

Persistent Increases in ESA Utilization Following Hospitalization of End-Stage Renal Disease Patients

T Christopher Bond, PhD;¹ Steven Wang, MS;¹ Jaime Rubin, MA;¹ Alex Yang, MD²

¹DaVita Clinical Research, Minneapolis, MN, USA; ²Affymax Inc, Palo Alto, CA, USA

Introduction

- Hemodialysis patients are frequently hospitalized, with a national mean of 1.9 hospitalizations per patient-year in 2009 according to the United States Renal Data System 2011 Annual Data Report.¹
- In 2009, 36% of hospitalizations in hemodialysis patients were followed by another hospitalization within 30 days. Post-hospitalization anemia control has been shown to reduce re-hospitalization rates.²
- A combination of the reasons for hospitalization and an interruption of normal dialysis treatment leads to lowered hemoglobin (Hb) levels and increased utilization of erythropoiesis-stimulating agents (ESAs) in the post-hospitalization period.³
- Solid et al found that it takes 2 months for patient Hb to recover to pre-hospitalization levels and that optimal ESA use over this time period has yet to be determined.4 Brophy et al confirmed that <20% of dialysis patients receive any ESA dose while hospitalized.5
- The session-level information available in this analysis allows a more thorough exploration of changes in ESA dosing surrounding a hospitalization event.

Objective

We have carried out a retrospective analysis to assess the extent and persistence of changes in ESA dosing following hospitalization of end-stage renal disease patients.

Methods

- Data from adult (≥18 years old) hemodialysis patients receiving in-center dialysis ≥3 times/week between 1 January 2009 and 31 December 2010 were assessed.
- Data analysis was restricted to hospitalizations that occurred >30 days after a previous hospitalization discharge.
- Mean per session ESA (epoetin alfa) dose before and after hospitalization was assessed as follows:
- Last non-zero dose before hospitalization and first non-zero dose after hospitalization. Analysis was limited to patients with at least 1 non-zero dose in the 15 days before and after discharge.
- Mean dose in the 15 days before hospitalization versus the 15 days after hospitalization. Analysis was limited to patients with data before and after hospitalization.
- Mean dose in the 30 days before hospitalization versus the 30 days after hospitalization. Analysis was limited to patients with data before and after hospitalization.
- Mean total monthly ESA doses for the 2 months before and 6 months after hospitalization were also calculated.

Results

- Of a total of 289,042 hospitalizations, 181,595 (62.8%) occurred >30 days after any previous hospitalization event, and qualified for inclusion (Table 1).
- For the majority of hospitalizations (73.9%) there was no change in ESA dose between the last pre-hospitalization dose and the first post-hospitalization dose (Table 2).
- Comparison of the 15 days before and after hospitalization showed that 53.6% of hospitalizations were associated with a rise in mean per session ESA dose, 13.8% showed no change, and 32.6% were followed by a drop in ESA dose (Table 2).
- Comparison of the 30 days before and after hospitalization showed that 60.8% of hospitalizations were followed by an increase in mean per session ESA dose, 4.9% showed no change in dose, and 34.3% were associated with a decrease (Table 2).
- Mean per session dose increases (for all hospitalizations) were 227 U, 843 U, and 1,322 U (SD: 2,890, 4,320 and 5,161) for the immediate,15- and 30-day analyses, respectively (Table 2).
- Total monthly ESA dose increased in the month immediately preceding hospitalization compared to dose in the previous month (31-60 days pre-hospitalization), and increased further following hospitalization: 104,316 U and 107,193 U for days 0-30 and 31-60 post-hospitalization, respectively, versus 87,054 U and 97,708 U for days 31-60 and 0-30 pre-hospitalization, respectively (Table 3).
- Monthly doses returned to levels seen for days 31-60 pre-hospitalization after 91-120 days (**Table 3**).

Table 1. Summary Statistics—Hospitalizations

Abbreviation: SD, standard deviation

Characteristic **All Hospitalizations** 138,762 **Patients** 289,042 Number of hospitalizations Length of stay (days) 7.76 ± 10.36 Mean ± SD Median Time between hospitalizations (days) 74.1 ± 96.7 Mean ± SD Median Hospitalizations Included in Analysis 85,775 Patients 181,595 Number of hospitalizations Length of stay (days) 7.39 ± 10.05 Mean ± SD Median

Table 2. Per Session ESA Dose Before and After Hospitalization

| | | Change in Per | Change in Per Session ESA Dose (Units) | | | | | |
|--|----------------------------|-----------------|--|---------|---------|--|--|--|
| | Number of Hospitalizations | Mean (SD) | Median | Q1 | Q3 | | | |
| Last Pre-Hospitalization Dose/ First Post-Hospitalization Dose | | | | | | | | |
| All | 160,817 | + 227 (2,890) | 0 | 0 | 0 | | | |
| ESA rise | 23,050 (14.3%) | + 4,453 (4,265) | + 3,300 | + 2,200 | + 5,500 | | | |
| ESA unchanged | 118,863 (73.9%) | | | _ | | | | |
| ESA drop | 18,904 (11.8%) | - 3,494 (3,595) | - 2,200 | - 4,400 | - 1,100 | | | |
| 15 Days Before/After Hospitalization | | | | | | | | |
| All | 178,073 | + 843 (4,320) | + 367 | - 733 | + 2,493 | | | |
| ESA rise | 95.467 (53.6%) | + 3,339 (3,501) | + 2,200 | + 1,048 | + 4,400 | | | |
| ESA unchanged | 24,555 (13.8%) | | | | | | | |
| ESA drop | 58,051 (32.6%) | - 2,904 (3,536) | - 1,729 | - 3,614 | - 733 | | | |
| 30 Days Before/After Hospitalization | | | | | | | | |
| All | 179,929 | + 1,322 (5,161) | + 900 | - 945 | + 3,691 | | | |
| ESA rise | 109,420 (60.8%) | + 4,091 (3,918) | + 2,933 | + 1,283 | + 5,600 | | | |
| ESA unchanged | 8,740 (4.9%) | <u>—</u> | | | | | | |
| ESA drop | 61,769 (34.3%) | - 3,395 (3,784) | - 2,141 | - 4,463 | - 846 | | | |

Table 3. Total Monthly ESA Dose Before and After Hospitalization

| | Percent With Dose Increase Post-Hospitalization ^a | N (Hospitalizations) | Mean Monthly ESA Dose (Units) | SD (Units) |
|----------------------|--|-------------------------|-------------------------------------|---------------|
| Pre-Hospitalization | | | | |
| Days 31-60 | | 142,891 | 87,054 | 86,696 |
| Days 0-30 | | 179,929 | 97,708 | 92,050 |
| Post-Hospitalization | | | | |
| Days 0-30 | 54.9% | 180,073 | 104,316 | 91,279 |
| Days 31-60 | 55.8% | 168,722 | 107,193 | 91,944 |
| Days 61-90 | 48.5% | 160,893 | 95,713 | 90,110 |
| Days 91-120 | 44.2% | 154,201 | 88,488 | 87,387 |

^a Increase relative to mean monthly dose in days 0-60 pre-hospitalization

Summary and Conclusions

- Although differences between the last ESA dose before hospitalization and the first ESA dose after hospitalization were minimal, 54% of hospitalization events were associated with a rise in per session ESA dose in the 15 days post-hospitalization, while 60% showed an increase in the 30-day post-hospitalization
- Total monthly ESA dose was increased after hospitalization and was also found to increase in the month immediately preceding hospitalization, compared to the period 31-60 days before hospitalization.
- Strategies for better management of anemia during hospitalization and in the post-hospitalization period should be assessed.

References

- 1. US Renal Data System. USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2011.
- 2. Chan, KE, Lazarus, JM, Wingard, RL, Hakim, RM. Association between repeat hospitalization and early intervention in dialysis patients following hospital discharge. Kidney Int. 2009;76:331–341.
- 3. Speigel D, Gitlin M, Mayne TJ. Factors affecting anemia management in hemodialysis patients: A single-center experience. Hemodialysis Int. 2008;12:336-341.
- 4. Solid CA, Foley RN, Gilbertson DT, Collins AJ. Perihospitalization hemoglobin-epoetin associations in US hemodialysis patients, 1998 to 2003. Hemodial Int. 2007;11(4):442-7.
- 5. Brophy DF, Daniel G, Gitlin M, Mayne TJ. Characterizing hospitalizations of end-stage renal disease patients on dialysis and inpatient utilization of erythropoiesis-stimulating agent therapy. Ann Pharmacother 2010;44(1):43–9.

Acknowledgments

We extend our sincere appreciation to the teammates in more than 1,800 DaVita clinics who work every day to take care of patients and also to ensure the extensive data collection on which our work is based. We thank DaVita Clinical Research® (DCR®), and specifically acknowledge Abigail Hunt, PhD, of DCR for editorial contributions in preparing this poster. DCR is committed to advancing the knowledge and practice of kidney care.

This study was funded by Affymax Inc and Takeda Pharmaceutical Company Limited.

*Correspondence: t.christopher.bond@davita.com

Poster available at www.davitaclinicalresearch.com/directory.asp

American Society of Nephrology Kidney Week, 30 October - 4 November 2012; San Diego, CA