# Variability in Hemoglobin Levels in Hemodialysis Patients in the Current Era

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# Introduction

- Hemoglobin (Hb) variability in dialysis patients has been characterized using a number of methods.
- Most prior analyses were conducted before the 2011 change in CMS reimbursement policy (January) and revised erythropoietinstimulating agent (ESA) labels (July).
- Therefore, Hb variability (and patient demographics) from recent data were compared with results obtained before implementation of these policy changes.
- We also explored anemia management (including ESAs, IV iron, and red blood cell transfusions) across the Hb variability groups.

## Methods

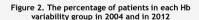
- maintenance hemodialysis patients as of October 1, 2012, with Medicare as primary paver during the baseline period (April 1-September 30, 2012).
- Hb variability was then classified into six groups based on the lowest and highest category during the 6-month observation period (LL, consistently low; II, consistently intermediate; HH, consistently high; LI, low-intermediate: IH. intermediate-high:

• ESA use, iron use, red blood cell transfusions, and comorbid conditions were also assessed.

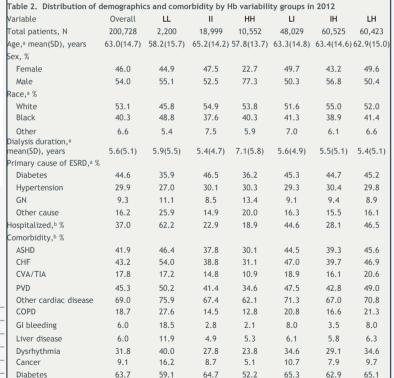
12.5 12 **≘** 11.5 **9** 11

Figure 1. Idealized example of Hb variability groups

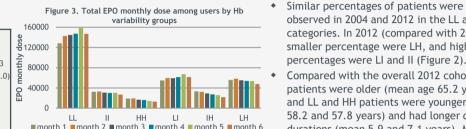


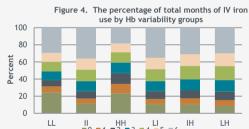


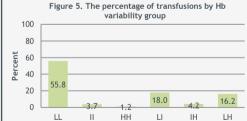




SD, standard deviation; ESRD, end-stage renal disease; aOn index date (October 1, 2012).bAssessed from Medicare claims during the baseline period







Approximately 200K hemodialysis patients

11.5 (Illustrated in Figure 1 by shading).

The 25th and 75th percentiles of Hb values in

the 2012 data were 10.2 (rounded to 10) and

Corresponding 2004 values were 11 and 12.5

were included in this analysis.

Results

g/dL.

- implementation of the 2011 policy changes. Hb variability remains.
- The lower percentage of patients in the LH group is consistent with narrowing of the
- Demographics, comorbid conditions, and anemia management in Hb variability groups
- Further studies are needed to assess the in the current era.

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- The study population consisted of
- Monthly Hb values were categorized as low (L), intermediate (I), or high (H), where L and H were based on monthly values below or above the 25th and 75th percentiles, respectively.
- LH, low-high)(see Figure 1).

### II or HH received lower ESA doses and fewer transfusions (Figures 3 and 5).

 Patients in the HH Hb category were less likely to receive iron: more than one-third of patients who were consistently II or LI received monthly iron (Figure 4).

observed in 2004 and 2012 in the LL and IH

categories. In 2012 (compared with 2004) a

smaller percentage were LH, and higher

Compared with the overall 2012 cohort, II

patients were older (mean age 65.2 years).

and LL and HH patients were younger (mean

58.2 and 57.8 years) and had longer dialysis

durations (mean 5.9 and 7.1 years). More LL

received the highest ESA doses and the most

transfusions; patients who were consistently

percentages were LI and II (Figure 2).

patients were black (48.8%), and the

highest percentage were hospitalized

Patients in the LL or LI Hb categories

relatively worse in this group.

(62.2%); also, comorbid conditions were



- While Hb levels have decreased since
- overall Hb distribution.
- vary, especially in groups LL and II.
- association of Hb variability with outcomes