

Industry Spotlight

NephroCheck Test Gauges Risk for AKI

The NephroCheck test system is now being marketed by Ortho Clinical Diagnostics to help identify risk of acute kidney injury (AKI). The urine test is designed to detect both insulin-like growth factor binding protein 7 and tissue inhibitor of metalloproteinases, factors associated with AKI.

The test provides a score within 20 minutes that shows a patient's risk for the development of AKI, Ortho noted in an announcement. Patients with a positive NephroCheck risk (greater than the defined cutoff point of 0.3) have a one-

in-four to a one-in-three chance of developing moderate or severe AKI within 12 hours of assessment, Ortho reported.

The U.S. Food and Drug Administration (FDA) approved the test, manufactured by Astute Medical, in September 2014.

The test has shown that it gives a positive result in about half of patients who do not have AKI, according to Medscape. Two studies compared NephroCheck results with the diagnoses in more than 500 critically ill patients at 23 hospitals; the test accurately detected 92 percent of AKI patients in

one study and 76 percent in the other.

The test system may be used along with clinical evaluation in intensive care unit patients who currently have or have had within the preceding 24 hours an acute cardiovascular event, respiratory compromise, or both. The test should be used as an aid in the risk assessment for moderate or severe AKI within 12 hours of patient assessment in patients over age 21.

For more information about the product, visit www.astutemedical.com.

New Combo Drug for Hypertension

For the first time, the U.S. Food and Drug Administration (FDA) has approved a fixed-dose antihypertensive pill combining angiotensin-converting enzyme inhibitor and beta blocker compounds. The drug, brand name Prestalia (Symplmed, Cincinnati, Ohio), contains perindopril arginine, an angiotensin-converting enzyme inhibitor, and amlodipine, a dihydropyridine calcium channel blocker.

Symplmed says Prestalia is intended for patients who fail to lower blood pressure with a single drug. Thus the drug may be used as a first-line therapy in patients likely to need multiple drugs to achieve blood pressure goals.

The FDA approved the drug based on phase III data from the 837-patient PATH trial (Perindopril Amlodipine for the Treatment of Hypertension trial), which demonstrated that the fixed-dose combination in one pill was more effective than either compound taken alone for reducing sitting diastolic and sitting systolic blood pressure after six weeks of treatment.

Both drugs alone can cause hypotension, and perindopril can cause swelling of the head and neck. Warnings include not giving diabetic patients aliskiren (a renin inhibitor for primary hypertension) along with ACE inhibitors, including Prestalia, as well as discon-

tinuing Prestalia immediately when a patient learns she is pregnant.

The company has several other combination drugs for hypertension in the pipeline, all containing perindopril perindopril plus atorvastatin, perindopril plus indapamide, and perindopril plus amlodipine (the two drugs in Prestalia) plus indapamide. Its first product, perindopril erbumine (Aceon), is an antihypertensive drug that can be taken alone or in combination with other classes of hypertension-reducing drugs. Aceon is used to treat patients with high blood pressure and to reduce the risk of heart attack.

Report Details Nephrology Fellow Demographics, Job Market Concerns

By Kurtis Pivert

ASN's latest nephrology workforce report provides a detailed portrait of future nephrologists and their perceptions of, and experiences in, the current job market. *Findings from the 2014 Survey of Nephrology Fellows* is the second in a series of workforce studies authored by George Washington University (GWU) investigators. The analysis of the 2014 ASN Nephrology Fellow Survey provides clues about demand for the specialty and a baseline for future research.

The report confirms recent trends in nephrology training. International medical graduates (IMGs) comprised the majority of respondents (64 percent), reflecting the continued decline in the number of US medical graduates (USMGs) choosing the specialty. Despite an increase in women entering nephrology, most of the 1st and 2nd year fellows who answered the survey were men (61 percent). Fellows' racial and ethnic composition remains unrepresentative of the communities they will serve—only 9 percent of fellow respondents were African American and 8 percent Hispanic.

Distributed to ASN fellow members in June 2014, the survey is an important component of ASN's ongoing collaboration with GWU to study all aspects of the specialty. Workforce research is one of ASN's many initiatives to increase interest in nephrology careers. Although this initial survey elicited a low

response rate (35.8 percent), the participants' demographic characteristics were similar to those of all nephrology fellows, according to information from the Accreditation Council for Graduate Medical Education database.

"This kind of survey can provide a good picture of the future supply," said lead author Edward Salsberg, MPA. "The experience of new entrants into the job market can also provide a valuable snapshot of the regional and national demand."

Job search experiences and market perceptions differed between IMGs and USMGs. IMGs were more likely to practice in a Health Professional Shortage Area and to report difficulties in finding a satisfactory position. USMGs were more likely to note a lack of jobs in desired locations and to perceive more job opportunities nationally than locally.

A substantial proportion of nephrology fellows looking for employment reported changing their plans because of limited practice opportunities (43 percent). Although nephrology fellows' perceptions of local job opportunities (within 50 miles of their training site) were disappointing (71 percent said there were no, very few, or few nephrology practice opportunities), a vast majority indicated they would still recommend the specialty to medical students and residents (72 percent).

The report's release extended a continuing dialogue among the kidney community that started with the disappointing nephrology Match for academic year 2015–2016, which has expanded to social media. An ongoing discussion of the report, the Match, and nephrology careers on Twitter—at the #NephWorkforce hashtag—has explored many themes. These include the hurdles IMGs encounter in locating employment and research funding, student debt, and the importance of mentorship. ASN encourages all stakeholders to join this discussion using the #NephWorkforce hashtag.

Salsberg, together with Principal Investigator Leah Masselink, PhD, will focus future reports on the effects of changes in care delivery on the specialty, as well as geographic distribution of practicing nephrologists and training programs.

As of press time, ASN announced the Nephrology Match Task Force will be chaired by ASN President-Elect Raymond C. Harris, MD, FASN. Composed of Nephrology Training Program Directors, Division Chiefs, and ASN Councilors, the task force will address issues surrounding the Match, including an assessment of its future viability and identifying ways to ensure its integrity.

The nephrology fellow survey report is available at <http://www.asn-online.org/education/training/workforce/>.