**Supplementary Table 2. Randomised trials of conversion to a CNI-free everolimus-based regimen in transplant recipients (see text for details)**

| **Study** | **Patients (n)** | **Baseline immunosuppression** | **Time of conversion** | **CNI replacement** | **EVR starting dose** | **EVR target C0** | **TDM** | **EVR assaya** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Kidney transplantation** |
| ZEUS[1](#_ENREF_1) | 300 | CsA + MPS + GC + Bxmab | Month 4.5 | Stepwise (1 month) | 1.5 mg/day | 3–8 ng/mL (Month 4.5–5.5); 6–10 ng/mL (>Month 5.5) | Yes | Local lab |
| SOCRATES[2](#_ENREF_2) | 126 | CsA + MPS + GC + Bxmab | Day 15–120 | Stepwise (Day 15–120) | Not specified | 6–10 ng/mL (Day 15–60); 8–12 ng/mL (>Day 61) | Yes | LC-MS/MS (central lab) |
| CENTRAL[3](#_ENREF_3) | 204 | CsA + MPS + GC + Bxmab | Week 7 | Overnight | 3.0 mg (single dose) | 6–10 ng/mL | Yes | Local Lab (LCMS or RIA) |
| APOLLO[4](#_ENREF_4) | 93 | CsA/Tac + EC-MPS ± GC | ≥Month 6 | Stepwise (2 weeks) | 1.5 mg/day with CsA or 3 mg/day with Tac; afterwards according to trough levels | 6–10 ng/mL | Yes | Local lab |
| ASCERTAIN[5](#_ENREF_5) | 394 | CsA/Tac ± MPA/AZA ± GC | >Month 6 | When everolimus C0 on target | 4.0 mg/day | 8–12 ng/mL  | Yes | LC-MS/MS (central lab) |
| MECANO[6](#_ENREF_6) | 113 | CsA + MPS + GC + Bxmab | Month 6 | Overnight | 6.0 mg/day | Target AUC0–12 150 mgxh/L | Yes | FPIA or LC-MS/MS |
| HERAKLES[7](#_ENREF_7) | 499 | CsA + EC-MPS + GC + Bxmab | Month 3 | Stepwise (1 week) | Initially 3.0 mg/day, afterwards based on trough levels | 6–10 ng/mL  | Yes | Local lab |
| ELEVATE[8](#_ENREF_8) | 719 | CsA/Tac + EC-MPS + GC + Bxmab | Week 10–14 | Overnight or stepwise (1 week) | Overnight: 3.0 mg (single dose)Stepwise: 3.0 mg/day | 6–10 ng/mL | Yes | LC-MS/MS (central lab) |
| **Liver transplantation** |
| H2304[9](#_ENREF_9) | 719 | Tac + GC  | Day 30 | Stepwise (3 months) | 2.0 mg/day | 3–8 ng/mL (Day 35 to start of Month 4); 6–10 ng/mL (from start of Month 4) | Yes | LC-MS/MS (central lab) |
| **Heart transplantation** |
| SCHEDULE[10](#_ENREF_10) | 115 | Low-dose EVR + low-dose CsA + MMF + GC + ATG | Week 7–11 | Overnight  | 1.5 mg/day in combination with CsA, then according to trough levels when CsA discontinued | 3–6 ng/mL (in combination with CsA); 6–10 ng/mL (when CsA discontinued) | Yes | Local lab |
| MANDELA[11](#_ENREF_11) | 200 planned | CsA/Tac + EVR + GC or EVR +MPA + GC | Month 6 post transplant  | Stepwise (3 months) | Centre practice | 5–10 ng/mL | Yes | Local lab |

aIn all studies with central lab measurements of EVR levels, the EVR dosing decisions were made based on local laboratory measurements, with central laboratory analysis for confirmation

ASCERTAIN, Assessment of everolimus in addition to CNI reduction in the maintenance of renal transplant recipients; ATG, anti-thymocyte globulin; AZA, azathioprine; Bxmab, basiliximab; C0, trough concentration; CENTRAL, Certican nordic trial in renal transplantation; CsA, ciclosporin A; EC, enteric-coated; EVR, everolimus; FPIA, fluorescence polarization assay; GC, glucocorticoid; LC-MS/MS, liquid chromatography-tandem mass spectrometry; MMF, mycophenolate mofetil; MPS, mycophenolate sodium; RIA, radioimmunoassay; SOCRATES, Steroid or cyclosporin removal after transplant using everolimus; Tac, tacrolimus; TDM, therapeutic drug monitoring

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