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Evaluation of the impact of Tacrolimus-based immunosuppression in Heidelberg liver transplant cohort (HDTACRO study)

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Background

- Tacrolimus-based drugs are of the mostly used immunosuppressants after liver transplantation (LT).
- **Therapy adherence** and **dose adjustment** play a key role in achieving the desired blood level and therefore treatment success.
- The first study which prospectively evaluates the patients' therapy adherence as well as the need for adjustment of therapeutic doses of different oral Tacrolimus based regimen after LT.

Study Design

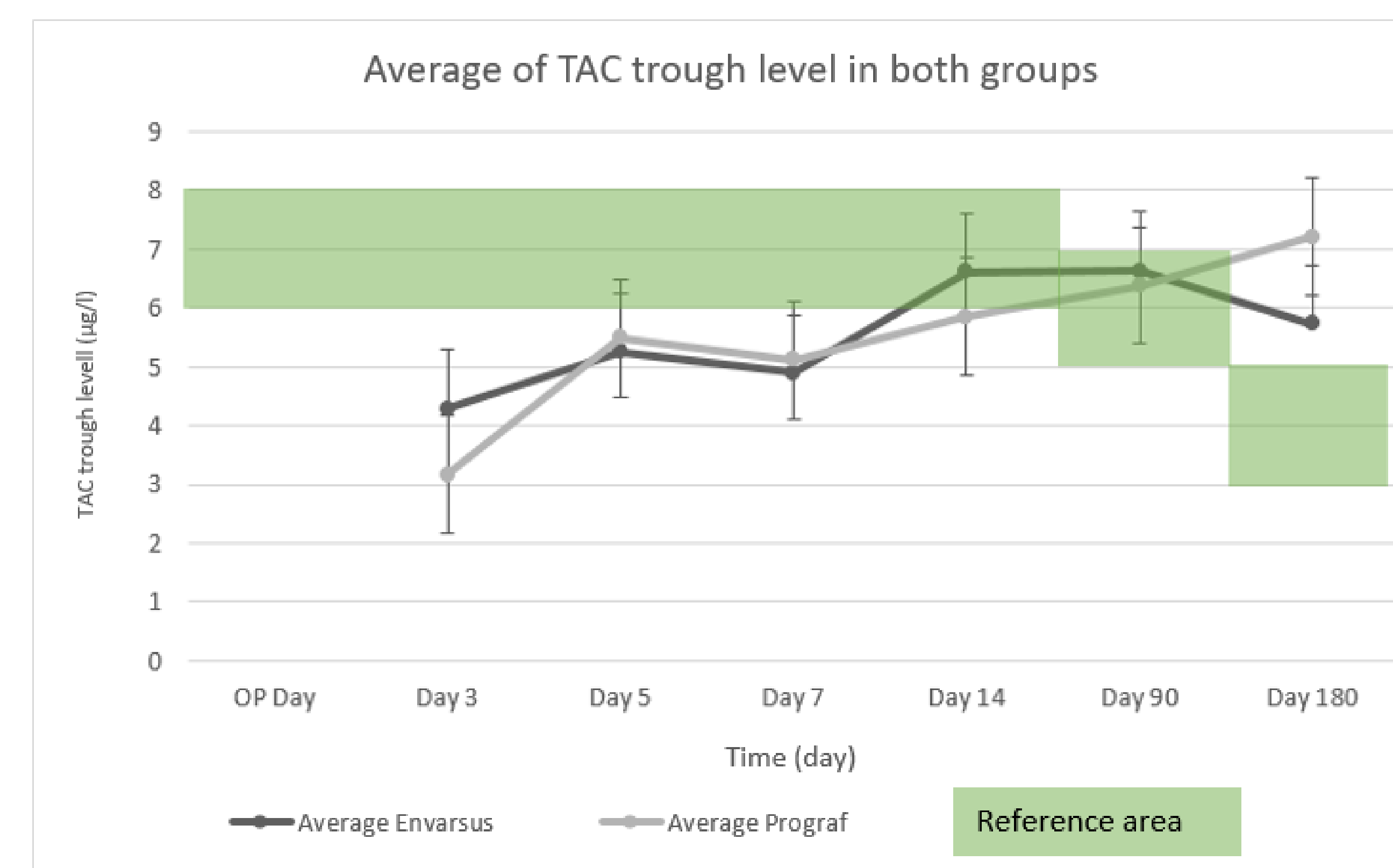
- A **pilot**, prospective, noninterventional and **non-randomized** cohort (ClinicalTrials.gov: NCT04444817).
- Patients treated with various oral Tacrolimus-based regimen based on local SOPs (Prograf® and Envarsus®).
- **Fifty** consecutive patients receiving *de novo* LT
- Patients' **therapy adherence**, number of required **dose adjustments** for achieving the target trough level, and **efficacy and safety** data

Results

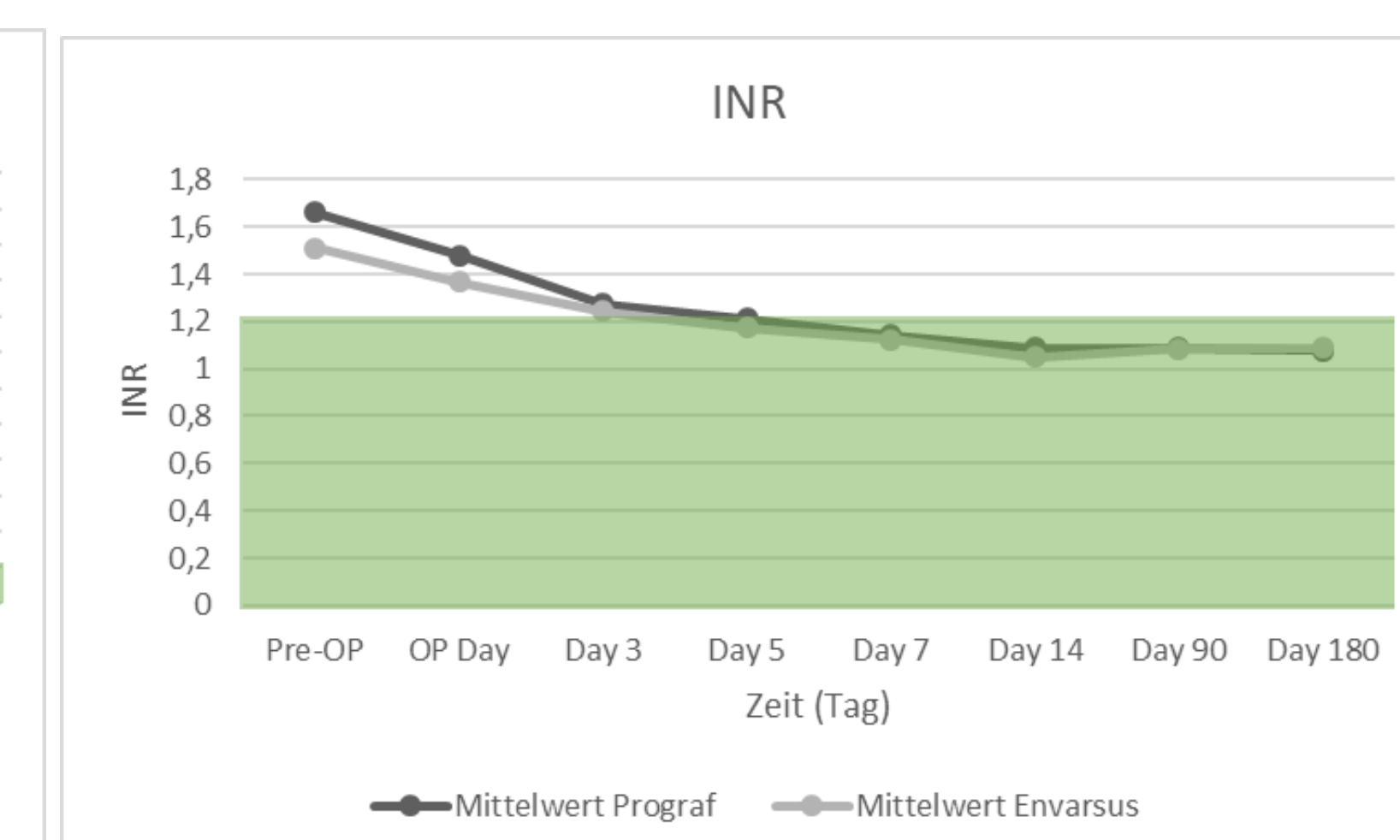
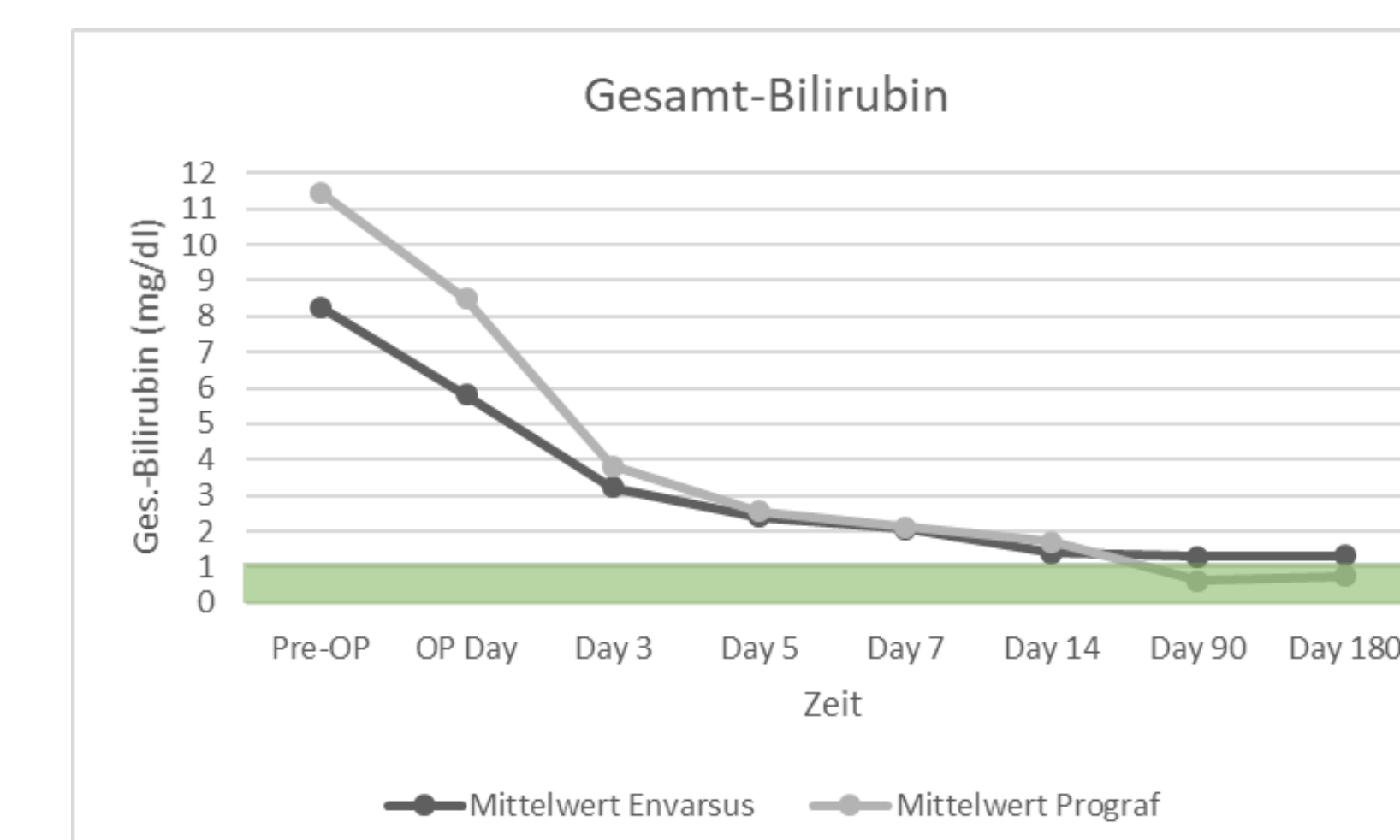
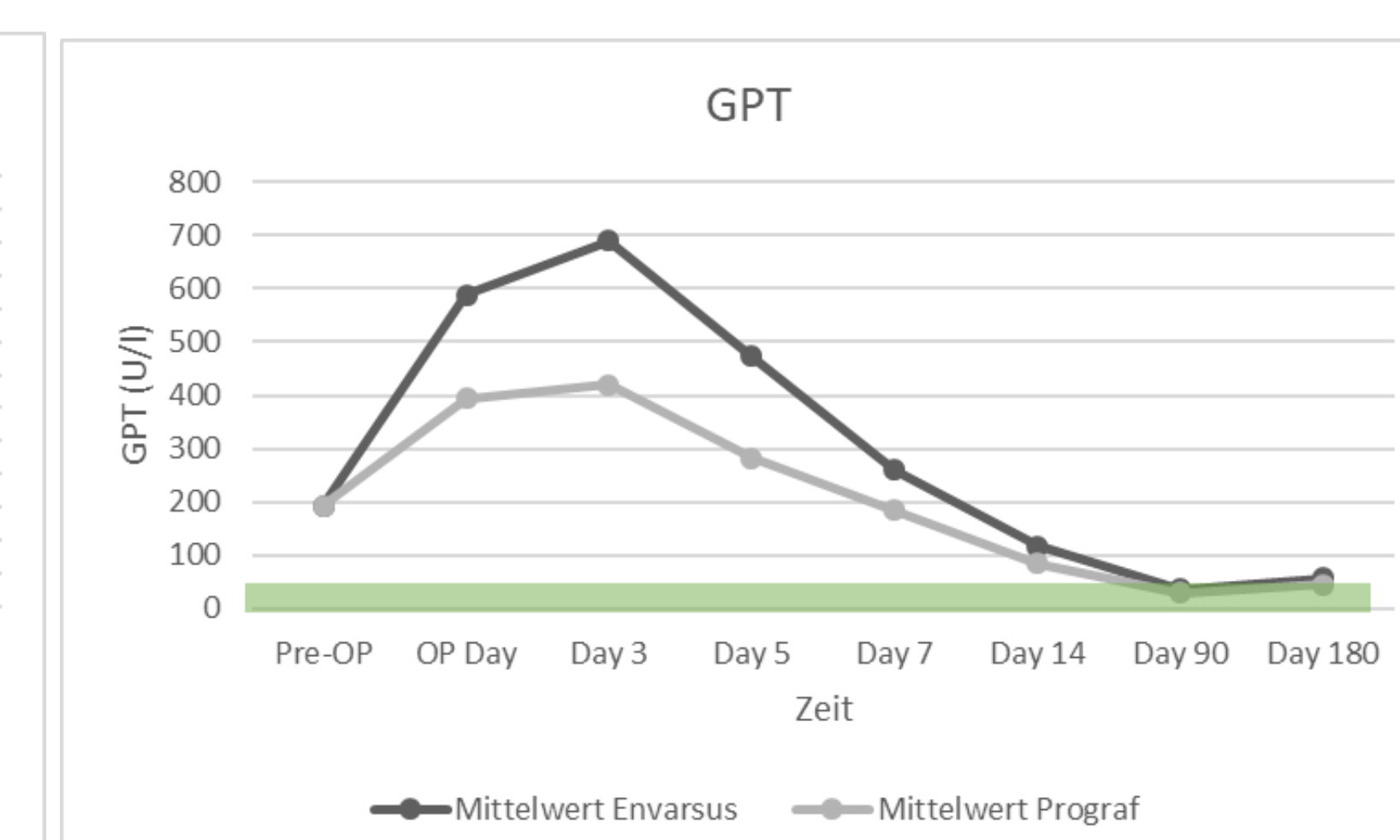
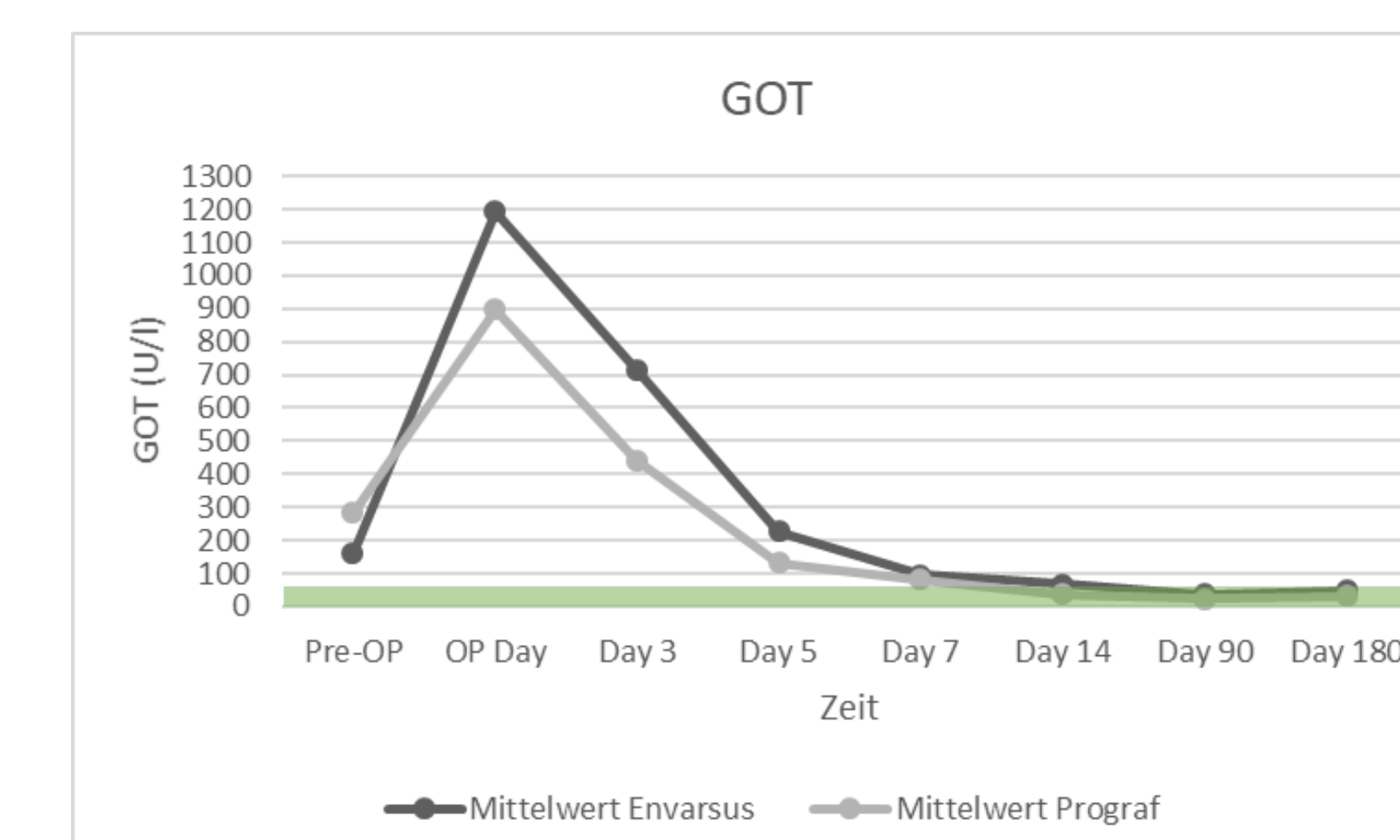
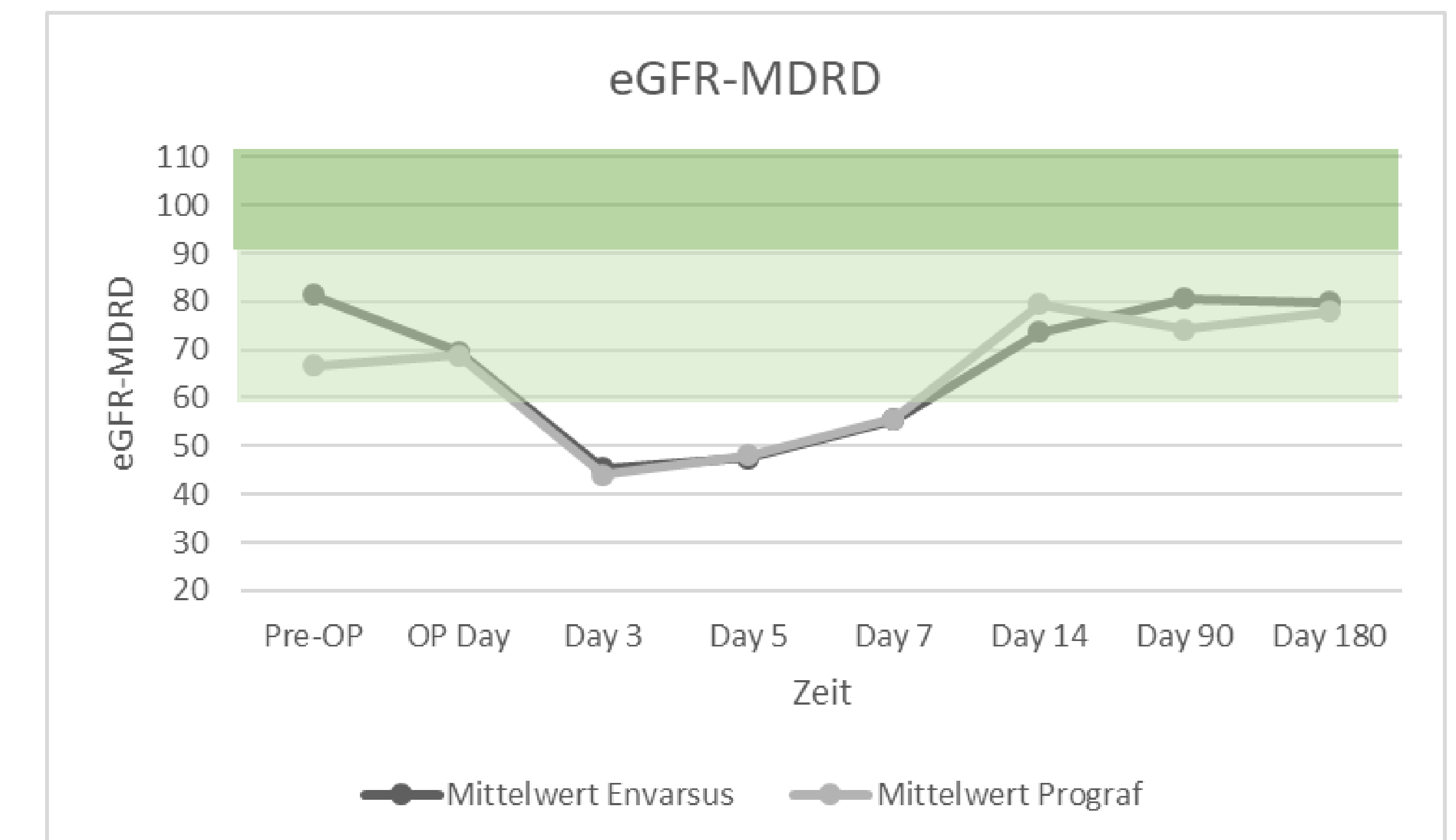
- 30 patients once daily Tacrolimus (Envarsus®)
- 20 patients twice daily Tacrolimus (Prograf®).

| Comparison of demographic and preoperative data of study participants. LCP-TAC (extended release Tacrolimus): Envarsus®; IR-TAC (immediate release Tacrolimus): Prograf® | | | | |
|--|--------------|----------------|---------------|---------|
| Properties | Total (n=50) | LCP-TAC (n=30) | IR-TAC (n=20) | p-value |
| Male | 24 (48%) | 14 (46,6%) | 10 (50%) | 0,52 |
| Age average (year) | 54 | 53,2 | 55 | 0,44 |
| Age ≤50 years | 14 (28%) | 11 (36,6%) | 3 (15%) | 0,08 |
| Age of donor ≤50 years | 16 (32%) | 10 (33,3%) | 6 (30%) | 0,69 |
| BMI ≤30 kg/m ² | 34 (68%) | 20 (66,6%) | 14 (70%) | 0,52 |
| MELD ≤15 | 23 (46%) | 14 (46,6%) | 9 (45%) | 0,56 |

- **Therapy adherence: 100% in both groups**
- **Number of dose adjustments per patient: more than 5 times in both groups**
- Mean Tacrolimus trough level at 6-months after LT
 - Prograf® group: 7.5±7 µg/l (1.5-fold higher than the upper limit)
 - Envarsus® group: 5.1±2 µg/l (slightly higher than the therapeutic range)



- Treatment conversion to cyclosporine:
 - 4 patients (13.3%) in Envarsus® group
 - 2 patients (10.0%) in Prograf® group
- No acute rejection
- Retransplantation during follow-up time only in one patient in Envarsus® group and 0 patients in Prograf® group
- Mortality in 2 patients treated with Envarsus® and 0 patients in Prograf® group



Conclusion

- Acceptable stability of Tacrolimus trough levels
- Safe for immunosuppressive therapy after liver transplantation
- Improvement of renal function
- Normalization of liver function
- No inferiority in patient adherence, number of dose adjustments and safety in once-daily versus twice-daily Tacrolimus administration