## LOW LEVELS OF SERUM FERRITIN AND MODERATE TRANSFERRIN SATURATION LEAD TO ADEQUATE HEMOGLOBIN LEVELS IN HEMODIALYSIS PATIENTS

Chie Ogawa<sup>1, 4</sup>, Ken Tsuchiya<sup>2, 4</sup>, Naohisa Tomosugi<sup>3,4</sup>, Fumiyoshi Kanda<sup>1, 4</sup>, Kunimi Maeda<sup>1, 4</sup>,

<sup>1</sup>Maeda Institute of Renal Research, Kawasaki, Kanagawa, Japan

<sup>2</sup> Department of Medicine, Kidney Center, Tokyo Women's Medical University, Tokyo, Japan

<sup>3</sup> Division of Systems Bioscience for Drug Discovery Project Research Center, Medical Research Institute, Kanazawa Medical University, Kahoku, Ishikawa <sup>4</sup> Biomarker Society, INC, Kawasaki, Kanagawa, Japan

### Background

The optimal iron levels for patients on hemodialysis (HD) are currently unknown. However, excessive iron intake can lead to oxidative stress or impair the efficiency of its use. Therefore, it is a high-priority task to identify the optimal iron content for patients on HD. We investigated the relationship between hemoglobin (Hb) level and iron status in patients on HD receiving recombinant human erythropoietin (rHuEPO) for anemia therapy.

### Methods

(1)208 outpatients on maintenance HD were followed up between July 2006 and June 2007(Tab. 1). •We measured Hb twice a month, and serum ferritin(s-ft) and TSAT monthly.

#### Tab. 1 Characteristics

variables	value			
Age(years)	$58.9 \pm 12.9$			
Men	135			
Duration of dialysis (years)*	7.88 (3.7-14.4)			
Primary diagnosis				
Chronic glomerulonephritis	117			
<b>Diabetes nephropathy</b>	52			
Other	39			
Kt/V	$1.32 \pm 0.22$			
Hemoglobin (g/dL)	$10.3 \pm 0.9$			
serum-Ferritin (ng/mL)*	50.6 (22.7-125)			
Transferrin saturation (%)	$24.7 \pm 9.4$			
Hepcidin (ng/mL)*	29.8 (9.5-56.9)			
Albumin(g/dL)	$3.9 \pm 0.3$			
C-reactive protein (mg/dL)*	0.06 (0.03-0.20)			
rHuEPO (IU/week)	$3909 \pm 2725$			

• The targeted Hb level was 10-11 g/dL, according to Japanese guidelines.

Treatment was administered with rHuEPO and low-dose iron preparation.

(2) Using the mean values for 1-year period, the relationships among Hb, s-ft and TSAT were investigated.

- Receiver operating characteristic curve (ROC) with Hb  $\geq 10$  g/dL as the endpoint (Fig. 1)
- Logistic regression model with Hb ≥10 g/dL as the endpoint (Tab. 2)

**③Hepcidin was measured by LC-MS/MS assay at baseline.** 

(4) The interaction among s-ft, TSAT and Hepcidin was analyzed.

Pearson product—moment correlation coefficient (Fig. 2)





Mean  $\pm$  SD, median (interquartile range)\*

0 20 40 100-Spec	60 80 ificity	100 0	20 40 100-S	60 80 100 pecificity		<1	LOg/dL <u>&gt;</u> 10 Hemoglobin	g/dL	<10g/dL <10g/dL <10g/dL Hemoglobin	
Logistic regression model (Tab. 2)								ROC analysis (Fig. 1)		
	No of	No of	Univariable analysis		Multivariable analysis		/sis	The cutoff noint for s-ft was found to be helow		
Variables	Patients	Hb <u>&gt;</u> 10g/dL (%)	Unadjusted Odds ratio	95% CI	P-value	Adjusted Odds ratio	95% CI	P-value	90 ng/mL (Fig 1), whereas the cutoff point for	
Ferritin(ng/mL)									TSAT was found to be at least 20%.	
≥90	80	50 (62.5%)	1.00							
<90	128	115 (89.8%)	5.31	(2.56-11.02)	<.001	8.13	(3.49-18.90)	<.001	Logistic model analysis (Tab. 2)	
TSAT(%)									The odds ratio of the group with s-ft < 90 ng/mL	
<20	53	34 (64.2%)	1.00						to the group with s-ft $\geq$ 90 ng/mL was significantly	
≥20	155	131 (84.5%)	3.05	(1.5-6.21)	0.002	5.46	(2.3-12.95)	<.001	high.	
Ferritin(ng/mL), TSAT(%)									The odds ratio of the group with TSAT ≥ 20% to	
≥90, <20	15	4 (26.7%)	1.00						the group with TSAT < 20% was significantly high.	
≥90, ≥20	65	46 (70.8%)	6.66	(1.88-23.54)	0.003	-	-	-	The odds ratios relative to a group with s-ft ≥90	
<90, <20	38	30 (78.9%)	10.31	(2.58-41.19)	<.001	-	-	-	ng/mL and TSAT <20% revealed that the group with	
<90, ≥20	90	85 (94.4%)	46.75	(10.89-200.70)	<.001	-	-	-	s-ft <90 ng/mL and TSAT >20% had the highest	



**Pearson product–moment correlation coefficient (Fig. 2)** Hepcidin showed a strong positive correlation with s-ft and a weak **positive** correlation with TSAT.

#### Linear regression model (Tab. 3)

A positive relationship was shown between hepcidin and s-ft. However, no relationship was shown with TSAT.

# Conclusion

In this study, the iron status of s-ft <90 ng/mL and TSAT ≥20% was optimal in HD patients receiving rHuEPO for anemia therapy.

This result indicates that the threshold values for the optimal iron status may be lower than those currently recommended in iron-level management guideline.

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