Folic Acid in chronic kidney disease

By: Dinkar Kaw, MD, FACP

ACE inhibitors have been shown to delay the progression of Kidney disease. Folic acid is used to treat hyperhomocysteinemia in chronic kidney disease to lower the risk of cardiovascular disease. However, studies have shown no benefit on the cardiovascular events, even though the homocysteine levels did decrease.

This study involved a cohort of patients enrolled for the China Stroke Primary Prevention Trial (CSPPT) recruited from 20 communities in the Jiangsu province in China. Using a randomized, double blind, controlled trial design, 15104 adult patients with history of hypertension, including 1671 patients with chronic Kidney disease having an estimated glomerular filtration rate (eGFR) of 30 mL/min/1.73 m² or greater, were enrolled. Patients with estimated glomerular filtration rate (eGFR) less than 30 mL/min/1.73 m² or missing eGFR at baseline were excluded from the study.

Participants were randomized to receive a daily oral dose of 1 tablet containing 10 mg enalapril and 0.8 mg folic acid (single pill combination; the enalapril–folic acid group) or 1 tablet containing 10 mg enalapril only (the enalapril group). Participants were followed up every three months for a median period of 4.5 years.

The investigators in this study, concluded that adding low dose folic acid to ACE I produces added benefit in slowing the progression of renal disease in patients with mild to moderate renal disease. However, that does mean that the benefit is merely due to folic acid. It is folic acid plus ACE I therapy and not just folic acid therapy. The authors postulated that benefit was likely not seen in the previous studies because the baseline folate levels in those study subjects were not low & folic acid was used in higher doses which could have led to toxic levels. In addition, the authors conclude that benefit is only observed in mild to moderate kidney disease. Patients with advanced kidney disease were excluded from this study, so results cannot be extended to this patient population.

The authors have not suggested the mechanism of beneficial effect of folic acid on the progression of kidney disease. They have not shown whether the benefit is due to a direct effect of folic acid, or if folic acid potentiates the beneficial effect of ACE I on the progression of kidney disease.
I think more investigation is needed to answer the above questions before we can properly evaluate the "Efficacy of Folic Acid Therapy on the Progression of Chronic Kidney Disease".

GRANT WRITING @ UT WORKSHOP

This workshop is focused on helping faculty, staff and students be more successful with the basics of laying the groundwork for becoming successfully funded investigators.

HEALTH SCIENCE CAMPUS

When
Friday, October 14, 2016
Time
2:00 pm - 4:00 pm
Location
Health Education Building | Room 103

TOPICS TO BE COVERED

Finding Funding
- Spin Info Database
- State of Ohio
- Small Foundations
- Internal Funding Opportunities (URFO)

Grant Writing 101
- Learn the ins and outs of successful proposal preparation
- Tricks of the trade

Compliance - Why?
- COI Disclosures
- RCR & IRB Training
- Ohio Ethics Laws
- Export Control

Working with RSP
Hear from Grants Coordinators some of the best practices in working with your campus RSP staff to ensure your proposal is ready for submission.

To RSVP, please contact Marcie Ferguson by email or phone at 419.530.1415.
Please include your name, department and the date of the workshop you plan to attend.

COMPLIANT CLINICAL TRIAL BILLING

Introduction to Medicare Rules and the Coverage Analysis

Michael Roach, MA MHSA, JD, CHRC, CIP

Comprehensive training to physicians and clinical trial staff with a specific focus on clinical research billing compliance, including attendant nuances of coverage analysis, strategies for optimizing complex workflow, and the machinations of managing encounters, claims, and study accounts.

When: November 7, 2016
Location: Radisson Hotel
Time: 7:00 am - 2:30pm
RSVP: eshalla.parker@utoledo.edu
New Clinical Trials

A Phase 3, Long-term, Open-label Study of Istradefylline in Subjects with Moderate to Severe Parkinson’s Disease.
Dr. Elmer - Neurology

A 15-Week, Phase II, Double-Blind, Randomized, Placebo-Controlled, Dose Ranging Study to Investigate the Efficacy, Safety and Tolerability of PF-06649751 in Subjects with Motor Fluctuations Due to Idiopathic Parkinson’s Disease.
Dr. Elmer - Neurology

S1314: "A Randomized Phase II Study of Co-Expression Extrapolation (COXEN) with Neoadjuvant Chemotherapy for Localized, Muscle-Invasive Bladder Cancer" (NCT02177695).
Dr. Jain - Urology

S1400: A Biomarker-Driven Master Protocol for Previously Treated Squamous Cell Lung Cancer.
Dr. Skeel - Medicine

S1400B: A Phase II Study of GDC-0032 (Taselisib) for Previously Treated PI3K Positive Patients with Stage IV Squamous Cell Lung Cancer (Lung-MAP Sub-Study).
Dr. Skeel - Medicine

S1400D: A Phase II Study of AZD4547 for Previously Treated FGFR-Positive Patients with Stage IV Squamous Cell Lung Cancer (Lung-MAP Sub-Study).
Dr. Skeel - Medicine

S1400I: A Phase III Randomized Study of Nivolumab Plus Ipilimumab Versus Nivolumab for Previously Treated Patients with Stage IV Squamous Cell Lung Cancer and No Matching Biomarker.
Dr. Skeel - Medicine

Contact Us

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