



OVERVIEW

Chronic kidney disease (CKD) affects millions of Americans, with many patients unaware they have the disease. CKD is a progressive disease that ultimately leads to the need for renal replacement therapy via dialysis or transplantation. This report analyzes the population of CKD patients that are under the care of a **primary care physician (PCP)** and who have reached Stage 3 (eGFR<60). In addition to a host of clinical and non-clinical demographics, the report highlights the challenges that exist in co-managing with and referring to nephrologists. Importantly, the report helps size the opportunity for future renal products, such as HIF-Ph inhibitors, novel iron products and therapies for diabetic kidney disease among the PCP audience.

SAMPLE & METHODOLOGY

RealWorld Dynamix™: Chronic Kidney Disease is based on a deep, robust patient chart analysis of +/- 1,000 patients with CKD (eGFR<60) under the care of a PCP. Each PCP (n=+/-200) completes an in-depth medical history of the most recent 3-7 patients who met the study inclusion criteria. An excellent augmentation to claims data, **RealWorld Dynamix™: Chronic Kidney Disease** also captures the clinician's perspective on the why behind treatment decisions as well as co-management decision making. In addition to patient demographics and treatment history, patient status at referral to nephrologist, clinical assessments, diagnostic tests and laboratory values are included to provide insight into the real world treatment patterns in CKD patients being managed by primary care physicians.

KEY QUESTIONS ANSWERED

- How do PCPs classify patients with chronic kidney disease?
- What are PCPs thoughts about when to refer to nephrology and what do they perceive to be the leading barriers to optimal management of patients with CKD?
 - What percent of patients in each stage have been referred to a nephrologist? How do PCPs perceive the co-management relationship?
- For patients treated with renal medications such as ESAs, Iron, phosphate binders and vitamin D, how involved are PCPs in initiating these therapies? How familiar are they with the various brands?
- What is the opportunity for Veltassa in these patients? What percent of patients have a potassium level >5.5 and, among those, what percent are treated with either SPS or Veltassa? Why are patients who present with hyperkalemia not being treated with these agents?
- How do certain co-morbid conditions such as Type 2 diabetes, influence the treatment patterns? What is the Hba1c distribution across the population, what percent are treated with insulin, SGLT2s? How have PCP attitudes about SGLT2s and the treatment of DKD changed in the past year?
- Which products and companies have the highest level of promotion to PCPs?
- Where do PCPs see the greatest level of unmet need for new products and how does this compare to that of CKD? If an oral anemia product were approved, would PCPs be inclined to prescribe it ahead of nephrology referral?
- How do PCPs get information about the management of CKD?

Products Profiled

ACE inhibitors, allopurinol, Aranesp, Auryxia, ARBs, cholecalciferol, calcitriol, calcium-based binders, Colchrys, ergocalciferol, Feraheme, Ferrlecit, Fosrenol, Hectorol, INFeD, Injectafer, oral iron, Procrit, Rayaldee, Renvela, SGLT2s, spironolactone/eplerenone, SPS, tacrolimus, Uloric, various biologics (rituximab), Velporo, Veltassa, Venofer, Zemplar, Zurampic

Key Dates

- Deadline for input: February 2
- Publication: March 28

Deliverables

- PowerPoint report
- Frequency tables & summary statistics
- On-site or web-based presentation
- Copy of de-identified patient record database

Related Reports 2018

- *RealWorld Dynamix™: Chronic Kidney Disease US, Nephrology Perspective*
- *RealWorld Dynamix™: Dialysis US*
- *RealTime Dynamix™: Renal Anemia US*
- *RealTime Dynamix™: Bone and Mineral Metabolism US*
- *RealTime Dynamix™: Hyperkalemia US*
- *RealTime Dynamix™: Renal Dietitians US*
- *Market Dynamix: Diabetic Kidney Disease*
- *Market Dynamix™: Renal Anemia*