

CYSTINURIA MANAGEMENT PROGRAM

Interpreting test results

The free, no cost to patients, **Cystinuria Management Program** test is designed to help you proactively monitor your patients' urinary cystine levels to determine their risks of forming stones.

As part of the program, you will receive detailed and accurate results from your patients' 24-hour cystine urine tests.

Cystinuria Management Program test results provide valuable information so you can make optimal management decisions for your patients with cystinuria.

Urinary Cystine Concentration

Cystine concentration is calculated by dividing the total daily urinary cystine by the total daily urine volume. The management goal is to reduce urinary cystine concentration to below the solubility limit, **generally <250 mg/L at a pH of 7.0.**^{1,2} When urinary cystine levels are above the solubility limit, stones are more likely to form.¹

Reducing cystine concentration involves multiple adjustments including maintaining high fluid intake, a low-sodium and low-animal-protein diet, increased urine pH, and taking cystine-binding thiol medications.¹⁻⁴

Urinary pH

The solubility of cystine is dependent on urinary pH. Patients should aim to maintain a urinary pH of 7.0 as part of a conservative treatment plan.²

Reported Urine Volume

Targeted urine volume is typically higher for patients with cystinuria compared with other stone formers in order to reduce urinary cystine below the solubility limit. A minimum urine output of 2.5 L/day on a consistent basis is recommended.²

Urinary Sodium

A high urine sodium level might indicate a diet high in sodium. Patients should follow a diet low in sodium, as low sodium intake has been shown to reduce cystine excretion.²

RESULTS FROM THE CYSTINURIA MANAGEMENT PROGRAM TEST CAN HELP INFORM HOW TO ADJUST AND OPTIMIZE YOUR PATIENTS' MANAGEMENT PLANS

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Patient Information atient Name: **Test, Joe** Control #:

Patient Name: Test, Joe
Patient ID: A04218
Date of Birth: 05/02/1980
Patient Sex: M
Specimen #: 17949

Sample Type: Referring Diagnosis: Referring Clinician/Institution:

Sample Report

Date Collected: 05/14/2020 10:40 AM Age at Collection: 40yr 1mo 13da

Date Received: **05/15/2020**Certified: **05/29/2020 3:19 PM**

Certified By: zq

Clinical Chemistry Results-Cystinuria Management Program Results Normal

	Urine Cystine (by LC-MS)†	350 mg/L	≤328.0	High -	-
	pH-High Resolution¹	7.15	5.0 - 8.0		
	,24-Hour Urine Total Volume	2.8 L			
/	24-Hour Urine Cystine Total ¹	980 <u>mg/</u> 24hr			
	24-Hour Urine Urea Nitrogen Total ¹	19 g/24hr	_7 <u>.0</u> - 16.0	High	
	/24-Hour Urine Sodium Total ¹	336 mmol/24hr	0.0 - 286.0	High -	_
/	24-Hour Urine Creatinine Total ¹	3220 mg/24hr	955.0 - 2936.0	High	
,	24-Hour Urine Calcium Total ¹	448 mg/24hr	0.0 - 250.0	High	

Patient Results History

	Urine	pH-High	24-Hour	24-Hour	24-Hour	24-Hour	24-Hour	24-Hour
	Cystine	Resolution	Urine Total	Urine	Urine Urea	Urine	Urine	Urine
	(by LC-MS)		Volume (L)	Cystine	Nitrogen	Sodium	Creatinine	Calcium
	(mg/L)			Total (mg)	Total (g)	Total	Total (mg)	Total (mg)
						(mmol)		
05/12/2020	320.0	7.04	2.5	800	12	248	3500	325
05/11/2020	280.0	7.00	3.0	840	15	750	4200	630
05/07/2020	288.0	7.40	2.6	749	12	260	3900	468
05/06/2020	380.0	7.01	3.5	1330	13	210	4200	350
Abnormal results (either high or low) are flagged in red color.						•		

Comments

†In this sample, cystine levels in this urine sample were **ABOVE** the saturation limit, based on a calculation including pH [1]. Based on recommendations of the American Urological Association for medical management of kidney stones, the urinary pH was **ABOVE** the recommended levels (>7.0), and the reported total urine volume was **ABOVE** the recommended minimum levels (> 2.5 L / day) [2].

- 1. Dent and Senior, Br J Urol. 1955; 27(4):317-32.
- 2. Pearle et al., J Urol. 2014; 192(2):316-24.

Reference Range

The reference range is provided as a quick and easy way to determine if the patient is on track. Note that the reference range for cystine concentration will be adjusted based on the patient's pH.

Flag

Flags are included to identify and draw attention to analytes that are outside the reference ranges provided.

Additional Analytes

Additional analytes listed are provided to help guide treatment decisions.

Previous Lab Result

Results of any previous CMP cystine urine collection will be provided to compare over time

Interpretation

The interpretation section provides additional information and context for the physician based on the patient's test results. These results can help indicate if the patient is at risk of stone development.

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¹ This test was developed and its performance characteristics determined by Select Reference Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.

ENGAGE YOUR PATIENTS BY SHARING AND EXPLAINING THEIR RESULTS

Review **Cystinuria Management Program** test results with your patients so they can take an active role in managing their cystinuria. You can use this tool as a guide for what topics to cover when reviewing test results with them.

The more knowledgeable your patients are about what causes their urinary cystine levels to become elevated, the more empowered they will be to better manage and take control of their cystinuria.

Make ongoing urinary cystine monitoring a regular part of your patients' management plans

The Cystinuria Management Program is an essential tool to help routinely monitor your patients' treatment plans and inform your cystinuria management decisions.

For more information, contact your Retrophin representative.

References: 1. Pareek G, Steele TH, Nakada SY. Urological intervention in patients with cystinuria is decreased with medical compliance. *J Urol.* 2005;174(6):2250-2252. doi:10.1097/01.ju.0000181817.89703.66. 2. Pearle MS, Goldfarb DS, Assimos DG, et al. Medical management of kidney stones: AUA guideline. *J Urol.* 2014;192(2):316-324. doi:10.1016/j.juro.2014.05.006. 3. Knoll T, Zöllner A, Wendt-Nordahl G, Michel MS, Alken P. Cystinuria in childhood and adolescence: recommendations for diagnosis, treatment, and follow-up. *Pediatr Nephrol.* 2005;20(1):19-24. doi:10.1007/s00467-004-1663-1. 4. Data on file. Retrophin, Inc.