

18th Asian Colloquium in Nephrology



Best Practices in Kidney Care in Asia

19 – 21 July 2019

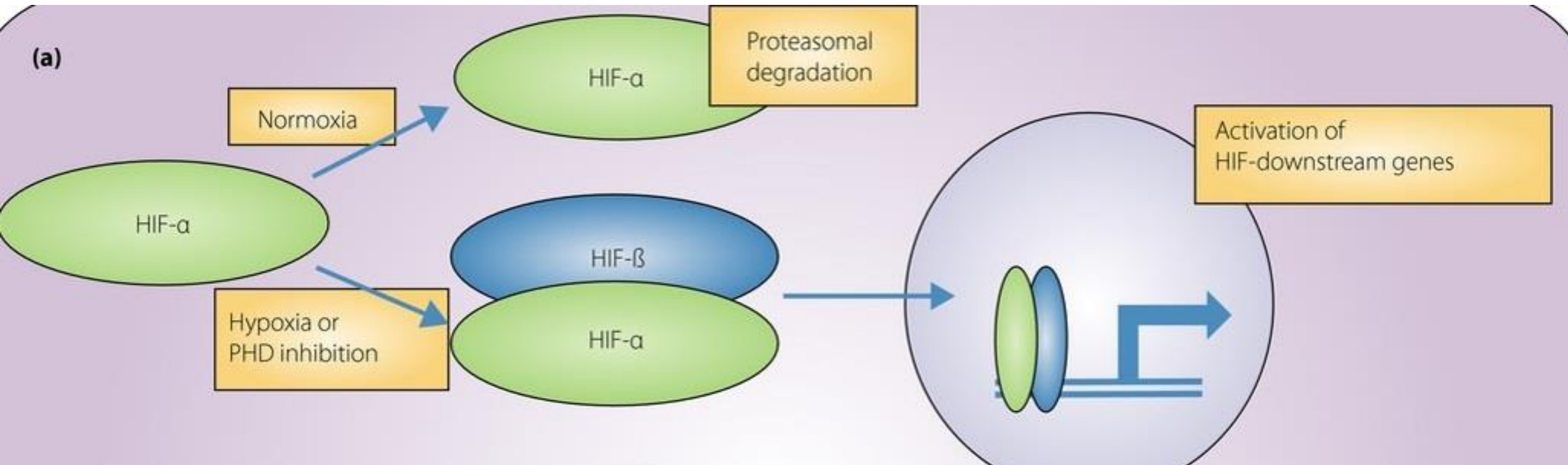
Incorporating: SOTANC - State-Of-The-Art Nephrology Course (Nursing)
Singapore Society of Nephrology Annual Scientific Meeting
Asia Renal Association - Asian Nephrology Conference

Anemia in CKD/ESKD: Is it still EPO?"

Masaomi Nangaku

**Division of Nephrology and Endocrinology
the University of Tokyo Graduate School of Medicine**

Cellular responses against anemia and hypoxia



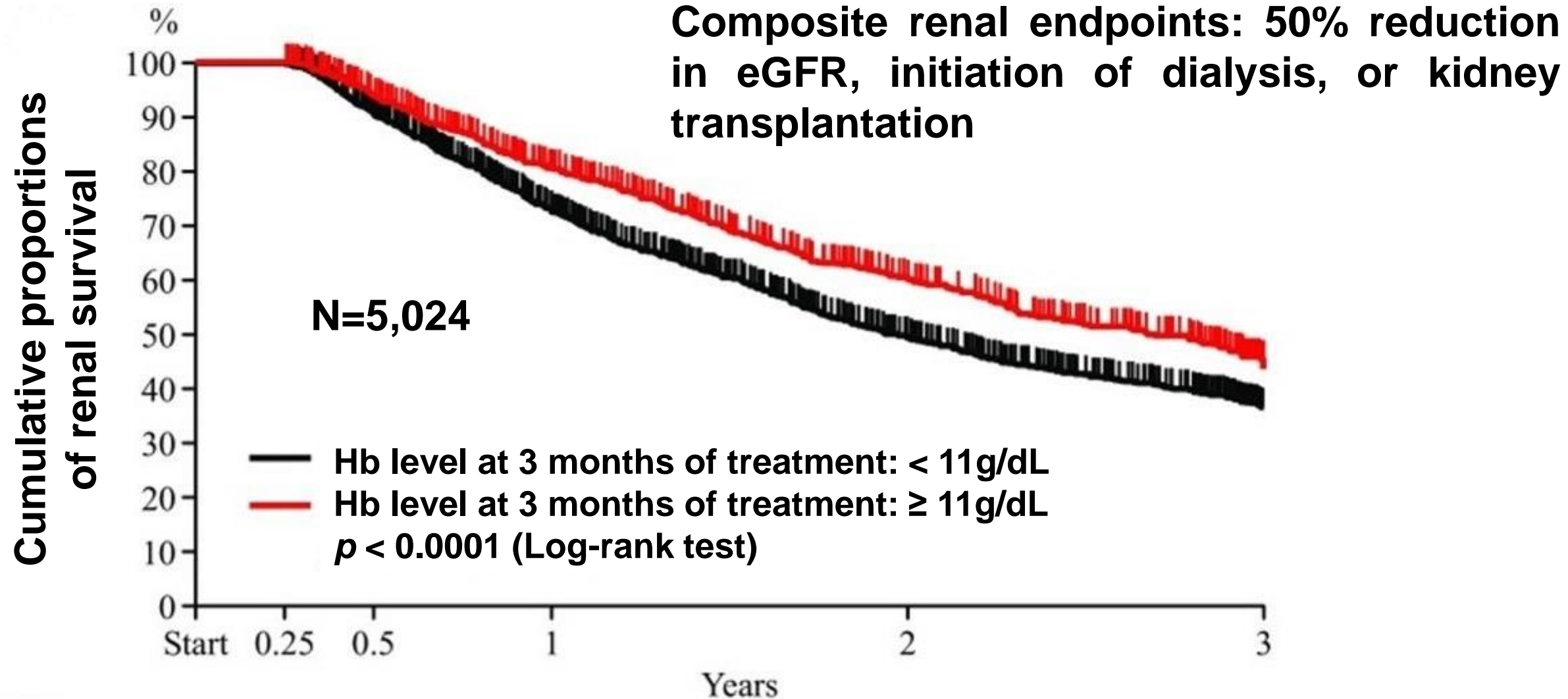
Oxygen transport (**EPO**, Transferrin)

Vascular regulation (VEGF, adrenomedullin, HO-1)

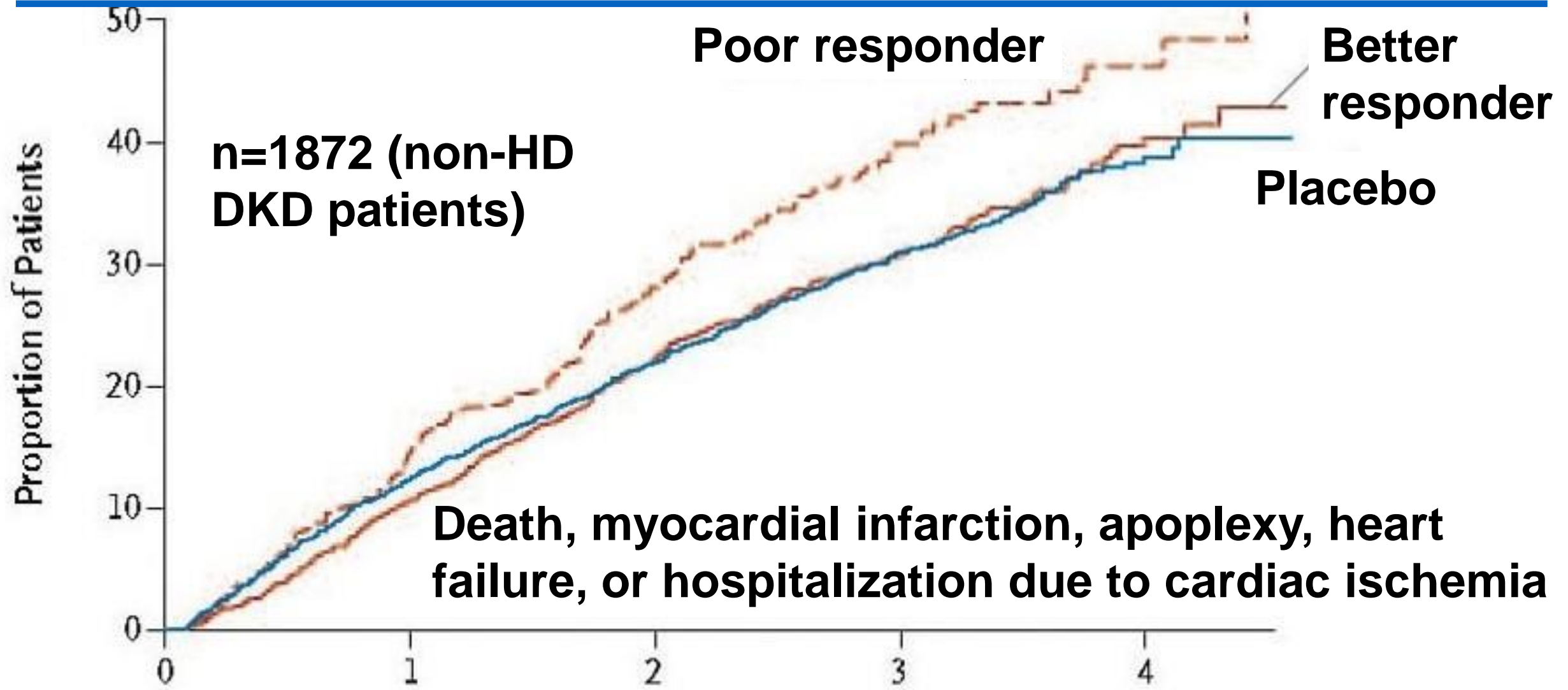
Glucose uptake and glycolysis (Glut-1, Aldolase A)

Anti-oxidative enzymes (SODs, catalase)

High Hb in patients treated with darbepoetin alfa is associated with better prognosis: a post-marketing surveillance in Japan

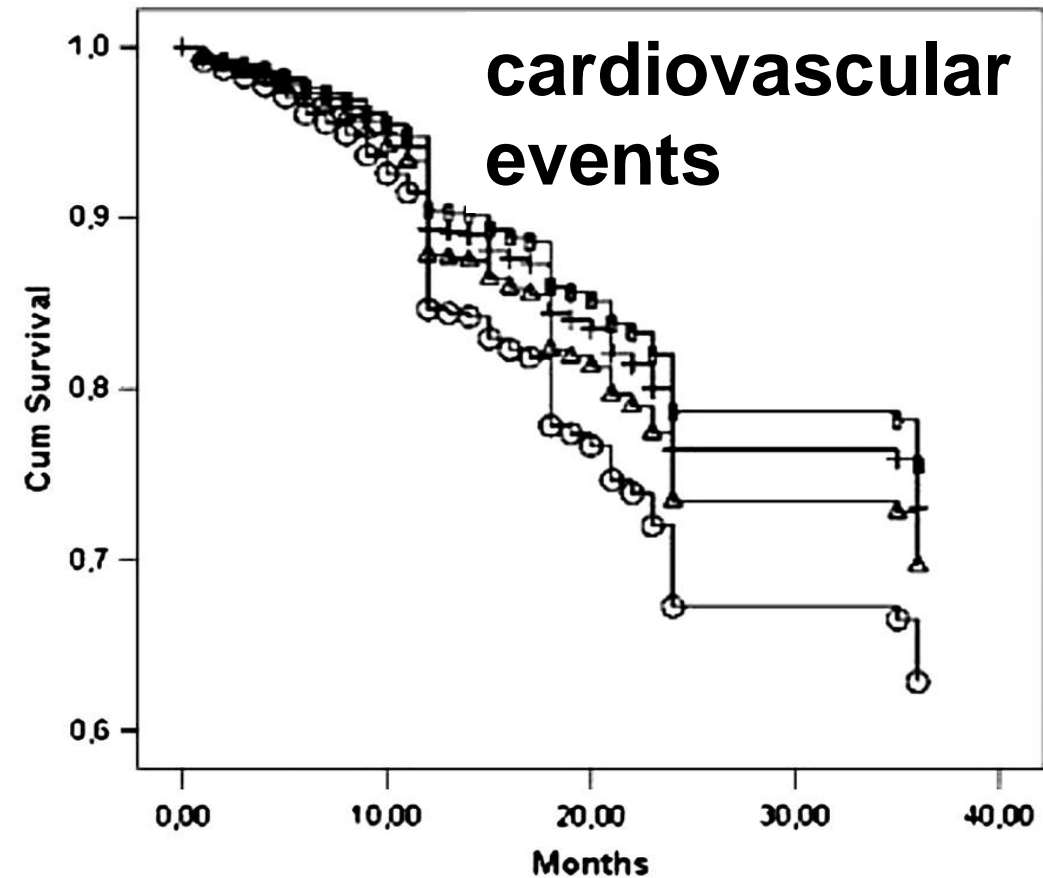
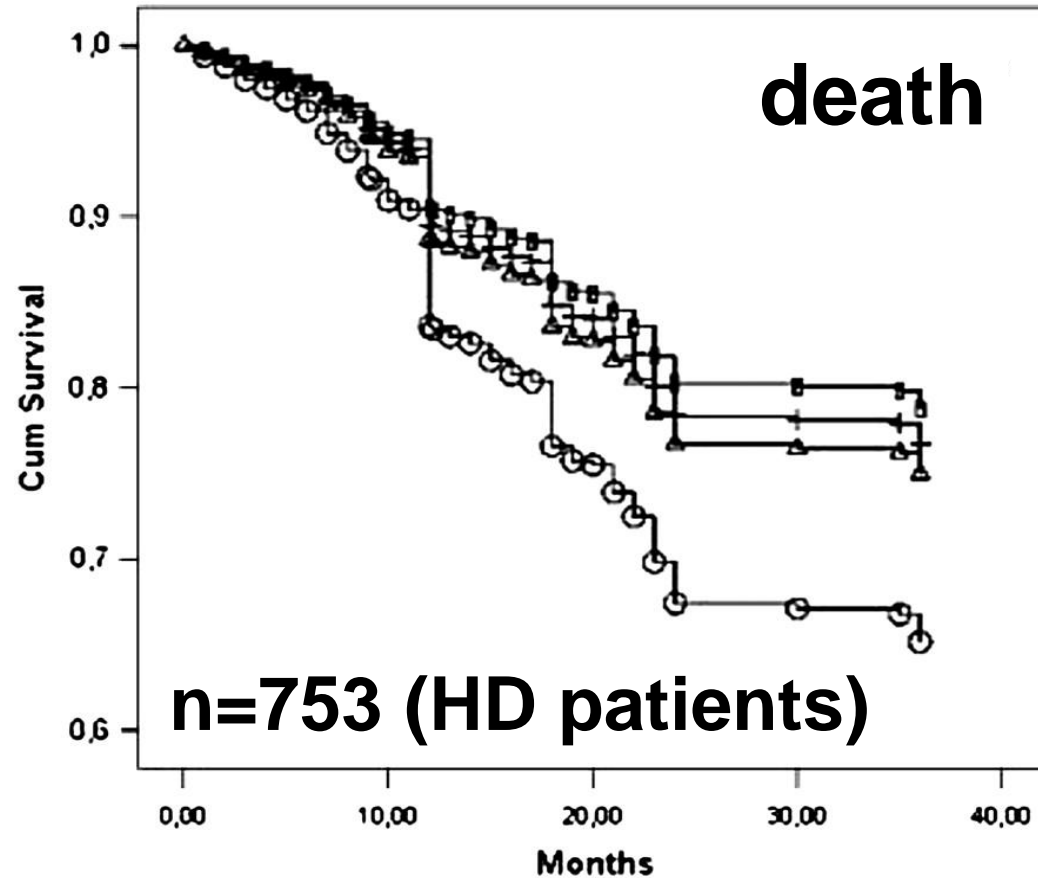


ESA hyporesponsiveness and poor outcome: TREAT study



Solomon et al. N Engl J Med 2010

ESA hyporesponsiveness and poor outcome: RISCAVID study



ESAs resistance index (ERI): the weekly ESAs dose / kgBW / Hb (g/dL)

Erythropoietin hyporesponsiveness in Japanese HD patients: possible role of statins



a Association between statin prescription and subsequent ESA hyporesponsiveness by increasing levels of adjustment

Outcome	Statin Rx	Number of patients	Number of events, n (%)	OR (95% CI)			
				model 1 ^b	model 2 ^c	model 3 ^d	model 4 ^e
Hgb <10 g/dL	+	585	66 (11.3)	0.88 (0.67–1.13)	0.86 (0.65–1.14)	0.85 (0.64–1.13)	0.87 (0.66–1.15)
ESA dose ^a >6,000 units/week	-	3,017	394 (13.1)				

ESA, erythropoiesis-stimulating agent; Hgb, hemoglobin.

^a Mircerca doses were converted to darbepoetin doses using a 1.2:1 ratio, and darbepoetin doses were converted to epoetin doses using a 250:1 ratio.

^b Model 1: adjusted for DOPPS phase and accounting for facility clustering.

^c Model 2: adjusted for model 1+ age, gender, vintage, 11 summary comorbidities and post dialysis weight.

^d Model 3: adjusted for model 2+ Kt/V, treatment time, hospitalization in past 3 months.

^e Model 4: adjusted for model 3+ CRP, albumin, TSAT, ferritin.

b Association between statin prescription and subsequent ESA resistance index by increasing levels of adjustment

Outcome	Statin Rx	Number of patients	Average ERI	Ratio of means (95% CI)			
				model 1 ^b	model 2 ^c	model 3 ^d	model 4 ^e
logERI ^f	+	585	10.1	0.92 (0.87–0.97)	0.95 (0.90–1.00)	0.94 (0.89–0.99)	0.94 (0.89–0.99)
	-	3,017	10.7				

ESA, erythropoiesis-stimulating agent; ERI, ESA resistance index.

^a Mircerca doses were converted to darbepoetin doses using a 1.2:1 ratio, and darbepoetin doses were converted to epoetin doses using a 250:1 ratio.

^b Model 1: adjusted for DOPPS phase and accounting for facility clustering.

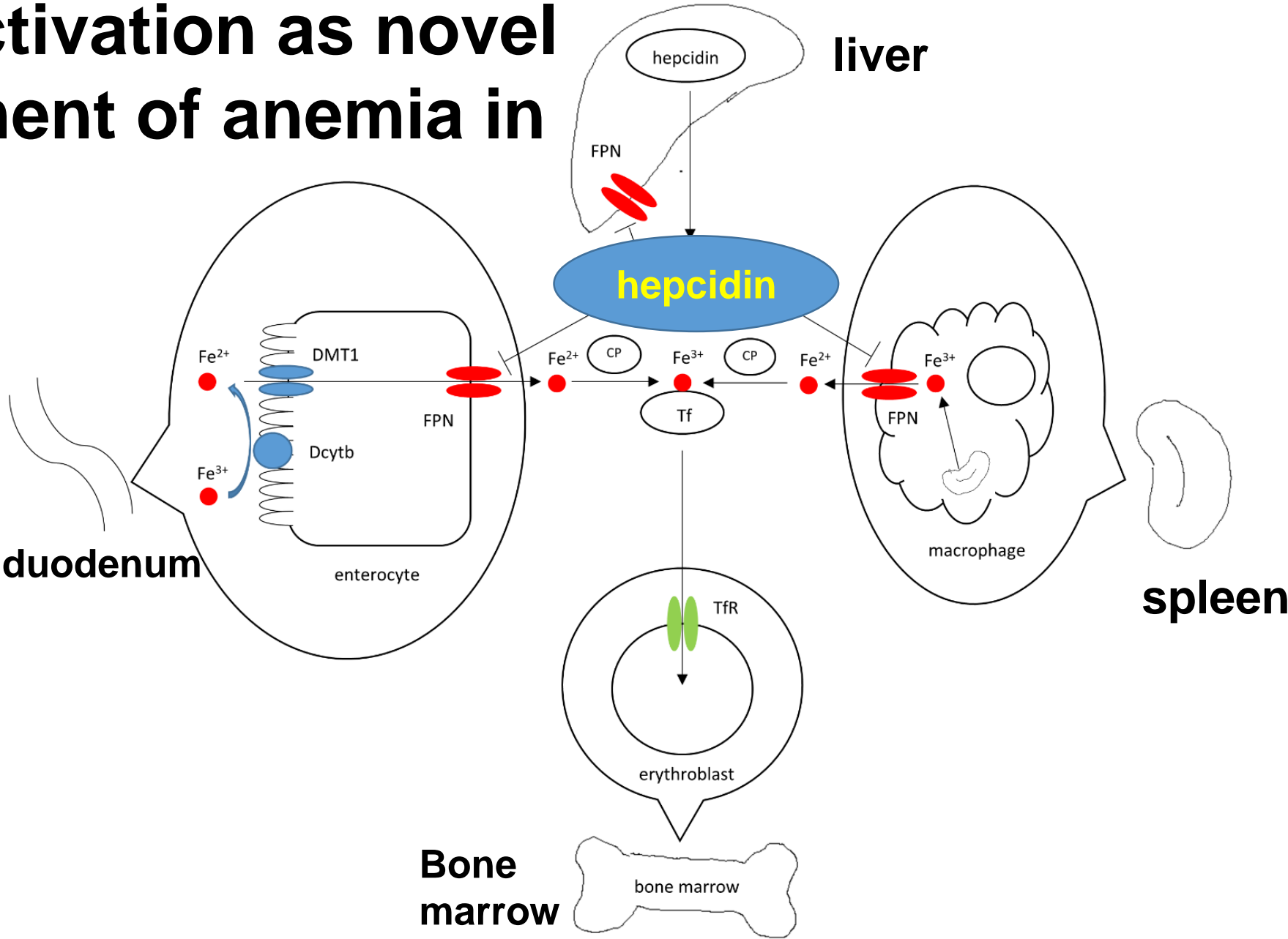
^c Model 2: adjusted for model 1+ age, gender, vintage, 11 summary comorbidities and post dialysis weight.

^d Model 3: adjusted for model 2+ Kt/V, treatment time, hospitalization in past 3 months.

^e Model 4: adjusted for model 3+ CRP, albumin, TSAT, ferritin.

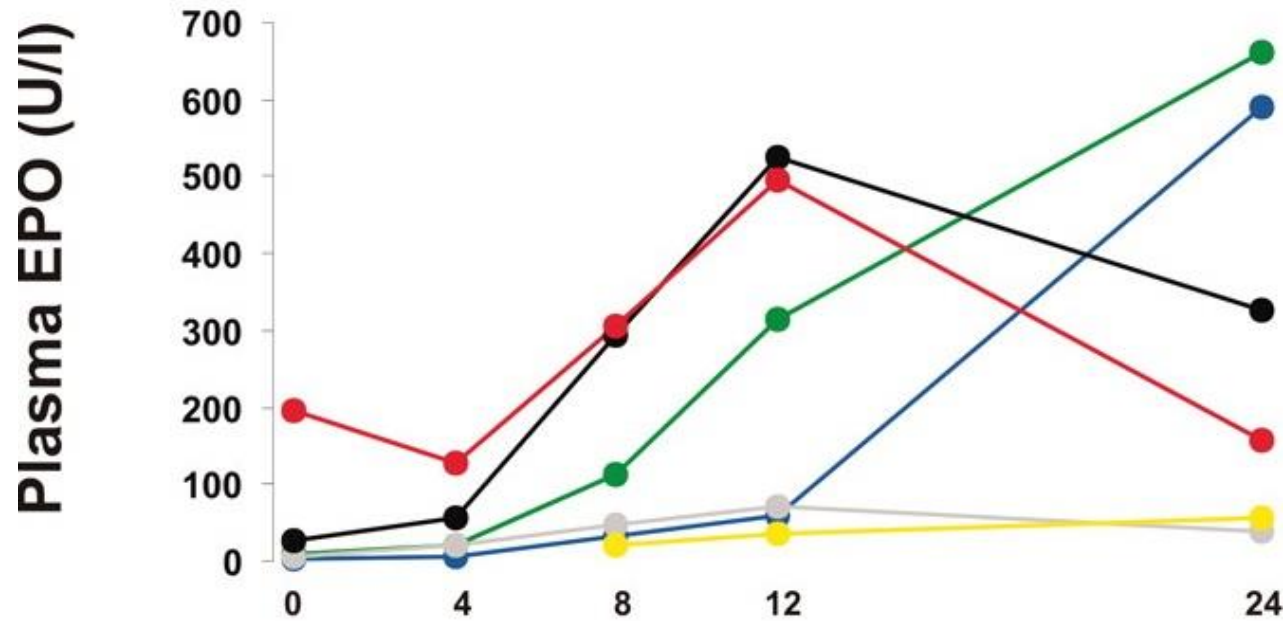
^f ERI = ESA/(dry weight × Hgb).

HIF activation as novel treatment of anemia in CKD

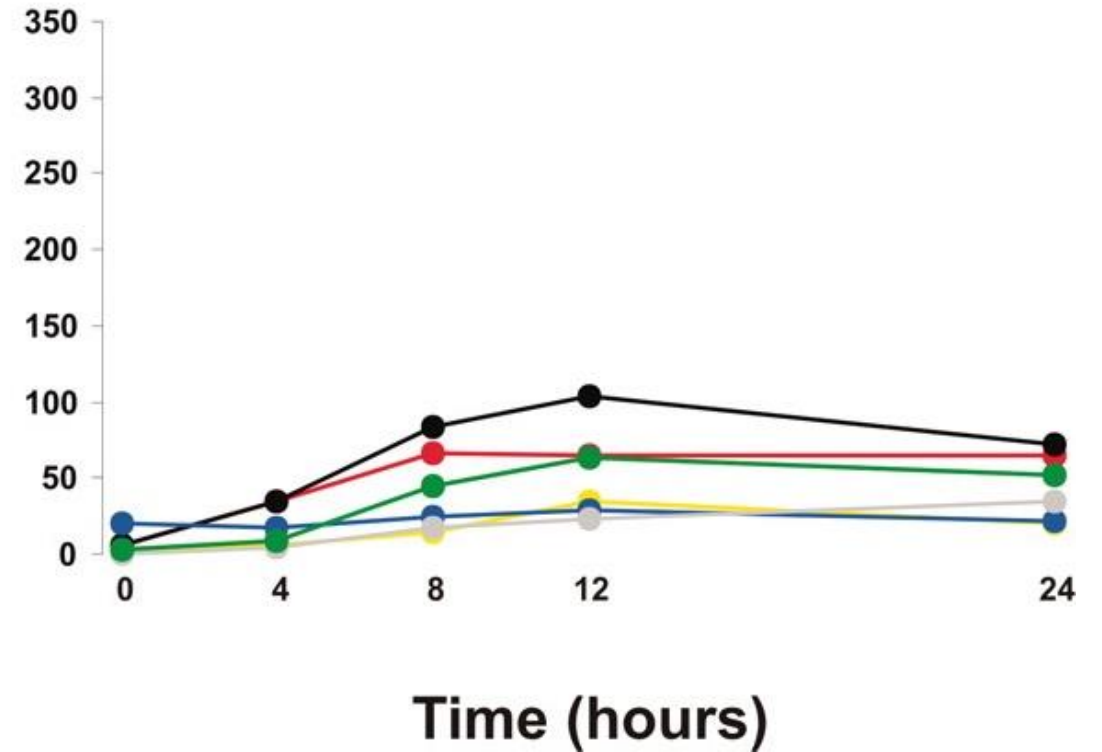


HIF activator increases plasma-EPO levels in HD patients with and without remaining kidney

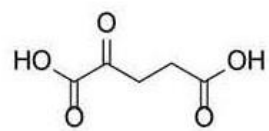
nephric HD patients



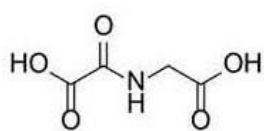
anephric HD patients



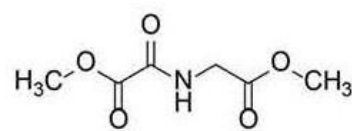
Chemical structures of HIF activators



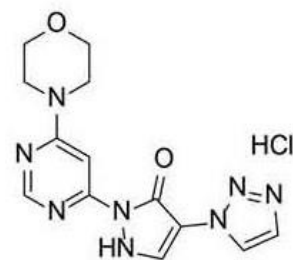
2OG



NOG



DMOG



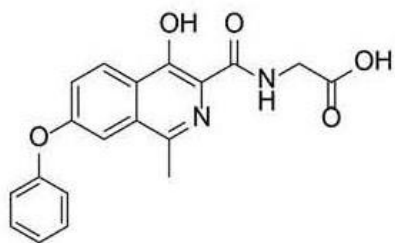
molidustat



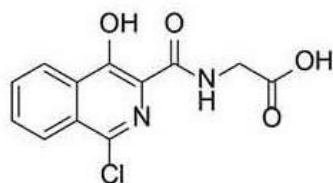
IOX4



R8J



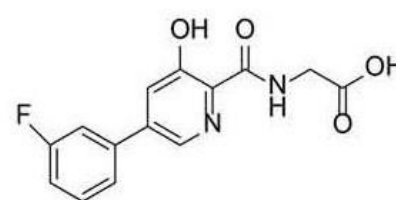
roxadustat



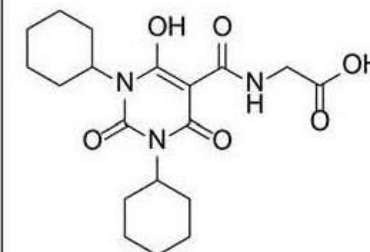
FG-2216



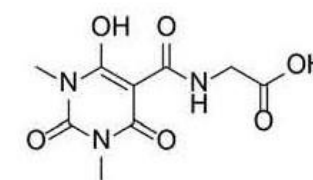
vadadustat



AKB-6899



daprodustat



CCT6

Selectivity of HIF activators

all of the tested compounds are selective for PHD2 over FIH, and almost all of the tested JmjC domain containing histone demethylases (KDMs)

Inhibitor	IC ₅₀ [μ M]									
	PHD2	FIH	Ofd1	Tpa1p	OGFOD1	JARID1A (KDM5A)	JARID1B (KDM5B)	JARID1C (KDM5C)	JARID1D (KDM5D)	JMJD3 (KDM6B)
roxadustat	0.027	>100	8.5	12.8	<1	>100	>100	>100	>100	>100
daprodustat	0.067	21	23.9	5.1	2.1	>100	>100	>100	>100	>100
molidustat	0.007	66	10.3	3.8	5.1	>100	>100	>100	>100	35
IOX4	0.003	31	41.3	2.3	<1	53	87	97	91	<1
vadadustat	0.029	29	ND ^b	ND ^b	1.4	>100	30	>100	>100	37

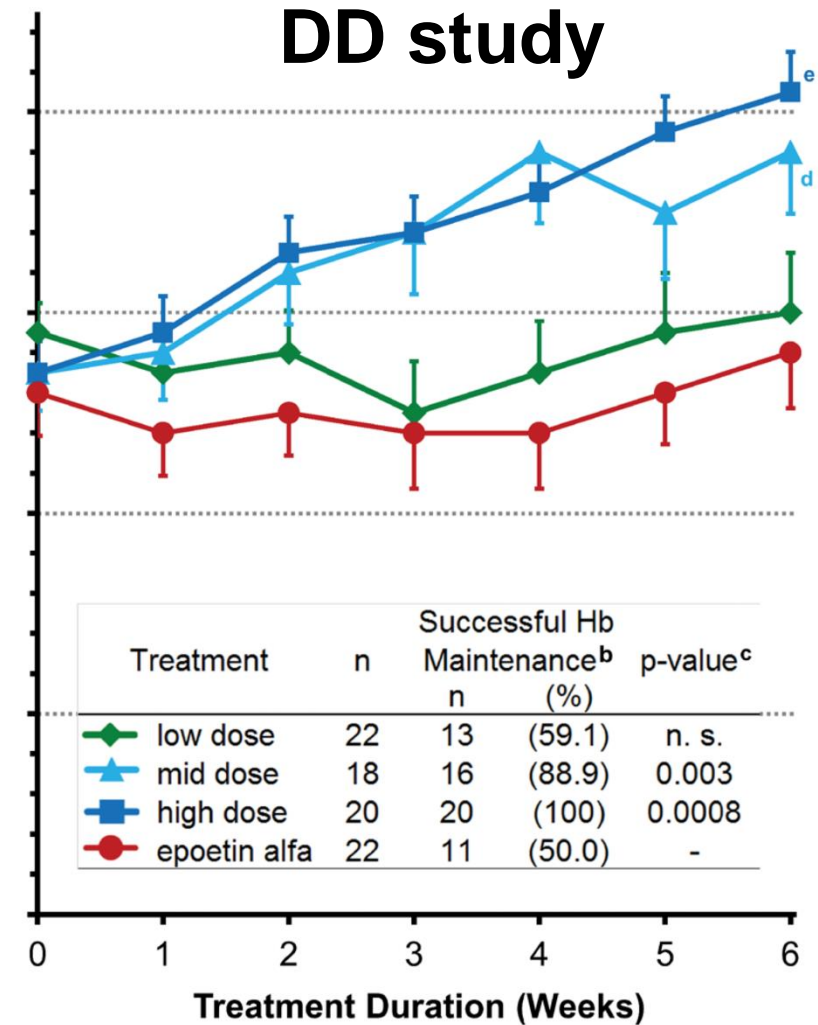
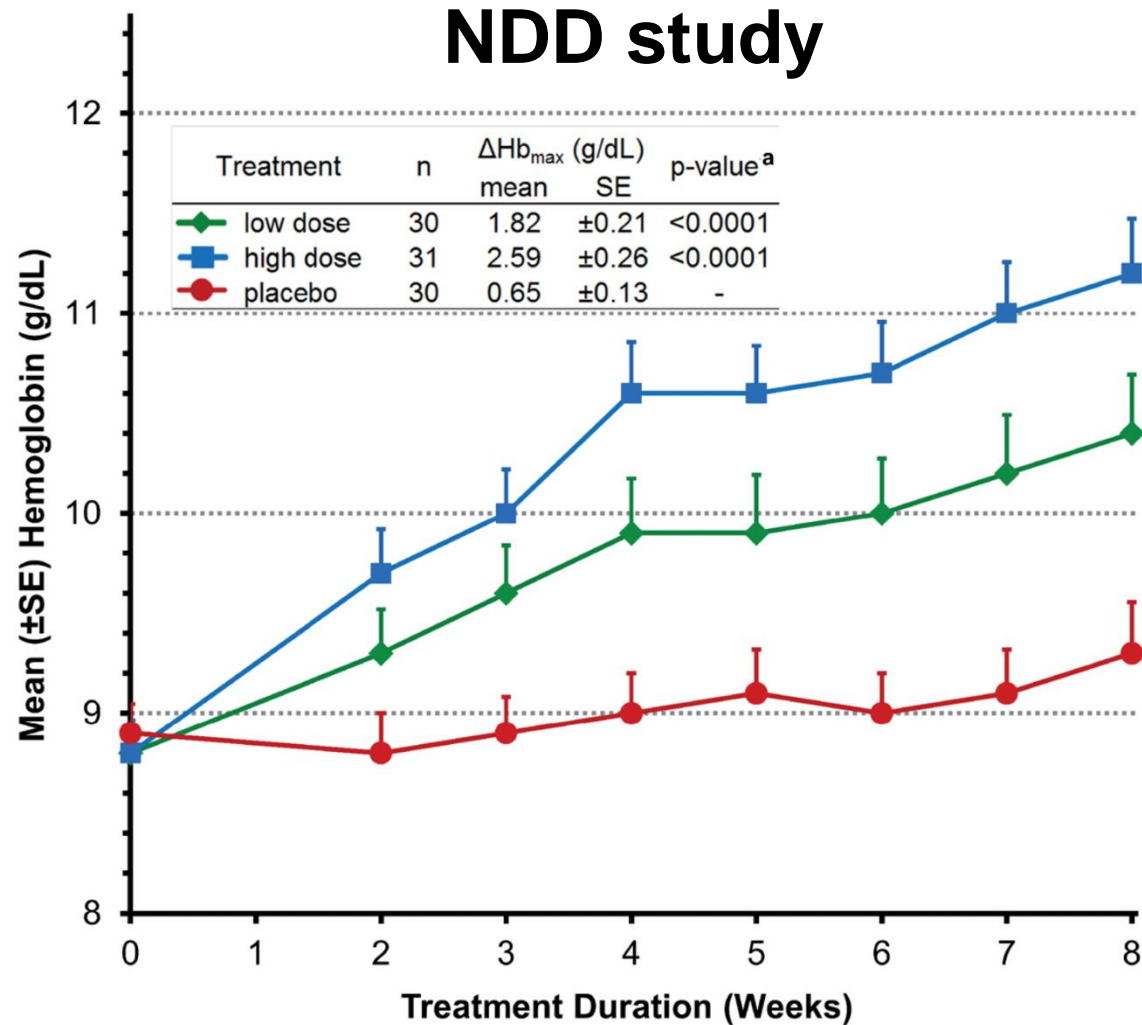
^a Assay conditions are described in the Experimental and ESI sections and have been previously reported.^{31,39,44,66} PHD2: HIF-prolyl hydroxylase-2, FIH: factor inhibiting HIF, OGFOD1: 2OG and iron-dependent oxygenase domain containing 1, Ofd1: 2OG and Fe(II) dioxygenase domain containing protein 1, Tpa1p: termination and polyadenylation protein 1, JARID1A (KDM5A): lysine-specific demethylase 5A, JARID1B (KDM5B): lysine-specific demethylase 5B, JARID1C (KDM5C): lysine-specific demethylase 5C, JARID1D (KDM5D): lysine-specific demethylase 5D, JMJD3 (KDM6B): lysine-specific demethylase 6B. ^b ND, not determined.

Clinical trials of PH inhibitors

	Non-dialysis CKD patients	Dialysis patients
Roxadustat	Alps, Olympus, Dolomites	Pyrenees, Himalayas, Sierras, Andes, Rockies
Vadadustat	PRO2TECT-CORRECTION/CONVERSION	INNO2VATE - CORRECTION/CONVERSION
Daprodustat	ASCEND-ND, ASCEND-NHQ	ASCEND-ID, ASCEND-D, ASCEND-TD
Molidustat	DIALOGUE 1 and 2, MIYABI-ND	DIALOGUE 4, MIYABI-HD
Enarodustat		

Improvement of anemia in CKD by HIF activator

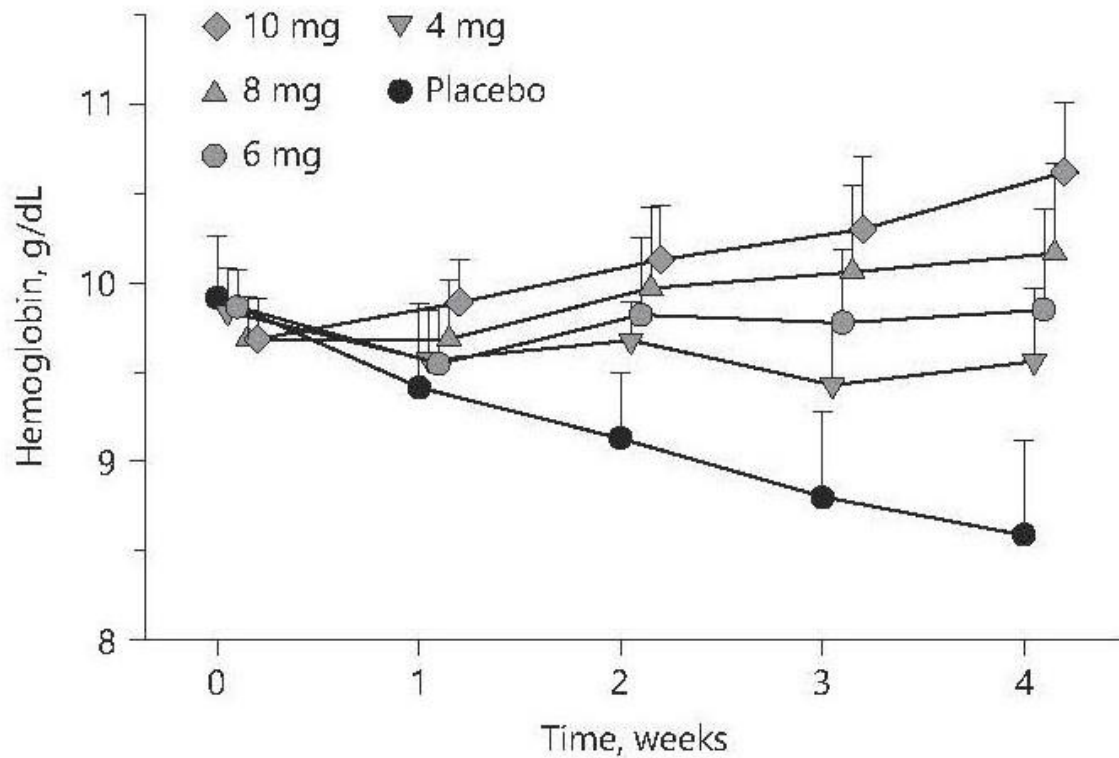
Phase 2 study of roxadustat in Chinese patients



HIF activator improves anemia in CKD

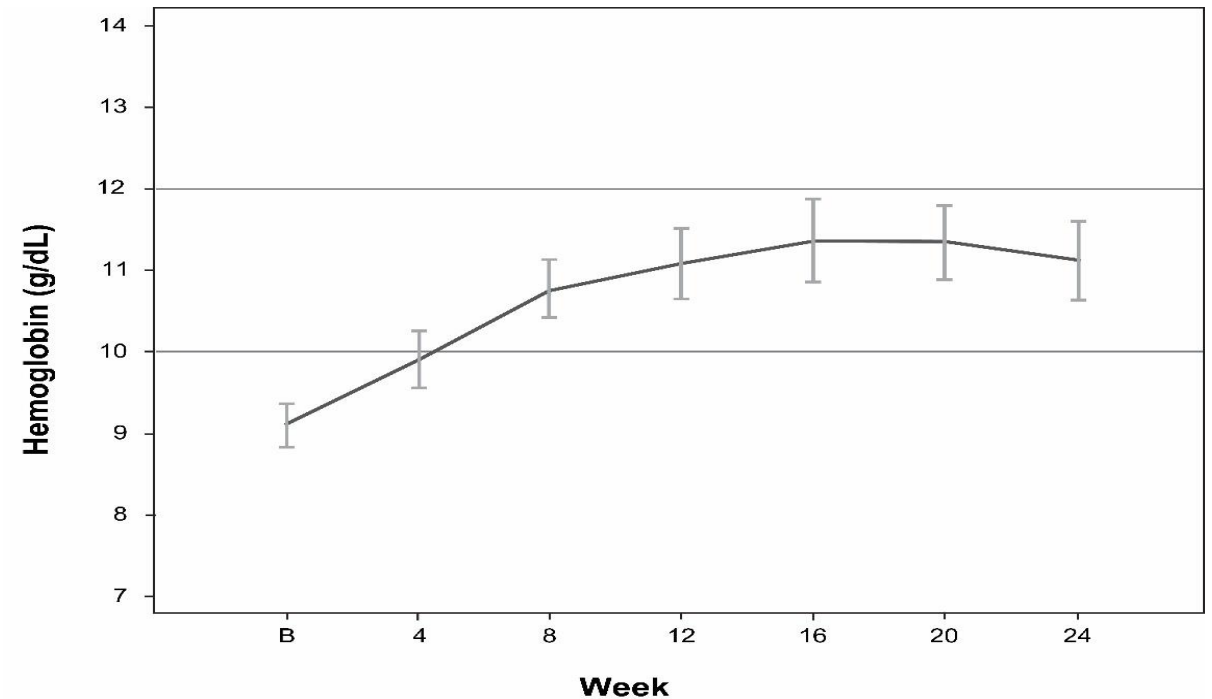
daprodustat in Japanese HD patients

phase 2



Akizawa, Nangaku et al.
Am J Nephrol 2017

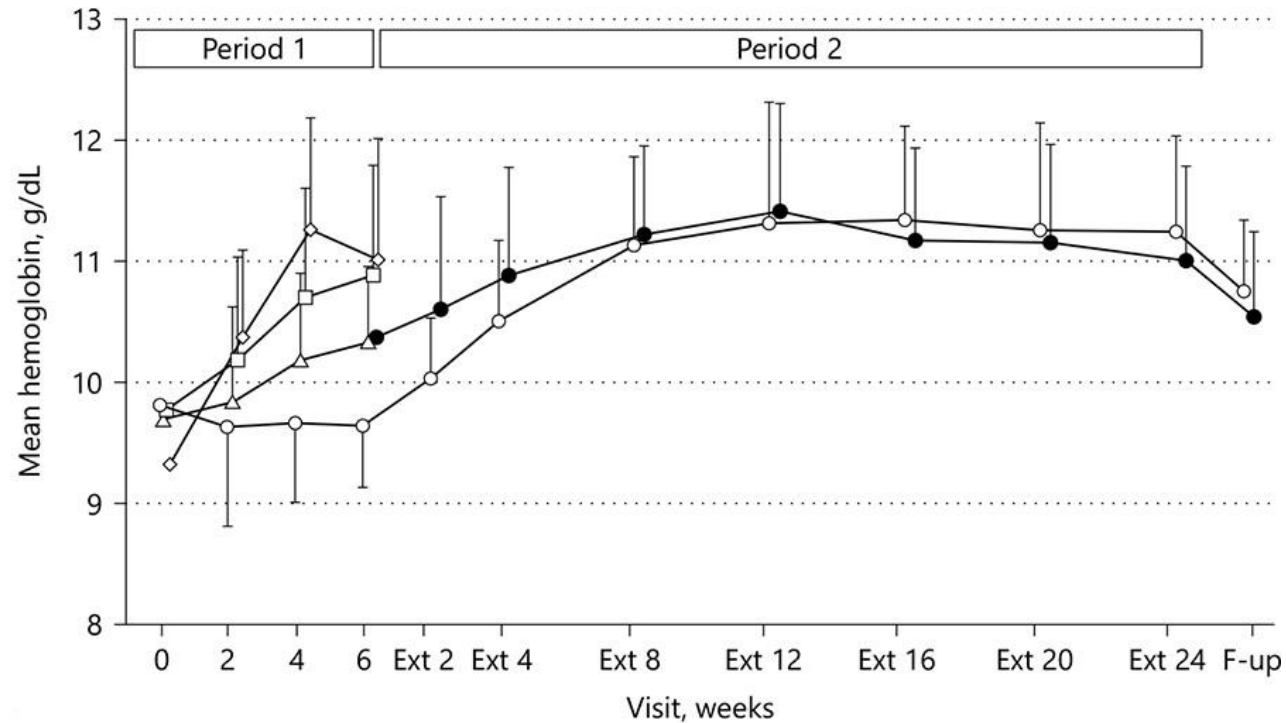
phase 3



Akizawa, Nangaku et al.
Ther Apher Dial 2019

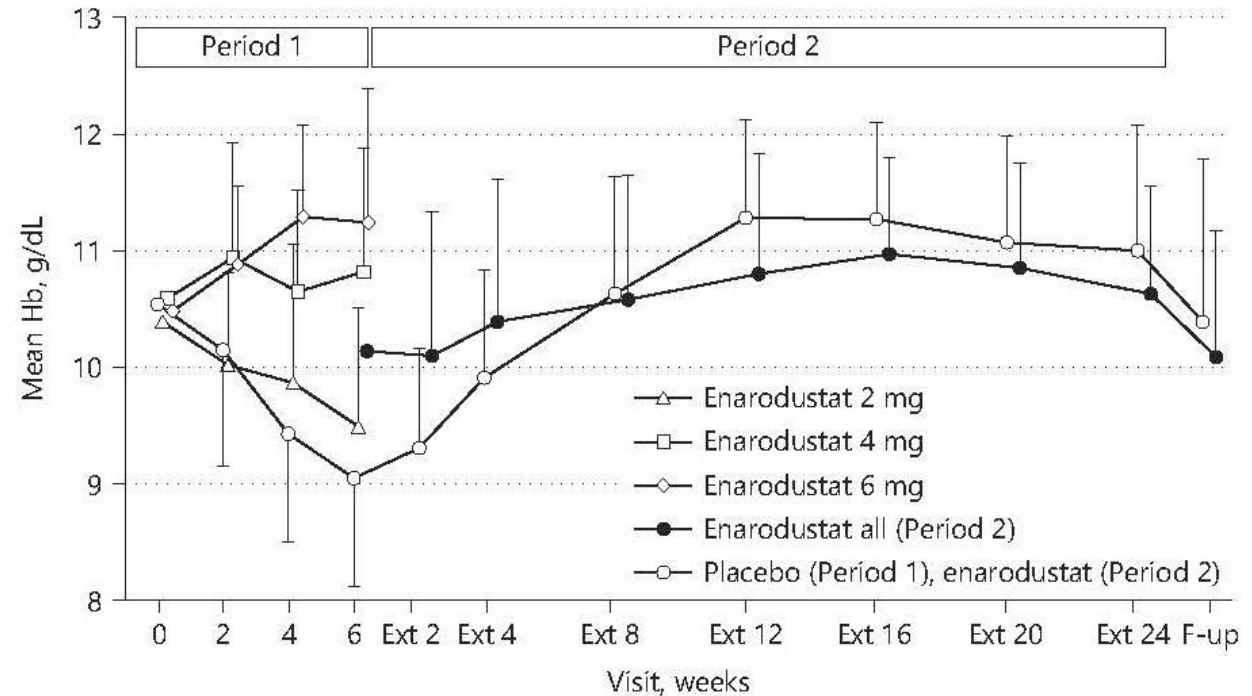
HIF activator improves anemia in CKD

enarodustat in Japanese non-HD patients



**Akizawa, Nangaku et al.
Am J Nephrol 2019**

enarodustat in Japanese HD patients



**Akizawa, Nangaku et al.
Nephron 2019**

decreases in the lipid parameters by roxadustat

NDD study

DD study

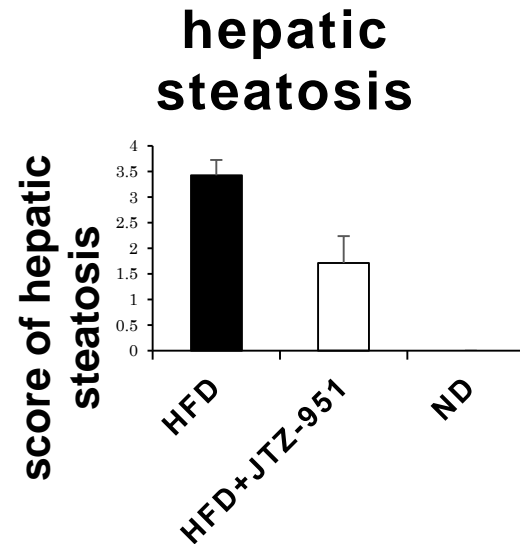
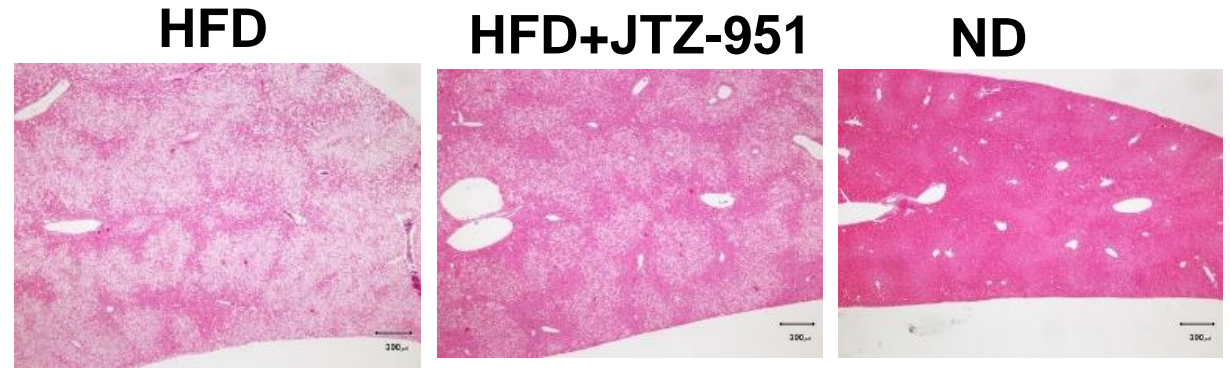
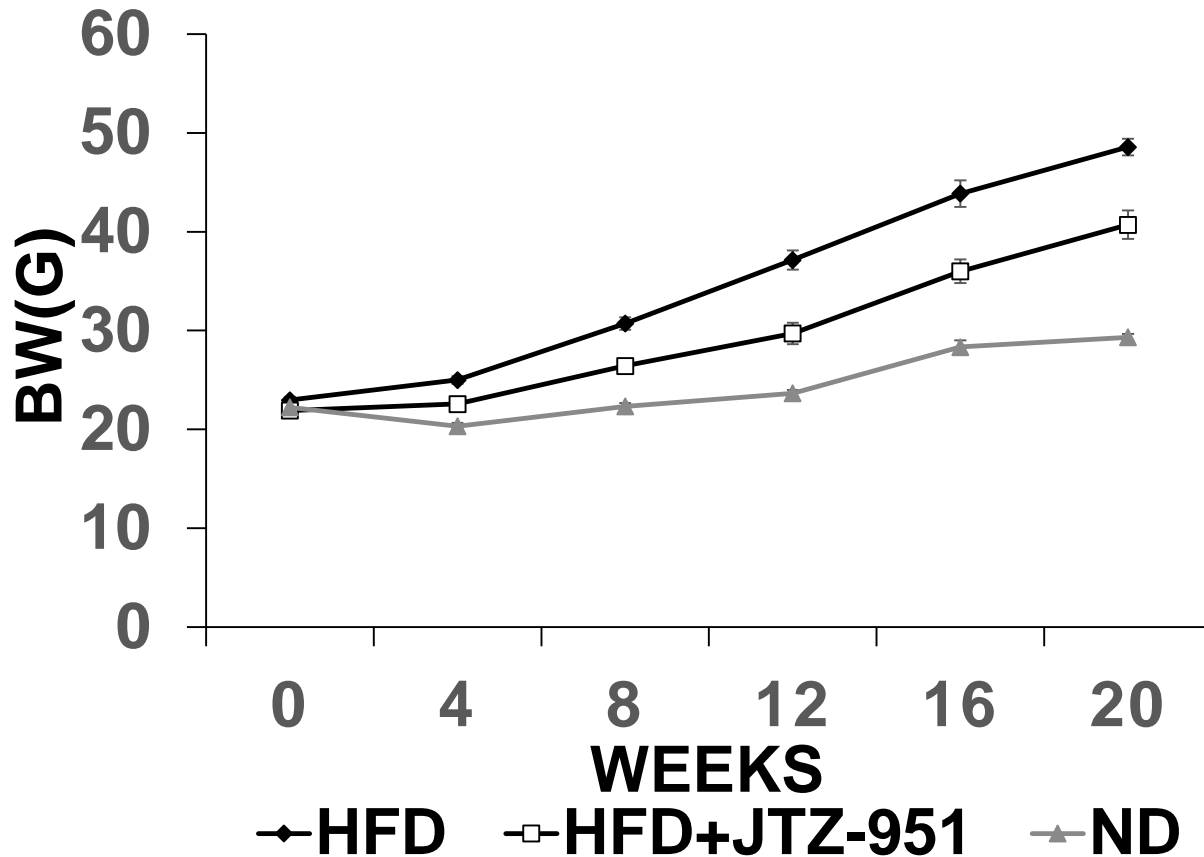
	Placebo	roxadustat low	roxadustat high	rhEPO	roxadustat low	roxadustat mid	roxadustat high
Total chol (mg/dL)	8.0 (±30.0)	-31.7 (±25.3)	-35.6 (±37.5)	18.3 (±24.32)	-11.1 (±31.31)	-13.1 (±31.64)	-15.8 (±48.63)
LDL-chol (mg/dL)	4 (±25.5)	-22.4 (±19.4)	-32.0 (±33.5)	-5.0 (±15.3)	-25.0 (±20.2)	-23.4 (±20.6)	-25.8 (±27.6)

decreases in the lipid parameters by daprodustat

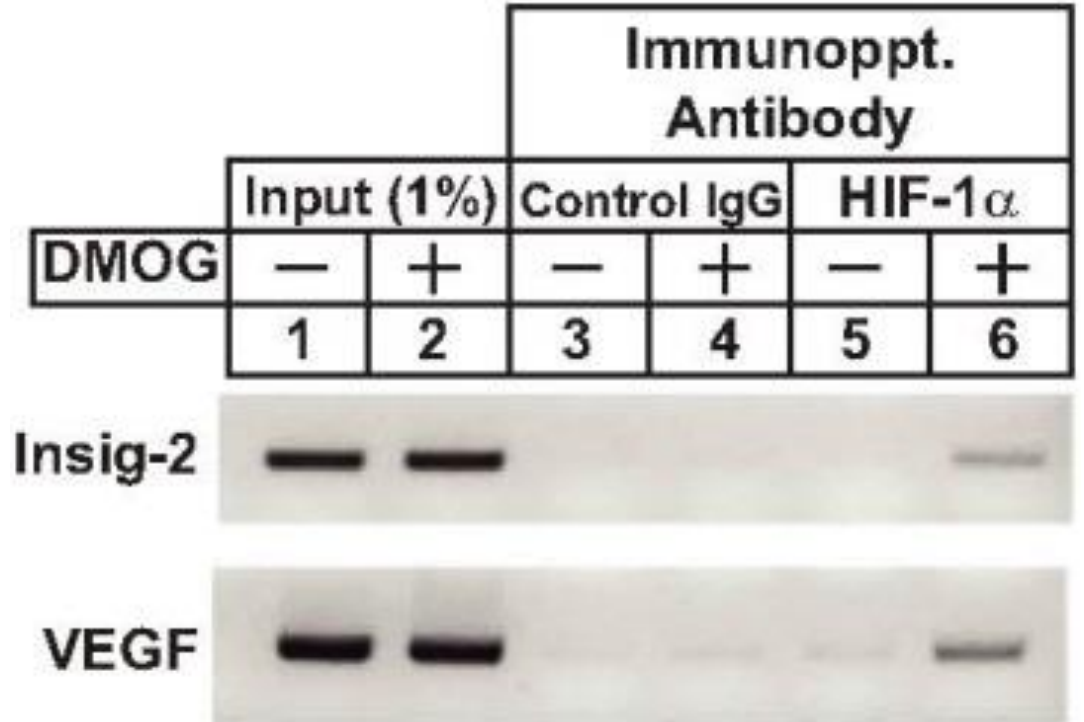
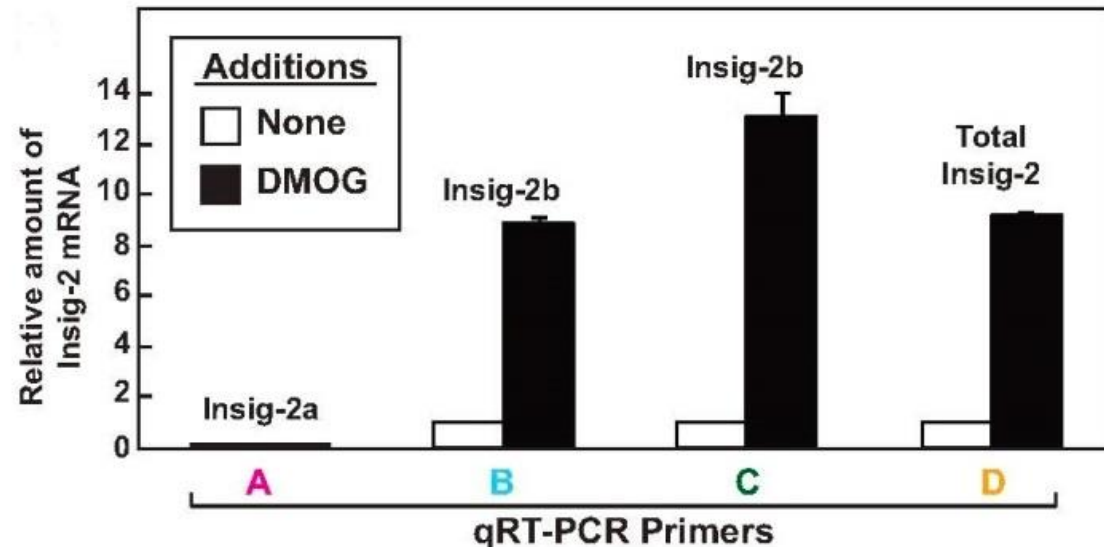
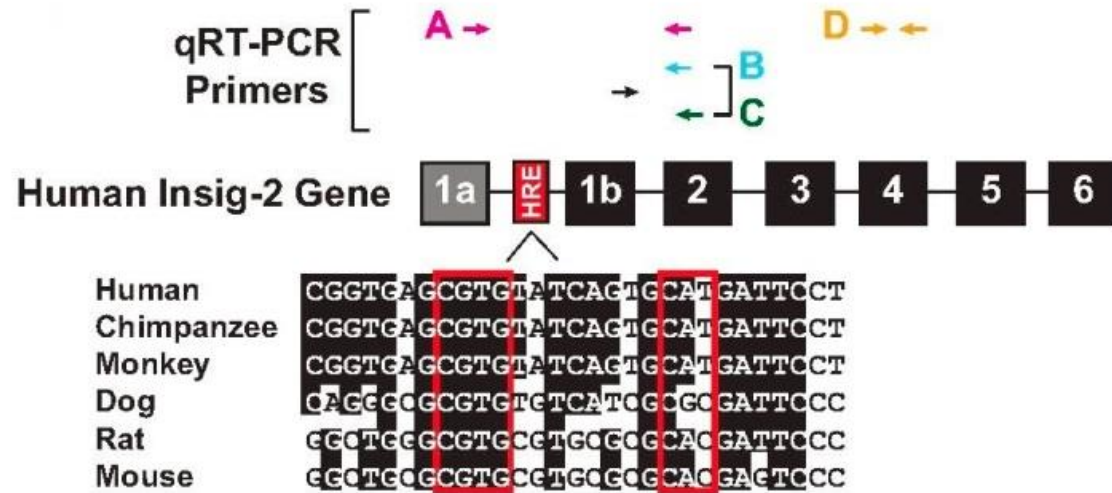
		Placebo	Daprodustat			
			4 mg	6 mg	8 mg	10 mg
Total Chol (mmol/L)	Baseline 95% CI	3.8 (3.5, 4.2)	4.0 (3.7, 4.5)	3.9 (3.6, 4.4)	3.7 (3.3, 4.2)	3.9 (3.6, 4.2)
	Week 4 CFB 95% CI	5.3 (-0.6, 11.6)	-7.4 (-12.2, -2.3)	-10.8 (-15.3, -6.0)	-9.0 (-14.9, -2.7)	-14.6 (-19.8, -9.0)
LDL-C (mmol/L)	Baseline 95% CI	2.0 (1.7, 2.3)	2.2 (1.9, 2.5)	2.1 (1.8, 2.4)	1.9 (1.6, 2.3)	2.1 (1.8, 2.4)
	Week 4 CFB 95% CI	4.8 (-10.4, 22.5)	-11.1 (-17.2, -4.7)	-10.8 (-17.2, -4.0)	-12.5 (-18.8, -5.7)	-17.3 (-24.3, -9.6)

HIF activation improved obesity and fatty liver in mice fed with high fat diet

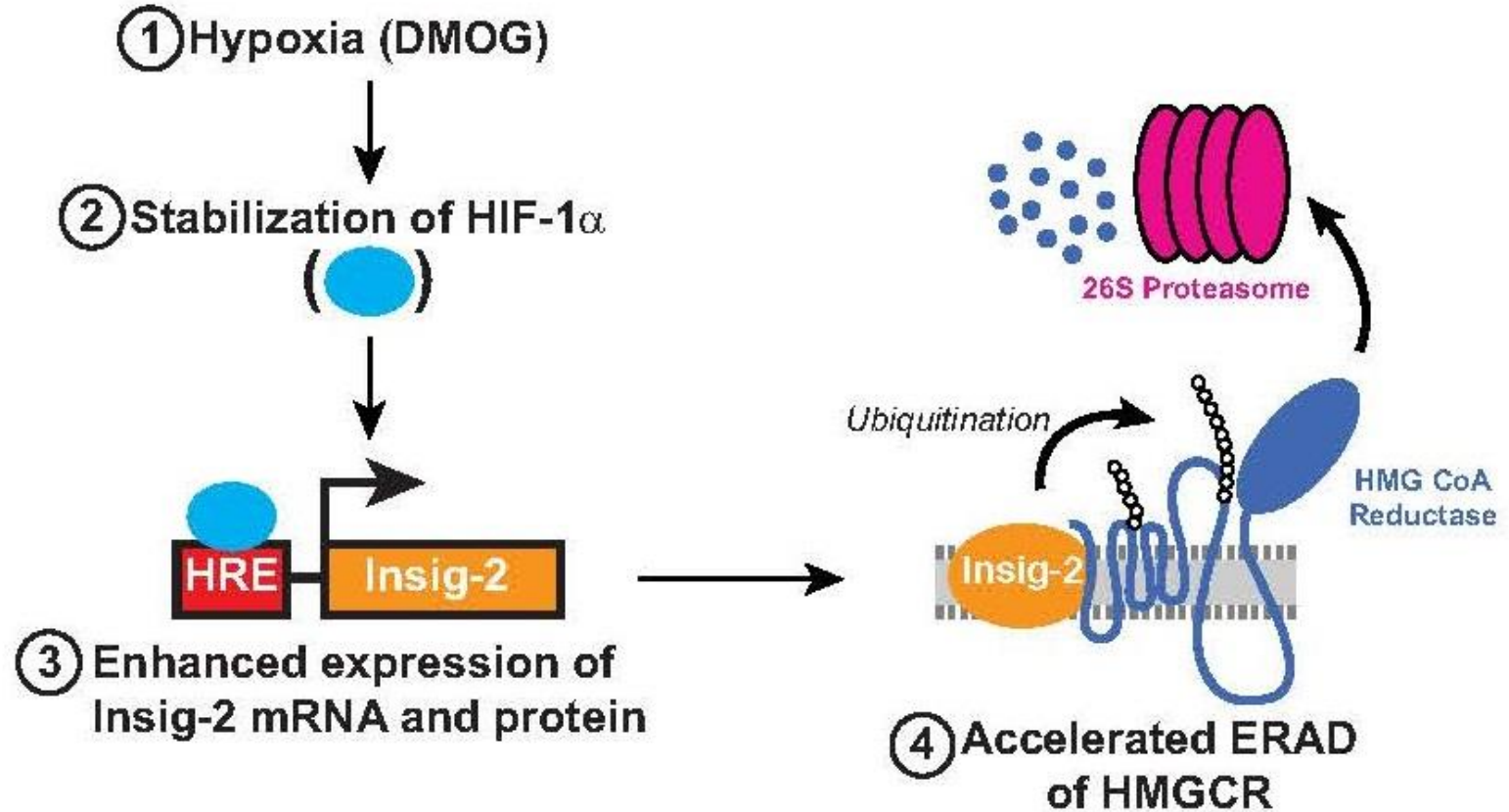
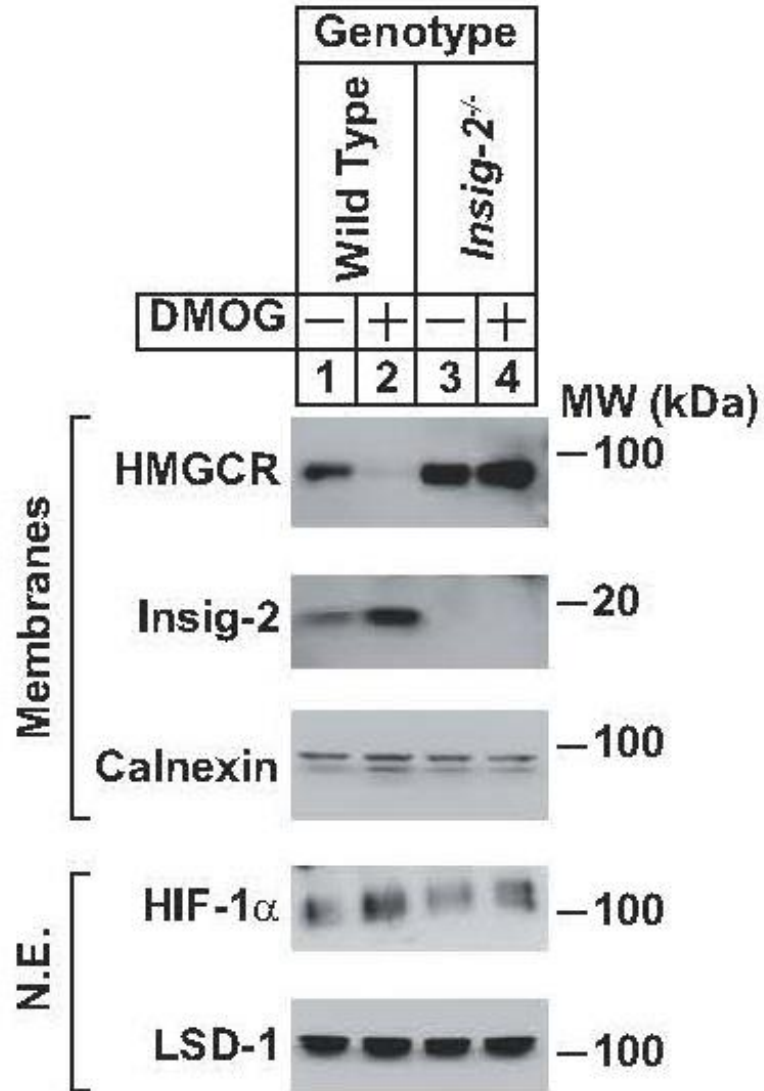
BODY WEIGHT (G)



HIF-1 activates insulin-induced gene 2 (Insig-2) transcription

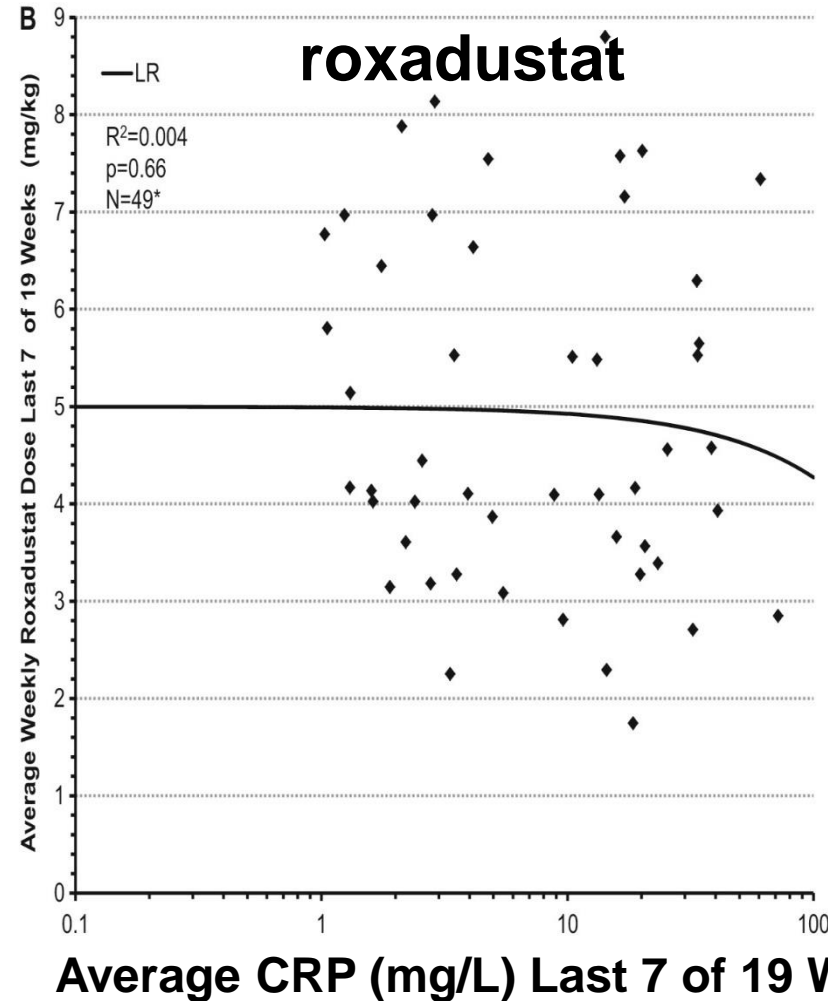
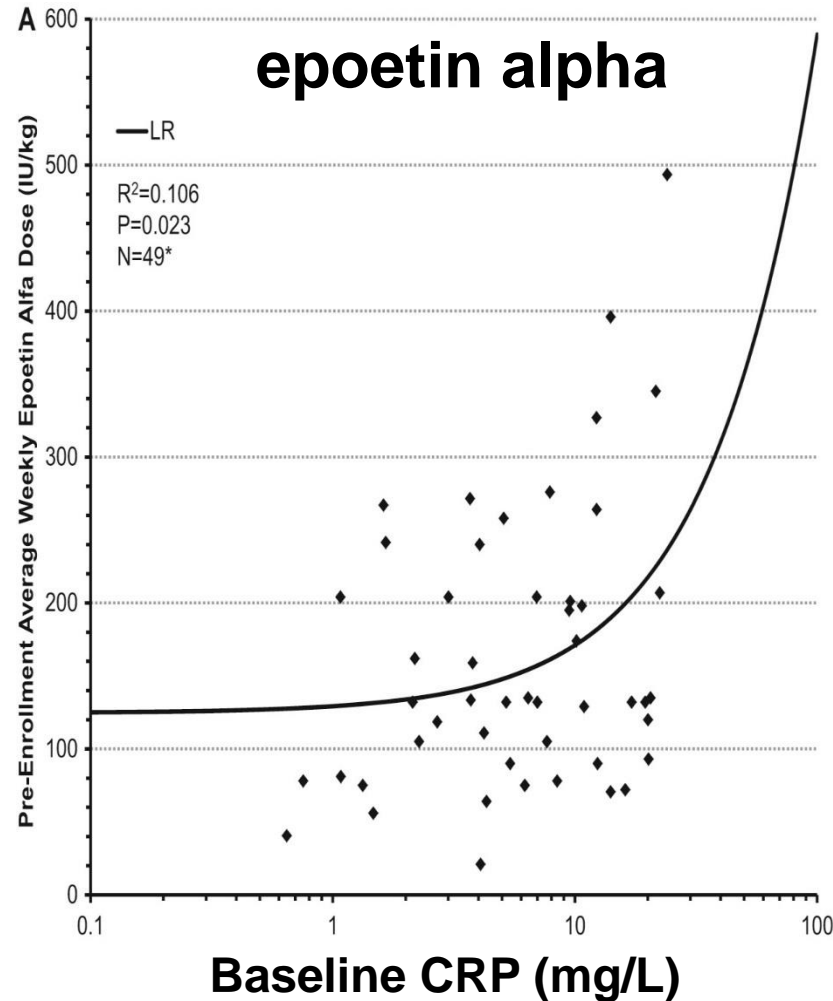


HIF-1 activates Insig-2 transcription for degradation of HMG-CoA reductase in the liver

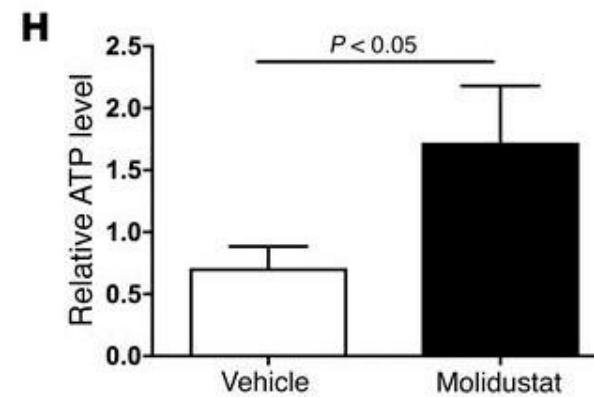
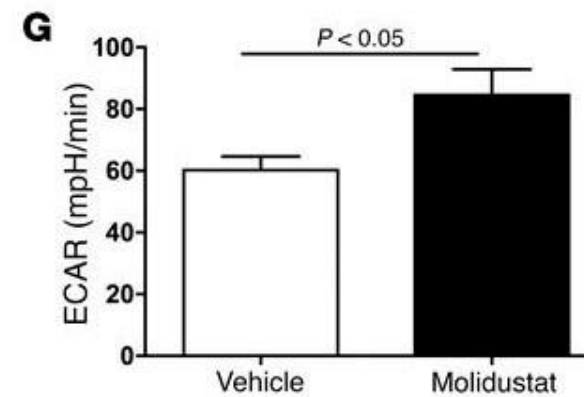
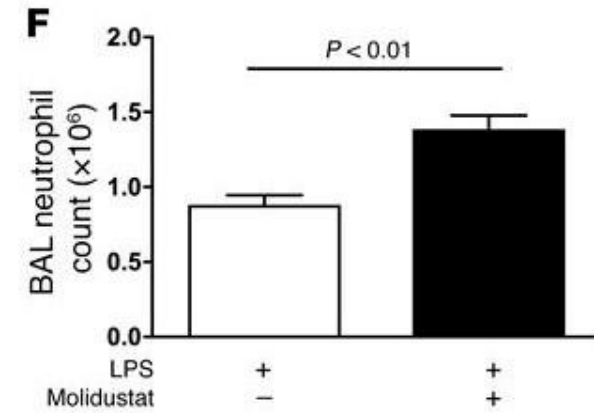
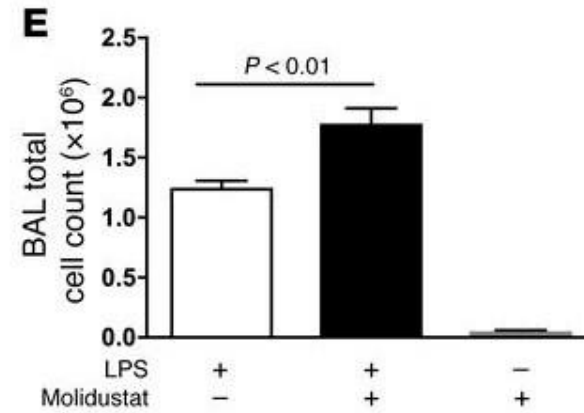
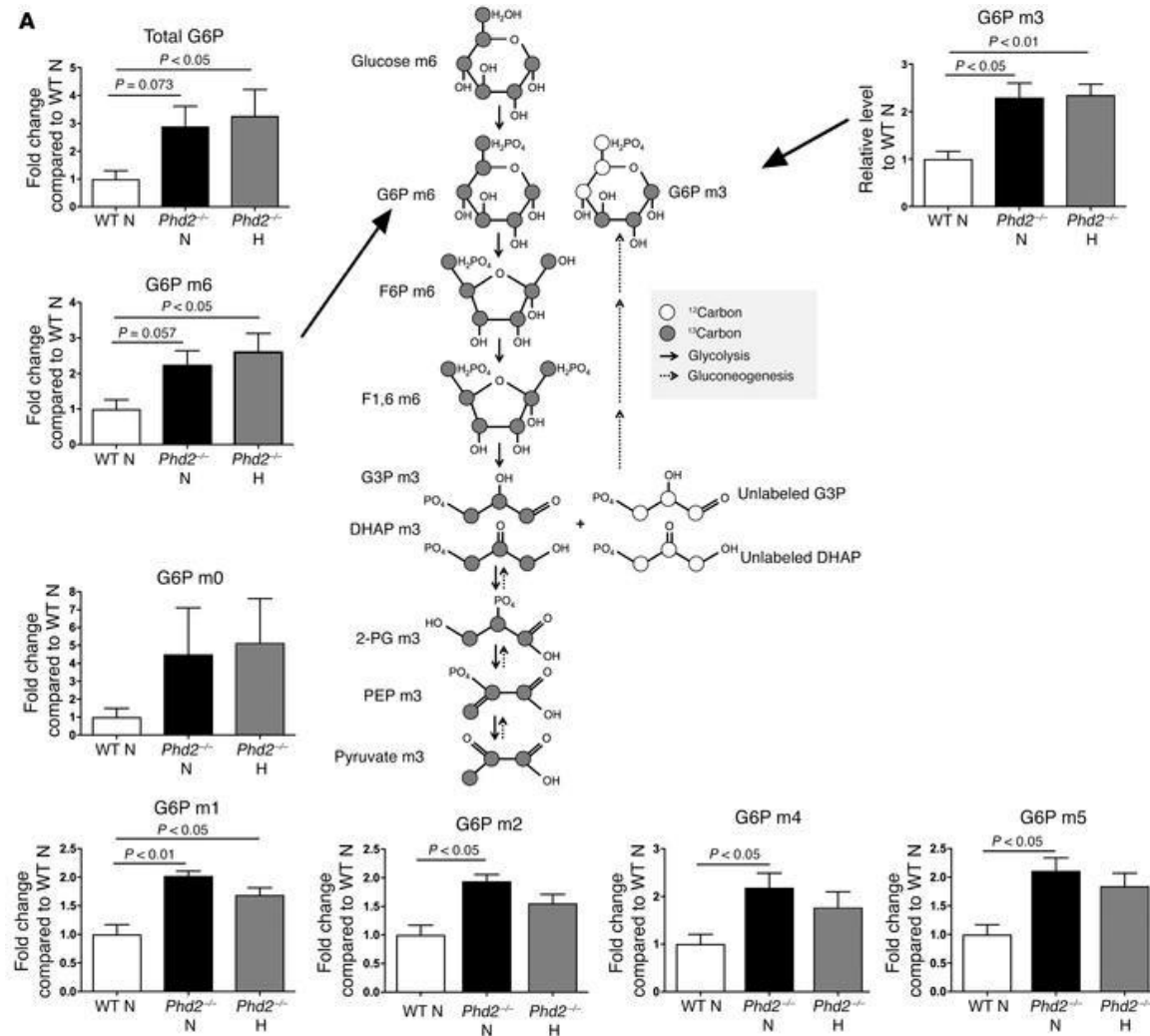


roxadustat maintenance dose requirements were independent of baseline CRP levels

efficacy in ESA hyporesponsive patients ?

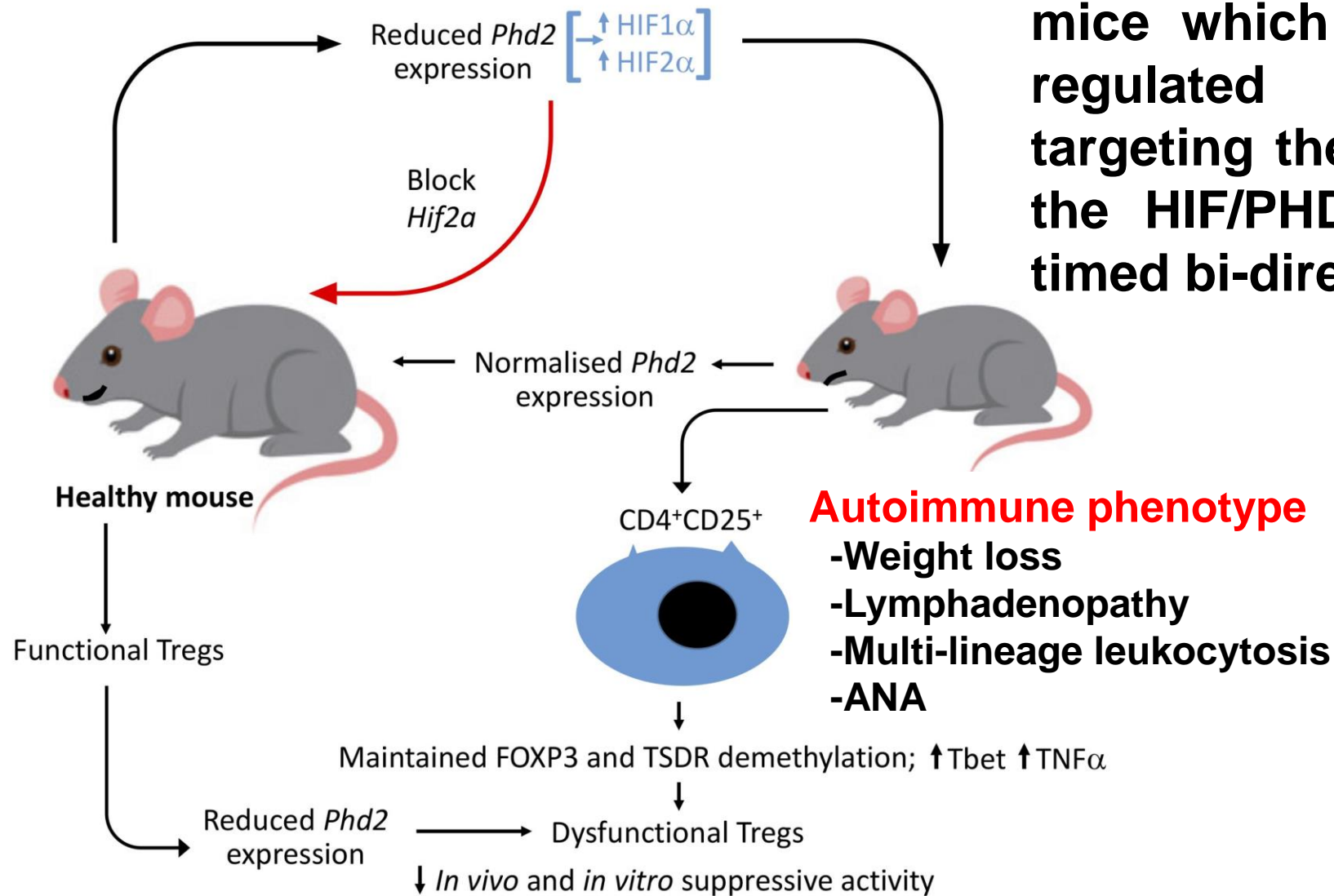


Metabolic reprogramming of neutrophils by Phd2 knockout augmented inflammation



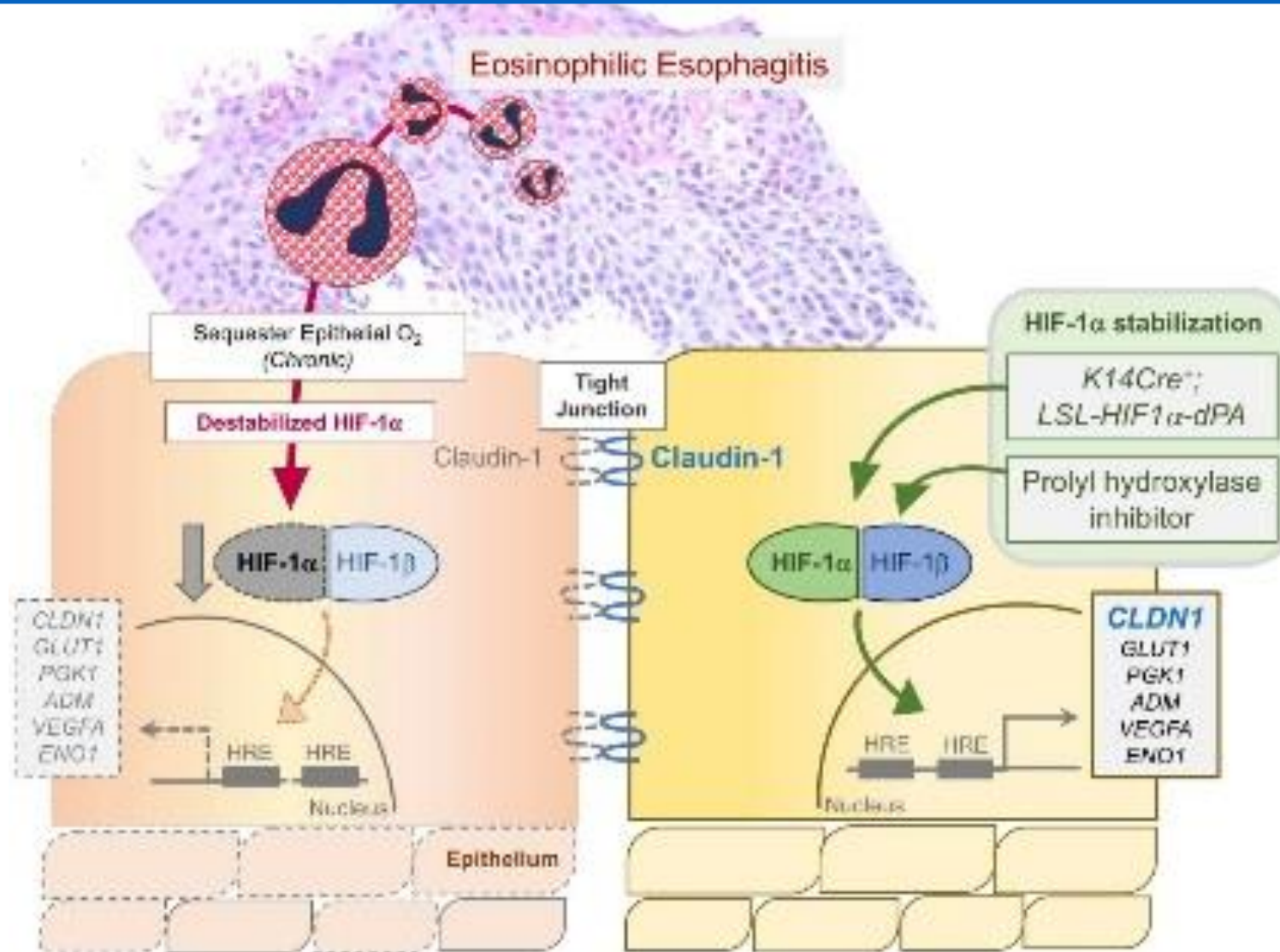
Sadiku et al.
J Clin Invest 2017

Systemic silencing of PHD2 causes reversible immune regulatory dysfunction



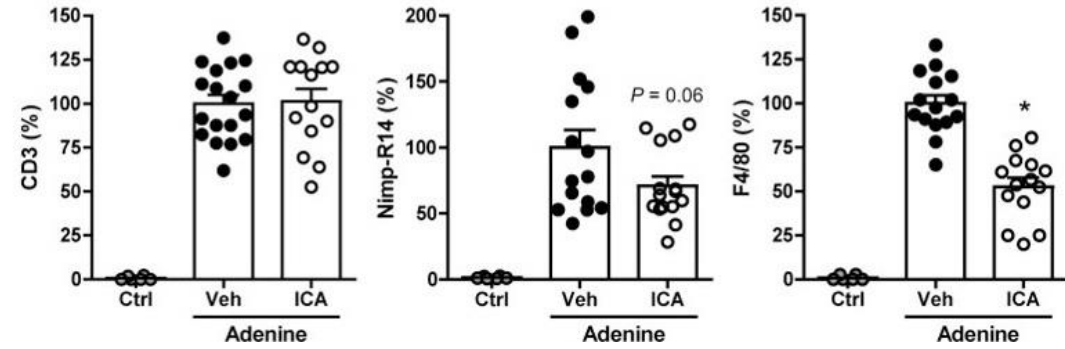
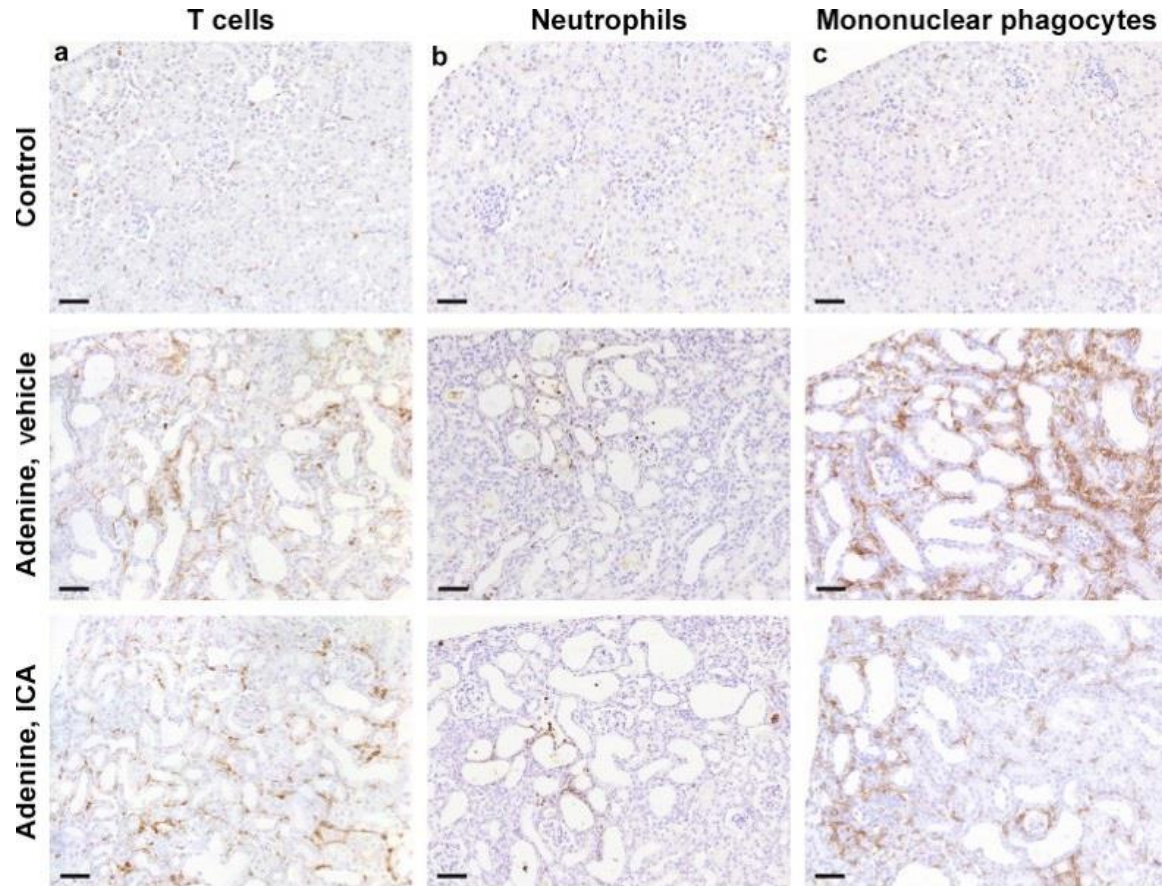
mice which express tetracycline-regulated shRNAs broadly targeting the main components of the HIF/PHD pathway, permitting timed bi-directional intervention

Epithelial HIF-1 α /claudin-1 axis regulates barrier dysfunction in eosinophilic esophagitis

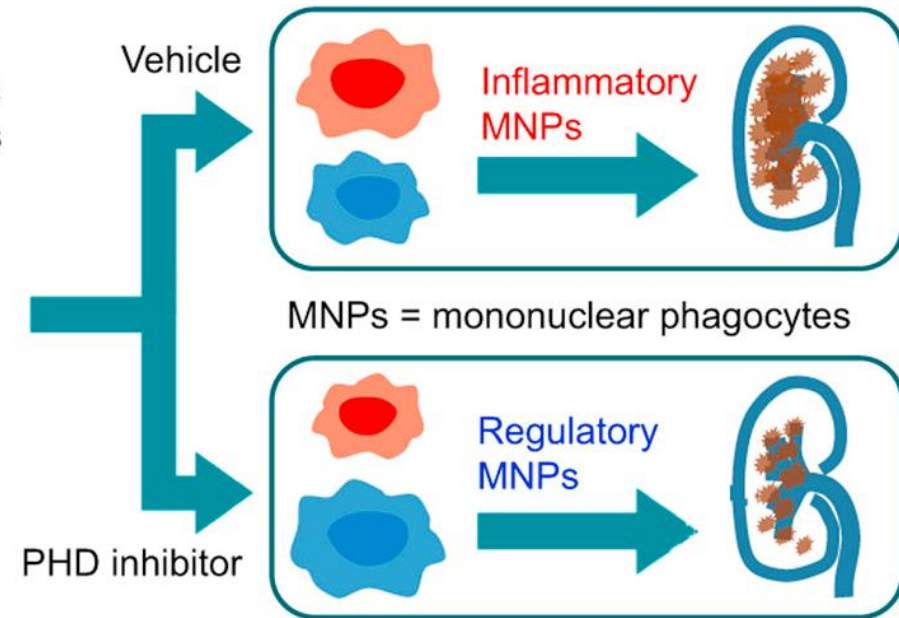
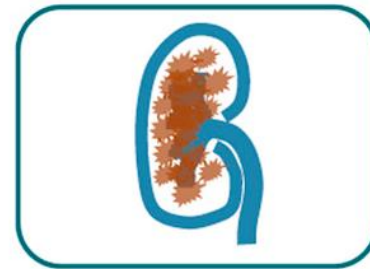


Masterson et al.
J Clin Invest 2019

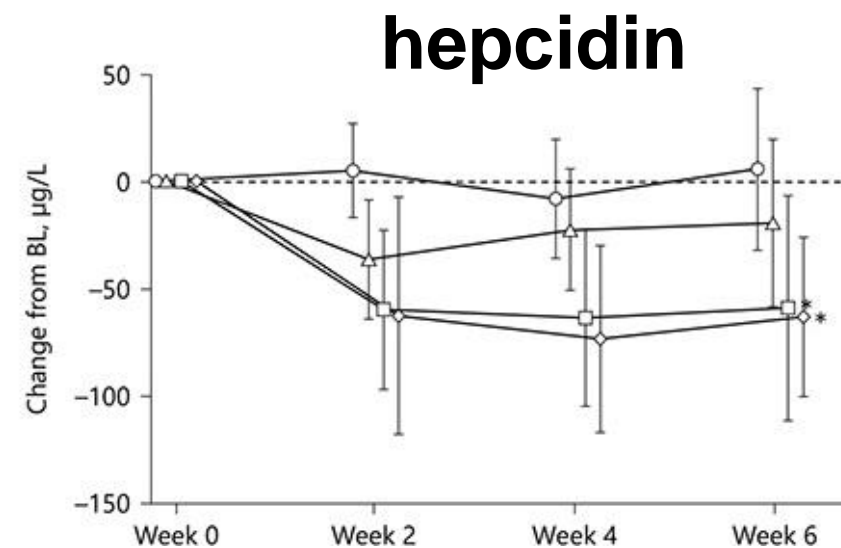
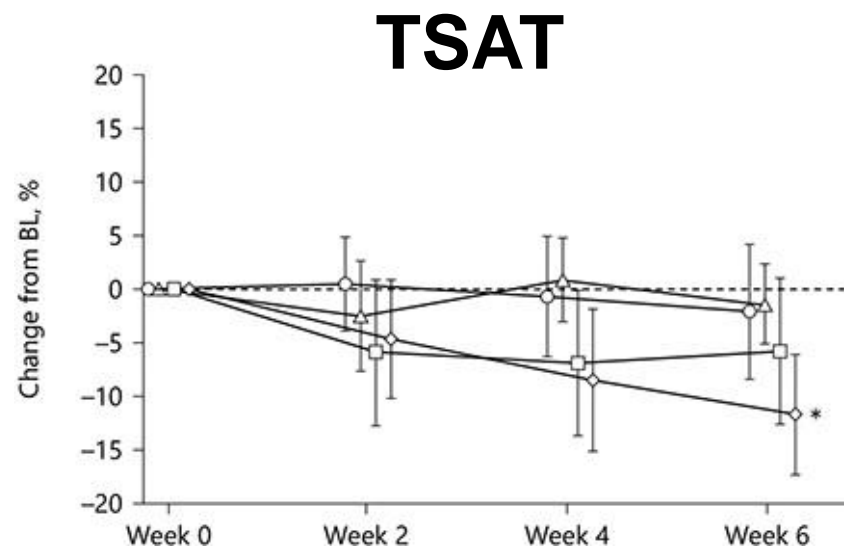
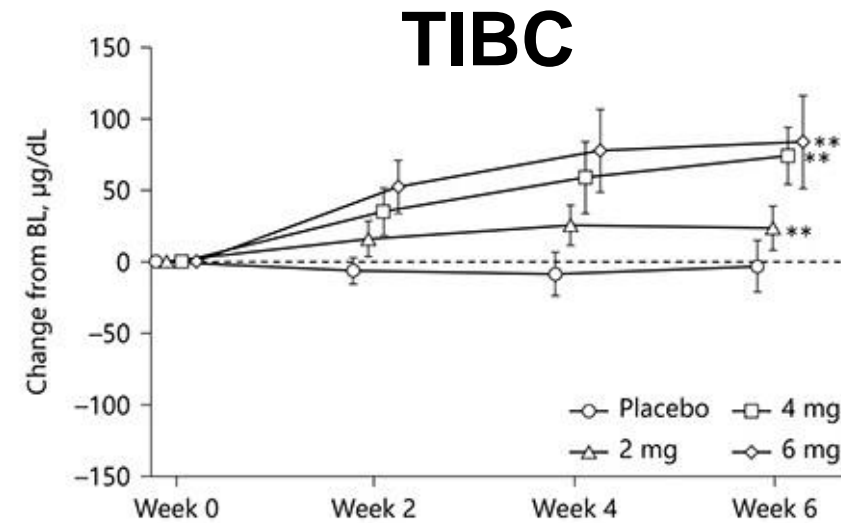
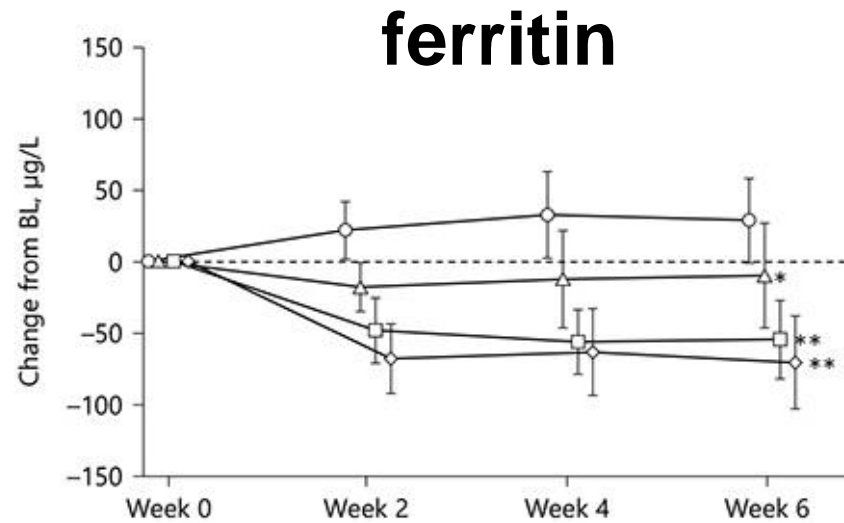
Renoprotection by HIF activator by anti-inflammatory response in a model of tubulointerstitial nephritis



adenine-induced chronic tubulointerstitial nephritis

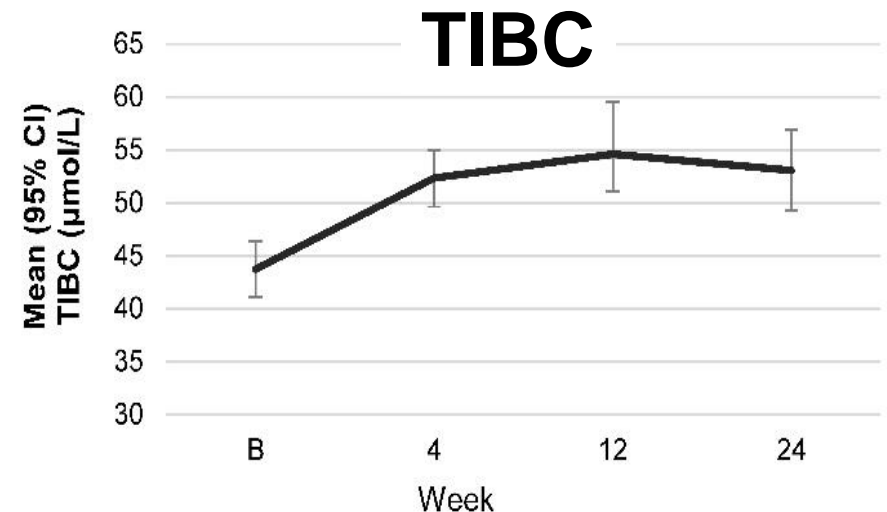
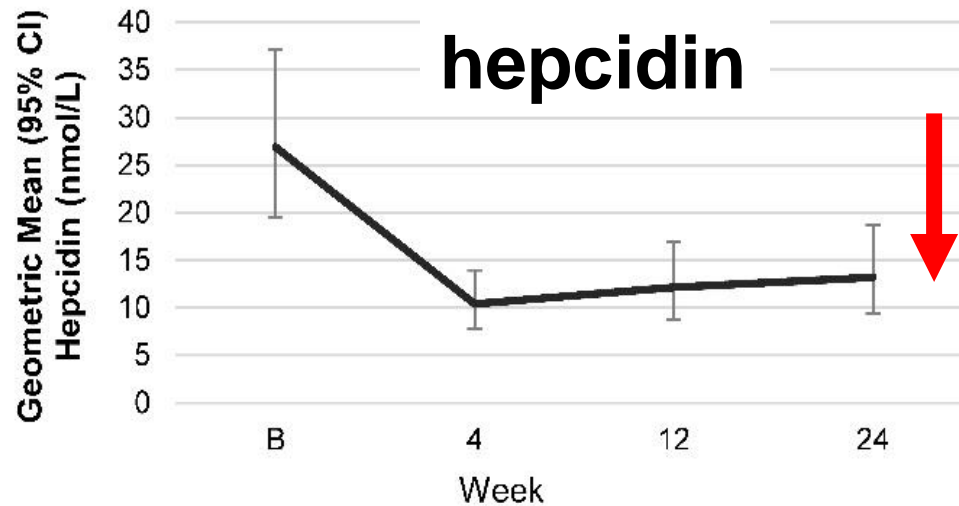
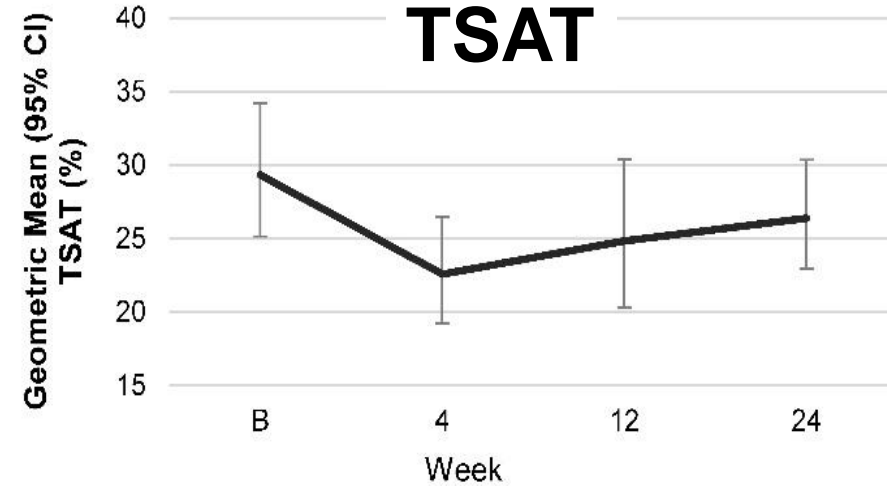
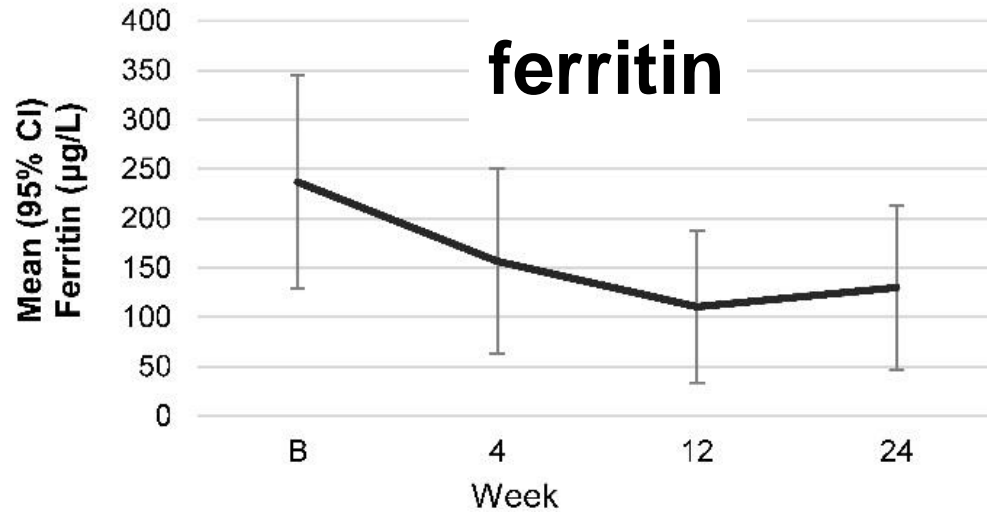


Changes of iron status: enarodustat

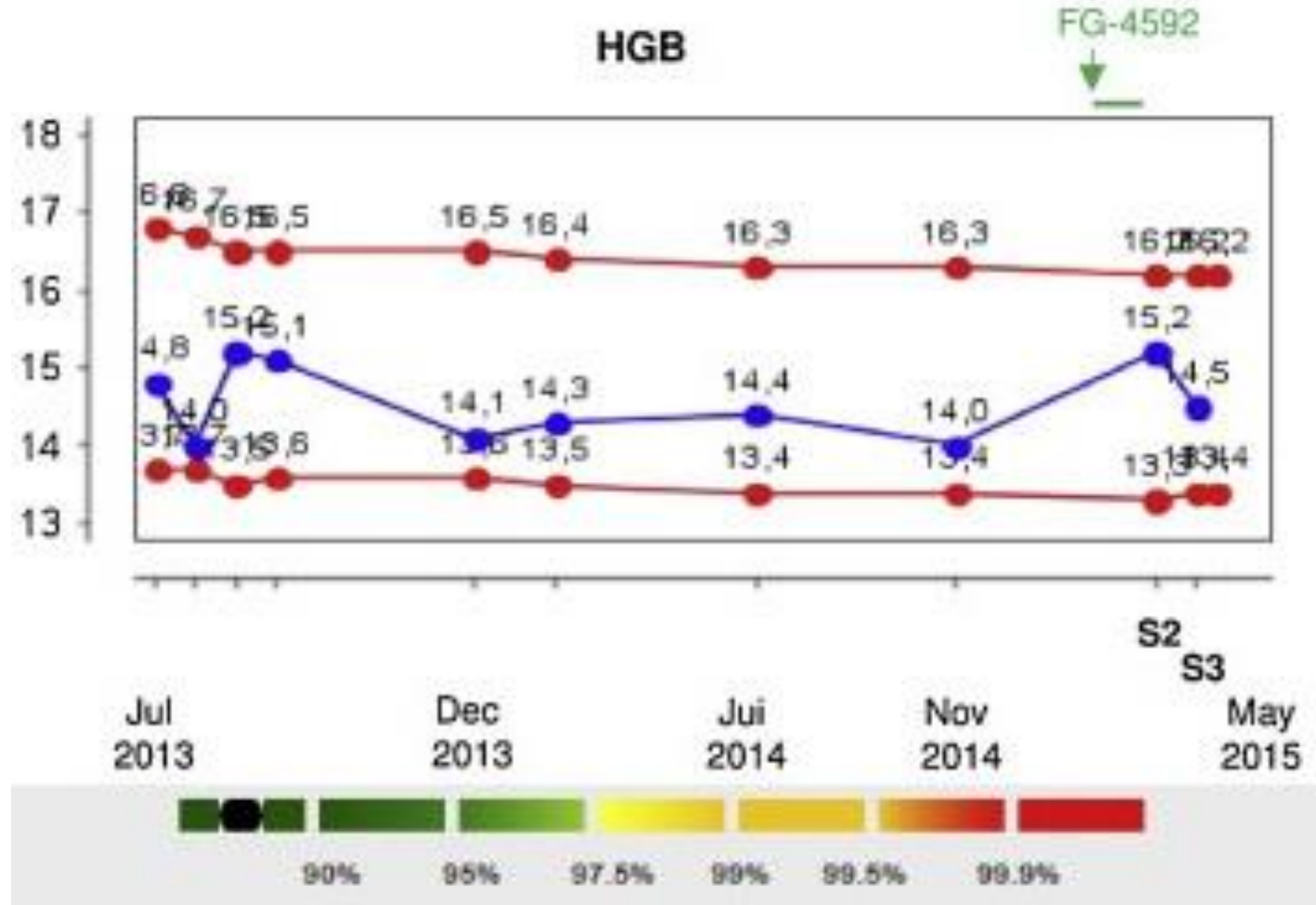


Changes of iron status: daprodustat

phase 3 study in Japanese HD patients



first case of doping with HIF activator, FG-4592



Received: 21 February 2017


Revised: 31 March 2017

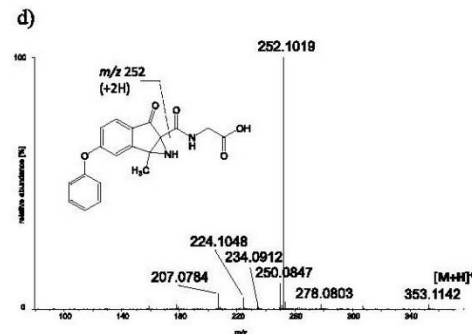
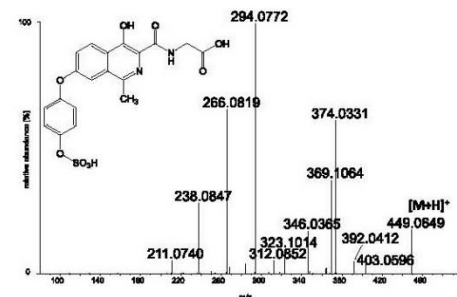
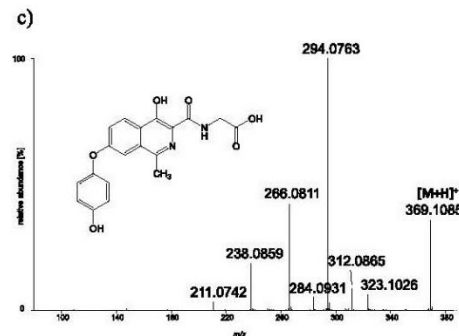
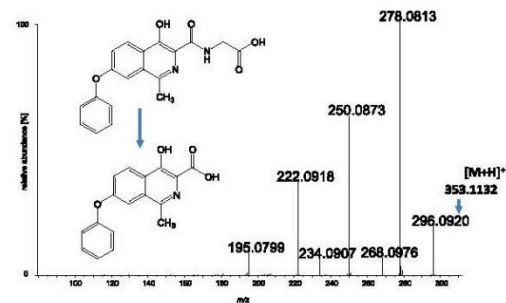
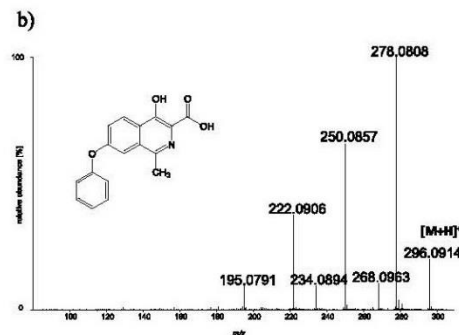
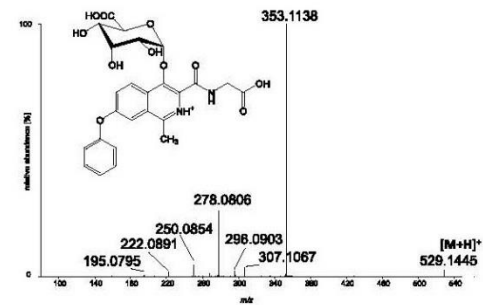
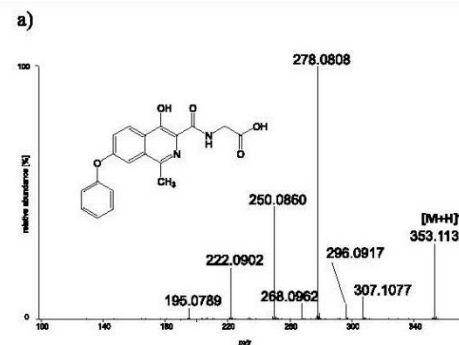
Accepted: 31 March 2017

Published online in Wiley Online Library: 31 May 2017

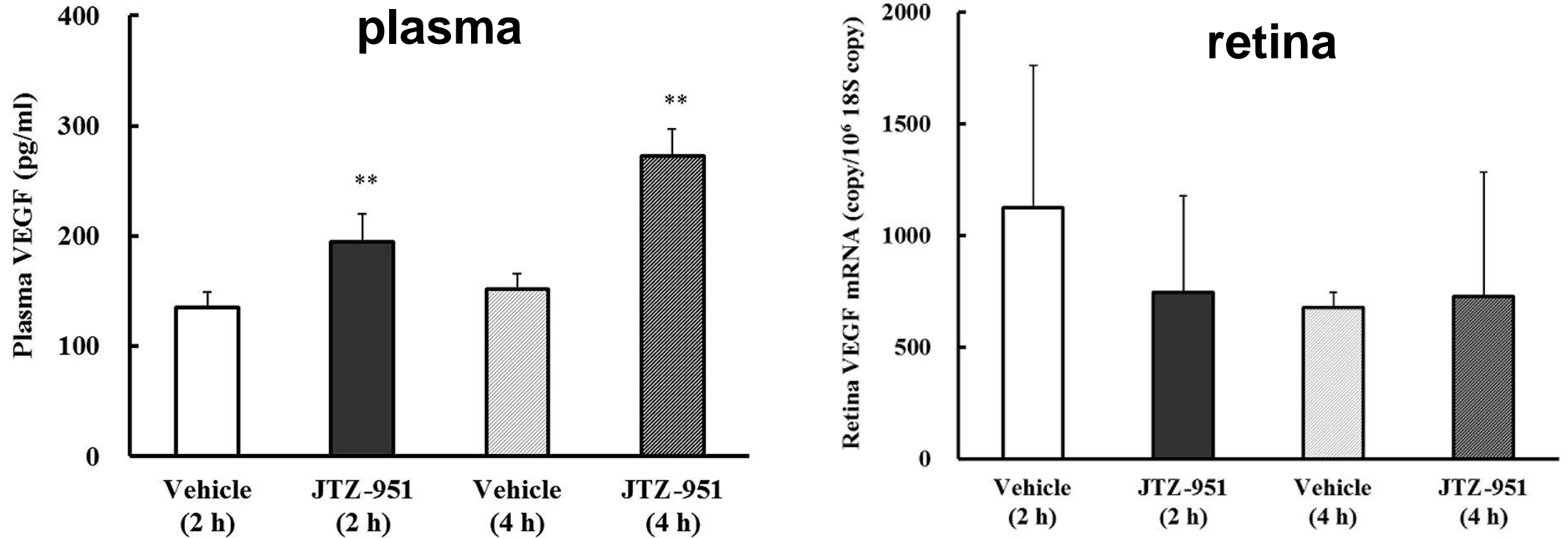
(www.drugtestinganalysis.com) DOI 10.1002/dta.2202

Implementation of the prolyl hydroxylase inhibitor Roxadustat (FG-4592) and its main metabolites into routine doping controls

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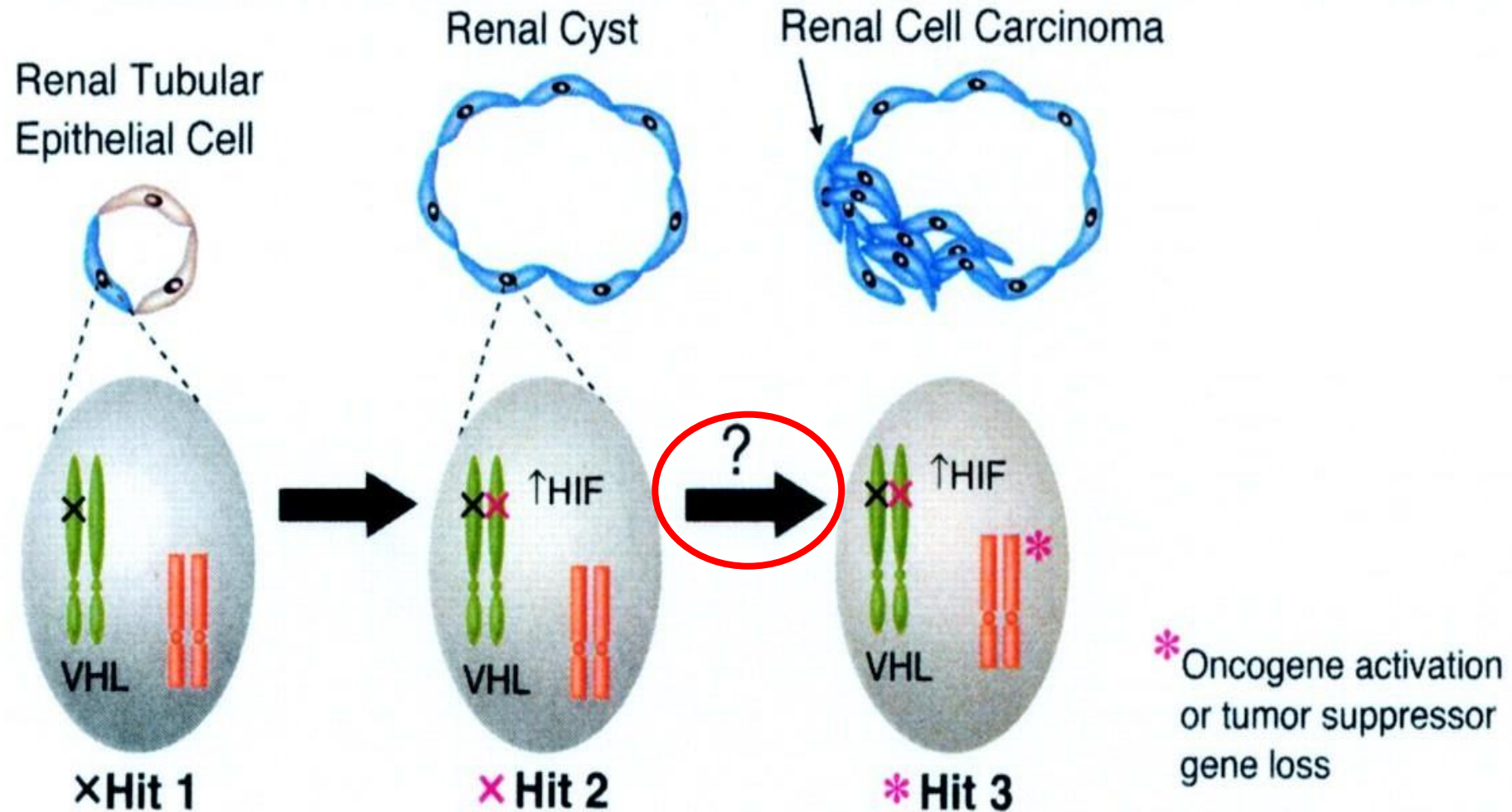


Effects of enarodustat on VEGF production

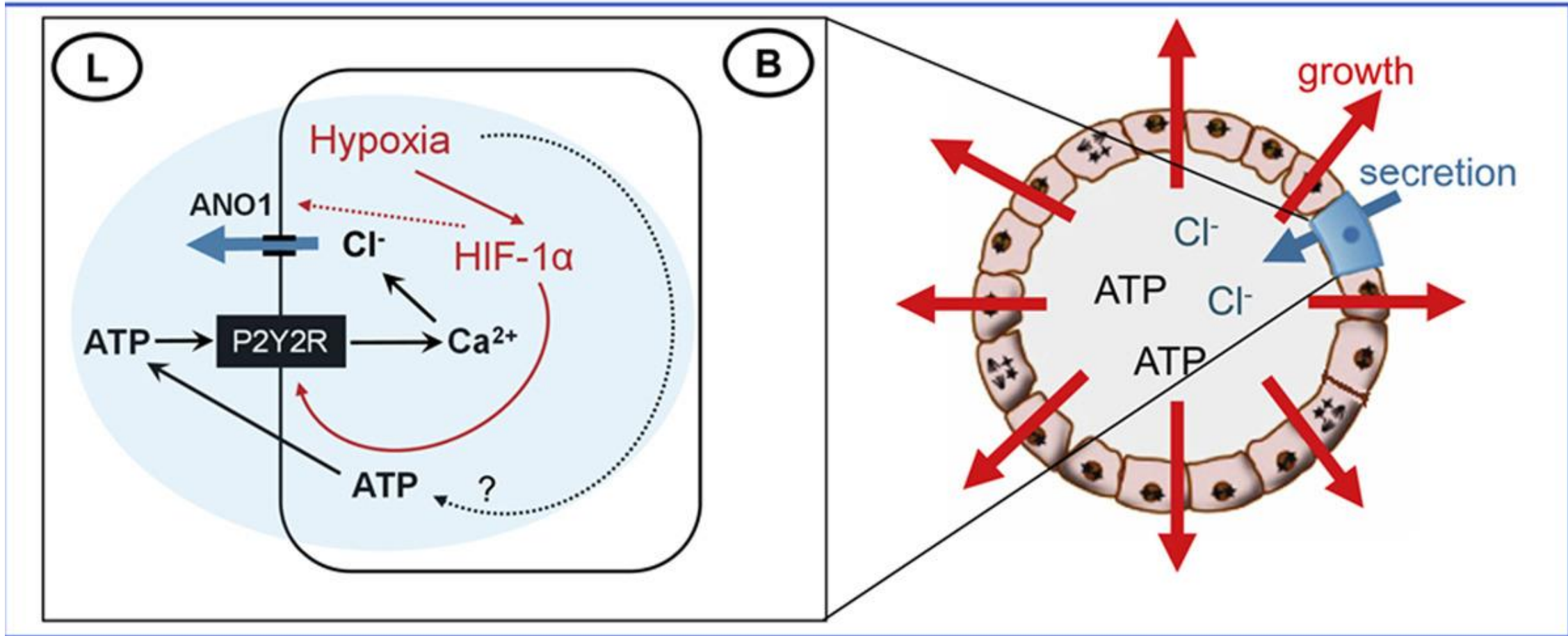


HIF is not an oncogene

Renal Cell Carcinoma



HIF-1 α promotes cyst progression in a mouse model of ADPKD



HIF-1 α promotes cyst growth in PKD, presumably through calcium-activated chloride secretion

hyperkalemia

Randomized placebo-controlled dose-ranging and pharmacodynamics study of roxadustat in NDD-CKD patients	Roxadustat (n = 88)	Placebo (n = 28)
Baserab et al. NDT 2015	4 (4.5)	0
Phase 2 studies of roxadustat for treatment of anemia in China (NDD-CKD study)	Roxadustat (n = 61)	Placebo (n = 30)
Chen et al. NDT 2017	6 (10)	2 (7)
DIALOGUE 1	Molidustat (n = 101)	Placebo (n = 20)
Macdougall et al. CJASN 2019	4 (4)	3 (15)
phase 2b multicenter, randomized, double-blind, placebo-controlled in patients with NDD-CKD	Vadadustat (n = 138)	Placebo (n = 72)
Pergola et al. KI 2016	7 (5.1)	0



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