

ASN 2008

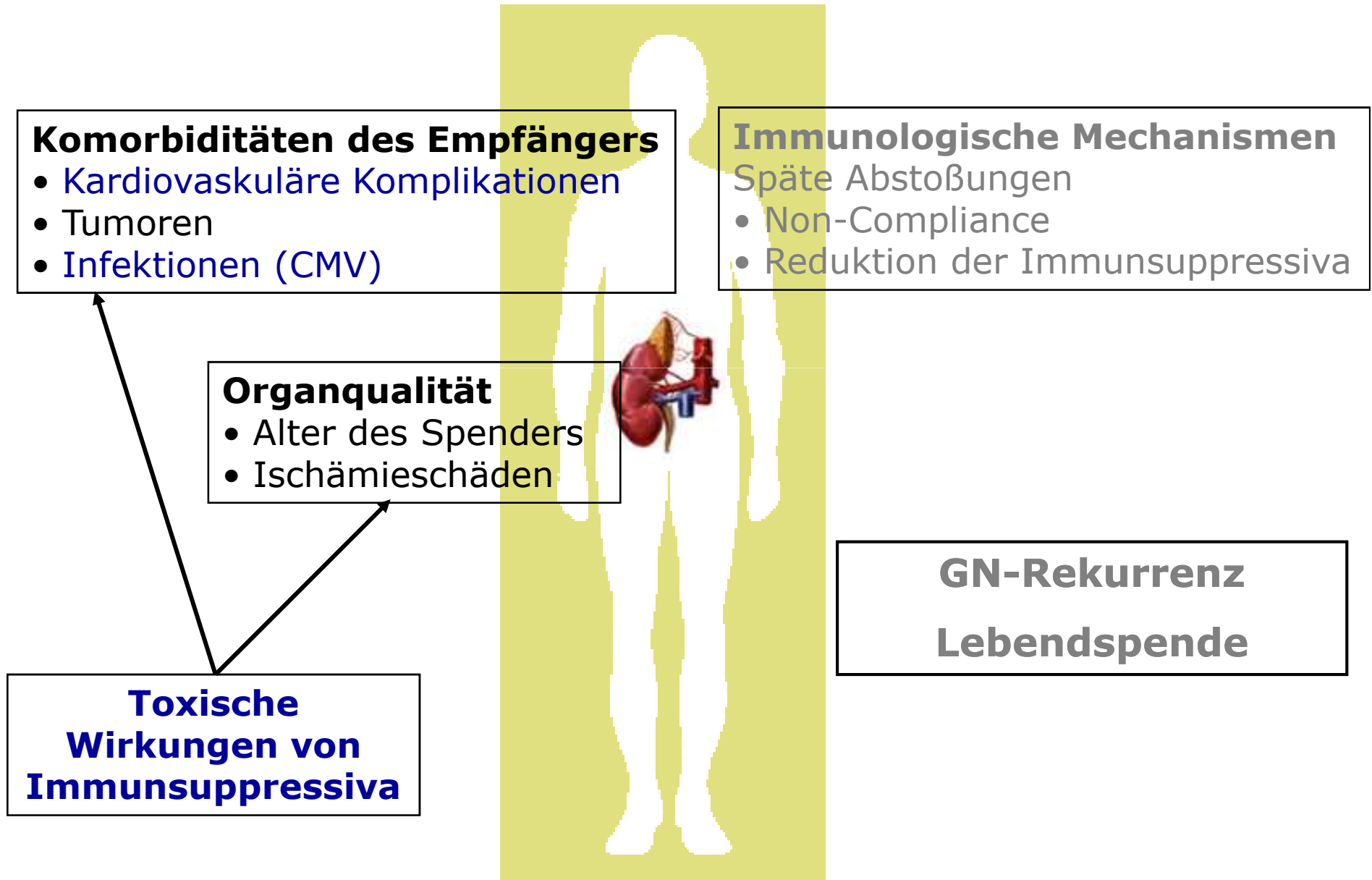
Highlights - Nierentransplantation

Duska Dragun

Nephrologie & internistische Intensivmedizin
Charité Campus Virchow Klinikum
duska.dragun@charite.de

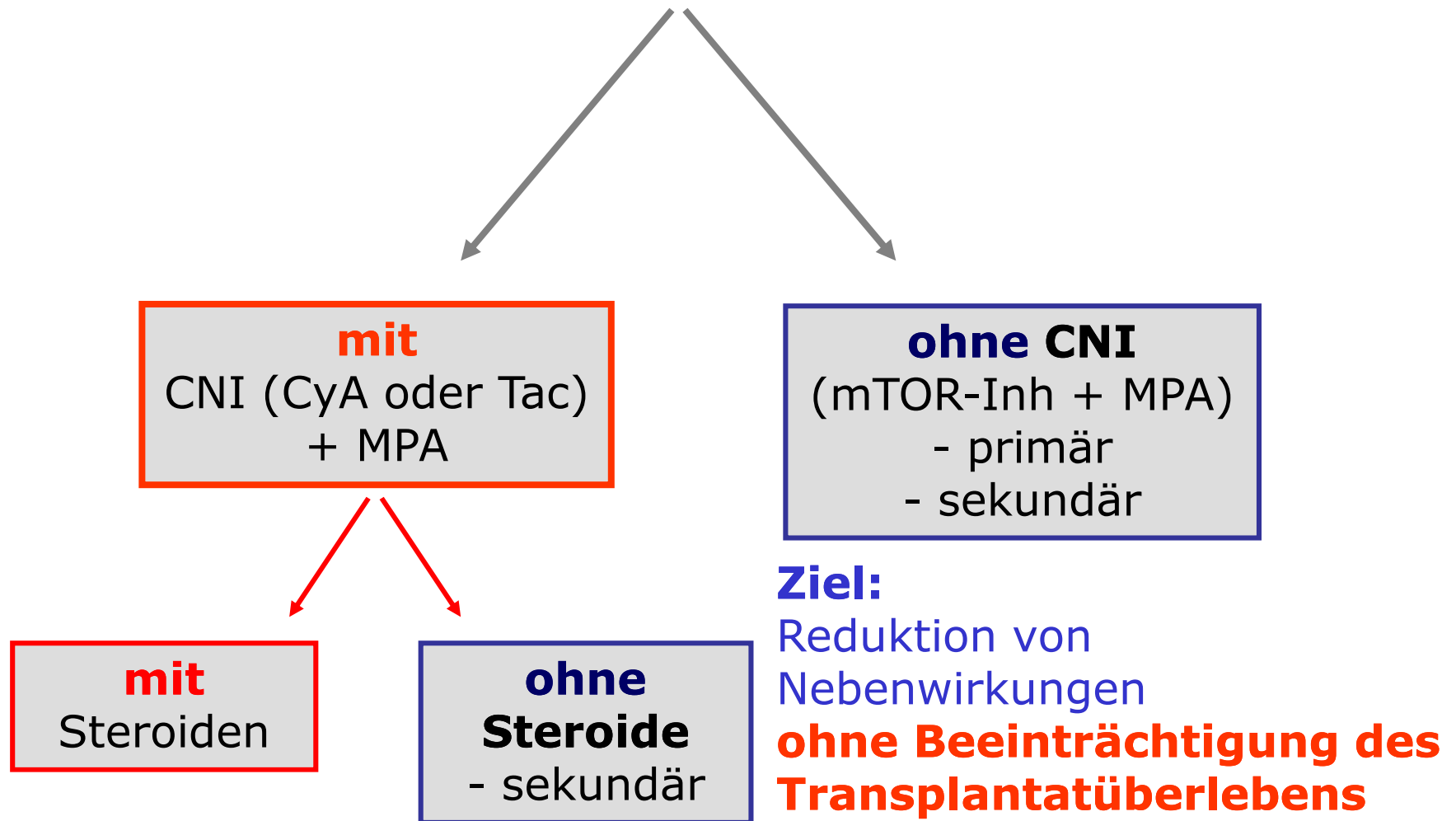


Determinanten des individuellen Transplantationserfolges im Langzeitverlauf



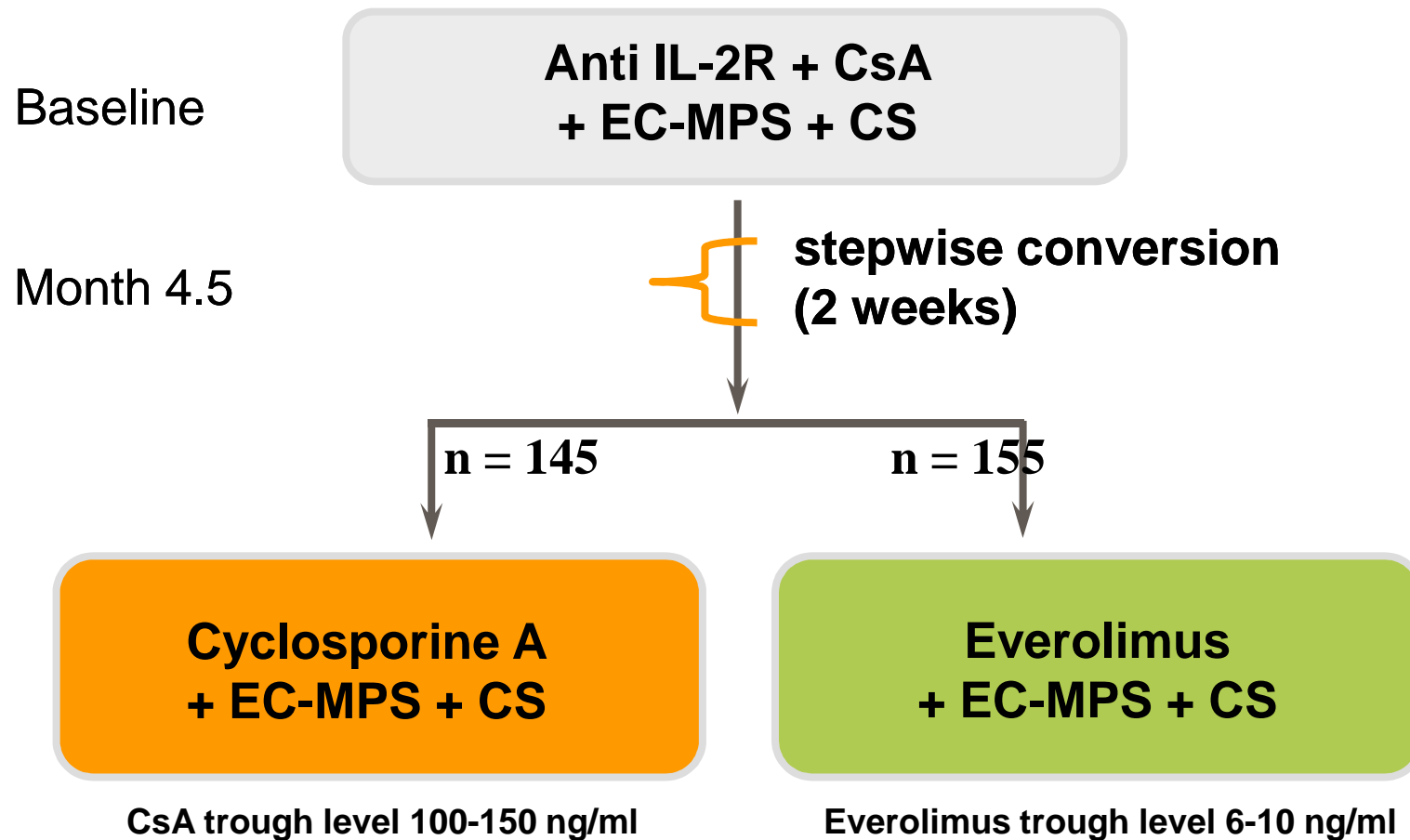
Häufig verwendete Kombinationstherapien

Erhaltungskombinationen



Everolimus/EC-MPS therapy after calcineurin inhibitor withdrawal in de novo transplant patients: Final outcomes of the ZEUS study

DESIGN



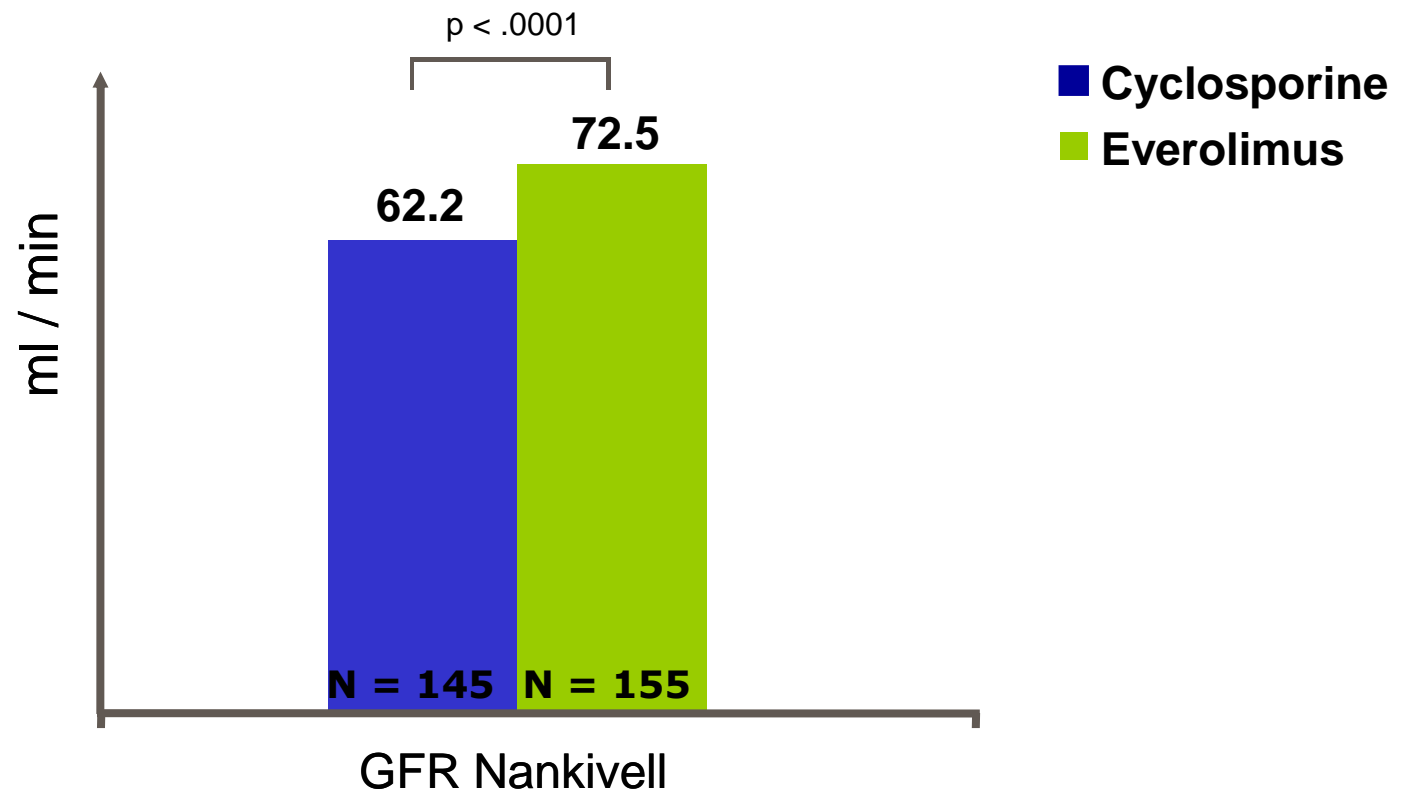
CS = Corticosteroids. Anti IL-2R = Basiliximab

TH-FC041 ZEUS Study

Everolimus/EC-MPS therapy after calcineurin inhibitor withdrawal in de novo transplant patients: Final outcomes of the ZEUS study

OUTCOME

Absolute values at month 12*

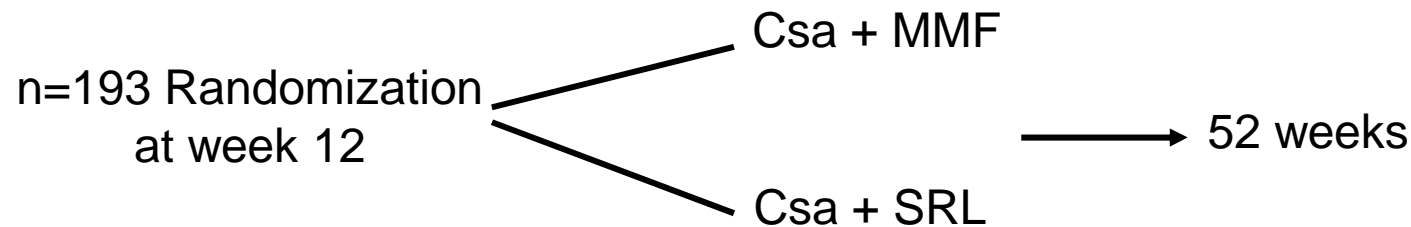


* no significant difference at baseline

TH-FC041 ZEUS Study

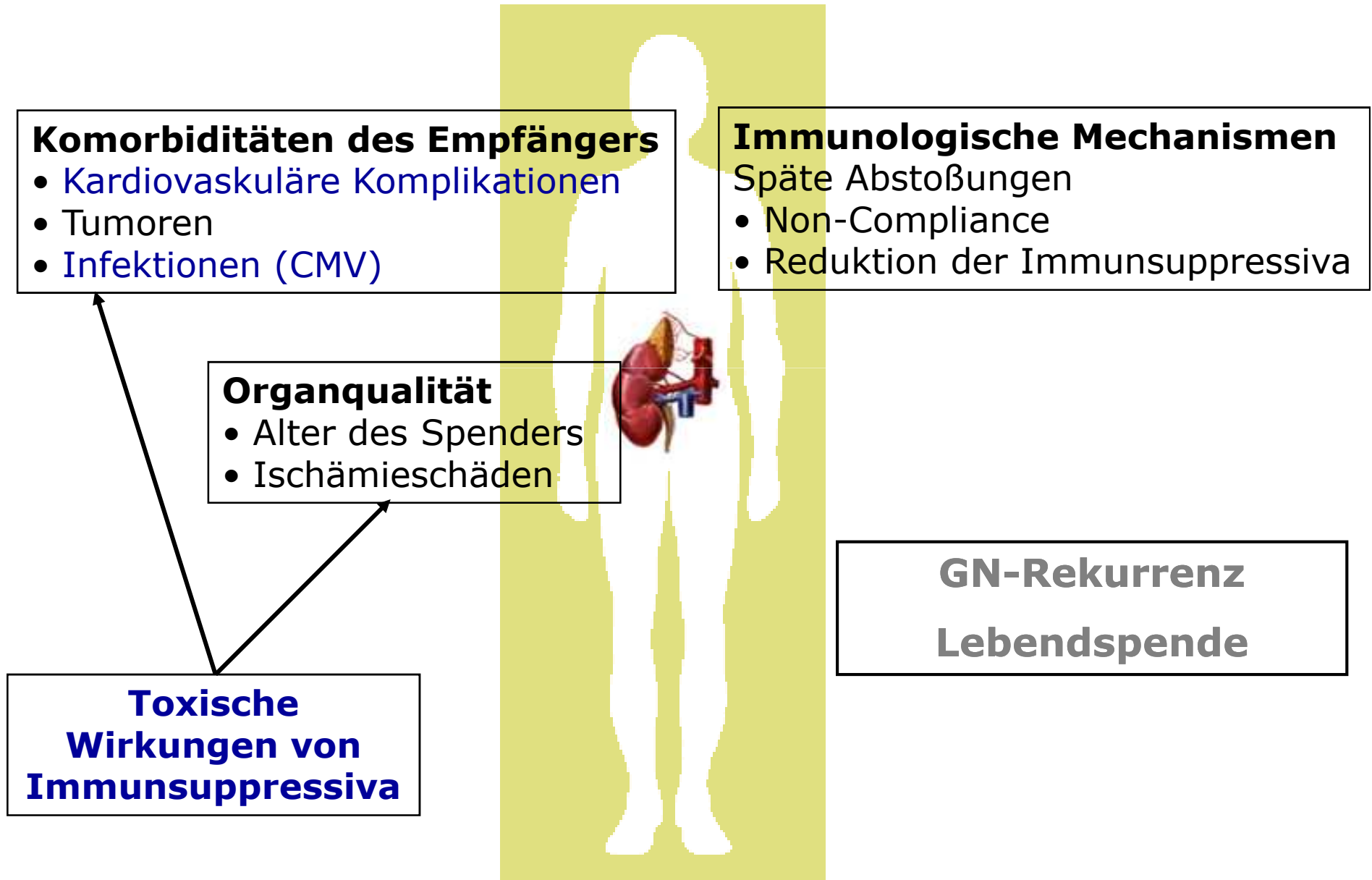
Comparison of interstitial fibrosis (IF) at 1 year in renal transplant recipients with Csa discontinuation and SRL introduction

- The CONCEPT trial -



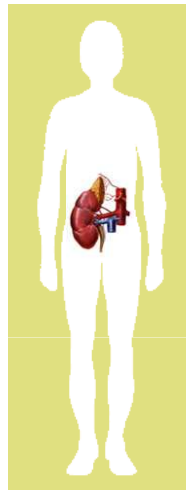
	N	Mean IF (%)	Grade I (% patients)	Grade II (% patients)	Grade III (% patients)	Serum creatinine clearance by MDRD (ml/min/1.73m ²)
SRL	60	26.3 ±14.7	48.3	45.0	6.7	61.6 ±15.7
CsA	61	28.5 ±16.2	44.3	45.9	9.8	54.6 ±16.2

Determinanten des individuellen Transplantationserfolges im Langzeitverlauf



Impact of CMV infection on acute rejection and long term allograft function

n=577



155 CMV infections at 1 year

PROTOCOL BIOPSY

No difference between CMV- and CMV+



+ diagnostic biopsies

Majority within 3 months

CMV-/AR-

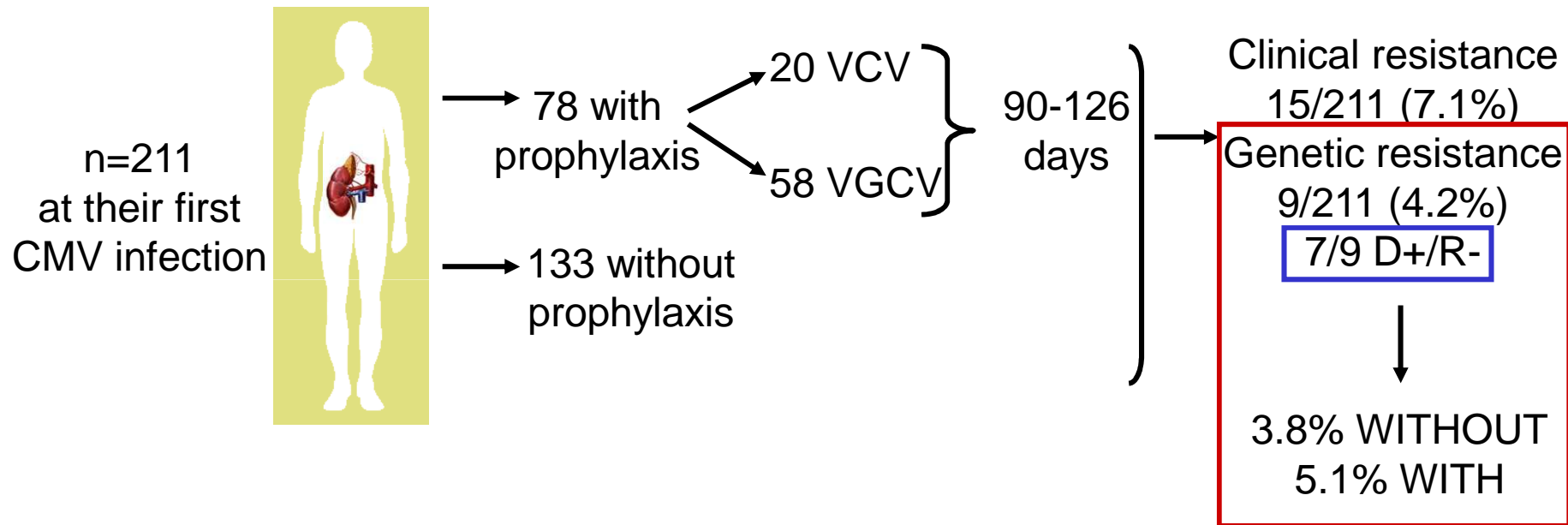
↑ GFR=56.0 ml/min

p=0.047

CMV+/AR+

↓ GFR=48.0 ml/min

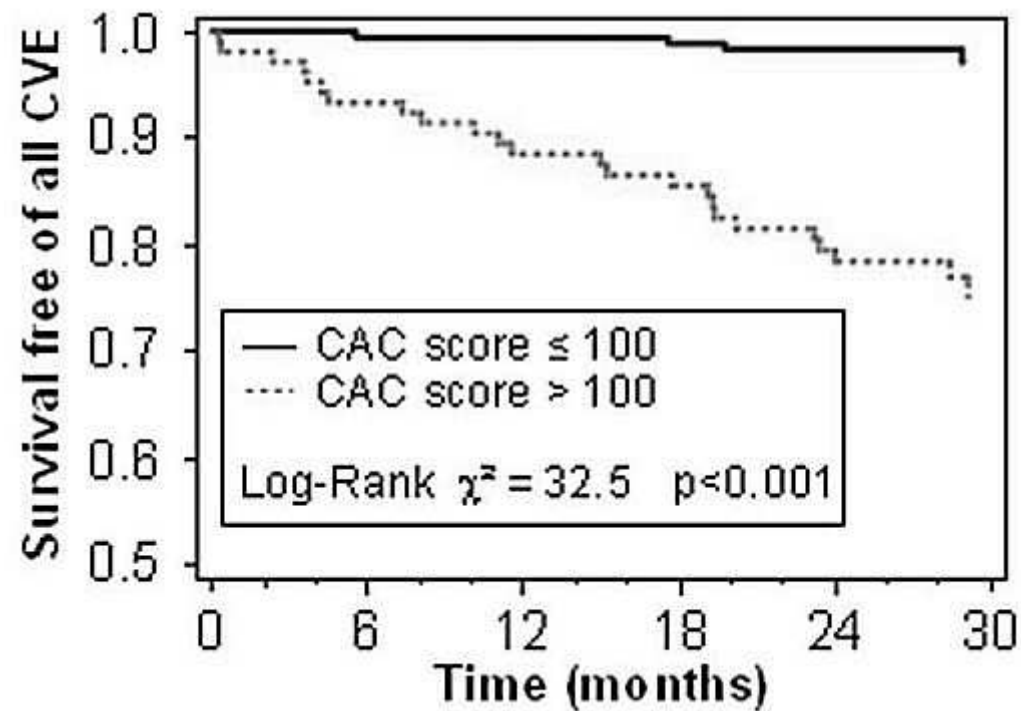
CMV resistance in the era of prophylaxis – French study



VCV or VGCV did not influence the resistance rate

Coronary calcifications predict cardiovascular events in renal transplant recipients

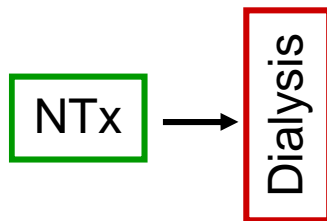
n=281 renal transplant recipients
16-slice HR-CT – check at baseline
2.4 + 0.2 years follow-up



Transplantnephrectomy is associated with improved survival among patients returning to dialysis with failed renal allograft

USRDS
1994 - 2004 → Overall mortality in the cohort 34.5%

10,951 patients ⇒ 35% Tx-Nephrektomie

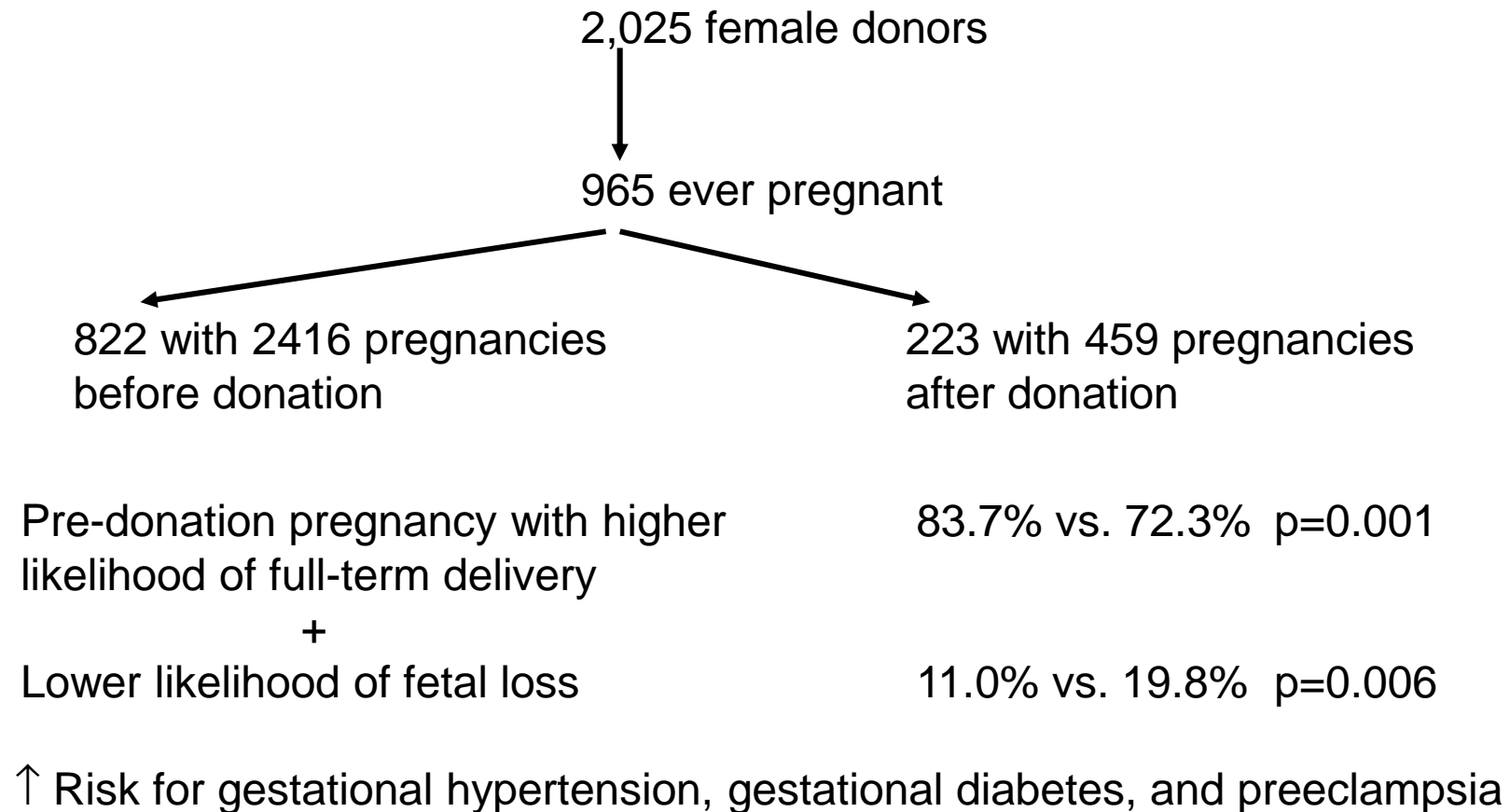


- younger
- more likely with infectious complications, anemia

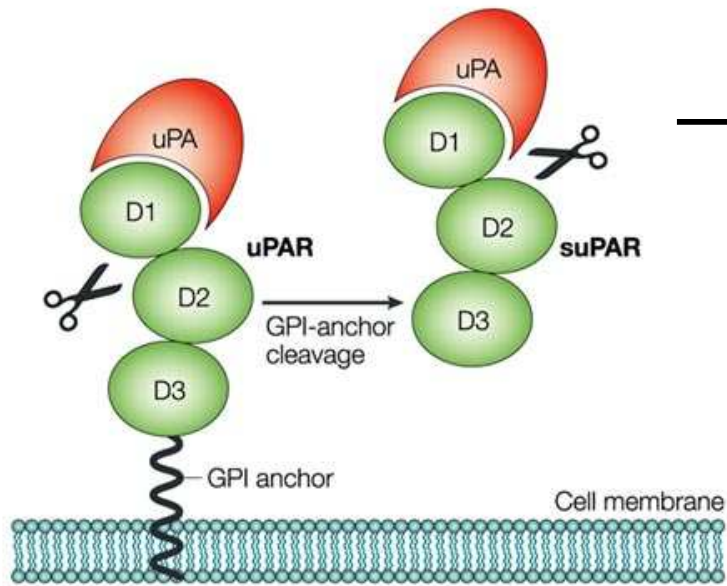
after covariate adjustment
RR for death 0.675 (95% CI: 0.626 – 0.728)
32.5% reduction in relative mortality risk

Pregnancy outcomes after kidney donation 1963 – 2005 donation University of Minnesota

- questionnaire on pregnancy outcomes addressing fetal and maternal complications
- comparison of maternal and fetal outcomes before and after donation



Soluble urokinase receptor (suPAR) is a circulating glomerular disease recurrence factor



Release in inflammatory environment
Antagonizes urokinase actions

Nature Reviews | Molecular Cell Biology

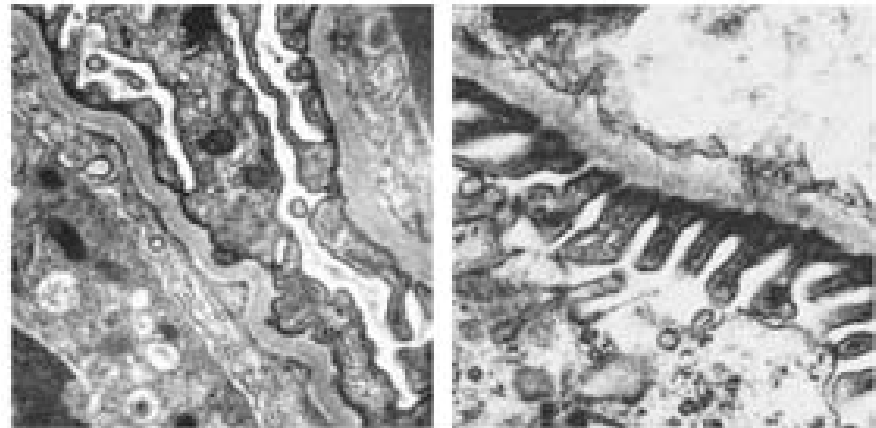


uPAR -/-

WT

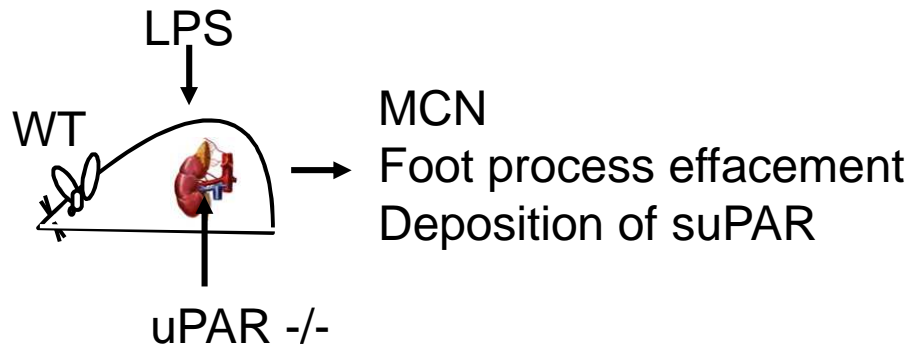
uPAR -/-

LPS

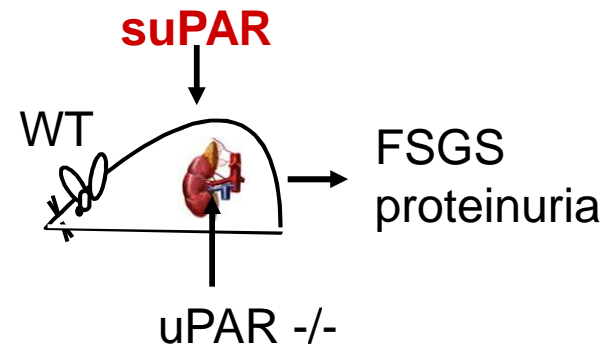


Soluble urokinase receptor (suPAR) is a circulating glomerular disease recurrence factor

1.



2.



3.

↑suPAR levels in patients with relapsing MCN and recurrent FSGS in transplants