Combination of a low dose of daclizumab and standard regimen for prevention of rejection in men and women receiving a kidney transplant.

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Abstract

Introduction. This study aimed to investigate the effectiveness of low-dose daclizumab for prevention of acute kidney allograft rejection and to evaluate differences between men and women receiving living donor transplants. Materials and Methods. This randomized controlled trial was performed on 120 living donor kidney transplant recipients. Participants in the case group received a low dose of daclizumab (1 mg/kg) before and 14 days after transplantation in addition to their standard immunosuppressant regimen. Participants in the control group received the standard treatment protocol only. Acute rejection episodes and graft survival were compared between the two groups. Additionally, graft survival of women and men was compared separately between the two groups. Results. Acute rejection was significantly less frequent in the daclizumab group than in the controls (6.7% versus 18.3%; P = .048). The 6-month survival rates were 95% (95% CI, 92% to 98%) in the daclizumab group and 85% (95% CI, 81% to 89%) in the control group (P = .03). The 6-month graft survival rates of the women were 97% (95% CI, 95% to 99%) in the daclizumab group and 74% (95% CI, 65% to 83%) in the control group (P = .02). However, the difference in graft survival rates was not significant among the men. Conclusions. The use of induction therapy with two doses of daclizumab reduces the incidence of acute rejection and improves graft survival of living donor kidney transplant recipients. This study showe that these effects are prominent among the female recipients.

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