

이식 후 종양이 발생한 신이식 환자에서 sirolimus의 임상경험

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윤혜은 · 정현화 · 신석준 · 최범순 · 박철휘 · 김용수 · 김석영 · 최의진 · 장윤식 · 양철우

Clinical Experience of Sirolimus in Renal Transplant Recipients with Malignancy

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Background : Sirolimus is a new immunosuppressant with antitumoral properties. The aim of this study was to evaluate the effect on tumor regression and safety of sirolimus in renal transplant recipients with post renal transplantation neoplasms in a single center.

Methods : Nine renal transplant recipients with a posttransplant diagnosis of neoplasm underwent conversion from calcineurin inhibitors (CNI) to sirolimus, including skin tumors (n=4), lymphoproliferative disorders (n=3), Kaposi's sarcoma (n=1), and bladder cancer (n=1). Two patients were in remission after prior antitumor treatments, three patients received concomitant antitumor treatments, and four patients did not receive any treatment. The antitumoral effect and safety of sirolimus were evaluated.

Results : Patients received sirolimus during a median of 5.2 (2.3–8.6) months. Sirolimus doses ranged between 2.0 and 3.0 mg daily, except one patient who received a loading dose at conversion. CNI were withdrawn in three patients, or reduced to minimal doses in six patients. Regression or sustained remission was shown in 77.8% of patients; two patients sustained remission state and five patients showed regression of tumors. There was no significant change in serum creatinine concentration before and after sirolimus conversion (1.7 ± 0.6 mg/dL versus 1.8 ± 1.0 mg/dL, $p=0.95$). Two patients discontinued sirolimus because of worsened proteinuria or tumor progression.

Conclusion : Sirolimus is safe and effective as an optional immunosuppressant with antitumoral effect for renal transplant patients with neoplasms.

Key Words : mTOR inhibitor, 신장이식, 종양
mTOR inhibitor, Renal transplantation, Malignancy