Advagraf® and Myfortic® in combination are associated with fewer gastrointestinal symptoms in kidney transplant recipients
D Dabare, J Macanovic, K Graetz, P Gibbs
Portsmouth Hospitals NHS Trust, UK

CORRESPONDENCE TO
Dilan Dabare, E: ddabare@me.com

Introduction
Gastrointestinal (GI) complications can affect up to 64% of kidney transplant recipients. The symptoms may be multifactorial but are often associated with use of immunosuppression. Control of symptoms may only be achieved by dose reduction of this vital medication. This can lead to reduced exposure to the drugs in question, resulting in an increased risk of acute and chronic rejection as well as subsequent early graft loss, and increased morbidity and mortality. There is evidence that newer formulations of both tacrolimus (Advagraf®) and mycophenolic acid (Myfortic®) are associated with fewer GI side effects. Owing to anecdotal information, we felt that the two in combination had an increased advantage in reducing GI symptoms above the individual benefits.

Methods
In this pilot study, 26 consecutive kidney transplant recipients receiving both drugs were reviewed retrospectively from our prospective database for GI symptoms that required a reduction in Myfortic® dosage. All patients were commenced on Advagraf® at a dose of 0.1mg/kg once daily and a Myfortic® dose of 720mg twice daily. Our target trough level for Advagraf® was 5–10ng/ml.

Results
Of the 26 patients, 18 (69.2%) were male. The overall mean patient age was 53.6 years (range: 35–81 years). There were 21 deceased donors and 5 living donors. The Myfortic® dose was reduced in 8 of the 26 patients within the first 3 months following transplantation. However, none of the patients in this cohort had a reduction of Myfortic® because of GI symptoms. The dose was reduced owing to either a decreased white cell count or non-GI viral infections.

Conclusions
This observational study suggests that patients on standard therapeutic dosages of Advagraf® and Myfortic® have fewer GI complications requiring dose reduction. Further comparative studies are needed to substantiate this. If confirmed, this may have long-term benefits for graft survival.

The changing face of donation in the UK: kidney donation after circulatory death
DM Summers1,2, RI Johnson1, A Hudson1, G Randhawa1, M Mallik2, P Murphy1, D Collett1, CJ Watson2, J Neuberger1, JA Bradley2
1NHS Blood and Transplant, UK
2University of Cambridge, UK

CORRESPONDENCE TO
Dominic Summers, E: dms39@cam.ac.uk

Introduction
The number of deceased donors in the UK has increased from 809 in 2007–2008 to 1,088 in 2011–2012. This increase can predominantly be ascribed to the increased use of donation after circulatory death (DCD) donors. We aimed to describe the regional variation in donation rates in the UK to evaluate the potential for further increases in donor numbers. We also aimed to describe the views of donation clinicians from each of the transplant zones involved in organ donation.

Methods
The study was in two parts: first, a cohort of deaths in UK critical care units that occurred between April 2010 and December 2011 was selected from the UK transplant potential donor audit. Logistic regression analysis was used to identify the factors associated with kidney donation. The logistic regression model was used to produce risk-adjusted funnel plots describing the regional variation in donation rates. The second part of the study was a report on the views of key donation clinicians based on 54 semistructured interviews from 27 donation and transplant centres in the UK.

Results
A total of 1,528 kidney donors were identified from 27,482 patients who died in critical care units. Death in a neurological intensive care unit (compared with a general intensive care unit) was more likely to result in donation (odds ratio: 1.55, 95% confidence interval: 1.36–1.78, \( p < 0.0001 \)), as was death from trauma or stroke (compared with other causes), white ethnicity (compared with other ethnic groups), and being aged between 18 and 40 years (compared with other ages) (\( p < 0.0001 \) for all). There was significant regional variation in risk-adjusted donation rates, particularly for DCD. Clinicians involved in donation supported DCD donation in general and believed it was likely to play an increasingly important role in organ donation in the UK.

Conclusions
There is dramatic regional variation in kidney DCD rates, even after adjustment for differences in regional demographics and infrastructure. This suggests that despite the increase in donor numbers, there is significant untapped donation potential in the UK.