

## PRESS RELEASE

**Embargo:** The information in this press release and given at the press briefing is under embargo until the end of the 'Late Breaking Clinical Trials' session, 11:45-13:15 CEST, Friday May 20, 2022, where the studies will be presented.

### **59<sup>th</sup> European Renal Association Congress: Late Breaking Clinical Trials Reinforce the Importance of Early Detection and Treatment in CKD**

*Paris, France - May 20, 2022.* Three important late-breaking clinical trials will be presented at the 59<sup>th</sup> European Renal Association (ERA) Congress on Friday May 20. The study authors will also present their findings in advance at a press briefing to be held at 8:30-9:30 CEST, May 20, 2022, *Pavilion 7.3 - ERA Meeting Room 1, Paris Expo Porte de Versailles, 1 Place de la Porte de Versailles, 75015 Paris.*

- **#2353** The THOMAS Study (Towards HOME-based Albuminuria Screening): A randomized study investigating two strategies for early detection and treatment of Chronic Kidney Disease.
- **#2407** Urinary DKK3 predicts short-term EGFR decline and nephroprotective efficacy of antihypertensive therapy in children with CKD.
- **MO201:** Effects of aspirin in primary prevention of cardiovascular (CV) disease in people with Chronic Kidney Disease (CKD): results of the TIPS3 Trial.

Prof. Annette Bruchfeld (Sweden), Chair of the Scientific Committee, will be facilitating the press briefing. Bruchfeld comments, "CKD is a progressive condition that impacts both life expectancy and quality of life. The results of these late-breaking clinical trials highlight potential new strategies for early detection and treatment of CKD and its complications, heralding new hope as we work towards ERA's goal to improve kidney care for every patient".

#### **#2353: The THOMAS Study: A randomized study investigating two strategies for early detection and treatment of CKD**

Prof. Ronald Gansevoort (Netherlands) and colleagues designed the prospective THOMAS Study to evaluate the effectiveness and cost-effectiveness of two different home-based population albuminuria screening strategies. 15,074 people aged 45-80 years were randomized to undergo screening either via collection of a urine sample at home in a convention urine collection device (UCD) that is sent to a laboratory for albumin creatinine ratio (ACR) measurement, or via a more innovative home-based ACR test with a dipstick reading via a smartphone application (APP).

People with confirmed albuminuria were invited for screening for CKD and CVD risk factors at a central screening facility. When abnormalities were found (high blood pressure, raised cholesterol,

type 2 diabetes, or impaired kidney function), participants were referred to their GP for treatment according to prevailing guidelines.

The investigators concluded that home-based screening for albuminuria in the general population has a high participation rate and identifies individuals with unknown CKD and CVD risk factors. Both home-based screening strategies were cost-effective when compared to usual care (no screening) to prevent CKD progression and incident CVD (€6,480/QALY for the UCD-group and €822/QALY for the APP-group).

### **#2407: Urinary DKK3 predicts short-term EGFR decline and nephroprotective efficacy of antihypertensive therapy in children with CKD**

Prof. Franz Schaefer (Germany) and colleagues evaluated the usefulness of urinary Dickkopf-3 (uDKK3), already known as a marker renal tubular cell stress, in determining the short-term risk of CKD progression in children and identifying those who will benefit from specific treatment to preserve kidney function.

Estimated glomerular filtration rate (eGFR) and uDKK3 were quantified in 659 children with CKD enrolled in the multicenter [ESCAPE](#) and [4C](#) studies at baseline and at 6-monthly follow-up visits. The investigators assessed the association between uDKK3 and 6-monthly eGFR decline, and its interaction with intensified blood pressure reduction in the ESCAPE Trial.

Schafer and his team concluded that uDKK3 is associated with a greater short-term risk of declining kidney function which may allow a personalised medicine approach to the pharmacological preservation of kidney function by identifying children who would benefit from intensified blood pressure lowering.

### **MO201: Effects of aspirin in primary prevention of cardiovascular (CV) disease in people with Chronic Kidney Disease (CKD): results of the TIPS3 Trial**

The high risk of CV disease among people with CKD is well-known, but whether this risk is blunted by aspirin remains controversial.

Professor Johannes Mann (Germany) and an international team from Canada and India analysed CV outcomes of CKD participants of The International Polycap Study3 (TIPS3) where 5713 people with and without CKD, but without previous CV disease, were randomized to receive aspirin, aspirin plus polypill (atenolol, ramipril, hydrochlorothiazide and simvastatin), polypill or respective placebo. The primary outcome for this comparison was a Major Adverse Cardiovascular Event (MACE) — either non-fatal myocardial infarction (MI), non-fatal stroke or CV death, and mean follow-up was 4.6 years.

In participants with CKD, there were 65 primary MACE outcomes, 26 in the 502 people on aspirin, 39 in the 481 people receiving placebo (HR 0.57, 95% CI 0.34-0.94). When aspirin was combined with a polypill and compared to double placebo, the HR for MACE among people with CKD was 0.37 (95% CI 0.18-0.75).

There was no significant interaction of eGFR  $<> 60$  ml/min with the treatment effects of aspirin vs placebo.

The results suggest that the CV risk in people with CKD may be substantially alleviated either with aspirin alone, or in combination with a polypill, concluded the investigators.



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## **About ERA**

With more than 7,000 active members, the European Renal Association (ERA) is one of the biggest nephrology associations worldwide leading European nephrology, and one of the most important European medical associations. It organises annual congresses and other educational and scientific activities. ERA also collects data and performs epidemiological studies through its Registry. The Association supports fellowships and educational/research projects through its committees and working groups. Its publications are NDT, CKJ (Open Access journal), and the online educational portal NEP.

The 59th ERA Congress takes place May 19-22, 2022, both virtually and live in Paris (France).

Website: [www.era-online.org](http://www.era-online.org)