

CHARTTRENDS®: BONE AND MINERAL METABOLISM IN DIALYSIS (US) 2012

In the United States, there are approximately 400,000 dialysis patients. Disorders of bone and mineral metabolism are common in these patients. This annual report series covers bone and mineral metabolism management in dialysis patients by reviewing patient charts. Through an in-depth review of patient charts, details such as product dosing and titration, switching, concomitant medications, and a host of laboratory and patient demographic variables help define patient types and identify therapy triggers. In addition, the attitudinal survey component allows for a better understanding of the rationale for treatment decisions and gaps between intended and actual treatment.

SAMPLE FRAME AND METHODOLOGY

200+ Nephrologists submit 1000+ Dialysis Patient Chart Records

Nephrologist Screening Criteria:

- In practice between 2 and 30 years
- Minimum of 50 adult dialysis patients under management

Patient Criteria:

- On dialysis for at least six months
- At least 18 years of age
- Currently on hemodialysis or peritoneal dialysis

All methods are HIPAA compliant

PRODUCT COVERAGE

Sensipar, Zemplar, Hectorol, Calcijex, Renagel, Renvela, PhosLo, Phoslyra, Fosrenol

RELATED 2012 REPORTS

TreatmentTrends®: US Nephrology
TreatmentTrends®: Diabetic Nephropathy

TreatmentTrends®: Polycystic Kidney Disease

TreatmentTrends®: Bone and Mineral (EU)
ChartTrends®: Bone and Mineral in CKD-ND
ChartTrends: Bone and Mineral (EU)

PRICE

\$65,000

PROJECT OBJECTIVES

- Understand the demographics and characteristics of dialysis patients
 - Underlying cause of renal failure, co-morbidities, vintage and common medications
 - Hospitalizations and cause of hospitalization
 - Vascular access type and interventions
- Understand the standard of care for dialysis patients and changes over time
 - Use and frequency of laboratory assessments; laboratory values
 - Phosphorus, PTH, Corrected Calcium
 - Albumin, Alkaline Phosphatase, Bicarbonate, Kt/v, URR, 25D, Total Cholesterol, LDL Cholesterol, Uric Acid, C-Reactive Protein, Hemoglobin, TSAT, Ferritin
 - Quantify treatment prevalence of bone and mineral metabolism medications (phosphate binders, nutritional vitamin D, active vitamin D and Sensipar)
 - Understand the interplay between the use of binders, vitamin D, and Sensipar
- Understand the selection process for bone and mineral medications in dialysis
 - What factors drive brand selection (i.e. co-morbidities, concomitant therapies, lab value ranges, disease awareness attitudes, etc.)
 - Capture product dosing and titration
 - Capture switching behavior and reasons for switches
 - Characterize “Treated” versus “Non-Treated” patient groups
- Identify characteristics that correlate with certain treatment approaches by comparing survey responses with actual treatment records

DELIVERABLES

- Final report in Powerpoint format
- Patient record database (in SPSS or Excel)

REPORT DATES

Date comments/proprietary questions are due	Field date	Publication date
February 3 2012	February 10, 2012	March 16, 2012