ESA Resistance May Be a Potential Confounder for Mortality among Different ESA Types

Today, it is well known that patients with CKD with erythropoiesis-stimulating agent (ESA)–resistant renal anemia have a poorer prognosis than those without ESA-resistant renal anemia. Sakaguchi et al. reported that patients treated with long-acting ESA showed higher mortality rates than those with short-acting ESA after adjusting patient characteristics. This raises a critical question whether widely used long-acting ESA per se has some adverse effects on the prognosis of patients with CKD. In their study, patients were divided into the first to the third tertile according to ESA doses, and all-cause mortality in the same tertile was compared between long-acting and short-acting ESA users by origin, and this difference may bias the study conclusion. Detailed information regarding patient characteristics for the study as a preliminary analysis at this moment, and more careful interpretation and further well designed, randomized, controlled trials are necessary to draw a solid conclusion. Of note, no significant difference for mortality was observed in a recent meta-analysis of randomized, controlled trials comparing DA and EPO.

DISCLOSURES
None.

REFERENCES


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Equivalent Doses Matter, Rather Than Types

We read the article by Sakaguchi et al. with much interest, it raised important issues in clinical practice. However, we...