



Leading European Nephrology

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European Renal Association – European Dialysis and Transplant Association

LATE-BREAKING CLINICAL TRIALS: Results at a glance

Embargoed until 29 May 2015; 13:00 pm

The 52nd ERA-EDTA congress in London has been the setting for a wide range of new clinical data. The results of the following clinical trials were presented at "Late-Breaking Clinical Trials, Session"

Supportive versus immunosuppressive therapy for progressive IgA nephropathy (STOPIGAN): a randomized, controlled, open-label multicenter trial

Jürgen Floege et al.

The study raises a major question-mark for immunosuppression. There seems to be a benefit of immunosuppression for some IgAN patients as indicated by the higher number of patients achieving full clinical remission. However, this benefit is not accompanied by any detectable effect on functional loss (as measured by eGFR decline). Furthermore, immunosuppressive treatment was associated with more (serious) adverse events such as infections, diabetes and weight gain. Whether the higher number of patients achieving full clinical remission might translate into very longterm benefits, is currently unknown.

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The CCR2 inhibitor CCX140 lowers residual Albuminuria in randomized trial in type 2 diabetic patients with nephropathy

Dick De Zeeuw et al.

In CKD, albuminuria and eGFR are independent risk factors in disease progression. The improvement in UACR in the 5mg CCX140 treatment group versus placebo was significant. No clinically meaningful differences in severe side effects between placebo and active treatment groups were observed.

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A long acting intravenous calcimimetic (AMG416) for secondary hyperparathyroidism (SHPT) in haemodialysed patients

John Cunningham

Thrice weekly administration of the intravenous calcimimetic AMG416 reduced PTH and corrected other disturbances of mineral metabolism in



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patients receiving haemodialysis with moderate to severe secondary hyperparathyroidism.

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VITA-D study: outcome of a 1-year randomized controlled trial to evaluate vitamin D3 supplementation in vitamin D deficient renal transplant patients

Ursula Thiem et al.

Treatment of vitamin D deficiency in KTRs did not improve the short-term post-transplant outcome but may even have adverse effects on renal allograft function. The data suggest that vitamin D should not be supplemented in the first year after kidney transplantation.

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Effect of remote ischemic preconditioning on kidney injury among high-risk patients undergoing cardiac surgery: a randomized clinical

Alexander Zarbock et al., Münster, Germany

Remote ischemic preconditioning (RIPC) significantly reduced the rate of AKI and use of RRT in high-risk patients undergoing cardiac surgery. The observed reduction in the rate of acute kidney injury and the need for renal replacement warrants further investigations

The press folder with abstracts, backgrounders and interviews is available online: <http://www.era-edta2015.org/en-US/press>

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About ERA-EDTA

With more than 7,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. The ERA-EDTA supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all activities of the ERA-EDTA the Council decided to create a Young Nephrologists' Platform (YNP). Besides, it has established various research networks and different working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board has been established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: several series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need of continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association's journals, NDT (Nephrology, Dialysis, Transplantation) and ckj (Clinical Kidney Journal), are currently the leading nephrology journals in Europe. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of renal societies that actively interacts with the European Parliament. For more information please visit www.era-edta.org