Researchers from the Dialysis Outcomes and Practice Patterns Study (DOPPS) Practice Monitor (DPM) hosted a web conference on Thursday, May 18, 2017. The discussion covered the latest trends in hemodialysis data from the DPM through February 2017, with a special focus on data comparisons between the United States and Canada moderated by Dr. Bruce Robinson, Principal Investigator of the DOPPS Program, and Dr. Manish Sood, Country Investigator for the DOPPS in Canada. Registration for this web conference is available at DOPPS.org/DPM.

Notable dialysis practice differences between the two countries include:

- **Anemia management**: Use and dosing patterns of erythropoiesis-stimulating agents (ESA) in the United States have changed significantly between 2010 and 2013, with sustained reductions in weekly IV epoetin doses of 35-40% among treated patients during that time. Following that decline, weekly dose levels in the United States have been nearly equivalent to those in Canada, where dosing levels have remained stable for at least five years. In addition, prescriptions of Mircera have risen quickly in the United States, to 35% of patients as of February 2017, largely attributable to a practice change at one large-chain provider.

- **Chronic kidney disease-mineral bone disorder (CKD-MBD)**: A comorbid condition commonly observed in dialysis patients, CKD-MBD often results in elevated levels of parathyroid hormone (PTH) that can be reduced using vitamin D analogs (e.g., calcitriol) or a calcimimetic. Nearly all treated dialysis patients in Canada are prescribed vitamin D analogs orally. Although most treated patients in the United States are prescribed IV vitamin D analogs, a recent practice change in one large-chain provider has led to ~34% of treated US patients now using oral calcitriol alone or in addition to IV vitamin D. Canadian practice also differs considerably from the US in having a ~4-fold lower use of cinacalcet (~7%), a calcimimetic prescribed for managing PTH. High serum levels of PTH remain common, however, as 23% of US patients (February 2017) and 30% of Canadian patients (April 2015) have PTH levels above the upper limit of roughly 600 pg/ml suggested by international (KDIGO) guidelines. These percentages in Canada and the US are among the highest across all countries in the DOPPS.

- **Vascular access**: In the United States, the Centers for Medicare & Medicaid Services (CMS), ESRD Networks, and hemodialysis units have applied great efforts to increase fistula use in the past decade, resulting in 67% of US dialysis patients dialyzing with a fistula and 15% dialyzing with a dialysis catheter in most recent data. In Canada, vascular access is nearly evenly split between fistula and catheter, with catheter use in Canada among the highest in DOPPS countries at 51%.

### About the DPM:
The DPM covers a wide range of topics presented in the form of more than 1,500 regularly updated charts, figures, and data tables. The DPM is based in the United States on a sample of over 9,000 patients in more than 160 hemodialysis facilities, and has now expanded to provide data from Canada, Germany, and the Gulf Cooperation Council (GCC) countries. Research papers describing DPM methods, key recent findings and analysis, and commentary have been published. To learn more, please visit DOPPS.org/DPM.

### About the DOPPS:
Launched in 1996, the DOPPS is a prospective cohort study investigating practices related to the best outcomes for hemodialysis patients in over 20 countries. To learn more about the DOPPS Program and opportunities for collaboration, please visit DOPPS.org.

Would you like to receive more updates about the DPM? [Sign up here.](#)