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Use of everolimus in liver transplantation

Mei-Ling Yee, Hui-Hui Tan

Abstract

In recent years, the use of mammalian target of rapamycin (mTOR) inhibitors has gained traction in their use as alternative or adjunct immunosuppressants in the post-liver transplantation (LT) setting. The efficacy of everolimus (EVR) in de novo LT is established and a reasonable time to initiate EVR is 30 days from LT surgery. Initiating EVR early post-LT allows for calcineurin inhibitor (CNI) reduction, thus reducing nephrotoxicity in LT recipients. However, data is inadequate on the appropriate timing for conversion from CNI to EVR maintenance in order to achieve optimal renoprotective effect without compromising drug efficacy. Adverse effects of proteinuria, hypercholesterolemia and hyperlipidemia are significantly higher as compared to standard CNI and long-term implications on graft and patient survival in LT is still unclear. Future research to explore strategies to minimise EVR adverse effects will be crucial for the success of EVR as an important alternative or adjunct immunosuppressive therapy in LT.

Key words: everolimus, liver transplantation, immunosuppression, nephrotoxicity, mTOR inhibitor

CORE TIP

Everolimus is the most recently approved immunosuppressant for use in LT. Its renoprotective effect is an attractive option for LT recipients who have CNI-induced nephrotoxicity. This review examines through data published, discovers gaps of evidences

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