

# Non-Interventional, Exploratory, Phase IV, Single-Blind, Cross-Sectional, Randomised, Cross-over Study Evaluating Patient Palatability and Preference of 3 Potassium Binders, Sodium Polystyrene Sulphonate (SPS) or Calcium Polystyrene Sulphonate (CPS), Sodium Zirconium Cyclosilicate (Lokelma®), and Calcium Patiromer Sorbitex (Veltassa®) in Patients with Chronic Kidney Disease and Hyperkalaemia (APPETIZE)

**First published:** 08/07/2020

**Last updated:** 11/11/2022

Study

Finalised

## Administrative details

**EU PAS number**

EUPAS36248

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## Study ID

49737


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## DARWIN EU® study

No

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## Study countries

 Canada

 France

 Italy

 Spain

 United States

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## Study description

Sodium zirconium cyclosilicate (hereafter referred to as Lokelma) has been approved in adults for effective and safe treatment of hyperkalaemia (HK), a metabolic condition characterised by elevated serum potassium (K<sup>+</sup>) levels above the normal range of 3.5–5.0 mmol/L. Patients with chronic kidney disease (CKD), diabetes, and those prescribed renin angiotensin aldosterone system inhibitor (RAASi) therapy are at an increased risk of HK due to abnormal K<sup>+</sup> homeostasis, mainly due to impaired renal excretion. Sodium polystyrene sulphonate (SPS) or calcium polystyrene sulphonate (CPS) (hereafter referred to as S/CPS) are traditional K<sup>+</sup> binders which are commonly prescribed but are poorly tolerated by patients due to lack of palatability and gastrointestinal (GI) constipation, leading to low adherence. Additionally, S/CPS use has been associated with serious GI adverse events (AEs, bleeding, ischemic colitis, colonic necrosis, colon perforation). Recently approved novel K<sup>+</sup> binders, such as sodium zirconium cyclosilicate (Lokelma) and calcium patiromer sorbitex (hereafter referred to as Veltassa), are anecdotally reported to be more palatable and better tolerated in comparison to S/CPS, and provide additional

treatment options to fulfil the unmet need for treatment of HK. There is a need to generate evidence for patients and physicians (nephrologists and cardiologists) on patient palatability and patient preference for currently available K+ binders and how preference could impact the likelihood of adherence and enable long-term HK pharmacological treatment.

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### **Study status**

Finalised

## Research institutions and networks

### Institutions

Multiple centres: 32 centres are involved in the study

## Contact details

### **Study institution contact**

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**Study contact**

[eric.wittbrodt@astrazeneca.com](mailto:eric.wittbrodt@astrazeneca.com)

### **Primary lead investigator**

Wittbrodt Eric

**Primary lead investigator**

# Study timelines

## **Date when funding contract was signed**

Planned: 29/05/2020

Actual: 25/03/2020

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## **Study start date**

Planned: 31/08/2020

Actual: 23/10/2020

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## **Data analysis start date**

Planned: 03/03/2022

Actual: 03/03/2022

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## **Date of final study report**

Planned: 16/09/2022

Actual: 21/10/2022

# Sources of funding

- Pharmaceutical company and other private sector

# More details on funding

AstraZeneca AB

# Study protocol

[D9480c00016\\_Study Protocol\\_V2.0\\_FINAL\\_02 June 2020 with signature.pdf](#)

(2.02 MB)

# Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

**Methodological aspects**

**Study type**

**Study type list**

**Study topic:**

Human medicinal product

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Drug utilisation

Other

**If 'other', further details on the scope of the study**

Patient taste preference

**Data collection methods:**

Primary data collection

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**Main study objective:**

To compare patient-reported overall taste between Lokelma and Veltassa, and between Lokelma and S/CPS

## Study Design

**Non-interventional study design**

Other

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**Non-interventional study design, other**

Phase IV, exploratory, cross-over, active comparator controlled study

## Study drug and medical condition

**Medicinal product name**

LOKELMA

VELTASSA

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**Anatomical Therapeutic Chemical (ATC) code**

(V03AE01) polystyrene sulfonate

polystyrene sulfonate

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**Medical condition to be studied**

Chronic kidney disease

Hyperkalaemia

## Population studied

## **Short description of the study population**

The study subjects were patients with dialysis and non-dialysis chronic kidney disease (CKD) and hyperkalaemia (HK) aged 18 years or older treated with sodium zirconium cyclosilicate (Lokelma®), calcium patiromer sorbitex (Veltassa®), sodium polystyrene sulphonate and calcium polystyrene sulphonate (CPS).

Inclusion criteria:

- Participants must be adults aged  $\geq 18$  years, at the time of signing the informed consent.
- Participants should have CKD defined by having an estimated glomerular filtration rate (eGFR)  $< 60$  mL/min/1.73 m<sup>2</sup> (calculated using CKD-EPI equation) measured twice at least 90 days apart
- Prevalent HK with serum K<sup>+</sup>  $> 5$  mmol/L
- Male and/or female
- Capable of giving signed informed consent as described in Appendix A which includes compliance with the requirements and restrictions listed in the informed consent form (ICF) and in this protocol. Informed consent must be obtained prior to any study-specific procedures performed.

Exclusion criteria:

- Screening serum K<sup>+</sup> value which, in the opinion of the investigator, requires immediate medical intervention (ie, cannot wait until after tasting procedures)
- As judged by the investigator, any evidence of any condition which in the investigator's opinion makes it undesirable for the participant to participate in the study
- Known history of drug or alcohol abuse within 6 months of screening
- History of QT prolongation associated with other medications that required discontinuation of that medication, including congenital long QT syndrome
- Symptomatic or uncontrolled atrial fibrillation despite treatment, or

asymptomatic sustained ventricular tachycardia. Participants with atrial fibrillation controlled by medication are permitted

- Have a life expectancy of <6 months
  - 12-lead ECG with reported QTcF >550 msec at screening
  - Are current smoker
  - Have mouth ulcers/mouth infection, respiratory infection, nasal congestion, or other condition, medication, or procedure which may interfere with sense of smell or taste, in opinion of the investigator
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### **Age groups**

- Adults (18 to < 46 years)
  - Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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### **Special population of interest**

Renal impaired

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### **Estimated number of subjects**

148

## **Study design details**

### **Outcomes**

To compare patient-reported overall palatability (composite of taste, texture, smell, and mouthfeel) between Lokelma and Veltassa, and between Lokelma and S/CPS in the United States (US), To compare: patient-reported overall palatability, between Lokelma & Veltassa, and between Lokelma & S/CPS,

patient-reported emotional response to overall palatability, between Lokelma & Veltassa, & between Lokelma and S/CPS. To describe and compare scoring & emotional response for how willing patients would be to take each K+ binder, describe patient-reported preference by ranking the NIMPs.

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### **Data analysis plan**

The primary endpoint is the overall Scoring (0-10) of taste. The primary analysis is to compare the scoring between Lokelma and Veltassa, and between Lokelma and S/CPS. The null hypotheses (H0) are that the overall palatability Scoring (0-40), a composite score of taste, texture, smell, and mouthfeel. The primary analysis is to compare the scoring between Lokelma and Veltassa, and between Lokelma and S/CPS in the US. AstraZeneca hypothesizes that palatability, in terms of taste, texture, smell, and mouthfeel, will score higher (better) for Lokelma, when compared with Veltassa and S/CPS. Additionally, emotional response scores (towards appeal, engagement and empowerment) will score higher (better) for Lokelma, when compared with Veltassa and S/CPS. Each objective will be analysed per country/region. In addition, the difference in results per regions and overall may be explored as outlined in the Study Objectives.

## Documents

### **Study results**

[APPETIZE Abstract\\_04Nov2022.pdf](#) (1.88 MB)

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## Data management

## ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data sources (types)

Other

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### Data sources (types), other

Prospective patient-based data collection

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

### Check conformance

Unknown

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### Check completeness

Unknown

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### Check stability

Unknown

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**Check logical consistency**

Unknown

**Data characterisation**

**Data characterisation conducted**

No