CONVERSION FROM CYCLOSPORINE TO TACROLIMUS BASED IMMUNOSUPPRESSION THERAPY IN RENAL TRANSPLANT RECIPIENTS

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This is an an interim analysis of an investigator-driven multicenter trial in renal transplant recipients: the Prospective Quality of life Renal Transplantation Switch Study; Tacrolimus-based immunosuppression ("PQRST study"). **Patients and methods:** Patients included in the trial were initially treated with cyclosporine-based immunosuppression after renal transplantation. They experienced cyclosporine- or steroid-related side-effects, such as hypertension, hyperlipidemia, hypertrichosis, or other adverse reactions and were converted to a tacrolimus-based immunosuppressive regimen (*n* = 63). Steroids were subsequently discontinued between 3 and 6 months after the conversion. Follow up ranged from 2 to 24 months. **Results:** One patient died from a PTLD 7 months after the conversion. This event was however not felt to be related to the change in immunosuppression. There have been no acute rejection episodes and no other grafts were lost. As of today 19/31(60%) patients, who have completed at least 6 months, are successfully weaned off steroids with the remaining patients in this process. No patient experienced an acute rejection episode. The blood pressure and the need for antihypertensive medication decreased. No patient developed *de novo* diabetes or other serious side effects related to the conversion. Three patients were withdrawn from the trial because of bleeding, depression, and proteinuria. However, none of these adverse events were felt to be directly related to the change of the immunosuppressive regimen to tacrolimus based immunosuppression. **In conclusion**, conversion from cyclosporine to tacrolimus-based immunosuppressive therapy was safe and well tolerated and may improve the cardiovascular risk profile after kidney transplantation.