In 2011, Fresenius successfully concluded a 5-year pilot project that showed costs could be lowered with an integrated provider program focusing on patients with chronic kidney disease (CKD). By capturing patients earlier in the course of CKD, the provider of dialysis services and products was able to show noteworthy savings in the project sponsored by the Centers for Medicare & Medicaid Services (CMS).

Now Fresenius and Aetna are bringing the same program to a wider group of patients, beginning in the Northeast and phasing it in to more regions over time.

The CMS pilot project brought in health care costs 12 percent below the Medicare Advantage and 4 percent below Medicare fee-for-service benchmarks for this population, and the hope is that this will continue in the new collaboration. The 1-year and 2-year survival rates were also higher in the groups receiving additional monitoring and care, from California to Connecticut.

Health indicators improved, too. Patients in the program prospered, with clinical measures showing a 24 percent improvement in the mortality rate and a 20 percent reduction in all-cause hospitalization in comparison with national benchmarks.

The new care program is structured to enhance coordination of care among specialists, primary care providers, and nurses. Together, they identify members at risk and improve clinical management in earlier stages of kidney disease to help slow the progression to kidney failure.

The program’s success relies on daily measures from patients coming in through a wireless communication system that lets the care team members identify, make suggestions, or even remotely intervene to prevent complications versus national benchmarks. Other features of the program include expanded management of the various comorbidities such as congestive heart failure and cardiac disease, with particular attention to nutritional status, infection risks, vascular access, and psychosocial needs that affect kidney patients.

The pilot program achieved this expanded patient care by adding personal nurse care managers to work with patients and their care providers on these nondialysis focus areas.

Peter Sauer, president at Fresenius Health Partners, said the collaboration with Aetna fits well with the company’s focus and expertise in comprehensive renal therapy management. “As rates of diabetes, obesity, and heart disease climb and threaten to dramatically increase the incidence rates for renal disease, we want to assist payers, doctors, and patients by providing the highest quality and most cost-effective care now,” Sauer said. The hope is that the program will work on a large scale to slow the progression of CKD in patients by catching evidence of the disease early and by “facilitating gentler, less costly transitions to dialysis or pretransplant care,” according to a story about the program launch on the Medical Express site.

“If dialysis becomes necessary, we want to help members begin dialysis with the lowest risk for complications,” said Roger London, MD, Aetna’s Northeast Region medical director. “We believe the model will improve our members’ quality of life by helping them and their doctors better manage the conditions contributing to or resulting from chronic kidney disease.”

Several kidney cancer drugs made the news lately.

The U.S. Food and Drug Administration (FDA) recently approved Inlyta (axitinib) for treating advanced renal cell carcinoma (RCC) after treatment with a systemic therapy has failed. An oral drug made by Pfizer, Inlyta blocks certain receptors that can influence tumor growth and also the progression of kidney cancer. Forty percent to 65 percent of patients whose cancer progresses after first-line therapy go on to receive a second-line treatment, the company said.

In its January announcement, the FDA said that the safety and effectiveness of Inlyta were evaluated in a randomized, open-label, multicenter clinical study of 723 patients whose disease had progressed during or after treatment with an initial systemic therapy. The study was designed to measure the time a patient lived without the cancer progressing. The results showed a median progression-free survival period of 6.7 months, compared with 4.7 months with a standard treatment (sorafenib).

A study presented at the 2012 Genitourinary Cancers Symposium in early February showed that some patients with metastatic RCC may need a higher than standard dose of the newly approved drug axitinib to achieve optimal benefit, according to an analysis of data from the phase III AXIS trial.

A new combination therapy is also under development. An immunotherapy (AGS-003) agent from Argos Therapeutics combined with the drug sunitinib may help prolong the lives of men with unfavorable-risk, metastatic RCC, according to new data from an open-label, phase 2 study. The study found that the combination of AGS-003 plus sunitinib was linked with a longer survival period than that for sunitinib alone in these patients. The study enrolled 21 patients (16 men) with newly diagnosed metastatic clear-cell RCC.

Multiple partial responses were observed with this combination regimen: 11 of 15 patients (73 percent) who had immune assessments over time showed increases in their CD28+ memory T immune cells, according to Argos. These immune responses correlated directly with longer survival.

Overall, the median progression-free survival was 11.2 months, and the estimated median overall survival was 29.3 months, on the basis of follow-up through January 2012. The combination of immunotherapy and drug is designed to stimulate a patient’s immune response to the tumor. Each production of a patient’s fully personalized immunotherapy generates up to 5 years of treatment for each patient, said Argos.

Lead investigator Robert Figlin, MD, who directs the division of hematology/oncology at the Cedars-Sinai Samuel Oschin Comprehensive Cancer Institute in Los Angeles, and colleagues found that the combination was tolerated well. Observed adverse events were as expected with sunitinib toxicities, but a notable exception was injection site reactions in approximately 50 percent of study participants.

Preliminary data have been shared about the use of the drug caborantinib in pretreated patients with metastatic refractory RCC. The patients participated in an ongoing phase 1b trial of caborantinib, an inhibitor of both MET and VEGFR2 factors. The drug was developed to block metastasis and blood vessel growth in order to kill tumor cells while blocking their escape pathways, Drug Discovery News reported.

The investigators looked at data from patients enrolled in a drug interaction study of caborantinib in patients with advanced solid tumors. The 25 RCC patients in the trial received 140 mg oral caborantinib administered daily, and the study endpoints were safety, tolerability, and antitumor activity.

The rate of disease control at week 16 for all 25 patients was 72 percent. An estimated median progression-free survival was 14.7 months (95 percent confidence interval; lower limit 7.5 months; upper limit was not reached). Ten patients remain in the study and are progression-free, with treatment durations ranging up to 16.4 months, according to Drug Discovery News.