

# ASN 35th Annual Meeting & Scientific Exposition Submission Program

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**Title:** Fall in Hematocrit and Length of Time from Initiation of Hemodialysis to the First Erythropoietin Treatment

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**Abstract:**

Previous studies indicate that a portion of patients initiate dialysis with hematocrit (Hct) levels 33%, without being on erythropoietin (EPO) therapy pre-ESRD. We studied a pooled cohort of incident Medicare hemodialysis (HD) patients from 1996 to 1999, to examine whether these patients are maintained in the 33-36% Kidney Disease Outcomes Quality Initiative (K-DOQI) target range during the first 6 months of dialysis. Included patients (N=23,289) were alive for at least 6 months following their first service date and had a Medical Evidence Form Hct measurement at initiation of HD. Medicare institutional outpatient claims provided the first EPO claim in the first 6 months, which also provides the concurrent Hct level. Patients were classified by Hct at initiation (<30, 30-<33, 33-<36, 36-<39, and 39+%) and also by Hct from the first claim while on chronic HD. Using the date of the first EPO claim as the event, Kaplan-Meier curves were calculated for each initial Hct group. Patients with an EPO claim in the first 6 months (N=22,853) were then divided into 25 groups based on combinations of Hct at initiation and Hct from the first claim. Mean days to the first EPO claim were calculated for each group. At initiation, 80% (18,728 of 23,289) of patients have Hcts<33%. In the 25 Hct groups, mean days to first EPO claim ranged from 11.0 days for the consistently <30% group to a high of 30.6 days. The proportion of patients who did not have a first EPO claim during the first 6 months was higher in patients with higher initial Hct (p<0.0001). Among patients with initial Hct 33%, 56% (2,470 of 4,410) fell to <33% at the first claim. Within each initial Hct 33% group, patients who fell the most (to <30%)

generally showed a longer time to the first EPO claim (16.1, 23.7, and 26.7 days for the 33-<36, 36-<39, and 39+% initial Hct respectively, to <30% Hct groups). These findings demonstrate that Hcts falls rapidly in a large portion of patients who initiate dialysis with a Hct> 33%, suggesting the need for early initiation of anemia treatment to maintain Hct levels in the K-DOQI target range while on dialysis.

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