AST T3 Webinar on Cytomeglovirus: Prevention, Therapy, Immunity – Additional Q&A

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1. How much was the dose of valcyte in low dose and high dose valcyte prophylaxis?
   Answer: **Low dose is 450 mg daily. High dose is 900 mg daily. The reference for the paper on dosing after kidney transplant is as follows:** Stevens DR, Sawinski D, Blumberg E, Galanakis N, Bloom RD, Trofe-Clark J. Increased risk of breakthrough infection among cytomegalovirus donor-positive/recipient-negative kidney transplant recipients receiving lower-dose valganciclovir prophylaxis.Transpl Infect Dis. 2015 Apr;17(2):163-73. doi: 10.1111/tid.12349. Epub 2015 Feb 6.

2. Dr. Razonable, can you comment on differences in using valganciclovir for severe disease (for instance retinitis) in HIV patients vs. SOT patients?
   Answer: **There has not been a direct comparison between the two populations. Retinitis is rare in transplant populations, and if it happens, it is often localized and late onset, and associated with lower systemic viral load. Valganciclovir use has not been tested in transplant recipients with CMV retinitis.**

3. Is there a role of secondary prophylaxis once patient is treated for resistant CMV? If yes what agent to use?
   Answer: **This is a debated issue. Data from some studies indicate that secondary prophylaxis is not associated with lower rate of disease relapse. The reference for the paper mentioned by Dr. Kotton on the topic of secondary prophylaxis in general (not specifically for resistant virus) which showed a lack of efficacy of secondary prophylaxis is as follows:** Sullivan T1, Brodginski A, Patel G, Huprikar S. The role of secondary cytomegalovirus prophylaxis for kidney and liver transplant recipients. Transplantation. 2015 Apr;99(4):855-9. doi: 10.1097.

4. How does Brincidofovir compare with Valganciclovir for prophylaxis in Stem cell transplant recipients?
   Answer: **They have not been studied in a head to head trial. Concern for valganciclovir prophylaxis in SCT is myelosuppression and impaired engraftment. This is supposed to be less of an issue with brincidofovir.**

5. Is there a role for monitoring CMV viral load to determine if reoccurrence occurs after finishing treatment or prophylaxis?
   Answer: **This is recommended, as a hybrid technique for prevention, and it is also being done post-treatment to ensure continued clearance of the infection.**

6. Is there any data to say a recipient low-positive patient (just above the cutoff for positivity)should be treated like a recipient negative patient? Or are all positives considered equal?
   Answer: **This depends on the clinical scenario, such as the serostatus, net state of immunosuppression, and risk profile.**

7. Can you comment on the use of three times a week (eg, MWF) versus daily prophylactic valgancyclovir treatment?
   Answer: **If you decide to treat, then you should use full dose as recommended. Not aware that MWF is recommended, unless this is given based on renal dose adjustments.**

8. Is valcyte ok for liver transplant recipients? Some are reluctant to use it as it's not FDA approved.
   Answer: **Yes, it does not have FDA indication, but it is the most common drug used for prophylaxis in liver transplant recipients (Levitsky et al, AJT 2008,** A survey of CMV prevention strategies after liver transplantation.) **This is also most commonly used for treatment of mild to moderate CMV disease. Valganciclovir is also being used for preemptive treatment in an ongoing NIH-funded clinical trial.**