

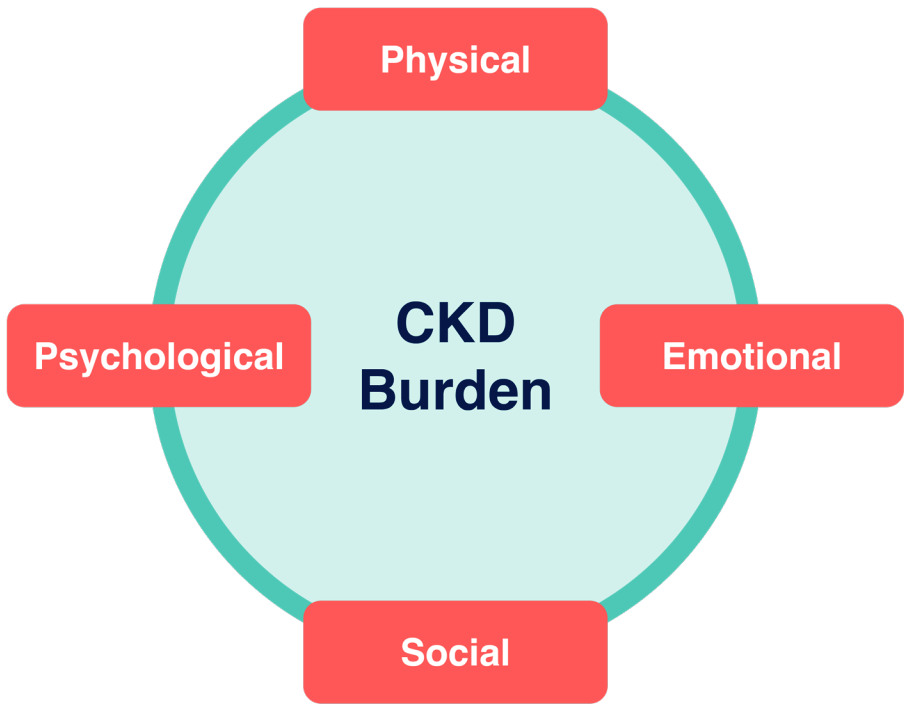
**850 million people are
affected by chronic kidney
disease worldwide**



Kovesdy CP. *Kidney Int Suppl* (2011). 2022;12(1):7-11.

GLOBAL Kidney Academy

ReachMD



Quote by Carol Pollock, MD

*“We now have tools to be able to measure the impact of these issues that play on people's quality of life, and we have tools to be able to positively impact on them. So **we should measure them, we should treat them, and we should really assess the benefit of the treatment.**”*



Quote by George Bakris, MD

“We have very good agents now that can bind potassium. And iron deficiency is something that is not routinely looked for unless the patient has profound anemia and late stages of nephropathy and really should be looked for in earlier stages.”



ANCA vasculitis affects the kidney in **70%** of patients



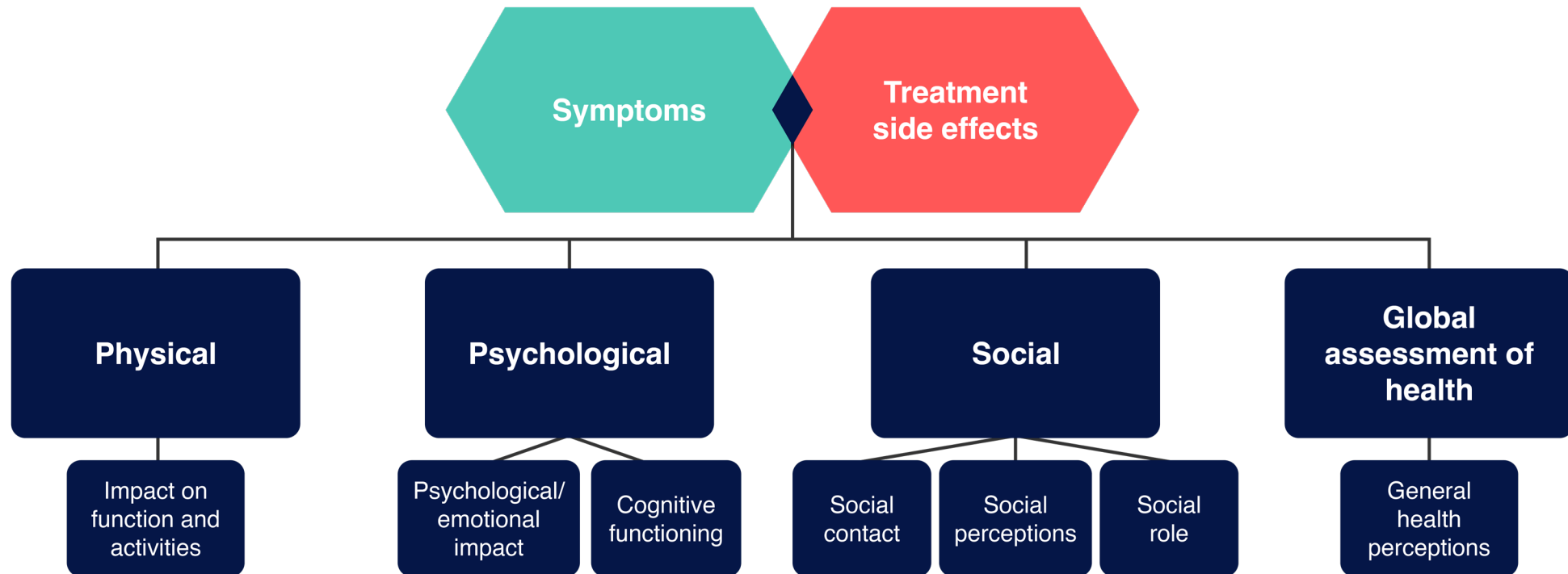
In the first year of therapy, the greatest threat to patients with AAV is from adverse events rather than active vasculitis



Assessing Patients With AAV

CONCEPTUAL FRAMEWORK FOR THE AAV-PRO

Disease context: diagnosis, flare, remission



Quote by David Jayne, MD

“The key message of ANCA vasculitis is the importance of early diagnosis, particularly the importance of ANCA testing, testing urine in rheumatology clinics, and of course referring patients to biopsy which confirms the diagnosis.”



IgAN progresses to end-stage kidney disease in up to **40%** of patients





GLOBAL Kidney Academy

The Global Kidney Academy is a global nephrology curriculum focused on the current challenges and opportunities to address the unmet needs of the patients with CKD. The Academy aims to improve learner confidence and patient outcomes in the management of CKD and progression to end-stage renal disease through a holistic approach based on current guidelines, evidence-based medicine, and real-world data.



"The Global Kidney Academy focuses on the patient as well as the educational needs of the clinician."

- Carol Pollock, AO



Quote by Loreto Gesualdo, MD

“Global Kidney Academy is a tool that we can use in our daily life. It’s providing us with the moralistic approach.”



Novel Therapy: CKD-Associated Pruritus

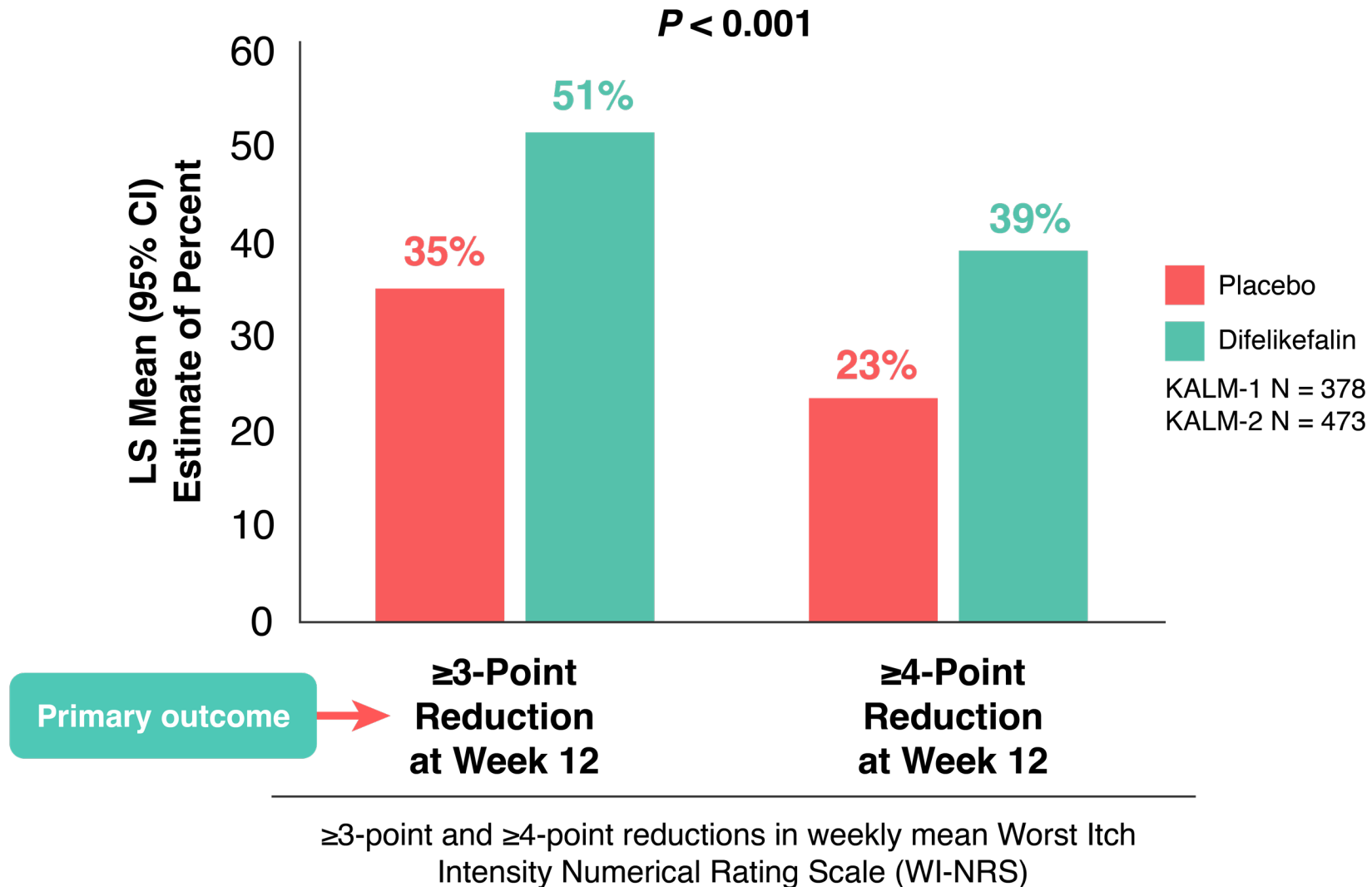


Difelikefalin:

- Peripherally restricted and selective agonist of kappa-opioid receptors



Pooled Analysis: KALM-1 & KALM-2



Quote by Carol Pollock, MD

“This really highlights listening to patients, designing a drug, developing a benefit, and now implementing it into clinical practice for patients’ symptom relief and benefit, which is really what they want: a better quality of life.

Difelikefalin to reduce itch has really delivered on that.”



Novel Therapy: ANCA-Associated Vasculitis



Avacopan:

- Peripherally restricted complement 5a receptor (C5aR) antagonist that inhibits the interaction between C5aR and the anaphylatoxin C5a
 - Blocks C5a-mediated neutrophil activation and migration



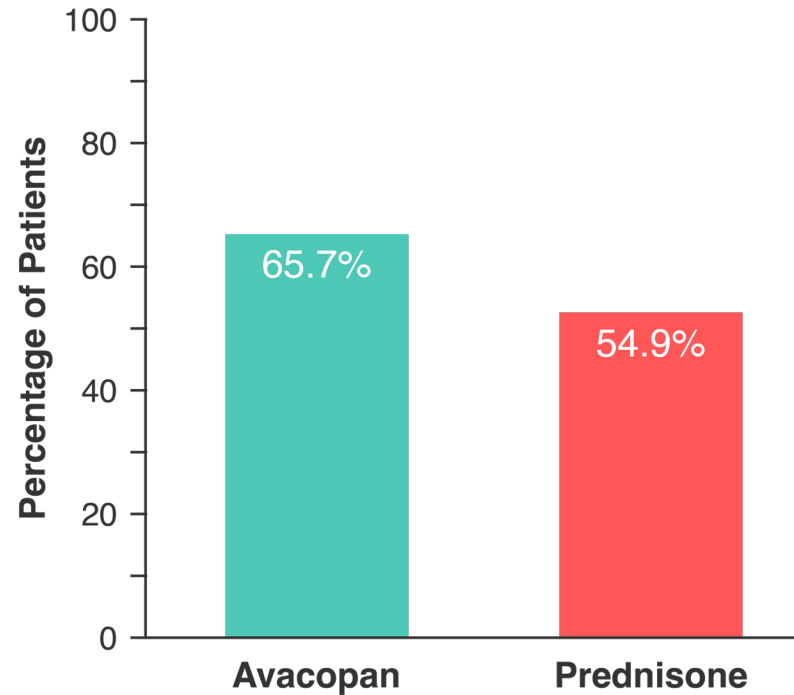
ADVOCATE: Phase 3 RCT

Clinical Remission at Week 52

Estimated common difference, 12.5 percentage points

95% CI, 2.6 to 22.3

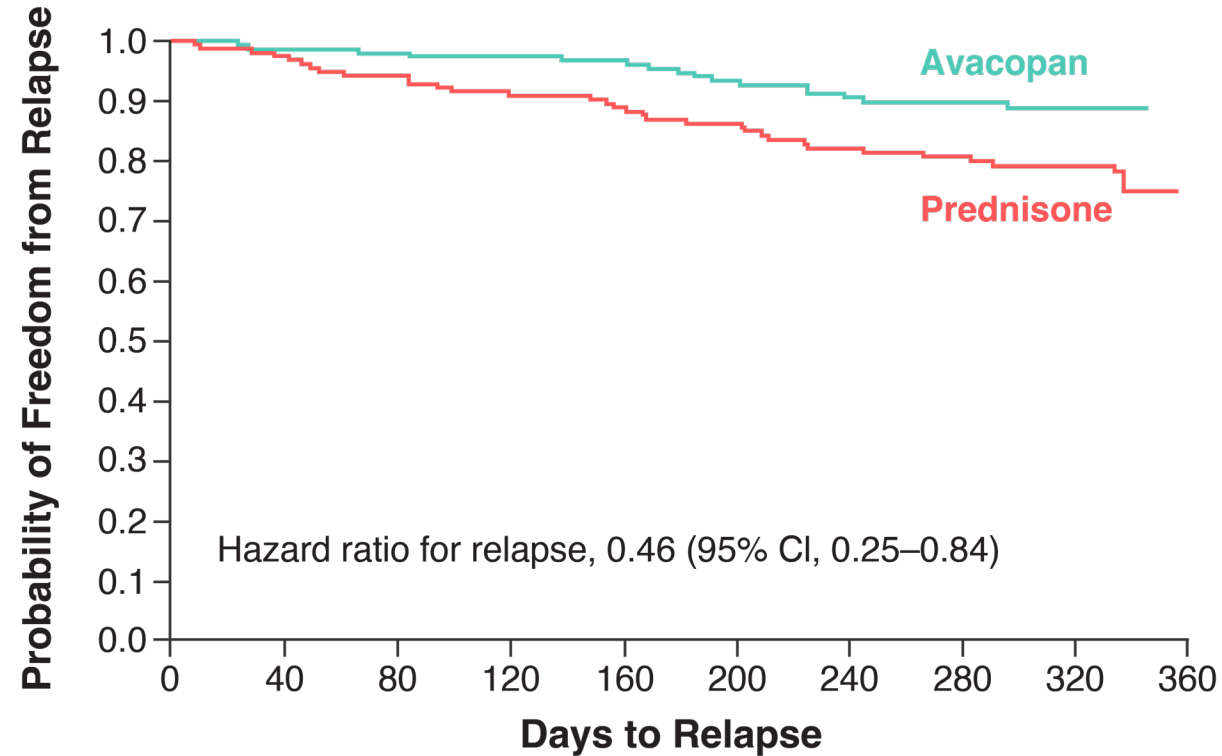
$P < 0.001$ for noninferiority; $P = 0.007$ for superiority



Avacopan was superior to prednisone with respect to sustained remission at week 52



ADVOCATE Trial



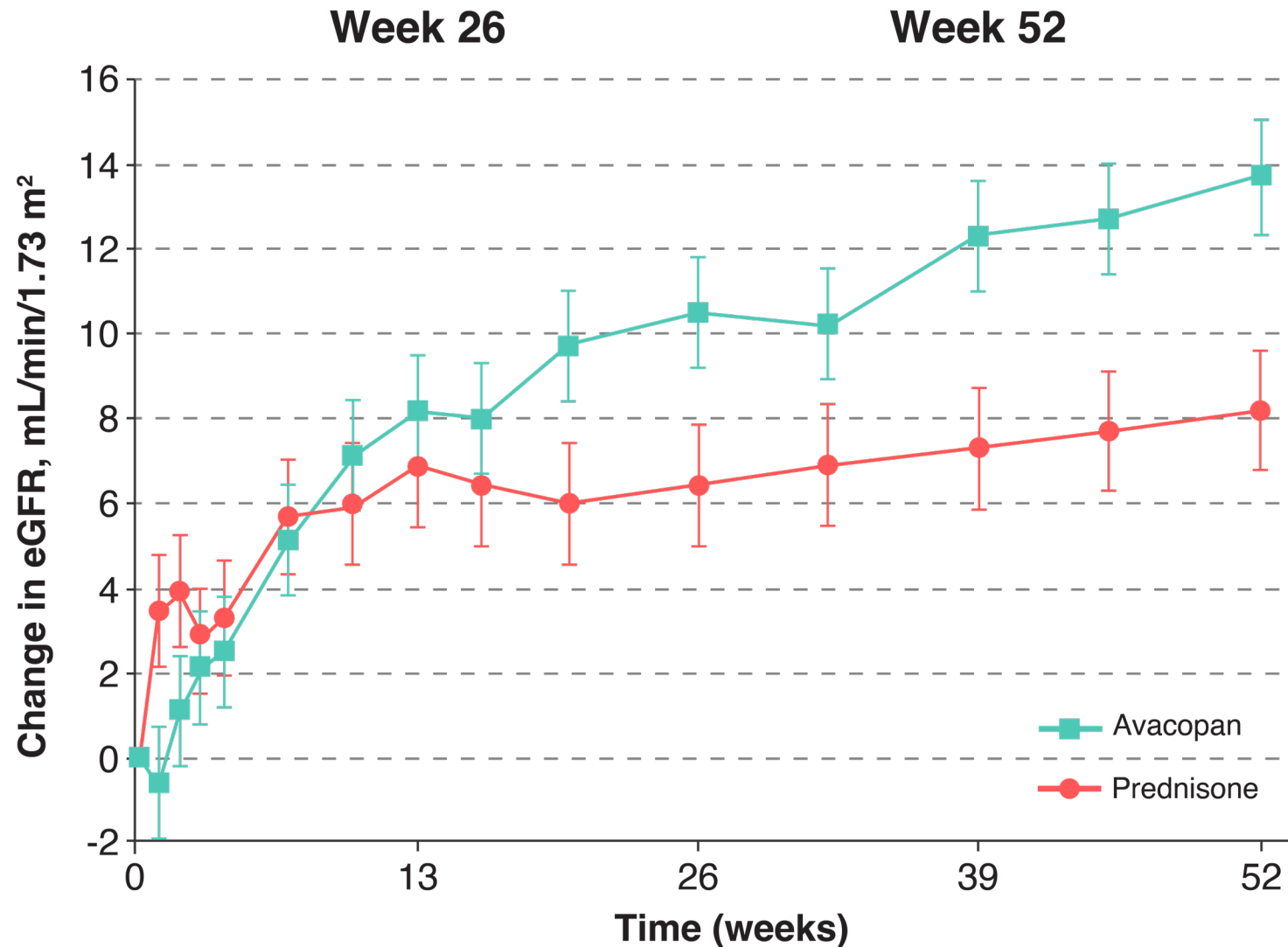
No. at Risk

Avacopan	158	153	149	146	145	133	129	115	92	0
Prednisone	157	151	146	137	133	126	119	111	90	0

10.1% of patients using avacopan experienced relapse, compared with 21% of patients treated with prednisone



ADVOCATE: Change in eGFR



Novel Therapy: IgAN

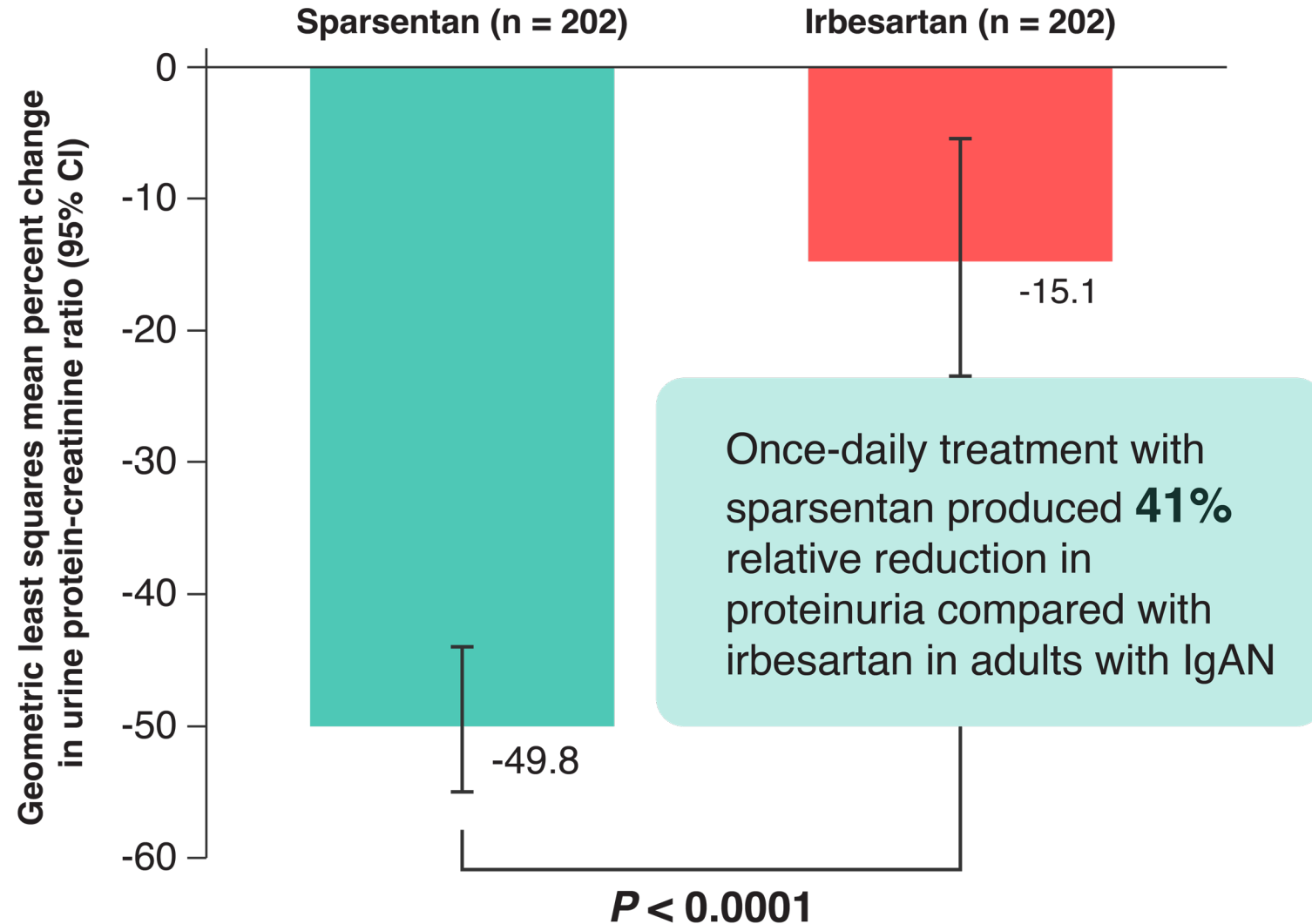


Sparsentan:

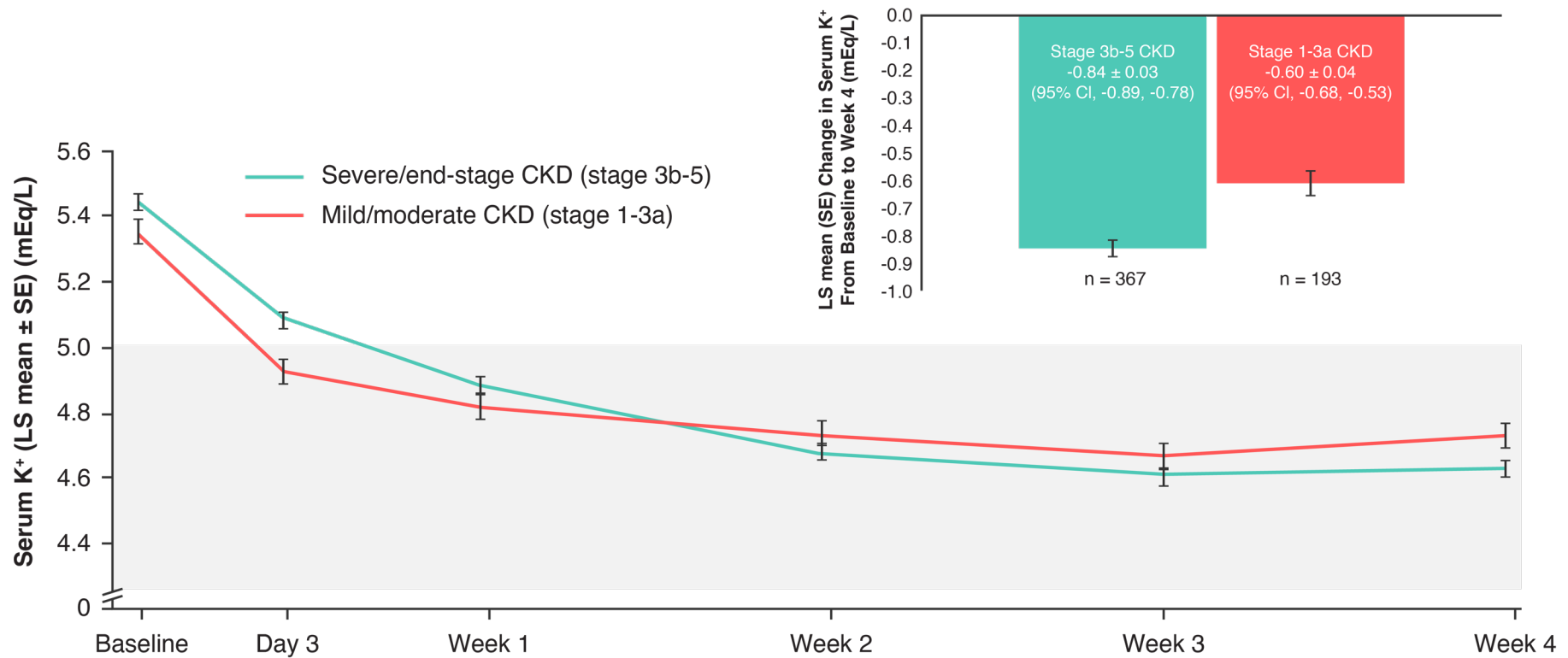
- Non-immunosuppressive, single-molecule, dual endothelin and angiotensin receptor antagonist



PROTECT Interim Analysis: Percent Change in Proteinuria in UP/C at Week 36 (Primary Efficacy Endpoint)



Safety and Efficacy of Patiromer in Patients With Hyperkalemia and CKD: A Pooled Analysis of 3 Randomized Trials



No. of patients

	Study visit					
	Baseline	Day 3	Week 1	Week 2	Week 3	Week 4
Stage 3b-5 CKD:	417	404	406	390	378	367
Stage 1-3a CKD:	209	201	206	202	197	193

Treatment with patiromer induced early reductions in serum potassium in both subgroups, with mean levels decreasing from baseline to <5.0 mEq/L by week 1 or day 3 in the stage 3b–5 and stage 1–3a CKD subgroups, respectively

