



RenalMed Transplant Evidence Update: July 2014

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The Transplant Evidence Update keeps you informed about the latest evidence-based publications on organ transplantation. Each article in this Evidence Update is included in the [Transplant Library database](#), which provides access to all available evidence-based publications in organ transplantation.

Starting this month we will also include a selection of Expert Reviews that indicate that the study has the potential to impact current clinical practice.

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New Expert Reviews added to the database

We continue to add new **Expert Reviews** (written by recognized experts) to the Transplant Library database. To make them more easily accessible we have developed a special search filter.

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CET Conclusion

Reviewer: Mr Simon Knight, Centre for Evidence in Transplantation, The Royal College of Surgeons of England.

This paper reports long-term follow-up from a 3-arm trial comparing cyclosporine withdrawal, steroid withdrawal and continuation of triple therapy 6 months following renal transplantation. At 15 years, no difference in graft or patient survival was seen between groups, although there is numerically inferior survival in the CNl withdrawal group (67% vs 81%), which the study may not be powered to show. Of interest, there was a strong trend toward a reduction in cardiovascular disease in the steroid withdrawal group, in keeping with previous meta-analyses, which demonstrate a reduction in cardiovascular risk factors. This paper shows the power of completing long-term follow-up by linking to registry data, allowing extended follow-up without the additional costs of continuing a trial. It is quite remarkable that only two patients were lost to follow-up – both more than 10 years into the study. The limitations of registry data do apply though; for example no data regarding graft function are available in the present study. [read less](#)

Expert Review

Reviewer: Dr Robert Gaston, University of Alabama at Birmingham, Birmingham, Alabama, USA.

Clinical Impact Rating 🗳️: ★★★★★ (2 of 5)

This study is a report of outcomes 15 years post transplantation of kidney recipients in a randomized, open-label trial performed at 3 Dutch centers. Patients were enrolled between 1997 and 1999, treated with cyclosporine (CsA), mycophenolate, and prednisone for 6 months. 212 recipients with a fairly uneventful course posttransplant were randomized at 6 months to remain on triple therapy (N=73), taper and stop cyclosporine (N=63), or taper and stop prednisone (N=76). After 2 years (Smak Gregoor et al, 2002*), there were substantially more patients with acute rejection (AR) among those stopping CsA, and slightly more AR in those stopping prednisone. This intention-to-treat (ITT) analysis more than a decade later, utilizing registry data for followup, indicates the group with AR off CsA, even after restarting the agent, subsequently demonstrated a tendency towards more graft failure. It is interesting to see long-term data like these, and the results mesh nicely with other current findings regarding the importance of calcineurin-inhibitor based therapy in controlling both short- and long-term immune responses to the allograft. However, the N is very small, and, over 15 years, many other clinical events (and medication changes) supervened which limit the generalizability of the ITT analysis regarding specific choices of immunosuppression. Understanding of AR was very limited during the time the study was active, without modern concepts regarding DSA and AMR; there is no statistical analysis of renal function. Perhaps the greatest clinical inference of this work is that it confirms the influence of late (beyond 6 months) rejection episodes (regardless of phenotype) on graft outcomes regardless of which regimen subjects were assigned, emphasizing the importance of adequate immunosuppression for the life of the allograft in most recipients. * Smak Gregoor PJ, de Sévaux RG, Ligtenberg G, et al. Withdrawal of cyclosporine or prednisone six months after kidney transplantation in patients on triple drug therapy: a randomized, prospective, multicenter study. *J Am Soc Nephrol.* 2002; 13(5):1365-73. [read less](#)

Methodological quality

Jadad score 🗳️: 3

Allocation concealment 🗳️: YES

Kidney Transplantation - most recent evidence

Antibiotic prophylaxis for preventing post solid organ transplant tuberculosis

Adamu, B. ; Abdu, A. ; Abba, A.A. ; Borodo, M.M. ; Tleyjeh, I.M.

Cochrane Database of Systematic Reviews. 2014;3:CD008597

Treatment of hepatitis C after kidney transplant: A pooled analysis of observational studies

Fabrizi, F. ; Penatti, A. ; Messa, P. ; Martin, P.

Journal of Medical Virology. 2014;86(6):933-40

The Effect of Remote Ischemic Postconditioning on Graft Function in Patients Undergoing Living Donor Kidney Transplantation

Kim, W. H. ; Lee, J. H. ; Kim, G. S. ; Sim, H. Y. ; Kim, S. J.

Transplantation. 2014;[record in progress]

Benefits of Rituximab Combined With Intravenous Immunoglobulin for Desensitization in Kidney Transplant Recipients

Vo, A. A. ; Choi, J. ; Cisneros, K. ; Reinsmoen, N. ; Haas, M. ; Ge, S. ; Toyoda, M. ; Kahwaji, J. ;

Peng, A. ; Villicana, R. ; Jordan, S. C.

Transplantation. 2014;[record in progress]

Liver Transplantation - most recent evidence

Methods of preventing bacterial sepsis and wound complications after liver

transplantation.[Update]

Gurusamy, K.S. ; Nagendran, M. ; Davidson, B.R.
Cochrane Database of Systematic Reviews. 2014;3:CD006660

Prospective Randomized Pilot Study of Y90 +/- Sorafenib as Bridge to Transplantation in Hepatocellular Carcinoma

Kulik, L. ; Vouche, M. ; Koppe, S. ; Lewandowski, R. J. ; Mulcahy, M. F. ; Ganger, D. ; Habib, A. ; Karp, J. ; Al-Saden, P. ; Lacouture, M. ; Cotliar, J. ; Abecassis, M. ; Baker, T. ; Salem, R.
Journal of Hepatology. 2014;[record in progress]

Gastrointestinal Side Effects in Liver Transplant Recipients Taking Enteric-Coated Mycophenolate Sodium vs. Mycophenolate Mofetil

Lopez-Solis, R. ; Devera, M. ; Steel, J. ; Fedorek, S. ; Sturdevant, M. ; Hughes, C. ; Humar, A.
Clinical Transplantation. 2014;[record in progress]

Heart Transplantation - most recent evidence

Thyroid hormone signalling is altered in response to physical training in patients with end-stage heart failure and mechanical assist devices: potential physiological consequences?

Adamopoulos, S. ; Gouziouta, A. ; Mantzouratou, P. ; Laoutaris, I. D. ; Dritsas, A. ; Cokkinos, D. V. ; Mourouzis, I. ; Sfyraakis, P. ; Iervasi, G. ; Pantos, C.
Interactive Cardiovascular & Thoracic Surgery. 2013;17(4):664-8

Lung Transplantation - most recent evidence

A randomized trial of the effects of nebulized albuterol on pulmonary edema in brain-dead organ donors

Ware, L. B. ; Landeck, M. ; Koyama, T. ; Zhao, Z. ; Singer, J. ; Kern, R. ; Neidlinger, N. ; Nguyen, J.

; Johnson, E. ; Janz, D. R. ; Bernard, G. R. ; Lee, J. W. ; Matthay, M. A.
American Journal of Transplantation. 2014;14(3):621-8

Other - most recent evidence

Effects of an education program on intensive care unit nurses' attitudes and behavioural intentions to advocate deceased donor organ donation

Lin, L. M. ; Lin, C. C. ; Chen, C. L. ; Lin, C. C.
Transplantation Proceedings. 2014;46(4):1036-40

Expert Reviews for selected studies with potential impact on Clinical Practice

De Novo Sirolimus and Reduced-Dose Tacrolimus Versus Standard-Dose Tacrolimus After Liver Transplantation: The 2000-2003 Phase II Prospective Randomized Trial

Expert Review by: *Professor Christopher Watson, University of Cambridge, Department of Surgery, United Kingdom*

Clinical Impact Rating ○: ★★☆☆☆ (5 of 5)

Long-Term Follow-Up of a Phase III Clinical Trial Comparing Tacrolimus Extended-Release/MMF, Tacrolimus/MMF, and Cyclosporine/MMF in De Novo Kidney Transplant Recipients

Expert Review by: *Professor Edward Geissler, University Hospital Regensburg. University of Regensburg*

Clinical Impact Rating ○: ★★☆☆☆ (4 of 5)

Prospective Randomized Controlled Trial of Rabbit Antithymocyte Globulin Compared With IL-2 Receptor Antagonist Induction Therapy in Kidney

Transplantation

Expert Review by: *Professor Steven Paraskevas, Department of Surgery, McGill University Health Center, Montreal, Quebec, Canada.*

Clinical Impact Rating ○: ★★☆☆☆ (2 of 5)

Most Popular Article in June 2014

Renal Transplantation Using Belatacept Without Maintenance Steroids or Calcineurin Inhibitors

We want to congratulate **Dr. Allan D. Kirk** (and his co-authors) from the Emory Transplant Center, Emory University, Atlanta, GA.

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