

## 생체신이식환자에서 이식후 3개월 스테로이드 제거요법의 거부반응 발생을 및 이식신/환자 생존율의 비교평가

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### Results of a Prospective Randomized Study of Corticosteroid Withdrawal in Low-Risk Kidney Transplant Recipients Selected by Immune Monitoring Method

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**Background:** Interest in steroid-withdrawal immunosuppression in kidney transplantation has been increasing. However, higher acute rejection rate in steroid-withdrawal patients is a problem.

**Methods:** The aim of this study was to determine whether immune monitoring method could select the low-risk patients with steroid-withdrawal regimen in terms of acute rejection. Initially, all patients received basiliximab induction, tacrolimus, myfortic acid, and corticosteroid. At 12 weeks after kidney transplant, the patients who met the criteria (no rejection before 12 weeks, serum creatinine <1.6 mg/dL, and ATP level in Immuknow assay <525 ng/mL at 12 weeks) were randomized to steroid-withdrawal or to steroid-maintenance. The primary outcome was the difference in acute rejection rate after randomization for 1 year.

**Results:** In prospective, open label, randomized multicenter clinical trial, 25 patients were randomized to stay on steroid-withdrawal and 29 to steroid-maintenance. Acute rejection rate after randomization for 1 year was 4.0% (1 episode) in steroid-withdrawal group, 3.4% (1 episode) in steroid-maintenance group (p=1.0). There were no graft loss and patients death for 1 year in both groups.

**Conclusions:** We suggest that immune monitoring method may be helpful to select the patients who can withdraw steroid successfully. To confirm our suggestion, large scale, randomized clinical trial should be conducted.