Leading European Nephrology

Transplantation Versus Home Dialysis. Should I Stay on It or Should I Go for It?

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Disclosure

- Czech Health Research Council
- National Institute of Health (NIH) - USA

Objectives

1	**Select Modality for your Tx Candidate**
2	**Home/Extended HD versus conventional HD**
3	**Home HD versus Kidney Transplantation**
4	**Unpublished Results for Comparison of Home HD versus Kidney Transplantation**
5	**Conclusions**

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Your patient

- 65 years old retired policeman with 20 years history of diabetes and diabetic nephropathy with eGFR 12 ml/min.
- No detected CAD, PVD, COPD. 25% stenosis in both carotis arteries and HTN
- On regular medications (Insulin, ACEI (still), Aspirin, Statin)
- Unremarkable physical
- AV access is ready for use, Hgb, PTH, Ca, P are on target
- Doing daily workout, history of steroid induced psychosis
- Eligible for kidney transplantation, no living donor
- Excellent adherence, good diabetes and HTN control
- Excellent living condition, good candidate for HHD
- He decided to go with HHD when he is offered a kidney…

Kidney #1

- Living donor kidney from altruistic donor as end of the chain he is the recipient from the list.
- Donor is 55 years old, White, male.
- 2 arteries.
- No DSA.

Should he go for it?

Kidney #2

- SCD donor kidney.
- Donor is 50 years old, White, female, cause of death: accident.
- No contributory donor information.
- No DSA.

Should he go for it?

Kidney #3

- ECD donor kidney.
- Donor is 65 years old, African American, male, cause of death: cerebrovascular accident.
- CIT would be around 23 hours, donor was on vasopressors, donor has history of HTN, IFG.
- Estimated GFR is around 70 ml/min, good diuresis.
- One DSA- Class II.

Should he go for it?

Kidney #4

- DCD donor kidney.
- Donor is 45 years old, African American, female, cause of death: motor vehicle accident.
- Donor is treated HCV positive, previous drug user
- Estimated GFR is around 60 ml/min.
- One DSA- Class I.

Should he go for it?

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AJKD
Original Investigation

Home Hemodialysis and Mortality Risk in Australian and New Zealand Populations

Mark R. Marshall, MBChB, MPH(Hons), FRACP,[1,2,3]
Carmel M. Hawley, MB,BS(Hons), MMedSci, FRACP,[4,5]
Peter G. Kerr, MB,BS, PhD, FRACP,[6,7]
Kevan R. Polkinghorne, BHB, MBChB, MClinEpi, PhD, FRACP,[6,7]
Roger J. Marshall, PhD,[1] John W.M. Agar, MB,BS, FRCP(Lond), FRACP,[3,8] and
Stephen P. McDonald, MB,BS(Hons), PhD, FRACP[3,9]

AJKD, 2011, 58(5): 782-793

- 26,016 patients from Australia and New Zealand
- Transplant Registry Analysis
- Lack of socioeconomic, medication and laboratory data

Table 3. Effects of Modality on Mortality, Adjusted Interaction Effects, and Sensitivity Analyses

	Conventional Facility HD	Conventional Home HD	Frequent/Extended Facility HD	Frequent/Extended Home HD	Peritoneal Dialysis
Overall population (marginal) effect					
Crude	1.00 (ref)	0.27 (0.24-0.31)[a]	0.97 (0.79-1.18)	0.29 (0.23-0.36)[a]	1.07 (1.02-1.11)[a]
Adjusted	1.00 (ref)	0.51 (0.44-0.59)[a]	1.16 (0.94-1.44)	0.53 (0.41-0.68)[a]	1.10 (1.06-1.16)[a]
Adjusted (6-mo lag)	1.00 (ref)	0.58 (0.50-0.66)[a]	1.18 (0.95-1.46)	0.59 (0.46-0.77)[a]	1.18 (1.13-1.23)[a]
Restricted by follow-up					
to 12 mo	1.00 (ref)	0.37 (0.24-0.56)[a]	0.90 (0.55-1.49)	0.55 (0.24-1.26)[a]	0.80 (0.73-0.87)[a]
to 24 mo	1.00 (ref)	0.49 (0.39-0.62)[a]	1.04 (0.73-1.50)	0.57 (0.36-0.90)[a]	0.93 (0.88-1.00)
to 36 mo	1.00 (ref)	0.49 (0.40-0.59)[a]	1.07 (0.79-1.45)	0.56 (0.39-0.82)[a]	0.99 (0.94-1.04)

Intensive Hemodialysis Associates with Improved Survival Compared with Conventional Hemodialysis

JASN, 2012, 23: 696-705

Gihad E. Nesrallah,*† Robert M. Lindsay,* Meaghan S. Cuerden,* Amit X. Garg,*†‡ Friedrich Port,§ Peter C. Austin,‖¶ Louise M. Moist,*‡ Andreas Pierratos,** Christopher T. Chan,** Deborah Zimmerman,†† Robert S. Lockridge,‡‡ Cécile Couchoud,§§ Charles Chazot,‖‖ Norma Ofsthun,¶¶ Adeera Levin,*** Michael Copland,*** Mark Courtney,††† Andrew Steele,‡‡‡ Philip A. McFarlane,** Denis F. Geary,** Robert P. Pauly,††† Paul Komenda,§§§ and Rita S. Suri*

- 338 (from 420) propensity score matched HHD patients from France, Canada and US
- Matched with DOPPS CHD patients

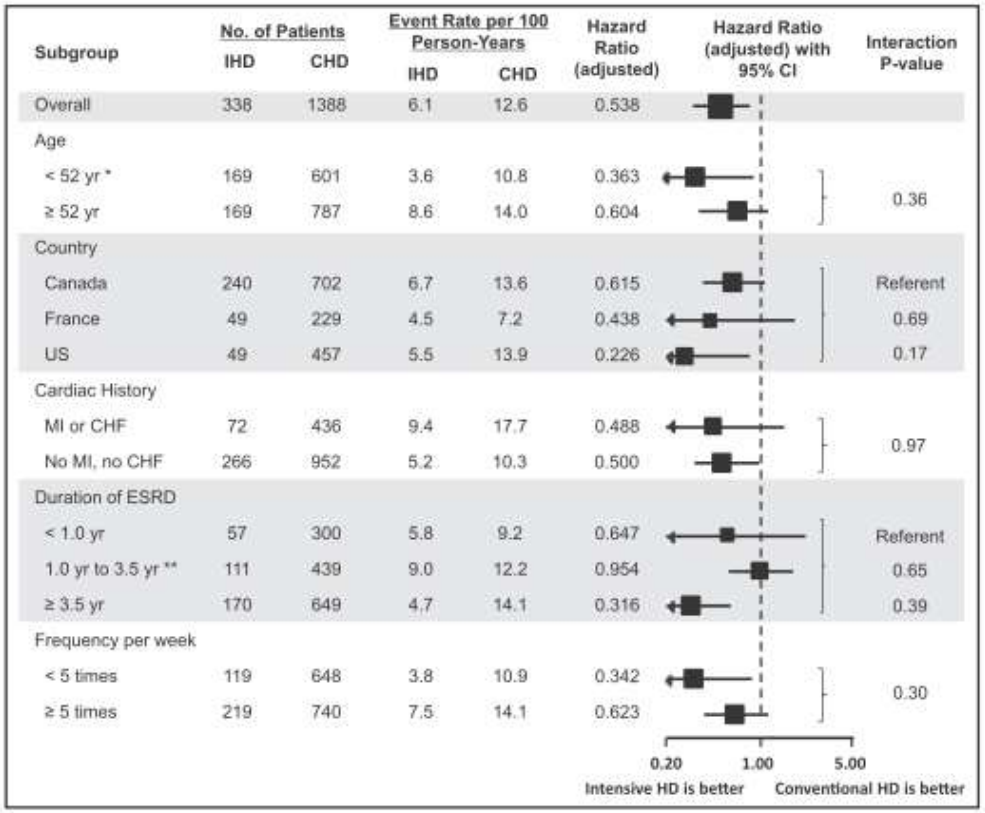

Figure 3. Subgroup analyses for matched cohorts (unadjusted). *P* values for interactions are based on *z* tests. IHD, intensive hemodialysis; CHD, conventional hemodialysis; MI, myocardial infarction; CHF, congestive heart failure. *Median age at cohort entry is 52 years. **Median duration of ESRD at cohort entry is 3.5 years.

Survival in Daily Home Hemodialysis and Matched Thrice-Weekly In-Center Hemodialysis Patients

JASN, 2012, 23: 895-904

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*Chronic Disease Research Group, Minneapolis Medical Research Foundation, Minneapolis, Minnesota; and †Department of Medicine, University of Minnesota, Minneapolis, Minnesota

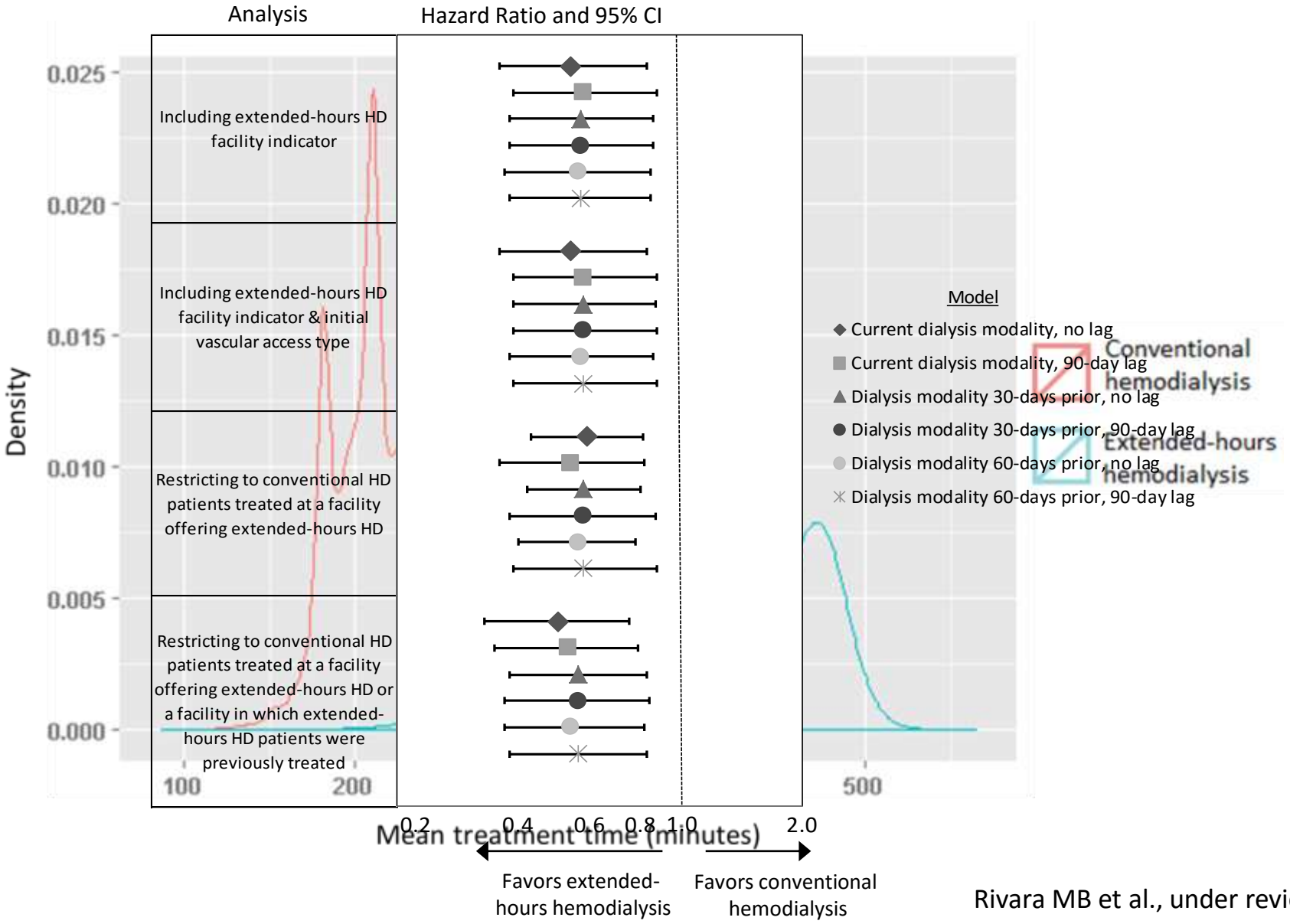
- 1,873 propensity score matched HHD patients from US
- 1:5 matched with 9,365 CHD patients

Table 2. Relative hazards of death for daily home hemodialysis patients in intention-to-treat and as-treated analyses

	Intention to Treat		As Treated	
	HR (95% CI)	*P*	HR (95% CI)	*P*
All-cause mortality	0.87 (0.78–0.97)	0.01	0.82 (0.72–0.94)	<0.01
Cause-specific mortality				
cardiovascular disease	0.92 (0.78–1.09)	0.34	0.83 (0.67–1.01)	0.06
infection	1.13 (0.84–1.53)	0.41	1.17 (0.83–1.66)	0.38
cachexia/dialysis withdrawal	0.63 (0.41–0.95)	0.03	0.70 (0.44–1.11)	0.13
other specified cause	1.06 (0.81–1.37)	0.69	1.19 (0.88–1.61)	0.25
unknown cause	0.59 (0.44–0.79)	<0.01	0.41 (0.28–0.62)	<0.01
Interval-specific mortality (mo)				
1–6	0.88 (0.78–0.98)	0.02	0.77 (0.68–0.89)	<0.01
7–12	0.89 (0.78–1.02)	0.10	0.75 (0.63–0.89)	<0.01
13–18	0.92 (0.78–1.09)	0.32	0.81 (0.65–1.01)	0.06
19–24	0.95 (0.76–1.20)	0.69	0.89 (0.66–1.21)	0.45
≥25	0.92 (0.66–1.28)	0.61	0.95 (0.62–1.47)	0.82

Referent: matched thrice-weekly in-center patients.

Effect of Extended-Hours Hemodialysis on Survival of Patients with End-Stage Renal Disease in US



Rivara MB et al., under review

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Nephrol Dial Transplant (2009) 24: 2915–2919
doi: 10.1093/ndt/gfp295
Advance Access publication 7 July 2009

NDT
Nephrology Dialysis Transplantation

Survival among nocturnal home haemodialysis patients compared to kidney transplant recipients

Robert P. Pauly[1], John S. Gill[2], Caren L. Rose[2], Reem A. Asad[3], Anne Chery[4], Andreas Pierratos[5] and Christopher T. Chan[3]

Table 1. Baseline characteristics of nocturnal haemodialysis patients and recipients of deceased and living donor transplantation

	NHD ($n = 177$)	DTX ($n = 531$)	LTX ($n = 531$)	P-value[a]
Mean age: years (standard deviation)	46.4 (11.8)	46.9 (12.2)	43.9 (13.3)	<0.001
Female (%)	62 (35.0)	224 (42.2)	228 (42.9)	0.16
Race (%)				
White	121 (68)	363 (68)	363 (68)	Matched
Black	20 (11)	60 (11)	60 (11)	Matched
Asian	18 (10)	54 (10)	54 (10)	Matched
Other	18 (10)	54 (10)	54 (10)	Matched
Cause of ESRD (%)				
Diabetes	24 (14)	72 (14)	72 (14)	Matched
Other	153 (86)	459 (86)	459 (86)	Matched
Comorbidities (%)[b]				
Previous history of cancer	11 (6.2)	2 (0.4)	1 (0.2)	<0.001
Peripheral vascular disease	7 (4.0)	0 (0)	2 (0.4)	<0.001
Ischaemic heart disease	21 (11.9)	6 (1.1)	2 (0.4)	<0.001
Mean duration of conventional dialysis prior to treatment with NHD, DTX or LTX: years (standard deviation)	2.5 (3.6)	2.4 (3.6)	2.2 (2.7)	0.98
Vintage strata: number of subjects (%)				
No time on dialysis	25 (14.1)	75 (14.1)	75 (14.1)	Matched
0–6 months	36 (20.3)	108 (20.3)	108 (20.3)	Matched
6–12 months	24 (13.6)	72 (13.6)	72 (13.6)	Matched
12–24 months	25 (14.1)	75 (14.1)	75 (14.1)	Matched
24–36 months	18 (10.2)	54 (10.2)	54(10.2)	Matched
36–60 months	23 (13.0)	69 (13.0)	69 (13.0)	Matched
>60 months	26 (14.7)	78 (14.7)	78 (14.7)	Matched

NHD, nocturnal haemodialysis; DTX, decease donor transplantation; LTX, living donor transplantation.
[a]The P-value for comparison of all three groups (NHD, DTX, LTX).
[b]Comorbidities as recorded at the start of ESRD.

- Canadian HHD from two centers in Toronto
- US Tx recipients

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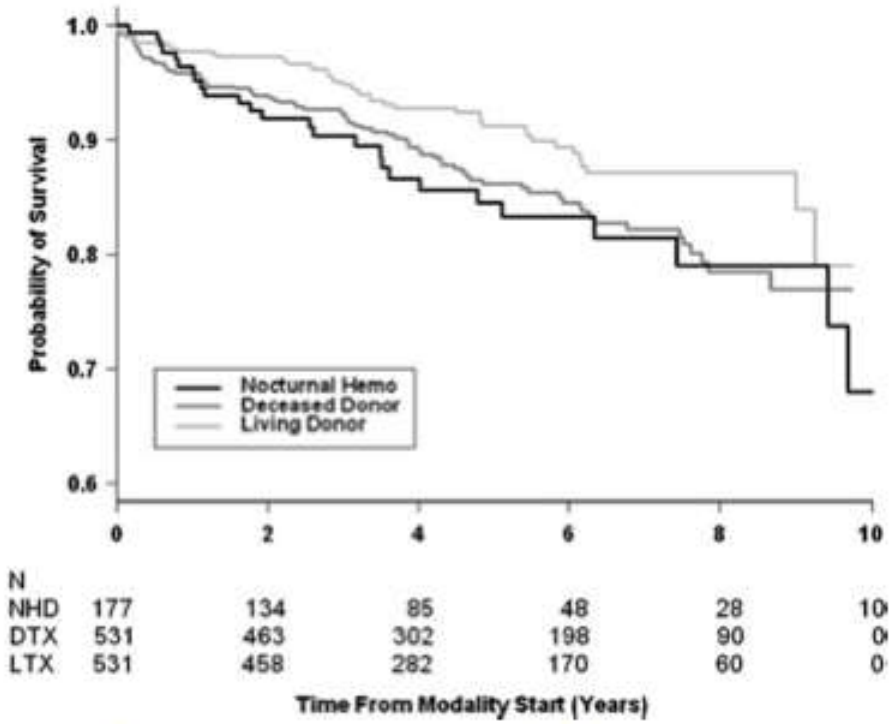

Fig. 1. Time to death in patients treated with nocturnal haemodialysis, deceased and living donor kidney transplantation (log-rank test, $P = 0.03$).

Table 3. Association of treatment modality with death

	HR[a]	95% confidence interval	*P*-value
NHD (Reference group)	1		
DTX	0.87	0.50, 1.51	0.61
LTX	0.51	0.28, 0.91	0.02

HR, hazard ratio; NHD, nocturnal haemodialysis; DTX, decease donor transplantation; LTX, living donor transplantation.
Hazard ratios from Cox multivariable regression.
[a]HR: hazard ratio; adjusted for age at NHD start or transplantation, gender, history of ischaemic heart disease/peripheral vascular disease/cancer, study year and duration of conventional dialysis treatment prior to treatment with treatment modality of interest.

LTX demonstrated the best survival benefit. Because treatment assignment was not random and the follow-up was relatively short, these results are not definitive. However, our findings suggest that survival equivalent to DTX may

Survival and Hospitalization for Intensive Home Hemodialysis Compared with Kidney Transplantation

J Am Soc Nephrol. 2014;25(9):2113-2120

Karthik K. Tennankore,* S. Joseph Kim,[†‡] Heather J. Baer,[§‖¶] and Christopher T. Chan[†]

*Division of Nephrology, Dalhousie University, Halifax, Nova Scotia, Canada; [†]Division of Nephrology, University Health Network, University of Toronto, Toronto, Ontario, Canada; [‡]Division of Nephrology, St. Michael's Hospital, University of Toronto, Toronto, Ontario, Canada; [§]Division of General Medicine and Primary Care, Brigham and Women's Hospital, Boston, Massachusetts; [‖]Harvard Medical School, Boston, Massachusetts; and [¶]Department of Epidemiology, Harvard School of Public Health, Boston Massachusetts

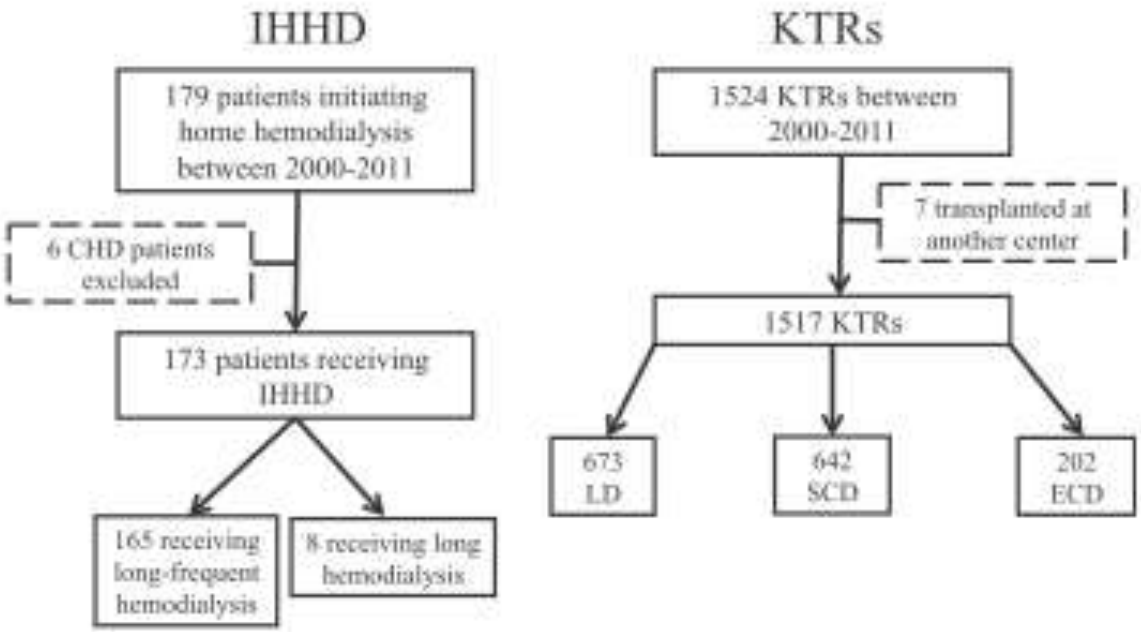

Figure 1. Derivation of study cohort. CHD, conventional in-center hemodialysis; KTR, kidney transplant recipient.

- From one center in Toronto, Ontario, Canada
- Relatively young patients
- The primary outcome of this study was time-to-treatment failure or death for IHHD patients compared with kidney transplant recipient subtypes
- 285 events

J Am Soc Nephrol. 2014;25(9):2113-2120

Table 1. Baseline characteristics of study cohort

Characteristic	IHHD (*n*=173)	LD (*n*=673)	SCD (*n*=642)	ECD (*n*=202)
Age (yr)	45±13	46±13	48±12	59±10
Caucasian	119 (69)	524 (78)	428 (67)	117 (58)
Men	107 (62)	394 (59)	410 (64)	138 (68)
Active smoker[a]	29 (17)	67 (10)	60 (9)	25 (12)
Dialysis vintage[b]	0.3 (0.2–1.7)	1.2 (0.2–2.6)	4.7 (3.0–6.7)	4.1 (3.1–5.9)
Dialysis vintage>3 mo	107 (62)	492 (73)	630 (98)	202 (100)
Cause of ESRD				
Diabetes	27 (16)	123 (18)	228 (36)	64 (32)
Polycystic kidney disease	17 (10)	95 (14)	62 (10)	21 (10)
Hypertension/ischemic	12 (7)	41 (6)	57 (9)	22 (11)
GN	66 (38)	253 (38)	181 (28)	69 (34)
Comorbidities[c]				
Coronary artery disease	20 (12)	93 (14)	141 (22)	61 (30)
Congestive heart failure	21 (12)	22 (3)	25 (4)	15 (7)
Diabetes	44 (25)	159 (24)	274 (43)	82 (41)
Cerebrovascular disease	10 (6)	18 (3)	35 (5)	14 (7)
Peripheral vascular disease	12 (7)	43 (6)	38 (6)	30 (15)
Non–skin cancer	26 (15)	29 (4)	22 (3)	7 (3)
Chronic lung disease	6 (3)	34 (5)	40 (6)	15 (7)

Data are presented as the mean±SD, *n* (%), or median (interquartile range).

[a]Data on smoking status were missing for 43 patients (coded as nonsmoker).

[b]There were 24 patients (1.4%) who had missing values imputed.

[c]There were 27 patients who were missing one or more comorbidities.

J Am Soc Nephrol. 2014;25(9):2113-2120

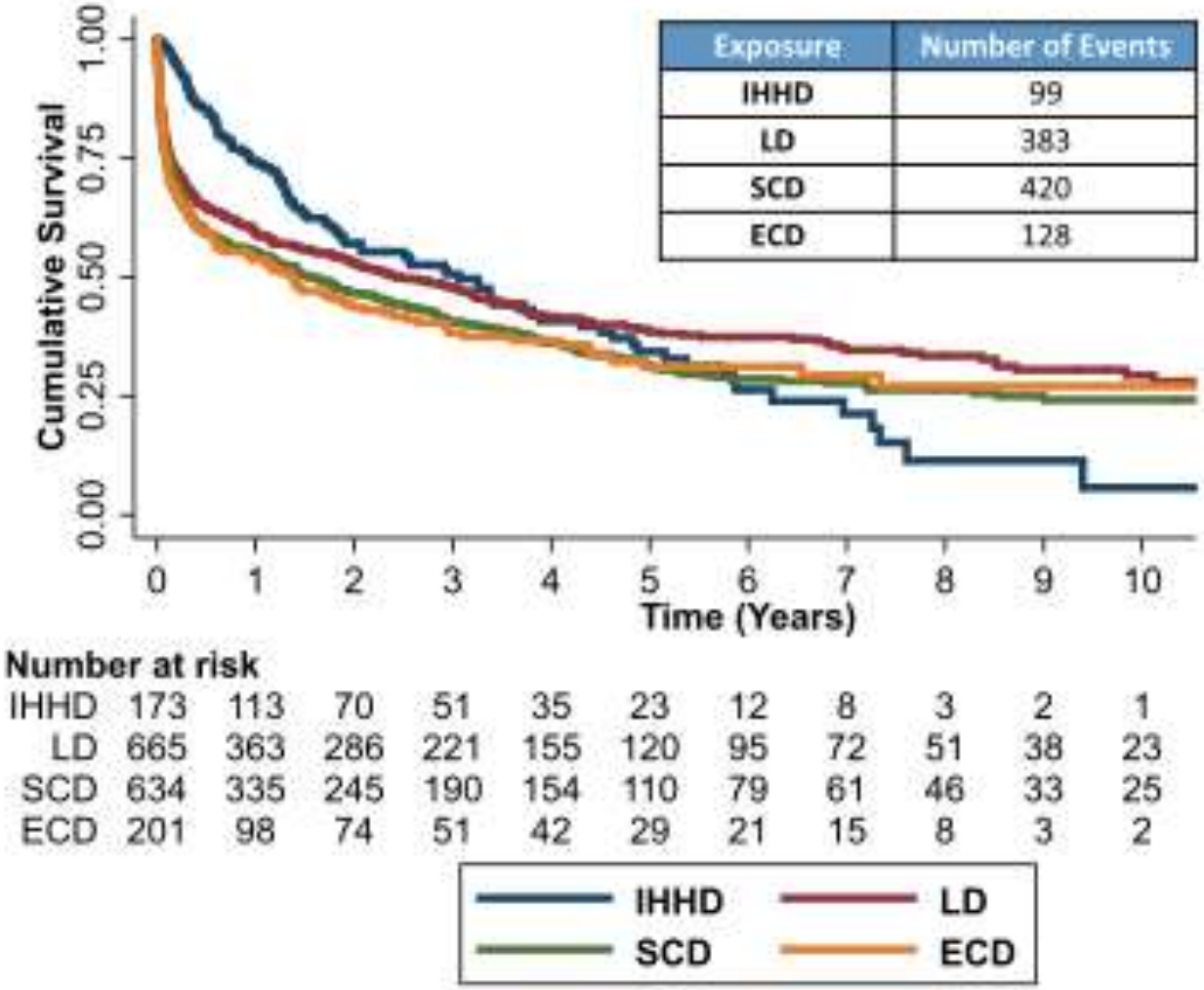

Figure 3. Time to first hospitalization comparing IHHD patients and kidney transplant recipient subtypes (LD, SCD, and ECD recipients). Log-rank *P*=0.01.

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Table 3. Rate of admission, duration of admission, and IRRs comparing IHHD patients and kidney transplant recipient subtypes

Admission	<1 mo		1–3 mo		3–12 mo		>12 mo	
	n/yr	IRR (95% CI)	*n*/yr	IRR (95% CI)	*n*/yr	IRR (95% CI)	*n*/yr	IRR (95% CI)
Rate[a]								
Unadjusted								
IHHD	0.21	1.00 (ref)	0.38	1.00 (ref)	0.43	1.00 (ref)	0.35	1.00 (ref)
LD	2.95	15.10 (4.81 to 47.41)	1.28	4.04 (1.78 to 9.14)	0.58	1.39 (0.93 to 2.10)	0.20	0.57 (0.42 to 0.77)
SCD	3.58	19.02 (6.04 to 59.93)	1.68	5.94 (2.59 to 13.65)	0.84	2.27 (1.48 to 3.49)	0.31	0.96 (0.71 to 1.30)
ECD	3.35	18.03 (5.58 to 58.31)	2.03	6.76 (2.82 to 16.19)	0.66	1.76 (1.02 to 3.02)	0.29	0.89 (0.62 to 1.27)
Fully adjusted								
IHHD		1.00 (ref)		1.00 (ref)		1.00 (ref)		1.00 (ref)
LD		15.16 (4.83 to 47.62)		5.31 (2.35 to 11.99)		1.45 (0.93 to 2.25)		0.64 (0.47 to 0.87)
SCD		18.77 (5.86 to 60.12)		7.29 (3.12 to 17.01)		2.07 (1.31 to 3.27)		0.96 (0.69 to 1.34)
ECD		16.39 (4.91 to 54.74)		7.87 (3.10 to 19.99)		1.53 (0.86 to 2.72)		0.80 (0.54 to 1.19)
Duration[b]								
Unadjusted								
IHHD	1	1.00 (ref)	2	1.00 (ref)	2	1.00 (ref)	3	1.00 (ref)
LD	19	18.16 (10.96 to 32.57)	9	4.30 (3.34 to 5.64)	5	2.11 (1.87 to 2.40)	1	0.23 (0.21 to 0.24)
SCD	26	25.42 (15.36 to 45.55)	15	6.78 (5.27 to 8.87)	8	3.59 (3.18 to 4.07)	2	0.47 (0.45 to 0.50)
ECD	31	29.98 (18.01 to 53.96)	17	7.83 (6.03 to 10.33)	7	2.85 (2.50 to 3.27)	1	0.33 (0.30 to 0.36)
Fully adjusted								
IHHD		1.00 (ref)		1.00 (ref)		1.00 (ref)		1.00 (ref)
LD		27.33 (10.08 to 74.13)		6.89 (3.13 to 15.17)		1.86 (1.04 to 3.33)		0.30 (0.16 to 0.58)
SCD		30.43 (11.30 to 81.99)		11.11 (4.95 to 24.94)		2.55 (1.41 to 4.60)		0.51 (0.26 to 1.00)
ECD		32.47 (11.04 to 95.47)		12.33 (5.04 to 30.16)		1.92 (0.92 to 3.98)		0.21 (0.09 to 0.54)

Data are presented by different time periods after treatment initiation, and are adjusted for age, sex, race, dialysis vintage, era of treatment initiation, cause of ESRD, active smoking status, diabetes, coronary artery disease, congestive heart failure, cerebrovascular disease, peripheral vascular disease, chronic lung disease, and non–skin malignancy.

[a]Rate of admission is standardized to number of admissions per year.

[b]Duration of admission is standardized to number of days per year.

Table 2. Relati

nts

Value

Primary analysis
IHHD
LD
SCD
ECD

0.001
0.001
0.001

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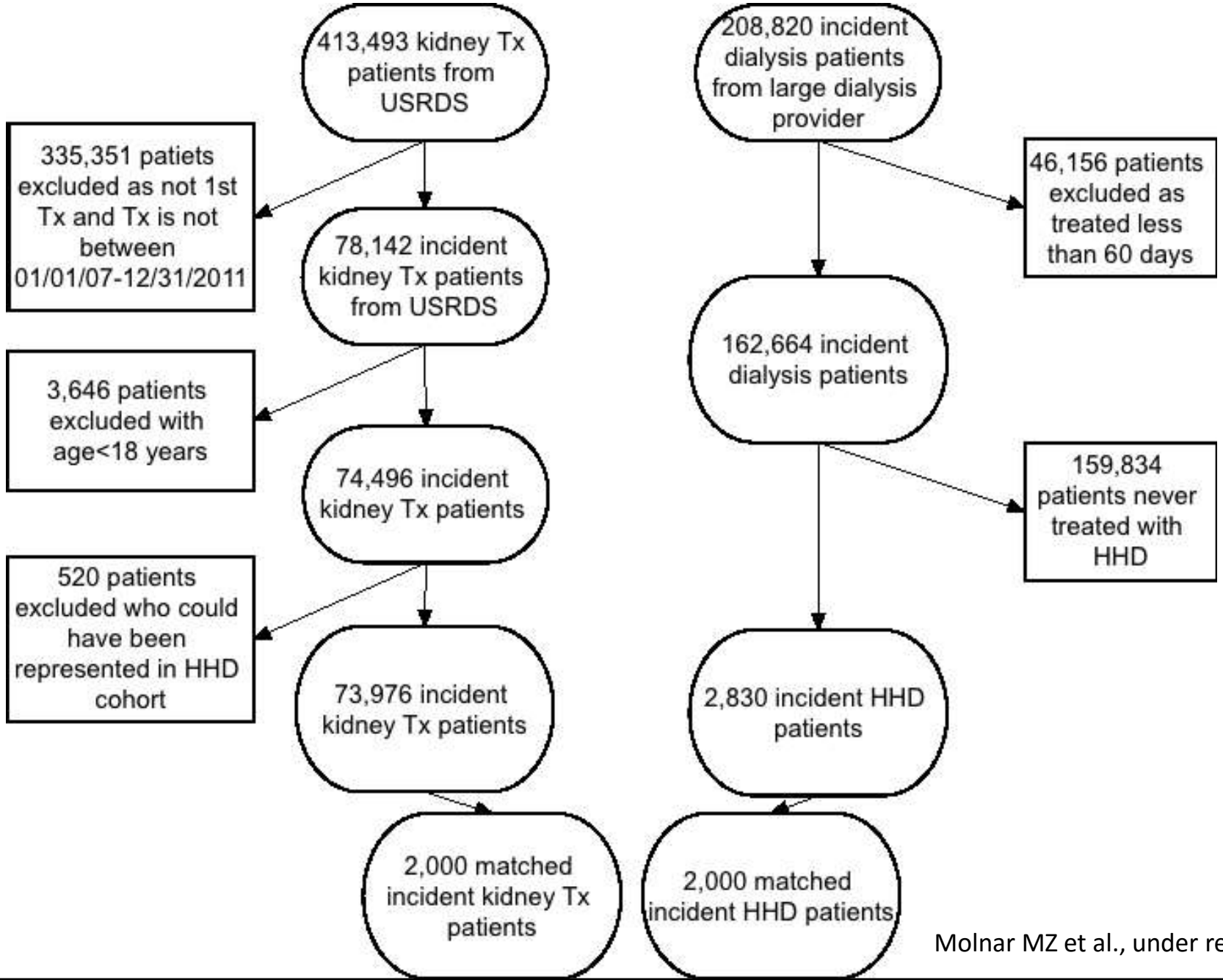
Flow chart of patients' selection

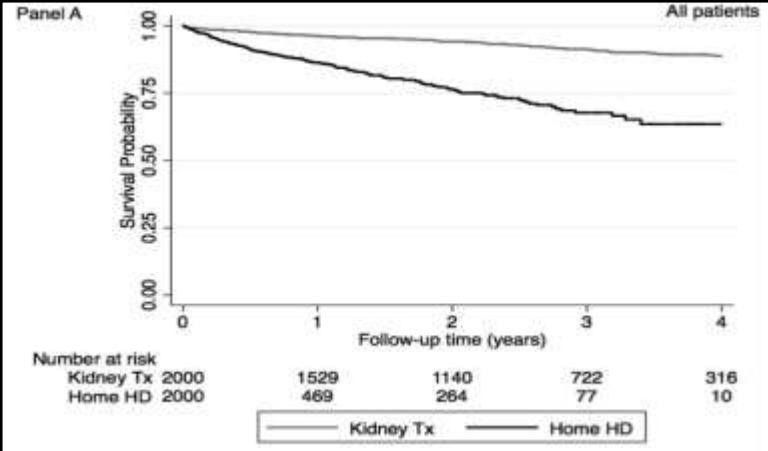


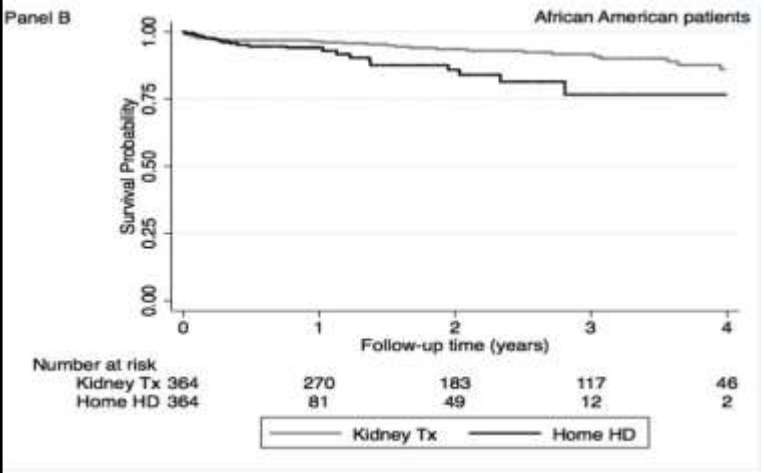
Molnar MZ et al., under review

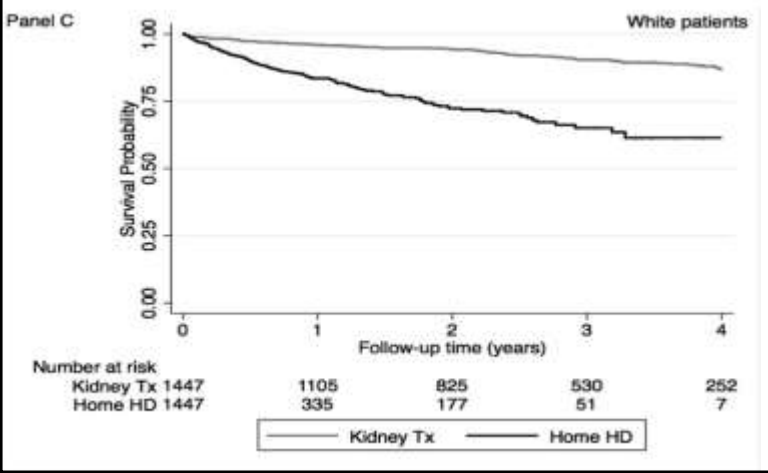
Baseline characteristics of the unmatched and the 1:1 propensity score-matched cohort

	African Americans						Whites					
	Unmatched			Matched			Unmatched			Matched		
	Home HD (n =585)	KTx (n = 19,268)	Std. Diff.	Home HD (n=364)	KTx (n=364)	Std. Diff.	Home HD (n =1,961)	KTx (n = 46,884)	Std. Diff.	Home HD (n=1,447)	KTx (n=1,447)	Std. Diff.
Chronic Obstructive Pulmonary Disease	6	0.7	0.282	3	4	-0.015	6	1	0.252	5	5	-0.003
Access Type at time of Home HD initiation/time of KTx (%)												
AV Fistula	57	10	1.168	46	46	0	56	12	1.042	48	48	0.007
AV Graft	13	2	0.411	13	13	-0.016	7	1	0.287	5	6	-0.018
CVC Catheter	16	32	-0.365	22	22	-0.013	20	32	-0.270	24	24	0.013
Other	0	0.6	-0.109	0	0	0	0.6	0.05	-0.093	0.07	0	0.037
Unknown	13	55	-1.001	19	18	0.028	16	54	-0.850	21	22	-0.013
Cause of ESRD (%)												
Diabetes	31	30	0.024	37	36	0.023	36	32	0.094	37	35	0.032
Hypertension	37	35	0.039	32	36	-0.081	18	15	0.078	17	19	-0.038
Glomerulonephritis	20	17	0.084	20	19	0.021	17	20	-0.058	17	16	0.026
Cystic kidney disease	2	3	-0.060	3	2	0.054	8	12	-0.143	8	8	0.015
Other urologic reason	9	14	-0.133	8	7	0.041	21	21	-0.008	21	22	-0.035
Laboratory Tests at time of Home HD initiation/time of KTx												
Serum albumin (g/dL)	4.0 ± 0.5	3.4 ± 0.6	1.082	3.9 ± 0.5	3.9 ± 0.5	0.016	3.9 ± 0.5	3.5 ± 0.6	0.659	3.8 ± 0.5	3.8± 0.6	-0.011
Blood hemoglobin (g/dL)	10.9 ± 1.3	9.9 ± 1.8	0.670	10.7 ±1.4	10.7 ± 1.6	-0.010	11.1 ± 1.3	10.4 ± 1.7	0.467	11.0 ±1.3	11.0 ± 1.7	0.039
Other												
Total ESRD time before modality initiation (days)	485 ± 423	1489 ± 1171	-1.141	505 ± 449	509 ± 459	-0.010	350 ± 342	829 ± 951	-0.671	362 ± 357	379 ± 347	-0.048
Body Mass Index (kg/m^2)	30 ± 7	29 ± 7	0.131	29 ± 7	29 ± 6	-0.034	30 ± 7	28 ± 6	0.205	29 ± 7	29 ± 6	0.009

Molnar MZ et al., under review







Association between renal replacement type (home hemodialysis (Home HD) versus kidney transplantation (Kidney Tx)) and mortality using Kaplan-Meier curves in propensity score matched cohorts in

All patients (Panel A), African Americans (Panel B) and Whites (Panel C)

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Mortality risk of home hemodialysis patients compared to kidney transplant recipients using propensity score matched cohorts in the first year and thereafter

		Entire follow-up period			0-365 days			>365 days		
		Number of Patients/Events	HR	95% CI of HR	Number of Events	HR	95% CI of HR	Number of Events	HR	95% CI of HR
All donors	All patients	4,000/411	4.06	3.27-5.04	264	3.77	2.86-4.97	147	4.53	3.23-6.34
	African American	728/55	2.06	1.16-3.67	29	1.62	0.77-3.39	26	2.84	1.23-6.55
	White	2,894/332	4.38	3.43-5.59	224	4.21	3.10-5.73	108	4.66	3.14-6.92

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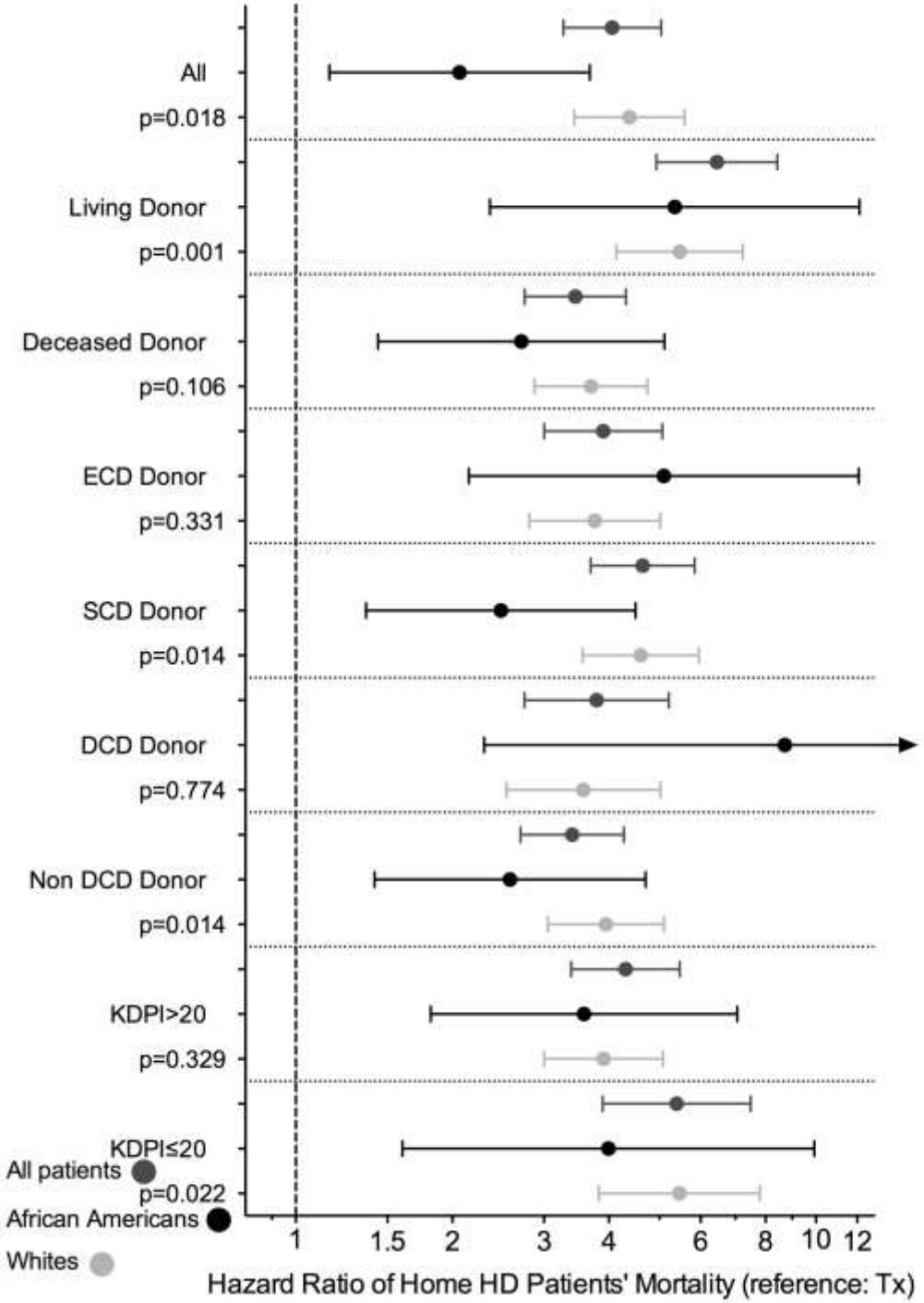

Mortality risk of home hemodialysis patients compared to kidney transplant recipients in group of patients with different donor characteristics using propensity score matched cohorts

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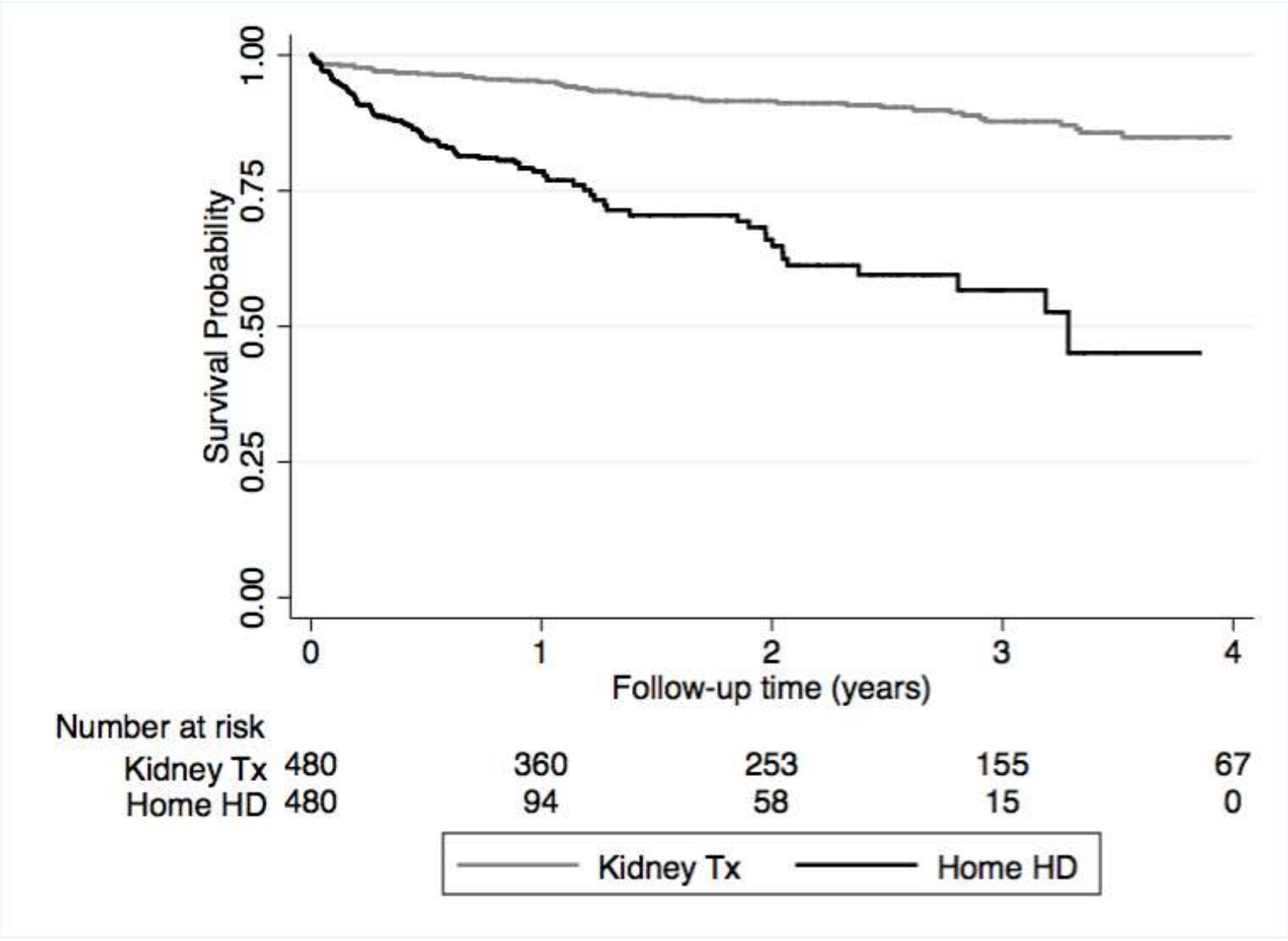
Association between renal replacement type (home hemodialysis (Home HD) versus kidney transplantation (Kidney Tx)) and mortality using Kaplan-Meiers curves in elderly patients



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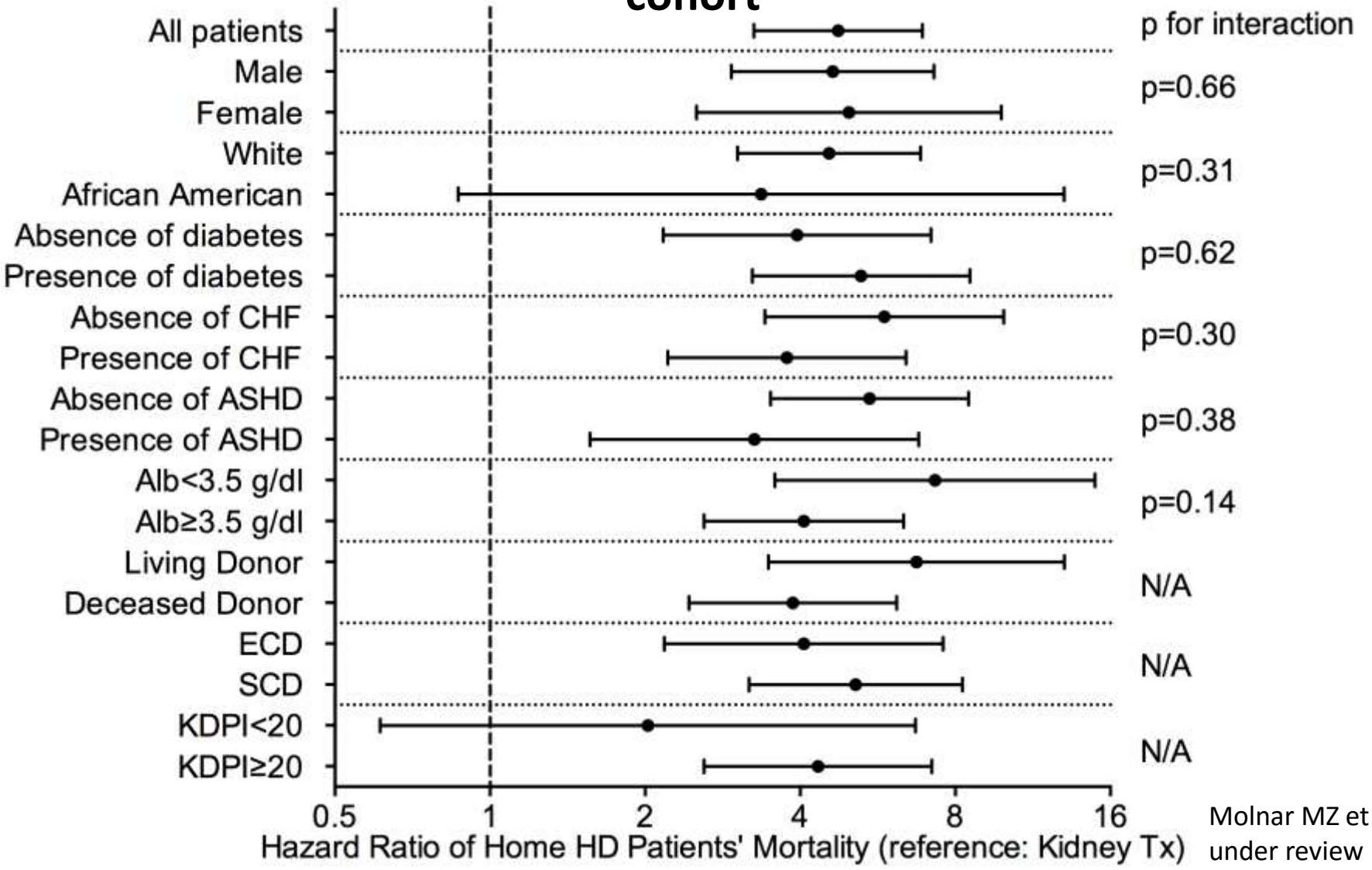
Mortality risk of home hemodialysis elderly patients compared to elderly kidney transplant recipients in groups of patients with different recipient and donor characteristics using the propensity score matched cohort



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Objectives

1	**Select Modality for your Tx Candidate**
2	**Home/Extended HD versus conventional HD**
3	**Home HD versus Kidney Transplantation**
4	**Unpublished Results for Comparison of Home HD versus Kidney Transplantation**
5	**Conclusions**

Conclusions

- Previous studies showed that home/extended hemodialysis provides better survival than in-center HD.
- Canadian patients who received KTx had significantly better survival regardless of kidney donor type compared to home HD patients.
- Canadian patients receiving KTx reported higher hospitalization rate and duration compared to patients on intensive home hemodialysis in the first year. This disappears after the first year.
- US patients who received KTx had significantly better survival regardless of kidney donor type compared to home HD patients.
- African American home HD patients had similar first year survival to African American KTx patients without a living donor in US.

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Questions?