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Sometimes we are asked how to pronounce ure-Na. It's said: you-ree-nah.

ure-Na™

Oral Urea Made Palatable
Guideline Supported*

Real world experience on the use of ure-Na to treat hyponatremia was recently published online in CJASN.

The clinical study titled "Urea for the treatment of hyponatremia" can be found at CJASN online at:

<http://cjasn.asnjournals.org/content/early/2018/09/03/CJN.04020318.abstract>

The team from University of Pittsburgh reported the following primary findings:

UREA FOR THE TREATMENT OF HYPONATREMIA

- 58 patients received ure-Na for hyponatremia. 14 patients received ure-Na as monotherapy.
- 57 of 58 patients tolerated ure-Na.
- SIADH was the most common cause of hyponatremia.
- Dose of urea ranged from 7.5 to 90 g per day, with a median duration of treatment of 4.5 days.
- Ure-Na therapy was associated with a median increase in plasma sodium from 124 mEq/L to 130.5 mEq/L ($p < 0.001$) with no over-correction.
- No adverse effects were reported.
- Overall, treatment with ure-Na was found to be well tolerated, safe and effective for the treatment of inpatient hyponatremia.
- Nephcentric, the developer of ure-Na did not sponsor or have prior knowledge of this clinical study.

Learn more about the use of urea and ure-Na for hyponatremia at ure-na.com

For samples of ure-Na please see the sample order section of nephcentric.com

*The European Clinical Practice Guideline on the management of hyponatremia recommend the use of oral urea as a treatment option in SIADH for moderate to profound hyponatremia. UpToDate also reviews the use of urea as a management option for hyponatremia.



For international inquiries please email us at int@nephcentric.com

Outset Medical Raises Financing, Looks to Expand Settings for Tablo Use

Outset Medical (San Jose, CA) recently completed another round of financing, raising \$132 million in Series D equity financing to help accelerate production and commercial expansion of the Tablo Hemodialysis System.

The lead investor in this round of financing was Mubadala Investment Company of Abu Dhabi. Other participating investors in Outset Medical, which launched in 2010, include Baxter Ventures, Fidelity Research and Management, and Warburg Pincus, an early investor.

Featuring real-time water purification and dialysis fluid production in a compact system on wheels, the Tablo dialysis technology can meet patients' needs at home, in hospitals, and in dialysis centers, Outset Medical CEO Leslie Trigg told *Kidney News* in an interview.

"The response from patients, dialysis nurses, and healthcare decision-makers in those centers that use Tablo has been extremely positive, as they've seen the benefits of expanding the when, where, and how dialysis is delivered," Trigg said. "This financing will now allow us to rapidly scale up production and commercialization, bringing Tablo to more clinics and hospitals across the country."

The U.S. Food and Drug Administration has cleared Tablo for use in acute and chronic care settings. Outset Medical also hopes to expand Tablo's labeled indication to include home use.

Training and using the equipment is simple for both healthcare workers and for people with kidney disease who use the equipment at home, Trigg noted. "Simplicity is not something people turn down in favor of something more com-

plexed," she said.

In the near future, "we are focused on expanding the commercialization of Tablo into hospitals (for ICU and non-ICU dialysis) and dialysis clinics," Trigg said.

"Tablo is a new tool for the ICU to use for delivering dialysis," Trigg said, noting that its smaller size is easier for nurses to manage for both set-up and usage, compared with some hospital-based machines.

In hospital settings, Tablo is quieter than other dialysis systems, Trigg said. "Alarms can be frequent with conventional machines, and the way we designed Tablo software was part of an effort to minimize noise and alarms."

Tablo can be deployed in dialysis clinics in a couple of different ways, Trigg explained.

First, the product can be set up in dialysis facilities that are still being constructed. "There's an opportunity for dialysis providers to think differently about abilities because Tablo doesn't require a water treatment room," Trigg said. "It offers more flexibility and convenience. Patients will have an opportunity to go to clinics that are smaller. Providers can build out clinics that are smaller and with less expensive equipment because the equipment can fit in the smaller footprint."

In another scenario, Tablo may be used in self-care centers that are starting to appear within existing dialysis clinics. Some patients want a smaller and more personal experience, and the independence they get from running their own dialysis, with technology like the Tablo, suits many patients, Trigg said.

"It is very difficult to solve 2018 problems with 1980s technology. We see a role and value for new technology." ■



Want to learn even more about how changes in health care policy, the kidney workforce, and new research will affect you?

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