SciTechnol
Journal of
Nephrology and Renal Diseases
Abstract

Potency and safety of etelcalcetide in patients gaining hemodialysis with secondary hyperparathyroidism: A true case study

Domenico Russo
Associate Professor, University of Naples Federico II

Abstract:
Etelcalcetide is a novel calcimimetic designated for the treatment of secondary hyperparathyroidism (SHPT) in dialysis patients. Etelcalcetide efficacy in SHPT has been determined only in randomized controlled trials. This multicenter study was passed out in "real world" setting that is different from randomized controlled trials (RCTs) to (1) evaluate the effectiveness of etelcalcetide in SHPT, (2) to assess calcium, phosphorus, alkaline phosphatase changes, (3) to register gastrointestinal side effects. Data were collected from twenty-three dialysis units with n = 1190 patients on the charge. From this cohort, n = 168 (14%) patients were on treatment with etelcalcetide, and they were evaluated for statistics. A median weekly dose of etelcalcetide was 15 mg (7.5–45 mg). Patients were either naïve (33%) or switched from cinacalcet to obtain better control of SHPT with reduced side effects or pills burden. Serum parathyroid hormone (PTH) declined over time from a median value of 636 pg/mL to 357 pg/mL. The median time for responders (intact PTH (iPTH) range: two to nine times the upper normal limit) was 53 days; the percentage of responders increased (from baseline 27% to 63%) being similar in switched-patients and naïve-patients. Few patients had symptomatic hypocalcemia requiring etelcalcetide withdrawal (four cases (3%) at 30-day control, two cases (2%) at 60-day, one case (1%) at 90-day control). Side effects with etelcalcetide were lower (3–4%) than that registered during cinacalcet treatment (53%). Etelcalcetide is a new therapeutic option for SHPT with low side effects and pills burden. Etelcalcetide may improve adherence to therapy, avoiding unremitting SHP. It remains to be assessed whether etelcalcetide may reduce parathyroidectomy, vascular calcification, or mortality. Being etelcalcetide very potent in suppressing PTH levels, even in severe SHPT, future studies should evaluate the potential risk of more adynamic bone disease during long-term therapy.

Keywords: secondary hyperparathyroidism, cinacalcet, etelcalcetide, hypocalcemia, gastrointestinal side effects

Biography:
Dr. Domenico Russo associate professor of nephrology at University of Naples Federico, Italy.

22nd World Nephrologists Summit; September 07-08, 2020; Tokyo, Japan

Citation: Domenico Russo; Potency and safety of etelcalcetide in patients gaining hemodialysis with secondary hyperparathyroidism: A true case study; September 07-08, 2020; Tokyo, Japan