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Title: Basilixmab induction in lung transplant, initial experience from Saudi Arabia

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Body: INDTRODUCTION. About 55% of lung transplant recipients experience acute cellular rejection within the first year after transplant. The number and severity of episodes of acute rejection can be reduced using induction therapy. Basiliximab, a chimeric anti-interleukin-2 monoclonal antibody, has shown safety and efficacy in the prophylaxis of acute solid organ rejection. The aim of our study was to evaluate the frequency and severity of acute cellular rejection in lung transplant patients surviving >30 days after the lung transplant surgery. Method Retrospective chart review of all the patients transplanted between March 2010 and Jan 2012 and surviving >30 days. All patients recieved the first dose of Basiliximab induction intraoperatively. In some of the patients the second dose was omitted due to donor transmitted pneumonia. In addition all patients received the same triple immunosuppressive therapy as per our protocol. Episode and severity of acute rejection, infective episodes due to bacteria, virus(cmv),fugus were recorded. RESULT 2O patients underwent lung transplant over a period of 2 year. M:F 9:11. Three patients were excluded due to early postoperative death. Eight patients received full dose (day0,4) [group 1]. Nine patient's recieved only one dose on day (0) [group 2]. In group 1 only 1/8 patients had acute cellular rejection grade ≥ 2, whereas in group 2, 3/9 patients had acute cellular rejection grade ≥ 2. CONCLUSION Our preliminary study shows basiliximab induction reduces incidence of acute rejection without significantly increasing the risk of CMV and invasive fungal infections.