**BACKGROUND**

- Five additional patient records were identified by systematic selection.
- Study inclusion criteria:
  - CKD-NOD patients receiving care in US nephrology clinics between 2005-2008, which span the period preceding and following major regulatory and policy changes to anaemia management with ESAs.
- Dedicated nephrology clinic (n~3500)
- First three letters of his/her last name corresponded to the study (n~3500)
- Information was abstracted from medical records by site insurance information, laboratory data, ESA dosing extraction

**METHODS**

- Study designs: Cross-sectional study using multiple waves of data
- Time frame: March 2005 through October 2008
- Site selection:
  - US nephrology clinics were identified from a list maintained by the American Medical Association (n=1335)
- Study inclusion criteria:
  - Dedicated nephrology clinic
  - Treating an average of 10 CKD-NOD per week
  - Random sample of 300 clinics were selected from pool of eligible clinics who agreed to participate
- Approximately 4 waves were conducted in each year of the study
- Patient selection
  - Index patient was selected from computer-generated random numbers and letters
  - The most recent patient record with a diagnosis of CKD (based on GFR or GFR-like criteria) whose medical record or his/her last name corresponded to the number or letter provided was included.
  - Five additional patient records were identified by systematic selection.
  - Working backwards, every 10th record was evaluated for a CKD diagnosis. This process continued until 5 records were identified.
  - Diagnosis of CKD (based on GFR-like criteria)

**RESULTS**

- **Table 1: Patient Characteristics According to ESA Use By Year (2005–2008)**

<table>
<thead>
<tr>
<th>Year</th>
<th>ESA naïve</th>
<th>Current ESA users</th>
<th>p-value for trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1200</td>
<td>500</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>2006</td>
<td>1000</td>
<td>500</td>
<td>0.04</td>
</tr>
<tr>
<td>2007</td>
<td>800</td>
<td>400</td>
<td>0.006</td>
</tr>
<tr>
<td>2008</td>
<td>600</td>
<td>300</td>
<td>0.04</td>
</tr>
</tbody>
</table>

**OBJECTIVES**

- To examine trends in achieved hemoglobin levels among CKD patients receiving care in US nephrology clinics between 2005-2008, which span the period preceding and following major regulatory and policy changes to anaemia management with ESAs.
- To examine trends in achieved hemoglobin levels among CKD patients receiving care in US nephrology clinics between 2005-2008, which span the period preceding and following major regulatory and policy changes to anaemia management with ESAs.

**REFERENCES**