

### Long-term immunosuppressive drug management

- Don't reduce the doses of all the immunosuppressive medications
  - If Tacrolimus/Cyclosporine levels need to be low, maintain full dose Myfortic/Cellcept
  - Cyclosporine inhibits the MPA entero-hepatic recirculation
- For patients on steroids for > six months, do NOT recommend discontinuation
- Target levels (time dependent)
  - Cyclosporine 75-100 ng/ml
  - Tacrolimus 6-8 ng/ml, eventually 5-7 ng/ml
  - Sirolimus 6-10 ng/ml
  - (MPA) ???

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### Long-term immunosuppressive drug management

- For Cyclosporine, Tacrolimus, or Sirolimus levels out of range, before making change in dosage:
  - Check clinical circumstances
    - Diarrhea
    - Drug interaction
  - Ask patient about timing (trough)
  - Repeat level
- Inquire about non-adherence

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### Converting to Sirolimus therapy for long-term maintenance immunosuppression

Avoid nephrotoxicity, reduce chance of malignancy

- Patient selection
  - Skin Malignancy, CNI Nephrotoxicity
  - CONVERT Study: Patients do *POORLY* if
    - Proteinuria: urine protein/creatinine ratio > 0.11 (0.5)
    - GFR < 40 ml/min
- Side effect profile
  - Acne, mouth ulcers, edema, hyperlipidemia, anemia, proteinuria
- What dose/level?
  - Most long-term studies: Levels >10 ng/ml
- What regimen ?
  - Sirolimus + Mycophenolate
  - Sirolimus + Tacrolimus/Cyclosporine
    - Maintain low tacrolimus (<5 ng/ml), cyclosporine (50-75 ng/ml) levels

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## Referral Back to Columbia

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## Referral Back to Columbia

- Patients will continue to have appointments at Columbia
- Leukopenia/Neutropenia (wbc < 2,000)
- Surgery
  - Sirolimus
- Infection requiring significant reduction in immunosuppressive medications
- Malignancy
- Allograft dysfunction/Need for biopsy
  - Proteinuria
  - Reduced allograft function
- Pregnancy
  - Planned
  - Already pregnant

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## Working together for the patients' benefit

- Re-building the process
- Referral packet back to Nephrologist
- Schedule of patient visits/labs
- Communications
  - Dedicated post-transplant coordinator
  - Specific telephone number/e-mail address
  - Clinical status
  - Labs – (access to Columbia results??)
- Your Comments/Questions/Input

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