

A Nation wide survey analysis on current state of immunosuppression in renal transplant patients

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Introduction and Method


Despite the achievements in minimizing acute rejection, a significant proportion of transplant recipients grapple with chronic allograft injury and drug therapy-related adverse events, underscoring the imperative need for more refined and targeted immunosuppressive strategies.



However, the pursuit of an ideal immunosuppressive regimen persists, one that not only limits toxicity but also extends the functional life of the graft.



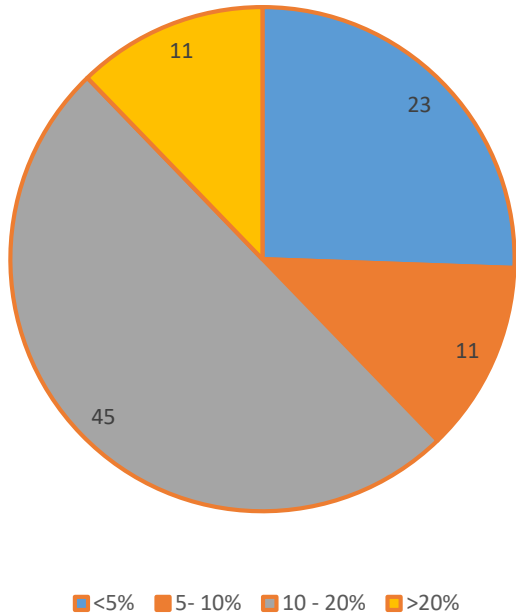
Hence, this survey aims to delve into the current clinical opinions surrounding immunosuppressive strategies, offering a comprehensive overview of both established regimens and therapeutic moieties in development.



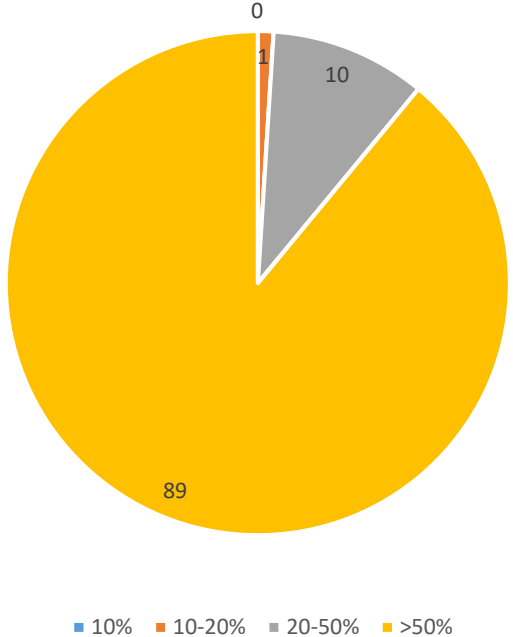
This survey employs a questionnaire-based cross-sectional study design to comprehensively assess the current state of renal transplant immunosuppression and reputed Transplant Institutes had been selected based upon their clinical expertise, reputation and involvement in managing renal transplant patients.

Results

In your clinical practice, what is the percentage of patients having chronic kidney disease (CKD) III progressed for Kidney Transplantation?

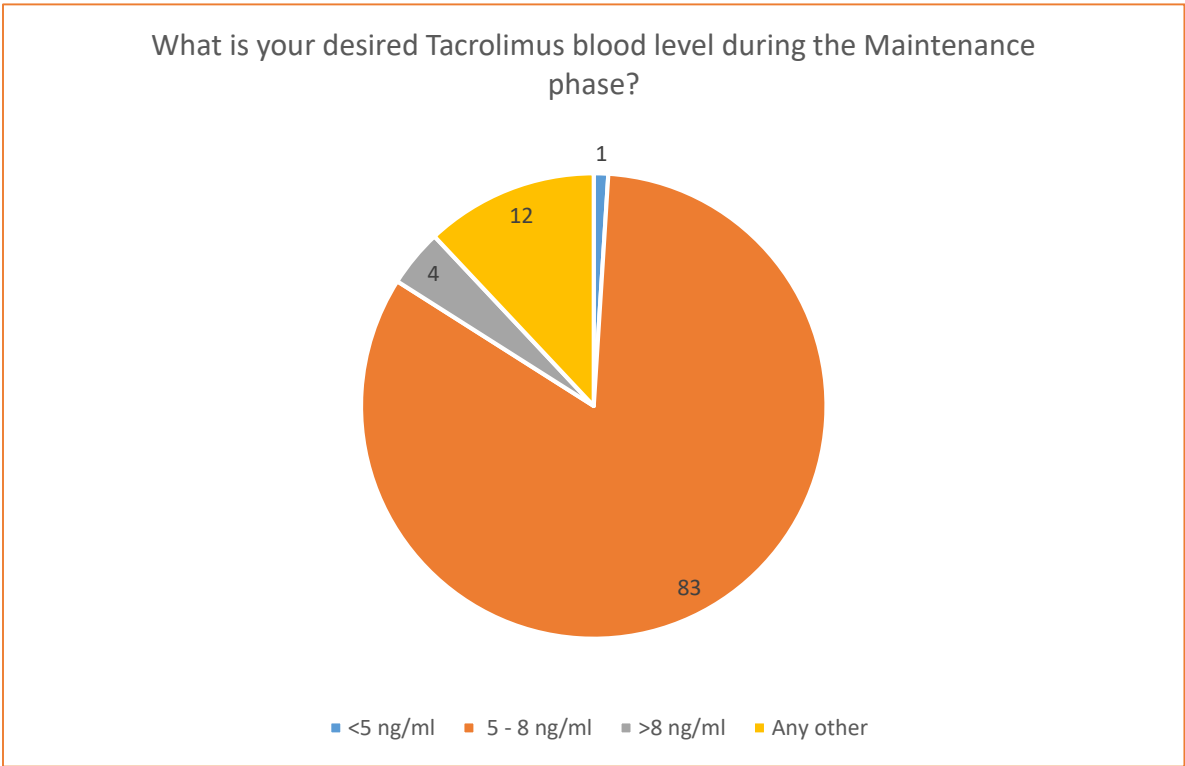
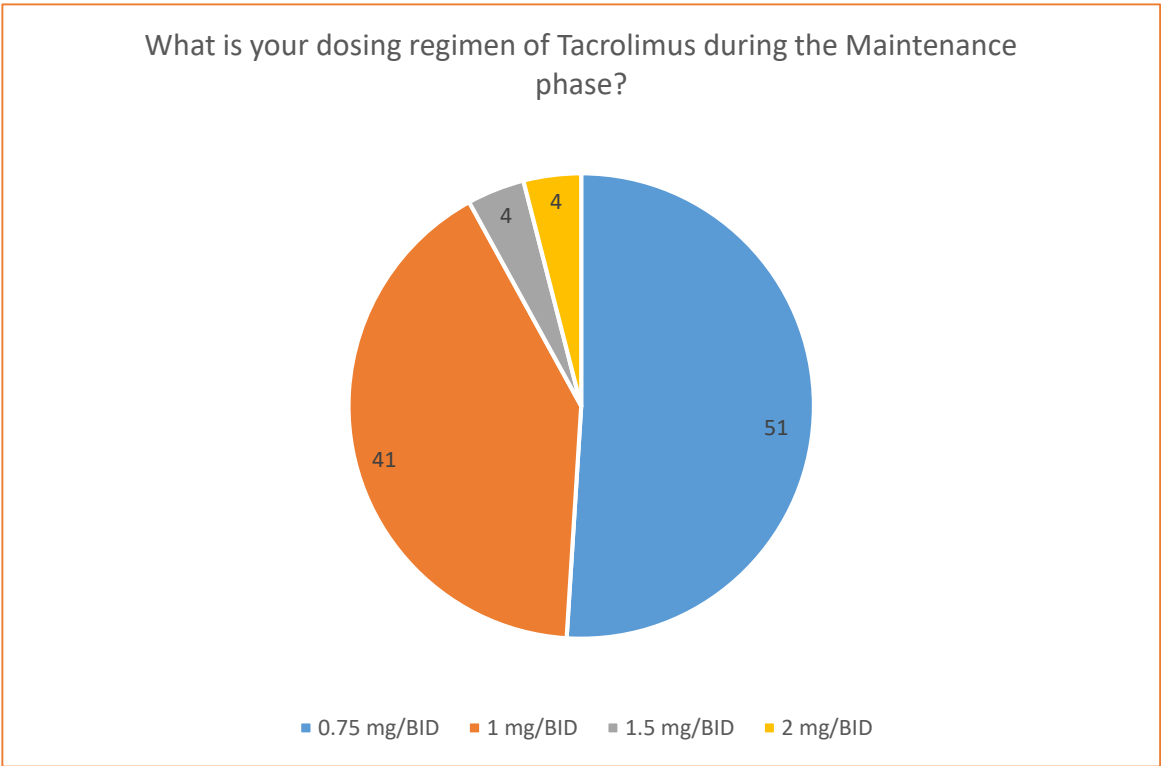


In your clinical practice, in what percentage of patients do you use induction agents?



- As per the clinical opinion of 77% of the respondents, 5 -20% or even more patients having chronic kidney disease (CKD) III may progress to Kidney Transplantation.
- As per the clinical practice of 89% of the respondents, they use induction agents in >50% of the patients.


Results




- As per the clinical opinion of 51% of the respondents, the dosing regimen of Tacrolimus during the Maintenance phase should be 0.75 mg/BID.
- The desired Tacrolimus blood level during the maintenance phase should be 5 -8 ng/ml as opined by 83% of the respondents.

Survey Impact and Future outcomes

This survey indicates a significant variability in the reported progression rates of CKD III patients to kidney transplantation, ranging from 5-10% to over 20%. This finding highlights the need for standardized criteria in patient selection and suggests that further investigation into the factors influencing this progression is essential for personalized and optimized transplantation strategies.




The widespread use of induction agents, with Basiliximab, and ATG being common choices, suggests a nuanced approach in tailoring immunosuppression to specific transplant scenarios. Understanding the preferences and patterns of induction agent usage contributes to refining strategies for preventing graft rejection while minimizing adverse effects.




The survey provides valuable insights into Tacrolimus dosing during transplantation and maintenance phases. Consensus on dosing and desired blood levels reflects a standardized approach, emphasizing the importance of precise Tacrolimus management to achieve optimal immunosuppression while minimizing risks.

Survey Impact and Future outcomes

Mycophenolate Mofetil and Mycophenolate Sodium exhibit distinct utilization patterns, emphasizing the need for further research into the comparative efficacy and safety of these formulations. These insights contribute to refining dosing strategies and optimizing the use of Mycophenolate in renal transplant patients.



The cautious incorporation of Everolimus, driven primarily by concerns about Tacrolimus-induced renal toxicity, suggests a thoughtful and risk-stratified management strategy. Understanding the rationale behind adopting Everolimus and its sequential use with Tacrolimus contributes to refining immunosuppressive protocols.



The survey highlights the common use of anti-viral agents, particularly Valganciclovir, and the exploration of newer options like Alemtuzumab, and ATG Biosimilar. These findings indicate a forward-looking perspective in refining immunosuppressive strategies and addressing emerging challenges in renal transplant care.