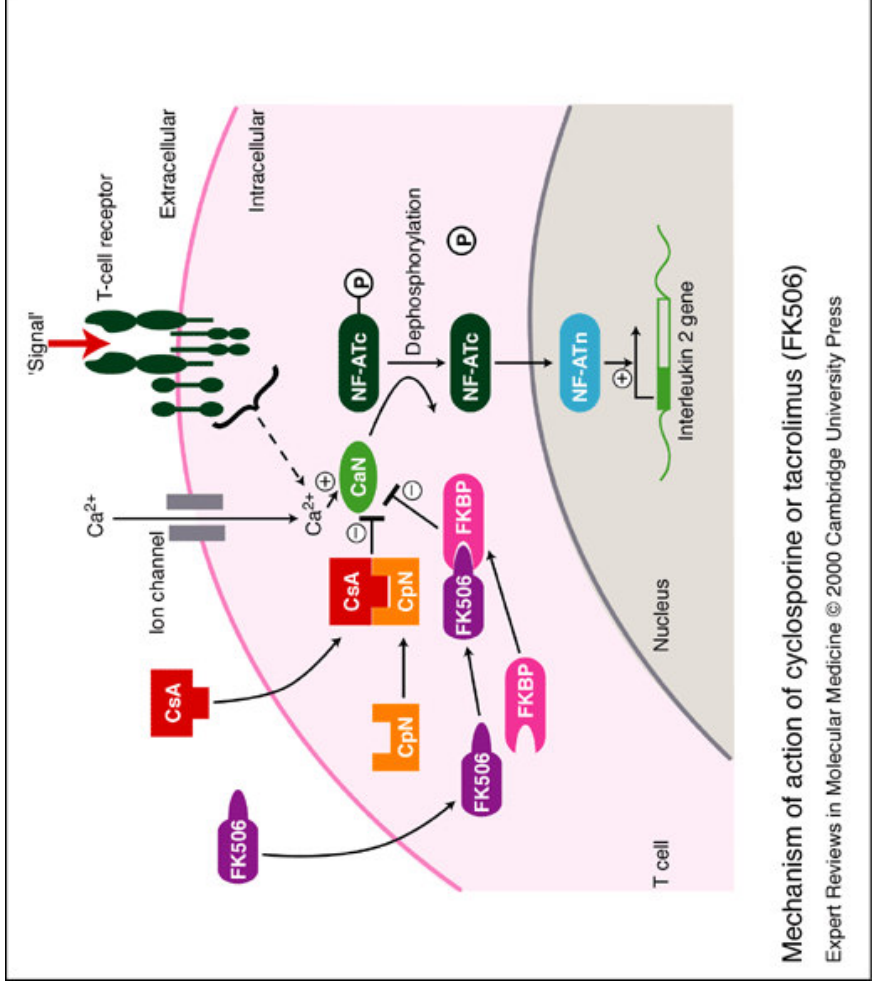


# Anti-calcineurínicos no

**Josep M Grinyó**  
**Hospital Universitari de Bellvitge.**  
**IDIBELL**  
**Universitat de Barcelona**

# Calcineurin Inhibitors: Mechanism of Action

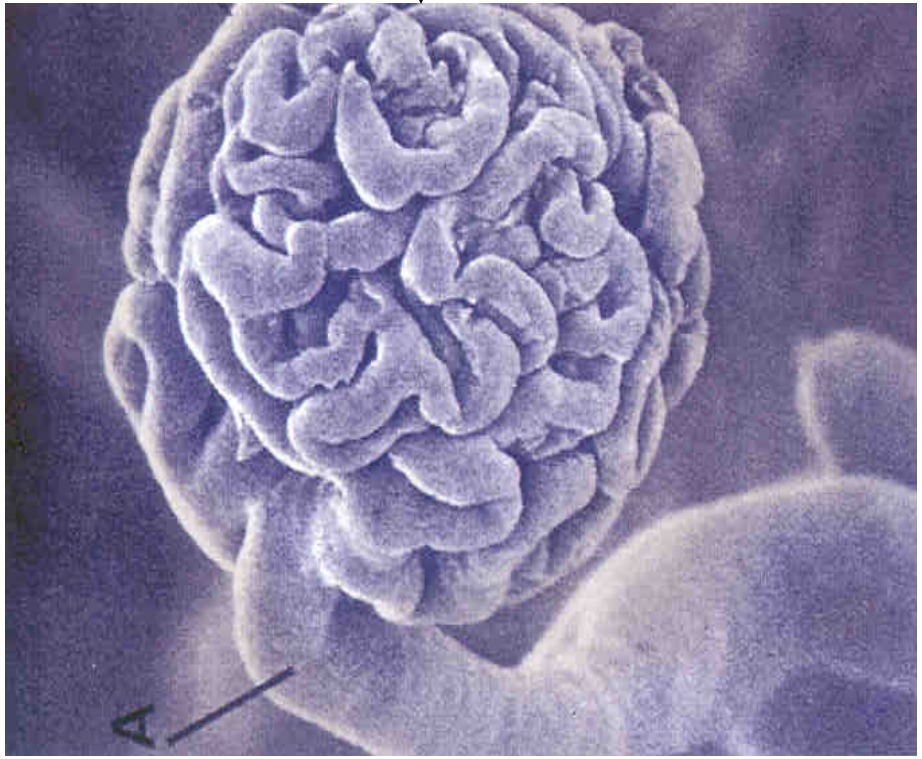
CsA: Cyclosporine  
 FK506: Tacrolimus  
 FKBP: FK Binding Protein  
 CpN: Cyclophilin  
 NF-AT: Nuclear Factor of Activated T-cells (c-cytosolic component; n-nuclear component).



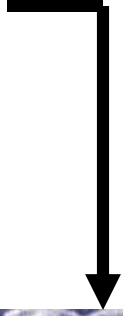
Mechanism of action of cyclosporine or tacrolimus (FK506)  
 Expert Reviews in Molecular Medicine © 2000 Cambridge University Press

Stepkowski, *Expert Rev Mol Med*, 2000;2(4):1

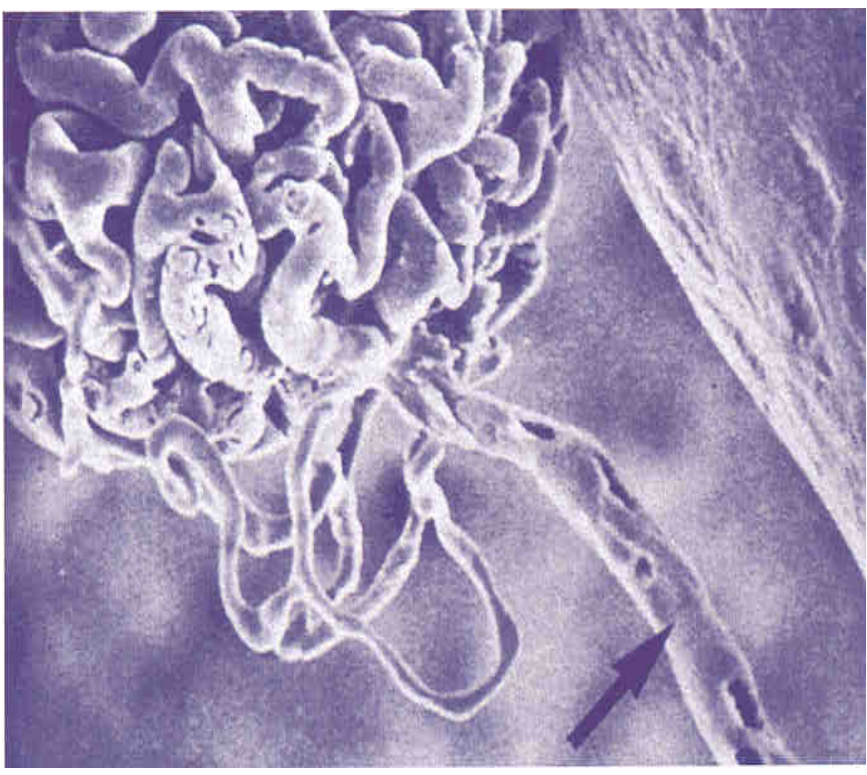
# CALCINEURIN INHIBITORS



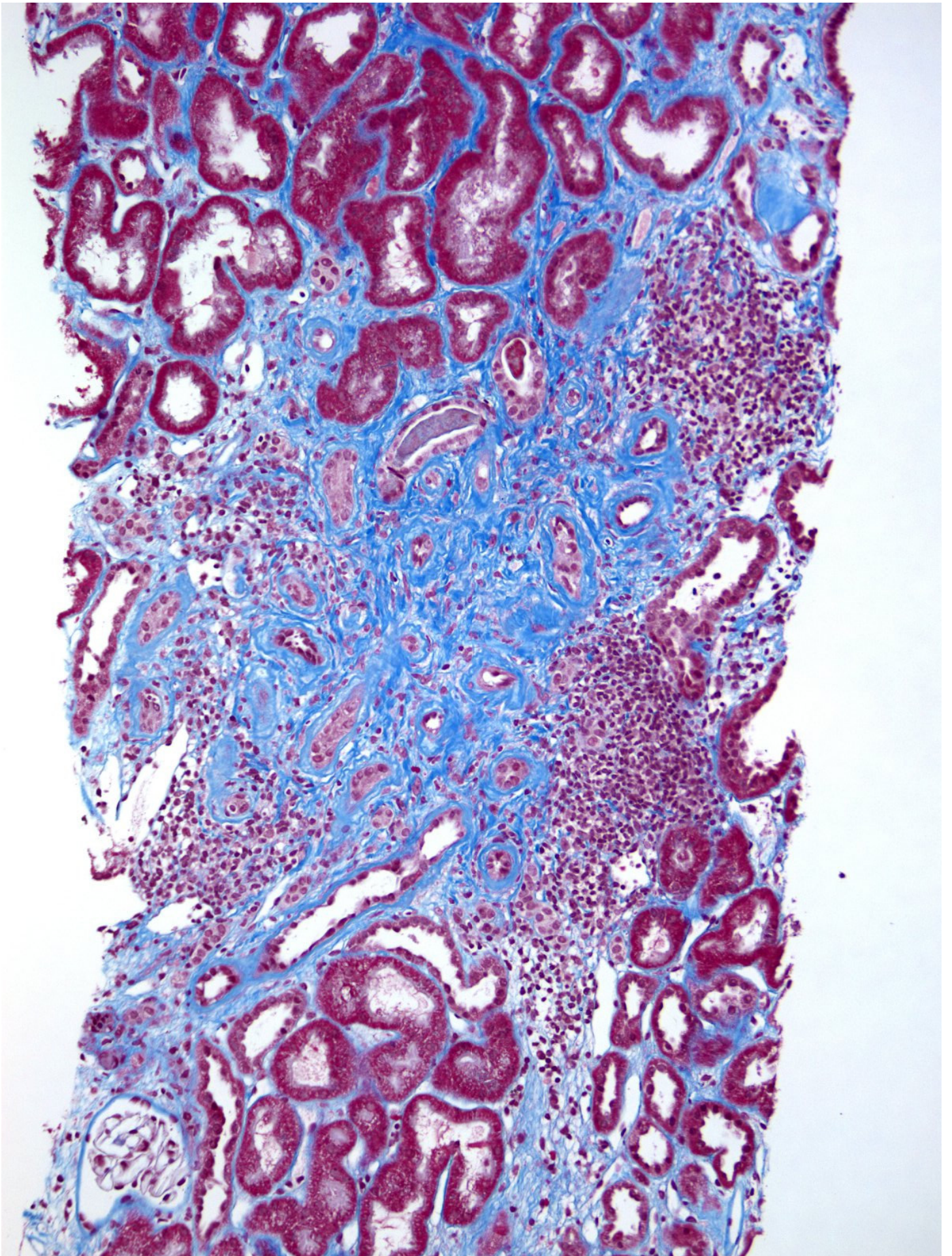
Afferent arteriole of glomerulus without CSA or FK



AA with CyA or FK present







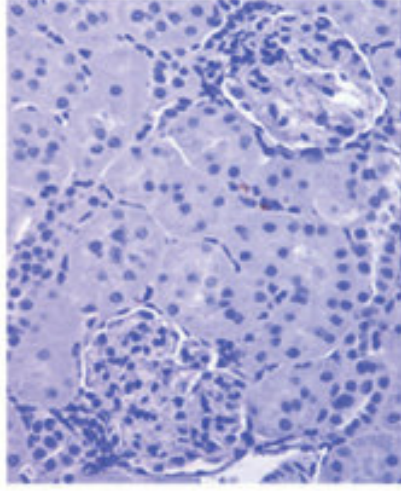
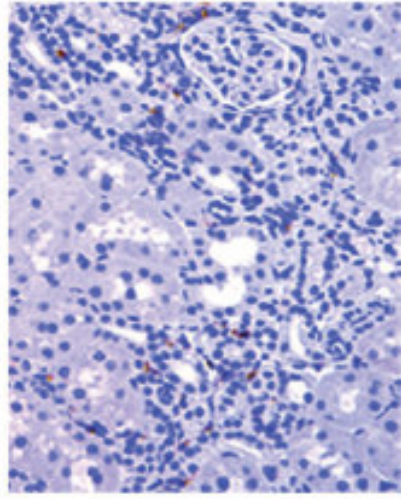
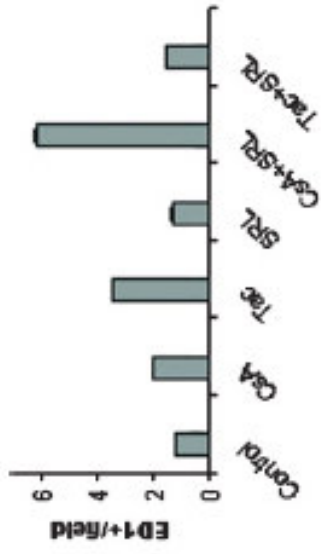


# CNI Toxicity Scoring

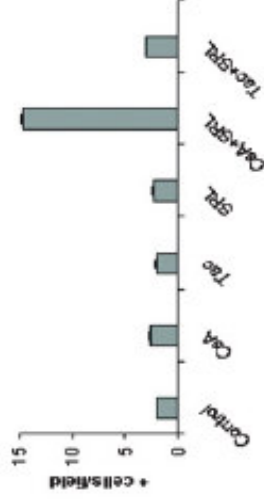
| <b>Histological feature</b>     | <b>Criteria</b>   | <b>Score</b> |
|---------------------------------|---|--------------|
| % Glomerulosclerosis            | 0; 1-25%, 26-50%; >50%  | 0-3          |
| Mesangial matrix expansion      | 0; 1-25%, 26-50%; >50%  | 0-3          |
| Isometric tubular vacuolization | 0; 1-25%, 26-50%; >50%  | 0-3          |
| Tubular atrophy                 | 0; 1-25%, 26-50%; >50%  | 0-3          |
| Interstitial fibrosis           | 0-5%; 6-25%, 26-50%; >50%   | 0-3          |
| Arteriolar hyaline              | 0; mild-moderate (1 arteriole);<br>moderate-severe (1-2 arteriole);<br>severe (many arterioles) | 0-3          |
| <b>Total score</b>              |   | <b>18</b>    |

# Experimental nephrotoxicity

Different renal toxicity profiles

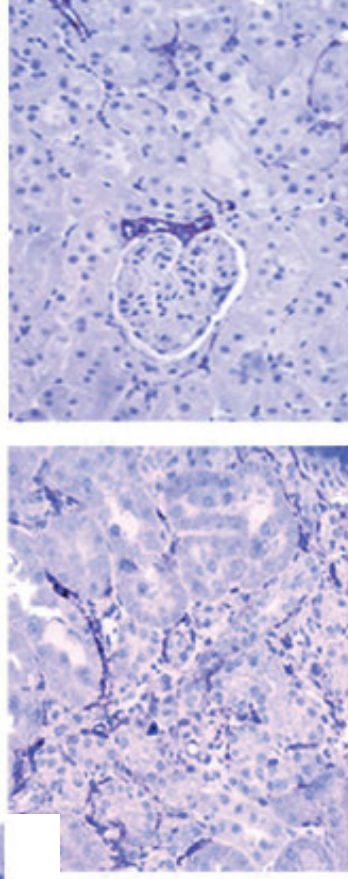


## alfa-SMA



**CsA+SRL**

**Tac+SRL**



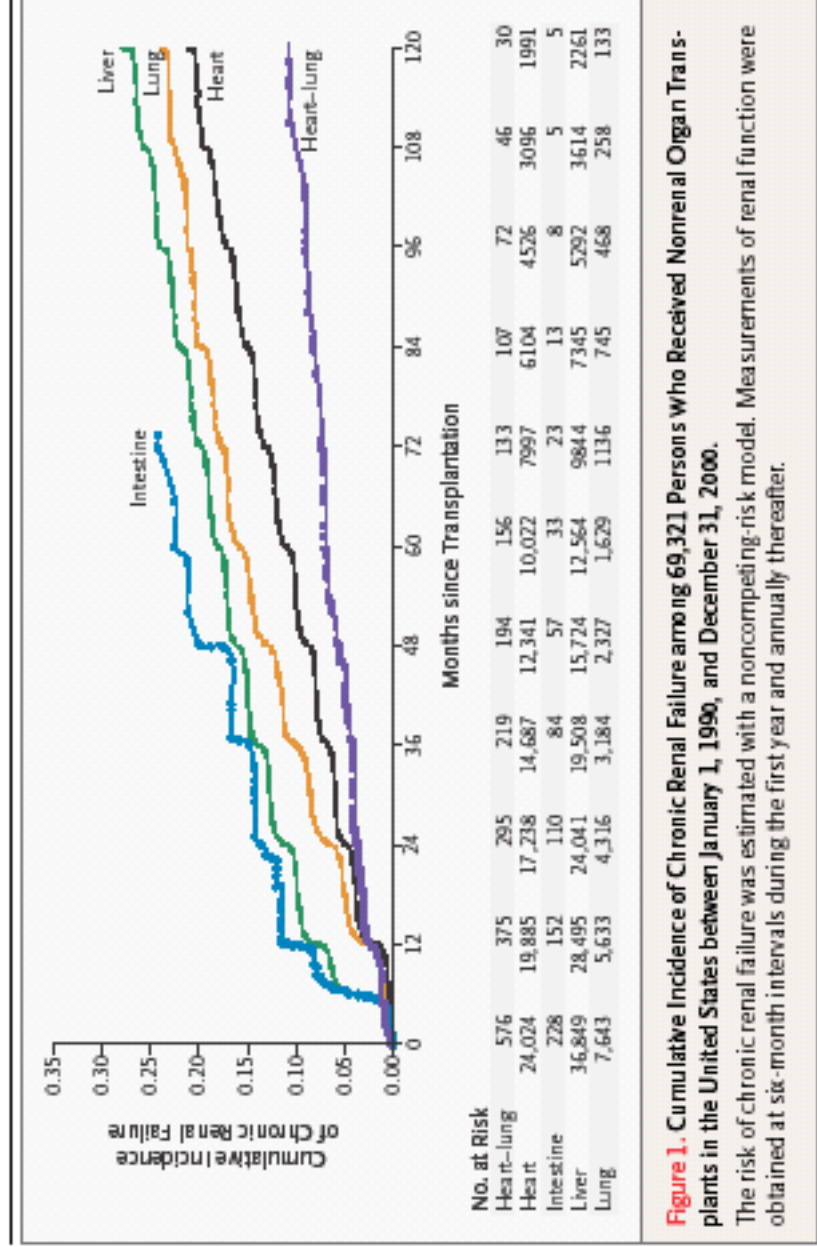
**CsA+SRL**

**Tac+SRL**



# Chronic Renal Failure after Transplantation of a Nonrenal Organ

Ojo A, et al. NEJM 349:931-940, 2003.



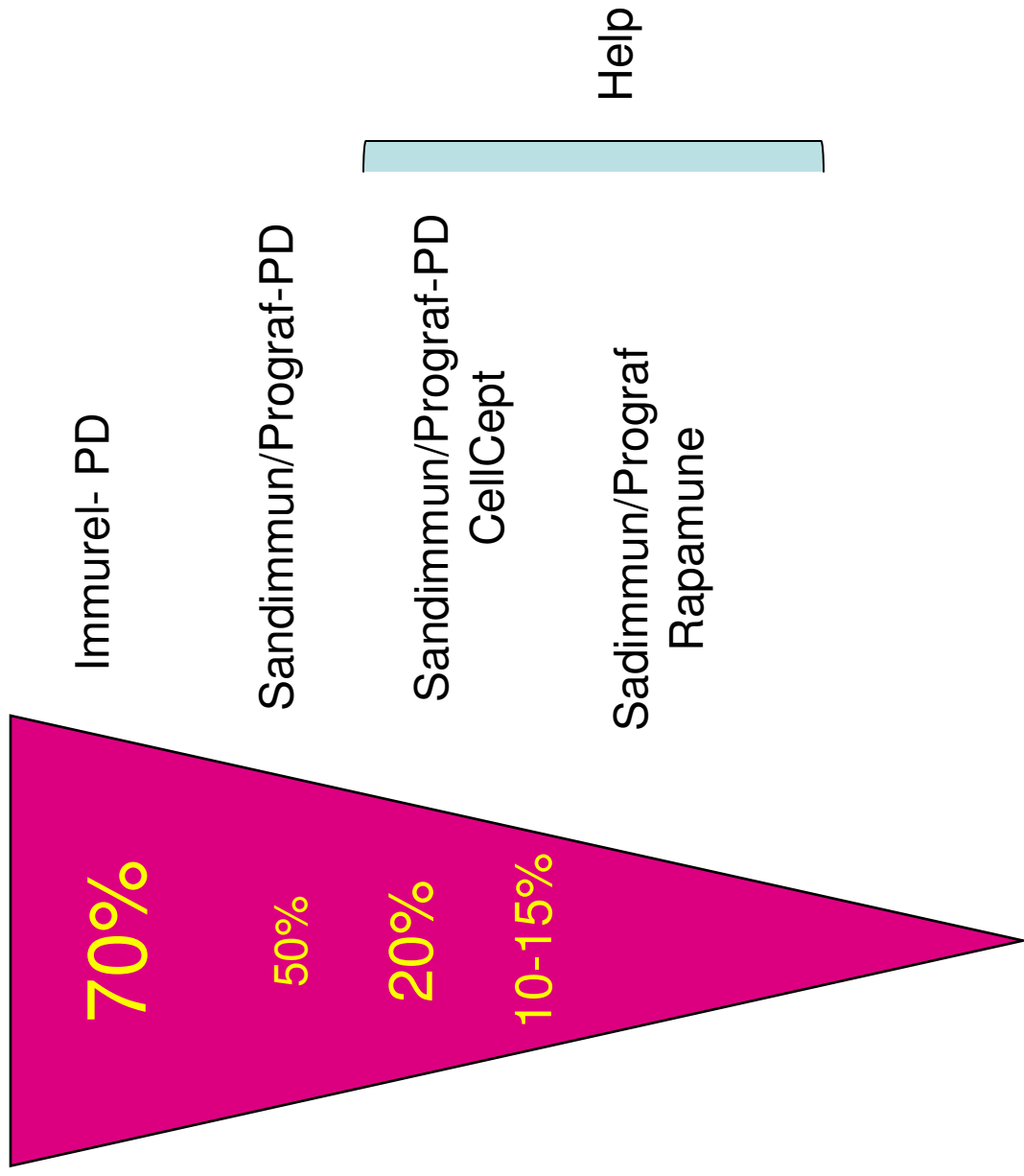
**Figure 1.** Cumulative Incidence of Chronic Renal Failure among 69,321 Persons Who Received Nonrenal Organ Transplants in the United States between January 1, 1990, and December 31, 2000. The risk of chronic renal failure was estimated with a noncompeting-risk model. Measurements of renal function were obtained at six-month intervals during the first year and annually thereafter.

**Table 3. Risk Factors Associated with Chronic Renal Failure in Recipients of Nonrenal Organ Transplants.<sup>a†</sup>**

| Variable   | Overall Relative Risk (95% CI) | P Value | Relative Risks in Subgroups of Recipients |                        |                  |
|--|--------------------------------|---------|---|------------------------|------------------|
|  |                                |         | Liver Transplants                         | Heart-Lung Transplants | Lung Transplants |
| Age (per 10-year increment)                                    | 1.36 (1.34–1.38)               | <0.001  | 1.29                                      | 1.56                   | 1.40             |
| Pretransplantation glomerular filtration rate                  |                                |         |   |                        |                  |
| ≥90 ml/min/1.73 m <sup>2</sup>                                 | 1.00 (reference group)         |         | 1.00                                      | 1.00                   | 1.00             |
| 60–89 ml/min/1.73 m <sup>2</sup>                               | 1.38 (1.30–1.46)               | <0.001  | 1.54                                      | 1.16†                  | 1.00†            |
| 30–59 ml/min/1.73 m <sup>2</sup>                               | 2.25 (2.12–2.39)               | <0.001  | 2.54                                      | 1.92                   | 1.00†            |
| ≤29 ml/min/1.73 m <sup>2</sup>                                 | 3.41 (3.15–3.70)               | <0.001  | 3.78                                      | 2.82                   | 1.42†            |
| Missing or unknown   | 1.33 (1.21–1.46)               | <0.001  | 1.25                                      | 1.29                   | 1.13†            |
| Postoperative acute renal failure‡                             | 2.13 (1.99–2.27)               | <0.001  | 2.11                                      | 3.03                   | 4.56             |
| Dialysis treatment before transplantation                      | 1.46 (1.27–1.68)               | <0.001  | 1.45                                      | 1.25†                  | —§               |
| Male sex   | 0.74 (0.71–0.77)               | <0.001  | 0.71                                      | 0.78                   | 0.68             |
| Race   |                                |         |   |                        |                  |
| White  | 1.00 (reference group)         |         | 1.00                                      | 1.00                   | 1.00             |
| Black  | 1.02 (0.95–1.10)               | 0.57    | 1.01†                                     | 1.05†                  | 0.91†            |
| Asian  | 0.77 (0.66–0.89)               | <0.001  | 0.79                                      | 0.86†                  | 0.32†            |
| Other  | 0.73 (0.63–0.85)               | <0.001  | 0.76                                      | 0.58                   | 1.34†            |
| Calcineurin inhibitor treatment during initial hospitalization |                                |         |   |                        |                  |
| Tacrolimus   | 1.00 (reference group)         |         | 1.00                                      | 1.00                   | 1.00             |
| Cyclosporine   | 1.24 (1.17–1.30)               | <0.001  | 1.25                                      | 0.98†                  | 1.09†            |
| Missing or unknown   | 0.87 (0.80–0.95)               | <0.001  | 0.63                                      | 1.04†                  | 1.10†            |
| Sirolimus treatment during initial hospitalization             |                                |         |   |                        |                  |
| No   | 1.00 (reference group)         |         | 1.00                                      | 1.00                   | 1.00             |
| Yes  | 1.19 (0.94–1.52)               | 0.16    | 1.21†                                     | 1.82†                  | 0.36†            |
| Hepatitis B  | 1.06 (0.96–1.18)               | 0.25    | 1.04†                                     | 1.41†                  | 0.66†            |
| Hepatitis C  | 1.15 (1.08–1.23)               | <0.001  | 1.22                                      | 1.34                   | 1.07†            |
| Hypertension before transplantation                            | 1.18 (1.10–1.26)               | <0.001  | 1.04†                                     | 1.24                   | 1.26             |
| Diabetes mellitus before transplantation                       | 1.42 (1.33–1.51)               | <0.001  | 1.39                                      | 1.51                   | 1.53             |
| Year of transplantation  |                                |         |   |                        |                  |
| 1998–2000  | 1.00 (reference group)         |         | 1.00                                      | 1.00                   | 1.00             |
| 1994–1997  | 1.08 (1.02–1.14)               | 0.008   | 1.23                                      | 0.80                   | 0.84             |
| 1990–1993  | 1.31 (1.15–1.48)               | <0.001  | 1.52                                      | 0.92†                  | 0.62             |

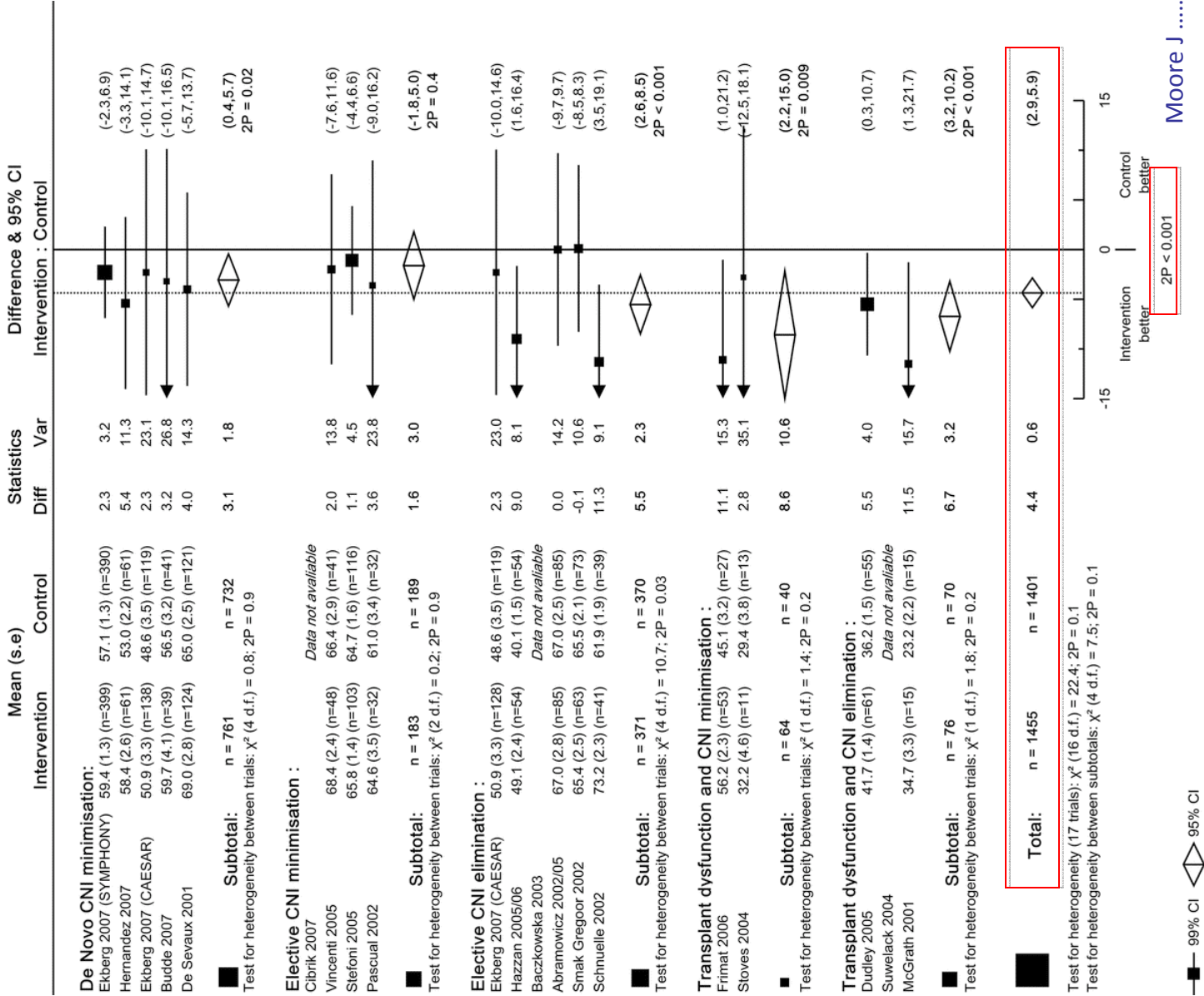


# Incidence of acute rejection



# Meta-analysis on CNI sparing with MMF in KTx:

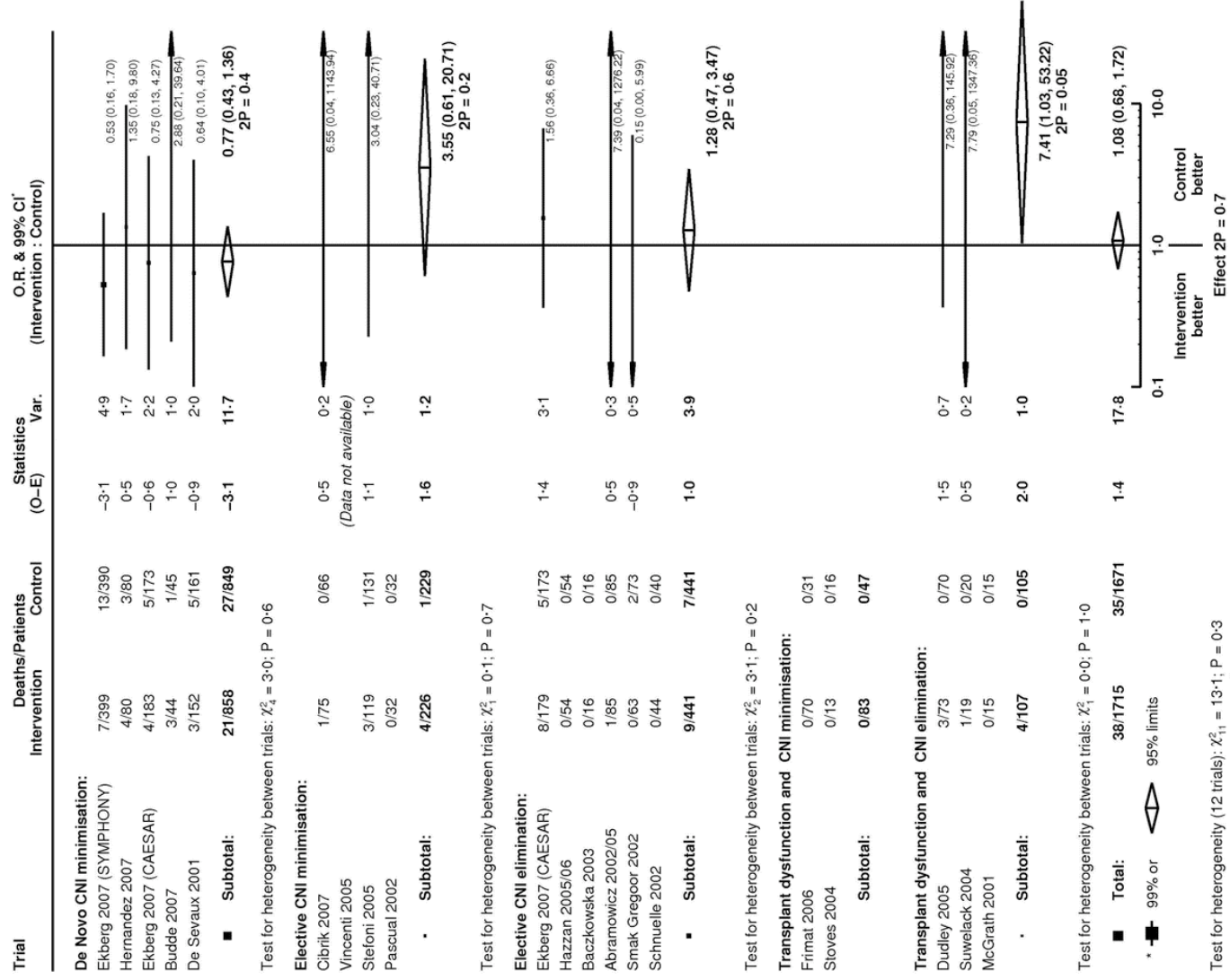
## Renal function



■ 99% CI ◆ 95% CI

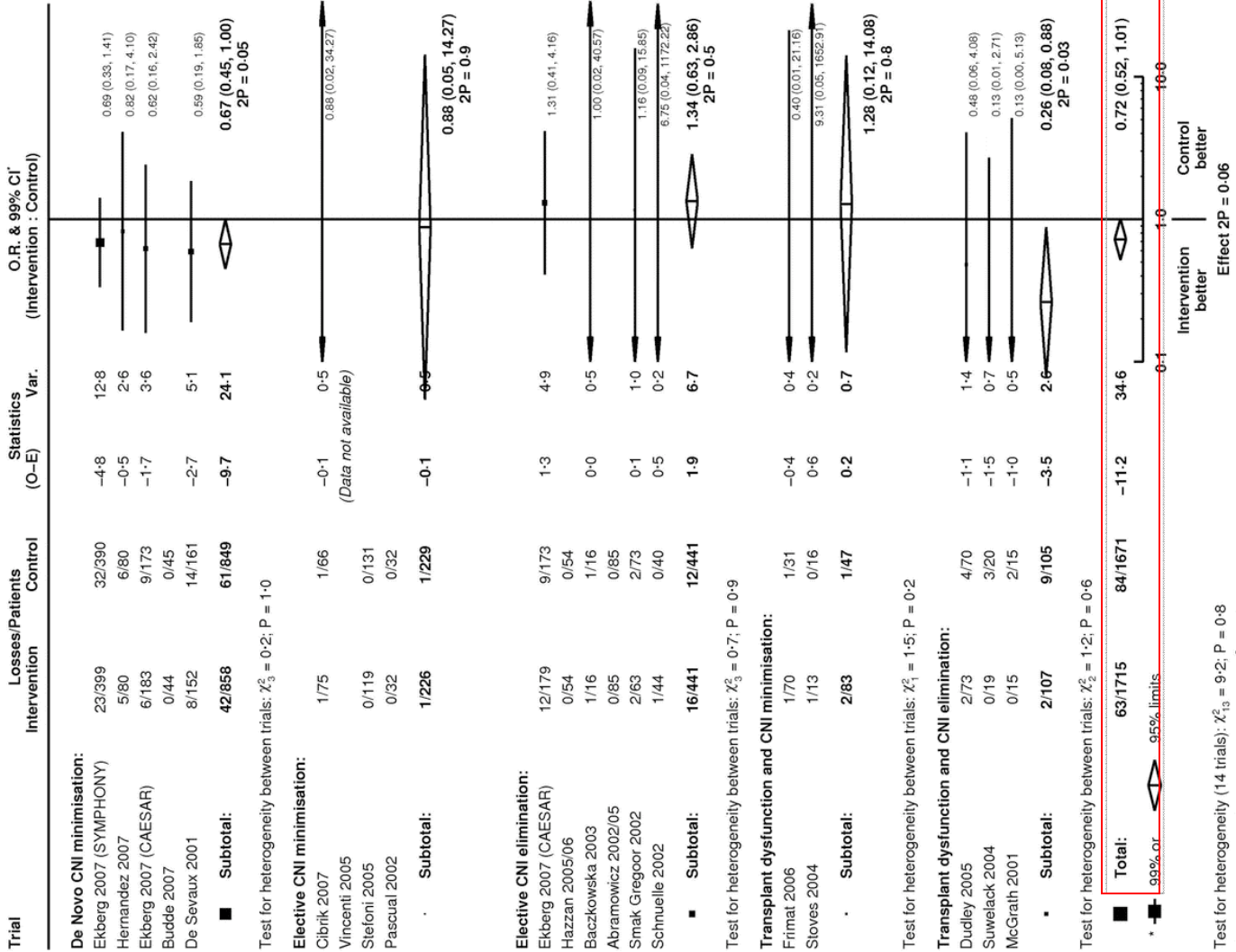
Moore J .....Borrows R, Transplantation 2009; 87: 591-605.

# Meta-analysis on CNI sparing with MMF in KTx: Mortality



Test for heterogeneity (12 trials):  $\chi^2_{11} = 13.1$ ; P = 0.3  
 Test for heterogeneity between subtotals:  $\chi^2_3 = 6.9$ ; P = 0.08



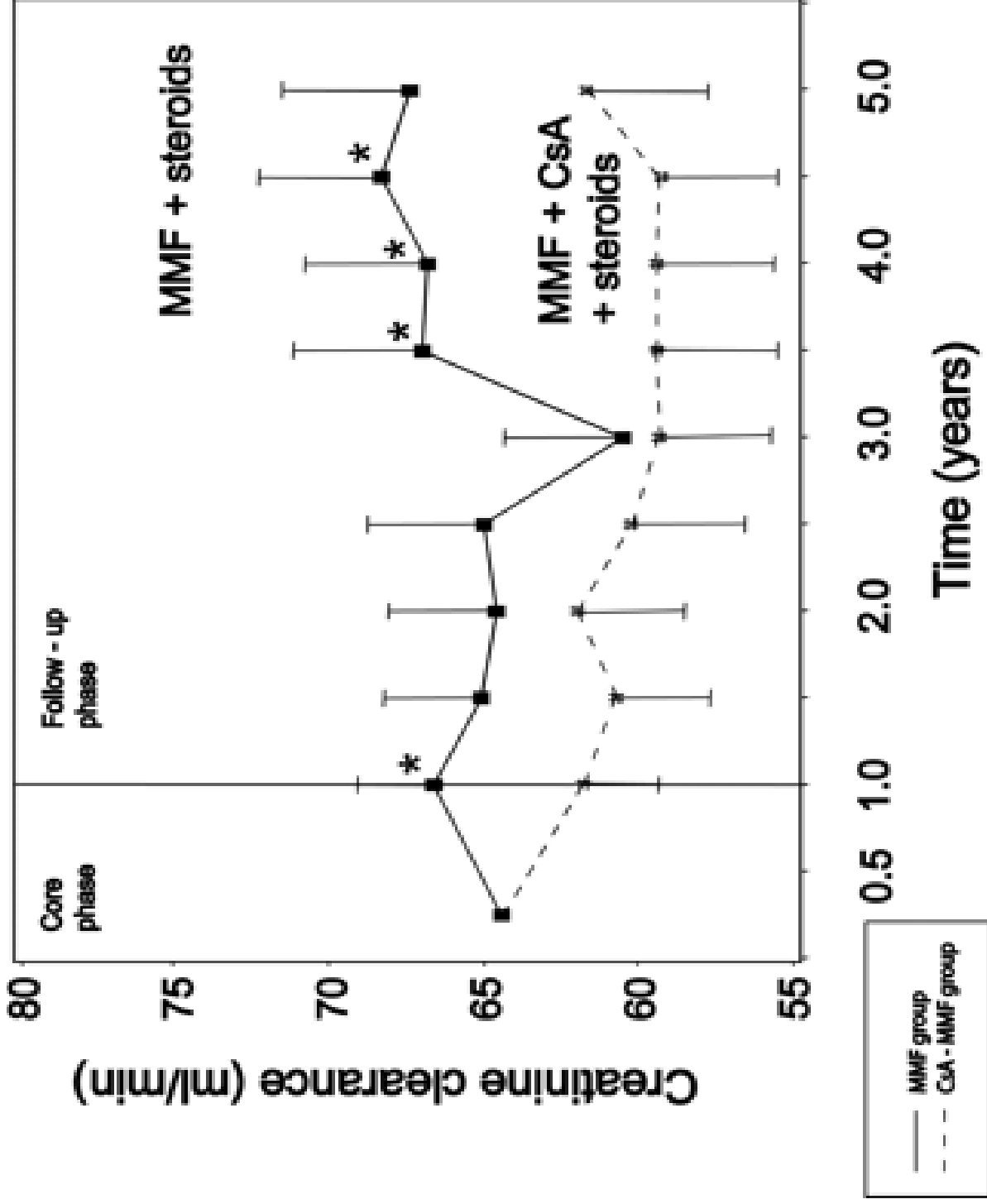


Meta-analysis on CNI sparing with MMF in KTx:

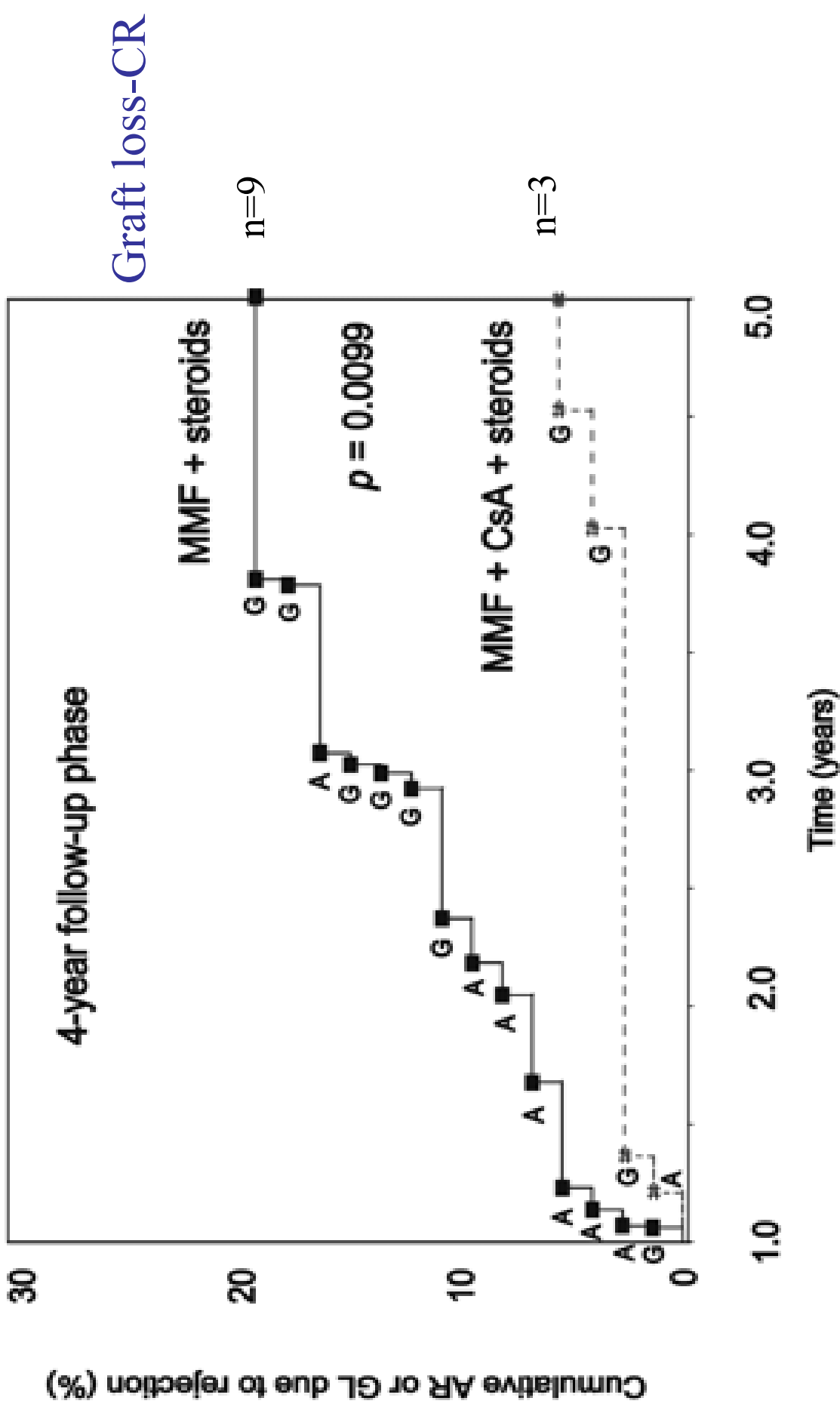
Incidence of graft loss



# Renal function

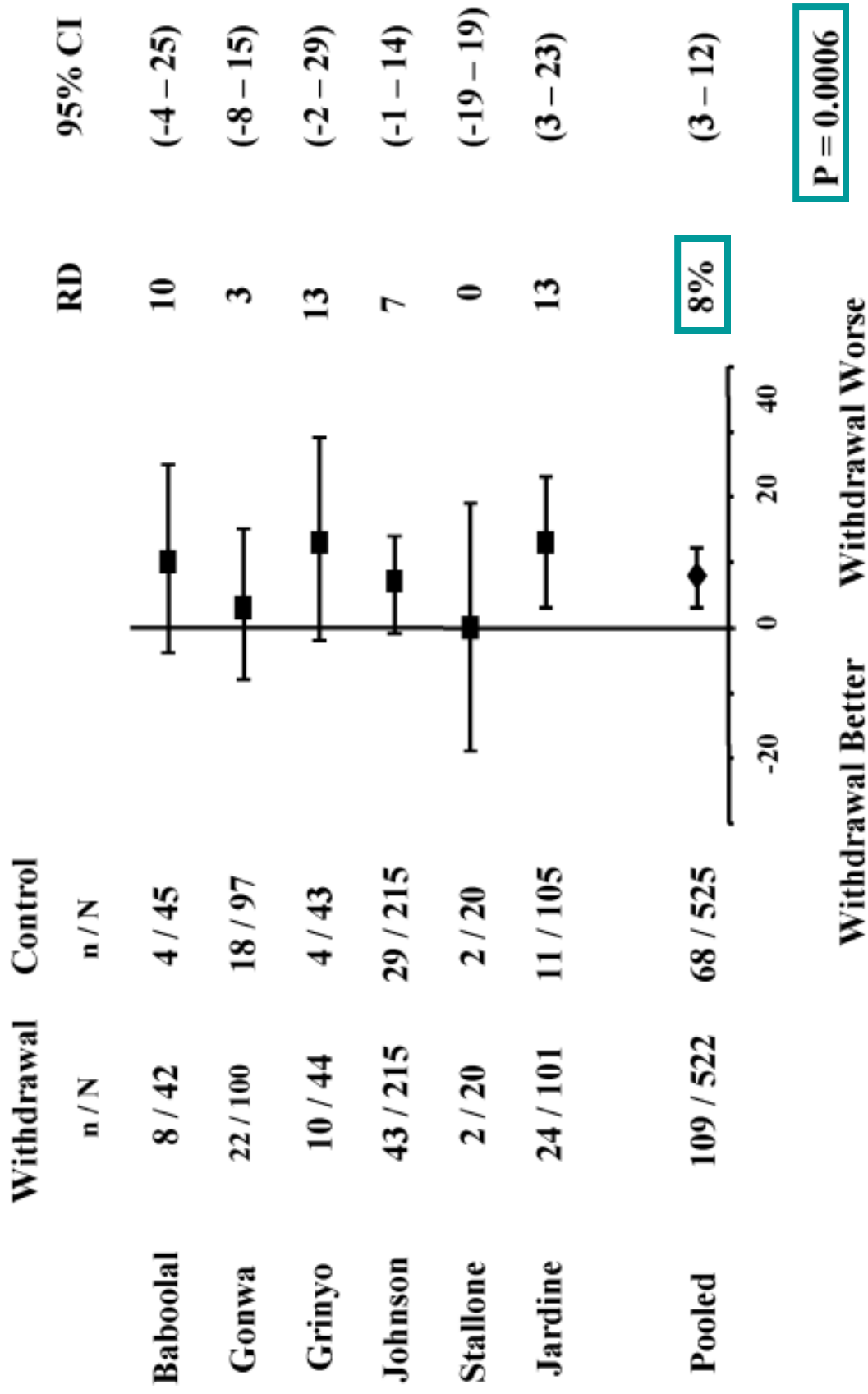


# Rejection Episodes

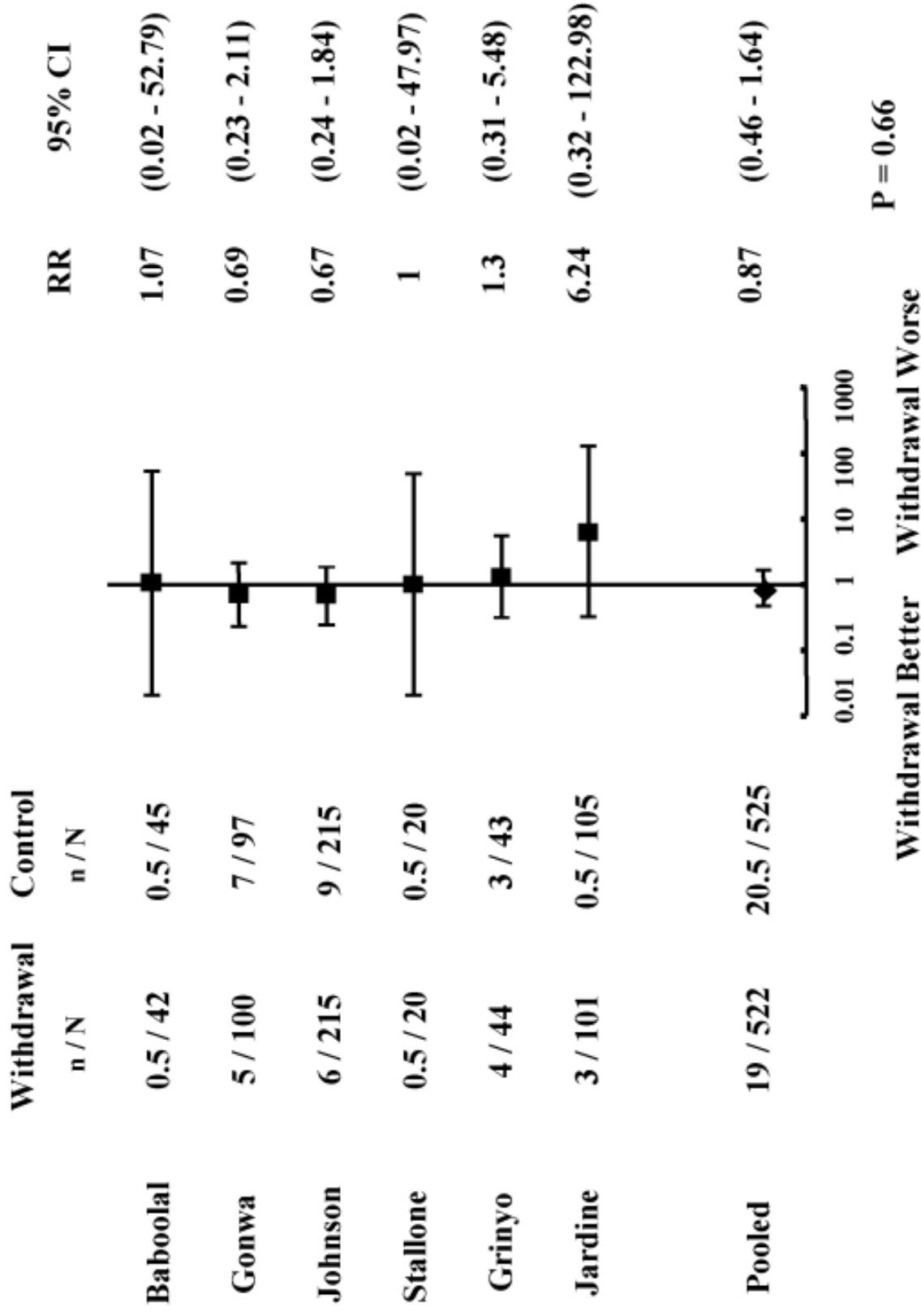




CNI withdrawal from sirolimus immunosuppression  
(absolute risk difference of acute rejection)

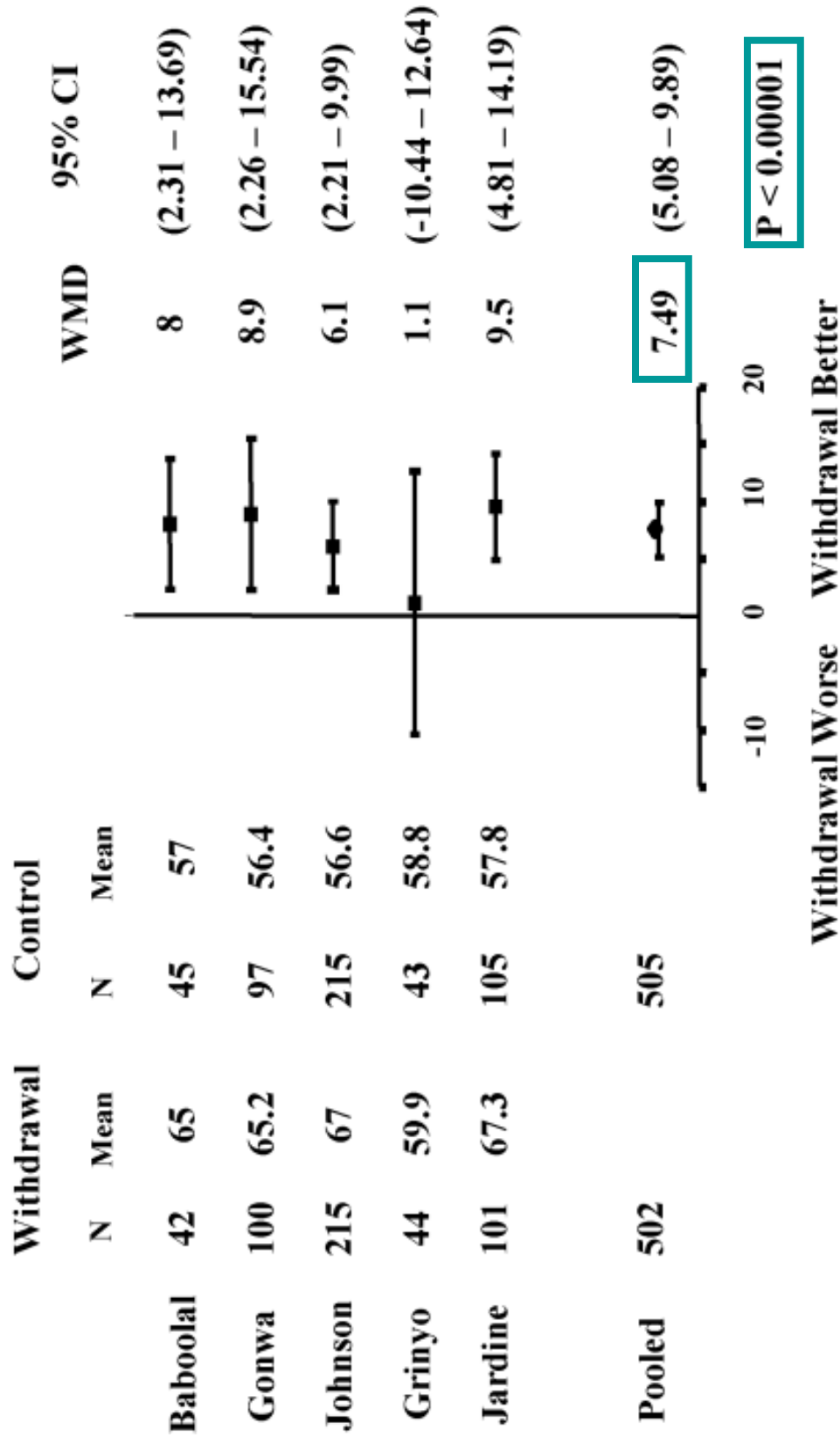


**CNI withdrawal from sirolimus immunosuppression  
(RR of graft loss)**



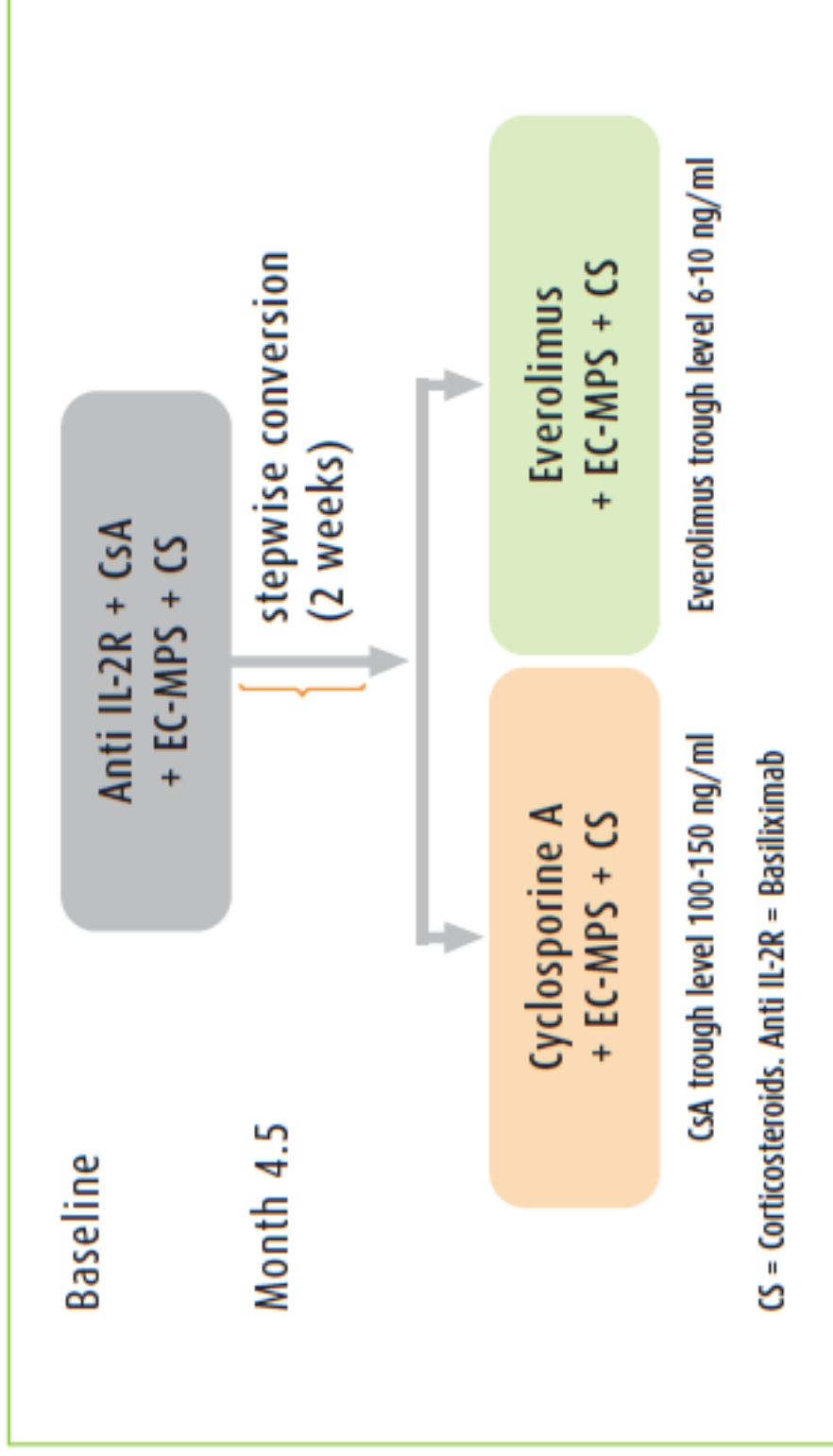
Mulay et al. *AJT* 2005; 5: 1748.

# Creatinine clearance

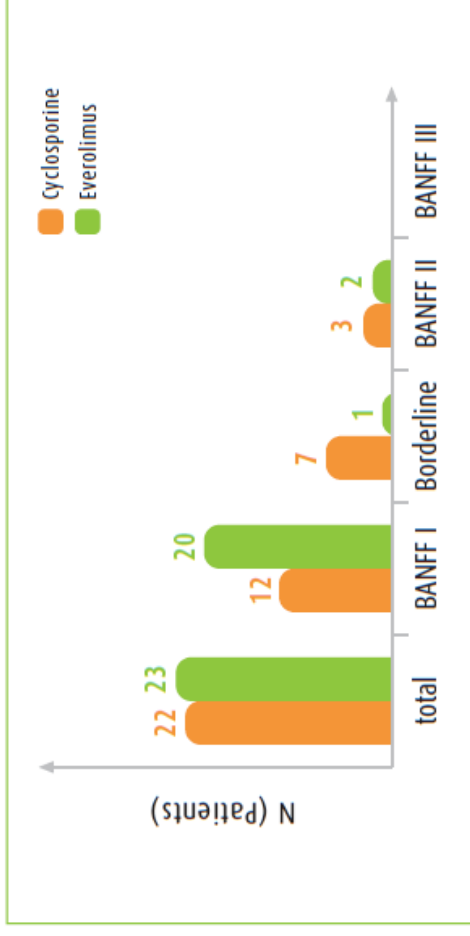
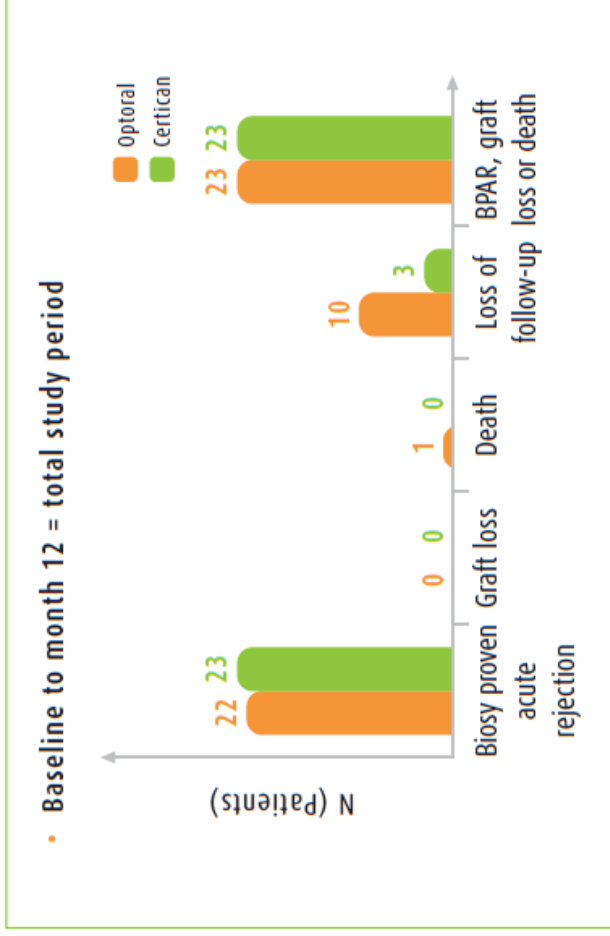




Efficacy and safety of an everolimus/enteric-coated mycophenolate sodium regimen after calcineurin inhibitor withdrawal in the novo renal transplant recipients: Results of the Zeus trial

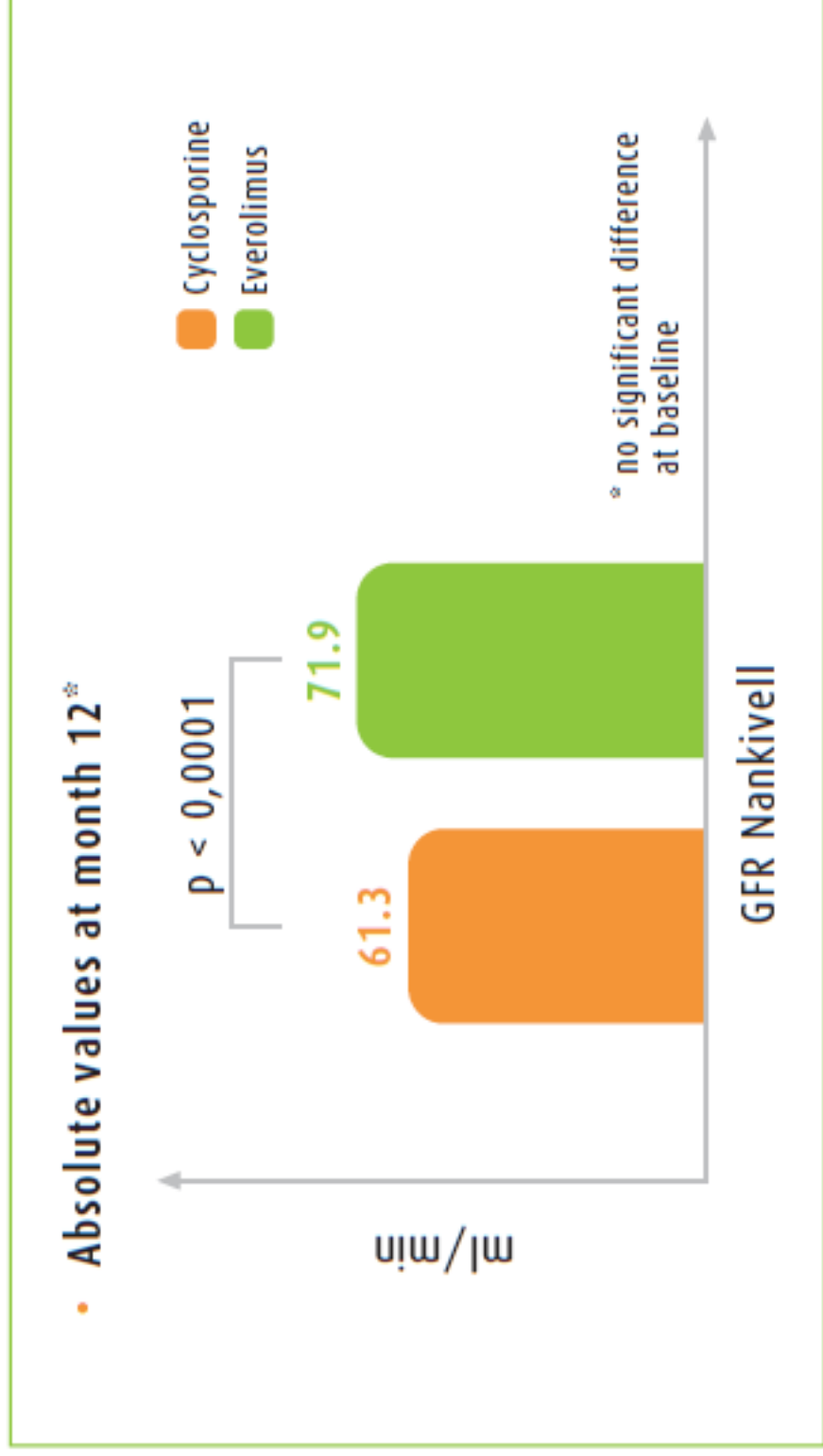


# The Zeus trial: acute rejection



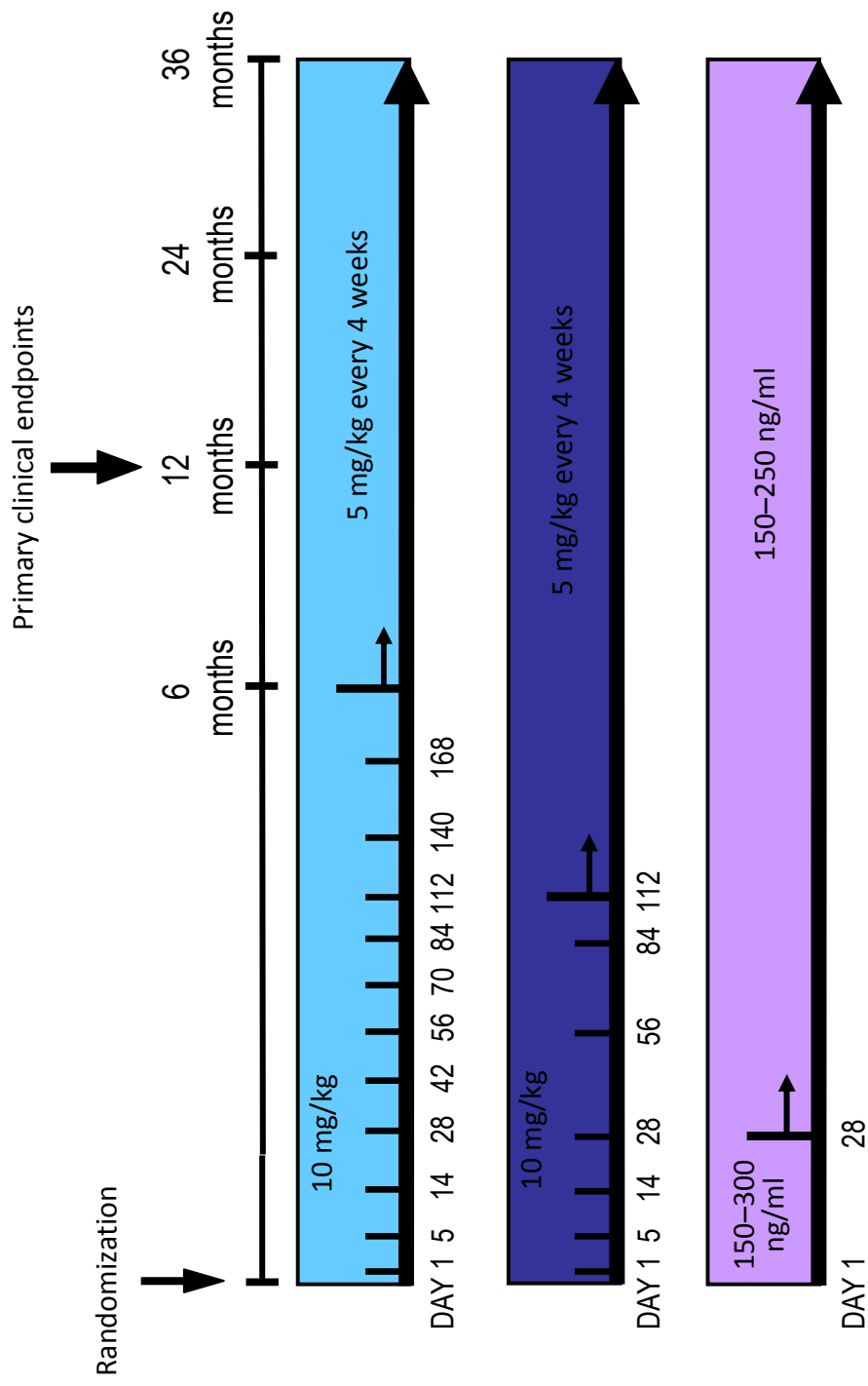
Budde et al. Lancet 2011.

# The Zeus trial: Renal function



# Belatacept in renal transplantation

## BENEFIT and Benefit-EXT Study Designs. Phase III



Belatacept MI\*  
n = 219

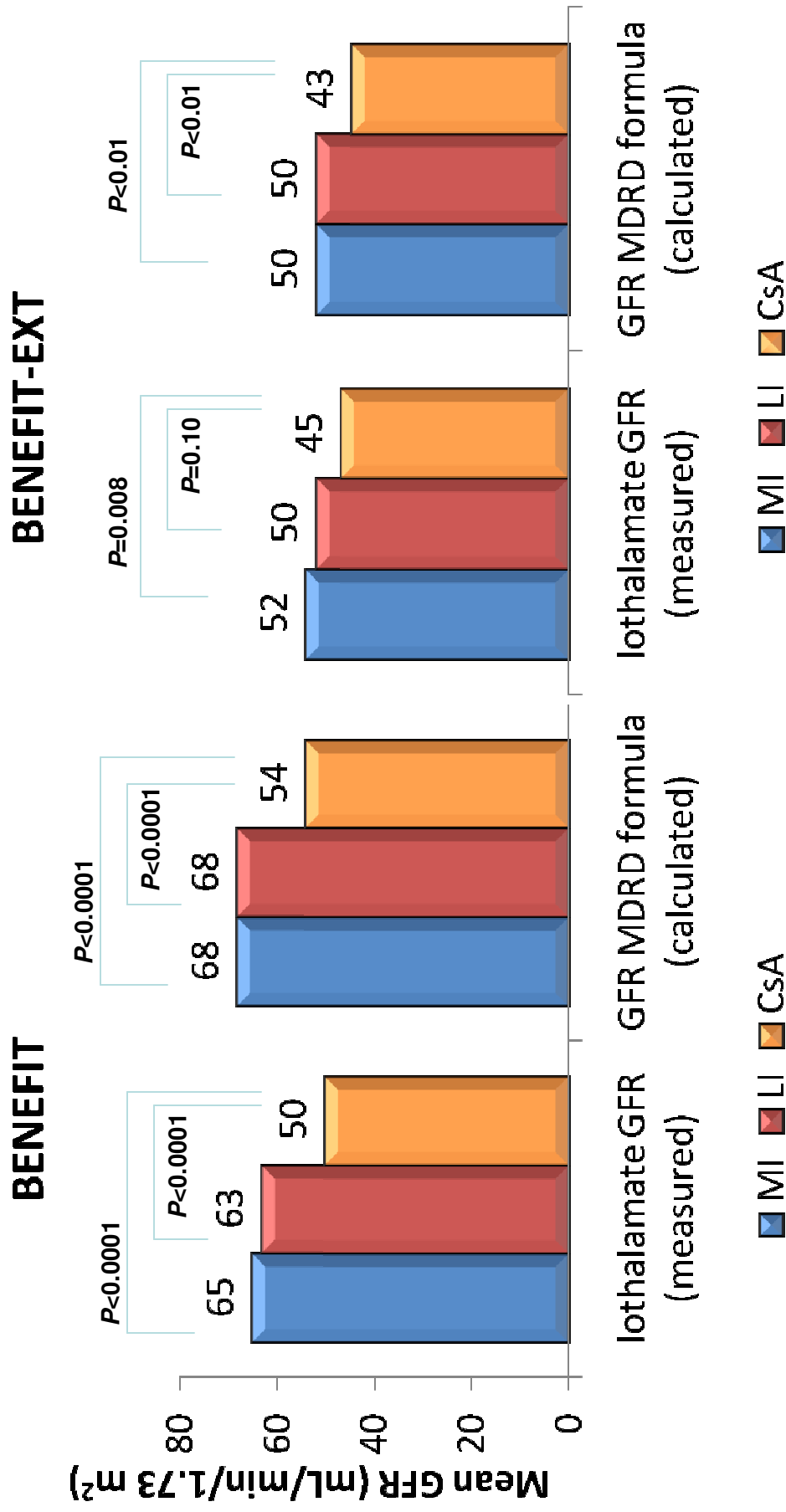
Belatacept LI\*  
n = 226

Cyclosporine\*  
n = 221

\*All patients received basiliximab induction, mycophenolate mofetil, and corticosteroids

LI = less intensive; MI = more intensive.

# Belatacept Phase 3 Clinical Trial Results: Measured and Calculated GFR

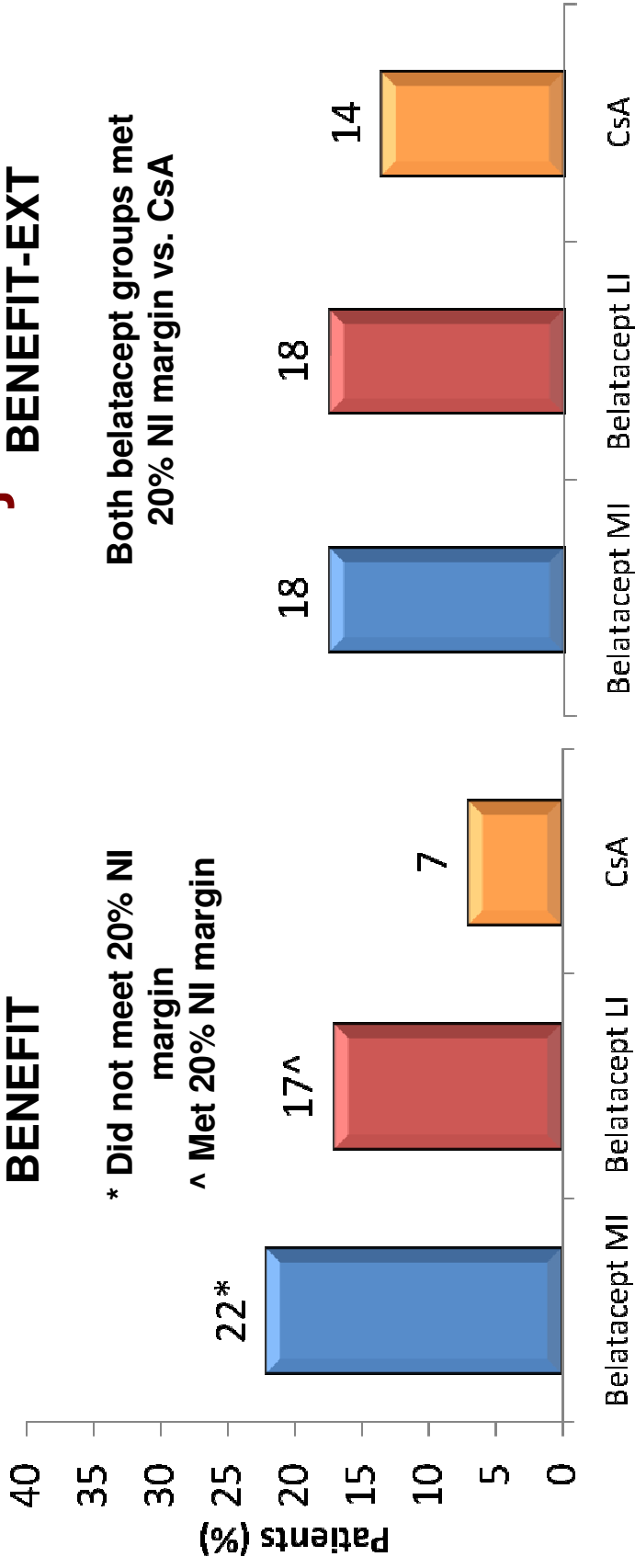




# Belatacept Phase 3 Clinical Trial

## Results:

### Incidence of Acute Rejection

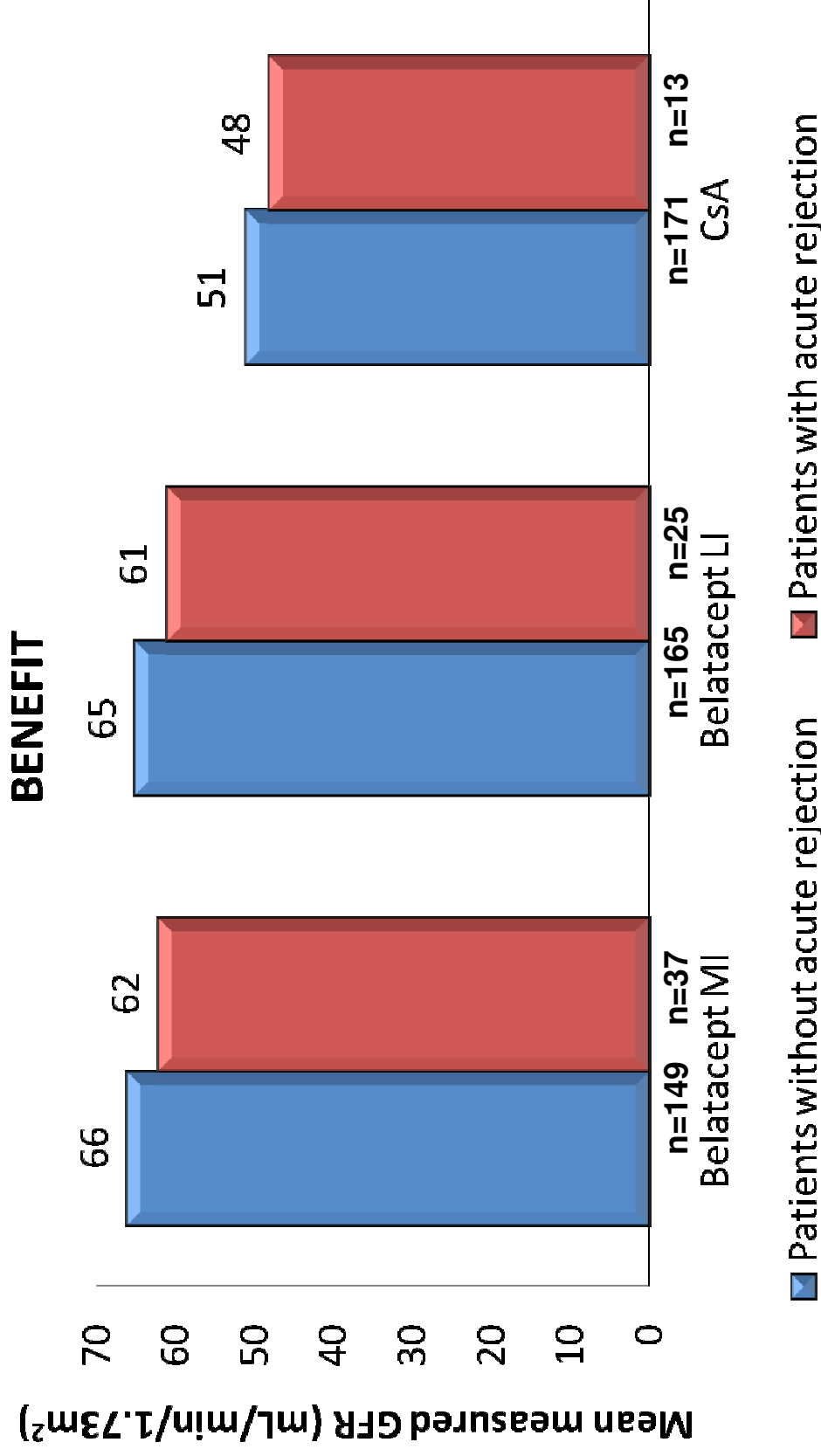


| Banff Grade          | Belatacept MI | Belatacept LI | CsA  |
|----------------------|---------------|---------------|------|
| Mild acute (IA)      | 7(3)          | 4(2)          | 3(1) |
| Mild acute (IB)      | 3(1)          | 8(4)          | 5(2) |
| Moderate acute (IIA) | 17(8)         | 16(7)         | 6(3) |
| Moderate acute (IIB) | 20(9)         | 10(4)         | 2(1) |
| Severe Acute (III)   | 2(1)          | 1(<1)         | 0    |

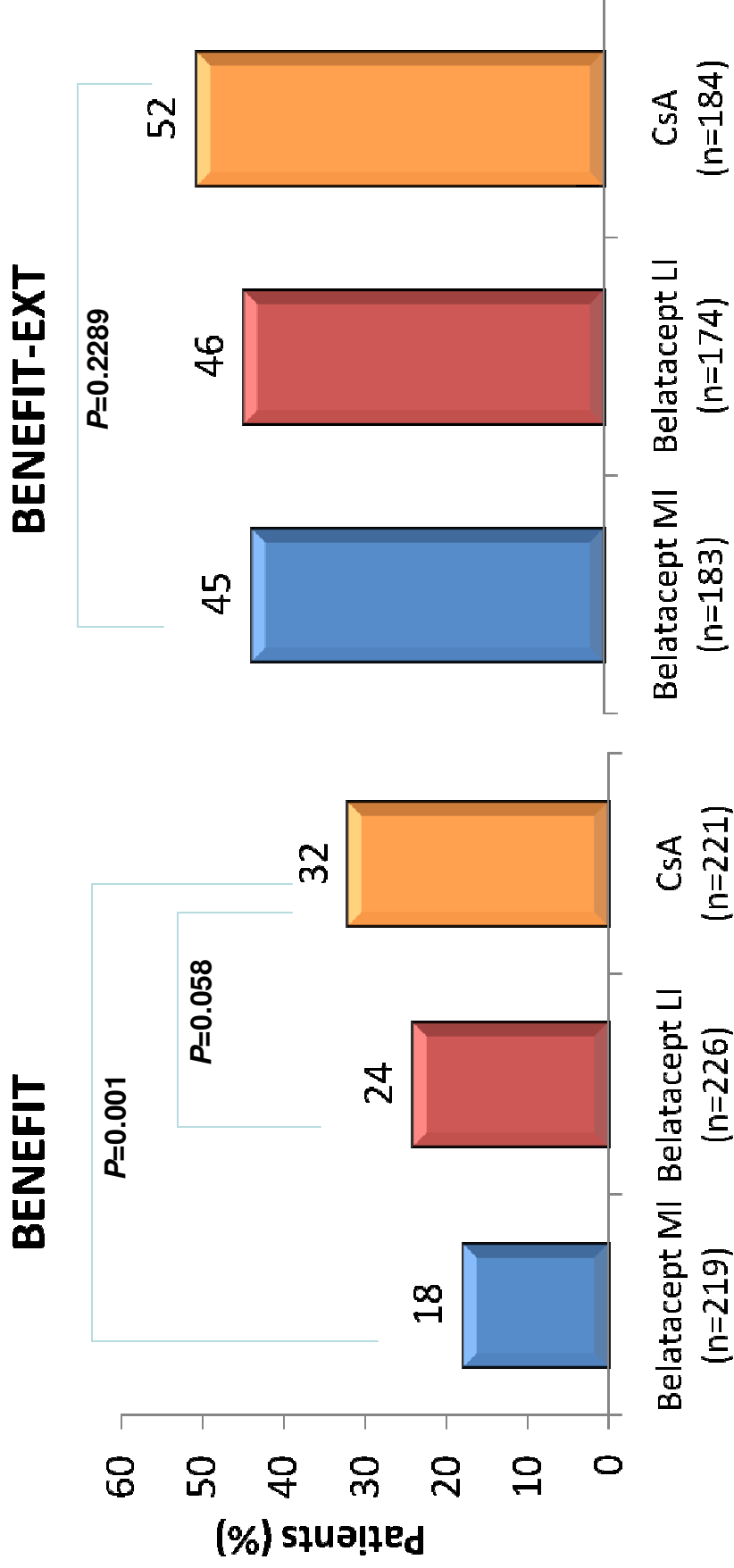
  

| Banff Grade | Belatacept MI | Belatacept LI | CsA   |
|-------------|---------------|---------------|-------|
| IA          | 0             | 4(2)          | 2(1)  |
| IB          | 7(4)          | 2(1)          | 2(1)  |
| IIA         | 10(5)         | 17(10)        | 17(9) |
| IIB         | 16(9)         | 8(5)          | 5(3)  |
| III         | 0             | 0             | 0     |

# Belatacept Phase 3 Clinical Trial Results: Renal Function Maintained in Patients with Acute Rejection



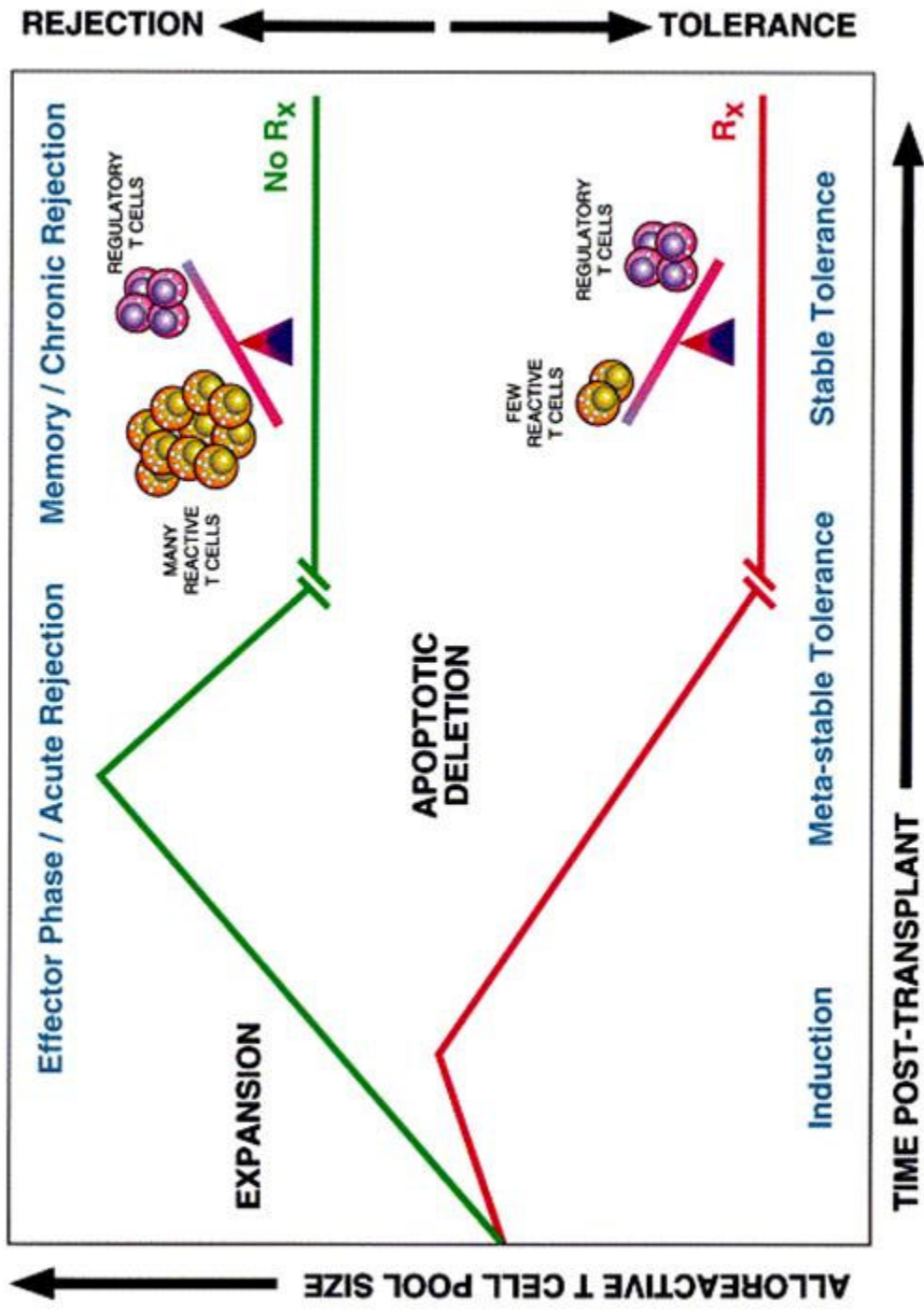
# Belatacept Phase 3 Clinical Trial Results: Reduced Prevalence of Chronic Allograft Nephropathy



# Criticisms to CNI sparing/avoidance strategies

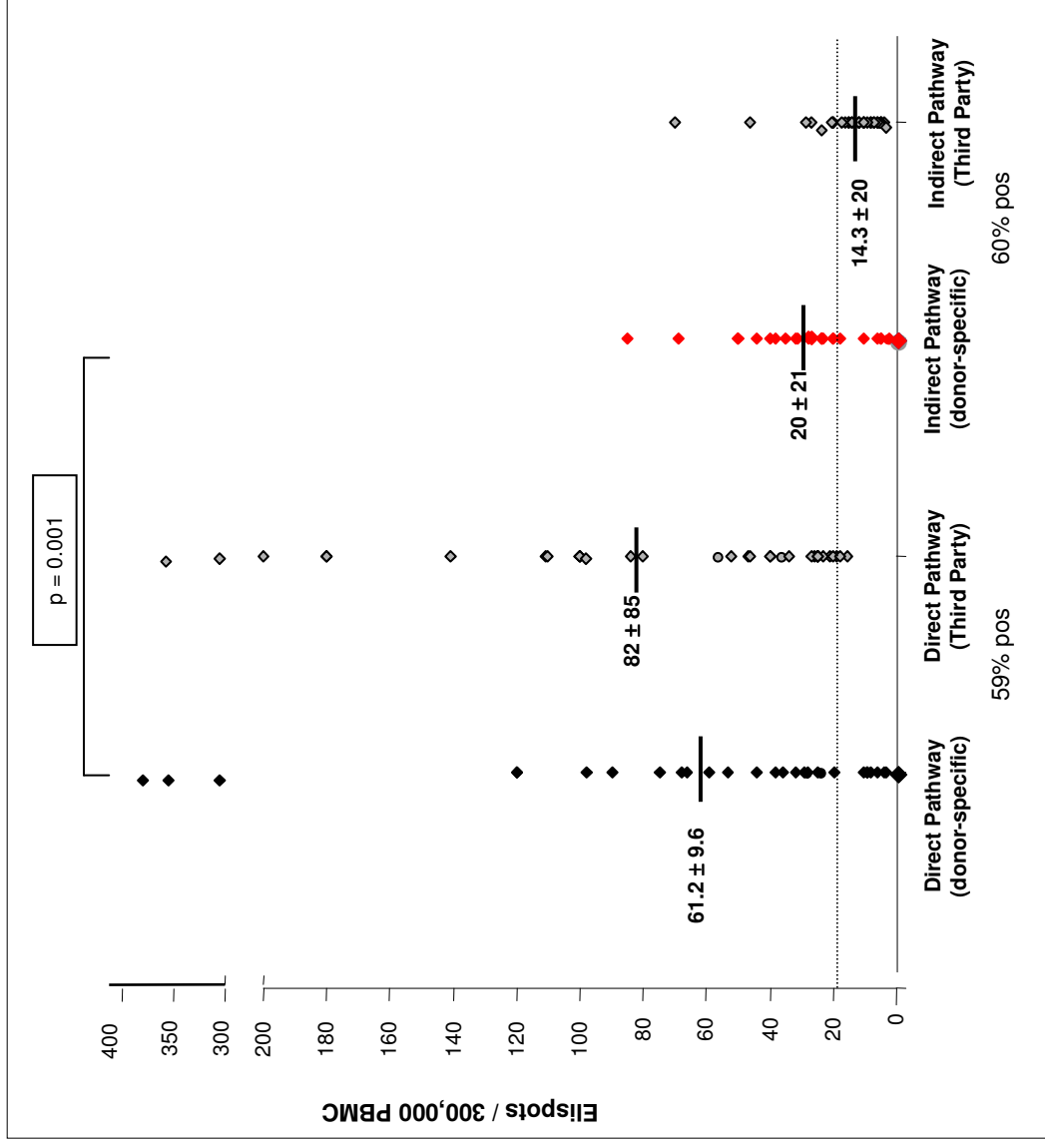
- Without fully rational basis.
- Missing MOAs differences of IS
- Hierarchy, timing?
- Lack of assessment of T and B cell responses.
- Correlation between immune responses and graft damage/function?
- Biomarkers
- Indiscriminate strategies

# The balance of T<sub>eff</sub>/T<sub>reg</sub> regs determines outcome

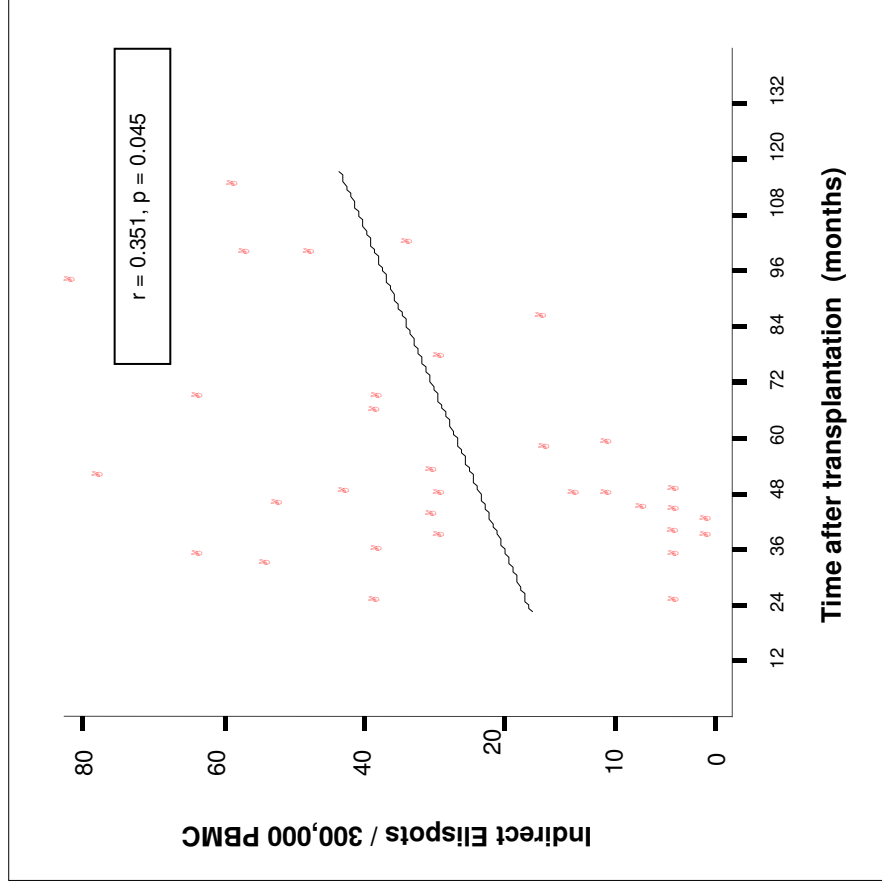
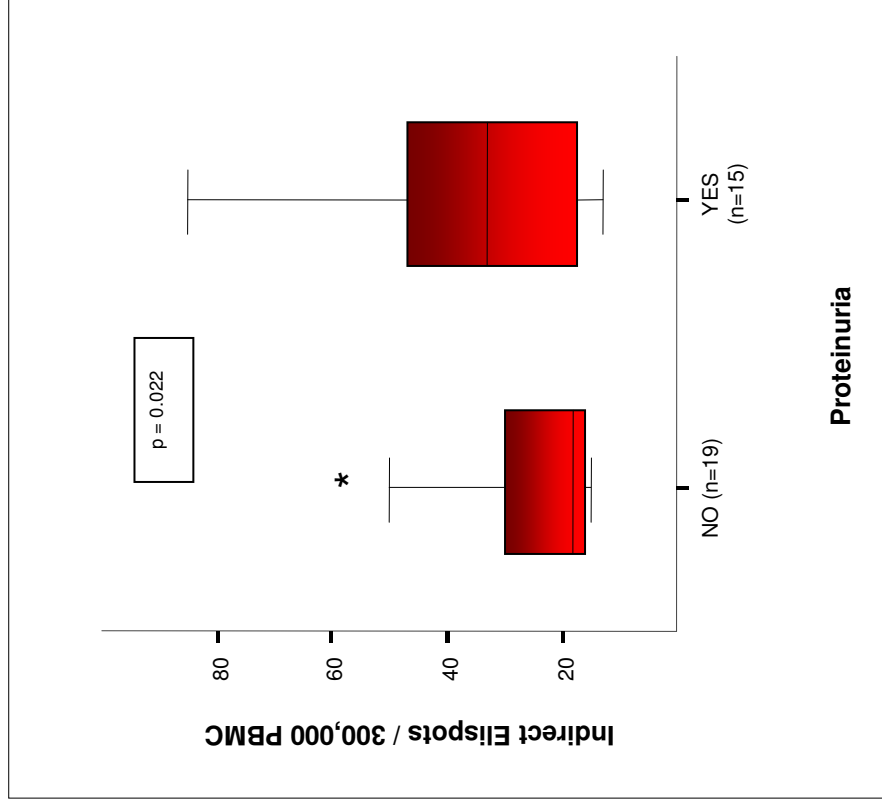




# Direct pathway 3 times higher than indirect responses and increased compared to early post-Tx

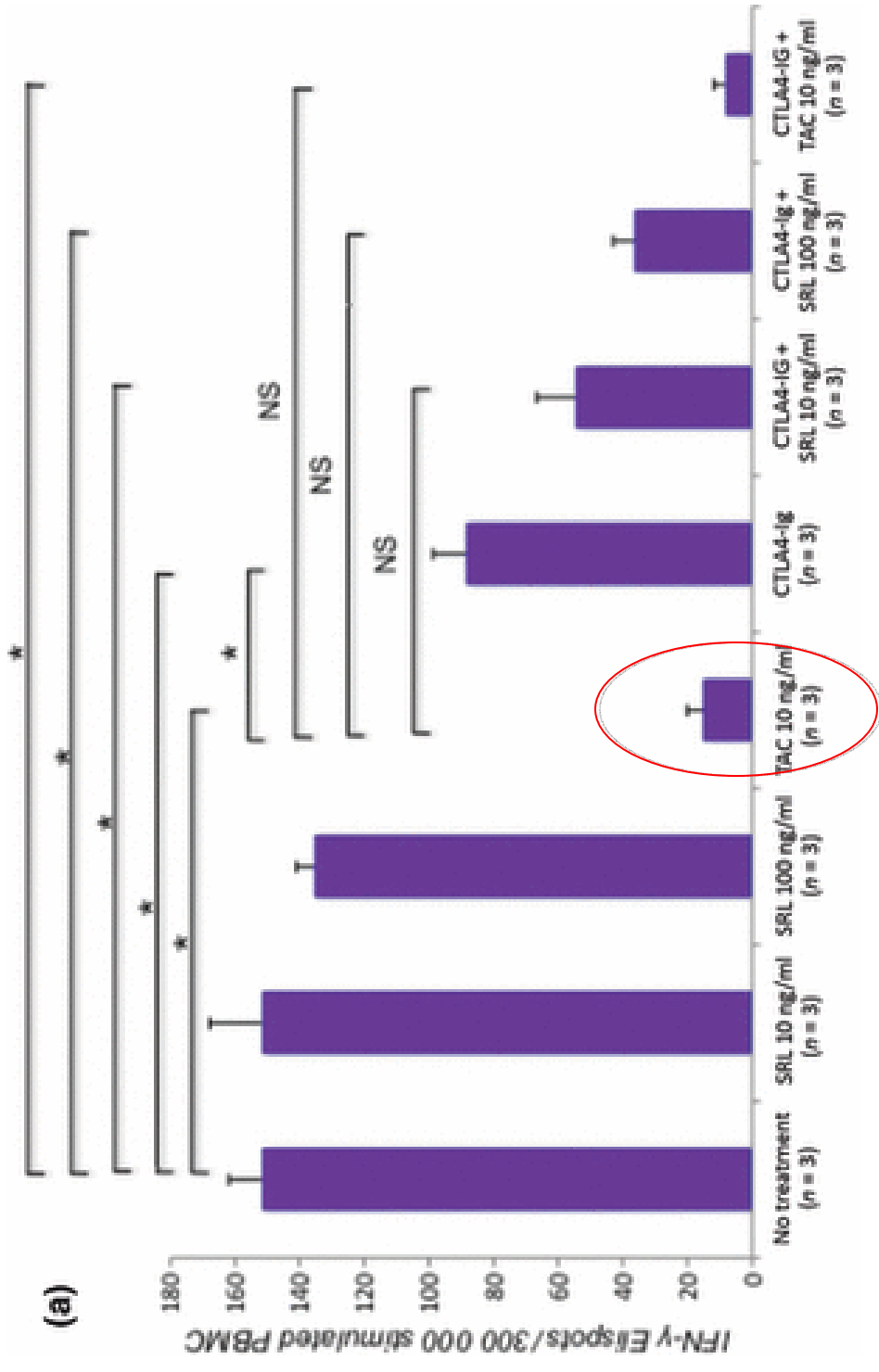


# Indirect pathway T-cell alloresponse is related to proteinuria and time after transplantation

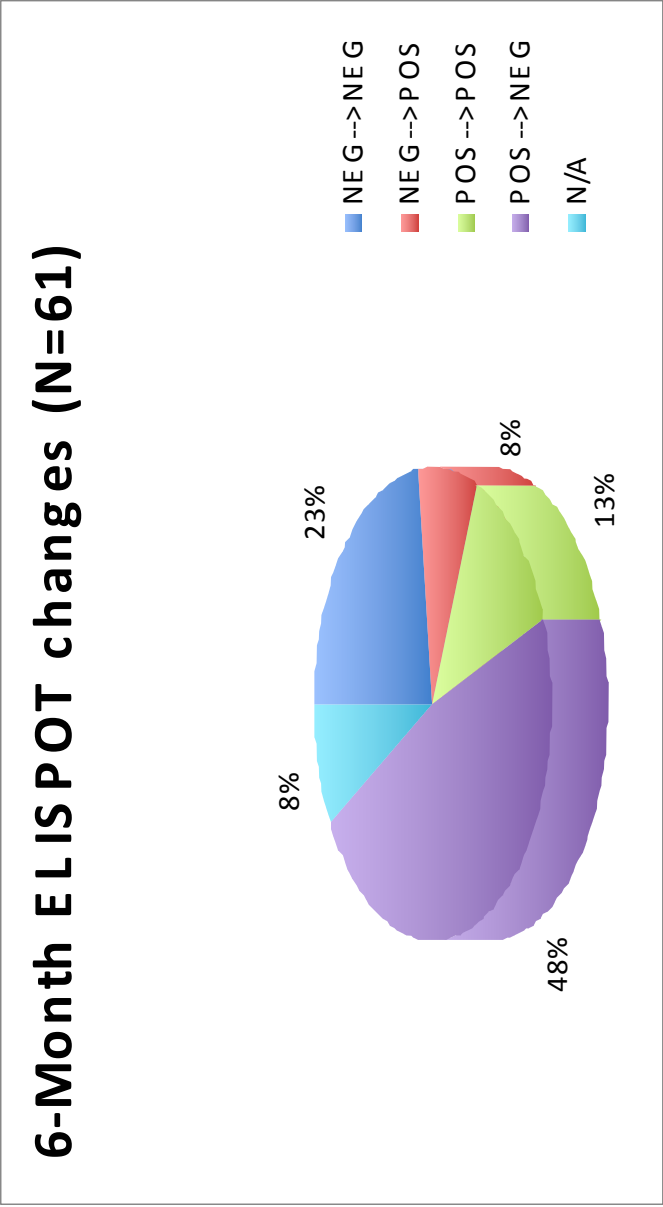
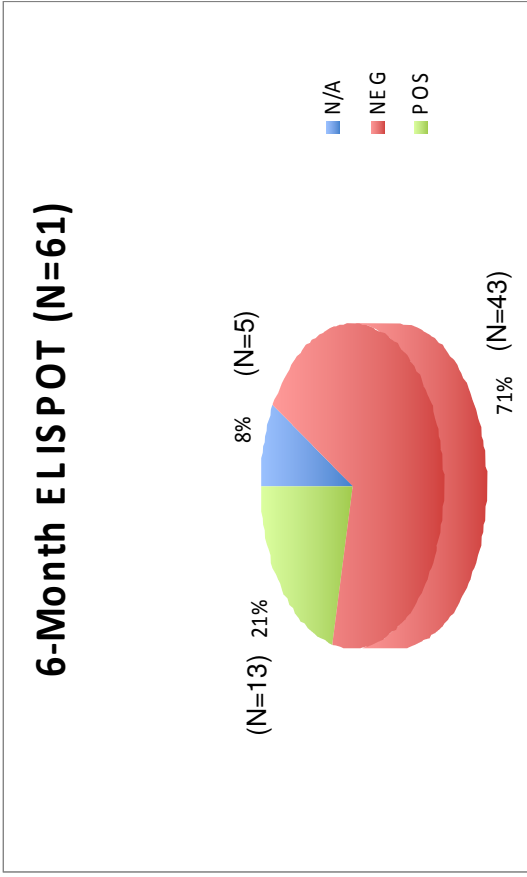
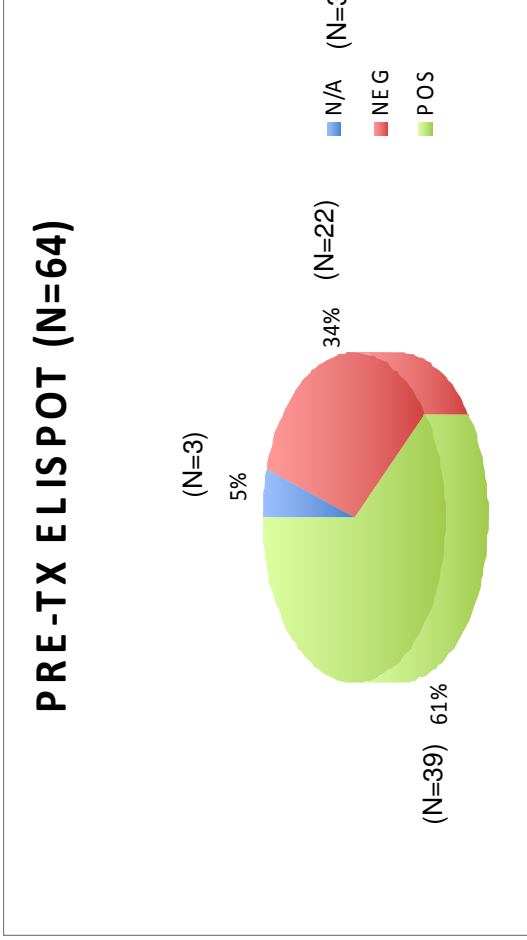


Only one out of 33 screened patients had circulating DSA after transplantation. This patient had a positive indirect but a negative direct pathway Elispot. Bestard et al. J Am Soc Nephrol, 2008; 19: 1419-29

# In vitro evaluation immunosuppression on circulating memory/effector T cells

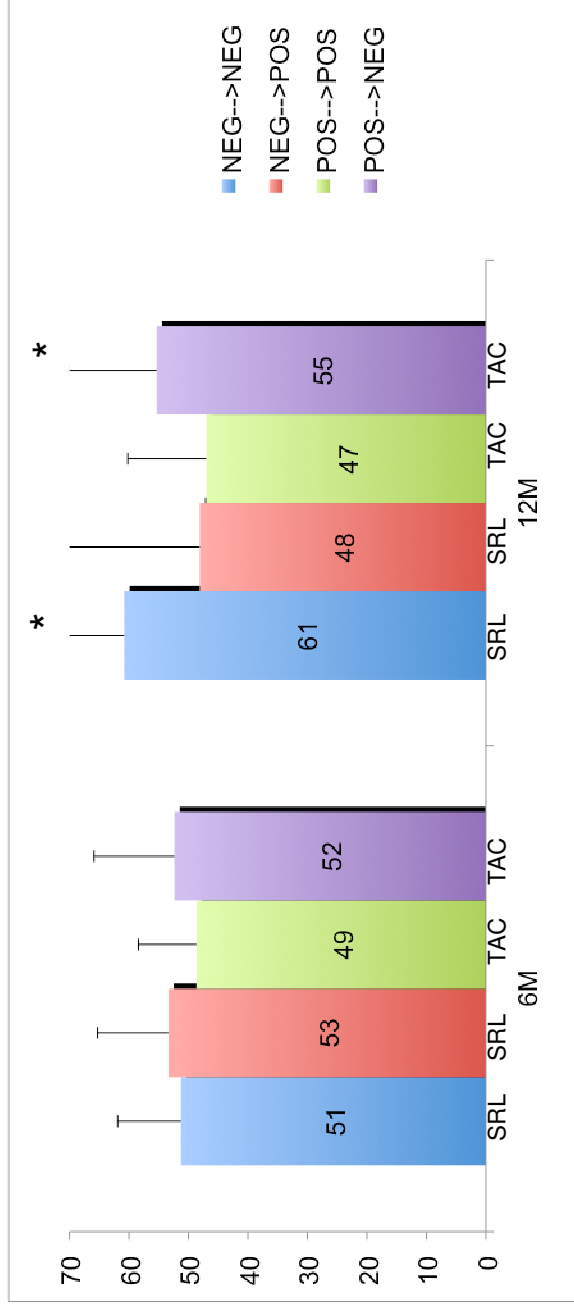
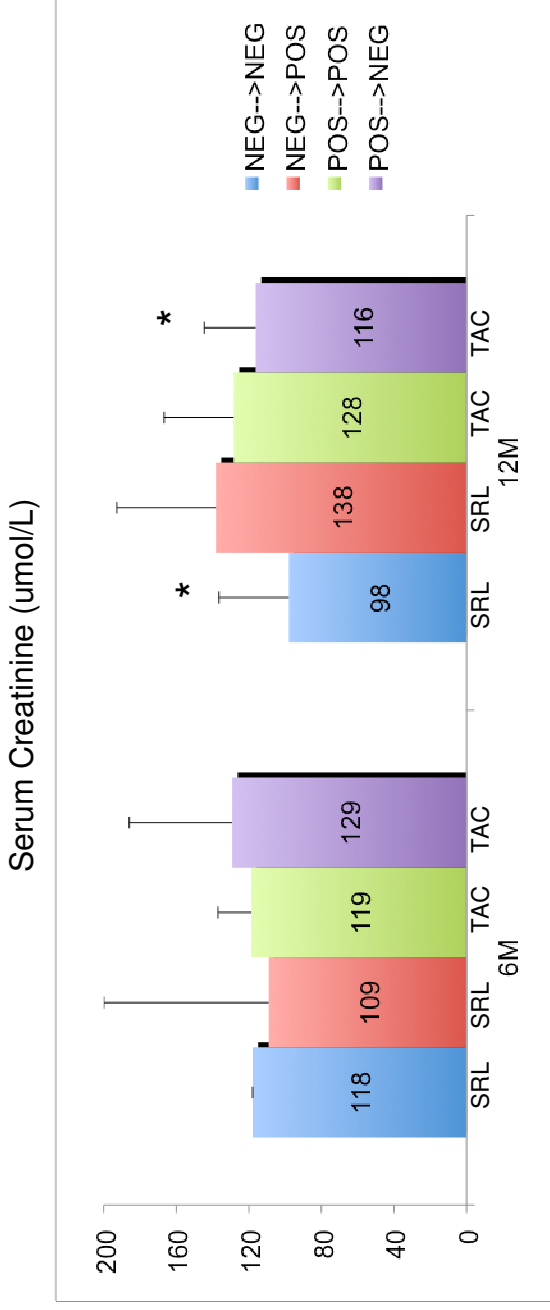


# Distribution of d-s cellular immune response



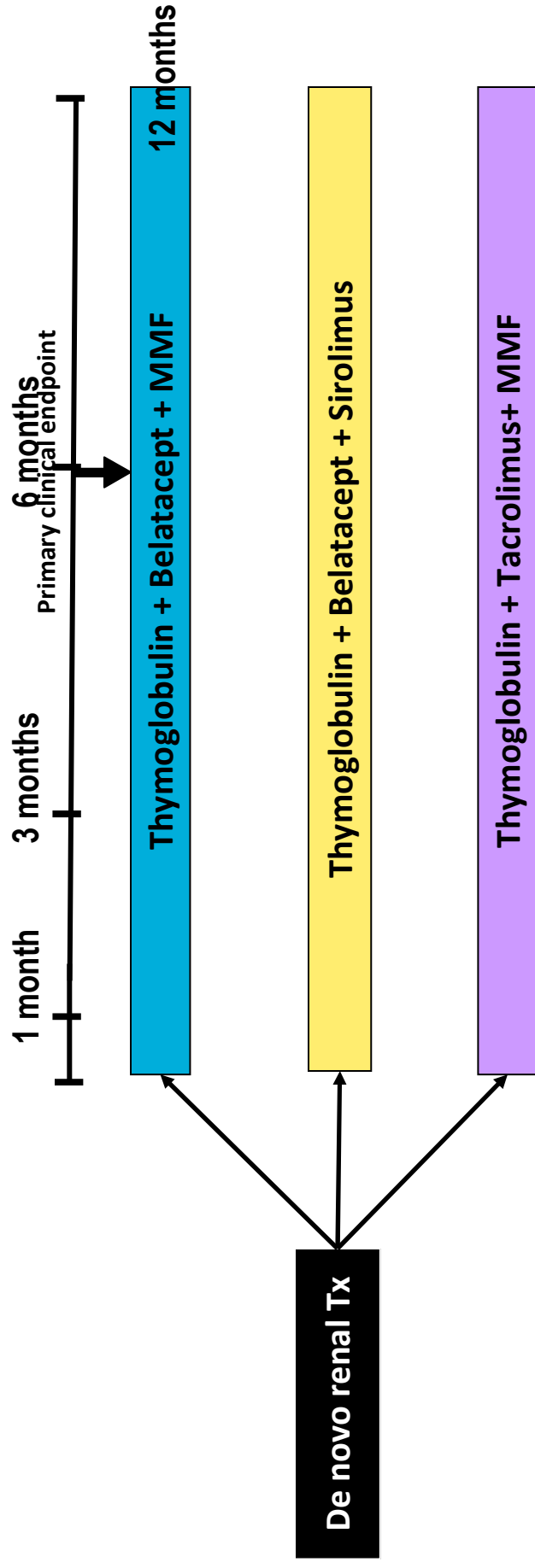
| Number of Patients |                  |
|--------------------|------------------|
| NEG (22) → NEG:    | 14               |
| NEG (22) → POS:    | 5                |
| POS (39) → POS:    | 8                |
| POS (39) → NEG:    | 29               |
| NA :               | (3 NEG, 2 POS) 5 |

# 6-M donor-specific Elispot changes and Graft function evolution





# Belatacept-based CNi and steroid-free regimen (exploratory phase IIA trial)



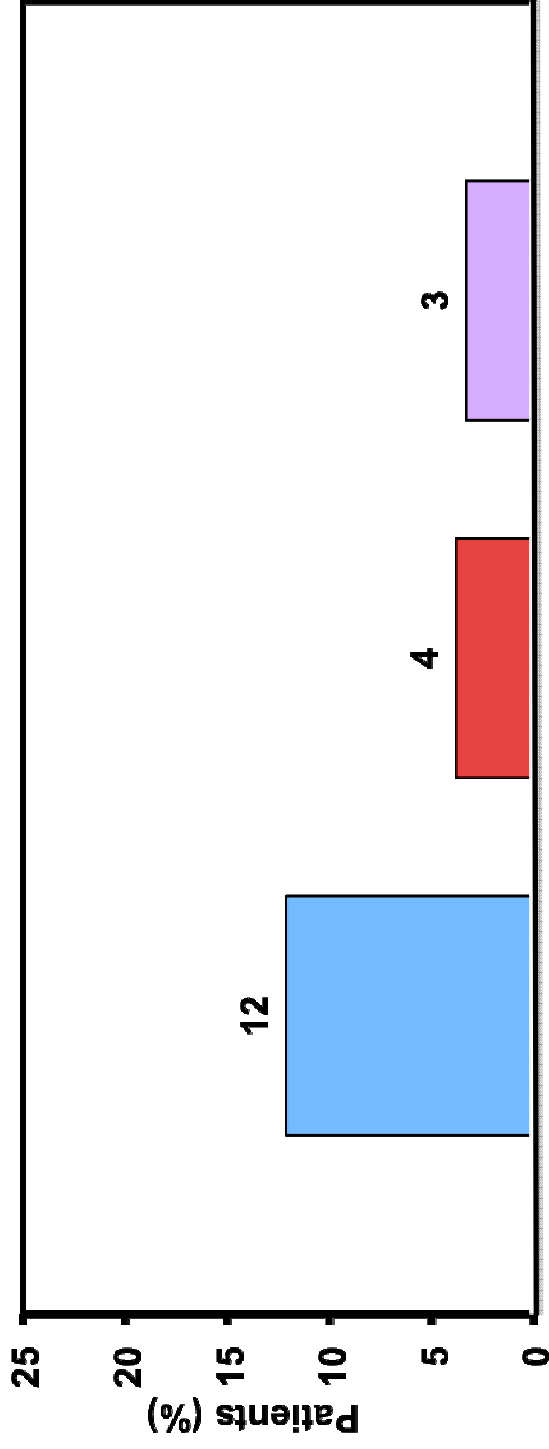
All patients received thymoglobulin (1.5 mg/kg iv on Days 1–4 to max total dose of 6 mg/kg)

All patients received iv steroids on Days 1 (500 mg), 2 (250 mg), 3 (125 mg) and 4 (60 mg)

Belatacept: MI regimen

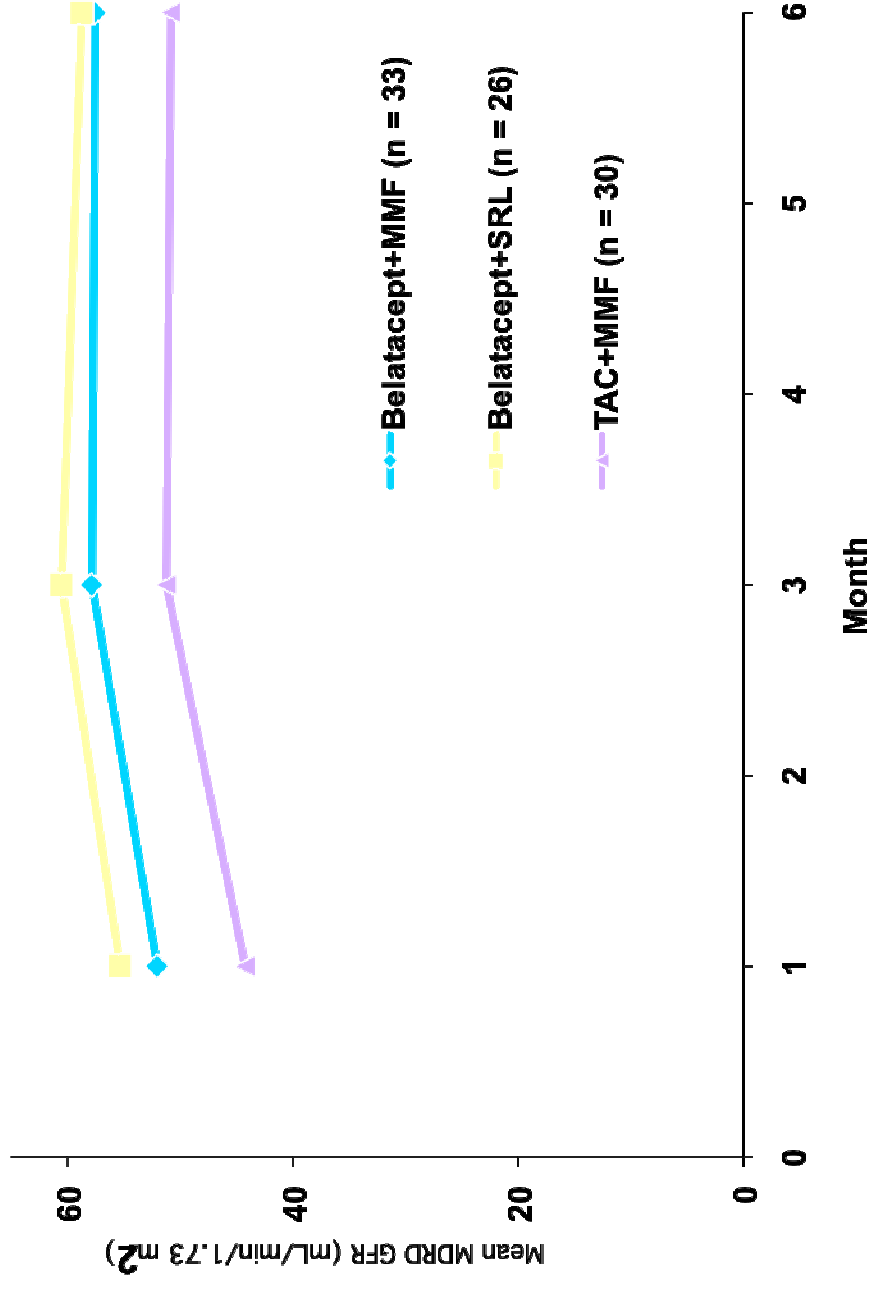
Conventional levels of Tac and SRL

# Acute Rejection by Month 6

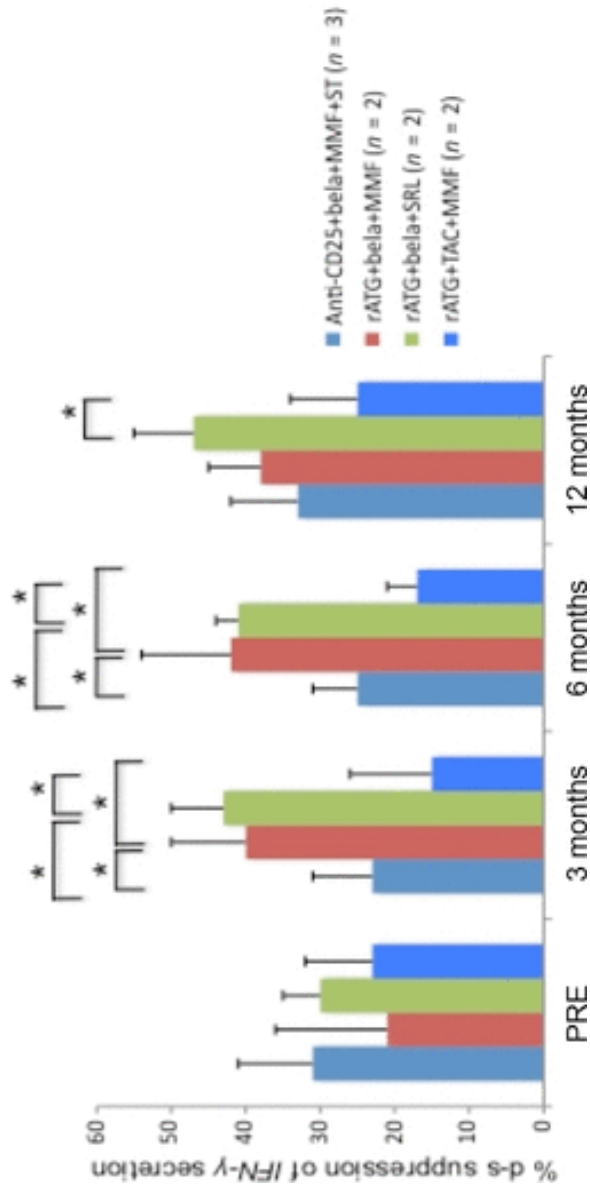


| Banff grade, n (%)   | Belatacept + MMF | Belatacept + SRL | TAC + MMF |
|----------------------|------------------|------------------|-----------|
| Mild acute (IA)      | 0                | 0                | 0         |
| Mild acute (IB)      | 0                | 0                | 0         |
| Moderate acute (IIA) | 2 (6)            | 0                | 1 (3)     |
| Moderate acute (IIB) | 1 (3)            | 1 (4)            | 0         |
| Severe acute (III)   | 1 (3)            | 0                | 0         |

# Mean Calculated GFR (MDRD Formula) Over Time



Anti-donor suppressive activity of Tregs  
from different IS regimens in allogeneics co-culture at different time-points.



Bestard et al. Transplant Int 2011.