THE BASCH STUDY (BELGRADE AACHEN STUDY ON CALCIFICATION IN HEMODIALYSIS PATIENTS): 10-YEAR SURVIVAL DATA

Nada Dimkovic,*¹ Georg Schlieper,² Zivka Djuric,¹ Marcus Ketteler,³ Tanja Damjanovic,¹ Aleksandar Jankovic,¹ Petar Djuric,¹ Natasa Markovic,¹ Juergen Floege²

*School of Medicine, University of Belgrade, ¹Zvezdara University Medical Center, ²Department of Nephrology and Clinical Immunology, RWTH Aachen University, ³Klinikum Coburg GmbH, Germany

INTRODUCTION AND AIMS: Reports on CVC differ between reference center but can be present in up to 70% of non-diabetic patients. Long-term survival in patients with CVC is rarely described in literature and therefore Belgrade Aachen Study on Calcification in Hemodialysis patients (BASCH study) was aimed to follow the long-term survival of dialysis patients according to the presence of comprehensive cardiovascular calcifications (composite calcification score).

METHODS: We prospectively analyzed 220 hemodialysis patients from the Zvezdara University Medical Centre, Belgrade, Serbia. All chronic hemodialysis patients were eligible to enter the study if they agreed to participate and had a two-dimensional X-ray of the vascular system and ultrasound of carotid artery and heart. They were followed from 2003 to 2013, mean 63±37 months.

RESULTS: 100 CV deaths occurred and data were compared between survivors and deceased patients.

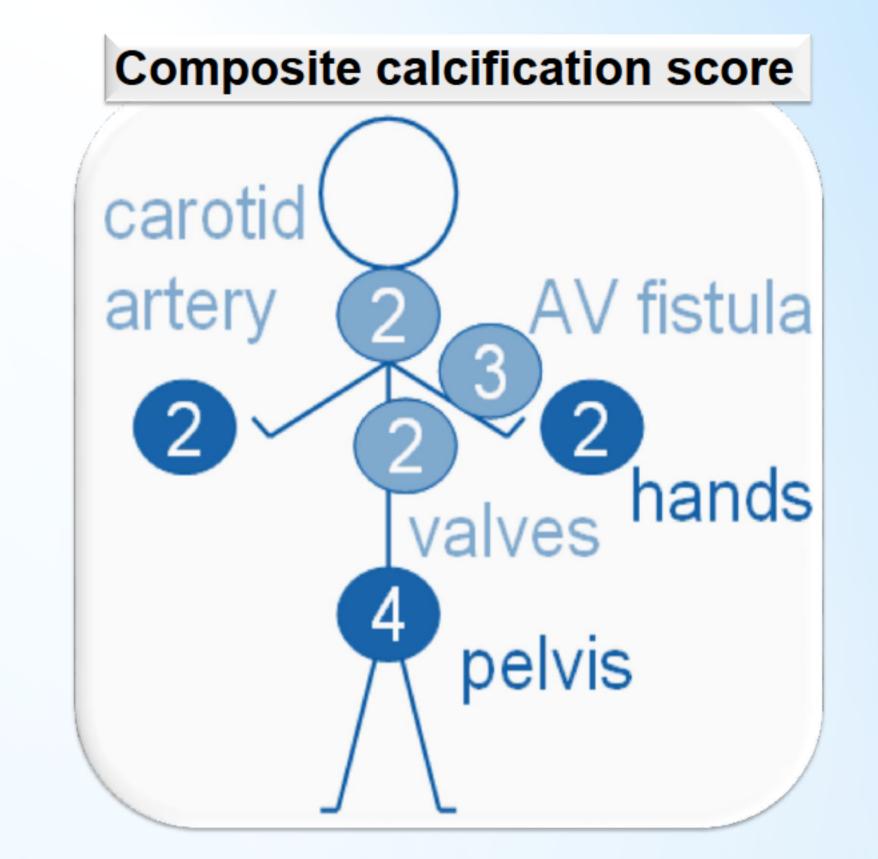


Table 1. General data and history of survivors and deceased patients

	CV deaths (100)	Alive (120)	
	No, %	No, %	Р
Gender M/F,	54 /46 (54/ 46)	64/ 56 (53/ 47)	ns
AGE, years	63.42 ± 9.8	55.08 ± 10.42	p = 0.000
HD Vintage, y	4 ± 6	6 ± 5	ns
Hypertension +	97 (44)	93 (42)	p = 0.009
Diabetes +	11 (5)	15 (7)	ns
CVD, family data	17 (8)	27 (12)	ns
Smoking +	29 (13)	36 (16)	ns

Table 3. Laboratory data on survivors and deceased patients

	CV Deaths (100)	Alive (120)	Р
	No, %	No, %	
CRP, mg/L	3.99 ± 10.05	2.88 ± 7.10	p = 0.011
Fetuin A, g/L	0.51 ± 0.13	0.58 ± 0.14	p = 0.000
Osteoprotegerin, pmol/L	11.68 ± 9.71	10.67 ± 6.69	ns
uc MGP, nmol/L	197.29 ± 139.32	208.43 ± 124.21	ns
S-Calcium, mmol/L	2.30 ± 0.17	2.29 ± 0.19	ns
S-P, mmol/L	1.59 ± 0.41	1.63 ± 0.42	ns
iPTH, pg/ml	198.0 ± 351.0	169.0 ± 365.0	ns
S-Protein, g/L	67.3 ± 4.58	67.19 ± 5.39	ns
Hemoglobin, g/dL	9.22 ± 1.55	9.57 ± 1.52	ns
HCO3, mmol/L	21.14 ± 2.65	21.31 ± 2.73	ns
Cholest., mmol/L	5.21 ± 1.29	5.10 ± 1.10	ns
TG, mmol/L	2.0 ± 1.25	2.0 ± 1.41	ns
Dial. Ca, mmol/L	1.59 ± 0.20	1.61 ± 0.20	ns

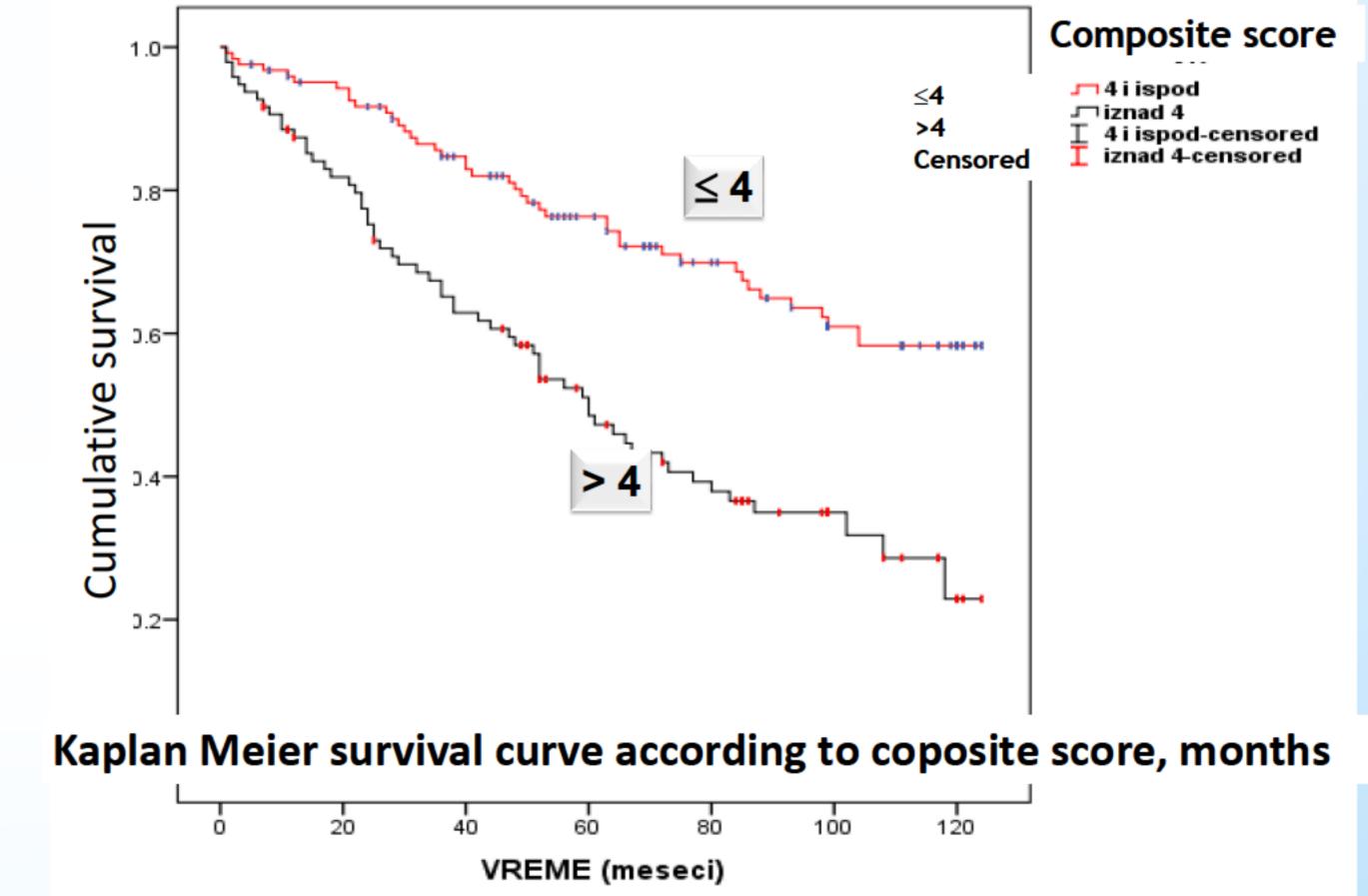
ROC Curve: cut-off: 4, Sensitivity 69.2 %, Specificity 60.0%, AUC: 0.662 (0.59 - 0.734) OR = 3.228 (1.852 - 5.628) p = 0.000; RR = 1.91 (1.40 - 2.61)

Table 2. Clinical data on survivors and deceased patients

	CV Deaths (100)	Alive (120)	
	No, %	No, %	Р
BMI, kg/m ²	23.46 ± 4.19	23.44 ± 3.39	NS
MAP, mmHg	102.98 ± 14.77	100.88 ± 18.22	NS
HD, hours/week	12.02 ± 1.44	12.55 ± 1.22	p = 0.004
Kt/V	1.24 ± 0.15	1.31 ± 0.20	p = 0.006
HBV positive	8 (4)	13 (6)	NS
HCV positive	23 (11)	42 (19)	NS
Composite VC score	5 ± 7	3 ± 5	p = 0.000
Adragao score	2 ± 6	1 ± 3	p = 0.003
PWV, m/s	10.2 ± 1.89	9.26 ± 2.21	p = 0.002

Table 4. Predictors of cardiovascular mortality

PREDICTOR	HR	Confidence interval	Р
Age	22.61	8.012 - 63.821	0.000
Family data about CVD	8.289	1.929 – 35.622	0.040
HEPATITIS C	3.397	1.219 – 9.465	0.019
BMI	1.178	1.029-1.356	0.018
COMPOSITE SCORE VC	2.279	1.490 - 3.484	0.000
PWV	1.490	1.217 -1.824	0.000
TRIGLYCERIDIES	1.379	1.063 - 1.787	0.015
iPTH	1.001	1.000-1.001	0.018



CONCLUSION: 10-year survival of hemodialysis patients is age dependent. Composite score of vascular calcification and pulse wave velocity were significant predictors of patient survival. Decreased BMI and hepatitis C positivity (probably infection-related inflammation) are also risk factors to survival while the role of calcification inhibitors (Fetuin A, ucMGP and osteoprotegerin) need further analysis





