

Table 10.6h
Persistency of Discharge Regimen by Follow-up Period, 2003 to 2007
Recipients with Intestine Transplants

	Year of Transplant				
	2003	2004	2005	2006	2007
Discharge Regimen (w/ or w/o Steroid Use)					
Tac+Aza					
At Discharge (N)	-	-	-	1	3
At Discharge (%)	-	-	-	100.0%	100.0%
6 Months PostTx (%)	-	-	-	100.0%	66.7%
1 Year PostTx (%)	-	-	-	100.0%	66.7%
2 Years PostTx (%)	-	-	-	100.0%	-
3 Years PostTx (%)	-	-	-	-	-
Tac+MMF					
At Discharge (N)	7	11	19	26	33
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	71.4%	80.0%	73.7%	42.3%	66.7%
1 Year PostTx (%)	57.1%	70.0%	52.6%	42.3%	43.2%
2 Years PostTx (%)	57.1%	70.0%	52.6%	37.6%	-
3 Years PostTx (%)	42.9%	60.0%	47.4%	-	-
Tac+Siro					
At Discharge (N)	4	14	18	14	13
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	75.0%	71.4%	83.3%	78.6%	38.5%
1 Year PostTx (%)	0.0%	50.0%	50.0%	28.6%	23.1%
2 Years PostTx (%)	0.0%	50.0%	33.3%	28.6%	-
3 Years PostTx (%)	0.0%	35.7%	27.8%	28.6%	-

Source: OPTN/SRTR Data as of May 4, 2009.

Notes:

Regimen change is defined as being on different drug combination at follow-up comparing to discharge, or indication of conflicting regimen (CyA vs. Tac; MMF/MPA vs. Aza; Siro vs. Evero) during follow-up period, or graft failure/death. Addition or deletion of steroids is not considered a regimen change.

Rates are calculated for the most common discharge regimens.

CyA: Cyclosporine; Tac: Tacrolimus; MMF: Include MMF(Mycophenolate Mofetil) and MPA(Mycophenolate Sodium); Aza: Azathioprine; Siro: Sirolimus.

See Technical Notes for further details.