# Home Hemodialysis Demographics and Prescriptions with the NxStage System One: The European Experience in the KIDHNEy Cohort

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### **INTRODUCTION & AIMS**

- Home hemodialysis (HHD) permits customization of treatment frequency and duration, including delivery of >3 treatments per week.
- Increased treatment frequency likely reduces both left ventricular hypertrophy and blood pressure, thereby plausibly resulting in lower risk of cardiovascular morbidity and mortality.
- HHD may be prescribed either on traditional hemodialysis equipment or on newer equipment, including the NxStage System One (NSO), which eliminates the need for a reverse osmosis system, consumes a significantly lower volume of dialysate, and features a simple user interface.
- We evaluated the demographics and prescriptions in the KIHDNEy cohort of HHD patients that used the NSO in 5 Western European countries.

### **METHODS**

- Anonymized patient data were retrospectively collected from participating programs that used the NSO for HHD.
- Each program entered and updated its data in a structured spreadsheet instrument during 2015 and 2016.
- Demographic and prescription factors were summarized with descriptive statistics.

### **RESULTS**

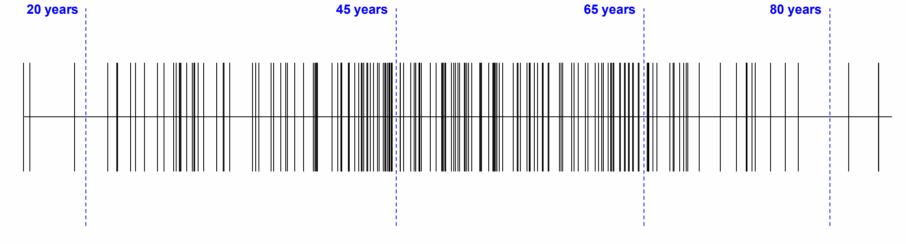
- We identified 182 patients in 9 HHD programs.
- Mean age was 49.5 years, whereas 25<sup>th</sup> and 75<sup>th</sup> percentiles of age were 41 and 61 years, respectively.
- The majority of patients were male, and on average, male patients were older than female patients.
- Mean body mass index was 26.0 kg/m<sup>2</sup>; notably, 32% of patients were overweight and 18% were obese.
- Mean (median) dialysis duration before initiation of HHD with the NSO was 37 (18) months.
- Regarding renal replacement modality before HHD, 61% converted from conventional hemodialysis and 17% were new to renal replacement therapy.
- Mean Charlson comorbidity index was 3.9 points, whereas 75<sup>th</sup> and 90<sup>th</sup> percentiles of the index were 5 and 7 points, respectively.

- Regarding vascular access, 74% of patients used an arteriovenous fistula, 24% used a central venous catheter, and 2% used an arteriovenous graft.
- Most commonly prescribed treatment frequencies were 6 (63% of patients) and 5 (30%) sessions per week.
- Session length was 2.0-2.4 hours in 29% of patients, 2.5-2.9 hours in 43%, 3.0-3.4 hours in 23%, and ≥3.5 hours in 5%.
- Cumulative treatment time per week was ≤12 hours in 21% of patients, >12 and ≤15 hours in 53%, >15 hours and ≤18 hours in 20%, and >18 hours in 6%.
- Most (86%) patients with <12 hours of cumulative treatment time per week had urine output ≥0.5 L per day.

# Cross-Classification of Treatment Frequency and Treatment Duration in HHD patients

		Treatment Duration (hours)					
		2.0-2.4	2.5-2.9	3.0-3.4	3.5-3.9	4.0+	
cy	3				1		
adnen	3.5 or 4		2		1	2	
Treatment Frequency	5	28	13	12		2	
eatme	6	25	60	28	2		
Tre	7		3	2		1	

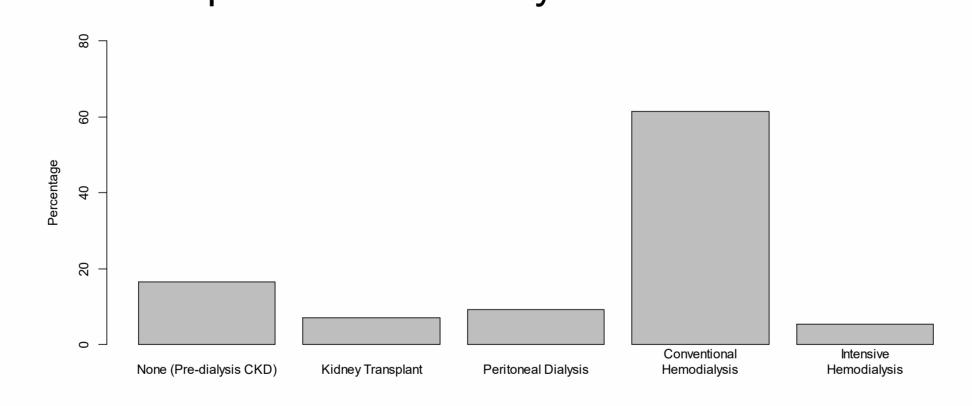
# Age (years) in HHD patients



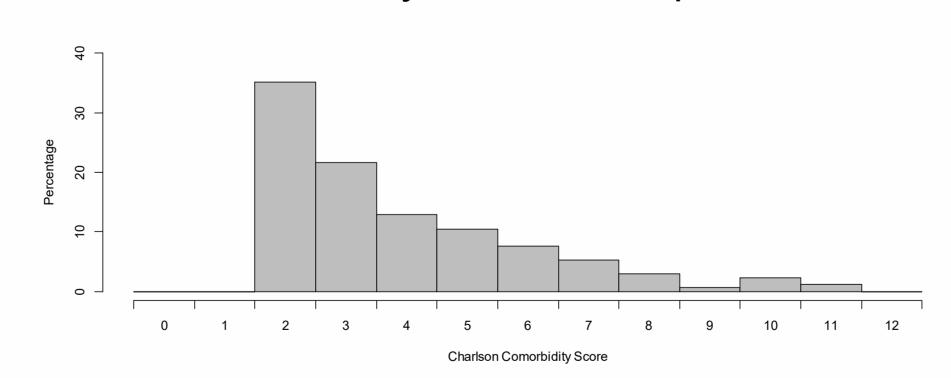
### Body Mass Index (kg/m²) in HHD patients



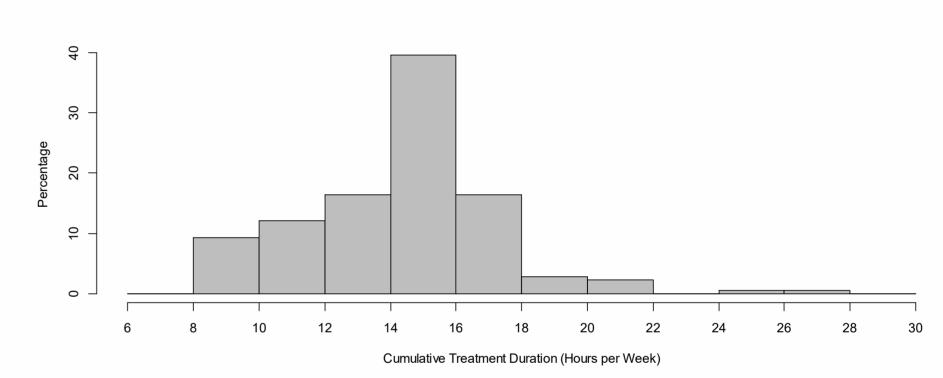
# Renal Replacement Modality before HHD



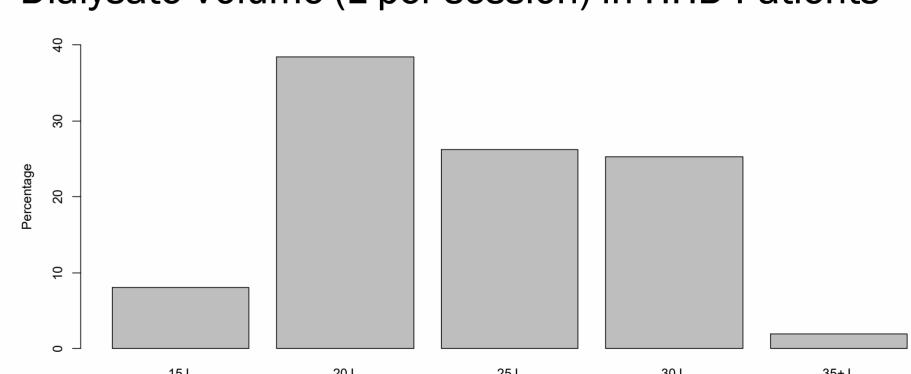
## Charlson Comorbidity Score in HHD patients



### Cumulative Treatment Duration in HHD Patients



### Dialysate Volume (L per session) in HHD Patients



## HHD Prescription Factors, by Body Mass Index

ВМІ	Frequency Sessions per Week	Duration Hours per Week	Dialysate Volume L per Session			
<25	5.5	13.9	22.0			
25-29	5.7	15.0	25.1			
≥30	5.9	16.0	26.7			

### CONCLUSIONS

- HHD with the NxStage System One has been applied across a wide range of dialysis patients in Western Europe.
- Although the KIHDNEy cohort tended toward younger age and male sex, we found that patient subgroups that have been underrepresented among HHD patients in the United States (*JASN*, 23:895-904) have undergone HHD with the System One here.
- These include older patients, incident dialysis patients, and patients with substantial comorbidity.
- These data show that a broad spectrum of dialysis patients are potentially suitable for HHD with the System One and that patient selection should not be arbitrarily limited.
- Prescriptions can be individualized to address specific clinical needs.
- The majority of HHD patients receive more treatment hours per week than is typical of in-center hemodialysis in Western Europe.



