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Letter to the Editor

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Regarding: Humar et al. The Efficacy and Safety of 200 Days Valganciclovir Cytomegalovirus Prophylaxis in High-Risk Kidney Transplant Recipients. Am J Transplant 2010;10:1228–1237

To the Editor:

We read with interest the primary publication of the study comparing regular (100 days) versus extended (200 days) duration of use of valganciclovir as chemoprophylaxis in renal transplant patients at high risk of cytomegalovirus (CMV) infection (1). The principal findings of this study corporate those recently published in a study by Palmer et al. in lung transplant patients (2). Valgancilovir used for extended periods of time reduces the risk of CMV infection and of CMV disease.

In both studies, surveillance of emerging, subclinical CMV infection remained blinded to the site physician.

Valganciclovir, like any other virostatic antiviral drug, only functions as long as it is administered. Whatever underlying infection may be present will hence remains dormant as long as the drug is administered, and only manifest itself until after such time that the drug is interrupted in particular if the patient remains immunosuppressed. Therefore, in posttransplant patients interrupting valganciclovir, the strategy for preventing overt CMV disease is hence effectively changed to be preemptive. A preemptive strategy requires regular monitoring for emerging CMV infection, and if observed prompt intervention before replication is allowed to accelerate and extend for it to cause CMV disease. By blinding site investigators to the results of the monitoring for the emergence of CMV viraemia, the investigators were prevented from implementing a preemptive strategy for preventing CMV disease.

We hope that the sponsor of both studies, the producer of valganciclovir Roche Pharmaceuticals, will fund additional studies, where the study design allows any patients with emerging CMV infection to be effectively treated for this emerging infection before it causes disease. Until such time, the risk-benefit ratio of extended use of valganciclovir as a strategy to prevent CMV disease remain unknown.

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Disclosure

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1. Humar A, Lebranchub Y, Vincentic F et al. The efficacy and safety of 200 days valganciclovir cytomegalovirus prophylaxis in high-risk kidney transplant recipients. Am J Transplant 2010; 10: 1228–1237.
2. Scott M Palmer, Ajit P Limaye, Missy Banks et al. Extended Valganciclovir Prophylaxis to Prevent Cytomegalovirus After Lung Transplantation. A Randomized, Controlled Trial. Ann Intern Med 2010; 152: 761–769.