



Diabetic Kidney Disease (US)

OVERVIEW

Diabetic kidney disease (DKD) affects millions of Americans and is the leading cause of end stage renal disease (ESRD). Physicians routinely place the need for new drugs to treat this condition as a high priority and there are several compounds in late stage clinical trials including but not limited to AbbVie's atrasentan, Bayer's finerenone, and Ironwood Pharmaceutical's IW-1973.

Market Dynamix™: Diabetic Kidney Disease combines qualitative feedback from leading opinion leaders and other stakeholders with large scale quantitative feedback of "in the trenches" nephrologists, endocrinologists and PCPs. Additional interviews with payers provide insight into programs and strategies aimed at pre-diabetes, diabetes and diabetic nephropathy. This study is a follow up to an earlier publication from August 2016.

SAMPLE & METHODOLOGY

Qualitative interviews with peer-nominated DKD nephrologist KOLs (n=5) will describe the new therapies on the horizon and their perspective on where each will have an advantage. Additional interviews with nephrologists (n=5), endocrinologists (n=5) and PCPs (n=5) give real world perspective on the challenge of managing this condition. Interviews with payers (n=8) are also included.

An on-line quantitative survey of office-based nephrologists (n=100), endocrinologists (n=75) and primary care physicians (n=100) addresses patient load, referral and co-management issues, current treatment approaches, unmet needs and reaction to pipeline product profiles.

KEY QUESTIONS ANSWERED

- What is the comparative level of unmet need for new products to treat diabetic kidney disease?
- How do physicians assess DKD and what do referral patterns look like between PCPs, endocrinologists and nephrologists? Which lab tests and target levels are used to guide treatment and referral decisions?
- Which medications are used in an attempt to slow DKD and how satisfied are physicians with these treatments? In the past 18 months, how has use of the SGLT2 agents shifted following favorable clinical data?
- How prevalent is hyperkalemia and how do physicians manage this in patients with DKD?
- Regarding new treatments, what is the level of unmet need? What products are physicians aware of? What unique features are most appealing and most worrisome?
- How do physicians respond to product profiles for canagliflozin, finerenone, atrasentan, IW-1973, CCX-140, and bardoxolone methyl, the most advanced compounds in DKD?
- What role will payers play and how is the landscape expected to change in the next three to five years?

Products Profiled

AbbVie (Atrasentan), AstraZeneca (Dapagliflozin*), Bayer (Finerenone), ChemoCentryx (CCX-142), Eli Lilly (Empagliflozin*), Ironwood (IW-1973), Janssen (Canagliflozin*), Reata (Bardoxolone methyl), Relyspa/Vifor (Veltassa)

*Dapagliflozin (FARXIGA), Empagliflozin (JARDIANCE), and Canagliflozin (INVOCANA) are currently approved for Type 2 diabetes

Key Dates

- March publication

Deliverables

- PowerPoint report with comparisons between specialties and to prior research wave
- Frequency tables & summary statistics
- On-site or web-based presentation

Related Reports 2018

- *RealWorld Dynamix™: Chronic Kidney Disease, Nephrology Perspective, US*
- *RealWorld Dynamix™: Chronic Kidney Disease, PCP Perspective US*
- *RealTime Dynamix: Hyperkalemia Nephrology US*