



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Comparison of the Efficacy and Cost of Erythropoiesis-Stimulating Agents Administered to Hemodialysis Patients

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Objectives : Anemia in chronic kidney disease (CKD) patients is associated with increased cardiovascular complications and mortality. Therefore, the administration of erythropoiesis-stimulating agents (ESAs) until renal transplantation is indispensable. This study compared the effects and costs of ESAs in CKD patients undergoing hemodialysis, aiming to reduce medical costs.

Methods : This retrospective cohort study comprised patients aged over 18 years, undergoing hemodialysis at Asan Medical Center from January 1, 2018, to July 2, 2019, and receiving ESA [epoetin alfa (EPO- α , Epokine®), darbepoetin-alfa (DA- α , Nesp®), and methoxypolyethyleneglycol-epoetin-beta (continuous erythropoiesis receptor activator, CERA, Mircera®)] for anemia treatment. The mean hemoglobin concentrations and the costs incurred [mean ESA dose (units/month) $\times$ price/unit (during 2018 and 2023)] for the EPO- α , DA- α , and CERA groups over a year were compared.

Results : The mean hemoglobin levels exhibited no significant difference among the three groups ($P = 0.159$). Although the mean erythropoietin resistance index (ERI) values were significantly higher in the EPO- α group ($P = 0.002$), they remained below 300 IU/kg/week during the 12-month follow-up, not meeting the definition of ESA resistance. Based on the 2018 and 2023 prices, the DA- α group incurred the lowest mean cost of $71,142.3 \pm 33,312.6$ won and $49,745.5 \pm 23,293.4$ won, respectively ($P < 0.001$).

Conclusions : While the three groups exhibited no significant differences in hemoglobin levels, the DA- α group achieved the target range at the lowest mean cost. To reinforce these results, a comprehensive study using data from the Health Insurance Review and Assessment Service of the Republic of Korea is warranted.

Figure1..jpg



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Figure1. The cost of erythropoiesis-stimulating agent (ESA) calculated as the mean ESA dose (units/month) × price/unit for the EPO- α , DA- α , and CERA groups

