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Development of a predictive model for nafamostat mesylate dosing in hemodialysis

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Objectives : Nafamostat mesylate, an anticoagulant with a short half-life, is useful in hemodialysis for patients with a high risk of bleeding. Research on the appropriate dosage of nafamostat has been insufficient. This study aims to develop a dosage prediction model using data from patients adequately anticoagulated with nafamostat.

Methods : We retrospectively analyzed medical records from 12 centers affiliated with Yeolin Medical Foundation over an 8-month period. We evaluated coagulation records from dialysis membranes and vein chambers and cases demonstrating adequate coagulation were included. Candidate predictor variables were evaluated using bootstrapping and stepwise regression to determine feature importance. Several predictive models were developed, and the best model was selected based on RMSE and adjusted R² metrics.

Results : Data from 88 patients and 308 cases were analyzed, with an average nafamostat dose of 21.90 ± 6.82 mg/hr. The top five important features were oral anticoagulant use, dry body weight, age, hemoglobin, and cancer history. The Stepwise 70% model using 12 variables showed the best prediction with an RMSE of 4.11 (95% CI: 4.06, 4.15) and an adjusted R² of 0.49. In the multivariate linear regression results using the optimal model, variables such as oral anticoagulant use [coeff. - 14.20, 95% CI (-18.28, -10.12), P value <0.001] and age [-0.13, 95% CI (-0.19, -0.08), <0.001] were associated with a decrease in nafamostat dosage. Conversely, variables such as dry body weight [0.15, 95% CI (0.09, 0.22), <0.001] and hemoglobin [1.13, 95% CI (0.51, 1.76), <0.001] were associated with an increase in nafamostat dosage.

Conclusions : The nafamostat dosage prediction formula derived from the Stepwise 70% model enables individualized dosage calculations. However, further studies for model improvement and external validation are required due to the retrospective nature of this study. Body weight, age, oral anticoagulant, and hemoglobin should be considered when determining the dose of Nafamostat.

figure2.jpg

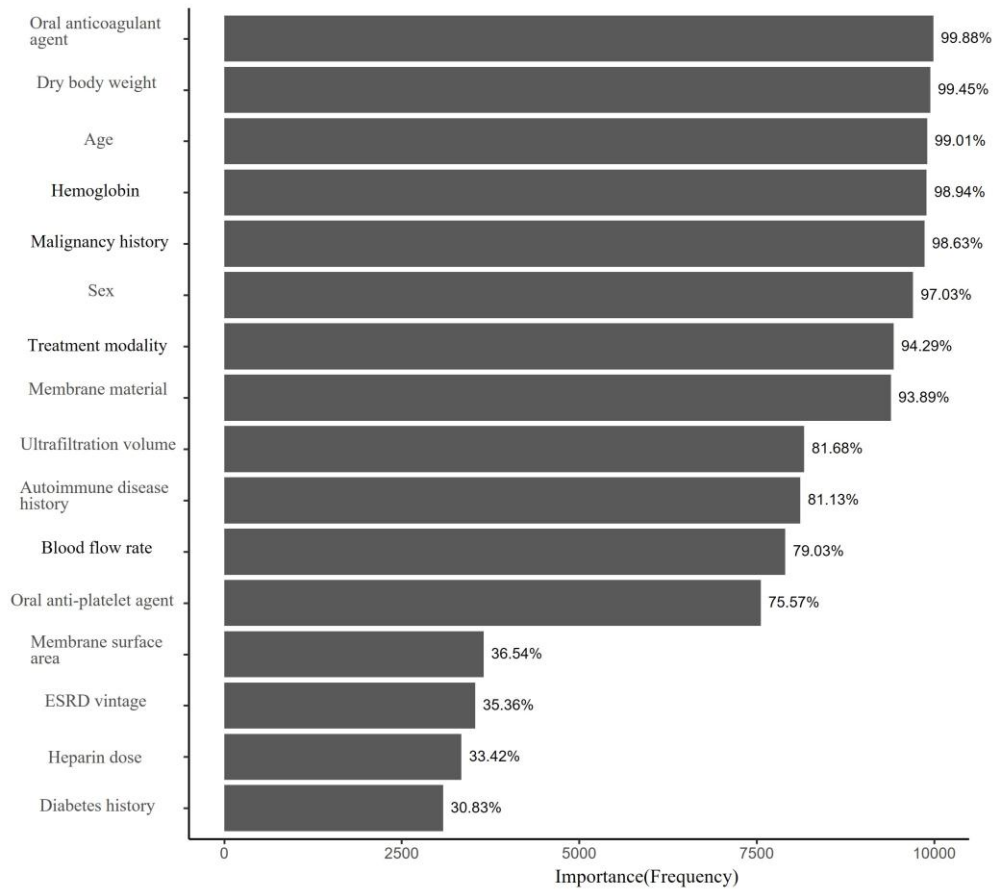


figure2.jpg



Table 3. Linear Regression Results (with Train data set)

value	univariable		multivariable[stepwise 70% model]	
	Coefficient (95% CI)	P-value	Coefficient (95% CI)	P-value
Oral anticoagulant agent	-12.02 (-17.00, -7.03)	<0.001	-14.20 (-18.28, -10.12)	<0.001
Dry body weight, kg	0.11 (0.05, 0.18)	<0.001	0.15 (0.09, 0.22)	<0.001
Age, yr	-0.20 (-0.25, -0.14)	<0.001	-0.13 (-0.19, -0.08)	<0.001
Hemoglobin, g/dL	0.99 (0.27, 1.71) ✓	0.008	1.13 (0.51, 1.76)	<0.001
Malignancy history : None	ref		ref	
Cured for more than 5 years	-3.46 (-8.92, 2.00) ✓	0.214	-3.20 (-7.44, 1.05) ✓	0.139
Under 5 years or in treatment	-5.25 (-8.89, -1.60) ✓	0.005	-3.92 (-6.91, -0.94) ✓	0.010
Hematologic malignancy	5.57 (1.08, 10.06) ✓	0.015	7.72 (3.45, 12.00)	<0.001
Sex : Male	ref		ref	
Sex : Female	-2.38 (-4.14, -0.63) ✓	0.008	-3.17 (-4.89, -1.45)	<0.001
Treatment modality : HD	ref		ref	
Treatment modality : pre-dilution HDF	2.47 (-1.03, 5.97) ✓	0.165	4.47 (1.65, 7.28) ✓	0.002
Treatment modality : Post-dilution HDF	2.83 (0.87, 4.79) ✓	0.005	2.56 (0.71, 4.41)	0.007
Membrane material : polysulfone	ref		ref	
Membrane material : cellulose triacetate	-0.63 (-5.51, 4.26) ✓	0.801	-6.23 (-10.20, -2.27) ✓	0.002
Ultrafiltration volume, L	-0.78 (-1.60, 0.04) ✓	0.061	-1.11 (-1.95, -0.27) ✓	0.010
Autoimmune disease : None	ref		ref	
Lupus nephritis	3.48 (-0.89, 7.85) ✓	0.118	4.22 (0.91, 7.52) ✓	0.013
TMA	3.12 (-10.44, 16.69) ✓	0.650	3.74 (-6.37, 13.85) ✓	0.467
Blood flow rate, ml/min	0.01 (-0.01, 0.03) ✓	0.241	-0.03 (-0.05, -0.01) ✓	0.018
Anti-platelet agent	3.41 (1.67, 5.16) ✓	<0.001	1.69 (0.13, 3.26) ✓	0.034
Membrane surface area, m ²	1.97 (-0.66, 4.60)	0.142		
ESRD vintage, year	-0.18 (-0.29, -0.07)	<0.001		
Heparin dose, IU/10 ³	1.95 (1.12, 2.78)	<0.001		
Diabetes history	0.42 (-1.35, 2.19) ✓	0.641		