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How to Treat Renal Anemia in Peritoneal Dialysis Patients in Japan: Lessons from JSDT Data Analysis

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In 2015, guidelines for renal anemia in chronic kidney disease were established, introducing guidelines specifically for peritoneal dialysis (PD) for the first time worldwide. However, at that time, there was minimal data regarding anemia in patients undergoing PD in Japan, necessitating the extrapolation of data from overseas. Subsequently, with the advent of PDOPPS and other evidence, significant differences in the treatment approaches and pathophysiology of renal anemia between Japan and other countries have become evident, particularly in iron metabolism. Now, with the revision of the renal anemia treatment guidelines underway, we are going to analyze various aspects using data from the Japanese Society for Dialysis Therapy to illuminate the domestic clinical practice patterns. As part of the analysis team, efforts are being directed towards analyzing target hemoglobin levels, iron metabolism, and erythropoiesis-stimulating agent (ESA) responsiveness in patients undergoing PD, all of which are expected to significantly influence the upcoming guidelines. Notably, recent analyses have suggested an upper limit for hemoglobin management in patients undergoing PD, serving as the first evidence-based suggestion regarding this aspect. Additionally, ongoing analyses are exploring the association between residual kidney function and ESA responsiveness, recognizing the unique significance of preserving residual kidney function in patients undergoing PD and its association with decreased ESA responsiveness, potentially indicating a risk of residual kidney function loss. These findings underscore the necessity for guidelines tailored specifically for patients undergoing PD and emphasize the importance of developing guidelines that reflect the treatment landscape in Japan.

Keywords: peritoneal dialysis, renal anemia, target hemoglobin, residual kidney function, hyporesponsiveness to erythropoiesis-stimulating agent