ERA-EDTA 2016: CKD-MBD Management and Associated Outcomes

The ERA-EDTA 2016 congress was held last month in Vienna, Austria. Here is COMPACT RENAL’s round-up of the highlights in CKD-MBD.

NON-CALCIUM PHOSPHATE BINDERS AND REDUCED MORTALITY

Non-calcium phosphate binders reduce calcium loading in dialysis patients and may reduce risk of death compared with calcium-based phosphate binders, but it is unknown whether such benefits occur when non-calcium-based binders are used as an add-on therapy for patients already treated with calcium-based phosphate binders.[1] Analysis of data from DOPPS by Hirotaka Komaba and colleagues showed that, when used in addition to calcium binders, sevelamer-based binders reduced serum phosphorus levels and were associated with decreased mortality compared with calcium binders alone in maintenance haemodialysis patients.[1] It was suggested by the presenters that this improved survival rate may be a “class effect” of non-calcium binders, compared to calcium-based binders.

A retrospective analysis of patients receiving an alternative non-calcium-based binder was also presented at the Congress, with a significant reduction in mortality seen in maintenance hemodialysis patients who received lanthanum carbonate, compared with those who did not.[2]

The results of both of these outcomes studies were also highlighted in a joint symposium of ERA-ETDA and the Japanese Society of Nephrology.

DOPPS PROGRAM: LESSONS FROM THE FIRST 20 YEARS

Professor Michel Jadoul presented a summary of DOPPS and its major achievements over its first 20 years, acknowledging that DOPPS data has led to:

- Challenges to some previously-accepted targets
- An increasing emphasis on patient quality of life
- An understanding of the importance of patient/nephrologist contact

Some of the first EURODOPPS data was presented at ERA-EDTA 2016 in both poster and oral sessions. EURODOPPS is a collaboration between the ERA-EDTA Registry and DOPPS that allows the further collection and analysis of data from patients on dialysis across Europe.

Dr Sophie Liabeuf presented the analysis of guideline adherence and drug prescriptions using EURODOPPS data. The analysis highlights the varying degrees of success across Europe in achieving guideline-recommended targets, with the achievement of target levels of serum calcium, phosphorus, parathyroid hormone and 25-hydroxy vitamin D varying significantly by country.[3] Results include:

- 30% of patients across the study had hyperphosphatemia (serum phosphate > 5.5 mg/dL), with Germany having the highest percentage of patients over phosphorus targets
- 78% of patients were on one or more phosphate binder, with the highest percentage of patients on calcium-based phosphate binders found in Belgium.

ADDITIONAL HIGHLIGHTS

Further highlights from the CKD-MBD track at the ERA-EDTA 2016 Congress included:

- Results from a 52-week open-label extension study of the calcimimetic etelcalcetide showed continuing safety and...
sustained reduction in PTH levels, with results comparable to previous shorter-term trials.\(^4\)

- **Data** from a pilot study suggested that phosphate loading in CKD patients "increases cardiovascular risk both by impairing endothelial function, possibly via the nitric oxide pathway, and by increasing vascular stiffness."\(^5\)

- "Promising" Phase I and pre-clinical **data** were presented on a novel therapy designed to inhibit cardiovascular calcification in hemodialysis patients.\(^6\)

- **Observational data** from a Canadian registry suggested that medications containing phosphate may provide a significant portion of the recommended daily phosphate intake in approximately 30% of dialysis patients\(^7\) although a separate **analysis** cast doubt on medicines as a relevant phosphate source.\(^8\)

- In a cohort of diabetic hemodialysis patients prescribed the phosphate binder sucroferric oxyhydroxide as part of routine care over 6 months, “a 95% increase in patients with in-range serum phosphorus was **observed**, along with a 60% decrease in prescribed phosphate binder pills/day.”\(^9\)

**REFERENCES**


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**Impact of pill burden on phosphorus control - highlights from a recent DOPPS analysis**

Haemodialysis (HD) patients experience a high pill burden, approximately half of which is due to phosphate binders (PB). A recent study from Fissell et al evaluated the associations between PB pill burden, patient-reported PB non-adherence, and levels of serum phosphorus and parathyroid hormones.\(^[1]\) The study assessed data collected from 5,262...
ERA-EDTA 2016: Latest Insights on the Safety of IV Iron Therapy

The 53rd ERA-EDTA Congress was held in Vienna this year, with an extensive program covering a range of topics relevant to its international nephrology audience. This summary provides highlights of the sessions on iron deficiency anemia in CKD patients. FIND-CKD study: The latest safety data Dr Simon Roger presented 1-year...