Journal of Community Hospital Internal Medicine Perspectives

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LETTER TO THE EDITOR

Sodium zirconium cyclosilicate (ZS-9) treatment in patients with serum potassium >6.5 mEq/L

This paper has been commented by Paras Karmacharya et al. Please read the response here.

I am writing in regards to an inaccuracy in the recent case report published in the *Journal of Community Hospital Internal Medicine Perspectives* by Karmacharya et al. (1). The authors had stated that sodium zirconium cyclosilicate (ZS-9) along with patiromer sorbitex calcium (patiromer) has not been studied in patients with serum potassium (K^+) concentrations >6.5 mEq/L. However, it should be noted that while it is true that the phase III trial of patiromer did not include patients with serum K^+ >6.5 mEq/L, that is not the case with ZS-9. Specifically, we would like to point out that:

1. There was no upper limit of baseline serum K^+ specified for patient inclusion in the ZS-9 HARMONIZE study (2).
2. The HARMONIZE study included nine patients with baseline serum K^+ >6.5 mEq/L (up to 7.2 mEq/L).
3. The mean baseline serum K^+ of HARMONIZE study patients was 5.6 mEq/L (2).
4. A Letter to the Editor published in the *New England Journal of Medicine* described analyses conducted on a combined cohort of 45 patients with baseline serum K^+ from 6.1 to 7.2 mEq/L from two Phase III ZS-9 studies (ZS003 and HARMONIZE) (3). The mean baseline serum K^+ concentration of this combined cohort was 6.3 mEq/L.

With these data in mind, I affirm to the reader that there are published clinical data of ZS-9 treatment achieving normokalemia in patients with baseline serum K^+ >6.5 mEq/L.

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Citation: Journal of Community Hospital Internal Medicine Perspectives 2015, **5**: 29097 - http://dx.doi.org/10.3402/jchimp.v5.29097
(page number not for citation purpose)