BETTER TRANSPLANT OUTCOMES

BAYLOR STUDY AIMS TO HELP PEOPLE WITH NEW LIVERS LIVE BETTER

Gary Nichols of Waco was diagnosed with hepatitis C in 1987. Like many people with the disease, he ultimately needed a liver transplant. While the transplant could save his life, the steroids he would need to help prevent organ rejection could lead to a host of other health problems, including high blood pressure, high cholesterol, cataracts and diabetes.

"There's a long list of side effects we can diminish to a large extent if we can eliminate the steroids," says Goran Klintmalm, M.D., Ph.D., chief of Baylor Regional Transplant Institute and a physician on the medical staff at Baylor University Medical Center at Dallas. "To be able to do without the steroids is something that transplant patients want more than anything else."

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Dr. Klintmalm is principal investigator of a research study that hopes to do just that. Researchers are investigating whether a new mix of drugs can prevent rejection while avoiding serious side effects. The results could benefit a host of people—approximately 4 million Americans have hepatitis C, and the disease is the leading cause of liver failure.

Steroids also have another serious side effect—they may promote hepatitis C infection in the new liver, ultimately forcing patients to undergo yet another transplant. The team led by Dr. Klintmalm hopes their research will show that nonsteroid drugs will lower the hepatitis C reinfection rate in transplant patients. If the drugs work, they will save these patients the trauma of multiple liver transplants and also free up the limited supply of livers available for transplant.

"Our study is going exceedingly well. We already can draw the conclusion that the regimen is safe and successful," Dr. Klintmalm says, indicating that the nonsteroidal drugs are preventing organ rejection.

As far as preventing hepatitis C from recurring, he says, "It's too early at this time to draw any conclusions about that, but so far it looks like the trial is developing in the direction we had hoped for. It will take another year before we begin to be able to say anything with some degree of certainty."

Nichols, 43, who received a new liver in March, is one of the 312 patients who are enrolled in the study's 18 transplant centers around the United States. As Dr. Klintmalm says, it's too soon to know if the drugs will prevent recurrence.

But Nichols is pleased with his transplant—and its effect on his health. "I feel better than I have in years," he says. *By Stephanie Thurrott*