

### **Participant flow**

Overall, 218 patients who experienced post-SOT refractory, resistant, and/or an intolerant (RRI) CMV episodes were eligible for analysis.

### **Baseline Characteristics**

Patients' median age was 57 years and 63.8% were male. Over half of the patients (50.5%) received kidney transplant followed by lung transplant (21.6%). Basiliximab was administered as an immunosuppression induction protocol regimen in 60.8% of patients and 82.1% received a long-term maintenance steroid regimen. Donor/recipient CMV serostatus was +/- in 64.2% of patients and +/+ in 24.8% of patients.

### **Outcome Measures**

Median time from transplant to first RRI infection was 150 days. For the first RRI infection, the majority (71.6%) of patients were asymptomatic, 15.1% presented with CMV syndrome and 13.1% with tissue invasive disease. Valganciclovir was used most frequently as a first-line agent (46.5%) and foscarnet as a second-line agent (57.8%). During the first RRI CMV episode, 78.9% of patients achieved clearance of CMV with a median time to clearance of 104.5 days. CMV recurrence was 21.6%. All-cause mortality was reported in 19.7% of patients. Mortality one year after RRI identification was 6.0%. CMV-related hospitalizations were reported in 47.2% of patients (median length of hospital stay: 10 days). Most hospitalizations or emergency department visits (87.0%) were to manage RRI CMV episodes.

### **Adverse Events**

This study did not solicit AE collection.