

Industry Spotlight

FDA round-up

Two companies have been given the thumbs-up by the U.S. Food and Drug Administration (FDA) for kidney-related therapies. Hansa Medical (Lund, Sweden) has been granted FDA Fast Track Designation for its drug candidate imlifidase to help reduce kidney rejection in transplantation. Under this designation, the FDA process is designed to facilitate development and expedite the review of drugs that could treat serious conditions and fill an unmet medical need. Another company, MediBeacon Inc. (St. Louis, MO) has been granted a Breakthrough Designation for its transdermal measurement device for GFR, a designation given when a product may show improvement over available therapy.

Hansa Medical's compound imlifidase is an enzyme in late-stage clinical development as a treatment to en-

able kidney transplantation for sensitized patients who previously were unable to undergo transplantation because of certain donor-specific antibodies.

"This Fast Track Designation is validation of imlifidase's potential to address the significant unmet medical need for highly sensitized patients, a patient population for which transplantation is extremely difficult or impossible," said Søren Tulstrup, president and chief executive officer of Hansa.

Efficacy data from four phase 2 studies demonstrated that imlifidase rapidly and significantly reduced donor-specific antibodies by cleaving IgG, enabling transplantation.

The company notes that current desensitization methods are not feasible for most highly sensitized patients.

MediBeacon Inc., whose largest shareholder is Pansend Life Sciences of HC2 Holdings, announced

that the FDA has granted Breakthrough Device designation to MediBeacon's Transdermal GFR Measurement System (TGFR). The device is intended to measure GFR in patients with impaired or normal renal function.

The FDA designated MediBeacon's TGFR a combination product that includes an optical skin sensor, monitor, and MB-102, a proprietary fluorescent tracer agent that glows in the presence of light. The TGFR is designed for continuous real-time measurement of GFR at the point of care, without blood or urine collection.

"We are delighted that the FDA has recognized that the Transdermal GFR Measurement System meets the requirements for this designation," said Steve Hanley, MediBeacon CEO. "We look forward to continued close collaboration with the FDA as we begin our pivotal multicenter clinical study in the United States and Europe." ■

DaVita division will pay \$270 million settlement

HealthCare Partners Holdings LLC, part of DaVita Inc., must pay \$270 million to settle an allegation involving Medicare Advantage insurance plans.

According to a news release from the U.S. Department of Justice, DaVita Medical Holdings agreed to pay the money to resolve its liability under the False Claims Act. The Justice Department reported that HealthCare Partners provided "inaccurate information that caused Medicare Advantage Plans to receive inflated Medicare payments."

Medicare beneficiaries have the option of enrolling in and obtaining health care from Medicare Advantage Plans that are owned and operated by private Medicare Advantage Organizations (MAOs). To provide the patient care, MAOs may contract directly with physicians

and other healthcare providers, or they may contract with Medical Services Organizations, which in turn either employ or contract with healthcare providers.

DaVita operated a Medical Service Organization and contracted with MAOs in various states, including California, Nevada, and Florida, to provide care to the MAOs' enrolled Medicare beneficiaries. In connection with the medical services it provided to those beneficiaries, DaVita collected and submitted diagnoses to the MAOs. As payment for its services, DaVita received from the MAOs a share of the payments that the MAOs received from the Centers for Medicare & Medicaid Services for the beneficiaries under DaVita's care.

A whistleblower alleged that HealthCare Partners engaged in "one-way" chart reviews in which it scoured its patients' medical records for diagnoses its providers

may not have recorded. It then submitted these "missed" diagnoses to MAOs, which in turn obtained increased Medicare payments. At the same time, HealthCare Partners ignored inaccurate diagnosis codes that should have been deleted and that would have decreased Medicare reimbursement or required the MAOs to repay money to Medicare.

DaVita says the settlement "reflects close cooperation with the government to address practices largely originating with HealthCare Partners," Kaiser Health News reported.

DaVita noted in a recent filing with the Securities and Exchange Commission that the settlement would be paid through escrow funds established in connection with DaVita's merger with HealthCare Partners in 2012. ■

Study of novel FSGS compound

A new study called FirstX is now enrolling participants and will examine a compound called CXA-10 in primary FSGS as a first-line drug for people who would normally have been treated with high-dose steroids. CXA-10 is in a class of oral compounds called nitrated fatty acids. It is a signaling agent with anti-inflammatory/immunomodulatory, antifibrotic, antioxidative, and other properties that are important in the pathobiology of FSGS, according to an abstract for the trial presented during ASN Kidney Week 2018.

Primary FSGS is often treated with steroids, but side effects of prolonged use may include obesity, hypertension, growth impairment, diabetes, and immune suppression.

A phase 2, multicenter, randomized, open-label study, FirstX will evaluate the efficacy and safety of CXA 10 in approximately 30 participants. The study is sponsored by clinical-stage biopharmaceutical firm Complexa Inc. in Berwyn, Pennsylvania. Eligible patients include adults with biopsy-proven primary FSGS who have not received treatment for FSGS with high-dose, long-term steroids (or other

immunosuppressive therapy). Patients will be randomized into one of two possible groups and will receive CXA-10 treatment for 3 months. The primary efficacy endpoint is reduction in proteinuria. Other efficacy endpoints include markers of nephrotic syndrome, kidney function (estimated GFR), biomarkers relevant to the disease, and patient-reported outcomes.

Complexa is partnering with the Kidney Research Network, University of Michigan Data Coordinating Center, and NephCure Kidney International to conduct the trial. ■

High National Rates of Missed Hemodialysis Linked to Poor Outcomes

Countries with high rates of missed hemodialysis (HD) treatments have elevated rates of death and other adverse outcomes, reports a study in *American Journal of Kidney Diseases*.

The researchers analyzed data on 8501 patients in 20 countries participating in the international Dialysis Outcomes and Practice Patterns Study (DOPPS). All patients had been on HD therapy for longer than 120 days. The 4-month missed treatment rate varied from less than 1% in Italy and Japan to 24% in the United States.

After exclusion of patients from six countries with 4-month missed treatment rates of less than 5%, longitudinal and cross-sectional analyses were performed using data on 4493 patients. Potential predictors of missed HD treatments were analyzed, including country and patient and clinical variables.

On adjusted analysis, factors associated with a higher rate of missed treatments included younger age, shorter dialysis vintage, shorter prescribed HD treatment time, lower achieved Kt/V, more than 1-hour travel time to HD centers, and higher

depression symptom score. The association with travel time was stronger in the United States: adjusted odds ratio 3.17, compared to 1.60 in other countries.

Patients with missed treatments were at increased risk of death from any cause: hazard ratio 1.68. Other adverse outcomes linked to missed HD sessions included death from cardiovascular causes, sudden death or cardiac arrest, hospital admission, serum phosphorus greater than 5.5 mg/dL, parathyroid hormone greater than 300 pg/mL, hemoglobin level less than 10 g/dL, higher perceived burden of kidney disease, and poorer general and mental health.

These findings add to previous evidence of poor outcomes among patients with missed HD sessions not due to hospitalization. Missed treatments may be a potentially modifiable factor to improve patient outcomes—particularly in the United States, which has the highest 4-month missed treatment rate of all DOPPS countries [Al Salmi I, et al. Missed hemodialysis treatments: international variation, predictors, and outcomes in the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Am J Kidney Dis* 2018; 72:634–643]. ■