

HD CATHETERS AND INFLAMMATION ARE DETERMINANTS OF ERYTHROPOIETIN (EPO) REQUIREMENTS. Adriana Hung, Edward Siew, Kerri Cavanaugh, Raymond Hakim, Alp Ikizler Vanderbilt University, Nashville, TN; Veterans Administration Tennessee Valley Healthcare System, Nashville, TN.

The response to the administration of EPO among HD patients is variable. Studies have shown that inflammation is associated with EPO unresponsiveness. We recently showed that hemodialysis catheters (HC) are a major determinant of the inflammatory state in dialysis patients, suggesting a potential role of HC in EPO responsiveness. In this study we evaluated if the presence of a hemodialysis catheter (HC) is independently associated with EPO responsiveness. A total of 128 HD patients [56.6 yrs (range: 19-90), 68% AA, 62% males, 39% diabetics] were followed from Jan 2002 to Feb 2004. The mean follow up time was 12 months (range: 2-26 months). Data were collected monthly on HC use, high sensitivity-C reactive protein (hsCRP) concentration, and EPO dose during the entire follow up period. All patients received maintenance IV iron per protocol to keep a transferrin saturation >20%. The median weekly EPO dose was higher in individuals that had a HC at least once (N=45, median 18,000 Units per week) vs. in individuals that never had a HC during the entire period of follow up (N=82, median 12000 Units per week) ($p=0.038$). The median hsCRP was also higher in individuals that had a HC at least once (N=45, median 8.0 mg/L) vs. in individuals that never had a HC (N=82, median 4.7 mg/L) ($p=0.03$). Over the entire period of follow up, the median weekly EPO dose for subjects with a median hsCRP <5 mg/L was 12000 Units per week and for those subjects with a median hsCRP > 5 mg/L was 18000 Units per week ($p=0.018$). Multivariate analysis showed that the presence of a HC was an independent predictor of the median EPO weekly dose ($p=0.05$), after adjusting for age, sex, race, vintage, diabetes, and hospitalizations. However, when log transformed hsCRP (LnhsCRP) was introduced into the model, HC was no longer a predictor ($p=0.08$) but LnhsCRP was ($p=0.008$). There was no significant interaction between LnhsCRP and HC ($p=0.8$). Avoiding HC may improve inflammation and EPO requirements.