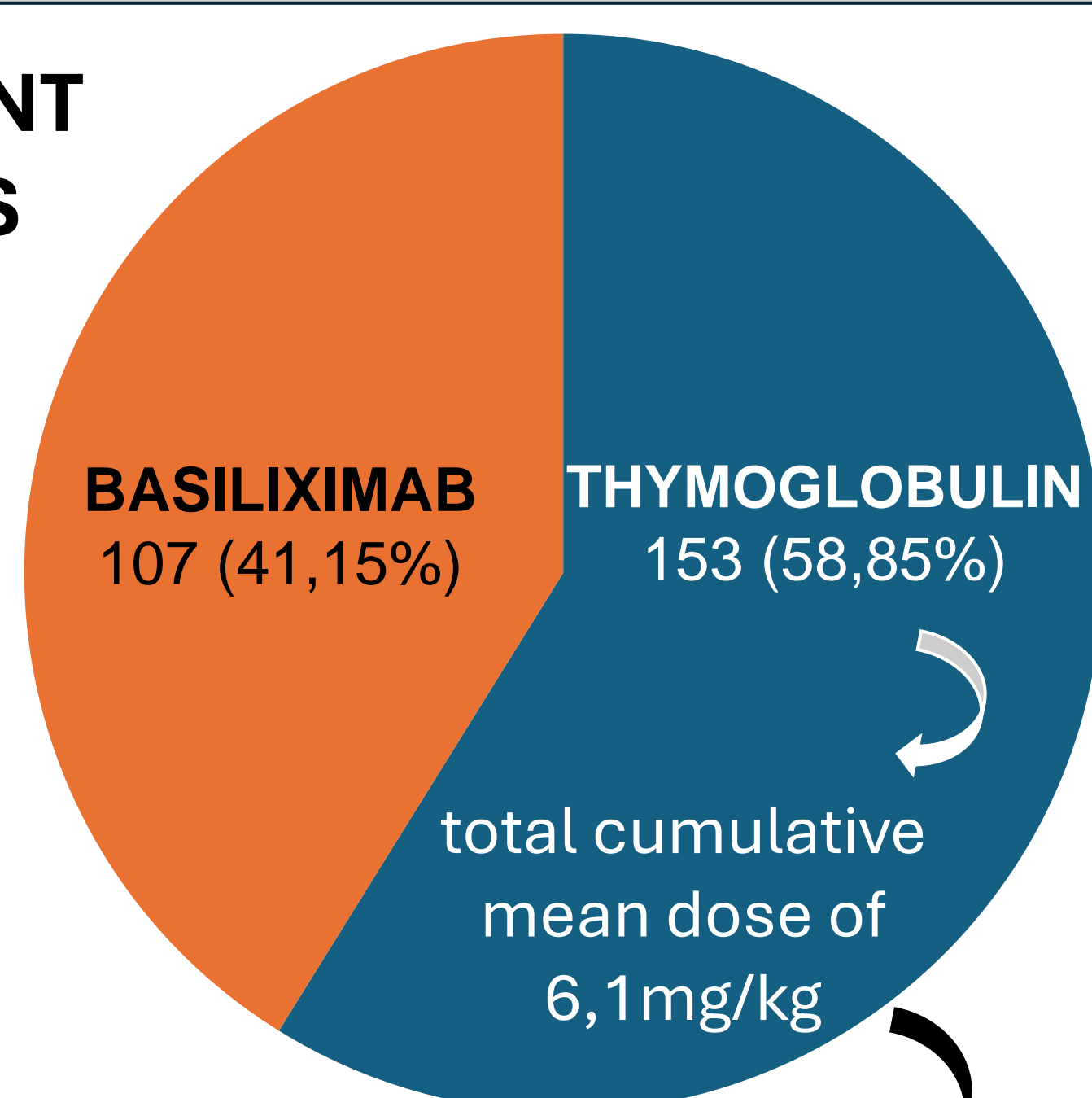
169 (65%) 91 (35%)

Mean age: 57 ±11,90 years

REJECTION RATES AFTER INDUCTION IMMUNOSUPPRESSIVE THERAPY



TREATMENT GROUPS



34 (22,22%) received <5mg/kg due to haematological toxicity

*100% of patients were also treated with mycophenolate mofetil, prednisone and tacrolimus

CONCLUSION AND RELEVANCE

In our study population, induction therapy with basiliximab in patients at low immunological risk showed similar effectiveness as thymoglobulin therapy in patients at high immunological risk in renal transplant, along with the rest of immunosuppressants, according to the literature reviewed.

