

St George Hospital Renal Department: INTERNAL ONLY

Evidence to support Hb range of 10 to 12 g/dL

- Hb range of 10 to 12 g/dL may be a more appropriate, affordable and safer target than the narrow Hb range of 11-12 g/dL (5)
- Scientific evidence supports a target Hb level of > 10 to 11 g/dL in all CKD patients with no survival benefits at higher levels of anaemia correction (3)
- The Normal Haematocrit Study and the CHOIR trial were consistent with the finding that haemoglobin-concentration targets > 13 g/dL and the ESA dosing to achieve them can be harmful (7, 8)
- TREAT showed no evidence of benefit and a trend toward overall harm in the higher haemoglobin target group receiving Aranesp (7, 8)
- CHOIR and TREAT raised major concerns regarding the use of ESAs to increase Hb targets above a level needed to avert the use of blood transfusions (7, 8)
- More conservative targets, well below 12 g/dL, should be considered and evaluated (7)
- The FDA and Amgen (the manufacturer of Aranesp, Epogen and Procrit) have issued a new warning: (6)
 - Avoid serious cardiovascular and thromboembolic events by using the lowest dose of ESA that will gradually raise the Hb to the lowest level which will avoid the need for a blood transfusion
 - ESAs increase the risk for death and serious cardiovascular events when the target Hb is greater than 12 g/dL
 - All ESAs have the same mechanism of action and therefore the above concerns apply to all ESAs
- Reaching and maintaining a target Hb level of patients with renal failure is challenging – only 48% met Amgen's target range (10 to 12 g/dL) and only 40.7% met the KDOQI recommended Hb level (11 to 12 g/dL) – Annual Report of the United States Renal Data System (USRDS) (2008) (9)
- An individual's demographic, disease characteristics and co-morbidities must be important considerations in determining target Hb (10)

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