Table 10.6h
Persistency of Discharge Regimen by Follow-up Period, 2000 to 2004
Recipients with Intestine Transplants

	Year of Transplant				
	2000	2001	2002	2003	2004
Discharge Regimen (w/ or w/o Steroid Use)					
Tac+Aza					
At Discharge (N)	-	6	-	-	-
At Discharge (%)	-	100.0%	-	-	-
6 Months PostTx (%)	-	100.0%	-	-	-
1 Year PostTx (%)	-	83.3%	-	-	-
2 Years PostTx (%)	-	50.0%	-	-	-
3 Years PostTx (%)	-	25.0%	-	-	-
Tac+MMF					
At Discharge (N)	8	3	8	7	11
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	62.5%	100.0%	87.5%	71.4%	80.0%
1 Year PostTx (%)	62.5%	100.0%	37.5%	57.1%	70.0%
2 Years PostTx (%)	15.6%	0.0%	37.5%	57.1%	-
3 Years PostTx (%)	15.6%	0.0%	37.5%	-	-
Tac+Siro					
At Discharge (N)	21	18	14	4	13
At Discharge (%)	100.0%	100.0%	100.0%	100.0%	100.0%
6 Months PostTx (%)	95.2%	88.2%	85.7%	75.0%	76.9%
1 Year PostTx (%)	89.6%	82.4%	78.6%	0.0%	46.2%
2 Years PostTx (%)	78.4%	63.3%	57.1%	0.0%	-
3 Years PostTx (%)	56.0%	50.7%	36.7%	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.