



Incident Dialysis (US) 2019

OVERVIEW

Each year more than 100,000 patients are started on dialysis, most utilizing in-center hemodialysis as their modality. Many of these patients start dialysis with little or no nephrology case management in the pre-dialysis phase. It is well-documented that the first six months of dialysis are associated with both the highest healthcare costs and the highest mortality.

Nephrologists report in other Spherix studies a strong preference for maintaining patients on the same therapies as they transition from CKD to dialysis, although dialysis chain formularies can make this a challenge.

With new, novel agents such as the HIF-PH inhibitors being studied in the Incident Dialysis population (HIMALAYAS), understanding these patients and their journey becomes increasingly important for a successful launch.

SAMPLE & METHODOLOGY

RealWorld Dynamix™: Incident Dialysis is based on a deep, robust patient chart analysis of 857 incident dialysis patients, mapping their care path from pre-dialysis through the first six months. Each nephrologist (n=169) completed an in-depth medical history of the most recent 3-7 patients who met the study inclusion criteria. An excellent augmentation to claims data, this study also captures the clinician's perspective on the "why" behind treatment decisions. In addition to patient demographics and treatment history, clinical assessments, diagnostic tests and laboratory values are included to provide insight into the real world treatment patterns in dialysis.

KEY QUESTIONS ANSWERED

- What percentage of incident dialysis patients were followed by a nephrologist prior to starting dialysis? How does time followed in CKD affect transition to dialysis in terms of transplant eligibility, modality choice, and overall health status?
- What co-morbid conditions do incident dialysis patients present with?
- What is the timeline for on-boarding of key renal medications such as ESAs, IV iron, phosphate binders, active vitamin D and calcimimetics?
- For patients treated with key renal medications in pre-dialysis, how often is the therapy interrupted or brand switched when transitioning to dialysis?
 - Does this vary by dialysis chain?
- How does brand use differ between CKD-ND and ID patients (for ESAs, IV iron, phosphate binders, active vitamin D, and calcimimetics)?
- What does dose titration look like for key renal medications during the first six months of dialysis?
- What are the biochemical parameter trends pre-dialysis and each month after dialysis initiation? Do these vary by modality?
- How do the treatment rates at six months compare to the established dialysis population (excerpt from RealWorld Dynamix: Dialysis 2018)?
- How often are incident dialysis patients hospitalized in the first six months of dialysis?
- How often does a patient change modalities during the first six month of dialysis?

Products Profiled

AbbVie, generics (Zemiplar), Amgen (Aranesp, Epogen, Parsabiv, Sensipar), Keryx (Auryxia), FMC, generics (Venofer), Roche/FMC (Mircera), Rockwell Medical (Triferic), Sanofi, generics (Ferrelecit, Hectorol, Renvela), Shire (Fosrenol), Relypsa (Veltassa), Vifor/FMC (Velphoro), calcitriol, calcium acetate, calcium carbonate, sodium polystyrene sulfonate, HIF-PHI class

Key Dates

- Fieldwork: May 2019
- Publication: July 2019

Deliverables

- PowerPoint report with brand specific sections
- Frequency tables & summary statistics
- On-site or web-based presentation
- Access to de-identified database for ad hoc queries via Spherix analysts

Related Reports

- RealWorld Dynamix™: Dialysis US, 2017, 2018, 2019
- RealWorld Dynamix™: Chronic Kidney Disease US, Nephrology Perspective 2016, 2017, 2018, 2019
- RealWorld Dynamix™: Chronic Kidney Disease, PCP Perspective US, 2018
- RealTime Dynamix™: Renal Anemia US (since Q3 2015)
- RealTime Dynamix™: Hyperkalemia US (since Q1 2016)
- RealTime Dynamix™: Bone and Mineral Metabolism US (since Q3 2015)
- RealTime Dynamix™: Renal Dietitians US (since Q2 2016)
- Market Dynamix™: Renal Anemia 2019
- Market Dynamix™: Diabetic Kidney Disease US, 2018, 2019