2.24 the effect of predicted hemoglobin trajectories on anemia outcomes

* Esrd-indcued anemia

Erythropoiesis stimulating agents

Achieve target red bold cell levels of 10-12 g/dL

* Current protocol

Paper protocol /monthly

Patients were treated the same – dosing decision are based on:

Current Hgb level/ changes in Hgb level

* Issue with current approach

Patient response to ESA is highly variable🡪 raw materials must be presented to produce bold cell(e.g iron)/ red blood cell production seems to shut down when a patients is sick /

2-3 month

Time mismatch drives hemoglobin cycling (图)

* New approach

Root cause of issues (timing mismatch/ protocol suggests changing weekly ESA dose unless patitent Hgb level is between 10-12)

Would like: keep patients between 10-12/

* 怎么办：

Built a predictive dosing model

Built a dosing recommendation algorithm

Given target critieria, the dosing recommendation algorithm provides the

* Analysis goal

Individual/ group: outliers?

* Below and above range both bad, being above is better, cause we can let It drop easily, but when it is below range, it is harder to raise.
* Algorithem change over month
* average dose per treatment for all patients ( 可能在2010.9月有两次treatment，看avg )
* ? how we see patients outcome in pre and post outcome (variability/ )
* ? overall treatment
* What age is meaning for