

Adaptive strategies to BEAT BK virus

Why BEAT-BK trial:



15,329 Australians and New Zealanders were living with a kidney transplant in 2021.



80 - 90% of people have BK polyomavirus laying dormant from when they are young. This can become active again due to immunosuppression, or if the kidney is damaged after the transplant.



up to 10% of transplant patients with this virus can lose their kidney.

We need your help to improve treatment outcomes for all patients with BK polyomavirus after kidney or kidney-pancreas transplant. BEAT-BK trial adds intravenous immunoglobulin (IVIG) to the current standard of care treatment. By adding IVIG, researchers will understand its effect on treatment and outcomes for patients.

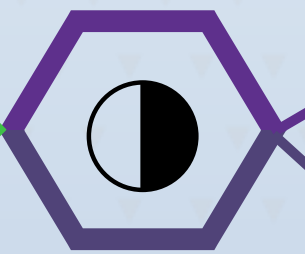


BEAT-BK trial: snapshot



Eligibility:

Patients over 2 years of age with kidney or simultaneous kidney-pancreas transplant with high BK polyomavirus counts.



Randomisation:

After signing consent and confirming eligibility, participants are randomised to one of two treatment options

Immunosuppression medicine changes + intravenous immunoglobulin

or

Immunosuppression medicine changes



Treatment:

- Immunosuppression medication changes will begin after starting the trial.
- Intravenous immunoglobulin will begin within 2 weeks of starting the trial and will be given weekly over 8 weeks

Participant requirements each week of the 8 week treatment period:

- Observations
- Blood tests
- Receive intravenous immunoglobulin (if randomised to this treatment arm)



Follow up:

Participants are required to attend follow up either in person or by telehealth at 10, 12, 24, and 48 weeks from starting on the trial.

Requirements during the follow-up period:

- Blood tests at week 10, 12, 24 & 48
- Quality of Life Questionnaires at week 12, 24 & 48
- Health care related information will be collected from your medical records.