Among CNIs
Patient survival, hypertension was significantly higher in tacrolimus treated patients and CNI toxicity was significantly higher in CyA arm and for other parameters difference was non-significant.

Among antiproliferative agents hypertension which was significantly lower in AZA arm but for all other parameter difference was non-significant.

Among various drug regimen (PTM, PTA, PCM, PCA), PTM associated with better patients survival and less hypertension as compare to other drug regimens but other parameters were similar.

Usage of antibody was 36% and was significantly higher in aged, HLA mismatch, PCM treated recipients and cadaver donor, and was with lower rejection episode and creatinine level.

UTI was most common infection. Infection was significantly higher in antibody, CyA, MMF treated and aged recipients. Incidence rate was higher during first 3 month.

NODAT significantly increases CMV infection. Incidence rate was higher in aged and HLA mismatch recipients.

Trends moves towards tacrolimus among CNI agent, MMF among antiproliferative agent and towards PTM among different regimen and towards antibodies usage.