Tayeben 2021 Feb 2021 **Determinants of Successful Use of Sirolimus in Renal Transplant Patients** Methods. All patients from 10 German centers that were switched to a sirolimus-containing maintenance immunosuppression in 2000 to 2008 after 3 months or later post-transplantation were enrolled (n $\frac{1}{4}$ 726). Observation times after switching to sirolimus ranged from 4 days to 9 years (median: 24.3 months). With multinomial logistic regression, risk factors for the endpoints terminal graft failure and withdrawal of sirolimus therapy compared to successful therapy were identified.

Urinary protein determinations were recorded either by dipstick analysis, urine protein concentration, or daily protein excretion. For the analyses, dipstick results were imputed with the mean of protein concentrations (119 mg/L for negative dipsticks and 1588 mg/L for positive dipstick results). Dipstick results were considered only when no results on protein concentration were available. Results. Successful sirolimus therapy was observed in 304 patients. Forty patients died with functioning graft. Therapy failures included graft loss (n ¼ 106) and sirolimus-discontinuation for various reasons (n ¼ 276). Successful sirolimus-use was predicted in 83% and graft failure in 65%, whereas prediction of deliberate sirolimus-discontinuation was poor (48%). Most favorable results for sirolimus-use were observed in patients switched in 2006 to 2008. Using ROC analysis, an estimated glomerular filtration rate (eGFR) below 32 mL/min was shown to be the cut-off in patients withdrawing from therapy as a result of renal reasons, as well as in patients with graft loss. Proteinuria above 151 mg/L was shown to be predictive for patients with graft failure.

	Whole Population n = 726	Successful Use n = 304	Treatment Failure n = 422	P Value
Recipient age at transplantation (years)	43.3±13.6	44.0±13.3	42.7±13.7	.129
Recipient sex (% males)	63.6	67.1	61.1	.099
Caucasian ethnicity (%)	99.0	99.3	98.8	.346
Cause of ESRD (%)				.875
Diabetic nephropathy	12.4	12.8	12.1	
Hypertensive nephropathy	3.6	4.0	3.3	
Polycystic kidney disease	11.4	10.4	12.1	
Glomerulonephritis	43.4	40.6	45.4	
Tubulointerstitial disease	14.3	14.8	14.0	
Other inherited diseases	3.6	4.4	3.1	
Other diseases/unknown	11.3	13.0	10.0	
Living donor transplantation (%)	16.4	15.9	16.8	.740
Kidney/pancreas transplantation (%)	9.1	10.9	7.8	.309
Kidney plus other solid organ (%)	1.4	1.3	1.4	.945
Kidney retransplants (%)	25.5	26.4	24.8	.644
Donor age (years, range)	44.3±15.9 (3-88)	42.5±15.6 (4-88)	45.5±15.9 (3-79)	.017
Donor sex (% men)	56.6	61.4	53.3	.044
HLA mismatches on locus A, B, DR (n)	2.4±1.6	2.3±1.7	2.5±1.6	.434
Cold ischemia time (hours)	14.2±8.0	14.5±7.8	14.0±8.1	.371
Panel reactive antibodies >10% (%)	7.7	7.0	8.1	.622
Delayed graft function (%)	25.0	25.0	24.9	.984
Initial immunosuppression (%)				
Cytotoxic antibodies	15.6	10.7	19.2	.002
IL-2 receptor antibodies	20.3	22.7	18.5	.160
Cyclosporine	62.0	66.2	59.0	.049
Tacrolimus	26.8	24.7	28.3	.291
Azathioprine	31.7	27.4	34.8	.037
Mycophenolate	53.5	57.2	50.8	.093
Corticosteroids	96.6	95.3	97.6	.094
Others	2.1	2.0	2.2	.889
Acute rejection treatments before SRL initiation (%)	39.7	35.9	42.6	.099

Table 1. Demographic and Clinical Data of the Whole Study Population and in the Subgroups of Patients With Successful Use of Sirolimus and With Sirolimus Treatment Failure

Treatment failure included graft failure and termination of SRL therapy. Continuous data are given as means ± SD. Numbers in brackets represent range of values. Giomerulonephritis as cause of ESRD included non-biopsy confirmed suspected cases. Abbreviations: ESRD, end-stage renal disease; SD, standard deviation; SRL, sirolimus.

	Whole Population n = 726	Successful Use n = 304	Treatment Failure n = 422	P Value
Age at SRL initiation (years, range)	49.8±13.4 (15-78)	50.4±12.7 (15-77)	49.4±13.8 (16-78)	.383
Time interval between	6.1±6.1 (0.03-28)	5.9±5.9 (0.03-28)	6.2±6.3 (0.03-27)	.735
transplantation and SRL initiation				
(years, range)				
Diabetes (%)	23.6	21.6	25.0	.292
Hypertension (%)	84.7	82.8	86.1	.226
Body weight (kg, range)	73.8±15.5 (32-127)	75.3±15.7 (41-127)	72.7±15.3 (32-119)	.050
Body mass index (kg/m ² , range)	24.9±4.2 (16.1-42.3)	25.2±4.4 (16.1-42.3)	24.8±4.1 (16.4-42.2)	.151
eGFR (mL/min, median)	39±19 (35)	45±18 (42)	35±19 (30)	<.001
Proteinuria without dipstick (mg/L;	348±751 (108)	112±130 (68)	510±937 (145)	<.001
median)				
Proteinuria with dipstick (mg/L,	431±726 (119)	225±400 (119)	587±867 (126)	<.001
median)				
Reasons for SRL initiation (%)				
Study	11.1	10.0	11.8	.409
Malignancy	24.9	32.0	19.9	<.001
Graft-related reasons	51.5	43.7	57.1	<.001
"Creeping creatinine"	22.9	17.7	26.5	.004
Acute rejection	12.0	10.3	13.3	.214
Chronic allograft nephropathy	16.9	10.0	21.8	<.001
Renal calcineurin inhibitor toxicity	26.6	23.7	28.7	.115
Extrarenal side effects of	12.3	12.0	12.6	.784
immunosuppression				
Infection	1.0	0.7	1.2	.473
Others	4.3	3.3	5.0	.271
Unknown	10.5	10.0	10.9	.654
SRL dosing at initiation				
Loading dose (mg)	6.4±4.8	5.5 ± 4.0	7.0±5.2	.042
Maintenance dose (mg/d)	2.9±1.6	2.8±1.5	3.0±1.7	.128
Maintenance dose at 3 months	2.7±1.8	2.5 ± 1.5	2.8±2.0	.122
(mg/d)				
SRL trough level at 3 months	8.1±3.8	8.0±3.3	8.2±4.1	.967
Immunosuppressive regimen before				.906
SRL				
Triple (%)	39.4	40.4	38.7	
Dual (%)	51.9	50.9	52.5	
Mono (%)	8.7	8.6	8.8	

Table 2. Clinical and Laboratory Data at the Time of Sirolimus Initiation

Table 3. Outcome of Patients After Sirolimus Initiation

Outcome	N	%
Successful treatment	304	41.9
Death with functioning graft on	40	5.5
SRL treatment		
Graft failure on SRL treatment	108	14.6
thereof death afterwards	8	1.1
SRL discontinuation with functioning graft	276	38.0
thereof death afterwards	5	0.7

Death with functioning graft was related to malignancy (n = 18), cardiovascular disease (n = 10), infection (n = 3), and to other (n = 4) or unknown causes (n = 5). Death after graft failure was related to cardiovascular disease (n = 2). infection (n = 3), and to other (n = 1) or unknown causes (n = 2). Death after discontinuation of SRL was related to malignancy (n = 1), cardiovascular disease (n = 1), and infection (n = 3). Abbreviation: SRL, sirolimus,

Quantile	Overall Treatment Failure (n = 422)	Survival (n = 40)	Graft Failure (n = 106)	Discontinuation (n = 276)
0.1	38.6	72.5	54.9	29.7
0.2	73.6	137.6	105.4	55.0
0.3	120.0	278.1	178.2	98.3
0.4	189.0	547.8	253.6	147.0
0.5	338.5	739.5	439.5	249.0
0.6	501.4	898.0	554.4	397.0
0.7	624.4	1231.3	740.3	554.8
0.8	924.0	1576.0	992.2	808.8
0.9	1454.4	1785.4	1471.2	1237.7

Table 4. Quantile of the Time (Days) to Events (Overall Treatment Failure, Survival, Graft Failure, and Deliberate Discontinuation From Sirolimus)

Table 5.	Causes for Sir	olimus	Discontin	uation	in the	276	Patients
	w	ith Fun	ctioning (Graft			

Reason for Discontinuation	n	%
Graft-related reasons	97	35.1
Infection/pulmonary reasons	47	17.0
Patient's wish	30	10.9
Side effects	52	18.8
Skin, muscles, joint	22	8.0
Gastrointestinal tract	15	5.4
Others	10	3.6
Planned operation	14	5.1
Unknown	26	9.4

Graft-related reasons for SRL discontinuation include deteriorating GFR, chronic rejection and proteinuria; skin/muscle/joint includes arthraigia, edema, aphthous ulcerations and pruritus; gastrointestinal reasons include diarrhea, vomiting, and alterations in clinical chemistry such as elevated lipase or hyperlipidemia. Reasons with a frequency of less than 5 are summarized in Others.

Abbreviations: GFR, glomerular filtration rate; SRL, sirolimus.

Table 6. Receiver Operator Characteristic Analysis of Estimated Glomerular Filtration Rate for Successful Use of Sirolimus vs the Whole Patient Group With Treatment Failure and the Different Subgroups With Treatment Failure

	AUC	Confident	ce interval	P Value	Sensitivity	Specificity	Youden Index	eGFR Cut-off (mL/min)
All treatment failures	0.703	0.662	0.744	<.001	0.727	0.621	0.348	33.4
Graft failure	0.869	0.830	0.908	<.001	0.78	0.842	0.617	31.3
Discontinuation	0.639	0.591	0.687	<.001	0.62	0.624	0.248	37.8
Graft-related	0.675	0.606	0.744	<.001	0.76	0.565	0.325	32.0
Other reasons	0.620	0.564	0.676	<.001	0.62	0.606	0.226	37.9

The lower and upper limit of the 95% confidence interval is given.

Abbreviations: AUC, area under the curve; eGFR, estimated glomerular filtration rate; ROC, receiver operating characteristic.

	Parameter Es	stimate			
			95% Confid	ence Interval	
Outcome	Factor	Odds Ratio	Lower Bound	Upper Bound	Significance
Graft failure	Intercept				0.363
	Time from Tx to SRL initiation (years)	0.981	0.914	1.053	0.594
	Age at transplantation (years)	0.989	0.963	1.016	0.418
	eGFR before SRL initiation (mL/min)	0.916	0.887	0.946	0.000
	Proteinuria before SRL initiation (mg/L)	7.332	2.697	19.933	0.000
	SRL initiation years				
	2000-2002	18.080	4.600	71.053	0.000
	2003-2005	5.585	1.475	21.148	0.011
	2005-2008				
	Main reason for SRL initiation				
	Study	0.831	0.144	4.774	0.835
	malignancy	0.445	0.082	2.414	0.348
	Creeping creatinine	1.507	0.656	3.462	0.334
	Chronic allograft nephropathy	1.868	0.765	4.562	0.170
	Renal CNI toxicity	1.659	0.666	4.136	0.277
	Other CNI side effects	1.190	0.351	4.036	0.780
	Acute rejections	2.883	0.936	8.883	0.065
	Other reasons	5.523	1.787	17.071	0.003
Discontinuation due to	Intercept				0.005
graft-related reasons	Time from Tx to SRL initiation (years)	1.025	0.981	1.070	0.272
	Age at transplantation (years)	1.012	0.993	1.031	0.229
	eGFR before SRL initiation (mL/min)	0.985	0.972	0.999	0.037
	Proteinuria before SRL initiation (mg/L)	3.145	1.176	8.413	0.022
	SRL initiation in the years				
	2000-2002	2.800	1.371	5.718	0.005
	2003-2005	1.787	1.024	3.116	0.041
	2005-2008				
	Main reason for SRL initiation				
	Study	3.560	1.583	8.007	0.002
	Malignancy	1.242	0.590	2.616	0.568
	Creeping creatinine	1.107	0.556	2.204	0.773
	Chronic allograft nephropathy	1.138	0.536	2.416	0.737
	Renal CNI toxicity	1.406	0.702	2.818	0.336
	Other CNI side effects	2.175	1.014	4.662	0.046
	Acute rejections	1.550	0.610	3.943	0.357
	Other reasons	3.294	1.408	7.705	0.006

Table 7. Adjusted Odds Ratios With 95% Confidence Intervals Associated With Successful Treatment With Sirolimus vs Treatment Failure From Graft Failure, or Termination From Graft-related Reasons and Other Reasons.

Discontinuation due to	Intercept				0.001
extra-renal reasons	Time from Tx to SRL initiation (years)	1.075	1.017	1.136	0.010
	Age at transplantation (years)	1.001	0.975	1.027	0.949
	eGFR before SRL initiation (mL/min)	0.974	0.954	0.994	0.011
	Proteinuria before SRL initiation (mg/L)	9.590	3.536	26.010	0.000
	SRL initiation in the years				
	2000-2002	1.443	0.541	3.847	0.464
	2003-2005	0.924	0.447	1.910	0.830
	2005-2008				
	Main reason for SRL initiation				
	Study	4.396	1.399	13.815	0.011
	Malignancy	3.433	1.329	8.869	0.011
	Creeping creatinine	1.771	0.734	4.270	0.203
	Chronic allograft nephropathy	0.800	0.297	2.154	0.659
	Renal CNI toxicity	3.968	1.635	9.628	0.002
	Other CNI side effects	2.531	0.871	7.354	0.088
	Acute rejections	8.429	3.018	23.544	0.000
	Other reasons	6.316	1.998	19.970	0.002
The reference category is: 8	Successful use.				

Abbreviations: CNI, calcineurin inhibitors; eGFR, estimated glomerular fitration rate; SRL, sirolimus; Tx, transplantation.

