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MORE FREQUENT HOME HEMODIALYSIS LINKED TO LOWER RISK OF DEATH COMPARED WITH TRADITIONAL HEMODIALYSIS

Highlights

- Within one year after initiating dialysis, patients on more frequent home hemodialysis were 23% less likely to die compared with patients receiving traditional in-center hemodialysis.
- Results from the study will be presented at ASN Kidney Week 2018 October 23–October 28 at the San Diego Convention Center

San Diego, CA (October 26, 2018) — A new study has uncovered a survival advantage associated with more frequent home hemodialysis compared with traditional hemodialysis. The findings will be presented at ASN Kidney Week 2018 October 23–October 28 at the San Diego Convention Center.

Home hemodialysis (HHD) is an alternative to traditional in-center hemodialysis (IHD) performed at a dialysis facility. To compare survival rates among patients who choose these different types of dialysis when they are first beginning treatment, Eric Weinhandl, PhD, MS (NxStage Medical, Inc. and University of Minnesota, Minneapolis) and his colleagues analyzed data from the United States Renal Data System on 1,773 HHD patients and 555,366 IHD patients.

Survival after one year of follow-up was 91.7% and 81.4% in HHD and IHD patients, respectively. After adjustments, HHD patients were 23% less likely to die during follow-up than IHD patients. Dr. Weinhandl noted that this likely reflects the combined effects of better care coordination and education before dialysis initiation and better volume and pressure management due to increased hemodialysis frequency.

Within age strata, the risk of death associated with HHD was 46% lower for 20-44 years, 26% lower for 45-64 years, and 11% lower for ≥ 65 years. Within kidney function strata, the risk of death associated with HHD was 32% lower for estimated GFR < 10 mL/minute/1.73 m² and 20% lower for estimated GFR ≥ 10 mL/minute/1.73 m².

“The survival difference favoring more frequent home hemodialysis was largest in patients aged 20 to 44 years and attenuated with increasing age; however, the survival difference favoring home hemodialysis did not significantly differ across the range of

estimated GFR at dialysis initiation,” said Dr. Weinhandl. “Unfortunately, less than 1% of new dialysis patients were prescribed home hemodialysis.”

Dr. Weinhandl added that there is growing interest in transitional care units, in which new dialysis patients may be treated with more frequent hemodialysis and are also educated about different types of dialysis, with the aim of encouraging more patients to select home dialysis. “These data support the concept of transitional care units and targeting greater utilization of home hemodialysis among new dialysis patients,” he said.

Study: “Relative survival among incident patients on home versus in-center hemodialysis”

ASN Kidney Week 2018, the largest nephrology meeting of its kind, will provide a forum for more than 13,000 professionals to discuss the latest findings in kidney health research and engage in educational sessions related to advances in the care of patients with kidney and related disorders. Kidney Week 2018 will take place October 23 – October 28 at the San Diego Convention Center.

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 20,000 members representing 131 countries. For more information, please visit www.asn-online.org.

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