Everolimus + reduced CNI was non-inferior to MPA + standard CNI for the primary endpoint
Incidence: 48.2% vs 45.1%
Difference 3.2% (95% CI: –1.3, 7.6)

Everolimus + reduced CNI was non-inferior to MPA + standard CNI for the secondary endpoint
Incidence: 14.9% vs 12.5%
Difference 2.3% (95% CI: –1.7, 6.4)

tBPAR rate was low in both arms: 11.5% vs 8.8%

Largest prospective trial conducted in a de novo kidney transplant population to date (>2,000 patients in 42 countries)

24-month, multicentre, randomised, open-label, non-inferiority study of everolimus + reduced CNI exposure vs MPA + standard CNI exposure in de novo kidney transplant patients
2,037 randomised 1:1 to treatment
†Administered as mycophenolate sodium or mycophenolate mofetil
*Patients in both groups received induction therapy and maintenance corticosteroids

The 12-month results from TRANSFORM showed that everolimus + reduced CNI exposure was non-inferior to MPA + standard CNI exposure for a binary endpoint assessing both immunosuppressive efficacy and preservation of graft function

Reference

Abbreviations
AEs, adverse events; CMV, cytomegalovirus; CNI, calcineurin inhibitor; eGFR, estimated glomerular filtration rate; MDRD4, modification of diet in renal disease; MPA, mycophenolic acid; tBPAR, treated biopsy-proven acute rejection; TRANSFORM, Advancing renal TRANSplant eFficacy and safety Outcomes with an everolimus-based regiMen

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