
CTS Collaborative Transplant Study

Newsletter 3:2004

August 1, 2004

We have noticed a remarkable increase in the use of CTS website graphics since the PowerPoint feature was introduced. Whereas the number of users has remained stable at approximately 150 a day, the numbers of graphs accessed per user have increased. We interpret this as showing that the CTS data are increasingly used for teaching and lecturing purposes. Of course, we welcome this development. The graphics section is continuously updated and expanded. With this month's release we are surpassing the landmark of **1000 graphs on the CTS website**.

There has also been a steady increase in website use for the analysis of **center-specific data**. This is particularly pleasing for us because it shows we are providing a tool that is appreciated and used. I would like to stress again that your center analysis will be meaningful only if the data on factors that you would like to analyze have been reported to CTS. The most common reason for disappointment, when the analysis does not show the anticipated result, is an incomplete data status. **Please provide update information** on your transplants **regularly**. I should like to reiterate that centers whose data are transmitted to CTS by national registries or other electronic means can also analyze their own data via the website.

Do not hesitate to let us know when you have suggestions for further improvements of the CTS website.

It is gratifying to see that those centers that started to **enter registrations and/or follow up via TaXi** are continuing to do so. The good user acceptance indicates that the TaXi software functions well. You should consider this alternative if your center's transplant data are currently kept on paper only.

The June shipping cycle resulted in more than 2,000 samples for the **DNA project** and 300 samples for the **serum study**. We would like to thank the participating laboratories for their continued support of these ongoing scientific studies. Those who would like to join should please contact us per e-mail.

The next shipping date for the DNA and serum studies is

November 22, 2004.

The importance of **posttransplant hypertension** has been stressed repeatedly in this newsletter and in various publications. At two recent conferences the question was raised whether treatment of hypertensive patients with **ACE inhibitors** might modulate the damaging effect of hypertension. In the CTS, we have introduced the documentation of treatment with ACE inhibitors rather recently. The available data allow a preliminary analysis. A comparison of the influence of hypertension on graft survival in recipients with or without ACE inhibitor treatment shows that it is the **final pressure** rather than the modality of treatment that determines subsequent graft outcome (Figure 1).

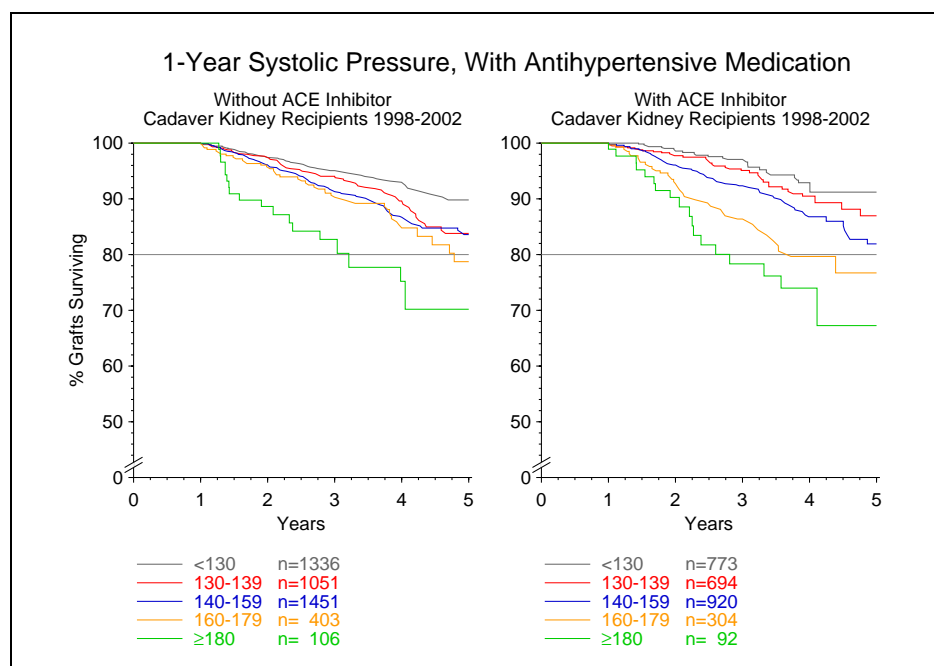


Figure 1

At this time, due to limited patient numbers, it is not possible to perform an in-depth analysis of other, potentially interfering influence factors. However, we will keep an eye on this and report to you again when a larger data set is available. Your cooperation in **providing updates on the yearly questionnaires** is highly appreciated.

Another question of interest is whether the hypertension topic is of any relevance to **pediatric patients**. The answer is clearly yes. As shown in Figure 2, hypertension is strongly associated with subsequent graft outcome even in children. However, unlike in the adult population, the effect appears to be almost exclusively **due to graft loss** (left half of Figure 3, death-censored analysis) and not to patient death (right half).

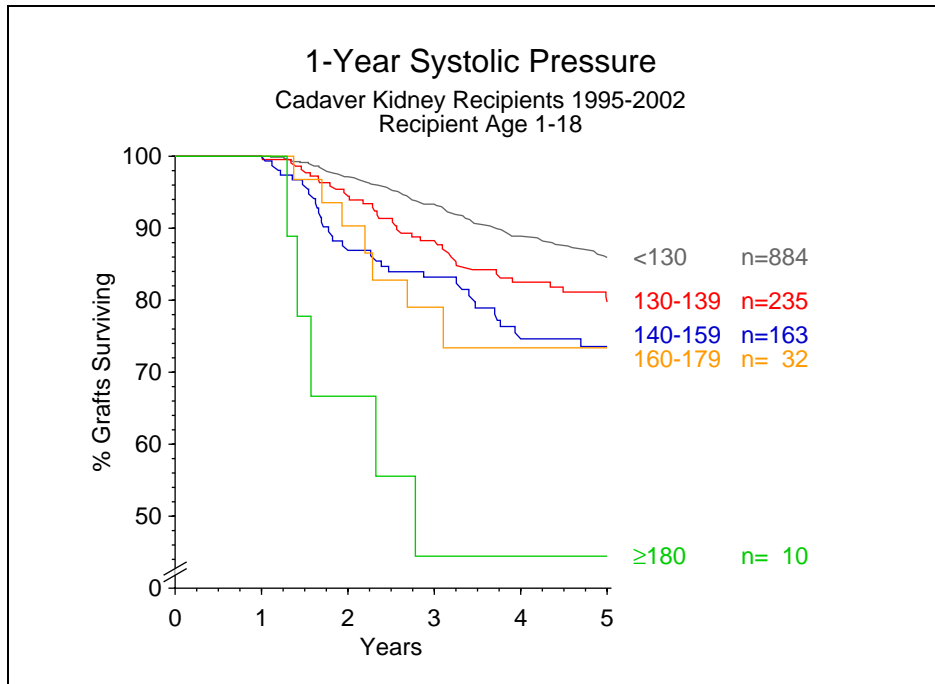


Figure 2

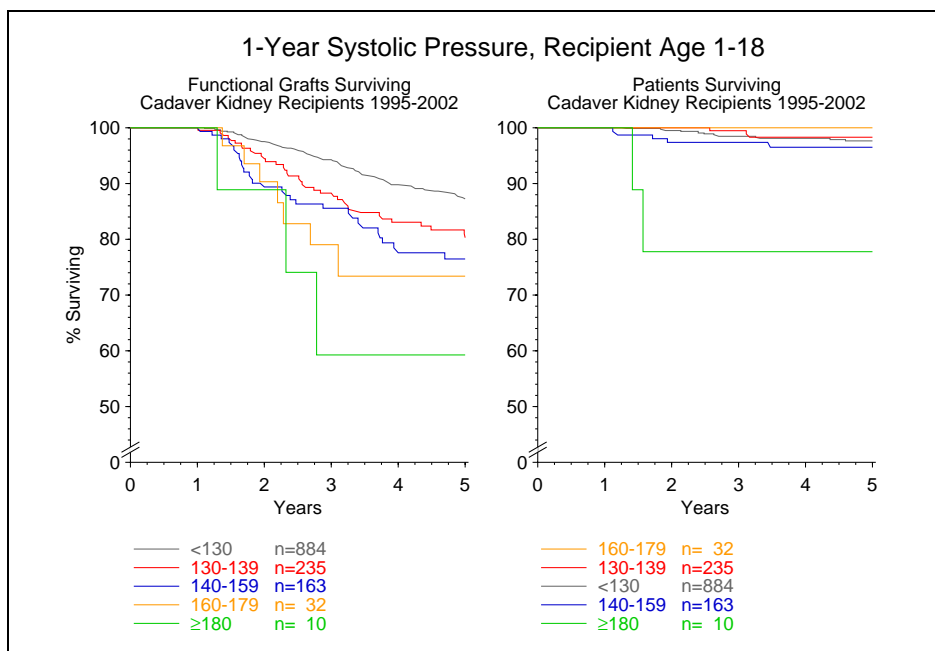


Figure 3

The international transplant congress is approaching and I am looking forward to seeing many of you in Vienna.

Thank you for your support of the CTS.

Sincerely yours,

Gerhard Opelz