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Information on Pre-transplant Calcimimetic Treatment Improves Prediction Accuracy of Tertiary Hyperparathyroidism after Kidney Transplantation

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 Introduction Tertiary hyperparathyroidism (THPT) is characterized by hyperparathormonemia and hypercalcemia after successful kidney transplantation (KTx). 	 Materials and methods Retrospective cohort study of 554 KTx between 2010-2022. Definition of THPT serum Ca>=10.5mg/dL and intact-PTH>80pg/mL The pre-transplant calcimimetic domains. 	information im the prediction of	•Pre-transplant calcimimetic information improved the accuracy of the prediction of THPT.				
 We aimed to ascertain whether pre-transplant calcimimetic use and dose information improved THPT prediction accuracy. 	 The pre-transplant calcimimetic dose was categorized into four groups according to cinacalcet dose (mg/kg). Two THPT prediction models (with or without calcimimetic information) by Logistic regression. The THPT prediction model that included pretransplant calcimimetic information contributes to the prevention and early treatment of THPT in the era of calcimimetics. 						
 Results Of the 554 KTx, 139 (25.1%) received pre-transplant-calcimimetics, and 87 (15.7%) 	•The continuous net reclassification improvement (CNRI) and integrate discrimination improvement (IDI)w calculated.	d external validat	•Future studies should perform external validations using new cohorts or cohorts from other institutions.				
developed THPT.	Patient characteristics before KTx						
 Pre-transplant calcimimetic 		Non-THPT N = 467	THPT N = 87	P-value			
information significantly improved	Recipient age (years, IQR)	50 (38-62)	53 (46-62)	0.060			
the accuracy of the predicted	Recipient sex (male, %)	304 (65.1) 16 (5-38)	48 (55.2) 112 (48-167)	0.089			
probability of THPT (the CNRI and	Dialysis vintage (months, IQR) Parathyroid gland size (mm, IQR)	6.3 (4.7-8.4)	9.4 (7.1–11.6)	<0.001			
IDI were 0.91 [95% CI: 0.70-	Calcimimetics before KTx (%)	84 (18.0)	55 (63.2)	< 0.001			
1.13, P < 0.001], and 0.09	Calcimimetic dose (mg/kg, IQR)	0.4 (0.3–0.5)	0.6 (0.4–1.0)	< 0.001			
[95% CI: 0.05-0.13, P < 0.001]	Corrected calcium (mg/dL, IQR)	9.2 (8.9–9.7)	9.8 (9.3-10.3)	<0.001			
0.001], respectively).	Intact PTH (pg/mL, IOR)	145 (78-240)	203(154-317)	< 0.001			

The bootstrapped ROC AUCs for

Calcimimetic dose was converted into cinacalcet dose.

Intact PTH (pg/mL, IQR)

145 (78-240)

203 (154-317) <0.001

Models 1 and 2 were **0.91** and

0.94 , respectiv	vely.					Scatter plots of the PPs of Model 1 and Model 2
Logistic regression THPT prediction models						1.0
		Model 1		Model 2	2	
Variable	RC	OR(95% CI)	RC		5% CI)	
(Intercept)	-6.26		-7.57		2	
Dialysis duration (months, reference to < 6)				0.6		
6-20	-0.07	0.94(0.28-3.13	3) -0.19	0.83(0.8	87-3.05)	
21-53	0.11	1.11(0.36-3.4)	1) -0.52	0.59(0.1	17-2.13)	(Model 2)
54-	2.40	11.0(4.12-29.6	6) 1.84	6.27(2.1	10-18.7)	0.4
Serum Ca (mg/dL, reference to < 8.9)						
8.9-9.2	-0.42	0.66(0.21-2.00	6) 0.23	1.26(0.3	33-4.80)	0.2 • • • • • • Non-THPT
9.3-9.7	1.07	2.91(1.11-7.58	8) 1.43	4.18(1.3	38-12.6)	
9.8-	1.82	6.20(2.33-16.	5) 2.70	15.0(4.7	72-47.4)	
Intact PTH (pg/	mL, re	ference to < 8	35.0)			0.0 0.2 0.4 0.6 0.8
85.0-157.0	1.55	4.71(1.51-14.)	7) 2.27	9.69(2.6	5-35.40)	PP (Model 1)
158.0-247.0	2.70	14.9(4.80-46.	5) 2.85	17.4(5.0	0-60.20)	
248.0-	2.63	13.8(4.44-43.2	2) 3.17	23.8(6.7	3-83.90)	CNRI: 0.91 [95% CI: 0.70-1.13, P < 0.001]
Parathyroid gland size (mm, reference to 0)					IDI: 0.09 [95% CI: 0.05–0.13, P < 0.001] The circles below the black dashed line or the	
0.1-5.7	0.83	2.29(0.86-6.08	8) 0.30	1.35(0.4	46-3.97)	triangles above it indicate that the THPT predictions
		4.27(1.74-10.		3.61(1.3	37-9.50)	have improved in Model 2 compared with Model 1.
8.9-	2.54	12.6(5.31-30.0	0) 2.33	10.2(3.6	55-28.8)	
Calcimimetic dose (mg/kg, reference to 0)				ROC curves for the prediction of THPT from		
0.1-0.2	NA	NA	1.88	6.54(2.0	04-21.0)	Model 1 and Model 2
0.3-0.4	NA	NA	2.23	9.32(3.0)2-28.8)	1.0
0.5-	NA	NA	2.95	19.1(6.5	55-55.7)	
RC, regression coefficient.						المسرية المراجع
The parathyroid gland size was defined as 0 when parathyroid gland				0.8		
was not detected by echography.						
Calcimimetic dose was converted into cinacalcet dose and is only				0.6		
adopted as a predictive factor in Model 2. Linear predictor(LP)=intercept+RC(dialysis duration)++RC				Sensitivity		
_			alysis uulo	auon)⊤	TRC	<i>P</i> < 0.001
(Calcimimetic dose) Predictive probability(PP)=exp(Lp)/(1+exp(Lp)				0.4 AUC (95% CI)		
Internal validation by bootstrap for THPT prediction models					Model 1 0.92 (0.90-0.95)	
	~ ~ /		Model 1		odel 2	0.2 • • • • Model 2 0.95 (0.93–0.97)
ROC AUC obtained	d throu	gh	0.91		0.94	
bootstrap 1000 re	sampli	ng				
Slope (BOC)			0.11		0.16	
Mean absolute err			0.03		0.03	Specificity 1.0 0.8 0.6 0.4 0.2 0.0
0.9 Quantile of ab			0.06		0.08	
BOC, bootstrap optimism corrected; ROC AUC, receiver operating						
characteristic area under the curve.						