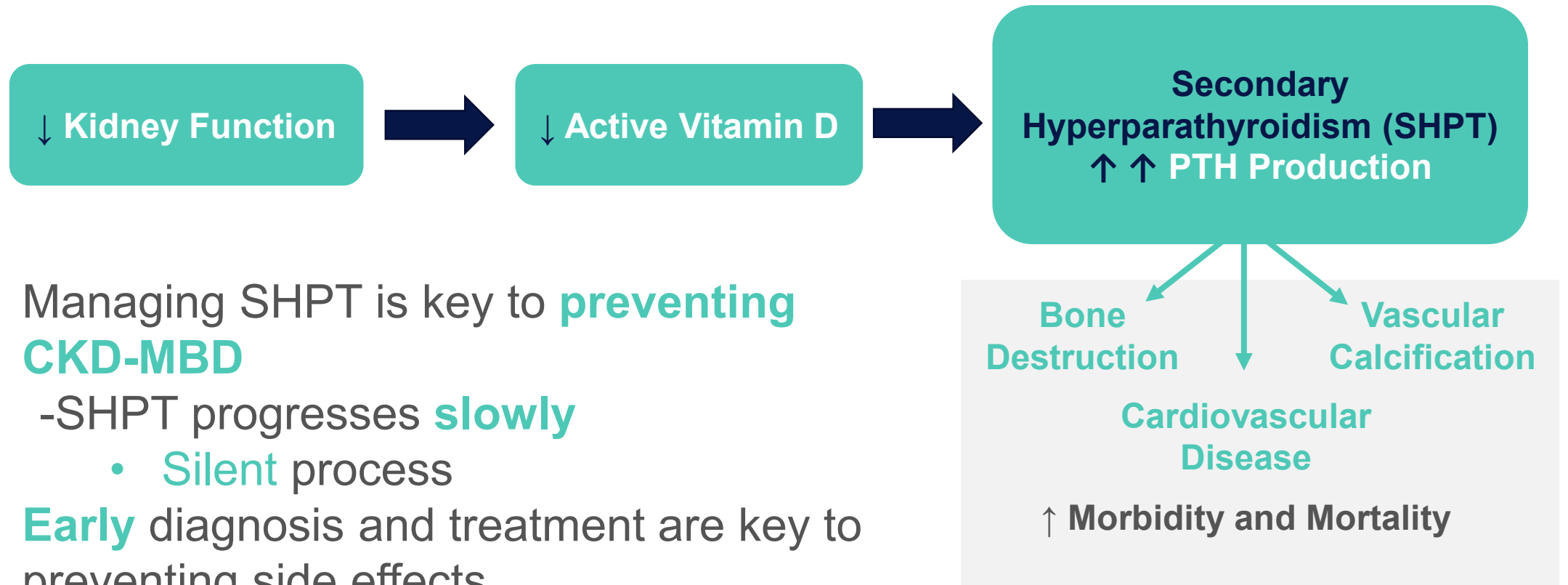


# Pathophysiology of SHPT in CKD-MBD



- Managing SHPT is key to **preventing CKD-MBD**
  - SHPT progresses **slowly**
    - **Silent** process
- **Early** diagnosis and treatment are key to preventing side effects

Hypophosphatemia

Hypercalcemia



# Diagnosis of SHPT

## Monitor Lab Values

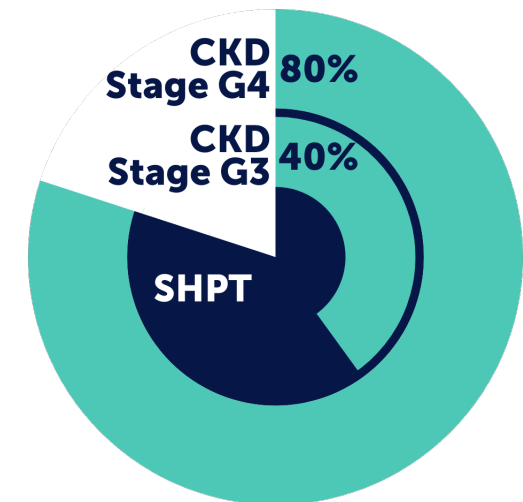
Serum calcium

Serum phosphate

PTH

Vitamin D

- Early diagnosis of SHPT in CKD is critical for **early treatment**
  - CKD stage **3A**, 3B
    - PTH level starts increasing
  - Patients with CKD can have **resistance** to current therapies
    - Nutritional (natural) vitamin D
    - Active vitamin D
      - Calcitriol or vitamin D receptor agonists



# Active Vitamin D

	% patients with hypercalcemia		<i>P</i>
	Paricalcitol	Placebo	
<b>PRIMO</b>	22.6%	0.9%	< 0.001
<b>OPERA</b>	43.3%	3.3%	< 0.001

**ACTIVE VITAMIN  
D/ANALOGS:**

25 (OH) D	Ca	P	PTH	FGF-23
↓	↑	↑	↓	↑

Active vitamin D **should not be routinely used** for the treatment of patients with SHPT in CKD stages 3 and 4

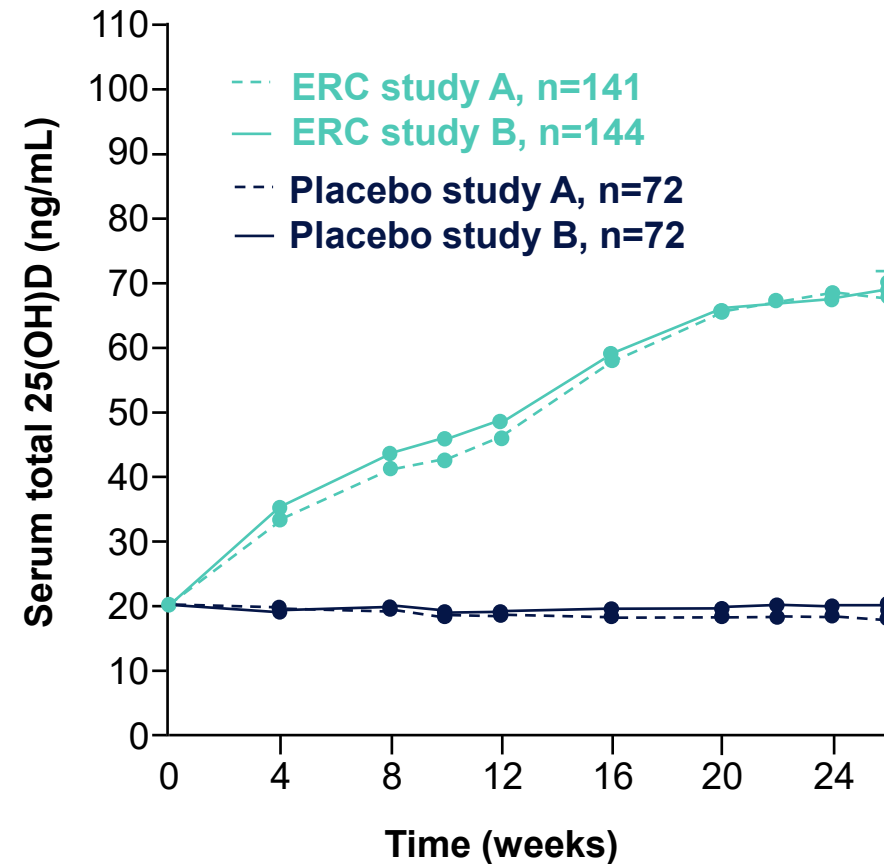


# Extended-Release Calcifediol (Gradual Release Over 12 Hours): Randomized Clinical Trials with Patients with CKD Stage 3 and 4

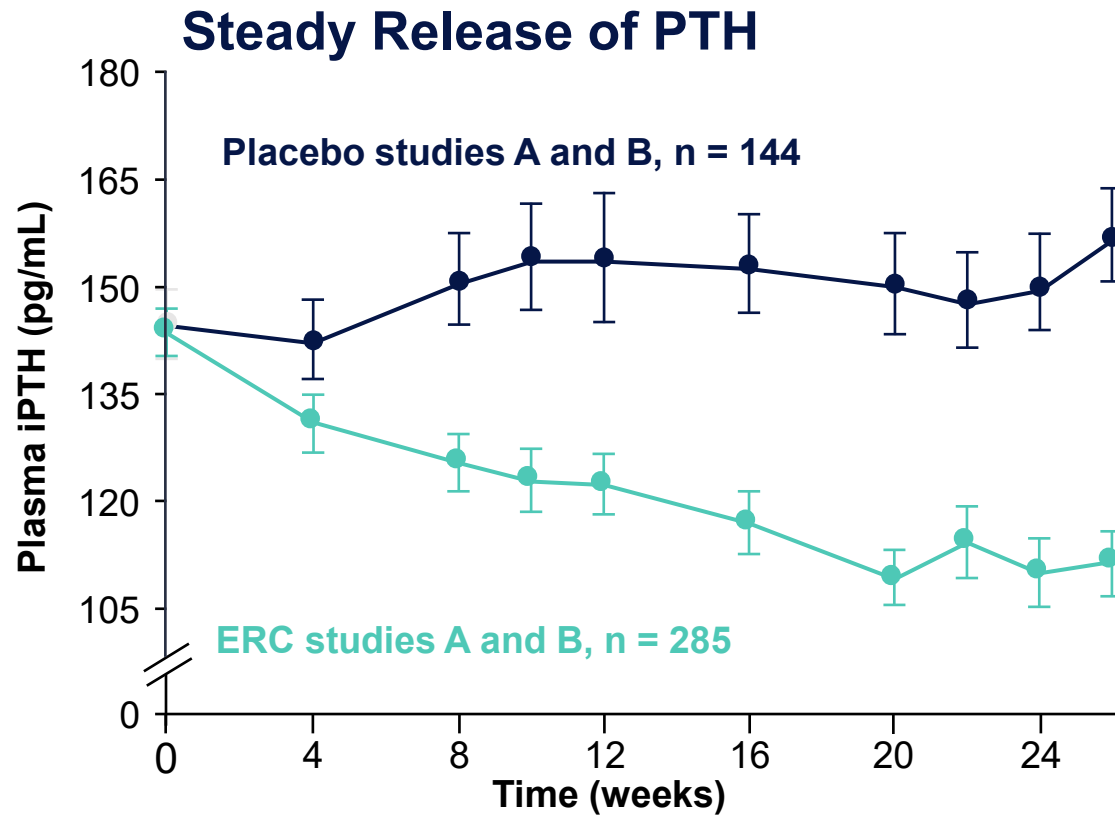
	25 (OH) D	Ca	P	PTH	FGF-23
<b>NUTRITIONAL VITAMIN D:</b>	↑	—	—	— ↓	—
<b>ACTIVE VITAMIN D/ANALOGS:</b>	↓	↑	↑	↓	↑
<b>ERC:</b>	↑	—	—	↓	—

Average steady-state 25(OH)D levels **≥50** ng/mL

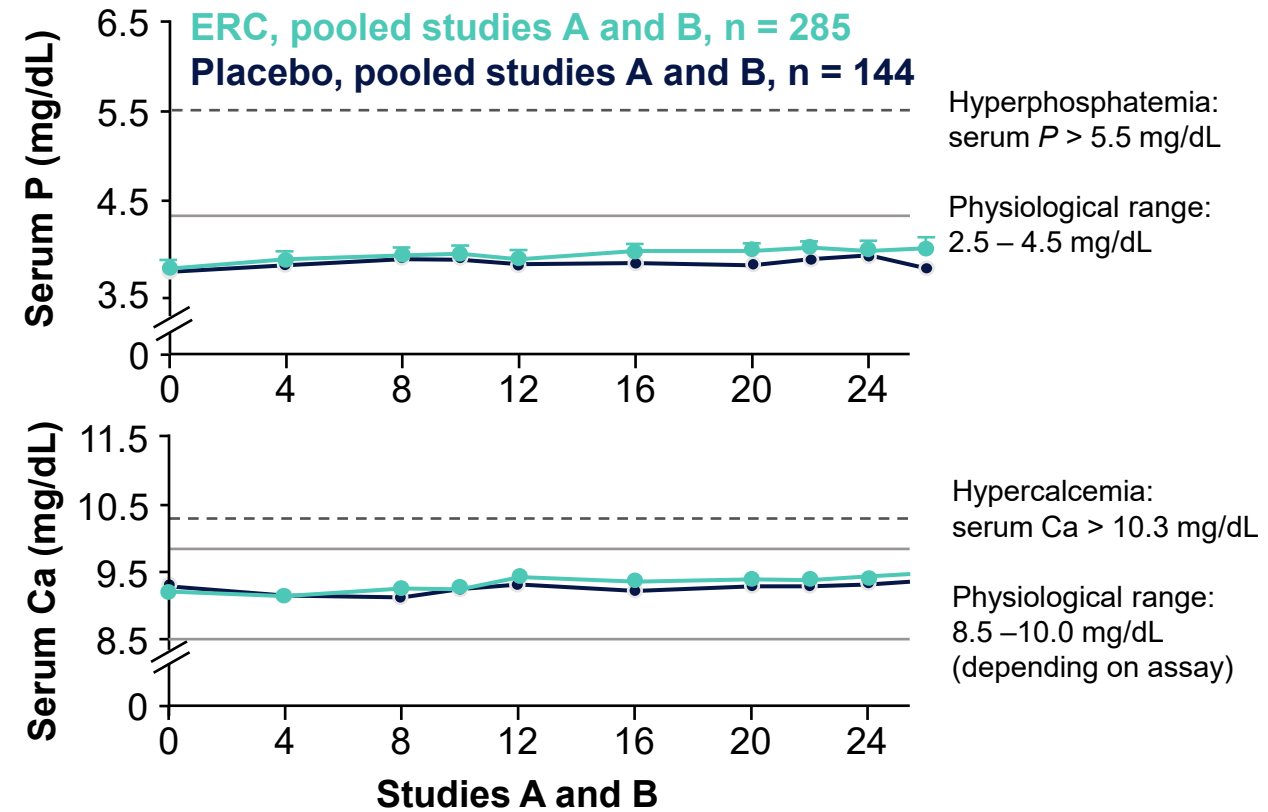
ERC dose	25(OH)D Week 26 (ng/mL)
30 µg	50
60 µg	70



# Extended-Release Calcifediol



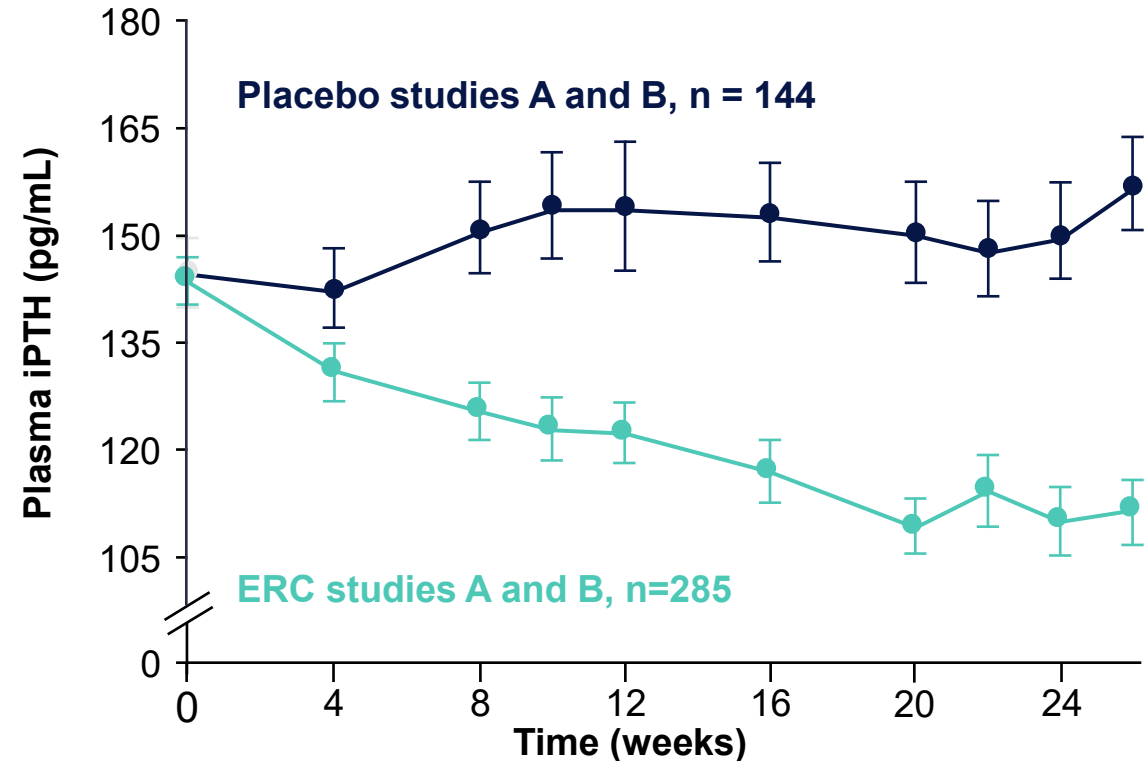
### Minimal changes in serum calcium and phosphate



**Primary endpoint met:** 33% and 34% of patients in study A and B, respectively, achieved **≥ 30% reduction** in iPTH from baseline at Week 26 (vs 8% and 7%, respectively, with placebo)

# Extended-Release Calcifediol

- Steady levels of 25(OH)D are achieved after approximately 3 months of treatment
- Current practice guidelines need **revision** based on recent clinical trial data



# Management of Patients with CKD Stage 3 and 4

