**Industry Spotlight**

**DaVita Invests in Wellth**

DaVita (Denver, CO) has contributed an undisclosed amount to a round of funding for Wellth, a new company that uses behavioral economics principles to improve chronic-disease patient compliance with treatments in many areas of health. DaVita and Rock Health were the two new contributing members to the total of $10 million that Wellth, based in Los Angeles, raised recently. Top contributors include Boehringer Ingelheim Ventures Fund and yabo, a German investment firm that supports "young, innovative companies."

What do these companies like about Wellth, and what is its approach? The company has developed a platform that provides financial incentives and positive feedback when patients reach health compliance milestones. Wellth’s products combine mobile technologies with behavioral economics concepts to help patients keep track of and adhere to their most important health activities over time. By delivering 89% care plan adherence, Wellth says its products can reduce complex patient costs by a range of $1500–$4500 per patient per year. The Wellth website provides examples of the types of human behaviors and susceptibilities that can be used to gain better patient compliance. As an example of financial incentives, one study referenced on the website provided an up-front incentive payment if a person takes 7000 steps per day. Yet, better health outcomes were observed in the group docked $1.40 each time they failed to comply than in the group who earned $1.40 for each 7000-step compliance day completed. This tactic is based on loss aversion principles: people are more loath to lose money they have received than they are to accumulate money.

Loss aversion is just one of the techniques the company can employ to keep patients on track to better health. Other techniques include mobile phone technologies for photograph compliance check-ins, messages, and resources, along with deliberate human feedback.

Wellth is now partnering with DaVita around a shared ambition to serve the high-risk, high-need patient population from chronic kidney disease through transplantation, DaVita announced.

Diabetes patients often have an average of 11 daily medications, multiple dialysis sessions per week, and stringent nutritional guidelines; the dialysis provider noted: “DaVita Venture Group’s investment in Wellth continues our commitment to caring for the whole health of our kidney disease patients, who must navigate complex care plans,” said Steve Phillips, vice president of DaVita Venture Group. “Wellth’s platform has the potential to enable new models of patient engagement and drive further transformation for the 200,000 patients we serve.”

**Kidney Cancer Round-Up**

T he US Food and Drug Administration (FDA) has agreed once again to review a kidney cancer drug for approval, and noteworthy results from a phase 3 trial of a different drug for kidney cancer may yield further exploration.

Aveo Pharmaceuticals (Cambridge, MA) filed a New Drug Application (NDA) with the FDA. Aveo is seeking approval for tivozanib (brand name Forxiga), a vascular endothelial growth factor receptor tyrosine kinase inhibitor (VEGFR-TKI) to treat relapsed or refractory renal cell carcinoma (RCC). The drug was approved for the European market in 2017.

Aveo failed to obtain US approval in 2013 and again in the fall of 2019, when the FDA ruled that it remained concerned about the results of the TIVO-3 trial. In November 2019, Aveo noted that the FDA denied approval in part because “median OS (overall survival) for tivozanib is worse than that of sorafenib,” a drug co-developed and co-marketed by Bayer and Onyx Pharmaceuticals as Nexavar, a treatment for primary kidney cancer (advanced RCC). Aveo said in a presentation of results at the American Society of Clinical Oncology (ASCO) 2020 Virtual Scientific Program that tivozanib showed an increased median progression-free survival when compared with sorafenib. It is now in the FDA’s court.

At the same meeting, researchers announced positive results for the drug savolitinib, a small molecule MET tyrosine inhibitor aimed at treating patients with advanced papillary RCC (PRCC). Savolitinib is being developed by AstraZeneca and Chi-Med (based in Hong Kong).

**Dapagliflozin Trial Stirs Controversy**

A new trial with the sodium-glucose co-transporter 2 inhibitor (SGLT2i) dapagliflozin (brand name Farxiga) is recruiting COVID-19 patients with type 2 diabetes and other conditions to assess whether the drug can reduce COVID-19 progression.

However, the 900-patient, placebo-controlled DARE-19 trial (Dapagliflozin in Respiratory Failure in Patients with COVID-19) with the drug is proving controversial.

The AstraZeneca (Cambridge, UK) trial of dapagliflozin calls for COVID-19 patients with a history that includes at least one of these conditions: type 2 diabetes, hypertension, atherosclerotic cardiovascular disease, heart failure and/or chronic kidney disease stage 3 to 4 (eGFR 22.5 mL/min/1.73 m²).

During the pandemic, many physicians are avoiding the use of dapagliflozin in diabetic patients with the new virus because of an increased risk of diabetic ketoacidosis. The trial aims to determine feasibility of the drug as a treatment option for COVID-19 patients at risk for developing complications like organ failure.

Recently, an international group of diabetes experts published an article in *The Lancet: Diabetes and Endocrinology* that recommended the following precaution: “Regarding medications, the panel advises that both metformin and sodium-glucose co-transporter 2 inhibitors be stopped in patients with COVID-19 and type 2 diabetes to reduce the risk of acute metabolic decompensation.” Likewise, Diabetes UK has issued this guidance: “If you have type 2 diabetes and you take SGLT2i tablets, you can keep taking these unless you have acute illness. If you are unwell, these tablets could increase your risk of developing diabetic ketoacidosis.”

Two other makers of SGLT2i drugs have commented on whether they plan trials with their drugs, the *New York Times* reported. Johnson & Johnson (New Brunswick, NJ) has no plans for a COVID-19 trial with its drug, Invokana (canagliflozin), which slows the progression of kidney failure, the paper reported. Boehringer Ingelheim and Eli Lilly (Ingelheim am Rhein, Germany, and Indianapolis, IN), makers of Jardiance (empagliflozin), which helps improve blood sugar control and cardiovascular risk in type 2 diabetes, stated that they are “carefully assessing” products as potential COVID-19 treatments. The companies note, however, that Jardiance users who have acute illness have a greater ketoacidosis risk.

In answer to those challenging the trial, Astra-Zeneca has stressed that type 1 diabetic patients with COVID-19 will not be enrolled in the trial and that participating patients will be closely monitored for safety by an independent data monitoring committee. Results of the trial are expected in December 2020.