IMMUNOSUPPRESSION

PREDNISOLONE

Starting dose is 0.5mg/Kg/Day then reduce to:

- Week 1 30mg/day
- Week 2 25 mg/day
- Week 3 20mg/day

Then reduce by 2.5mg/second weekly until 10mg/day is reached.
It is the aim that steroids be reduced to 10mg/day by 3 months

TACROLIMUS

Immunological Risk Category Assessment Guide	
Low risk	HLA identical live donor transplants
Average risk	Most transplant not covered by one or the other categories
High risk	• 2nd or subsequent graft with peak PRA >0% • 2nd or subsequent graft with previous graft lost in <5 years due to immunological cause • 1st graft with peak PRA >50% • 1st graft with multiple HLA antibodies but no clear DSAs
Very high risk	• Positive B-cell cross-match, with no information about DSAs • Known DSAs
Extreme risk	• Positive peak T-cell cross-match by CDC • Current positive T-cell cross-match
Other considerations	• Zero mismatch • ↑ risk of infection, e.g. older, EBV sero-negative, CMV sero-negative, HBsAg positive, hepatitis C • Post-transplant diabetes mellitus
Time post-transplant	**Suggested tacrolimus trough level targets**
0 – 1 month	≥ High risk: 10 – 12, Average risk: 7 – 8, Low risk: 6 - 7
1 -3 months	≥ High risk: 8 – 10, Average risk: 7 – 8, Low risk: 6 - 7

CYCLOSPORIN C0 trough targets

Recommended trough levels after transplantation (ug/L) using LCMS assay

- < 3months 150-250
- 3-6 months 80-150
- > 6 months 60-80

For patients > 2 years levels may be reduced further

With mTOR: trough levels reduced to:

- 0 – 3 months 60-100
- 3 – 12 months 40-80
- > 12 months 40-80

Schiff J et al CJASN 2007 2: 374 – 384

SIROLIMUS (Targets without CNI)*

Recommended trough levels after transplantation (μg / L): using LCMS assay

- <12 months 6-8
- ≥12 months 3-5

EVEROLIMUS*

Aim for levels 4-9 ng/mL

* See protocol “MTOR-Inhibitors”

VALCYTE

CMV Risk Assessment guide	
Donor / recipient serology	**Duration of valganciclovir prophylaxis**
D+ R-	6 months
D+ R+	3 months*
D- R+	3 months*
D- R-	None
* 6 months in any recipient D+ **or** R+ treated with ATG	

Valcyte **Table 6**

Valcyte tablets and oral powder for solution dose for renally impaired patients

CrCl (mL/min)	**Induction dose of tablets**	**Maintenance/ prevention dose of tablets**	**Induction dose of oral powder for solution**	**Maintenance/ prevention dose of oral powder for solution**
≥ 60	900 mg twice daily	900 mg once daily	900 mg twice daily	900 mg once daily
40 – 59	450 mg twice daily	450 mg once daily	450 mg twice daily	450 mg once daily
25 – 39	450 mg once daily	450 mg every 2 days	450 mg once daily	225 mg once daily
10 – 24	450 mg every 2 days	450 mg twice weekly	225 mg once daily	125 mg once daily
< 10	not recommended	not recommended	200 mg (3 times a week after dialysis)	100 mg (3 times a week after dialysis)