



Ketosteril® Research Award

one-time grant: 40,000 Euro

Research creates progress

Fresenius Kabi announces a Ketosteril® Research Award and invites investigators to apply for this one-time grant of 40,000 Euro. The grant may cover basic or applied research on topics directly related to the field of the therapeutic relevance of keto acids, amino acids and/or protein restriction in the scope of chronic kidney disease (CKD). A selection committee consisting of established investigators will select the award recipient. The winner of this one-time research grant will be officially announced at the occasion of the XIV International Congress on Nutrition and Metabolism in Renal Disease in Marseilles, France, June, 2008.

For further information, contact:
Fresenius Kabi Deutschland GmbH
Else-Kröner-Straße 1
D-61352 Bad Homburg v.d.H
Germany
Phone: +49 (0) 6172 686 -7710
Anja.Markant@fresenius-kabi.com
www.Ketosteril-Research-Award.com

**XIV International Congress
on Nutrition and Metabolism
in Renal Disease**

**MARSEILLES
FRANCE**
June 11-15 2008

www.isrnm-marseilles2008.org

Ketosteril®: Product Characteristics: One film-coated tablet contains: Calcium 3-methyl-2-oxovaleric acid, (α-ketoanalogue of isoleucine, Ca-salt) 67 mg, Calcium-methyl-2-oxovaleric acid, (α-ketoanalogue of leucine, Ca-salt) 101 mg, Calcium-2-oxo-3-phenylpropionic acid, (α-ketoanalogue of phenylalanine, Ca-salt) 68 mg, Calcium-3-methyl-2-oxobutyric acid (α-ketoanalogue of valine, Ca-salt) 86 mg, Calcium-DL-2-hydroxy-4-(methylthio)-butyric acid (α-hydroxyanalogue of methionine, Ca-salt) 59 mg, L-lysine acetate (= L-lysine 75 mg) 105 mg, L-threonine 53 mg, L-tryptophan 23 mg, L-histidine 38 mg, L-tyrosine 30 mg, Total nitrogen content per tablet 36 mg, Calcium content 1.25 mmol = 0.05 g. **Other ingredients:** Corn starch, crospovidone, povidone (K-value 29-32), talc, highly dispersed silicon dioxide, magnesium stearate, macrogol 6000, colouring agents E 104, E 171, alkaline polymethacrylate, glycerol triacetate. **Indications:** Prevention and therapy of damages due to faulty or deficient protein metabolism in chronic renal insufficiency in connection with limited protein in food of 40 g per day (for adults) and less; i.e. generally in patients with a glomerular filtration rate (GFR) below 25 ml/min. **Contra-Indications:** Hypercalcaemia, disturbed amino acid metabolism. In case of hereditary phenylketonuria it has to be taken into account that this product contains phenylalanine. **Precautions for use and warnings:** No experience has been made so far with the application in pregnancy and paediatrics. Ketosteril® should be taken during meals to allow proper absorption and metabolism into the corresponding amino acids. The serum calcium level should be monitored regularly. An adequate supply of calories should be ensured. **Undesirable effects:** Hypercalcaemia may develop. In this case, it is recommended to decrease vitamin D intake. If the hypercalcaemia persists, reduce the dosage of Ketosteril® as well as any other source of calcium. **Dosage instructions:** In general, unless prescribed otherwise, four to eight tablets are swallowed whole three times daily during meals. This dosage applies to adults (0 kg body weight) (= 1 tablet/5 kg body weight/day). **Presentation:** Pack containing 100 film-coated tablets in blister. **Instructions for use:** **Handling/Storage:** Do not use Ketosteril® after expiry date! Keep out of the reach of children! Do not store above 25°C. Protect from moisture. **Interaction with other drugs:** Simultaneous administration of medicinal products that contain calcium (e.g. acetolyte) may trigger, or worsen, a pathological increase in the serum calcium level. As the uraemic symptoms improve under therapy with Ketosteril® tablets, the dose of aluminium hydroxide administered should be reduced, as appropriate. The patient should be monitored for reduced levels of serum phosphate. In order not to interfere with absorption, an appropriate interval should be observed between administration of Ketosteril® tablets and medicinal products which from poorly soluble compounds with calcium (e.g. tetracyclines, quinolones such as ciprofloxacin and norfloxacin, preparations that contain iron, fluoride and estramustin). An interval of at least 2 hours should be observed between the intake of Ketosteril® tablets and such preparations. If administration of Ketosteril® tablets leads to increased blood levels of calcium, the sensitivity to medicinal products which increase heart action (cardiac glycosides) and thus also the risk of cardiac arrhythmia is increased.



The 2007 Ketosteril® Research Award initiated by Fresenius Kabi was presented at the International Congress on Nutrition and Metabolism of Renal Disease in Marseilles, France, 11th-15th June 2008.

The research grant supports research projects with focus on keto/and amino acid metabolism and protein restriction in Chronic Kidney Diseases (CKD) characterised by their novelty, importance and feasibility.

An international selection committee decided that both clinical studies as well as experimental studies are of utmost importance. The high quality of papers submitted for the Research Award has led Fresenius to announce three winners:

Clinical Study Design:

Prof Ecdar, Istanbul University (Turkey)

Title: "Effects of Very Low Protein Diet Supplemented with Ketoanalogues on Endothelial Dysfunction and Coronary Flow Velocity Reserve in Patients with Chronic Kidney Disease"

Experimental studies:

Prof Changlin Mei, Changzheng Hospital (China)

Title: "Analysis of lipid metabolic products in KKAy mice with diabetic nephropathy".

Prof. Jing Chen, Huashan Hospital (China)

Title: "Effects of low protein diet with keto acids supplement on the local renin-angiotensin system in experimental CKD".