

Supplemental Material

Supplemental Methods

Immunosuppression.

Before 2016 all patients with low-immunological risk received induction immunosuppression with 20 mg of basiliximab at day 0 and day 4 (Simulect, Novartis, Basel, Switzerland) and a 250-mg bolus of methylprednisolone followed by standard post-transplant immunosuppression including calcineurin inhibitor, namely tacrolimus (trough level between 6 and 10 ng/dl) or cyclosporine (trough level between 125 and 200 ng/ml) and mycophenolate mofetil (500–1000 mg/BID) or mycophenolic acid (360–720 mg/BID). Patients of high immunological risk (positive reactivity against panel-reactive antibody (PRA) > 75%) and combined kidney–pancreas recipients received induction immunosuppression with rabbit antithymocyte globulin (Thymoglobulin, Genzyme, Cambridge, MA, USA) 6 mg/kg and a 250-mg bolus of methylprednisolone followed by triple immunosuppression including calcineurin inhibitor, mycophenolate derivative and prednisone. Our standard protocol planned withdrawal of steroids between 1 and 3 months, but some patients remained on triple therapy (rejection and/or high-immunological risk patients) or dual therapy with calcineurin inhibitor and steroids in case of withdrawal of mycophenolate derivative due to poor clinical tolerance and/or infections. After 2016 patient of low-immunological risk received a low dose (3 mg/kg) of rabbit antithymocyte globulin as induction therapy instead of basiliximab.

Available data.

Recipient characteristics were age, gender, transplantation rank (first transplantation or retransplantation), the initial renal disease (possibly recurrent or not), the renal replacement therapy. Donor feature was the donor type (living or deceased). Baseline transplantation parameters were transplantation type, cold ischemia time, number of HLA A-B-DR incompatibilities, induction therapy, maintenance treatment, use of steroids and occurrence of delayed graft function. Post transplantation parameters were acute rejection, other malignancies and maintenance treatment exposure.