

# TITLE

## PRE EMPTIVE KIDNEY TRANSPLANTATION

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### OBJECTIVES

Pre-emptive kidney transplantation (PKT) is considered optimal treatment for patients with advanced chronic kidney disease. It is associated with improved patient and graft survival, reduced long term cost, less chances of cardiovascular disease progression and sudden death, less risks of dialysis related catheter infections and no need of long term vascular access. We undertook this study to see the outcomes of pre-emptive kidney transplantation in our living donor programme.

### METHODS

We included 63 patients who were PKT and compared them with 84 patients on dialysis for > 6 months between Feb 2010 and April 2012. All patients had minimum 6 months of follow up. Immunosuppressive protocols in PKT was Tac+MMF and steroids in 34 (52%) of patient, steroid free protocol with antibody induction+ Tac and MMF in 27 (44%) and Tac+ Aza+ steroids in rest 2 patients. Immunosuppression in dialysis patients was Tac+MMF+St in 56 (66.8%), steroid free protocol in 18 (21.6%) patients, and Cyclosporin+MMF+ St in 5 (5.7%) and another 5 patients received Tac+Aza+ Steroids.

Patients were started on tacrolimus at a dose of 0.1 mg/kg or cyclosporine 7 mg/kg in two divided dose and MMF/Mycophenolate sodium was started at dose of 1000/720 mg twice daily on day-1 of transplant. All patients received inj methylprednisolone 500 mg perioperatively. In SF group tab prednisolone was initiated on day 1 at a dose of 40 mg, tapered by 10 mg/day and stopped on day 5. In steroid group prednisolone was gradually tapered to a dose of 20 mg/day at day 10 then to a dose of 5- 7.5 mg at the end of 3 months. Target trough levels of tacrolimus were kept between 8-12 ng/ml for first three months, 6-8 ng/ml for next 3-6 months and 3-6 ng/ml thereafter. Outcomes were evaluated in terms of acute rejection, infections, new onset diabetes after transplant, cardiovascular events and graft or patient loss.

### Graphs and tables

#### Baseline Characteristics

Variable	Pre-emptive n=63	Dialysis > 6 mths, n= 84	P value
Age (yrs ± SD)	40.4 ± 13.4	43.5 ± 12.2	0.22
Sex (male)	48 (75%)	69 (80%)	0.43
Donor's age (yrs)	49.4 ± 11.9	47.2 ± 12.4	0.23
Diabetics	14 (21%)	23 (27%)	0.16
Antibody induction	42 (66.7%)	46 (54.7%)	0.14
Second transplant	1	4	
Pre Tx Hep B	2 (3%)	5 (6%)	

### RESULTS

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Variable	Pre-emptive, n=63	Dialysis > 6 mths n=84	P value
Acute rejections	12 (18.7%)	10 (11.9%)	0.25
Infections	10 (15.8%)	15 (17.8%)	NS
Mean s. creat	1.27 ± 0.36	1.25 ± 0.65	NS
Graft survival	62/63 (98.4%)	80/84 (95.2%)	
Patient survival	62/63 (98.4%)	80/84 (95.2%)	

### CONCLUSIONS

In this study PKT was associated with less chances of dialysis related complications like chronic viral hepatitis and CAD. However there was no difference in graft and patient survival in this short term study. Long term follow up is required to know these outcomes.

### REFERENCES:

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