

# Research to (cost)effectiveness of paricalcitol in the treatment of secondary hyperparathyroidism

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON24070

### Source

Nationaal Trial Register

### Brief title

KEPS

### Health condition

paricalcitol

NL

Paricalcitol

secondary hyperparathyroidism

NL

Secundaire hyperparathyreoidie

vitamin D

NL

Vitamine D

chronic renal disease

NL

Chronische nierinsufficiëntie

## Sponsors and support

**Primary sponsor:** Het Sint Lucas Andreas ziekenhuis

**Source(s) of monetary or material Support:** Het Sint Lucas Andreas ziekenhuis

## Intervention

## Outcome measures

### Primary outcome

Effectiveness: mean PTH level

### Secondary outcome

- Safety
- Mean Calcium ( $\text{Ca}^{2+}$ )-level
- Mean Phosphate (P)-level
- Mean Calcium-phosphate ( $\text{Ca} \times \text{P}$ ) product
- Incidences of hypercalcemia
- Incidences of hyperphosphatemia
- Number of elevated  $\text{Ca} \times \text{P}$
- Bone-alkaline phosphatase (BAP), expressed as Z-score
- Costs
- Medication costs of the vitamine D therapy.
- Included in the therapy are phosphate binders, calcimimetics, (darbe)poetine and ferric oxide

## Study description

### Background summary

An inadequate treatment of secondary hyperparathyroidism can have severe consequences, such as hyperplastic parathyroid glands, renal osteodystrophy and cardiovascular diseases.

Paricalcitol (Zemlar®) is a recently introduced third generation vitamin D analogon.

Paricalcitol is supposed to have several advantages in comparison to the “old” vitamin D alfacalcidol (Etalpa®).

According to several trials, paricalcitol corrects parathormone (PTH) levels faster and reduces the incidences of hypercalcemia. Trials and evidence are limited, so the question if paricalcitol is more effective than the “old” vitamin D analoga alfacalcidol and calcitriol remains relevant. This trial compares paricalcitol with alfacalcidol, the most frequently used vitamin D in the Netherlands. Treatment with paricalcitol is four times more expensive than treatment with alfacalcidol. This trial compares effectiveness, safety and costs of paricalcitol and alfacalcidol. With this trial treatment of secondary hyperparathyroidism in hemodialysis patients can be optimized.

### **Study objective**

Paricalcitol induces a more effective reduction of the PTH level than alfacalcidol in hemodialysis patients with secondary hyperparathyroidism

NL

Paricalcitol geeft een effectievere daling van de PTH spiegel ten opzichte van alfacalcidol bij hemodialysepatiënten met secundaire hyperparathyreoïdie.

### **Study design**

- PTH:

Baseline, every 4 weeks

- Ca<sup>2+</sup> tot:

Baseline, every 2 weeks

- Ca<sup>2+</sup> ion:

Baseline, every 2 weeks

- Albumin:

Baseline, every 2 weeks

- P:

Baseline, every 2 weeks

- Ca x P:

Baseline, every 2 weeks

- Bone-AP:

Baseline, month 6, month 12

- Hb:

Every 4 weeks

- Ferritine:

Every 4 weeks

- Urea (BUN):

Baseline, month 6, month 12

- Creat:

Baseline, month 6, month 12

- CRP:

Baseline, month 6, month 12

## **Intervention**

Hemodialysis patients will be randomized.

Group A gets treated with alfacalcidol and Group B with paricalcitol.

After six months the groups switch.

## **Contacts**

### **Public**

Sint Lucas Andreas ziekenhuis

Postbus 9243

1006 AE

Joris J.G Heuvel, van den

Jan Tooropstraat 164

1061 AE

Amsterdam

The Netherlands

+31 (0)20 5108911

### **Scientific**

Sint Lucas Andreas ziekenhuis

Postbus 9243

1006 AE

Joris J.G Heuvel, van den

Jan Tooropstraat 164

1061 AE

Amsterdam

The Netherlands

## Eligibility criteria

### Inclusion criteria

1. Hemodialysis patients older than 18 years
2. Secondary hyperparathyroidism

### Exclusion criteria

1. Severe hypercalcemia ( $\text{Ca}^{2+} > 2,65 \text{ mmol/L}$ )
2. Severe liver failure
3. Digoxin overdose
4. Hypersensitivity to vitamin D or vitamin D overdose

## Study design

### Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	N/A , unknown

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-08-2008
Enrollment:	114
Type:	Anticipated

## Ethics review

Positive opinion

Date: 25-06-2008

Application type: First submission

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 31628

Bron: ToetsingOnline

Titel:

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL1309
NTR-old	NTR1358
CCMO	NL15946.029.07
ISRCTN	ISRCTN wordt niet meer aangevraagd
OMON	NL-OMON31628

## Study results

### Summary results

N/A