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Theme : Anemia, Metabolism, Phosphate Control and Parathyroid Hormone

## The Management of SHPT in CPD patients with Cinacalcet

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The treatment of SHPT includes dietary phosphate restriction, the use of phosphate binder, the addition of active Vitamin D and recently the use of Cinacalcet. Cinacalcet has been shown in controlled clinical studies to be effective in suppressing PTH and reducing PO4 levels. We now report on the effectiveness of Cinacalcet in the management of hyperphosphatemia and SHPT in CPD patients.

Methods: There are 92 active, adult CPD patients in the New Haven CAPD unit. 45% of these patients had PO4 levels  $\geq 5.5$  mg/dl and 55 % had elevated intact PTH values ( $> 300$  pg/ml). 39 of the 51 patients who were placed on Cinacalcet and remained on therapy for a minimum of three months were evaluated and data followed for up to three months; 13 patients were either unable to take Cinacalcet or were non-compliant.

Results: At baseline, 33% of the patients had a PO4  $< 5.5$  mg/dl, at 3 months 41% and at 12 months 59%. Below is the data for the mean iPTH, Ca+ and PO4 (mean +/- SD).

	Baseline	3 months	12 months
PO4 (mg/dl)	6.21 +/- 1.8	5.77 +/- 1.6*	5.68 +/- 1.6*
Ca+ (mg/dl)	9.19 +/- 0.6	8.91 +/- 0.6	8.89 +/- 0.7
iPTH (pg/ml)	399.8 +/- 234	282.6 +/- 214*	260.6 +/- 245*

\* P < 0.05

Conclusion: Cinacalcet is effective in helping to achieve target K/DOQI goals for PYH and PO4 in CPD patients when the dose is managed in a non-protocol driven setting. Whether a higher proportion of patients achieving K/DOQI targets may be achieved by implementing a strict dosing protocol once a patient is started on Cinacalcet is being studied.