**Supplementary Table 1. Randomised controlled trials of everolimus in combination with CNI in organ transplantation (see text for details)**

| **Study** | **Study phase** | **Patients (n)** | **EVR dose** | **EVR target C0** | **TDM** | **EVR assaya** | **Co-immunosuppression** | **EVR-free comparator arm** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Kidney transplantation** |
| Phase II[1](#_ENREF_1) | II | 103 | Fixed dose; 1, 2 or 4 mg/day | N/A | No | ELISA | CsA (standard dose) + GC | None |
| RAD B201[2](#_ENREF_2),[3](#_ENREF_3) | III | 588 | Fixed dose; 1.5 or 3.0 mg/day | N/A | No | LC-MS/MS  | CsA (standard dose) + GC | MMF + CsA (standard dose) + GC |
| RAD B251[4](#_ENREF_4) | III | 583 | Fixed dose; 1.5 or 3.0 mg/day | N/A | No | LC-MS/MS  | CsA (standard dose) + GC | MMF + CsA (standard dose) + GC |
| A2306[5](#_ENREF_5) | IIIb | 237 | Starting dose 1.5 or 3.0 mg/day | ≥3 ng/mL | Yes | LC-MS/MS  | CsA (reduced exposure) + GC | None |
| A2307[5](#_ENREF_5) | IIIb | 256 | Starting dose 1.5 or 3.0 mg/day | ≥3 ng/mL | Yes | LC-MS/MS  | Bxmab + CsA (reduced exposure) + GC | None |
| A2309[6](#_ENREF_6) | IIIb | 833 | Starting dose 1.5 or 3.0 mg/day | 3–8 ng/mL or 6–12 ng/mL | Yes | LC-MS/MS  | Bxmab + CsA (reduced exposure) + GC | MPA + CsA (standard dose) + GC + Bxmab |
| EVEREST[7](#_ENREF_7) | IIIb | 285 | Starting dose 1.5 mg/day | 3–8 ng/mL or 8–12 ng/mL | Yes | FPIA  | CsA (reduced [arm 1] or very-low [arm 2] exposure) + GC + Bxmb | None |
| CRADUS09[8](#_ENREF_8) | III | 92 | Starting dose 1.5 mg/day | ≥3 ng/mL | Yes | LC-MS/MS  | Tac (standard [arm 1] or reduced [arm 2] exposure) + GC + Bxmb | None |
| ASSET[9](#_ENREF_9) | III | 228 | Starting dose 3.0 mg/day | 3–8 ng/mL | Yes | LC-MS/MS | Tac (standard [arm 1] or reduced [arm 2] exposure) + GC + Bxmb | None |
| ASCERTAIN[10](#_ENREF_10) | IV | 394 | Starting dose 3.0 mg/day | 3–8 ng/mL | Yes | LC-MS/MS  | CsA/Tac (reduced exposure) ± MPA/AZA ± GC | CsA/Tac (standard exposure) ± MPA/AZA ± GC |
| HERAKLES[11](#_ENREF_11) | III | 499 | Starting dose 1.5 mg/day | 3–8 ng/mL | Yes | Local lab | CsA (reduced exposure) + GC + Bxmab | CsA (Standard exposure) + EC-MPS + Bxmab |
| CRAD001AUS92[12](#_ENREF_12) | III | 613 | Starting dose 1.5 mg/day | 3–8 ng/mL | Yes | LC-MS/MS  | Tac (reduced exposure) + GC + Bxmb/ATG | MMF + Tac (standard exposure) + GC + Bxmab/ATG |
| CRAD001A2314-CRADLE[13](#_ENREF_13), b | III | 106 planned  | 2 mg/m2/dose (not to exceed 0.75 mg/dose) | 3–8 ng/mL | Yes | LC-MS/MS  | Tac (reduced exposure) + GC (up to Month 6 post transplant) | MMF + Tac (standard exposure) + GC |
| **Liver transplantation** |
| H2304[14](#_ENREF_14) | III | 719 | Starting dose 2.0 mg/day | 3–8 ng/mL | Yes | LC-MS/MS  | Tac (reduced exposure) + GC | Tac (standard exposure) + GC |
| **Heart transplantation** |
| B253[15](#_ENREF_15) | III | 634 | Fixed dose 1.5 or 3.0 mg/day | N/A | Yes | ELISA  | CsA (standard exposure) + GC ± ATG/CD3mab | CsA (standard exposure) + GC + AZA ± ATG/CD3mab |
| A2411[16](#_ENREF_16) | III | 176 | Staring dose 1.5 mg/day | 3–8 ng/mL | Yes | LC-MS/MS  | CsA (reduced exposure) + GC ± ATG/IL2Ra | CsA (standard exposure) + MMF + GC ± ATG/IL2Ra |
| A2403[17](#_ENREF_17) | III | 199 | Starting dose 1.5 mg/day | 3–8 ng/mL | Yes | LC-MS/MS  | CsA (reduced exposure) + GC ± ATG/IL2Ra | CsA (standard exposure) + GC ± ATG/IL2Ra |
| A2310[18](#_ENREF_18) | III | 721 | Starting dose 1.5 or 3.0 mg/day | 3–8 ng/mL or 6–12 ng/mL | Yes | LC-MS/MS  | CsA (reduced exposure) + GC ± Bxmab/ATG | CsA (standard exposure) + MMF + GC ± Bxmab/ATG |
| MANDELA[19](#_ENREF_19) | IV | 200 planned | Centre practice | 5–10 ng/mL | Yes | Local lab | CsA/Tac (reduced exposure) + GC | None (See Supplementary Table 2) |
| **Lung transplantation** |
| B159[20](#_ENREF_20) | III | 213 | Starting dose 3.0 mg/day | N/A | No | ELISA  | CsA (standard exposure) + GC | AZA + CsA (standard exposure) + GC |
| CeMyLungs[21](#_ENREF_21" \o "Glanville, 2015 #95) | III | 165 | Starting dose 3.0 mg/day | 3–8 ng/mL | Yes | Local lab | CsA (reduced exposure) + GC | CsA (standard exposure) + MPA + GC |
| 4EVERLUNG[22](#_ENREF_22) | III | 232 planned | Centre practice | 4 ± 1 ng/mL | Yes | Local lab | CsA/Tac (reduced exposure) + MPA + GC | CsA/Tac (standard exposure) + MPA + GC |
| **Heart or lung transplantation** |
| NOCTET[23](#_ENREF_23) | IV | 282 | 1.5–3.0 mg/day | 3–8 ng/mL | Yes | FPIA  | CsA/Tac (reduced exposure) ± MMF ± AZA ± GC | CsA/Tac (standard exposure) ± MMF ± AZA ± GC |

aConducted by central laboratory unless indicated otherwise. bPaediatric study

ASCERTAIN, Assessment of everolimus in addition to CNI reduction in the maintenance of renal transplant recipients; ATG, anti-thymocyte globulin; AZA, azathioprine; Bxmab, basiliximab; CD3mab, muromonab-CD3; CENTRAL, Certican nordic trial in renal transplantation; CsA, ciclosporin A; ELISA, enzyme-linked immunosorbent assay; EVEREST, Everolimus for renal cancer ensuing surgical therapy; EVR, everolimus; FPIA, fluorescence polarization assay; GC, glucocorticoid; IL2Ra, interleukin-2 receptor antagonist; LC-MS/MS, liquid chromatography-tandem mass spectrometry; MMF, mycophenolate mofetil; MPA, mycophenolic acid; N/A not applicable; SCHEDULE, Scandinavian heart transplant everolimus de novo study with early calcineurin inhibitors avoidance; SOCRATES, Steroid or cyclosporin removal after transplant using everolimus; Tac, tacrolimus; TDM, therapeutic drug monitoring.

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