

## **IMPROVED PHOSPHOROUS CONTROL IN PATIENTS SWITCHED TO LANTHANUM CARBONATE FROM OTHER BINDERS**

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The goal of this retrospective database analysis was to determine if dialysis patients in whom current phosphorous (P) binders were ineffective or intolerable benefited from switching to the non-calcium, non-resin P binder lanthanum carbonate (LC) (Fosrenol<sup>®</sup>, Shire).

Seventeen of over 100 patients on dialysis were switched from other P binders (calcium acetate [PhosLo<sup>®</sup>], n=8; sevelamer hydrochloride [Renagel<sup>®</sup>], n=7; calcium carbonate [Tums<sup>®</sup>], n=2) to LC 500 or 1000 mg TID and remained on LC for at least 1 year (11 months to date in 1 patient). Serum P levels were assessed monthly and averaged over the 3-month period before the switch (1 patient was switched after only 1 month on sevelamer) and then over months 1–3, 4–6 and 10–12 after the switch (1 year after the switch); 3-month averages were used to account for month-to-month variability in P levels. Patient education and counseling programs in place before the switch were continued, with specific information about LC provided at the time of the switch.

The mean (SD) of all 3-month average serum P levels in the reference period before the switch to LC was 6.4 (1.35) mg/dL. The mean over months 1–3 after the switch was 5.5 (1.36) mg/dL ( $P=0.01$ ); at months 4–6 after the switch, 5.5 (1.06) mg/dL ( $P=0.003$ ); at months 10–12 after the switch, 5.2 (0.87) mg/dL (19% mean improvement after 1 year on LC;  $P<0.004$ ). Among the 14 patients who were above the KDOQI guideline ( $\leq 5.5$  mg/dL) before the switch, 6 were within the guideline at months 1–3 after the switch and 9 were within the guideline at months 10–12 after the switch; among 3 patients switched to LC for reasons relating to tolerability, compliance, or rising calcium levels with the previous binder, 2 remained within the guideline after the switch. Thus, the overall proportion of patients with P levels within the KDOQI guideline rose from 3/17 (18%) before the switch to LC to 11/17 (65%) by 1 year after the switch.

These exploratory findings suggest that LC is a rational choice for switching dialysis patients in whom other phosphorous binders were ineffective or poorly tolerated.