Empagliflozin improves renal outcomes in type 2 diabetes


The study included 6185 patients with type 2 diabetes and eGFR of 30 mL/min per 1.73 m² or higher enrolled in the EMPA-REG OUTCOME Trial. In that study, patients were randomly assigned to once daily treatment with empagliflozin (10 or 25 mg) or placebo. Previous results showed a significant reduction in major adverse cardiovascular events with empagliflozin. The analysis focused on prespecified microvascular outcomes, particularly kidney disease progression. At a median of 3 years, rates of incident or worsening nephropathy were 12.7% for patients assigned to empagliflozin versus 18.8% in the placebo group (hazard ratio [HR], 0.61).

Doubling of serum creatinine occurred in 1.5% of patients receiving empagliflozin versus 2.6% with placebo (HR, 0.54). Rates of renal replacement therapy were 0.5 and 0.6%, respectively (HR, 0.45). Incidental albuminuria was similar between groups. Adverse events were also similar between treatment groups in patients with or without impaired kidney function at baseline. Added to standard treatment, empagliflozin reduces kidney disease progres-

A bedside prediction model provides a simple approach to identifying patients at high risk of developing acute kidney injury (AKI) requiring renal replacement therapy after cardiac surgery, reports a study in the Canadian Medical Association Journal. The model was developed using prospectively collected data on 6061 patients undergoing cardiac surgery (other than transplantation) in Alberta between 2004 and 2009. Of these, 2.5% developed AKI requiring renal replacement therapy within 14 days after cardiac surgery. Multivariate logistic regression identified eight independent predictors of AKI: congestive heart failure (adjusted odds ratio [OR] of 5.03), Canadian Cardiovascular Society angina class 3 or higher (OR of 1.66), diabetes (OR of 1.61), baseline eGFR (OR of 0.96 per 1-mL/min per 1.73 m² increase), preoperative hemoglobin level (OR of 0.85 per 10-

References:


drug interactions: Doxycycline should be taken at least 1 hour before AURYXIA. Ciprofloxacin should be taken at least 2 hours before or after 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).

©2016 Keryx Biopharmaceuticals, Inc.

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

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

- Proven control of serum phosphorus to 4.88 mg/dL at Week 56 (within KDOQI guidelines)8
- Demonstrated safety and tolerability profile over 52 weeks
- A starting dose of 6 tablets a day (2 tablets with each meal) with a maximum dose of 12 tablets a day

AURYXIA® (ferric citrate) tablets

New model predicts acute kidney injury risk after cardiac surgery