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Contact: Shari Leventhal: 202-416-0658, sleventhal@asn-online.org (before Oct. 27)
October 27–28: ASN Management Office, America's Center, Room 130, (314) 342-5511
Friday, Oct. 29 – Monday, Nov. 1: ASN Media Room, America's Center, Room 250,
(314) 342-5508 (media room), 202-236-8142 (after hours)

AVOIDING POTENT ANTI-REJECTION DRUGS MAY EXTEND LIFE OF PEDIATRIC KIDNEY TRANSPLANTS

Elimination of Cyclosporine and Tacrolimus Shown To Work among Pediatric Kidney Transplants

St. Louis, MO (October 31, 2004)—Kidney transplants can be performed on pediatric patients without the standard use of the most powerful class of anti-rejection drugs, calcineurin inhibitors (CNIs), according to a new study being presented at the American Society of Nephrology's 37th Annual Meeting and Scientific Exposition in St. Louis, Missouri. The CNIs medications, cyclosporine and tacrolimus, are currently used in at least 95% of pediatric kidney transplants and can damage and shorten the life of the transplanted kidney.

"Maximizing the life of the transplanted kidney is critical for pediatric patients, whose transplants need to last as long as possible," says lead author of the study, William Harmon, MD, director of pediatric nephrology and associate professor of pediatrics at Harvard Medical School. "By eliminating medications that can potentially damage the transplanted kidney, we should expect the organ to last longer."

A living donor kidney received by children less than ten years of age can last an average of 15 to 20 years, while a cadaveric donor kidney lasts ten to 14 years. The typical adolescent kidney transplant, however, lasts several years less than those received by younger children.

This is the first time the elimination of CNI was studied for living donor transplantation among pediatric patients. The multi-centered NIH-sponsored pilot trial involved 34 children who received a new combination of anti-rejection medications: daclizumab, sirolimus, mycophenolate mofetil and prednisone, compared to the standard treatment of cyclosporine or tacrolimus.

Findings show that with the addition of this new combination of medications, it is possible to perform kidney transplants without calcineurin inhibitors. Survival rates and organ function for this new treatment protocol were excellent.

The study results will be presented at a news briefing from 12:15 – 1:15 p.m. on Saturday, October 30 in Room 251 of the America's Center. The study abstract, "Calcineurin Inhibitor (CNI) Avoidance in Pediatric Renal Transplantation" (SU-FC110) will be presented during a Free Communications session Sunday, October 31 at 5:30 PM, in Room 276 of the America's Center.

MORE

The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases. ASN's Renal Week 2004, the largest nephrology meeting of its kind, will provide a forum for more than 12,000 nephrologists to discuss the latest findings in renal research and engage in educational sessions relating advances in the care of patients with kidney and related disorders from October 27- November 1, 2004 at the America's Center in St. Louis, Missouri.

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