UW Health Kidney Transplant Induction and Desensitization Protocols

Donor Status	Protocol	Virtual XM	Sum MFI	PE + IVIG (100mg/kg after each PE); MPA / TAC Desensitization	Induction Regimen	Prednisone Taper
Live	D0	Negative	-	-	ESW: Alemtuzumab 30mg x1 OR Thymoglobulin 1.5mg/kg daily x3-4	• Discontinue POD5
				-	Non-ESW: Basiliximab 20mg x1	• Discharge on 10mg/day[1] • Consider reduction to 5mg at week 3 • Target dose 5mg/day
	D1	Weak positive	<1000	MPA/TAC:d(-7)	Alemtuzumab 30mg x1 OR Thymoglobulin 1.5mg/kg daily x3-4	• Discharge on 30mg/day • Reduce daily dose by 5mg each week • Target dose 10mg/day
	D2	Positive	1,000 - 4,000	PE/IVIG: 2-3 pre-Tx and post-Tx; MPA/TAC:d(-7)	Thymoglobulin 1.5mg/kg daily x 4 OR Thymoglobulin 1.5mg/kg daily x3-4	
Deceased	D5a	Negative	-	-	ESW: Alemtuzumab 30mg x1 OR Thymoglobulin 1.5mg/kg daily x3-4	• Discontinue POD5
				-	Non-ESW: Basiliximab 20mg x1	• Discharge on 10mg/day[1] • Consider reduction to 5 mg at week 3 • Target dose 5mg/day
				-	Non-ESW + High DGF Risk: Alemtuzumab 30mg x1 OR Thymoglobulin 1.5mg/kg daily x3-4	
	D5b	Weak positive	<1000	-	Alemtuzumab 30mg x1 OR Thymoglobulin 1.5mg/kg daily x3-4	• Discharge on 30mg/day • Reduce daily dose by 5mg each week • Target dose 10mg/day
	D5c	Positive	1,000 - 4,000	PE/IVIG: Pre-Tx: 1 Post-Tx: 2-3	Thymoglobulin 1.5mg/kg daily x 4	

Post-reperfusion biopsy recommended for all patients • Patients with GN should receive Thymoglobulin and steroid continuation
Patients receiving an A2 to B Transplant with anti-A titer ≥1:16 receive Thymoglobulin ≤1:8 receive 2 doses of Basiliximab

[1] - Rapid Steroid Taper: Dex 100mg IVx1, Dex 50mg IVx1, Pred 90mg POx1, Pred 60mg POx1, Pred 30 mg POx1, Pred 10 mg PO daily

UW Health Kidney Rejection Treatment Protocols

Type	TCMR						ABMR	Mixed
Banff	Suspicious	IA	IB	IIA	IIB	III	Banff 2019	-
Protocol #	R1	R2		R3			R4	R5

Start CMV, thrush, PJP, PUD prophylaxis
Follow-up biopsy recommended at 12 weeks (± 1 week) for all patients
DSA Monitoring: Monthly x 3 months, 6 months, 12 months, annually

Rejection Protocols

R1 Inpatient: Dex 50mg IV x 1, Dex 44mg IV x 1 (omit for outpatients), then prednisone taper[2]; Outpatient: Dex 50mg IV x 1, then prednisone taper[2]
R2 Dex 100mg IV x1, Dex 50mg IV x1, Dex 44mg IV x1 (omit for outpatients), followed by prednisone taper[2]
R3 R2 + Thymo (1.5mg/kg daily x 4-7)
R4a Early ABMR[4]: R2 + PE/IVIG (100mg/kg) x 4-6 then IVIG (500 mg/kg/week) x4 ± Ritux[3] 375 mg/m2 x1
R4b Late ABMR[4]: R2 + IVIG (500mg/kg/week) x 4 ± Ritux[3] 375 mg/m^2 x 1
R5 R2 + PE/IVIG (early only[4]) x 4-6 + Thymo (1.5mg/kg daily x 5-7) + IVIG (500 mg/kg/week) x 4 ± Ritux[3] 375 mg/m^2 x1

[2] Standard Prednisone Taper: 180mg x1, 150mg x1, 120mg x1, 90mg x1, 60mg x1, 30mg daily x 7 days, then 20mg daily x 7 days, then 10 mg daily until clinic appointment. Dexamethasone dosed daily, prednisone total daily dose split BID
[3] Ritux use not recommended if ABMR injury is minimal (focal C4d, without microcirculation inflammation); following PE if concurrent
[4] Early is defined as 0-6 months following transplant, late is > 6 months following transplant
All weight-based medication dosing should use IBW unless other weight is specified

Abbreviations
A2B=ABO B recipient of an A donor; ABMR=Antibody mediated rejection; CMV=Cytomegalovirus, d=Day; Dex=Dexamethasone IV; DGF=Delayed Graft Function; DSA=Donor Specific Antibody; ESW=Early Steroid Withdrawal; GN=Glomerulonephritis; IBW=Ideal Body Weight; IVIG=Intravenous Immune Globulin; MFI=Mean Fluorescent Intensity; MPA=Mycophenolic Acid; PE=Plasma Exchange; POD=Post-Op Day; PJP=Pneumocystis Jiroveci Pneumonia; PUD=Peptic Ulcer Disease; Ritux=Rituximab; TAC=Tacrolimus; TCMR=T-cell Mediated Rejection; Thymo=Thymoglobulin; XM=Cross match

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