Transplantation Therapeutics Pharmaceutical and Healthcare Analysis Information

Transplantation Therapeutics Market 2018 Global Analysis, Opportunities and Forecast

PUNE, INDIA, January 19, 2018 /EINPresswire.com/ -- In 2015, a total of 127,000 transplantations were performed worldwide, an increase of 5.8% from 2014, with 33,000 of these occurring in the EU and a further 32,000 in the US. Approximately 60% of these were kidney transplants, with liver, heart, lung, pancreas and small bowel transplantations accounting for the other most common procedures (Dominguez-Gil and Matesanz, 2017).

When a graft is transplanted from a genetically non-identical individual, the recipient's immune system recognizes the graft as foreign. This leads to an anti-graft immune response that involves T cells invading the new tissue, multiplying, and recruiting more immune cells to the transplant site in order to remove this foreign body. Depending on the nature of the incompatibility and the immune response, and acute or chronic rejection process can occur.

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In order to protect the graft from immune-mediated tissue damage, several systemic immunosuppressive agents have been developed that suppress T-cell activity by decreasing the level of T cell signaling and multiplication. The treatments used in the prevention of transplantation rejection are typically older drugs, although recently Imbruvica (ibrutinib) was approved for the second-line treatment of chronic GVHD in March 2017.

With treatment, the rate of transplant rejection varies between patients, and the overall one year patient survival rate varies depending on the type of transplant. Kidney transplantation is associated with a very high survival rate, in contrast to lung transplantation, for which the outcomes are far poorer. Patients with graft-versus host disease (GVHD), particularly the acute form, have a very poor survival rate if they do not respond to the first line of therapy.

Generally, there are a modest number of safe pharmacological treatment options for acute rejections, but long-term treatment options remain unsatisfactory. The risk of infection limits the effectiveness of these therapies, and improvements to their efficacy are needed regardless. Specific transplantation tolerance, in which alloreactive T cells are inactivated while the broader immune response is left intact, removing the need for broad immunosuppressant therapies, can be considered as an end-goal for clinical transplantation.

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