Steroid-free regimen post-pediatric renal transplant safe

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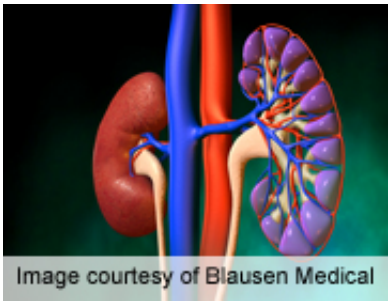

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(HealthDay) -- A steroid-free approach to immunosuppression following pediatric renal transplants is safe and effective, according to a study published online June 13 in the *American Journal of Transplantation*.

Minnie M. Sarwala, M.D., Ph.D., of the California Pacific Medical Center in San Francisco, and associates conducted a randomized multicenter study involving 130 children receiving primary kidney transplants between 2004 and 2006. Participants were randomly allocated to steroid-free (SF) or steroid-based (SB) immunosuppression, together with tacrolimus, mycophenolate, and standard or extended-dose daclizumab (SB and SF groups, respectively).

After three years of follow-up the researchers found that the standardized height Z-score change was –0.99 for SF patients, compared with –0.93 in SB patients (P = 0.825). At three years, recipients younger than 5 years showed improved linear growth with SF versus SB treatment (–0.43 versus –1.07; P = 0.019). The rates of biopsy-proven acute rejection at three years post-transplant were similar in both groups (16.7 in SF versus 17.1 in SB; P = 0.94). Patient survival was 100 percent in both groups, with graft survival of 95 and 90 percent in the SF and SB groups, respectively. The SF group showed significantly lower systolic blood pressure and lower cholesterol levels than the SB group.

"In conclusion, complete steroid avoidance, combined with effective induction, tacrolimus and mycophenolate mofetil, provides a new therapeutic standard for safe and effective immunosuppression for renal transplantation of low-risk children with end-stage renal disease," the authors write.

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More information: Abstract
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