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## **EMBARGOED FOR RELEASE UNTIL 7:00 PM ON NOVEMBER 14**

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November 11-13: ASN Management Office, San Diego Convention Center, Room 14, (619) 525-6307  
Friday, Nov. 14 – Monday, Nov. 17, 2003: ASN Media Room,  
San Diego Convention Center, Room 13, (619) 525-6301 (media room), 240-381-7513 (after hours)

### **STUDY SHOWS INCREASED GRAFT AND PATIENT SURVIVAL AMONG TRANSPLANT RECIPIENTS**

#### ***New Treatment Option Improves Kidney Function and Blood Pressure***

**San Diego, CA (Nov. 14, 2003)**— Kidney transplant patients using sirolimus-based therapy with early withdrawal of cyclosporine show, for the first time, improved kidney function in addition to excellent graft and patient survival, according to a new study presented at the American Society of Nephrology's 36<sup>th</sup> Annual Meeting and Scientific Exposition in San Diego, California.

“The study has shown that this treatment plan may offer kidney transplant patients the prospect of improved survival of their transplanted kidney, thereby reducing the need for further transplantation or a return to dialysis,” says Rainer Oberbauer, M.D., Associate Professor of Medicine, University of Vienna, Austria, who will be presenting the results of the three-year Rapamune Maintenance Regimen (RMR) study at a transplantation news briefing from 12:15 – 1:15 p.m. on Friday, November 14 in Room 12 of the San Diego Convention Center.

Although cyclosporine, an immunosuppressant agent, protects the transplanted kidney from rejection, it also increases blood pressure and renal toxicity. This toxicity can cause structural damage of the transplanted kidney, compromise kidney function, and lead to eventual graft failure. The study shows it is possible to improve kidney function through withdrawing cyclosporine without any reduction in immunosuppressive effects. Immunosuppressant drugs are necessary after organ transplantation because the human body is designed to reject foreign cells, such as organ transplants.

Patients in the study also showed a significant improvement in blood pressure after the withdrawal of cyclosporine. “The improvement of blood pressure in this treatment course is very encouraging, given that cardiovascular disease is a major cause of death in our transplant patients and loss of kidney function is further associated with an increase in cardiovascular risk,” says Dr. Oberbauer.

In the study, 525 kidney transplant recipients from 57 centers in Europe, Australia, and Canada received Rapamune, cyclosporine, and corticosteroids. At 3 months and 2 weeks, 430 eligible patients were randomized (1:1) to either remain on Rapamune, cyclosporine microemulsion, and corticosteroids, or to have cyclosporine gradually withdrawn over 4-6 weeks and receive Rapamune maintenance therapy (Rapamune and corticosteroids).

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Findings indicate that patients receiving sirolimus-based therapy with early elimination of cyclosporine showed a durable and significant improvement in renal function and blood pressure over three years, compared with patients who remained on cyclosporine and sirolimus immunotherapy.

The study abstract, “Renal Function Improves Significantly after Early Cyclosporine Withdrawal in Sirolimus-Treated Renal Transplant Recipients: 3-year Results of the Rapamune Maintenance Regimen (RMR) Trial,” will be presented during a Free Communications session on Friday, November 14 from 4:20 pm-4:30 pm, in Room 31 of the San Diego Convention Center.

As the largest nephrology meeting of its kind, Renal Week 2003 is expected to draw more than 11,000 nephrologists to reveal the latest findings in renal research and in the care of patients with kidney and related disorders. The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study and practice of nephrology and committed to providing a forum for discussion about the latest research and clinical findings on kidney diseases.

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Research for this study was supported by Wyeth Research, Paris, France.