

017

LEFLUNOMIDE DELAYS RECOVERY IN KIDNEY TRANSPLANT RECIPIENTS WITH POLYOMA VIREMIA. (A1) Eyman Sonbol, Linda Awdishu, Ashley Feist, Robert Stienner. UCSD Medical Center, San Diego, CA (emsonbol@ucsd.edu) IRB approval received.

Objectives: Leflunomide (LEF), an immunosuppressant, may have anti-BK virus (BKV) effects. This may or may not outweigh its contribution to immunosuppression (IS), which could weaken host defenses against BKV. **Methods:** Retrospective comparison of response to LEF and IS reduction versus IS reduction in 24 kidney transplant recipients (KTR) with BKV. **Results:** The median time to positive BKV blood PCR was 7 months post transplant. Immunosuppression consisted of tacrolimus (TAC), mycophenolate mofetil (MMF) and prednisone. To treat BKV, immunosuppression was decreased, and LEF added in 7 patients. MMF was always discontinued. TAC was decreased in 41% of patients and changed to cyclosporine (CSA) or sirolimus (SRL) in 27% of patients. The median TAC dose reduction was 36%. The rate of decline in viral load (expressed as log) was lower in KTR who received LEF (0.012 log delta viral copies per day) than in those who received only reduction in their immunosuppressants (0.032 log delta viral copies per day, $p=.02$). The last measured viral load (VL) was negatively correlated with the rate of reduction of Scr ($r = -0.467$, $p=.03$). Larger reductions in VL were correlated with larger reductions in Scr ($r = 0.494$, $p=.02$). **Conclusions:** In KTRs with BKV, reducing IS and adding LEF is less effective than reducing IS, possibly because

LEF is immunosuppressive and may impair host defenses.
Rapid reduction in VL was associated with quicker renal recovery.