

Welcome to the fourth edition of the 3C newsletter. Thank you for your continued contribution and involvement which has already helped us begin to answer one important question – read on for more details! The 3C Study will also help us to answer other vital questions about your long term well-being, and will be helpful to other kidney transplant recipients, in the future.

Campath halves risk of early rejection

Your input has helped Oxford University scientists to compare the powerful drug, Campath (also known as alemtuzumab), with the standard drug, basiliximab. We now know that Campath, when used at the time of the kidney transplant operation, halves the risk of early “rejection” episodes. Rejection occurs when the transplant recipient’s immune system (the body’s defence against infections) attacks the transplanted kidney which it recognises is not an original part of the recipient’s body.



You may remember that the 3C Study is testing two new strategies which might avoid long-term damage to kidney transplants. Some of the daily drugs given to stop the recipient “rejecting” the transplant can also cause damage to the kidney in the long-term and the 3C Study is testing ways to use less of these drugs to try and prevent such damage. The first test was whether a powerful drug (Campath) would allow smaller doses of these potentially damaging drugs to be given to patients. Our results show that this is true, at least in the short-term. With Campath, fewer participants developed any rejection, despite taking less of the anti-rejection drugs. However, we don’t know yet whether this will translate into benefits in the longer-term, but the 3C study will help answer this in the future.

Before the trial, some doctors were also concerned that using Campath could potentially cause more infections to patients. The 3C Study has demonstrated that Campath, in

the first six months after transplantation, was not associated with any significantly increased risk of developing serious infections compared with the standard therapy (basiliximab).

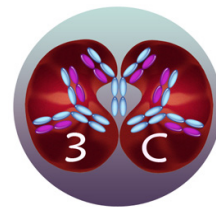
When you had your transplant you would have either received Campath (previously not used much in kidney transplantation) or the standard treatment, basiliximab. A computer programme decided your random allocation (like the toss of a coin) to one of the two treatment groups at the time of your operation. Campath and basiliximab are the one-off drugs you had at the time of your transplant which strongly suppressed your immune system. They are termed ‘induction’ drugs.

So far, the results of 3C that have been reported, relate to these induction treatments given in the first few days after transplantation and their effects in the short term follow-up to six months after transplantation. The longer-term follow-up will be very important before doctors can understand the full impact of these results. We expect that the next set of published results will look at the experience of the

participants who took part in the second comparison of the 3C Study (more about this in future newsletters).

Although 3C is a UK study, the results of 3C will be of significant interest to specialists worldwide who are managing patients with kidney transplants. We therefore presented the results at the World Transplant Congress in San Francisco on 28 July 2014, a forum for international specialists in transplantation and kidney medicine. The results were very well received and further recognition of their significance was given when *The Lancet* also decided to publish the results. *The Lancet* is a highly respected, international and peer-reviewed medical journal.

You can see more information including the slides which were presented, the summary of the article which appeared in *The Lancet* on 28th July 2014, as well as the results and the press release that accompanied the presentation of the results at: www.3cstudy.org



“What if I want to discuss these results?”

The transplant consultant treating you will be aware of the results and will be able to remind you which induction treatment you received.

A big **thank you** to all of you. Without your help we would not have been able to make this progress towards improving the care of people who will receive kidney transplants in the future. It is only through having large clinical trials that we can obtain good quality evidence which will help with making decisions, and recommendations, in future.

Some reasons for you to feel proud

We are hugely proud and we hope that you are too! By taking part in the 3C Study you have enabled transplant centres all over the UK to contribute to:

- a high profile, and internationally important, study
- the biggest kidney transplantation study done in the UK
- one of the largest ever trials of immunosuppression in the world

How will our study help future transplant recipients?

Basiliximab remains the current, standard induction treatment, but 3C's initial comparative results with Campath are encouraging. We need to carry on collecting information before Campath can be safely, and more universally, recommended. Through your ongoing participation in 3C we can achieve this, so please keep completing the questionnaires.

Milestones reached

By the end of January 2014, all 3C participants had their final 3C follow-up assessments. You are all now in the longer term follow-up phase of the 3C study. To answer questions about the effectiveness of your transplanted kidney, rejection episodes, infection and other aspects of your health and quality of life we need you to continue sending information about how you are doing each year. This is why we are sending the annual questionnaires to all of so that you can let us know how you are getting on in the longer term. Unfortunately, some of your transplants may have failed. We still need to hear from you. You can all help us obtain an accurate picture of the benefits of each treatment by completing the questionnaire and returning it

to us in the Freepost envelope. We look forward to hearing from you!

These are still early days, and we can only reach further conclusions with your continuing involvement and using the information that you report in the questionnaires. We greatly appreciate your help with this.

Looking to the future - your annual update

Thank you so much to all who have returned questionnaires so far. If you received a questionnaire previously, you may notice that we've tried to improve the layout so that this year's questionnaire is clearer and simpler and should take you no longer than five minutes to complete.

If you have any questions about completing the questionnaire or about the sort of information we are requesting, please do not hesitate to contact us by phone, email or letter. We are always happy to hear from you.

A happy ending through 3C

We had a call from a Community Pharmacy telling us that a customer's wallet had been found. The Pharmacist had used the Freefone number on the 3C Study participant card to ask us whether we could contact the owner. This we did and the worried owner of the wallet was soon happily reunited with his wallet! This was an unexpected use for a 3C Study participant card!

Time to celebrate

We would like to celebrate your personal successes. We'd love to hear any of your achievements or good news since you had your transplant.

The study coordinating centre can be contacted:

- **by telephone:** 24 hour Freefone service **0800 585323**; or Weekday office hours - Ruth Davis **01865 743528**
- **by post:** Ruth Davis, Administrator, 3C Study, CTSU, Richard Doll Building, Old Road Campus, Roosevelt Drive, Oxford, OX3 7LF; or
- **by e-mail:** ccc@ctsu.ox.ac.uk
- **www.3cstudy.org**

And remember that you can contact your local team, too.



Thank you very much for your participation in the 3C Study. We hope that trials like this one can improve the long-term outcomes for recipients of renal transplants for many years to come, so thank you for agreeing to take part.