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IT PAYS TO BE CAREFUL POST-KIDNEY TRANSPLANT

Increasing CMV Prevention from Three to Six Months Lowers Risks While Reducing Cost

Washington, DC (September 15, 2009) — For kidney transplant recipients, infection with a virus called cytomegalovirus (CMV) may lead to devastating complications. New research suggests that extending the period of preventive treatment after kidney transplantation can reduce the risk of CMV disease, according to an upcoming report in the *Journal of the American Society of Nephrology* (JASN).

Cytomegalovirus is a common virus that is present in many healthy people, rarely causing any problems. However, in kidney transplant patients and others with reduced immune function, CMV infection can cause serious disease. Cytomegalovirus is one of the most common "opportunistic" infections that occur post-transplant. Although CMV infection can happen anytime, most cases occur soon after the end of preventive treatment. Complications related to CMV not only affect the outcome of kidney transplantation but also increase financial costs.

Fu Luan, MD (University of Michigan, Ann Arbor) and colleagues compared three months versus six months of treatment with an antiviral drug (valganciclovir) used to prevent CMV after kidney transplantation. In a retrospective analysis of 222 kidney transplant patients, those receiving six months of valganciclovir preventive treatment had a lower rate of CMV-related disease, about 12 percent, as compared to 24 percent with the three-month treatment period. With adjustment for other factors, six months of preventive therapy reduced the risk of CMV disease by nearly two thirds.

On comparing costs versus benefits, the researchers found that the extended period of preventive therapy was a cost-effective treatment. Although longer treatment with valganciclovir was expensive, the cost was largely offset by reducing the number of patients with CMV disease, thus averting its long-term adverse consequences.

The researchers hope their study will trigger interest among kidney transplant professionals in evaluating the long-term consequences and cost-effectiveness of the specific treatments they provide. "At

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the same time, we hope that additional studies will be done to further reduce CMV infection and disease in kidney transplant patients," says Luan.

The study had some important limitations. Because it was a retrospective analysis, the ability to compare the outcomes of these treatments was limited. In addition, the assumptions made in cost-effectiveness study may be limited by the available literature.

The authors reported no financial disclosures. Other authors were Linda J. Stuckey, PharmD, Jeong M. Park, PharmD, Daniel Kaul, MD, Diane Cibrik, MD, and Akinlolu Ojo, MD, all of University of Michigan.

The study entitled, "Six-Month Prophylaxis Is Cost Effective in Transplant Patients at High Risk for Cytomegalovirus Infection," will appear online at <http://jasn.asnjournals.org/> on Thursday, September 17, 2009, doi 10.1681/ASN.2008111166.

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