

ANEMIA

- **Treatment of anaemia in renal transplant patients should be similar to those for CKD patients not on dialysis.** ^[1]
- **Anaemic patients who are iron deficient should be treated with iron before the administration of ESAs.** ^{[3] [5]}
- In patients with iron deficiency, we administer IV iron therapy rather than oral iron therapy. ^[1]
- Erythropoiesis-stimulating agents may be initiated for managing mTOR inhibitor-associated anaemia only when Hb <10g/dl, TSAT >20% and ferritin > 200 ng/ml. ^{[2] [3]}

If TSAT < 20%

-Administer IV iron therapy 200 mg/48 hrs.

Total iron deficit [mg] = body weight [kg] x (target Hb-actual Hb) [g/dl] x 2.4 + depot iron (500mg). ^[6]

If TSAT >20%

-Use oral Iron therapy.

-Initiate ESAs.

Target TSAT ≥ 30% ^{[6] [3]}

- If iron supplementation and/or erythropoiesis-stimulating agents are not sufficient to manage anemia, mTOR inhibitor therapy should be reduced or discontinued. ^[5]

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