

# #nephjc transcript

## Healthcare Social Media Transcript

**From:** Tue May 13 17:45:00 PDT 2014  
**To:** Tue May 13 19:15:00 PDT 2014  
*change time period*

What is **#nephjc**? Who were the influencers during this time period? **#nephjc analytics**

Healthcare Conference - Healthcare Tweet Chats - Healthcare Analytics

**hswapnil**

RT @kidney\_boy #NephJC in 24 minutes. Time to suit up! <http://t.co/EzRAaWv7ii> #nephjc  
Tue May 13 17:46:10 PDT 2014

**paulphel**

@NephJC @rednephron Its tricky to try to include East & West coast N America plus Europe. Suggestions? #NephJC  
Tue May 13 17:46:53 PDT 2014

**hswapnil**

@paulphel @rednephron Yes difficult to do this live. #urojc guys run it for 48 hours then collate, I think....which is asynchronous #nephjc  
Tue May 13 17:49:19 PDT 2014

**hswapnil**

@paulphel Would make conversation difficult, though is more inclusive #nephjc  
Tue May 13 17:49:59 PDT 2014

**jpharmon**

RT @hswapnil: "@NephJC: We now have a mailing list. Please sign up: <http://t.co/Mp7N2l2hIA>" #NephJC  
Tue May 13 17:51:59 PDT 2014

**nefrotweet**

@Alepatrimoltri it's very interesting #NephJC  
Tue May 13 17:53:56 PDT 2014

**paulphel**

@NephJC @rednephron @hswapnil its a good mix. The live event is crucial #NephJC  
Tue May 13 17:57:24 PDT 2014

**kidney\_boy**

going to fill up my coffee mug! #nephjc  
Tue May 13 17:58:38 PDT 2014

**drmikesevilla**

Have a great chat tonight! RT @kidney\_boy: going to fill up my coffee mug! #nephjc

Tue May 13 17:59:38 PDT 2014

**nephjc**

Welcome to #NephJC For the next hour we will be discussing this paper  
<http://t.co/im9qQ78wXh> <http://t.co/CVy82dHZcE>

Tue May 13 18:00:06 PDT 2014

**nefrotweet**

RT @NephJC: Welcome to #NephJC For the next hour we will be discussing this paper  
<http://t.co/im9qQ78wXh> <http://t.co/CVy82dHZcE>

Tue May 13 18:00:38 PDT 2014

**paulphel**

@kidney\_boy first journal club where I could have a glass of wine! #nephjc

Tue May 13 18:01:03 PDT 2014

**christosargyrop**

Coffee mug filled! #NephJC

Tue May 13 18:01:25 PDT 2014

**dschnekenb**

#nephjc Just happy my daughter was cooperative enough to allow me to participate.

Tue May 13 18:02:57 PDT 2014

**kidney\_boy**

Tweetbot crash. This is going to be a little dicey #nephjc

Tue May 13 18:03:04 PDT 2014

**nephjc**

In the interest of full disclosure I was on the speaker bureau for AbbVie. I spoke about Zemplar. (1/2) <http://t.co/bH14kYgRaW> #NephJC

Tue May 13 18:03:30 PDT 2014

**nephjc**

I have never been contacted by AbbVie regarding atosentan. (2/2) <http://t.co/uwNNEIEdkZ> #NephJC

Tue May 13 18:03:39 PDT 2014

**eajkd**

Matt Sparks present, nephrologist, Durham NC #NephJC

Tue May 13 18:03:45 PDT 2014

**nephjc**

Please introduce and say a bit about yourself. Remember if you want people to read your participation include #NephJC in every tweet.

Tue May 13 18:03:46 PDT 2014

**hswapnil**

Swapnil Hiremath, Nephrologist, Ottawa #nephjc

Tue May 13 18:04:01 PDT 2014

**paulphel**

Paul Phelan Research Fellow @ Duke #nephjc

Tue May 13 18:04:16 PDT 2014

**dschnekenb**

#nephjc Dylan Burger- PhD Scientist, Ottawa.

Tue May 13 18:04:25 PDT 2014

Pierre Antoine Brown, Nephrologist, Ottawa #nephjc

**brownpa79**

Tue May 13 18:04:30 PDT 2014

**lewis\_lab**

RT @paulphel: Nephrology Twitter Journal Club tonight at 9pm EST. Endothelin antagonists & diabetic nephropathy <http://t.co/kQe1A2UJyJ> #Nep...

Tue May 13 18:04:32 PDT 2014

**hswapnil**

@DSchnekenB Great to have you, Dylan. Welcome! #nephjc

Tue May 13 18:04:56 PDT 2014

**eajkd**

RT @paulphel: Nephrology Twitter Journal Club tonight at 9pm EST. Endothelin antagonists & diabetic nephropathy <http://t.co/kQe1A2UJyJ> #Nep...

Tue May 13 18:05:07 PDT 2014

**jpharmon**

J.P. Harmon, Renal Fellow, Ottawa. #NephJC

Tue May 13 18:05:46 PDT 2014

**christosargyrop**

Christos Argyropoulos University of New Mexico Albuquerque #NephJC

Tue May 13 18:05:48 PDT 2014

**nephjc**

@Lewis\_Lab @paulphel welcome both of you! #NephJC

Tue May 13 18:05:49 PDT 2014

**eajkd**

@hswapnil @DSchnekenB loving seeing fellow basic science HTN researchers on #NephJC

Tue May 13 18:05:55 PDT 2014

**vladoperkovic**

@NephJC Vlado Perkovic here, nephrologist, trialist and co-author on the RADAR trial publication #NephJC. Look forward to discussing

Tue May 13 18:06:02 PDT 2014

**nephjc**

@brownpa79 back for more? Awesome! #NephJC

Tue May 13 18:06:17 PDT 2014

**nephjc**

@ChristosArgyrop glad you could make it! #NephJC

Tue May 13 18:06:41 PDT 2014

**hswapnil**

@VladoPerkovic Thanks for making it, Vlado #nephjc

Tue May 13 18:07:04 PDT 2014

**nephjc**

@jpharmon hey JP! #NephJC

Tue May 13 18:07:07 PDT 2014

**nephjc**

The best way to follow a tweet chat is to use a dedicated chat client like: • <http://t.co/q4wtQYsCaK> • <http://t.co/0YTswiQHOZ> #NephJC

Tue May 13 18:07:19 PDT 2014

**paulphel**

@VladoPerkovic thanks for coming along. Much appreciated #nephjc

Tue May 13 18:07:21 PDT 2014

**nephjc**

Tonight's study is a randomized placebo controlled phase 2 trial of a selective endothelia receptor antagonist, atrasentan. #NephJC

Tue May 13 18:07:31 PDT 2014

**nephjc**

The category was thought to be dead and buried after the Ascend Trial. <http://t.co/oLm0dsjWiT> #NephJC <http://t.co/UTWkdoPwbd>

Tue May 13 18:07:38 PDT 2014

**nephjc**

So everyone is looking at this trial with a lot of wariness given the history if this therapeutic category. #NephJC

Tue May 13 18:08:20 PDT 2014

**nephjc**

Does anyone have any thoughts on ASCEND and Avosentan? #NephJC <http://t.co/WiBnumXdMA>

Tue May 13 18:08:28 PDT 2014

**nephjc**

I was PI on that study and was glad it only lasted 4 months. Scary stuff. #NephJC

Tue May 13 18:09:10 PDT 2014

**paulphel**

Yes they are different drugs and different population to RADAR #nephjc

Tue May 13 18:09:15 PDT 2014

**kidney\_boy**

I was PI on that study and was glad it only lasted 4 months. Scary stuff. #NephJC

Tue May 13 18:09:32 PDT 2014

**nephjc**

Topic 1: Methods. How much do you hate when journals put the methods after the discussion? #NephJC #GoodEnough4NEJMShouldBeGoodEnough4You

Tue May 13 18:10:18 PDT 2014

**hswapnil**

Avosentan << selective than Atrasentan on ET-A receptor #nephjc

Tue May 13 18:10:43 PDT 2014

**paulphel**

Atrasentan apparently much more selective to ET-A than Avosentan. 1200:1 versus 50-300:1 #nephjc

Tue May 13 18:10:45 PDT 2014

**nephjc**

RT @hswapnil Avosentan << selective than Atrasentan on ET-A receptor #nephjc

Tue May 13 18:10:56 PDT 2014

**brownpa79**

perhaps the difference in drugs highlights that it's not always about class effect #nephjc

Tue May 13 18:10:57 PDT 2014

**hswapnil**

T1: its fashionable - but makes methods an afterthought. #nephjc

Tue May 13 18:11:21 PDT 2014

**nephjc**

ET Selectivity (ET-A: ET-B) 300:1 1200:1 #NephJC

Tue May 13 18:11:26 PDT 2014

- hswapnil** T1: as if journal editors \*don't\* want you to read methods [#nephjc](#)  
Tue May 13 18:11:53 PDT 2014
- dschnekenb** [@NephJC](#) "dead and buried"? Endothelin is like the Auto Industry- too big to fail. [#nephjc](#)  
Tue May 13 18:12:00 PDT 2014
- vladoperkovic** Avosentan experience and ASCEND trial very important in RADAR and now SONAR trial design- dose matters, and was likely too high [#NephJC](#)  
Tue May 13 18:12:42 PDT 2014
- kidney\_boy** RT [@DSchnekenB](#): [@NephJC](#) "dead and buried"? Endothelin is like the Auto Industry- too big to fail. [#nephjc](#) speaking my language [#Detroit](#)  
Tue May 13 18:12:50 PDT 2014
- paulphel** Carefully selected group to (a) maximise potential benefit (early [#CKD](#)) and (b) minimise adverse effects (no CHF etc.) [#NephJC](#)  
Tue May 13 18:13:04 PDT 2014
- jpharmon** Looks like the current study has significantly less heart disease. Perhaps this would minimize adverse effects? [#NephJC](#)  
Tue May 13 18:13:04 PDT 2014
- hswapnil** RT [@VladoPerkovic](#): Avosentan experience and ASCEND trial very important in RADAR and now SONAR trial design- dose matters, and was likely t...  
Tue May 13 18:13:06 PDT 2014
- nephjc** Topic 1: Methods for real this time: Proteinuria as an end-point? Is this valid for a phase 2 trial? [#NephJC](#)  
Tue May 13 18:13:33 PDT 2014
- eajkd** RT [@DSchnekenB](#): [@NephJC](#) "dead and buried"? Endothelin is like the Auto Industry- too big to fail. [#nephjc](#)  
Tue May 13 18:13:40 PDT 2014
- lewis\_lab** RT [@kidney\\_boy](#): RT [@DSchnekenB](#): [@NephJC](#) "dead and buried"? Endothelin is like the Auto Industry- too big to fail. [#nephjc](#) speaking my lang...  
Tue May 13 18:14:02 PDT 2014
- christosargyrop** Selectivity is important but these numbers are not that different given the right dose(eg early DN/oncology trials of Atra) [#NephJC](#)  
Tue May 13 18:14:04 PDT 2014
- vladoperkovic** [@NephJC](#) Selectivity is important, but complex and there is much still to learn about ET role in sodium handling [#NephJC](#)  
Tue May 13 18:14:04 PDT 2014
- dschnekenb** It would certainly make the "manageable fluid overload" more likely to be manageable. [#nephjc](#)  
Tue May 13 18:14:09 PDT 2014

**eajkd**

RT @VladoPerkovic: @NephJC Selectivity is important, but complex and there is much still to learn about ET role in sodium handling #NephJC

Tue May 13 18:14:40 PDT 2014

**hswapnil**

RT @VladoPerkovic: @NephJC Selectivity is important, but complex and there is much still to learn about ET role in sodium handling #NephJC

Tue May 13 18:14:58 PDT 2014

**vladoperkovic**

@paulphel Selection of people likely to benefit is true and important. Like all classes, ET antags have potential benefits + risks #NephJC

Tue May 13 18:15:09 PDT 2014

**paulphel**

ET-BR blockade may be beneficial as per concurrent JASN paper w mouse ETR knockouts. Have much to learn yet #NephJC <http://t.co/k4FUllcvoE>

Tue May 13 18:15:43 PDT 2014

**paulphel**

RT @VladoPerkovic: @paulphel Selection of people likely to benefit is true and important. Like all classes, ET antags have potential benefi...

Tue May 13 18:16:30 PDT 2014

**nephjc**

“@ChristosArgyrop: Phase 2 trials needs a marker to follow. For this class of agents, proteinuria is a useful (opinion)” #NephJC

Tue May 13 18:16:50 PDT 2014

**vladoperkovic**

ET antags cause fluid retention. RADAR shows this is dose related, and suggests it is likely to be manageable in appropriate pts #NephJC

Tue May 13 18:16:54 PDT 2014

**hswapnil**

@VladoPerkovic @paulphel: exactly - exclusion of heart failure, edema and any1 requiring high dose loop in RADAR was smart strategy #nephjc

Tue May 13 18:16:58 PDT 2014

**nephjc**

@ChristosArgyrop make sure you tag tweets with #NephJC

Tue May 13 18:17:01 PDT 2014

**kidney\_boy**

Haven't we been burned enough on proteinuria? ON TARGET, Nephron VA? #nephjc

Tue May 13 18:17:51 PDT 2014

**nephjc**

Topic 1: Methods: If you are going to use proteinuria as the end-point should it be a 24 hour collection? #NephJC

Tue May 13 18:18:42 PDT 2014

**hswapnil**

@kidney\_boy Yes, but for (early) phase 3 proteinuria IMO is acceptable. Still need more data on hard endpoints b4 practice change #nephjc

Tue May 13 18:19:02 PDT 2014

**nephjc**

They used first morning albumin creatinine ratios #NephJC

Tue May 13 18:19:10 PDT 2014

nephjc

RT @hswapnil @kidney\_boy Yes, but for (early) phase 3 proteinuria IMO is acceptable. But need hard endpoints b4 practice change #nephjc

Tue May 13 18:19:41 PDT 2014

hswapnil

RT @DSchnekenB: It would certainly make the "manageable fluid overload" more likely to be manageable. #nephjc

Tue May 13 18:19:42 PDT 2014

christosargyrop

@kidney\_boy #nephjc A phase 2 study is a prelude to a phase 3 in which outcomes will need to be reduced to something we can measure

Tue May 13 18:19:58 PDT 2014

vladoperkovic

@NephJC @ChristosArgyrop Unfortunately no other real options. Other CKD outcomes v difficult to show benefit with reasonable size #NephJC

Tue May 13 18:20:15 PDT 2014

kidney\_boy

@ChristosArgyrop or at least an outcome that matters to the patient #doublingSerumCr #nephjc

Tue May 13 18:20:36 PDT 2014

paulphel

@kidney\_boy agree that proteinuria alone will not get this drug over the line. Its a start though for a phase 2 #nephjc

Tue May 13 18:20:50 PDT 2014

hswapnil

Without current study (RADAR) and after ASCEND any larger study would not have been acceptable (would lack equipoise) #nephjc

Tue May 13 18:21:11 PDT 2014

nephjc

RT "@VladoPerkovic Unfortunately no other real options. Other CKD outcomes v difficult to show benefit with reasonable size #NephJC" or time

Tue May 13 18:21:17 PDT 2014

nephjc

Topic 1: Methods: The enrollment criteria seems to target a low risk population: 0 CHF, eGFR 50, 8-16% coronary disease. #NephJC

Tue May 13 18:21:34 PDT 2014

vladoperkovic

@kidney\_boy Difficult. Must remember balance b/w risks and benefits. Have a look at ALLHAT, doxazosin and BP as intermediate outcome #NephJC

Tue May 13 18:21:36 PDT 2014

eajkd

@paulphel @kidney\_boy currently is best option for early phases, however risky #NephJC

Tue May 13 18:21:52 PDT 2014

kidney\_boy

@VladoPerkovic doxazosin failed for increased CHF in ALLHAT, they had hard end points in that study #nephjc

Tue May 13 18:22:25 PDT 2014

nephjc

Topic 1: Methods: The enrollment criteria seems to target a low risk population: #NephJC <http://t.co/ms8FPysu9V>

Tue May 13 18:22:49 PDT 2014

nephjc

Topic 1: Methods: enrollment criteria & low risk pop: Does this limit applicability? Does it limit confidence in safety data? #NephJC

Tue May 13 18:22:56 PDT 2014

vladoperkovic

@kidney\_boy Proteinuria is one aspect of a drugs effect, which predicts outcome overall like BP. But must show hard outcome effects #NephJC

Tue May 13 18:23:00 PDT 2014

kidney\_boy

@VladoPerkovic got it. #nephjc

Tue May 13 18:23:22 PDT 2014

paulphel

Re generalizability:31% of Medicare #CKD patients have CHF, likely more among diabetics. This is select group <http://t.co/kLe9AsMKhV> #NephJC

Tue May 13 18:23:28 PDT 2014

christosargyrop

@kidney\_boy #nephjc Proteinuria is the viral load and blood pressure the nephrologist's CD4 count. But this will proved after the Ph3 trial

Tue May 13 18:23:36 PDT 2014

jpharmon

If patients retain fluid on this study drug, it could make random urine samples have a higher creatinine, making the ACR lower. #NephJC

Tue May 13 18:23:59 PDT 2014

vladoperkovic

@kidney\_boy exactly. Doxazosin lowered BP but increased other risks. Similar issue with dual RAS blockade. Increased other risks. #NephJC

Tue May 13 18:24:06 PDT 2014

hswapnil

RT @VladoPerkovic: @kidney\_boy exactly. Doxazosin lowered BP but increased other risks. Similar issue with dual RAS blockade. Increased oth...

Tue May 13 18:24:31 PDT 2014

vladoperkovic

@kidney\_boy Hard outcome study is required for atrasentan, and is underway. Study is called SONAR and recruiting now #NephJC

Tue May 13 18:24:41 PDT 2014

hswapnil

RT @paulphel: Re generalizability:31% of Medicare #CKD patients have CHF, likely more among diabetics. This is select group <http://t.co/kLe...>

Tue May 13 18:24:54 PDT 2014

kidney\_boy

@ChristosArgyrop eGFR is the CD4 count, measures past damage, BP and proteinuria are viral load: predictive of future #nephjc

Tue May 13 18:25:09 PDT 2014

vladoperkovic

@kidney\_boy SONAR trial will define effects on hard renal endpoint, but also long term safety in population likely to benefit #NephJC

Tue May 13 18:25:21 PDT 2014

nephjc

Radar and Sonar, cute #NephJC

Tue May 13 18:25:26 PDT 2014

It would be worth comparing 24 hour collections to ACRs to see how they correlate pre and



**jpharmon**

post study drug. #NephJC

Tue May 13 18:25:36 PDT 2014

**christosargyrop**

@paulphel #nephjc we can always give more diuretics. But when testing a new agent, first do no harm

Tue May 13 18:25:38 PDT 2014

**brownpa79**

Methods: 831 screened, 212 eligible for sure limits applicability clin. practice. agree seems low risk pop. smart choice for trial #nephjc

Tue May 13 18:26:07 PDT 2014

**paulphel**

@ChristosArgyrop I agree the patient selection was wise but must be appreciated #nephjc

Tue May 13 18:26:50 PDT 2014

**vladoperkovic**

@hswapnil Very important point. RADAR suggests benefit possible/ likely, needs to be proven in SONAR #NephJC

Tue May 13 18:27:00 PDT 2014

**kidney\_boy**

MT @jpharmon: worth comparing 24 hr collections to ACRs to see how they correlate pre / post study drug #NephJC What are you thinking here?

Tue May 13 18:27:01 PDT 2014

**nephjc**

RT @brownpa79 Methods: 831 screened, 212 eligible for sure limits applicability clin. practice. agree seems low risk pop. #nephjc

Tue May 13 18:27:36 PDT 2014

**vladoperkovic**

@kidney\_boy @ChristosArgyrop Nice analogy #NephJC

Tue May 13 18:27:42 PDT 2014

**dschnekenb**

Still can't completely discount the safety data, as @paulphel says, it just needs to be appreciated. #nephjc

Tue May 13 18:27:46 PDT 2014

**nephjc**

Topic 1: Methods True or False? Without anyone noticing 24-ambulatory BP has become established as standard of study design. #NephJC

Tue May 13 18:28:39 PDT 2014

**kidney\_boy**

True #nephjc

Tue May 13 18:28:55 PDT 2014

**brownpa79**

True #nephjc

Tue May 13 18:29:07 PDT 2014

**vladoperkovic**

@jpharmon unlikely, as small proportion retain fluid. Also reach steady state after a couple of weeks while prot redn persists #NephJC

Tue May 13 18:29:29 PDT 2014

**christosargyrop**

@jpharmon #nephjc correlation between 24hr collections and spots is good under ETRA antagonism (sitaxentan) if prot <1.5gm/day

Tue May 13 18:29:35 PDT 2014

**hswapnil**

True and Good Progress [#nephjc](#)

Tue May 13 18:29:44 PDT 2014

**paulphel**

[@VladoPerkovic](#) Vlado, do u have any thought on selectivity issue ETA V B? Conflicting evidence that B blockade may actually be good [#nephjc](#)

Tue May 13 18:30:03 PDT 2014

**hswapnil**

RT [@VladoPerkovic](#): [@jpharmon](#) unlikely, as small proportion retain fluid. Also reach steady state after a couple of weeks while prot redn pe...

Tue May 13 18:30:19 PDT 2014

**nephjc**

RT [@hswapnil](#) True and Good Progress [#nephjc](#)

Tue May 13 18:31:00 PDT 2014

**nephjc**

Topic 2: Results So when did Table 1 turn into Table 2? [#NephJC](#) <http://t.co/lbpxdhUSE>

Tue May 13 18:31:12 PDT 2014

**jpharmon**

[@kidney\\_boy](#) Many factors throw off the validity of ACR (isn't great to start with), so shouldn't assume it's fine on this drug. [#NephJC](#)

Tue May 13 18:31:43 PDT 2014

**nephjc**

Topic 2: Results No placebos stopped due to SAE. Even though one subject developed CHF. [#NephJC](#)

Tue May 13 18:31:46 PDT 2014

**hswapnil**

T2: Funny! But I think important to show the safety data up front after ASCEND [#nephjc](#)

Tue May 13 18:31:48 PDT 2014

**paulphel**

[@NephJC](#) lol you're really identifying the crucial issues tonight! [#nephjc](#)

Tue May 13 18:32:01 PDT 2014

**nephjc**

RT [@hswapnil](#) T2: Funny! But I think important to show the safety data up front after ASCEND [#nephjc](#)

Tue May 13 18:32:15 PDT 2014

**nephjc**

RT [@NephJC](#) RT [@hswapnil](#) T2: Funny! But I think important to show the safety data up front after ASCEND [#nephjc](#) LOL

Tue May 13 18:32:23 PDT 2014

**vladoperkovic**

[@paulphel](#) Complex, and still evolving. Watch this space [#NephJC](#)

Tue May 13 18:32:46 PDT 2014

**nephjc**

RT [@paulphel](#) [@NephJC](#) lol you're really identifying the crucial issues tonight! [#nephjc](#) LOL

Tue May 13 18:32:52 PDT 2014

**nephjc**

Topic 2: Results No dose dependence for reduction in proteinuria, but tidy dose dependence for SAE leading to D/C of study drug [#NephJC](#)

Tue May 13 18:34:10 PDT 2014

**dschnekenb**

RT @VladoPerkovic: @paulphel Complex, and still evolving. Watch this space. I think ETB subtype will ultimately prove important #NephJC

Tue May 13 18:34:17 PDT 2014

**vladoperkovic**

@NephJC Topic 1: really began with the HOPE substudy where BP redn greater on ABPM. Other studies like DORADO similar results #NephJC

Tue May 13 18:34:57 PDT 2014

**paulphel**

@NephJC they got the dose spot on it seems, note that they are going for same dose 0.75mg in SONAR #nephjc

Tue May 13 18:35:03 PDT 2014

**kidney\_boy**

RT @NephJC: "No dose dependence for reduction in proteinuria, but tidy dose dependence for SAE leading to D/C of study drug." #nephjc

Tue May 13 18:35:16 PDT 2014

**eajkd**

RT @kidney\_boy: RT @NephJC: "No dose dependence for reduction in proteinuria, but tidy dose dependence for SAE leading to D/C of study drug..."

Tue May 13 18:35:48 PDT 2014

**vladoperkovic**

@jpharmon @kidney\_boy 24 hour urines also poor gold standard- completeness always questioned. ACR might well actually be better #NephJC

Tue May 13 18:35:57 PDT 2014

**kidney\_boy**

+1 RT @VladoPerkovic: Topic 1: really began with the HOPE substudy where BP redn greater on ABPM. DORADO similar results #NephJC

Tue May 13 18:36:16 PDT 2014

**vladoperkovic**

@jpharmon Interesting idea #NephJC

Tue May 13 18:36:29 PDT 2014

**christosargyrop**

@NephJC #nephjc the dose finding atra study was published back in late 10. 0.75 better than 1,75mg so no surprise re: flat dose response

Tue May 13 18:36:54 PDT 2014

**paulphel**

So here's a grenade.....could this just be a BP effects on albuminuria? #nephjc

Tue May 13 18:37:22 PDT 2014

**nephjc**

Topic 2 Results Serious adverse events. Fake table 1. #NephJC <http://t.co/KUUFKU7BSf>

Tue May 13 18:37:31 PDT 2014

**hswapnil**

RT @paulphel: So here's a grenade.....could this just be a BP effects on albuminuria? #nephjc

Tue May 13 18:37:37 PDT 2014

**nephjc**

Topic 2: Results on albuminuria No change in GFR to explain change in albuminuria. #NephJC

Tue May 13 18:37:59 PDT 2014

**hswapnil**

Table 1: yes, no stoppage in placebo group despite CHF etc? am I missing something? #nephjc

Tue May 13 18:38:22 PDT 2014

**dschnekenb**

RT @paulphel: So here's a grenade.....could this just be a BP effects on albuminuria? #nephjc

Tue May 13 18:38:26 PDT 2014

**nephjc**

Topic 2: Results on albuminuria Could the change in blood pressure account for the change in albuminuria? #NephJC <http://t.co/IAwjzSBE8g>

Tue May 13 18:38:33 PDT 2014

**christosargyrop**

@VladoPerkovic @jpharmon @kidney\_boy #nephjc But high intraindividual variability in ACR

Tue May 13 18:38:41 PDT 2014

**kidney\_boy**

T2: Look at the rate of peripheral edema with placebo. #Sensitive #NephJC

Tue May 13 18:39:15 PDT 2014

**christosargyrop**

@NephJC #nephjc No

Tue May 13 18:39:20 PDT 2014

**jpharmon**

@paulphel They tested for this and found only a minor correlation between BP and albuminuria. It was also my first thought! #NephJC

Tue May 13 18:39:53 PDT 2014

**kidney\_boy**

RT @ChristosArgyrop: "@NephJC #nephjc No" I agree

Tue May 13 18:40:12 PDT 2014

**hswapnil**

RT @jpharmon: @paulphel They tested for this and found only a minor correlation between BP and albuminuria. It was also my first thought! ...

Tue May 13 18:40:21 PDT 2014

**eajkd**

RT @jpharmon: @paulphel They tested for this and found only a minor correlation between BP and albuminuria. It was also my first thought! ...

Tue May 13 18:40:24 PDT 2014

**nephjc**

RT @jpharmon They tested for this and found only a minor correlation between BP and albuminuria. It was also my first thought! #NephJC

Tue May 13 18:40:29 PDT 2014

**hswapnil**

@jpharmon But perhaps the comparison was underpowered? #nephjc

Tue May 13 18:40:43 PDT 2014

**nephjc**

RT @hswapnil Table 1: yes, no stoppage in placebo group despite CHF etc? am I missing something? #nephjc

Tue May 13 18:41:05 PDT 2014

**paulphel**

@jpharmon you're right, there was some, but weak, correlation. Also as @NephJC says, no GFR change. #nephjc

Tue May 13 18:41:14 PDT 2014

**christosargyrop**

@VladoPerkovic @jpharmon I'd anticipate similar findings as with sita  
<http://t.co/mEc3p7zc44> #nephjc

Tue May 13 18:41:20 PDT 2014

**vladoperkovic**

@NephJC important point. BP likely a contributor but prot redn out of proportion to magnitude, so additional effect most likely #NephJC

Tue May 13 18:41:31 PDT 2014

**eajkd**

@hswapnil even with this analysis it is hard to exclude BP effect on albuminuria #NephJC

Tue May 13 18:41:45 PDT 2014

**brownpa79**

RT @hswapnil: @jpharmon But perhaps the comparison was underpowered? #nephjc

Tue May 13 18:41:45 PDT 2014

**kidney\_boy**

@eAJKD He lives! #where have you been? #nephjc

Tue May 13 18:42:12 PDT 2014

**christosargyrop**

@eAJKD @hswapnil #nephjc No. Path analysis definitely excludes that.

Tue May 13 18:42:49 PDT 2014

**eajkd**

@kidney\_boy been here. #NephJC

Tue May 13 18:42:51 PDT 2014

**kidney\_boy**

Agree RT @VladoPerkovic: important point. BP likely a contributor but prot redn out of proportion to magnitude of albuminuria reduct #NephJC

Tue May 13 18:43:04 PDT 2014

**kidney\_boy**

@ChristosArgyrop what is path analysis? #nephjc

Tue May 13 18:44:28 PDT 2014

**christosargyrop**

@kidney\_boy @VladoPerkovic #nephjc this was quantitated in the phase 2a trial. BP accounts for ~20% of proteinuria reduction

Tue May 13 18:44:44 PDT 2014

**dschnekenb**

@eAJKD I agree, particularly with rapid return to pretreatment levels after stopping. #nephjc

Tue May 13 18:45:16 PDT 2014

**eajkd**

@kidney\_boy @ChristosArgyrop path analysis #wonderingsamething #NephJC

Tue May 13 18:45:43 PDT 2014

**nephjc**

Topic 2: Results on albuminuria <http://t.co/0HEmZRbaaD> #NephJC

Tue May 13 18:46:01 PDT 2014

**eajkd**

RT @DSchnekenB: @eAJKD I agree, particularly with rapid return to pretreatment levels after stopping. #nephjc

Tue May 13 18:46:13 PDT 2014

**hswapnil**

RT @DSchnekenB: @eAJKD I agree, particularly with rapid return to pretreatment levels after stopping. #nephjc

Tue May 13 18:46:51 PDT 2014

**nephjc**

Topic 3: Discussion A previous study showed 0.5 mg to be ineffective. 1.25 mg increased SAE. Does 0.75mg thread the needle? #NephJC

Tue May 13 18:46:53 PDT 2014

**christosargyrop**

@eAJKD @kidney\_boy In the phase 2a paper; this is important background for RADAR <http://t.co/1bfBlf3jDt>

Tue May 13 18:47:29 PDT 2014

**hswapnil**

@NephJC 0.5 bad, 1.25 bad, 0.75 mg good seems like a very narrow therapeutic window #nephjc

Tue May 13 18:47:46 PDT 2014

**paulphel**

@NephJC encouraging reductions in albuminuria in patients maxed out on RAAS inhibition. Obviously need hard outcomes but still... #nephjc

Tue May 13 18:47:52 PDT 2014

**eajkd**

@NephJC I would hate to be threading needles in clinic #alreadythreadingtomany #NephJC

Tue May 13 18:48:19 PDT 2014

**hswapnil**

RT @eAJKD: @NephJC I would hate to be threading needles in clinic #alreadythreadingtomany #NephJC

Tue May 13 18:48:40 PDT 2014

**nephjc**

RT @ChristosArgyrop @In the phase 2a paper; this is important background for RADAR <http://t.co/HaK10mXwsy> Remember to Hashtag! #NephJC

Tue May 13 18:48:45 PDT 2014

**nephjc**

RT @eAJKD @NephJC I would hate to be threading needles in clinic #alreadythreadingtomany #NephJC

Tue May 13 18:49:15 PDT 2014

**nephjc**

Topic 3: Discussion The study that purports to show 0.5 mg is ineffective, results delayed. #NephJC #Shenanigans <http://t.co/4SdPFMbUS0>

Tue May 13 18:49:24 PDT 2014

**vladoperkovic**

@NephJC Previous data on 0.5 prob underpowered. Efficacy of 0.75 clear. Safety clearly better with lower doses. Issue is balance #NephJC

Tue May 13 18:49:28 PDT 2014

**hswapnil**

great find: RT @ChristosArgyrop @In the phase 2a paper; this is important background for RADAR <http://t.co/SfPwOTkEHB> #nephjc

Tue May 13 18:49:54 PDT 2014

**christosargyrop**

@NephJC #nephjc 0.75 is the nephrological equivalent of the 'Great Bargain' between harm and good. I believe some pts may need more

Tue May 13 18:50:02 PDT 2014

**nephjc**

RT @paulphel: @NephJC encouraging reductions in albuminuria in patients maxed out on RAAS inhibition. Obviously need hard outcomes but stil...

Tue May 13 18:50:11 PDT 2014

**vladoperkovic**

@paulphel @NephJC Interesting thing is albuminuria effect is more than double that of aliskiren (14-17%) on top of RAS blockers. #NephJC

Tue May 13 18:50:45 PDT 2014

**brownpa79**

@NephJC let's not forget 0.75 still had many AEs for only 78 patients. i worry what could happen when given to 100s. #nephjc

Tue May 13 18:51:00 PDT 2014

**nephjc**

RT @VladoPerkovic Interesting thing is albuminuria effect is more than double that of aliskiren (14-17%) on top of RAS blockers. #NephJC

Tue May 13 18:51:13 PDT 2014

**paulphel**

@VladoPerkovic @NephJC Aliskiren! I remember that ;) #nephjc

Tue May 13 18:51:25 PDT 2014

**kidney\_boy**

@brownpa79 and with people with GFR approaching 30s #nephjc

Tue May 13 18:51:35 PDT 2014

**nephjc**

Topic 3: Discussion Does the risk of fluid overload mean this will not find a role in advanced CKD? Mandatory torsemide? #NephJC

Tue May 13 18:51:50 PDT 2014

**hswapnil**

RT @VladoPerkovic: @paulphel @NephJC Interesting thing is albuminuria effect is more than double that of aliskiren (14-17%) on top of RAS ...

Tue May 13 18:52:03 PDT 2014

**nephjc**

Topic 3: Discussion Does the lack of hyperkalemia make this a perfect diabetic kidney disease drug for advanced CKD? #NephJC

Tue May 13 18:52:09 PDT 2014

**brownpa79**

@kidney\_boy and to people with undiagnosed low EF, etc etc #nephjc

Tue May 13 18:52:21 PDT 2014

**jpharmon**

@JasonProsek @VladoPerkovic @kidney\_boy Yes timed collections minimize individual variability. Some advocate all ACRs be first AM. #NephJC

Tue May 13 18:52:26 PDT 2014

**paulphel**

@brownpa79 @NephJC absolutely, back to the careful patient selection & applicability. May be a tricky drug in the clinic #nephjc

Tue May 13 18:52:36 PDT 2014

**kidney\_boy**

"@JasonProsek: @kidney\_boy p/c ratio of timed collections smooths out the over/ under collection noise, no?" #NephJC

Tue May 13 18:53:32 PDT 2014

**hswapnil**

@paulphel Careful patient selection; narrow therapeutic window - threading the needle in more than one sense! #nephjc

Tue May 13 18:53:51 PDT 2014

**jpharmon**

RT @brownpa79: @NephJC let's not forget 0.75 still had many AEs for only 78 patients. i worry what could happen when given to 100s. #nephjc

Tue May 13 18:54:00 PDT 2014

**paulphel**

RT @hswapnil @paulphel Careful patient selection; narrow therapeutic window - threading the needle in more than one sense! #nephjc

Tue May 13 18:54:12 PDT 2014

**kidney\_boy**

Unless the safety data looks more robust in SONAR, I would be nervous #nephjc

Tue May 13 18:54:16 PDT 2014

**vladoperkovic**

@kidney\_boy @brownpa79 all important aspects to be clarified in SONAR- 4000+ pts with macroalb, eGFR 20-70 followed up to 5 years #NephJC

Tue May 13 18:54:27 PDT 2014

**brownpa79**

RT @kidney\_boy: Unless the safety data looks more robust in SONAR, I would be nervous +1 #nephjc

Tue May 13 18:54:32 PDT 2014

**christosargyrop**

@NephJC #nephjc I don't think this study was designed to test the 0.5 dose. But note ph 2a with the 0.25 vs 0.75 <http://t.co/Re0H8voMnv>

Tue May 13 18:54:45 PDT 2014

**hswapnil**

T3: I would say yes, diuretic use should be strongly encouraged. Is that part of SONAR design? #nephjc

Tue May 13 18:55:00 PDT 2014

**paulphel**

@kidney\_boy may never be studied in again in more advanced #CKD #nephjc

Tue May 13 18:55:08 PDT 2014

**jpharmon**

RT @hswapnil: @paulphel Careful patient selection; narrow therapeutic window - threading the needle in more than one sense! #nephjc

Tue May 13 18:55:19 PDT 2014

**eajkd**

RT @hswapnil: @paulphel Careful patient selection; narrow therapeutic window - threading the needle in more than one sense! #nephjc

Tue May 13 18:55:53 PDT 2014

**vladoperkovic**

@NephJC Not perfect by any means, but hopefully important if SONAR confirms benefit and positive benefit:risk ratio #NephJC

Tue May 13 18:55:57 PDT 2014

**nephjc**

We have 5 minutes left, some closing thoughts? #NephJC

Tue May 13 18:55:58 PDT 2014

**hswapnil**

Link to SONAR protocol: <http://t.co/kaZTB9hYLL>. N of 4000! #nephjc



Tue May 13 18:56:11 PDT 2014

**vladoperkovic**

@hswapnil Yes diuretics strongly encouraged in SONAR #NephJC

Tue May 13 18:56:40 PDT 2014

**nephjc**

I'd like to really thank @VladoPerkovic for joining us. What a tweet treat to have a trial designer and expert participate. #NephJC

Tue May 13 18:56:50 PDT 2014

**paulphel**

We are a skeptical bunch and rightly so, but this has to be encouraging #nephjc

Tue May 13 18:56:57 PDT 2014

**christosargyrop**

@NephJC #nephjc Important ? What causes the vol overload? The transgenic work by Kohan needs to be carefully considered

Tue May 13 18:57:06 PDT 2014

**hswapnil**

RT @NephJC: I'd like to really thank @VladoPerkovic for joining us. What a tweet treat to have a trial designer and expert participate. #Ne...

Tue May 13 18:57:24 PDT 2014

**kidney\_boy**

@ChristosArgyrop link to Kohan's stuff? #nephjc

Tue May 13 18:57:36 PDT 2014

**hswapnil**

RT @VladoPerkovic: @hswapnil Yes diuretics strongly encouraged in SONAR #NephJC

Tue May 13 18:57:46 PDT 2014

**eajkd**

@NephJC thanks to @VladoPerkovic for joining . Incredible #Nephjc

Tue May 13 18:58:10 PDT 2014

**paulphel**

@ChristosArgyrop @NephJC yes,natriuresis supposedly B receptor effect but obviously overload occurs with A blockade too #nephjc

Tue May 13 18:58:35 PDT 2014

**hswapnil**

RT @eAJKD: @NephJC thanks to @VladoPerkovic for joining . Incredible #Nephjc

Tue May 13 18:58:43 PDT 2014

**christosargyrop**

@kidney\_boy #nephjc I will do it retro-actively as there are many papers that span >10 years

Tue May 13 18:58:51 PDT 2014

**brownpa79**

Really looking forward to SONAR results. Hopeful for a +ve trial for once #nephjc

Tue May 13 18:59:16 PDT 2014

**jpharmon**

Does atrasentan have a role for treatment of dyslipidemia in patients that are intolerant of statins? #BonusMarket #NephJC

Tue May 13 18:59:26 PDT 2014

**vladoperkovic**

@NephJC Many thanks for the invitation, and the interesting and fun discussion! Important for us to support SONAR going forward #NephJC

Tue May 13 18:59:29 PDT 2014

**nephjc**

RT @jpharmon Does atrasentan have a role for treatment of dyslipidemia in patients that are intolerant of statins? #BonusMarket #NephJC

Tue May 13 18:59:53 PDT 2014

**nephjc**

That's a wrap boys (did we have any females join us?) Look for a transcript, analytics, storify in the coming hours and days! #NephJC

Tue May 13 19:00:13 PDT 2014

**eajkd**

@ChristosArgyrop @kidney\_boy don't forget pollack #NephJC

Tue May 13 19:00:41 PDT 2014

**christosargyrop**

@paulphel @NephJC #nephjc Vol overload w atra appears to be an alpha effect (selectivity against ETRB sort of r/o an ENAC-ETRB effect)

Tue May 13 19:00:41 PDT 2014

**hswapnil**

Thanks everyone for joining in! Great to also have some basic science input - and the author insights. #nephjc

Tue May 13 19:01:15 PDT 2014

**paulphel**

@NephJC @kidney\_boy @hswapnil good work gents #NephJC

Tue May 13 19:01:29 PDT 2014

**jpharmon**

Thanks so much @NephJC! This was very interesting. #NephJC

Tue May 13 19:01:53 PDT 2014

**christosargyrop**

@eAJKD @kidney\_boy #nephjc true! But the selective transgene work by the Kohan is so awesome and I believe nails the ETRA-antag vol effect

Tue May 13 19:02:20 PDT 2014

**paulphel**

@ChristosArgyrop @NephJC agree, but this goes against 'conventional' thinking re the natriuretic effect #nephjc

Tue May 13 19:02:54 PDT 2014

**eajkd**

Thanks to @paulphel @kidney\_boy @NephJC for a fantastic #NephJC

Tue May 13 19:03:22 PDT 2014

**paulphel**

RT @eAJKD Thanks to @paulphel @kidney\_boy @NephJC for a fantastic #NephJC

Tue May 13 19:03:39 PDT 2014

**paulphel**

@eAJKD @kidney\_boy @NephJC thanks Matt #nephjc

Tue May 13 19:03:53 PDT 2014

**eajkd**

RT @eAJKD: Thanks to @paulphel @kidney\_boy @NephJC for a fantastic #NephJC And @hswapnil

Tue May 13 19:04:14 PDT 2014

RT @paulphel: @NephJC @kidney\_boy @hswapnil good work gents #NephJC

**hswapnil**

Tue May 13 19:04:18 PDT 2014

**hswapnil**

> 200 tweets! Great work nephro tweeps! #NephJC <http://t.co/7L0s1hM5V4>

Tue May 13 19:05:07 PDT 2014

**hswapnil**

RT @eAJKD: RT @eAJKD: Thanks to @paulphel @kidney\_boy @NephJC for a fantastic #NephJC And @hswapnil

Tue May 13 19:06:48 PDT 2014

**eajkd**

Is there a sweet spot (needle thread) for # of tweets in #NephJC ?

Tue May 13 19:06:54 PDT 2014

**christosargyrop**

@eAJKD @paulphel @kidney\_boy @NephJC @hswapnil #nephjc Thank you all guys!!!!

Tue May 13 19:07:19 PDT 2014

**hswapnil**

RT @ChristosArgyrop: @eAJKD @paulphel @kidney\_boy @NephJC @hswapnil #nephjc Thank you all guys!!!!

Tue May 13 19:08:19 PDT 2014

**nephjc**

Hey I forgot to mention it, but please go to <http://t.co/5aumn8rjuF> and sign up for our low volume mailing list. #NephJC

Tue May 13 19:08:36 PDT 2014