COMPARISON OF HEMODIALYSIS PATIENT OUTCOMES FOLLOWING TREATMENT WITH PARICALCITOL ALONE OR IN COMBINATION WITH CINACALCET

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Vitamin D deficiency and elevated calcium levels that occur during chronic kidney disease (CKD) contribute to elevated levels of parathyroid hormone (PTH) and development of secondary hyperparathyroidism (SHPT), which contributes significantly to morbidity and mortality in CKD patients. Several vitamin D receptor activators have been developed to treat patients with SHPT including paricalcitol, which successfully regulates PTH levels in these patients and maintains appropriate Ca and P levels. Elevated Ca and P levels can lead to further complications including vascular calcification. Calcimimetic agents have been developed to treat patients as calcium levels rise during the progression of SHPT. In this multicenter, retrospective study we have compared the percent of patients that reach NKF K/DOQI targets for iPTH, Ca, and P following treatment with either paricalcitol alone (Z only) or with paricalcitol in combination with cinacalcet (Z+S). We found that a higher percentage of patients reached the iPTH goal range of 100-300 pg/ml with paricalcitol alone (38%) than those who were treated with both paricalcitol and cinacalcet together (25%). Moreover, the percent of patients on Z alone, reaching Ca range of 8.4-9.5 mg/dL and P range of 3.5-5.5 mg/dL, was 52% and 48% respectively, compared to Z+S, 46% for Ca and 39% for P. Thus, patients treated with paricalcitol alone had better outcomes than those treated with both drugs. This could be related to the utilization of protocols that optimize the dose of paricalcitol first before adding other agents. In light of the tremendous pill burden of HD patients, these data suggest that protocols used to treat SHPT with cinacalcet, prior to optimizing dose of VDRA therapy, need to be reevaluated.