Table 6.6h
Persistency of Discharge Regimen by Follow-up Period, 2000 to 2004
Recipients with Pancreas Transplant Alone (PTA) Transplants

	Year of Transplant				
	2000	2001	2002	2003	2004
Discharge Regimen (w/ or w/o Steroid Use)					
CyA+MMF					
At Discharge (N)	4	6	4	2	1
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	50.0%	16.7%	50.0%	100.0%	100.0%
1 Year PostTx (%)	50.0%	16.7%	50.0%	100.0%	100.0%
2 Years PostTx (%)	50.0%	0.0%	25.0%	50.0%	-
3 Years PostTx (%)	50.0%	0.0%	0.0%	-	-
CyA+Siro					
At Discharge (N)	1	-	1	1	1
At Discharge (%)	100.0%	-	100.0%	100.0%	100.0%
6 Months PostTx (%)	0.0%	-	100.0%	100.0%	-
1 Year PostTx (%)	0.0%	-	100.0%	-	-
2 Years PostTx (%)	0.0%	-	100.0%	-	-
3 Years PostTx (%)	0.0%	-	0.0%	-	-
Siro+MMF					
At Discharge (N)	-	1	-	1	-
At Discharge (%)	-	100.0%	-	100.0%	-
6 Months PostTx (%)	-	0.0%	-	100.0%	-
1 Year PostTx (%)	-	0.0%	-	100.0%	-
2 Years PostTx (%)	-	0.0%	-	100.0%	-
3 Years PostTx (%)	-	0.0%	-	-	-
Tac+Aza					
At Discharge (N)	2	2	1	-	2
At Discharge (%)	100.0%	100.0%	100.0%	-	100.0%
6 Months PostTx (%)	50.0%	100.0%	100.0%	-	100.0%
1 Year PostTx (%)	50.0%	100.0%	0.0%	-	100.0%
2 Years PostTx (%)	50.0%	100.0%	0.0%	-	-
3 Years PostTx (%)	50.0%	100.0%	0.0%	-	-
Tac+MMF					
At Discharge (N)	73	81	84	61	61
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	80.6%	77.3%	82.1%	86.9%	78.3%
1 Year PostTx (%)	70.6%	68.3%	67.7%	75.2%	71.4%
2 Years PostTx (%)	53.8%	59.1%	60.4%	53.7%	71.4%
3 Years PostTx (%)	43.0%	51.1%	54.0%	-	-
Tac+Siro					
At Discharge (N)	7	9	15	18	13
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	100.0%	55.6%	86.7%	66.7%	84.6%

(Continued)

Source: OPTN/SRTR Data as of May 1, 2006.
Notes:
Regimen change is defined as being on different drug combination at follow-up comparing to discharge, or indication of conflicting regimen (CyA vs. Tac; MMF/MPA vs. Aza; Siro vs. Evero) during follow-up peroid, or graft failure/death. Addition or deletion of steroids is not considered a regimen change.
Rates are calculated for the most common discharge regimens.
CyA: Cyclosporine; Tac: Tacrolimus; MMF: Include MMF(Mycophenolate Mofetil) and MPA(Mycophenolate Sodium); Aza: Azathioprine; Siro: Sirolimus.
See Technical Notes for further details.

Table 6.6h (Continued)
Persistency of Discharge Regimen by Follow-up Period, 2000 to 2004
Recipients with Pancreas Transplant Alone (PTA) Transplants

	Year of Transplant				
	2000	2001	2002	2003	2004
Discharge Regimen (w/ or w/o Steroid Use)					
Tac+Siro					
1 Year PostTx (%)	100.0%	44.4%	80.0%	61.1%	59.3%
2 Years PostTx (%)	100.0%	33.3%	65.5%	48.6%	-
3 Years PostTx (%)	100.0%	33.3%	65.5%	0.0%	-

Source: OPTN/SRTR Data as of May 1, 2006.
Notes:
Regimen change is defined as being on different drug combination at follow-up comparing to discharge, or indication of conflicting regimen (CyA vs. Tac; MMF/MPA vs. Aza; Siro vs. Evero) during follow-up peroid, or graft failure/death. Addition or deletion of steroids is not considered a regimen change.
Rates are calculated for the most common discharge regimens.
CyA: Cyclosporine; Tac: Tacrolimus; MMF: Include MMF(Mycophenolate Mofetil) and MPA(Mycophenolate Sodium); Aza: Azathioprine; Siro: Sirolimus.
See Technical Notes for further details.