
CTS Collaborative Transplant Study

Newsletter 4:2011

November 1, 2011

We would like to inform you that **The Transplantation Society (TTS)** (www.tts.org) and the Collaborative Transplant Study (CTS) (www.ctstransplant.org) have formed a **partnership**, underscoring a need for **global** documentation and analysis of organ transplants. Because many countries are lacking national registries, transplant **centers often do not have access** to the necessary tools for documentation and analysis of their data. As a result of the partnership agreement, all members of TTS will have access, free of charge, to the CTS software package TaXi. As a CTS participant you already know that the package has the advantage of functioning freestanding on its own, so that each center remains in possession and control of its own data. Of particular interest to TTS is that the software also offers the possibility for use as a regional or national registry, thus eliminating the need for costly software development in countries that are in need of a **registry platform**. It is hoped that additional, already existing single-center databases and national registries will **join this global initiative** and contribute to the global transplantation database under the auspices of TTS. Data from **existing databases** can simply be transcribed. TTS will nominate a Scientific Advisory Board that will support future functions of this joint activity. International standardization of the data dictionary, free-of-charge software updates, informal membership in a global community devoted to the science and improvement of transplantation medicine, and access to an extensive global resource of transplant outcome data are some of the **advantages associated** with this partnership activity. For current CTS participants nothing will change and all CTS functions will continue to be available free of charge.

Death with a functioning graft is the leading cause of kidney graft failure during follow up beyond the first post-transplant year. A benefit of **treatment with statins** on long-term patient survival has not been conclusively demonstrated. We have performed an analysis of statin treatment in relation to death with a functioning graft after the first post-transplant year in recipients grouped according to age and blood pressure. Age at the time of transplantation and systolic blood pressure at year 1 was analyzed. Not surprisingly, the risk of death increased with increasing recipient age. Somewhat unexpectedly in view of recent literature, we found that a **benefit of statin** treatment could be demonstrated only in the subgroup of **patients 60 years and older** who were **hypertensive** with a systolic pressure of ≥ 150 . While these data cannot be taken as proof of efficacy, they add a new facet to the ongoing debate on the potential benefit of statin treatment in kidney transplant recipients.

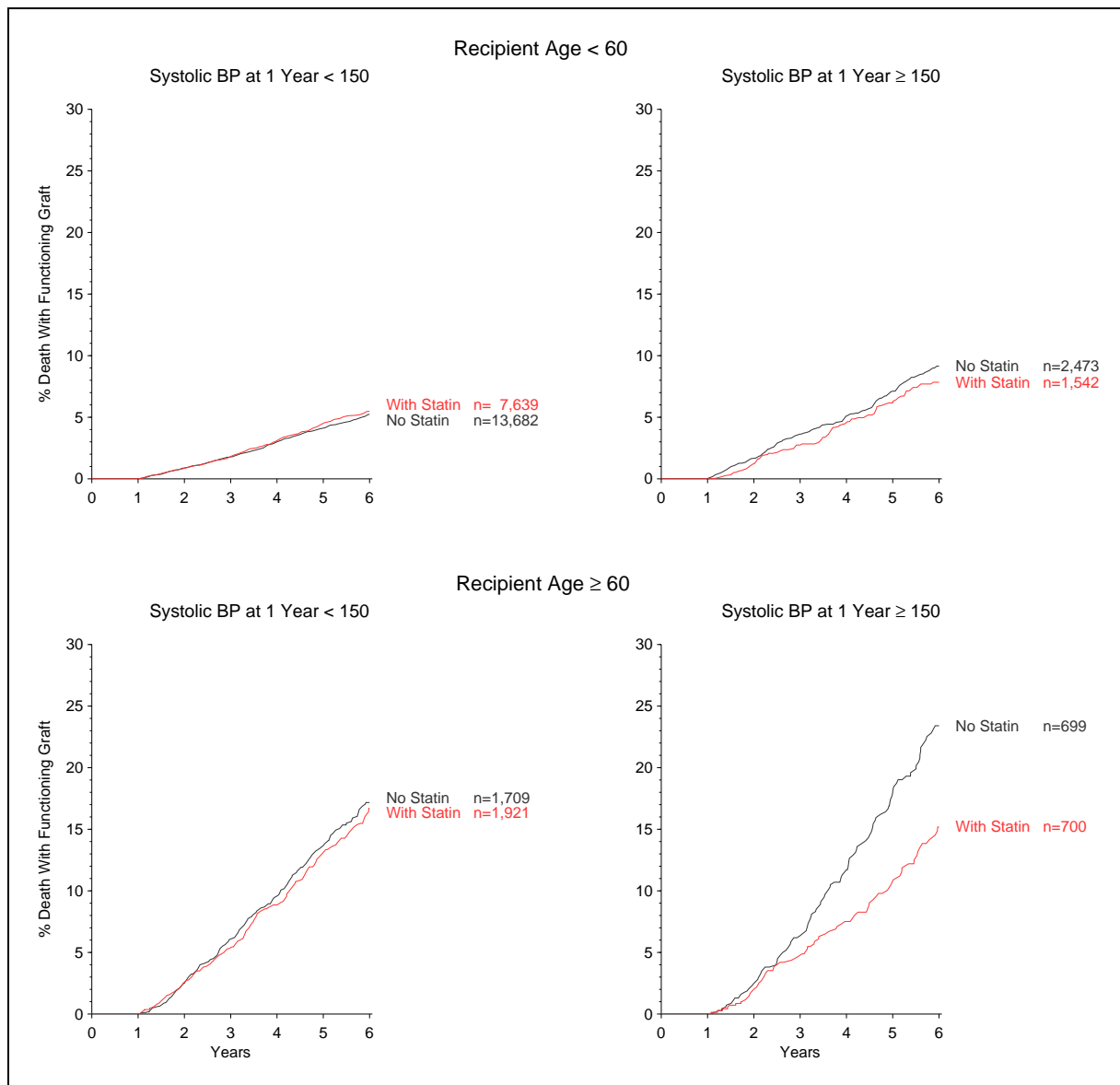


Figure 1

The spectrum of **immunosuppressive medications** is undergoing **continuous change** and CTS therefore periodically updates the registration questionnaires. With the current reporting cycle, an update has been introduced which accommodates the registration of **newly introduced antibodies as well as generic drugs**. Because the pretransplant EBV status of recipients and donors is particularly important with the use of belatacept medication, increased attention will have to be given to EBV testing when treatment with belatacept is considered. The increased risk of posttransplant non-Hodgkin lymphoma in EBV-negative recipients of a donor kidney from an EBV-positive donor has been convincingly demonstrated in a previous CTS analysis (Transplantation 88: 962-967, 2009). CTS registration forms as well as the TaXi software allow for registration of this important variable and we hope that you will add **EBV testing and documentation** to your standard routine for all transplants performed at your center.

I would like to remind you that the next deadline for **shipment** of material for the **CTS serum and DNA projects** is

November 8/9, 2011.

Please inform us per e-mail, fax or phone of shipping details so that we may follow up from our end in case shipments are delayed. The next shipping date is envisioned for May 2012 and the exact date will be announced in due time. Please do not hesitate to contact us if you have any questions.

Thank you for your support of this worldwide scientific study.

Sincerely yours,



Gerhard Opelz