

**ASN 2009**

# **Highlights - Nierentransplantation**

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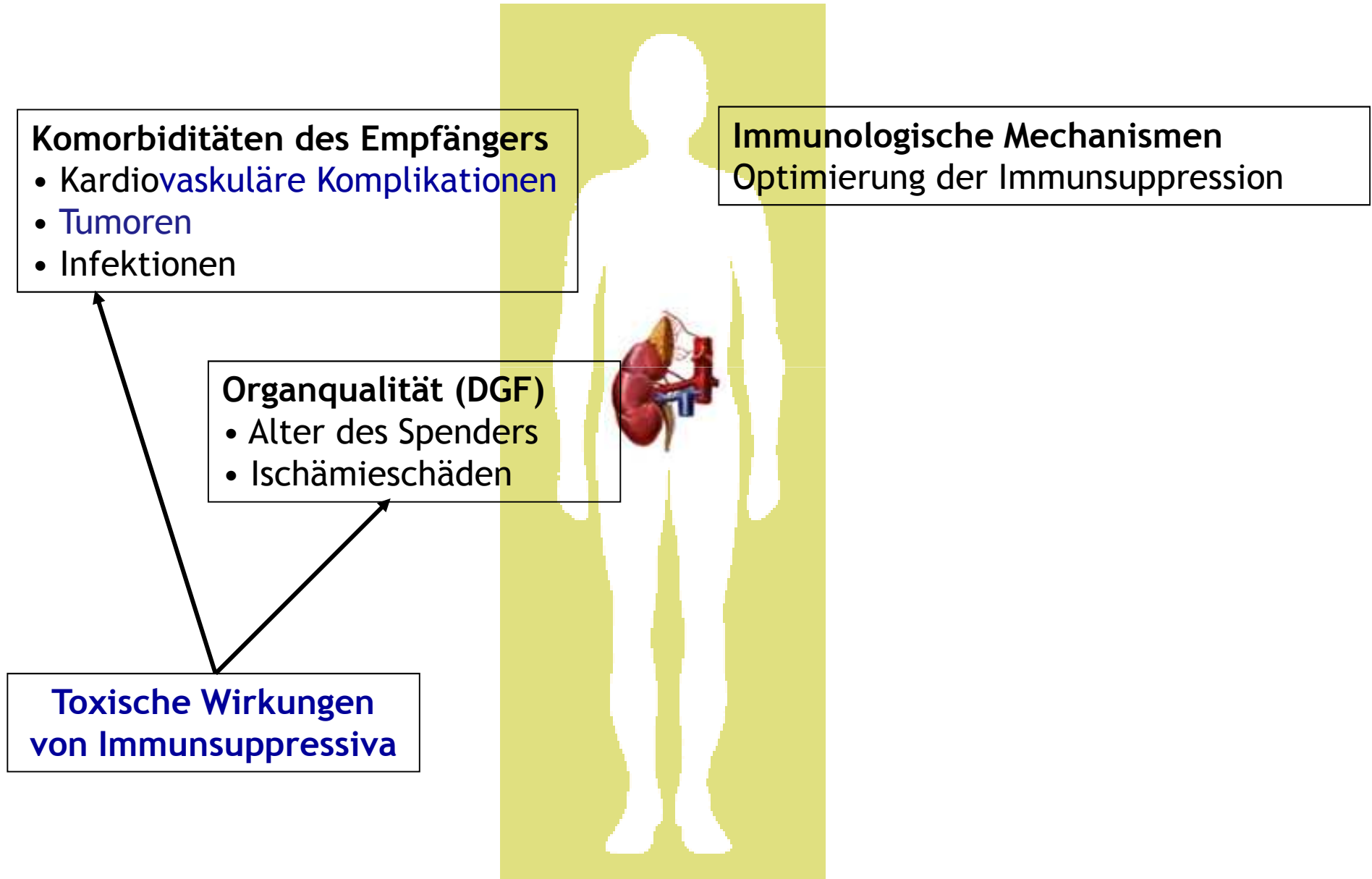
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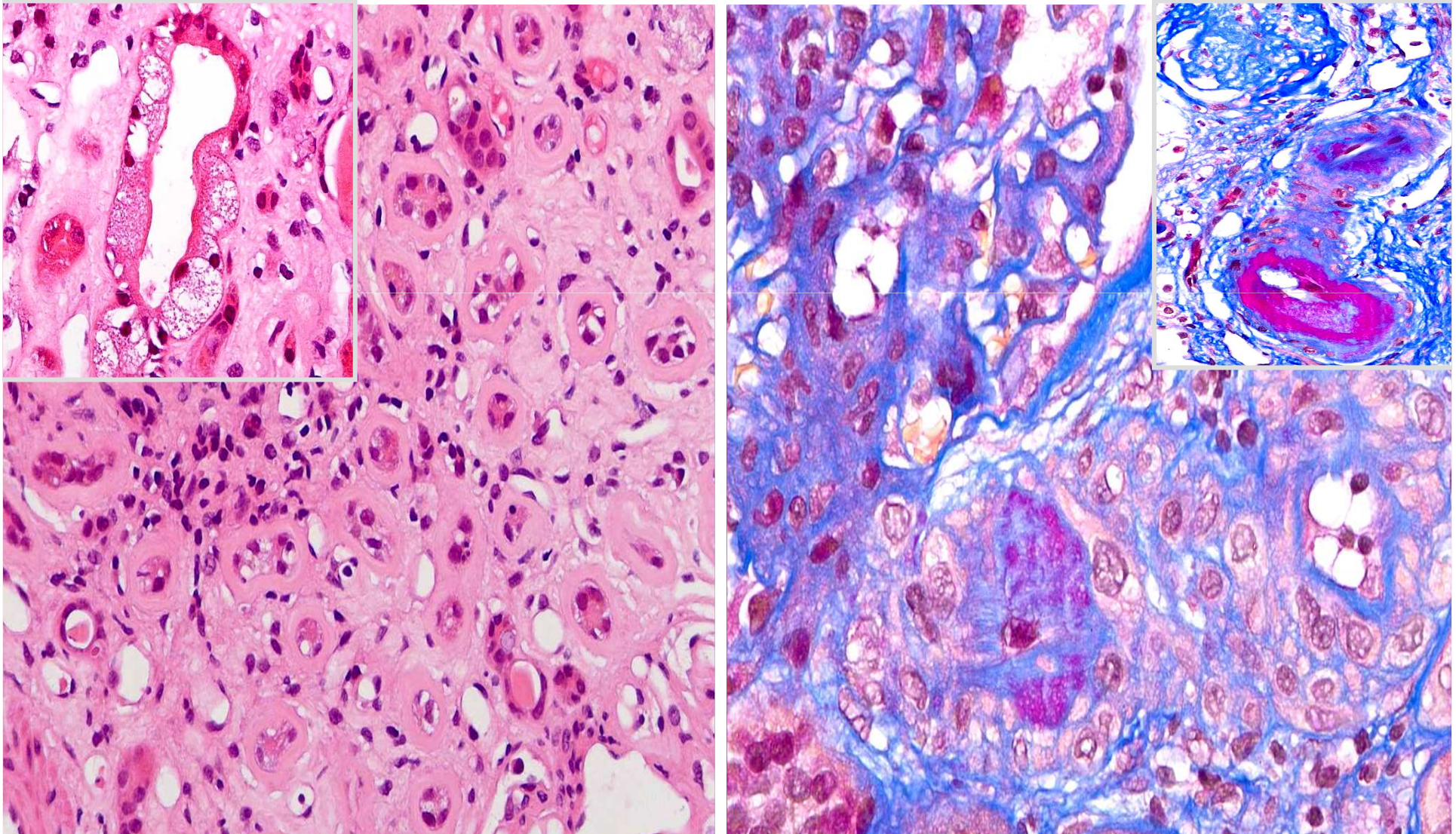


# Determinanten des individuellen Transplantationserfolges



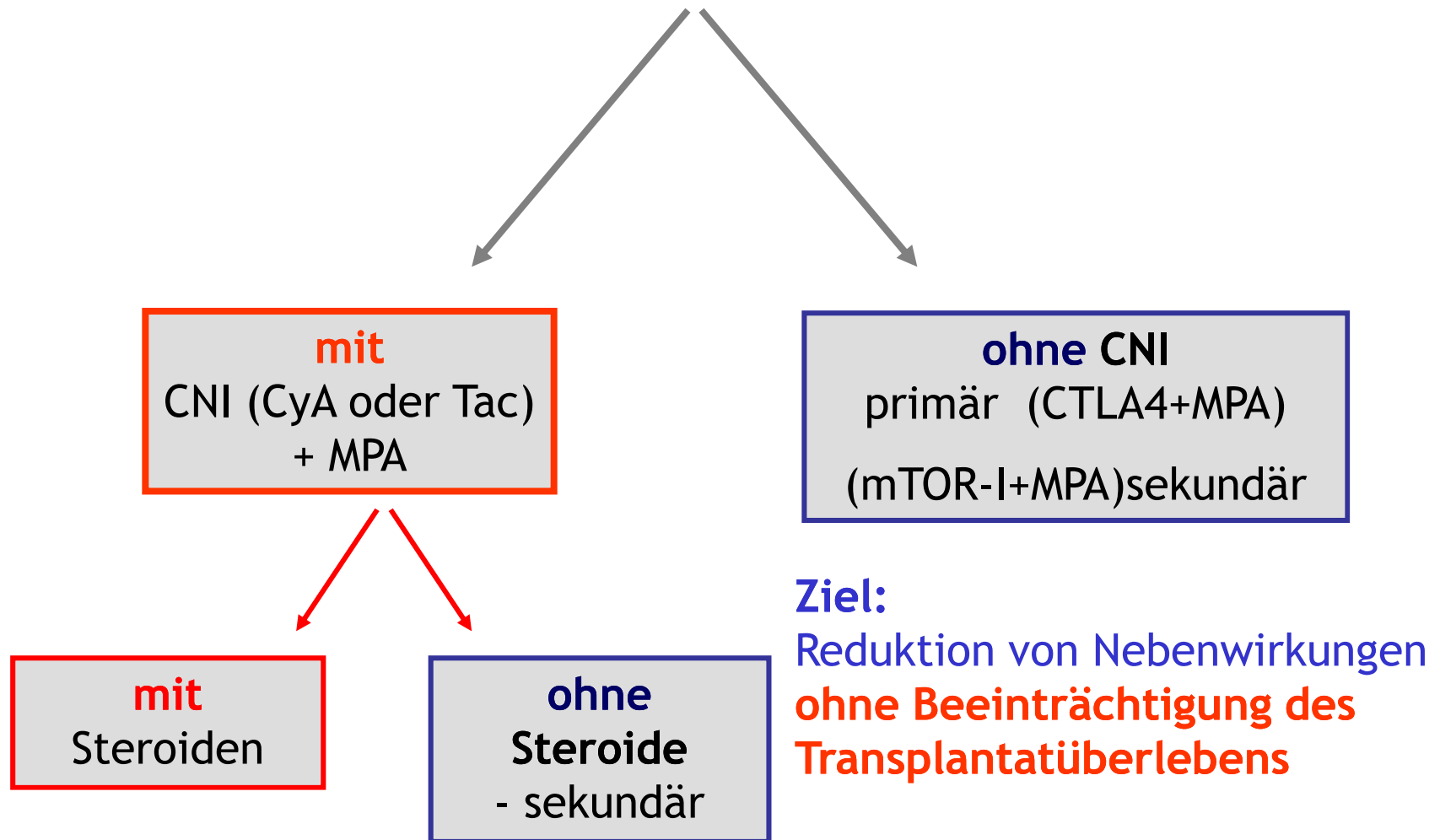
# Calcineurininhibitor vermittelte Toxizität

isometrische Tubulusvakuolisierung,  
arterioläre Hyalinose und streifige Fibrose

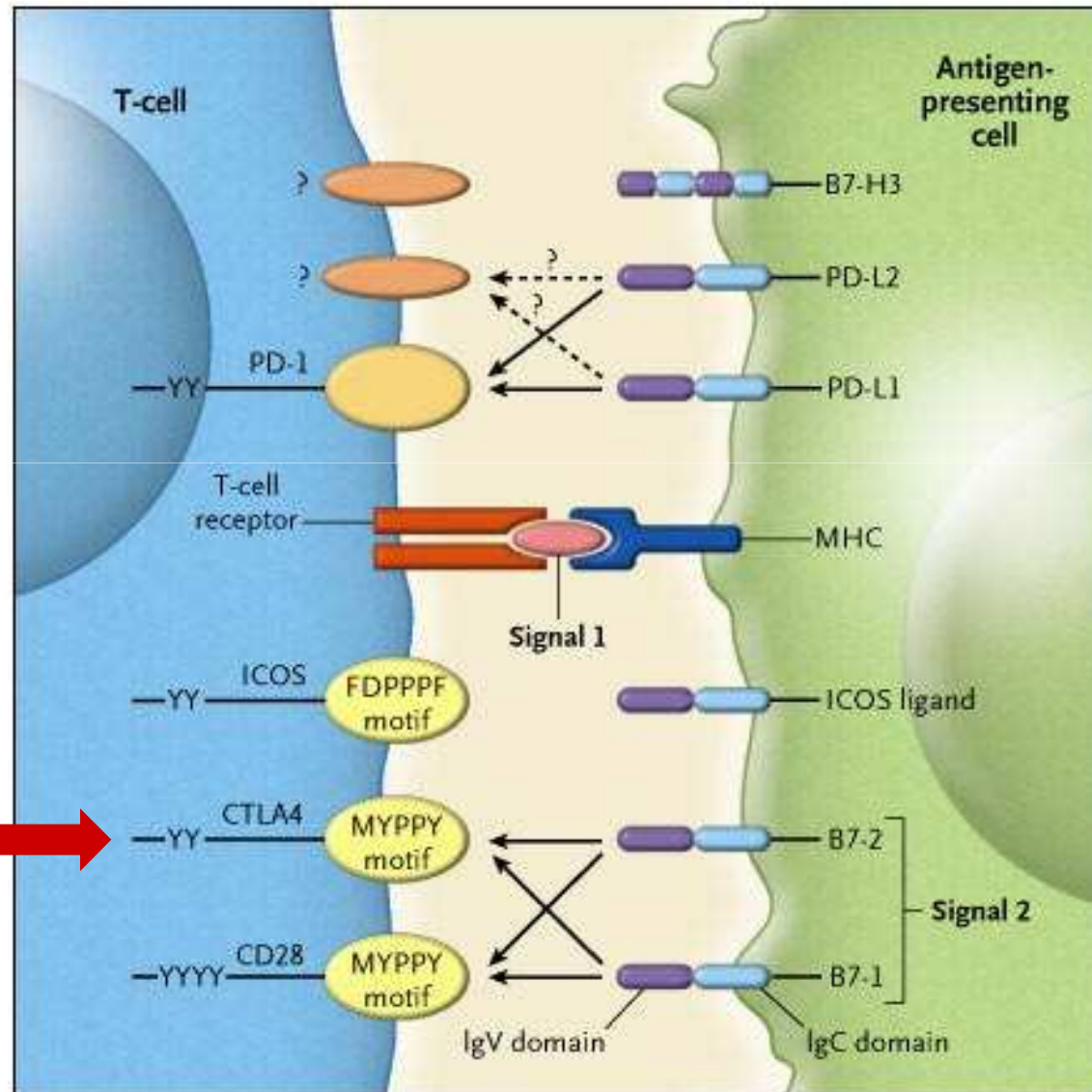


# Häufig verwendete Kombinationstherapien

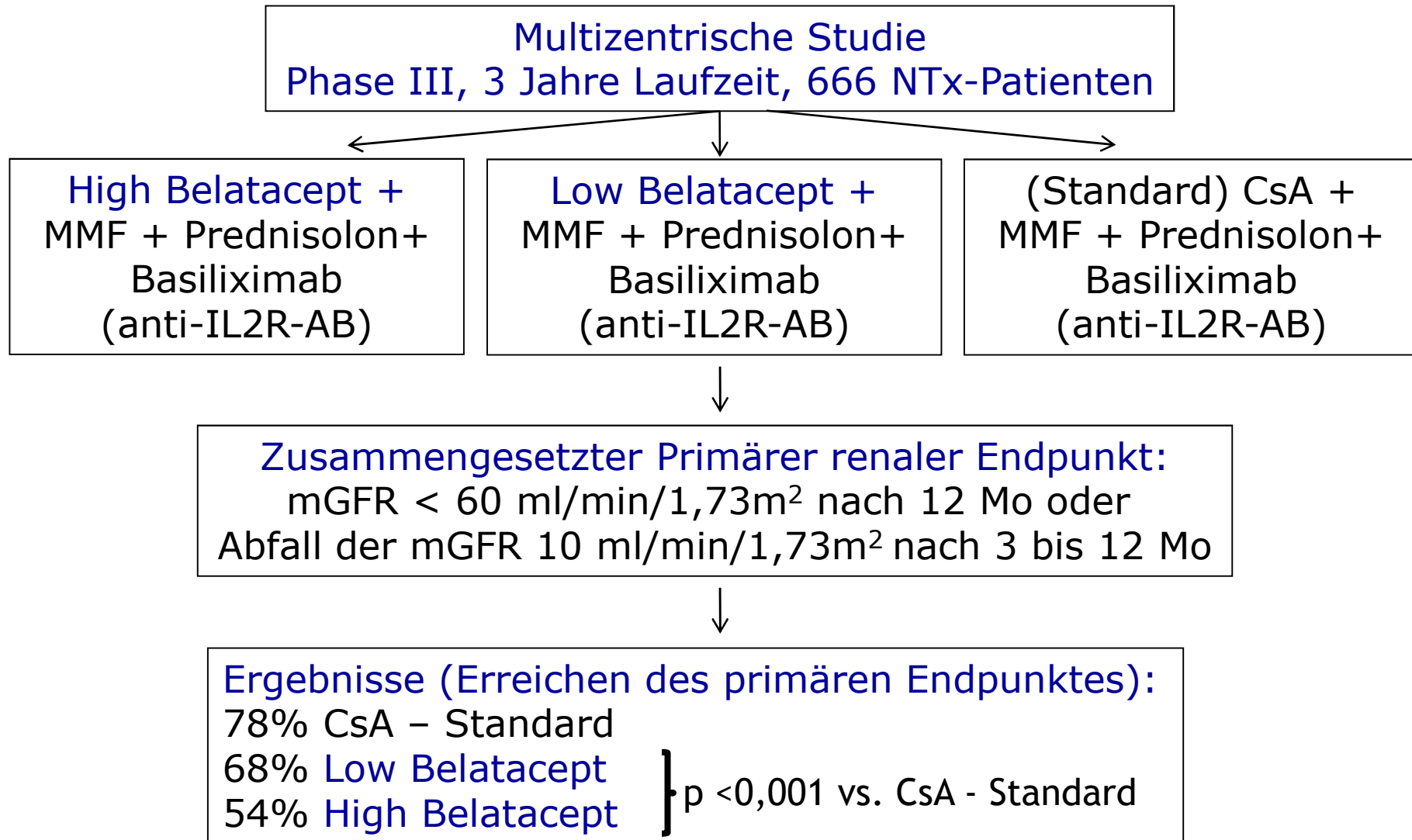
## Erhaltungskombinationen



# Costimulation-Blockade als Therapiekonzept

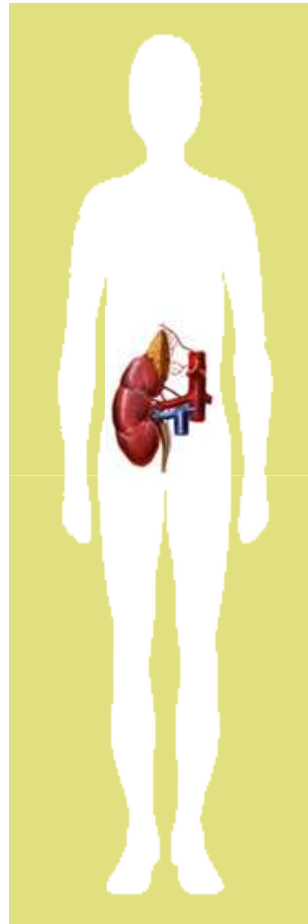


# SA-FC358 - BENEFIT-Studie (weltweit) - NTx-Funktion



# SA-FC351 - BENEFIT Studie - Bessere NTx-Funktion trotz höherer akuter Rejektionsrate bei Belatacept

58% Lebendspende  
42% Leichenspende



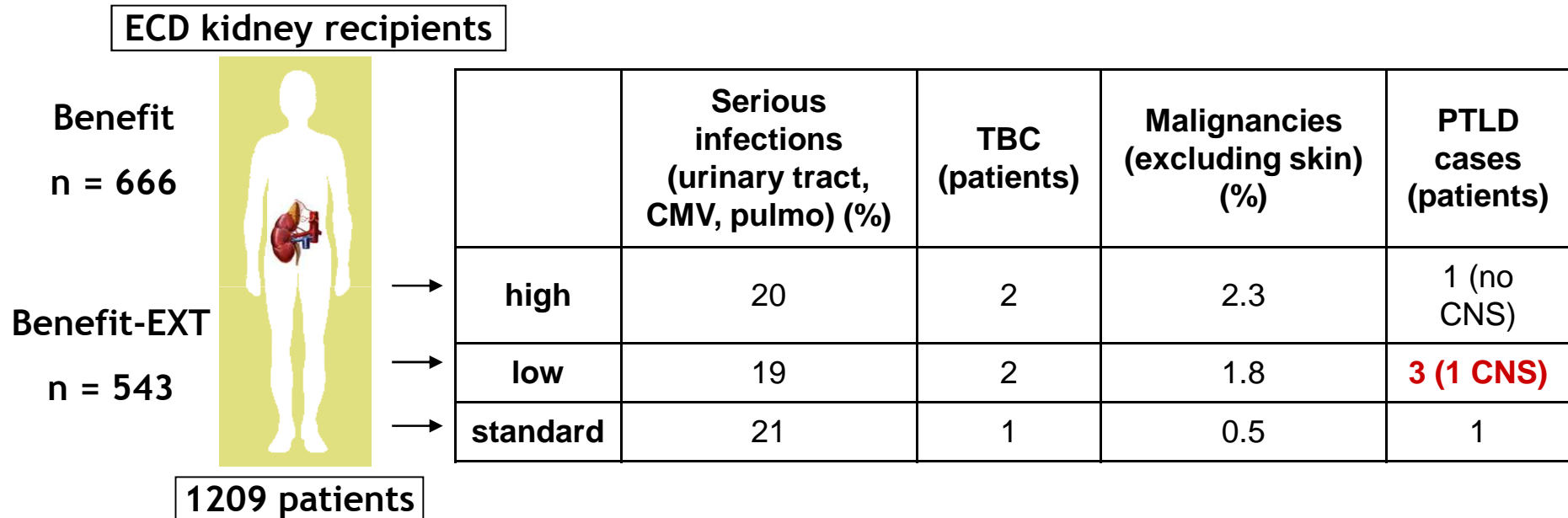
→ High Belatacept  
→ Low Belatacept  
→ CsA Standard

AR (bioptisch)	>1AR	IIb Banff
27%	27%	10%
17%	17%	5%
7%	0,9%	1%

Bessere NTx-Funktion trotz höherer akuter Rejektionsrate bei Belatacept

# One year safety profile of Belatacept in kidney transplant patients (Benefit & Benefit-EXT)

Grinyó J et al., World multicenter study



Risks: EBV (-), CMV disease, T-cell depletion Abs



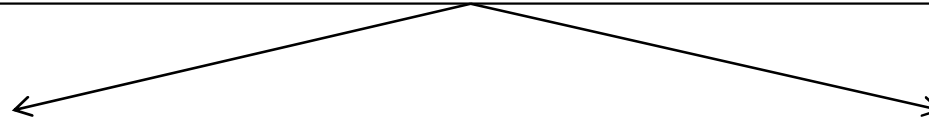
# F-PO2028 - BENEFIT & BENEFIT-EXT NTx-Empfänger mit Diabetes mellitus

Subgruppenanalyse von Patienten mit Diabetes in der Anamnese oder anti-diabetischer Medikation vor NTX (n= 336 /1209; 28%)



## Primäre Endpunkte:

- Patienten- und Transplantatüberleben
- Zusammengesetzter renaler Endpunkt:  
mGFR < 60 ml/min/1,73m<sup>2</sup> nach 12 Mo oder  
Abfall der mGFR 10 ml/min/1,73m<sup>2</sup> nach 3 bis 12 Mo



## Ergebnisse:

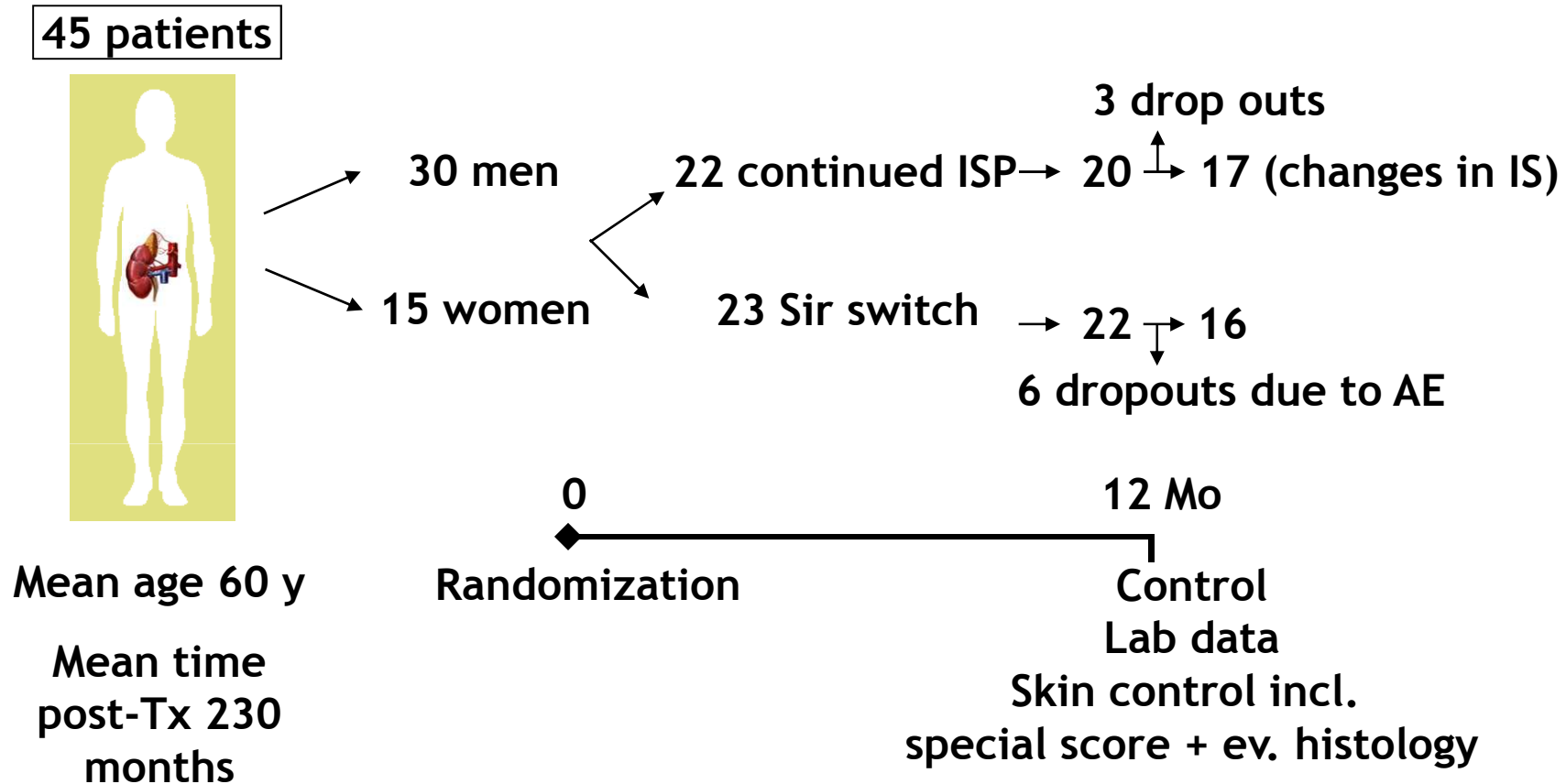
Patienten- /Transplantatüberleben:  
81% CsA – Standard | p <0,03 vs. CsA  
93% Low Belatacept  
90% High Belatacept

## Ergebnisse:

renaler Endpunkt (mGFR):  
46 ml/min/1,73m<sup>2</sup> CsA – Standard  
66 ml/min/1,73m<sup>2</sup> Low Belatacept  
61 ml/min/1,73m<sup>2</sup> High Belatacept

**Switch to Sirolimus based immunosuppression in renal transplant patients with non-melanoma skin cancer. A prospective, open, randomized study with blinded assessment of skin lesions**

**Gossmann J et al., German multicenter study**



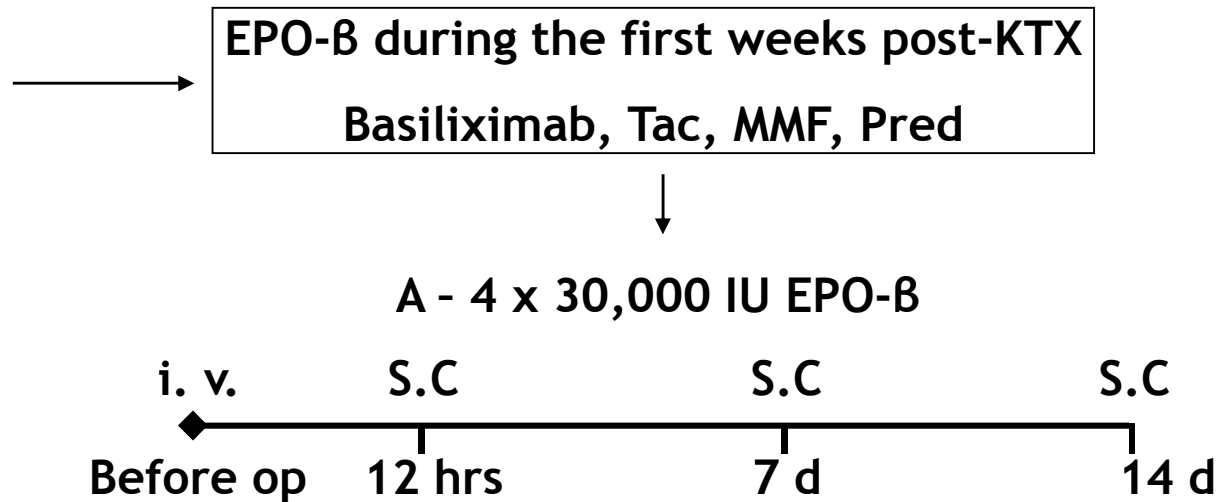
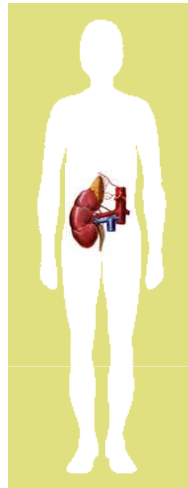
- Better clinical score for Sir after 12 months

- Less documented lesions

- Only one patient developed new lesions versus 8 who retained on original medication

**High dose Epoietin Beta does not improve early renal function after renal transplantation: preliminary results of the Neorecormon and prevention of delayed graft function (Neo-PDGF) study  
Martinez F et al., Multicenter French study**

101 patients



B - No EPO-B or similar substances

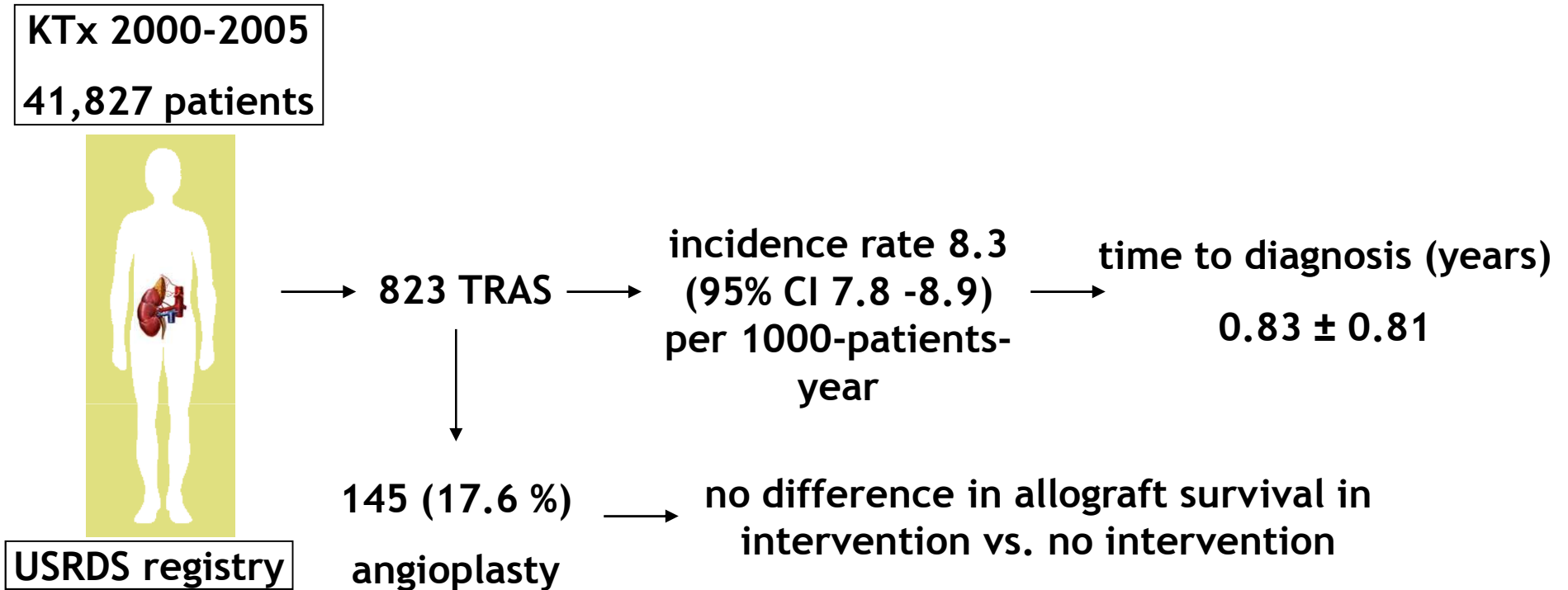
Primary endpoint eGFR at 30 days post-Tx

A -  $42.5 \pm 19.0$  mL/min n = 17 with DGF

B -  $44.0 \pm 16.3$  mL/min n = 21 with DGF

# Incidence, predictors and outcomes of transplant renal artery stenosis after kidney transplantation

Hurst FP et al., American multicenter study



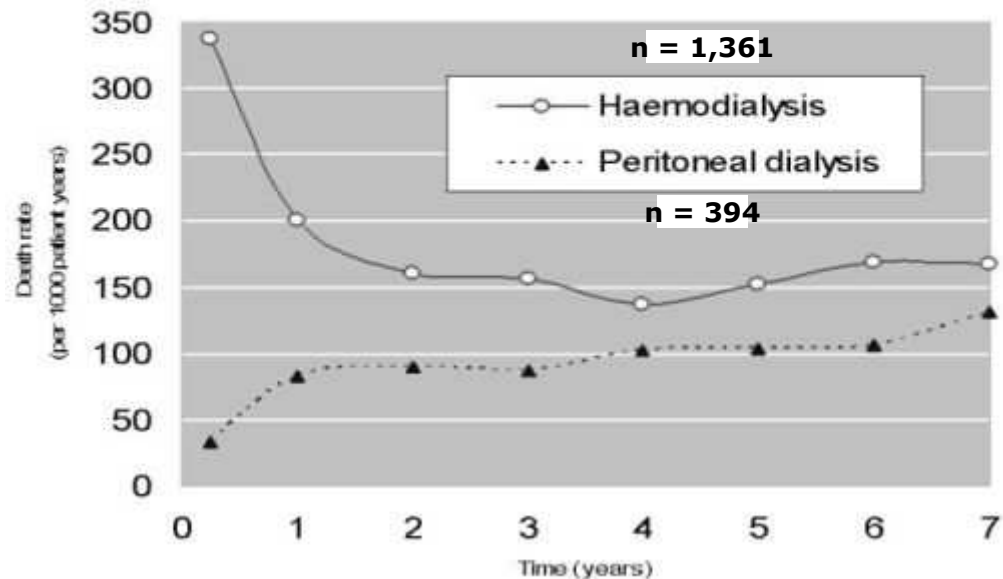
Risk factors: older donor or recipient age, induction immunosuppression, DGF, ischemic heart disease

# Does dialysis modality following renal transplant failure affect survival? An analysis of 1,745 patients from the UK Renal Registry

Webb L et al., English multicenter study

Death rate by dialysis modality in patients <75 years following renal transplant failure (2000-2006)

n = 1,745 returned to dialysis after failed transplant



PD appears to have better outcome

Probable patient selection bias with fitter patients (fewer co-morbidities).