

"Safety profile study of planned randomized conversion from tacrolimus to sirolimus-based immunosuppressive regimen in de novo kidney transplant recipients (KTR)"

Autores: Felix, M.J.P; Felipe, C.R; Tedesco-Silva, H; Medina-Pestana, J.O

Hospital do Rim / Fundação Oswaldo Ramos – SP – Brazil – Abstract: 551 - DI-033

Background:

Early conversion from calcineurin inhibitor (CNI) to mammalian target of rapamycin inhibitor (mTORi) is one of the immunosuppressive strategies that have been investigated to mitigate long-term CNI-associated adverse events in de novo kidney transplant recipients (KTR).

Methods:

In this study, 160 kidney transplant recipients received immunosuppressive treatment with TAC (Tacrolimus), PRED (Prednisone) and MPS (Mycophenolate Sodium) for 3 months and then were reevaluated to:

- Convert to new regimen with SRL + PRED + MPS or
- To keep the same regimen: TAC + PRED + MPS

Objectives:

The purpose of this analysis was to investigate of the short- and long-term safety profile of these two immunosuppressive regimens.

Results:

At month 3, from 160 patients, only 119 patients met the criteria for intervention: 60 were converted to SRL, 59 were kept on TAC, and 41 were not able to follow the interventional plan.

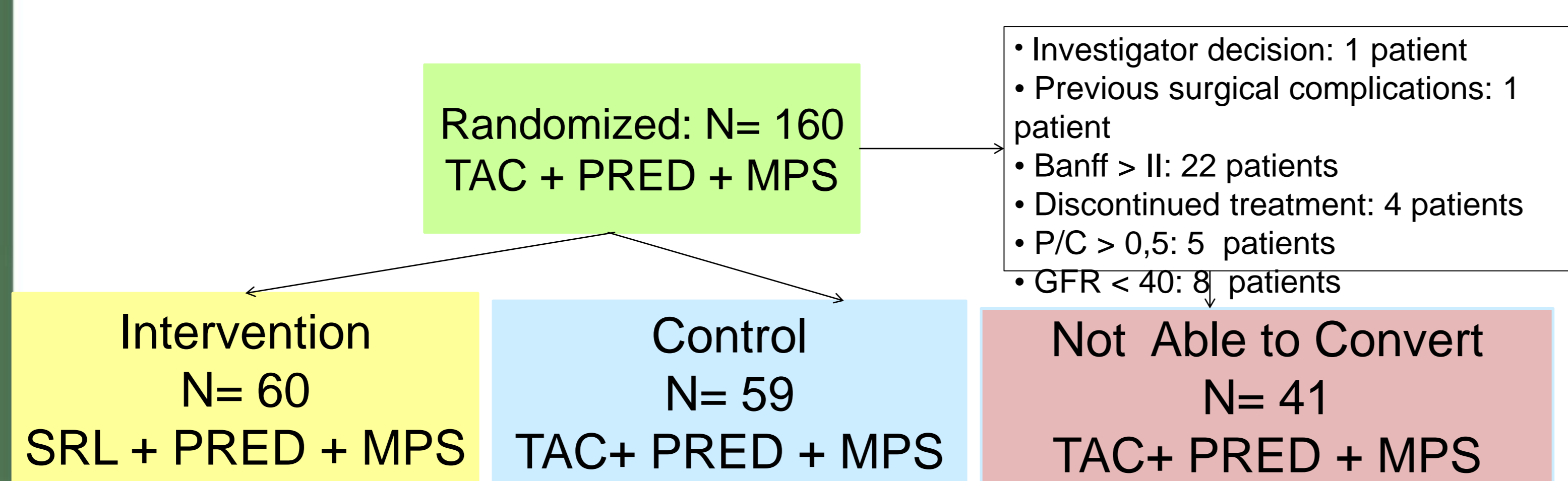


Table 1: Demographic Characteristics of patient who meet criteria at month 3

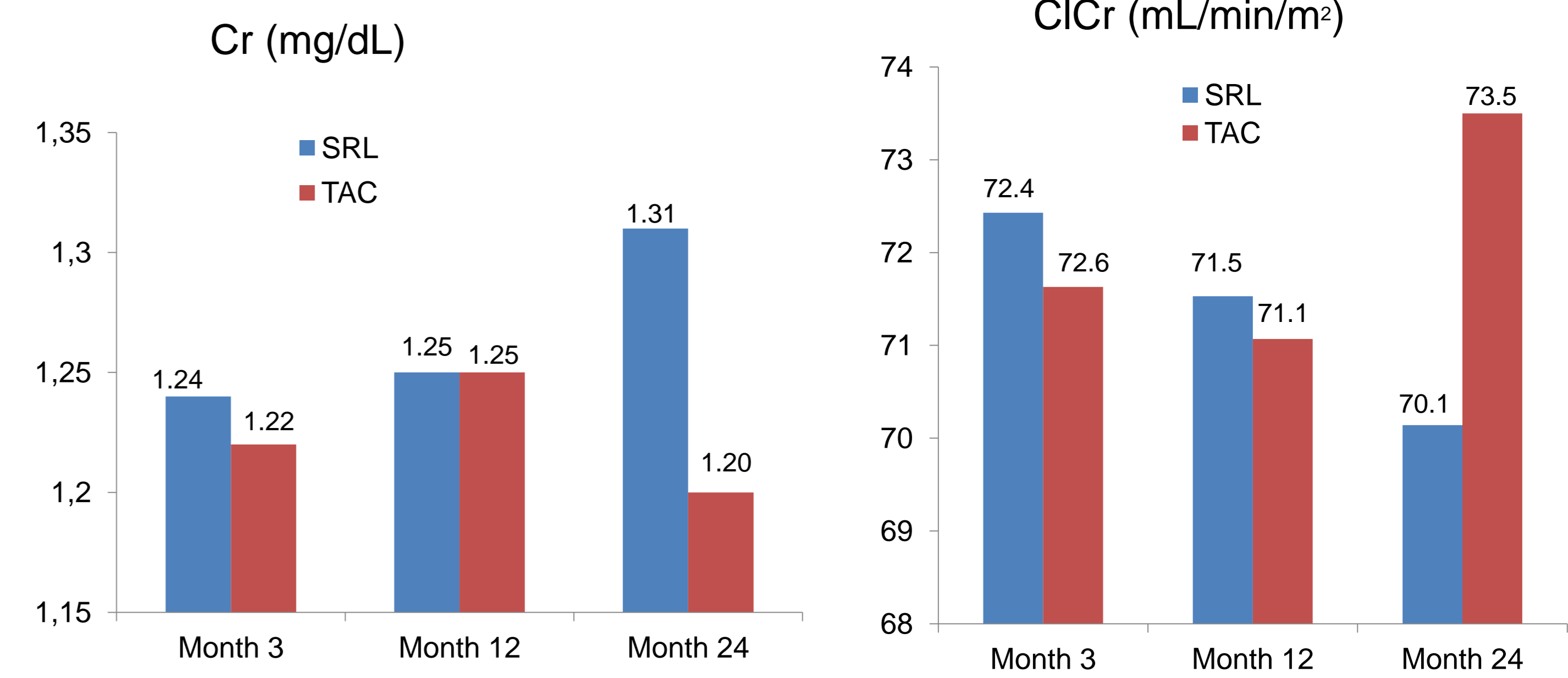
KTR:	SRL n=60	TAC n=59
Age (years)	44.9 ± 13.7	45.4 ± 12.7
Cause of renal failure, n (%)		
Glomerulonephritis	3 (5.0)	2 (3.4)
Hypertension	12 (20.0)	8 (13.6)
Diabetes mellitus	13 (21.7)	8 (15.3)
Unknown	19 (31.7)	25 (42.4)
Other	13 (21.7)	16 (25.4)
Organ source, n (%)		
Living	29 (48.3)	36 (61.0)
Deceased	31(51.7)	23 (39.0)

Table 2: Adverse Events and Infections

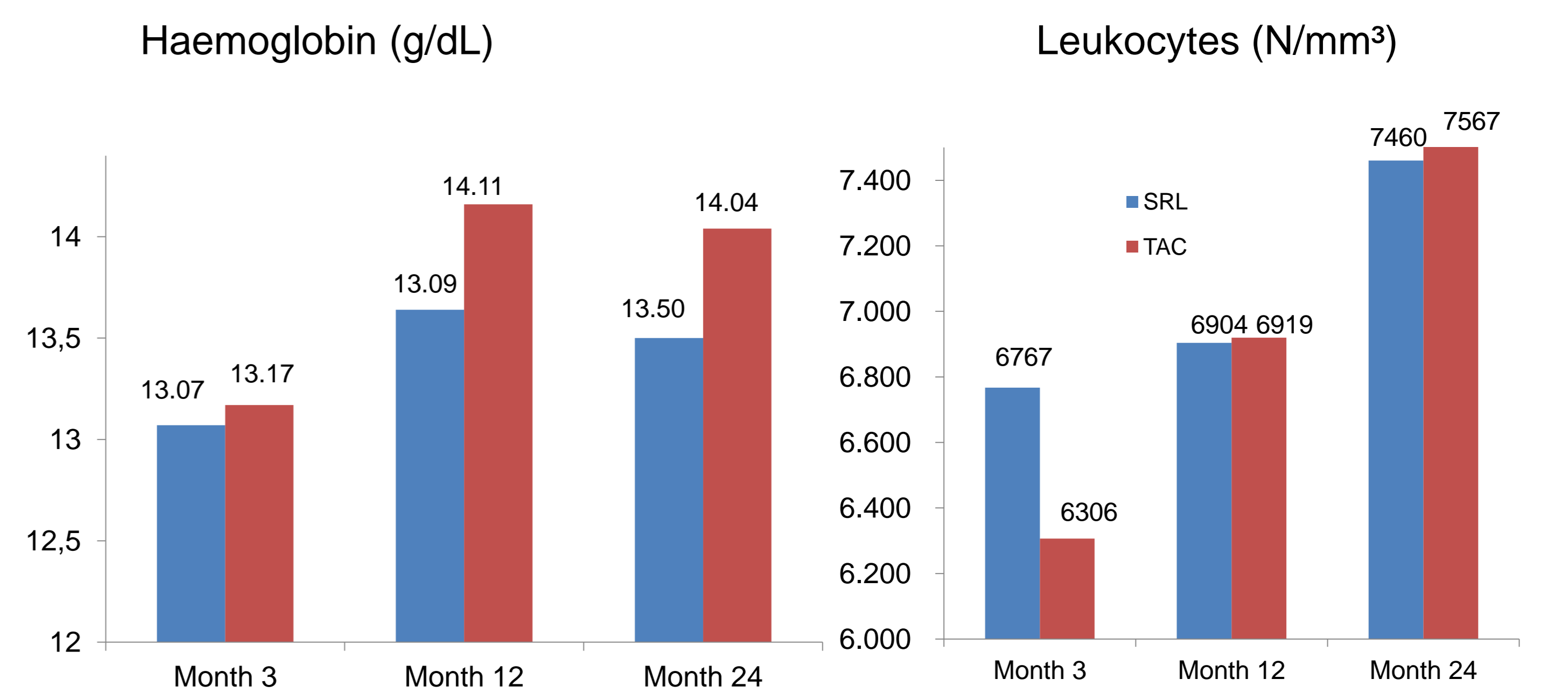
MedDra Classification	Pré	Pós	
	TAC n (%)	Gr SRL n (%)	Gr TAC n (%)
Gastrointestinal	114 (67%)	41 (24%)	34 (20%)
Infections and Infestations	107 (63%)	44 (26%)	42 (25%)
Renal and Urinary	76 (45%)	13 (8%)	14 (8%)
Investigations	44 (26%)	32 (19%)	22 (13%)
Skin and subcutaneous tissue	16 (13%)	28 (47%)	14 (24%)

* Oral ulcer, Sinusitis, Dyslipidemia and Dermatitis were the most frequent events in SRL group.

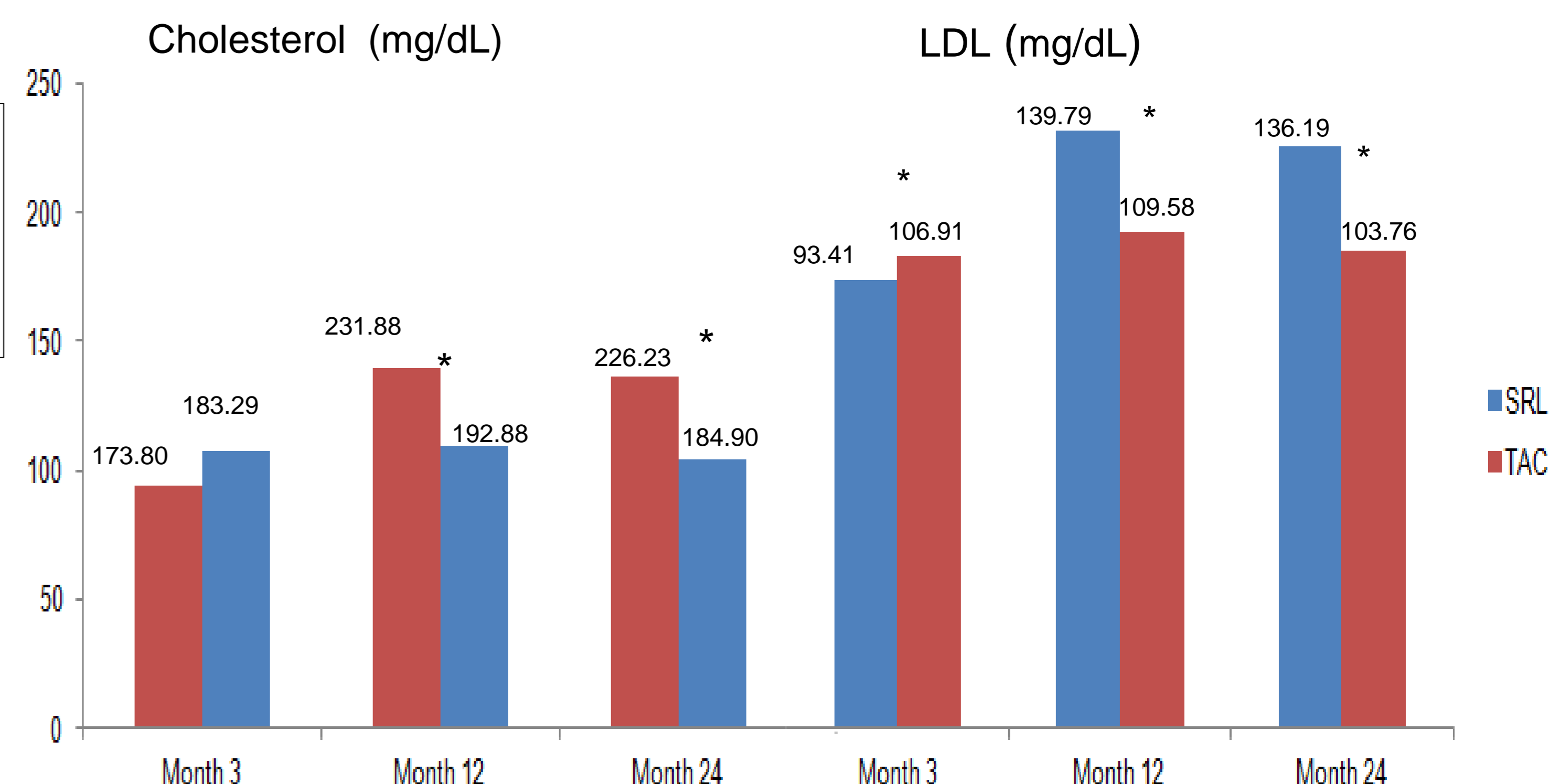
Graphic 1: Renal Function



Graphic 2: Haematologic Profile



Graphic 3: Lipid Profile



* test t "student" SRL vs TAC: p<0,05

Biochemical and Haematological values did not show statistical differences between groups, except cholesterol fractions.

Table 3: Discontinuations

	N=8	Gr SRL (4)	Gr TAC (4)
Lost Follow up		1	--
Pancreas Transplantation		1	1
BK virus nephropathy		1	--
Neoplasias		--	2
Diarrhea		--	1
Focal segmental glomerulosclerosis		1	--

Discussion:

This study showed that (1) 26% of KTR were not able to SRL conversion; (2) after 24 months, 97% of patients were kept in the same regimen; (3) except for dyslipidemia, oral ulcer, sinusitis and dermatitis no other safety concern was related to SRL in this analysis.

Reference: H. T. Silva Jr., C. R. Felipe, V. D. Garcia, E. D. Neto, M. A. Filho, F. L. C. Contieri, D. D. B. M. de Carvalho and J. O. M. Pestana; "Planned Randomized Conversion From Tacrolimus to Sirolimus-Based Immunosuppressive Regimen in De Novo Kidney Transplant Recipients", Am. J. of Transplantation 2013; XX: 1–9