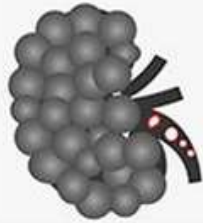


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Prospective observational cohort study

| Bern ADPKD registry



N = 125
patients
with
ADPKD

Effect of Tolvaptan Rx on
urinary lithogenic risk
profile



Tolvaptan
N = 38



RSR

Calcium Oxalate

-0.56 (-0.82 to -0.3), $p < 0.001$

Brushite

-0.33 (-0.54 to -0.11), $p = 0.0039$

RSR

Uric Acid

-0.62 (-0.88 to -0.37), $p < 0.001$

Citrate / Creat Ratio
mmol/mmol/d

+0.25 (0.05 to 0.46), $p = 0.017$

NAE / Creat Ratio
mmol/mmol/d

-0.54 (-0.90 to -0.17), $p = 0.0038$

Tolvaptan Rx was associated with **lower** relative urine supersaturation ratios (RSR)

Tolvaptan Rx was associated with **increased** excretion of citrate and **decreased** net acid excretion (NAE)

Exclusion:



Kidney Replacement therapy

Association analyses with Tolvaptan treatment as explanatory variable and urine parameters relevant for kidney stone formation as outcome variables using mixed-effects linear regression (baseline and all available follow-up 24 h urine analyses included).

Conclusion: Tolvaptan treatment is associated with a significantly improved urinary lithogenic risk profile in patients with ADPKD.

Matteo Bargagli, Nasser Dhayat, Manuel Anderegg, Mariam Semmo, et al. *Urinary Lithogenic Risk Profile in ADPKD Patients Treated with Tolvaptan*. CJASN doi: 10.2215/CJN.13861119. Visual Abstract by Aakash Shingada, MD