

Table 10.6h
Persistency of Discharge Regimen by Follow-up Period, 2002 to 2006
Recipients with Intestine Transplants

	Year of Transplant				
	2002	2003	2004	2005	2006
Discharge Regimen (w/ or w/o Steroid Use)					
Tac+Aza					
At Discharge (N)	-	-	-	-	1
At Discharge (%)	-	-	-	-	100.0%
6 Months PostTx (%)	-	-	-	-	100.0%
1 Year PostTx (%)	-	-	-	-	100.0%
2 Years PostTx (%)	-	-	-	-	-
3 Years PostTx (%)	-	-	-	-	-
Tac+MMF					
At Discharge (N)	7	7	11	19	26
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	85.7%	71.4%	80.0%	73.7%	42.3%
1 Year PostTx (%)	57.1%	57.1%	70.0%	52.6%	42.3%
2 Years PostTx (%)	57.1%	57.1%	70.0%	52.6%	-
3 Years PostTx (%)	57.1%	42.9%	58.3%	-	-
Tac+Siro					
At Discharge (N)	14	4	14	18	14
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	85.7%	75.0%	71.4%	83.3%	78.6%
1 Year PostTx (%)	78.6%	0.0%	50.0%	50.0%	23.8%
2 Years PostTx (%)	57.1%	0.0%	50.0%	26.7%	23.8%
3 Years PostTx (%)	42.9%	0.0%	41.7%	-	-

Source: OPTN/SRTR Data as of May 1, 2008.

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.