

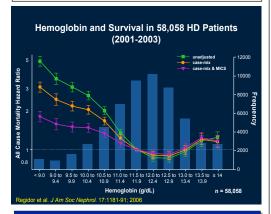
Is High Platelet Count Responsible for Increased Death Risk in Dialysis Patients with Hemoglobin >13 g/dL?

Elani Streja, MPH^{1,2}; Joel D. Kopple, MD¹; Csaba Kovesdy, MD³; Charles J. McAllister, MD⁴; Allen R Nissenson, MD⁵; and Kamyar Kalantar-Zadeh, MD MPH PhD1,2;

(1) Harold Simmons Center for Kidney Disease Research and Epidemiology, Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, and David Geffen School of Medicine at UCLA, Torrance and Los Angeles, CA; (2) Dept of Epidemiology, UCLA School of Public Health, Los Angeles, CA; (3) Salem VA Medical Center, Salem, VA; (4) DaVita, Inc, El Segundo, CA; and (5) UCLA Division of Nephrology, Los Angeles, CA.

Background

- Recent studies have indicated a trend towards increased death risk with targeted hemoglobin (Hb) >13 g/dL in CKD patients (pts)receiving erythropoiesis stimulating agents (ESA) including maintenance hemodialysis (MHD) pts.
- > The mechanism of this effect is unclear but appears to relate to an excess of cardiovascular deaths.



Hypothesis

> We hypothesized that this adverse effect of higher hemoglobin may be related to an associated high platelet count

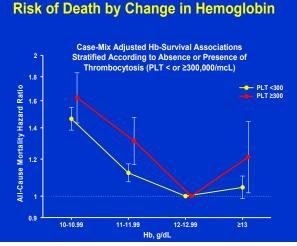
Methods

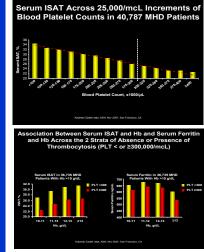
> We examined mortality predictability of the baseline Hb in different strata of platelet counts in a 3-yr (7/01-6/04) cohort of 34,228 DaVita MHD patients with Hb>10 g/dL.

> After dividing Hb range into 4 groups (10-11, 11-12, 12-13, and 13 g/dL). survival models were examined in two separate platelet count strata (<300k vs.300k) adjusting for available potential confounders.

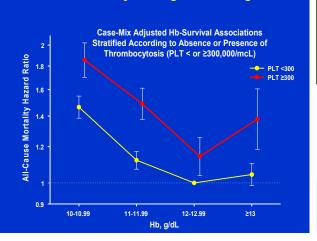
- > Survival model adjustments were carried out at 3 levels:
- > 1. Minimally adjusted (only adjusted for entery calendar quarter)
- ≥ 2. case-mix (age, gender, race/ethnicity, diabetes, other comorbidities, vintage, insurance, marriage, SMR), Kt/V, dialysis catheter, ESA dose, and
- ➤ 3. Malnutrition-inflammation comlex syndrome (MICS) adjusted for laboratory surrogates of nutrition and inflammation (nPNA, serum albumin, creatinine, phosphorus, bicarbonate, TIBC. ferritin, and WBC).
- Compared to Hb 12-13 (which showed the greatest survival), Hb13 was not associated with increased death risk in the low platelet category (hazard ratio [HR]: 1.03, 95%CI: 0.98-1.09, p=0.23),
- > whereas in the high platelet category it was associated with 21% increased death risk (HR: 1.21, 95% CI: 1.02-1.43, p=0.026)

Results





Risk of Death by Change in Hemoglobin



Conclusions

Compared to Hb in 12-13 g/dL range, Hb13 g/dL is associated with 21% increased death risk only in the presence of high platelet count. Additional studies need to verify these findings.

Acknowledgements

Correspondence: Kamyar Kalantar-Zadeh, MD, MPH, PhD Harold Simmons Center for Kidney Disease Research & Epidemiology Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center 1124 W. Carson St., C-1 Annex, Torrance, CA 90502-2064 Tel: (310) 222-3891, Fax: (310) 782-1837 Cell: (310) 686-7908 Fmail Address: kamkal@ucla.edu

<u>Funding Source</u>: Supported by research grants from DaVita, Inc, and Philanthropist Mr. Harold C Simmons.

Relevant Conflict of Interest: Grant/Research Support: Watson, Amgen; Consultant: Watson, Amgen, OrthoBiotech, Vifor, Roche; Honoraria; Watson, Amgen, OrthoBiotech, Vifor, Roche; Product: Ferrlecit, Epoegn, Venofer,