

Valutazione a lungo termine della conversione da monoterapia con ciclosporina a duplice o triplice terapia nel trapianto renale

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PAROLE CHIAVE: Trapianto di rene, Monoterapia con CsA, Conversione terapeutica, Analisi multivariata, Terapia a lungo termine

Long-term evaluation of therapeutic conversion from cyclosporine monotherapy to double or triple therapy in renal transplantation

ABSTRACT: We retrospectively evaluated 143 first renal transplant recipients (120 from cadavers and 23 from living donors) receiving CsA monotherapy. The effects of both basal and time-dependent variables on 11-year graft survival were evaluated by Cox's analysis. Shifted patients were compared to the whole transplant population by means of "landmark method" and Simon and Makuch's graphical representation. Graft half-life was calculated according to Cho and Terasaki.

The mean follow-up was 85.8 months. Thirty-four percent of the patients remained on the original CsA monotherapy, while in the remaining 64% steroids had to be added. Cumulative patient and graft survival at 11 years were 0.89 and 0.62. Cumulative graft half-life was 19.98 years. By multivariate analysis, basal variables which correlated with a worse 11-year graft survival were: >45 months spent on dialysis (RR 3.17; $p=0.001$), no blood transfusion prior to transplantation (RR 2.58; $p=0.008$), CsA administration in a double daily dose (RR 2.13; $p=0.018$) and a transplant from a cadaver donor (RR 4.72; $p=0.032$). In addition, Cox's analysis of time-dependent variables showed that delayed graft function recovery (RR 2.43; $p=0.007$) and the need of adding steroids and/or azathioprine (RR 3.68; $p<0.001$) also correlated with a worse graft survival. Patients who received steroids had more infections ($p<0.001$), cataracts ($p<0.001$), cardiovascular complications ($p=0.004$) and developed more frequently arterial hypertension ($p=0.024$) than patients remaining on CsA monotherapy.

Therapeutic conversion from CsA monotherapy entails an increased risk of long-term graft failure as compared to the whole population. Nevertheless CsA monotherapy allows good 11-year graft survival rates and results in a prolonged half-life, calculated on the intention-to-treat basis. Single daily CsA dosing turned out to be an independent predictor covariate of a better graft survival. (Giorn It Nefrol 1999; 16: 186-92)

KEY WORDS: Kidney transplantation, CsA monotherapy, Therapeutic conversion, Multivariate analysis, Long-term evaluation