AURYXIA™ (ferric citrate) IS THE FIRST AND ONLY ABSORBABLE-IRON–BASED PHOSPHATE BINDER CLINICALLY PROVEN TO MANAGE HYPERPHOSPHATEMIA1-6

- Proven control of serum phosphorus within KDOQI guidelines (4.88 mg/dL at Week 56)7,8
- Demonstrated safety and tolerability profile over 52 weeks
- Each AURYXIA tablet contains 210 mg ferric iron, equivalent to 1 g ferric citrate

Good Outcomes with HIV-Positive Kidney Donors and Recipients

At up to 5 years of follow-up, HIV-positive recipients of kidney transplants from HIV-positive donors have good graft survival and other outcomes, reports a study in the New England Journal of Medicine.

The experience included kidney transplants in 27 HIV-infected patients at a South African transplantation center from 2008 to 2014. All patients were receiving antiretroviral therapy (ART), with a CD4 T cell count of at least 200 mm$^3$ and undetectable plasma HIV RNA.

Continued on page 8

For the control of serum phosphorus levels in patients with chronic kidney disease on dialysis

AURYXIA™ (ferric citrate) IS THE FIRST AND ONLY ABSORBABLE-IRON–BASED PHOSPHATE BINDER CLINICALLY PROVEN TO MANAGE HYPERPHOSPHATEMIA1-6

References:

Drug Interactions: Doxycycline should be taken at least 1 hour before AURYXIA. Consider separation of the timing of the administration of AURYXIA with drugs where a reduction in their bioavailability would have a clinically significant effect on safety or efficacy. Please see Brief Summary on following page.

You may report side effects to Keryx at 1-844-44KERYX (844-445-3799).

©2015 Keryx Biopharmaceuticals, Inc. 01/15 PP-AUR-US-0075

Time-updated BP measurements are more strongly linked to risk of progressive CKD than are baseline SBP values. “Prolonged exposure to SBP greater than 130 mm Hg may portend increased risk for progressive loss of kidney function among persons with CKD regardless of diabetes or proteinuria status,” the researchers write. They call for further studies to assess the relevance of time-updated BP for clinical practice guidelines [Anderson AH, et al. Time-updated systolic blood pressure and the progression of chronic kidney disease: a cohort study. Ann Intern Med 2015; 162:258–265].

At up to 5 years of follow-up, HIV-positive recipients of kidney transplants from HIV-positive donors have good graft survival and other outcomes, reports a study in the New England Journal of Medicine.

The experience included kidney transplants in 27 HIV-infected patients at a South African transplantation center from 2008 to 2014. All patients were receiving antiretroviral therapy (ART), with a CD4 T cell count of at least 200 mm$^3$ and undetectable plasma HIV RNA.
Findings

Good Outcomes

Continued from page 7

Kidneys were obtained from 23 deceased donors, all positive for HIV by fourth-generation enzyme-linked immunosorbent assay. The donors had received no or only first-line ART. The surviving recipients were followed up for a median of 2.4 years. Patient survival was 84 percent at 1 and 3 years and 74 percent at 5 years. Graft survival rates were 93 percent, 84 percent, and 84 percent, respectively. Five patients had a total of eight confirmed episodes of acute rejection; the rejection rate was 8 percent at 1 year and 22 percent at 5 years. The patients’ HIV disease remained well controlled, with continued suppression of viral load.

The successful rollout of ART in South Africa has led to an increased number of patients with diagnoses of HIV nephropathy. Kidneys from HIV-infected donors provide a promising alternative to dialysis for these patients.