

Letters to the Editor : Evolving Trends in the Costs Associated With Hospital Use of Immunosuppressive Drugs

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Abstract

Immunosuppressive strategies have evolved over the recent years, as characterized by the use of new and often costly immunosuppressive regimens. For example, antilymphocyte antibodies are increasingly used as induction immunosuppressive agents (1, 2) and various strategies are currently used to treat antibody-mediated rejection (AMR) in kidney transplantation and to minimize the risk of AMR in sensitized patients including intravenous immunoglobulin and rituximab (3Y7). The costs (or cost-effectiveness) associated with the use of new immunosuppressive agents may become an important endpoint in the current era of organ transplantation.

In this study, we analyzed the trends in overall and specific costs associated with immunosuppressive drugs administered to kidney, lung, and heart transplant recipients in the surgical department of our transplantation center.

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