

A Novel Approach to Giving Iron



Ferric pyrophosphate citrate may play a role in the therapeutic armamentarium for dialysis patients.

Steven N. Fishbane, MD, a co-principal investigator on the Phase 3 CRUISE studies, which provided the data upon which Triferic's approval was based, spoke with Renal & Urology News about the place of ferric pyrophosphate citrate in the therapeutic armamentarium. Dr. Fishbane is Chief of the Division of Medicine - Kidney Diseases and Hypertension at Long Island Jewish Medical Center and North Shore University Hospital in Manhasset, New York.



What are the advantages of the drug?

Dr. Fishbane: Almost everyone on hemodialysis winds up needing iron replacement. All we've had until now is IV iron. When you don't have a lot of options, you use what you've got. The way we give IV iron is non-physiologic. We inject a lot of iron into the bloodstream, which I'm not sure is a good idea. Iron is highly oxidizing. With IV iron, there is a chance of overwhelming the body's normal defenses against oxidative stress. It could be advantageous to avoid that big rush of iron. By giving iron in the dialysate slowly, you give back the little bit of iron that is usually

lost during each dialysis treatment. I like the concept a lot. And the drug has been shown in clinical studies to be very safe.

How is ferric pyrophosphate administered?

Dr. Fishbane: It is given with every dialysis treatment. The iron preparation is added to the dialysate. This makes dialysis treatments easier. Instead of having to decide whether to give IV iron one month and not give it another month, the medication is added to dialysate with each dialysis session.

How does the drug work?

Dr. Fishbane: After it is added to the dialysate, it diffuses across the dialyzer filter and enters the patient's bloodstream. Because of the structure of the drug, it is picked up by transferrin, which carries the iron directly to the bone marrow where it is used to make red blood cells.

Are there any benefits from the standpoint of efficiency?

Dr. Fishbane: In the U.S., 60% to 80% of dialysis patients are treated with IV iron, which means a lot of nursing time is used giving iron injections. Instead of using all that nursing time giving injections, nurses can spend time assessing and educating patients.

Do you use the drug routinely in your practice?

Dr. Fishbane: We plan to

Can you think of any clinical reason why doctors should continue to use IV iron?

Dr. Fishbane: There will always be a need for IV iron for patients with greater iron losses and needs.