

Summary of Results for Laypersons

Astellas is grateful to the patients who took part in this clinical study. Thank you.

What was the Study Called?

A Randomized, Open-label, Multi-center Clinical Trial to Compare Efficacy and Safety of Cyclosporine-based and Switching Cyclosporine to Tacrolimus of Two Forms-based Immunosuppressive Therapy in Renal transplant (KTx) Recipients.

Why was this Study Needed?

The immune system is part of the body that fights foreign objects or infections. After organ transplant surgery, the immune system recognizes the new organ as a foreign object. Cyclosporine A is an oral prescription medicine (taken by mouth) that reduces the strength of the immune system. It prevents the body from rejecting organ transplants. Cyclosporine A may not work well in some patients with kidney transplants in China. Therefore, there was a need to study Advagraf and Prograf in patients with kidney transplants in China. Those are tacrolimus prescription medicines that reduce the strength of the immune system. Advagraf (also known as Graceptor, tacrolimus prolonged-release, tacrolimus extended-release, Astagraf XL, FK506E, MR4 or tacrolimus modified-release) are oral capsules taken once a day. Prograf (also known as FK506, immediate-release tacrolimus, Adoport, Capexion, Vivadex, Tacni, Tacniteva and Tacni-transplant) are oral capsules taken twice a day.

This study was conducted in patients who had a kidney transplant. After their transplant surgery, patients had taken cyclosporine A. In this study, patients either continued taking cyclosporine A or switched to 1 of 2 tacrolimus medicines (Advagraf or Prograf). The main question this study was meant to answer was how the kidney worked after patients took those study medicines for 6 months. To assess kidney function, the study looked at the change in estimated glomerular filtration rate (or eGFR for short). The eGFR is a blood test that looks at how well the kidneys are working. It was also important to find out what unwanted effects these patients had from the study medicines.

The study started in July 2013. The sponsor (Astellas) stopped the study in March 2015. The reason was that not enough patients joined the study. When the study was stopped, 15 patients had taken study medicine. Astellas reviewed all the study information and created a report of the results. This is a summary of that report.

What Kind of Study was This and Who Took Part in it?

This was an “open-label” study. This means that each patient and the study doctors knew which study medicine that patient took (Advagraf, Prograf or cyclosporine A).

This study included adult women and men aged 18 to 65 years. They had a kidney transplant at least 6 months before the study started. They had taken cyclosporine A for more than 6 months. They had been taking the same prescribed dose of cyclosporine A for at least 8 weeks before the study started.

During the study, the study doctor did a check-up of the patients at several study visits. At the first visit, patients were checked to see if they could be in the study. Patients who could be in the study were picked for 1 of 3 treatments (Advagraf, Prograf or cyclosporine A) by chance alone.

- Advagraf: Patients took their last prescribed dose of cyclosporine A dose. Twelve to 24 hours thereafter, they took their first dose of Advagraf (0.05 to 0.08 mg per kg of body weight). They took Advagraf capsules once a day. The study doctor adjusted their dose according to their needs.
- Prograf: Patients took their last prescribed dose of cyclosporine A dose. Twelve to 24 hours thereafter, they took their first dose of Prograf (0.05 to 0.08 mg per kg of body weight). They took Prograf capsules twice a day. The study doctor adjusted their dose according to their needs.
- Cyclosporine A: Patients continued taking their prescribed dose of cyclosporine A.

Patients took study medicine for 6 months.

This study took place at 7 clinics in China. 17 patients were in the study. Out of these patients, 15 patients took at least 1 dose of study medicine.

What Were the Study Results?

The main question this study in patients with kidney transplants meant to answer was how the kidney worked after patients took study medicine (Advagraf, Prograf or cyclosporine A) for 6 months. The study looked at the change in eGFR after 6 months of treatment. A higher eGFR would mean that the kidney function improved. And a lower eGFR would mean that the kidney function got worse.

When this study was stopped, there were not enough patients in the study to answer the study's main question. This is a summary of study results for the patients in the study.

Compared to the start of the study, the eGFR after 6 months of treatment was higher in the Advagraf group and lower in the other groups.

	eGFR Results		
	Advagraf (out of 5 patients)	Prograf (out of 6 patients)	Cyclosporine A (out of 4 patients)
At start of study	58.050	65.896	86.033
After 6 months of treatment	69.590	55.792	71.380

What Adverse Reactions did Patients Have?

A lot of research is needed to know whether a medicine causes a medical problem. So when new medicines are being studied researchers keep track of all medical problems that patients have while they are in the study. These medical problems are called "adverse events" and are recorded whether or not they might be caused by the treatment taken. An "adverse reaction" is any medical problem or "adverse event" that is judged by the study doctor to be possibly caused by a medicine or treatment used in the study.

One patient (6.7%, or 1 out of 15 patients) who took Advagraf experienced an adverse reaction. This patient had an increased blood level of creatinine (a substance normally eliminated by the kidneys into the urine).

An adverse reaction is considered “serious” when it is life-threatening, causes lasting problems or needs hospital care.

The adverse reaction of the patient in the Advagraf group was a serious adverse reaction.

Where Can I Learn More About This Study?

This document is a short summary of the main results from this study and reflects the information available as of July 2015. You can find this summary and more information about this study online at <http://www.astellasclinicalstudyresults.com>.

Please remember that researchers look at the results of many studies to find out how well medicines work and which adverse reactions they might cause. This summary only shows the results of this 1 study. Your doctor may help you understand more about the results of this study.

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