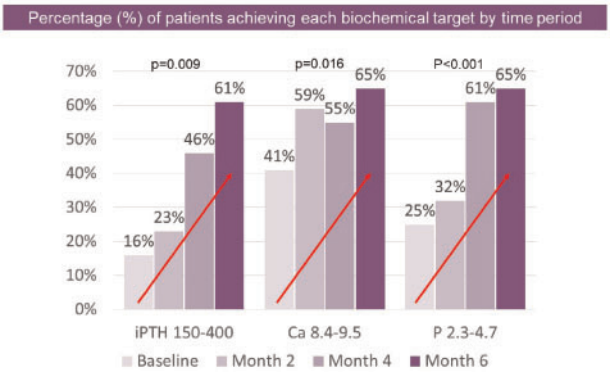

CONCLUSIONS: Under daily practice conditions, etelcalcetide seems to be a potent and well tolerated calcimimetic which is effective for controlling SHPT in HD patients, increasing the number of patients achieving biochemical targets.

SP619

THE EFFECT OF ETELCALCETIDE IN HEMODIALYSIS PATIENTS WITH SECONDARY HYPERPARATHYROIDISM IN DAILY CLINICAL PRACTICE. A PROSPECTIVE MULTICENTER STUDY

Pablo Molina[1], Alejandra Yugueros, Javier Martín[2], Carmen M Pérez-Baylach[3], Belén Vizcaíno[1], Mercedes González-Moya[1], Sandra Beltrán[1], Julia Kanter[1], Amparo Bernat[2], Luis M Pallardó[1]

[1]Hospital Universitari Dr Peset. Universitat de València, Valencia, Spain, [2]Diaverum Nefroclub, Valencia, Spain and [3]Cedival, Valencia, Spain

INTRODUCTION: Etelcalcetide is the first intravenous calcimimetic that has demonstrated its safety and effectiveness in randomized clinical trials, although the real-world experience is limited. The aim of this study was to assess the efficacy and tolerability of etelcalcetide in HD patients with secondary hyperparathyroidism (SHPT) under daily practice conditions.

METHODS: We evaluated the 6-month experience with etelcalcetide in 38 maintenance HD patients (women: 40%; mean age 66.6±14.5 years; diabetes: 32%) who started therapy with this new calcimimetic. The IV study drug was administered 3 times weekly after HD session. The primary outcomes were the changes in calcium, phosphorus and parathyroid (PTH) levels, and the proportion of patients achieving biochemical targets.

RESULTS: The main reason for initiation of treatment was inadequate PTH control (84%) or to reduce the pill burden (16%). The proportion of naïve patients was 19%, whereas 81% were switched from cinacalcet. The majority of patients (69%) received a starting dose of 2.5 mg thrice weekly after HD, with a mean weekly dose of 6.4 ± 2.7 mg and 11.2 ± 4.7 mg at baseline and 6-month follow-up, respectively. PTH levels decreased significantly from 501 (428-608) pg/ml at baseline to 321 (201-482) pg / ml at month 6 ($p<0.001$). Calcium levels decreased significantly from 9.2 ± 0.8 to 8.9 ± 0.7 ($p<0.001$). Asymptomatic hypocalcemia <7.5 mg / dl was observed in 4 cases, which led to reduction dose of etelcalcetide with subsequent recovery. Phosphorus levels decreased from 5.6 ± 1.7 to 4.4 ± 1.3 mg / dl at the end of the study ($p<0.001$), allowing a significant reduction in the pill burden related to CKD-MBD (5.5±3.2 Vs. 4.0±2.3 pills/day; $p=0.010$). None of the patients reported nausea or vomiting. The proportion of patients with biochemical parameters within target ranges increased significantly (Figure).