Drug	Description	Mechanism	Nonimmune Toxicity and Comments
Cyclosporine	11-amino-acid cyclic peptide from Tolypo- clodium inflatum ³⁻¹	Binds to cyclophillin; complex inhibits calcineurin phosphatase and T-cell activation	Nephrotoxicity, hemolytic-uremic syndrome, hyperten- sion, neurotoxicity, gum hyperplasia, skin changes, hirsutism, post-transplantation diabetes mellitus, hyperlipidemia: trough monitoring or checking lev- els two hours after administration required
Tacrolimus (FK506)	Macrolide antibiotic from Streptomyces tsukubaensis ^{30,30}	Binds to FKBP12; complex inhibits calcineurin phosphatase and T-cell activation	Effects similar to those of cyclosporine but with a lower in cidence of hypertension, hyperlipidemia, skin chang- es, hirsutism, and gum hyperplasia and a higher inci- dence of post-transplantation diabetes mellitus and neurotoxicity; trough monitoring required
Sirolimus (rapamycin)	Triene macrolide antibi- otic from S. hygro- scopicus from Easter Island (Rapa Nui) ³⁴	Binds to FKBP12; complex inhibits target of rapamycin and interleu- kin-2-driven T-cell proliferation	Hyperlipidemia, increased toxicity of calcineurin inhib- itors, thrombocytopenia, delayed wound healing, delayed graft function, mouth ulcers, pneumonitis, interstitial lung disease; lipid monitoring required; recipients whose risk of rejection is low to moderate can stop cyclosporine treatment two to four months after transplantation
Everolimus	Derivative of sirolimus		
Mycophenolate mofetil and enteric-coated mycophenolate	Mycophenolic acid from penicillium molds ³⁸⁻³⁷	Inhibits synthesis of guanosine mon- ophosphate nucleotides; blocks purine synthesis, preventing pro- liferation of T and B cells	Gastrointestinal symptoms (mainly diarrhea), neutro- penia, mild anemia; blood-level monitoring not re- quired but may improve efficacy; absorption reduced by cyclosporine
FK778 and malononi- trilamide	Modification of A77 1726 (active deriva- tive of leflunomide)	Inhibits pyrimidine synthesis, blocking proliferation of T and B cells	Anemia; other effects not known; in phase 2 trials
Azathioprine	Prodrug that releases 6-mercaptopurine	Converts 6-mercaptopurine to tissue inhibitor of metalloproteinase, which is converted to thioguanine nucleotides that interfere with DNA synthesis; thioguanine derivatives may inhibit purine synthesis	Leukopenia, bone marrow depression, macrocytosis, liver toxicity (uncommon); blood-count monitoring required
FTY720	Sphingosine-like deriva- tive of myriocin from ascomycete fungus ³⁸	Works as an antagonist for sphingo- sine-1-phosphate receptors on lymphocytes, enhancing homing to lymphoid tissues and prevent- ing egress, causing lymphopenia	Reversible first-dose bradycardia, potentiated by general anesthetics and beta-blockers; nausea, vomiting, diarrhea, increased liver-enzyme levels

signaling.

CP-690,550³⁰:

and Tyrphostin AG 490*0

Synthetic molecule

Binds cytoplasmic tyrosine kinase JAK3, inhibiting cytokine-induced

Anemia caused by potential effects on JAK2

^{*} Data about drugs come from the manufacturer's inserts for health care professionals unless otherwise indicated.

Yicheng Fang

Recent Developments in Transplantation Medicine Donna Przepiorka, 1994 Organtransplantation in Rats and Mice Wolfgang Timmermann, Heinz-Jochen Gassel, Karin Ulrichs, Robert Zhong, Arnulf Thiede, 2012-12-06 Main focus of the new book will be the description and discussion of rat and mouse models for organ transplantation Various microsurgical techniques will be presented which allow transplantation of functional organs in syngeneic systems In particular the extremely difficult methods necessary for organ transplantation in mice will be presented and evaluated Besides these practical aspects the book will also cover the theoretical sides of organ transplantation like the immunobiology of allotransplantation Special emphasis will be given to the resurgent field of xenotransplantation. The results from xenograft models developed in the recent years using rats or mice will be reviewed and their impact on future human xenotransplantation will be discussed The Transplantation and Replacement of Thoracic Organs D.K. Cooper, L.W. Miller, G.A. Patterson, 2007-08-20 It is a great pleasure for me to contribute a few words as an achieved by many heart transplant centers and the ever improving results of lung transplantation and the functioning of mechanical introduction to the second edition of this volume first published in 1990 when it was edited by David Cooper and Dimitri cardiac assist devices Novitzky The first edition was in fact a greatly expanded The current editors bring a wealth of expertise and experience version of an even earlier volume Heart Transplantation edited to their task and have blended together absolutely superb con by David Cooper and Robert Lanza and published in 1984 This tributions by many of the world's experts in their fields This first work authored by members of the medical staff of Groote comprehensive and highly readable volume documents the Schuur Hospital and the University of Cape Town Medical present state of the art in the field of transplantation and School was I believe the first volume reviewing this relatively replacement of thoracic organs It provides an invaluable and un new field of medicine paralleled source of information for those concerned with heart and lung medicine or surgery and is essential reading for all who The present volume therefore continues the documentation of wish to keep abreast of developments in this field **Cumulated Index Medicus** ,1998 Annual Report of the U.S. Scientific Registry for Organ Transplantation and the Organ Procurement and Transplantation Network ,1990 The Journal of Heart and Lung Transplantation ,1995-07 **Therapeutic Immunosuppression** Angus W.

Thomson,2001 This work has broad applications in clinical medicine ranging from prevention and treatment of organ and bone marrow transplant rejection management of various autoimmune disorders for example rheumatoid arthritis skin disease and asthma Whereas traditionally only a small repertoire of immunosuppressive agents was available for clinical use recent discoveries have significantly increased the number of approved agents resulting in numerous trials to further evaluate their potential There is also considerable interest in the potential of cell based therapies particularly hematopoietic stem and dendritic cell therapy of allo and autoimmunity Important recent advances in the immunotherapy of allergic

diseases are also covered in this book This volume is intended both for practising physicians and surgeons and for biomedical scientists at the graduate postdoctoral levels and is designed to provide the theory behind these various approaches to immunosuppression and to provide state of the art reviews of current developments in each area Pulmonary and Critical Care Medicine Vols 1 and 2 SK Jindal, PS Shankar, Suhail Raoof, Dheeraj Gupta, 2011-01-31 This book published in two volumes Both volume divided in twenty three sections all sections and chapters are most important The Textbook of Pulmonary and Critical Care Medicine also offers a unique exposure to the problems in many parts of the world Tuberculosis the number one treatable condition has been extensively covered and special topics such as multi drug resistance directly observed therapy TB prevention nonpharmacologic approaches and extapulmonary tuberculosis are particularly relevant Many countries are facing a growing burden of noncommunicable respiratory diseases They have become the second leading cause of death after injuries and their impact on indirect costs such as loss of work and home productivity is enormous These problems are addressed and measures of prevention such as smoking cessation are included Other special challenges including topics such as indoor and outdoor air pollution climate change poisoning with pesticides snakebite toxicity pulmonary manifestations of tropical infections and industrial accidents such as the tragedy seen in Bhopal Madhya Pradesh with methyl isocyanate have been well covered However as globalization flattens the playing field and countries leap to industrialization cultural beliefs natural resources climate and geography have slowed the pace of development in many parts of the world Poverty leads to malnutrition homelessness lack of education and poor access to health care Overcrowded cities and rural underdevelopment are other challenges that impact health in the various parts of the world Moreover epidemics of HIV drug abuse and smoking addiction take a greater toll on the population Yes the world is flat but the terrain is filled with mountains and valleys and local problems demand local solutions And these local problems need to be explored and presented with a scholarly perspective The Textbook of Pulmonary and Critical Care Medicine has successfully incorporated these sociodemographic factors into the subject matter. The text is well written and the chapters are carefully referenced with subjects found in all traditional pulmonary and critical care textbooks e.g. airway diseases interstitial lung disease pleural disease pulmonary neoplasia pulmonary infection sleep and critical care There are several nontraditional sections as well that are practical and especially helpful to the practicing physician These include a section on the symptom approach to lung disease an overview of the pharmacologic agents used to treat lung disease and a comprehensive review of methods in lung diagnosis from the simple history and physical examination to the latest complex tools of interventional pulmonology The textbook is especially unique because of the abundance of illustrations flow charts and tables There are many radiographic and pathologic reproductions that are especially helpful **Advances in Organ** Transplantation Research and Application: 2012 Edition, 2012-12-26 Advances in Organ Transplantation Research and Application 2012 Edition is a ScholarlyEditions eBook that delivers timely authoritative and comprehensive information about

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