TREATMENT PATTERNS IN PATIENTS PROGRESSING THROUGH LATER-STAGE CHRONIC KIDNEY DISEASE (CKD): BASELINE DATA FROM A PROSPECTIVE OBSERVATIONAL REGISTRY. W Shapiro,[1] C Martinez,[2] C Charytan,[3] J Horowitz,[4] D Tharpe,[5] J Droge,[6] X Ling,[6] V Belozeroff,[6] W Goodman,[6] G Block,[7] S Sprague.[8] *[1]Kidney Care Assoc, Brooklyn, NY; [2]Renal Physicians of GA, Macon, GA; [3]NY Hospital Medical Center Queens, Flushing, NY; [4]Horowitz PLC, Fall River, MA; [5]Nephrol Assoc, Birmingham, AL; [6]Amgen, Thousand Oaks, CA; [7]Denver Nephrol, Denver, CO; [8]Evanston Northwestern Healthcare, Evanston, IL.*

This 2-year study examined the relationship of treatment practices, KDOQI™ goal attainment, disease progression, and clinical outcomes in a real-world setting. US CKD patients (pts) in stages 4 (GFR 15-29.9 mL/min/1.73m^2) and 5 (GFR <15 mL/min/1.73m^2) for ≥3 mos were sampled from low (<110 pg/mL, st 4; <300 pg/mL, st 5) and high (≥110 pg/mL, st 4; ≥300 pg/mL, st 5) intact PTH categories. Data were collected every 3 mos. All data presented are baseline.

	Non-dialysis (N = 462)		Dialysis (N = 530)	
	low PTH n=106	high PTH n=344	low PTH n=164	high PTH n=364
Sex, % male	53	52	60	58
Race, % white/black/other	83/10/7	65/25/10	48/46/7	33/59/8
Age[a], years	68±13	66±14	57±13	55±14
Diabetes, n (%)	54 (51)	190 (55)	88 (54)	159 (44)
Parathyroidectomy, n (%)	1 (<1)	1 (<1)	11 (7)	19 (5)
CV[b] event/procedure, n (%)	54 (51)	159 (46)	78 (48)	153 (42)
GFR[a,c], mL/min	22.3±5.1	19.1±5.6	6.9±2.4	6.5±2.4
PTH[a,c], pg/mL	68±26	287±290	168±75	660±445
Serum Ca[a,c,d], mg/dL	9.5±0.5	9.0±0.7	9.2±1.0	9.1±0.9
Serum P[a,c], mg/dL	4.1±0.8	4.2±0.9	5.6±1.7	6.1±1.8
Ca x P[a,c], mg^2/dL^2	38±7.2	38±7.4	52±16.5	56±16.5

[a]Mean±SD; [b]CV=cardiovascular; [c] >78% pts had measured value; [d]Corrected

Calcimimetic use was observed in <4% of non-dialysis vs 36% of dialysis pts. Vitamin D was used by 39% vs 66% of non-dialysis vs dialysis pts. Phosphate binders were used by 27% (19% Ca-based only, 6% non-Ca only) of non-dialysis pts vs 91% (36% Ca-based only, 42% non-Ca only) of dialysis pts. Further analyses will help inform clinical practice and optimal use of therapies for CKD evolution.