

DIFFERENCES IN IMMUNOSUPPRESSIVE SIDE EFFECT PROFILE BY REGIMEN AND TIME SINCE TRANSPLANT: A FOLLOW-UP REPORT FROM THE PATIENT OUTCOMES REGISTRY FOR TRANSPLANT EFFECTS ON LIFE (PORTEL)

Donna Hathaway, PhD, Rebecca Winsett, PhD, University of Memphis, Memphis, TN; Mary Prendergast, MBA, Fujisawa Healthcare, Inc., Deerfield, IL; Indu Subaiya, MD and Kuo Tong, MS, Quorum Consulting, Inc., San Francisco, CA.

Purpose: To evaluate differences in immunosuppressant side effect profile by immunosuppressive regimen and time since transplant using data from the Patient Outcomes Registry for Transplant Effects on Life (PORTEL), a nationwide, longitudinal profile of transplant patients.

Methods: Data were gathered directly from patient self-reports of co-morbidities and immunosuppressive-related side effects at registry entry. Side effects were assessed by the Memphis Survey yielding emotional, life/role, mobility, gastrointestinal distress and miscellaneous subscale scores.

Results: Data from 722 patients with registry baseline data were analyzed. The sample had an average age of 50 years, 52% were male, 82% Caucasian, 7% African American, and 5% Hispanic. Patients reported the use of the following immunosuppressive agents: cyclosporine (54.6%), tacrolimus (40.2%) and steroids (76.3%). Patients on a tacrolimus-based regimen were younger (47 vs 52 yrs; $p < 0.001$) and received their transplants more recently (2.6 versus 5.7 yrs; $p < 0.001$) compared to patients on cyclosporine-based regimens. Overall, patients reported greatest symptom occurrence (frequency) and greatest symptom impact (severity) in the mobility domain. Tacrolimus-based regimens were associated with lower overall symptom severity based on a composite score of all domains, significantly lower symptom frequency and severity in the mobility ($p < 0.05$) and miscellaneous ($p < 0.001$) domains, and significantly lower symptom severity in the life/role ($p < 0.05$) domain. There was a significant increase in the frequency and severity of problems with mobility with increasing time since transplant. Tacrolimus-based regimens were associated with fewer and less severe side effects in the mobility domain at all time intervals from < 1 year to 6 to 10 years posttransplant.