Clinical Presentation of Calciphylaxis

• Painful skin lesions
  - Most common
  - Early part of the presentation
    • Plaque
    • Simple nodule
  - Location
    • Clue for early diagnosis
    • Central part of the body
      - Lower abdomen
      - Upper thighs
• Ulcers
  - Not always present
  - Dry
    • Minimal oozing

Management of Patients with Calciphylaxis

• Multidisciplinary management approach
  - Wound management
    • Assess tissue viability
    • Wound debridement
    • Have greater understanding of dressings
    • Goal: prevent infection → decreased risk of sepsis
  - Pain management
    • Pain is the hallmark of calciphylaxis
    • Highest impact on the quality of life of patients
    • Engage a pain specialist
      - Narcotic analgesics are often required for severe pain
  - Palliative care
    • Advanced care planning
  - Therapies to address risk factors

The annual mortality rate is reported to be as high as 60% in patients with calciphylaxis

Management of Patients with Calciphylaxis

- Ensure adequacy of dialysis frequency
- Pharmacotherapies

### Management of Bone and Mineral Abnormalities

<table>
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<tr>
<th>Calcium</th>
<th>Phosphate</th>
<th>PTH</th>
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- Cinacalcet’s ability to alter the disease remains unclear
- Withdrawal of therapies can contribute to calciphylaxis
  - Eg, **warfarin**, iron, calcium, corticosteroids, vitamin D products
- Sodium thiosulfate (STS)

CALCIPHYX Phase 3 Trial

- Randomized, double-blind, placebo-controlled phase 3 trial
  - Objective: evaluate the efficacy and safety of SNF472 compared with placebo for the treatment of calciphylaxis

SNF472: Novel selective inhibitor of vascular calcification
Potential treatment for calciphylaxis

Inhibits the development and progression of ectopic calcifications by inhibiting hydroxyapatite crystal formation in blood vessels, preventing cardiovascular calcification

- Phase 2 open-label study of patients with calciphylaxis after 12 weeks of SNF472 treatment showed improvement in
  - Total Bates-Jensen wound assessment tool (BWAT)
  - Pain visual analog scale (VAS)
  - Wound QoL questionnaire