Nephrology (Renal Anemia and Bone and Mineral Metabolism) | TreatmentTrends | US | Q3 2014

This quarterly report series covers the management of dialysis and mid- to late-stage chronic kidney disease (CKD) patients from the perspective of nephrologists. Emphasis is on anemia management (erythropoiesis-stimulating agents [ESAs], oral iron, and IV iron), calcium-phosphorus metabolism (phosphate binders) and secondary hyperparathyroidism (nutritional and active vitamin D and calcimimetic agents). The TreatmentTrends series provides longitudinal information on market dynamics. It provides insight into practice patterns, attitudes and perceptions, and current and projected use of various products. It evaluates perceived product advantages and disadvantages, as well as sales and messaging efforts, of key market players. The series continuously evolves and covers high-interest areas of the renal field, such as the impact of the dialysis bundle or coverage of late-stage products for the treatment of hyperkalemia, among other topics.

Questions Answered in This Report:

- Assess current and anticipated use of renal-related classes of medications (ESAs, oral iron, IV iron, phosphate binders, vitamin D analogues, and calcimimetics) among dialysis and later-stage CKD patients. Which renal drug classes have the highest and lowest percentage of patients on therapy, and how does this differ by late-stage and dialysis patient populations and by time periods?

- Assess current and anticipated use of products within each class for dialysis and later-stage CKD patients. For example, what is the reported patient share of ESAs, IV iron, phosphate binders, and active vitamin D? How does this differ between hemodialysis, peritoneal dialysis, and CKD non-dialysis? Also, how does this quarter compare with historical time periods?

- Assess how the importance and performance of various attributes (e.g., efficacy, safety, dosing) differ between products. For example, is the time to achieve hemoglobin target in the ESA class an important or unimportant attribute? How do products available today, such as Amgen’s Epogen, perform on this attribute?

- Assess sales representative contact frequency, sales representative performance, and physician message recall between products. How many times, on average, in the past six months has a sales representative visited physicians for the various current therapies? What
percentage of physicians were visited in the past month, and what messages were recalled by brand?

- Understand disease awareness issues such as changes in target hemoglobin levels, complications in SHPT, and the role of calcium in ESRD and CKD. For example, at what PTH level are vitamin D and Amgen’s Sensipar initiated? Is phosphorus, calcium, or PTH most important to keep within the normal range in these patients, and how does this consideration differ between CKD non-dialysis and dialysis?

- Uncover awareness of new clinical information or recent news of key products. For example, are surveyed nephrologists aware of the recent FDA approvals of American Regent’s Injectafer and Vifor Fresenius Medical Care Renal Pharma’s Velphoro?

- Understand the perception of late-stage renal therapies, including awareness of and familiarity with products in late-stage development. The report covers approximately 13 products in late-stage development. For example, what is the reported patient share of ESAs, IV iron, phosphate binders, and active vitamin D? How does share differ between hemodialysis, peritoneal dialysis, and CKD non-dialysis? Also, how does this quarter compare with historical time periods?

**Scope:**

Markets covered: United States.

Primary research: 201 nephrologists via an online survey. All respondents completed the background and bundling sections; 101 respondents completed the renal anemia section; and 100 respondents completed the bone and mineral metabolism section.

Screening criteria: A nephrologist in practice for 2-30 years. A minimum of 50 dialysis and 100 CKD-ND (stage 3 and 4) patients under management.


Report: PowerPoint format with 267 pages.

**Report Details**

- Pub Date: September 2014
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