

## **EFFECTS OF IV IRON ADMINISTRATION ON IRON INDICES AND ESA REQUIREMENTS IN ANEMIA MANAGEMENT**

Timothy Nguyen, HNH's Dialysis, Teaneck, NJ

The KDOQI's latest recommendation on the lower limit of serum ferritin level for hemodialysis patients is 200 ng/mL, which is essential in keeping adequate iron availability for hemoglobin (Hb) synthesis. Patients achieved better hematological outcomes when serum ferritin is >200 ng/mL. This abstract presents an assessment on iron indices and the sparing effect of darbepoetin alfa (DA, ESA) therapy while maintaining Hb levels from administering more IV iron.

Two hundred twelve adult hemodialysis patients were administered IV iron according to protocol and data was then analyzed from January to September 2008. Data collection included: average weekly ESA doses, Hb, serum ferritin and TSAT levels. IV iron (sodium ferric gluconate 62.5 mg, SFG) was administered every 2 or 4 weeks during the 1<sup>st</sup> quarter (Jan-Mar) and then increased to every 1 or 2 weeks respectively during the 2<sup>nd</sup> (Apr-June) and 3<sup>rd</sup> quarters (July-Sept) according to protocol. The method was approved by HNH.

The percentages of patients achieving monthly (Jan-Sept) Hb levels of 10 g/dL and greater: 86%, 84%, 86%, 84%, 90%, 85%, 87%, 90%, and 89%, and the average weekly DA doses: 52, 51, 53, 53, 53, 51, 50, 48 and 48 mcg respectively. The percentages of patients had quarterly (Q1, Q2, Q3) serum ferritin levels of 200 ng/mL and >: 82%, 77%, 85% and TSAT levels of 20% and >: 72%, 82%, & 82% respectively.

IV iron (SFG 62.5 mg) administered every 1 or 2 weeks interval led to more patients achieving TSAT levels 20% or greater and less ESA requirements while maintaining Hb levels.