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Cinacalcet Treatment for Secondary Hyperparathyroidism, Single Centre Experience.

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Background:

Patients on dialysis have increased risk of fractures. Multiple co-morbidities, several biochemical abnormalities and secondary hyperparathyroidism (SHPT) are likely to contribute to the fracture risk.

KDIGO 2017 guidance on CKD MBD(1) suggests that calcimimetics, calcitriol and vitamin D analogues are all acceptable therapies for dialysis patients requiring PTH lowering treatment. For those who fail to respond to medical therapy parathyroidectomy is recommended. Though parathyroidectomy remains the most important treatment for several patients the risk outweigh the benefits.

In the EVOLVE trial(2), Cinacalcet treatment did not show reduction in the risk of death or major cardiovascular events in dialysis patients with SHPT but subsequent pre specified analysis suggested potential benefits(3).

In addition, SHPT also persists in a significant number of patients after a successful renal transplant and Cinacalcet has been noted to be useful in their treatment(4).

We audited the use of Cinacalcet for SHPT in our unit.

Results

99 patients were on Cinacalcet treatment; 70 on dialysis and 29 patients were post transplant.

Baseline characteristics

	Dialysis Group	Transplant Group
Number of patients	70	29
Women	33	13
Age (yr)	64.5	60

Patients on Haemodialysis- 67, Peritoneal Dialysis- 2

Duration of dialysis

<5 years -18 patients

>5 years 44 patients

(8 patients- incomplete data)

Mean duration of Cinacalcet treatment was 33.6 months.

>5 years- 9 dialysis patients, 6 transplant

<5 years – 61 dialysis, 23 transplant

Cinacalcet dose in each group

Dose	Dialysis	Transplant
30mg daily	29	13

30/60mg alt days	2	3
60mg daily	21	7
90mg daily	13	5
120 mg daily	2	1
180mg daily	3	0

Nausea and vomiting was the commonest side effect noted in 30% patients.

Fracture rates:

6 of 70 (8.6%) Dialysis patients had a fracture.

1 of 29 (3.4%) Transplant patients had a fracture.

Parathyroidectomy

Year Number of patients underwent Parathyroidectomy

2010	12
2011	10
2012	13
2013	11
2014	13
2015	11
2016	2
2017	2
2018	3

Conclusion:

We noted increasing use of Cinacalcet and lower rates of parathyroidectomy in our unit over the last 3 years. There is high risk of fracture in dialysis patients with SHPT. Cinacalcet treatment helps to achieve better control of PTH and bone chemistry although it is unclear whether it translates in to reduction in fracture rates.