

Drug class linked to worse outcomes after transplant

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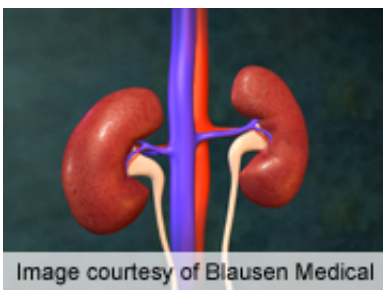


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Kidney transplant patients who receive mammalian target of rapamycin inhibitors after transplant have a greater probability of death or transplant failure than patients receiving calcineurin inhibitors, according to a study published online Oct. 1 in the *American Journal of Transplantation*.

(HealthDay)—Kidney transplant patients who receive mammalian target of rapamycin (mTOR) inhibitors after transplant have a greater probability of death or transplant failure than patients receiving calcineurin inhibitors, according to a study published online Oct. 1 in the *American Journal of Transplantation*.

Tamara Isakova, M.D., from the University of Miami, and colleagues compared clinical outcomes in 139,370 [kidney transplant patients](#) in the United States receiving mTOR inhibitors or [calcineurin inhibitors](#) (3,237 receiving mTOR inhibitors; 125,623 receiving calcineurin inhibitors; and 10,510 receiving both).

The researchers found that, in the two years after transplant, patients taking mTOR inhibitors alone had a higher risk of allograft failure and death than patients taking calcineurin inhibitors alone (hazard ratio [HR], 3.67 after discharge and 1.40 by year two). Between two and eight years later, patients taking mTOR inhibitors alone had a higher risk of death (HR, 1.25) and a higher risk of the composite of allograft failure or death (HR, 1.17) than patients taking calcineurin inhibitors alone. The risk was intermediate for patients taking both classes of drugs.

"Compared with calcineurin inhibitor-based regimens, use of an mTOR inhibitor-based regimen for primary immunosuppression in [kidney transplantation](#) was associated with inferior recipient survival," Isakova and colleagues conclude.

More information: [Abstract](#)
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