【Luncheon Symposium 9-1】

Management of Secondary Hyperparathyroidism by Elvocalcet, from experiences in Japan

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Secondary hyperparathyroidism (SHPT) is a significant complication in chronic kidney disease (CKD), contributing to mineral bone disorder (MBD) and increasing the risk of cardiovascular mortality. Elevated parathyroid hormone (PTH) levels, commonly persisting post-dialysis initiation, highlight the necessity for early and effective management strategies. Evocalcet, a calcimimetic, has demonstrated efficacy in reducing PTH levels, with a favorable safety profile compared to cinacalcet, particularly concerning calcium-related adverse events.

The combination of evocalcet with low-dose vitamin D receptor activators (VDRA) has shown promise in comprehensive CKD-MBD management by targeting both PTH and phosphate levels. However, challenges such as calcimimetic resistance under hyperphosphatemic conditions underscore the need for integrated approaches. Studies indicate that while VDRA use alone does not significantly reduce fracture risk, calcimimetics effectively mitigate this risk, positioning them as central to SHPT management.

Recent data from Japan and East Asia reveal similar trends in PTH reduction with evocalcet and cinacalcet, but with regional differences in adverse event profiles. These findings emphasize early intervention in SHPT, utilizing tailored therapeutic regimens to improve long-term outcomes in CKD patients.