

**Welcome the third edition of the 3C NEWSLETTER. It is now quite a while since some of you joined the trial. We appreciate your continued interest which is important for us to answer two important questions in kidney transplantation.**

## Milestones reached

Thanks to all your help and support the teams at the transplant centres had recruited sufficient participants for us to be able to stop recruitment on 21st January 2013. By that time, 852 participants had been randomised to the study. This is a major achievement: 3C is now the largest trial in kidney transplantation done in the UK and one of the largest ever trials of immunosuppression in the world.

In August second randomisation was completed and 394 of you have been 2nd randomised. This means that 3C is not only the largest trial of Campath, but is also the largest trial testing an early conversion to sirolimus. Size really does matter when it comes to trials: the bigger the trial, the more reliable the answers so thank you!

It is very exciting to have most of the transplant centres in the UK working together with you. With your help we hope to achieve the best outcomes for transplant recipients in the future. We hope that this group of transplant centres and doctors will be able to do more trials together in the future.

## Who are we?



One of the Co-Principal investigators on the 3C Study is Professor Colin Baigent who is based at CTSU. He first studied mathematics at the University of Oxford, and then qualified in medicine. Professor Baigent is in a unique position to understand kidney diseases and promote its research: not only is he medically

qualified, but he has also received a kidney transplant himself and so understands many of the issues and challenges that 3C participants face.

## 3C's first participant

Fred Long was the first patient to enter the 3C Study. Before having his transplant, he was on peritoneal dialysis. In fact, the picture was taken while Fred was still on PD! Fred has

always been determined not to let his kidney problems get in the way of his life and has enjoyed the extra freedom that having a transplant offers. When asked why he took part in the 3C Study, Fred said, "I wanted to help find out what the best treatments are for people having kidney transplants. Taking part in the study hasn't caused me any difficulty and I hope the results will help improve the care future transplant patients receive."



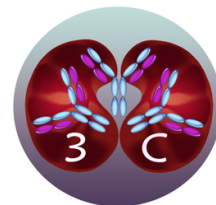
Fred now has plans to abseil down the John Radcliffe Hospital again to raise money for another good cause. We wish Fred all the best for this!

## Annual update from you

Thank you to all of you who completed last year's (2012) annual questionnaire. We sent this to all participants who had completed their 12 month visit by the end of September 2012 (i.e. participants who had their transplants before 30th September 2011).

It's really helpful for us to hear how you have been getting on in the longer term since your transplant and so we'd like you complete the short questionnaire and return it to us once a year. We really appreciate your time and effort in completing the questionnaire (although we hope that this is only a few





minutes). One participant has moved to Australia and even returned her completed questionnaire from there. Thank you!

### We had a few questions about the questionnaire.

#### **Q: What do we mean by “since your last study visit or questionnaire?”**

A: You have 3C follow-ups up to 12 months after your transplant. These are carried out by the teams at your transplant centre talking to you and completing an online form. After that, once a year in October we send you the questionnaire for you to complete. If you completed your 12 month visit recently, we will still ask you to fill in the questionnaire.

#### **Q: What if I am not sure whether I gave you details of clinical events on the last questionnaire?**

A: The events are dated and we would prefer that you make sure that you tell us about all events rather than thinking that you may have told us before. So, it does not matter if an event has already been reported at a follow-up visit or on a previous questionnaire. Please tell us twice rather than not at all!

### What next in 3C?

We are collecting details of any problems and with the highly skilled help of our IT team and medical statisticians this information will help us to find out whether one kind of treatment is better for the long-term functioning of your new kidney than another kind. This is why it's important that we know whether or not you've had any problems since your transplant. We hope to be able to present the first results of the 3C Study at a major transplant conference in America next year. We will let you know what they show.

### On the move?

It's a great help if you can let us know if you've moved house so that we know where to send your next questionnaire.

Some of our participants have moved to other parts of the country and are no longer seen at the transplant centre where they were recruited. Since the majority of UK transplant centres are participating in the study the teams have been able to help each other out in making sure that you have your



3C follow-ups. A patient who moved to Newcastle after being recruited in Manchester was able to continue follow up in the study by the team in Manchester because both transplant centres are collaborating in the study. The team at the new centre was able to supply results needed for 2nd randomisation and to continue the participant's care according to their 3C participation.

#### **The study coordinating centre can be contacted:**

- **by telephone:** 24 hour Freephone 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](mailto: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.***