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IN BRIEF

FROM ERA–EDTA—ANAEMIA

Treating iron deficiency and elevated phosphate—new data

Preliminary phase II results presented at the ERA–EDTA Congress showed that, for patients with stage 3 and 4 chronic kidney disease, mild iron deficiency and mildly elevated serum phosphate levels, ferric citrate coordination complex can increase transferrin saturation, reduce serum phosphate, increase haemoglobin and reduce fibroblast growth factor levels. Adverse events were comparable with placebo at this stage of reporting (12 weeks).

Original article Block, G. *et al.* A double-blind placebo controlled randomized trial of ferric citrate coordination complex for the treatment of iron-deficient anemia and reduction of serum phosphate in patients with non-dialysis dependent chronic kidney disease [abstract 4025]. *ERA–EDTA Congress* [online], http://www.era-edta2014.org/press/4025_block_a_double-blind_placebo.pdf (2014).

FROM ERA–EDTA—TRANSPLANTATION

Calcification propensity associated with renal graft failure

A known nanoparticle-based overall calcification propensity assay, which measures the time taken for primary calciprotein particles (CPPs) to convert to secondary CPPs (T_{50}), has been used to show an association between mortality and graft failure in renal transplant recipients. In the retrospective study, presented in abstract form, patients with short T_{50} durations—and high serum calcification propensities—had higher risk of all-cause mortality and renal graft failure than those with long T_{50} durations.

Original article Keyzer, C. A. *et al.* High serum calcification propensity is associated with mortality and graft failure in renal transplant recipients [abstract 4064]. *ERA–EDTA Congress* [online], http://www.era-edta2014.org/press/4064_keyzer_serum_calcification_propensity-test.pdf (2014).

FROM ERA–EDTA—DIABETIC NEPHROPATHY

Bardoxolone methyl promotes sodium and fluid retention

Post hoc analysis of the BEACON trial data of bardoxolone methyl in patients with diabetic nephropathy revealed the serious rates of heart failure that led to trial termination were likely caused by sodium and volume retention via modulation of the endothelin pathway. The analysis was presented at the ERA–EDTA Congress, and suggested elevated baseline B-type natriuretic peptide levels and previous heart failure might be exclusion criteria for bardoloxone methyl treatment and could inform future trials of the drug.

Original article Meyer, C. *et al.* Investigation of serious adverse events in bardoxolone methyl patients in BEACON [abstract 4074]. *ERA–EDTA Congress* [online], http://www.era-edta2014.org/press/4074_meyer_after_discontinuation_of_the_BEACON_study.pdf (2014).

FROM ERA–EDTA—CHRONIC KIDNEY DISEASE

CCL2 inhibition is renoprotective in diabetic nephropathy

Preliminary data presented at the ERA–EDTA meeting showed that the new drug emapticap pegol (NOX-E36), which binds and inhibits the chemokine CCL2, reduced the mean albumin-to-creatinine ratio (ACR) by 32% in diabetic patients with proteinuria compared with placebo; approximately one-third of treated patients experienced a ≥50% ACR reduction. Blood pressure levels and estimated glomerular filtration rate were unaffected and the effect on ACR was maintained ≤8 weeks after the last dose. Further clinical studies are planned.

Original article Haller, H. G. *et al.* CCL2 inhibition with emapticap pegol (NOX-E36) in type 2 diabetic patients with albuminuria [abstract 4079]. *ERA–EDTA Congress* [online], http://era-edta2014.era-edta.org/press/4079_haller_ccl2_inhibition.pdf (2014).