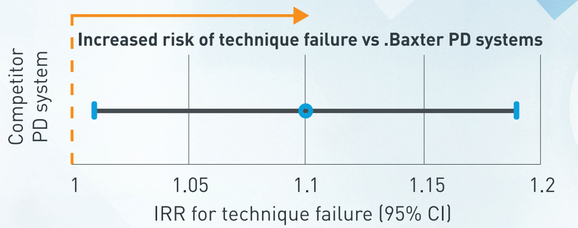
## Baxter PD system은 high-quality goal-directed therapy를 제공합니다.

## Baxter PD system은 경쟁사 대비 technique failure risk가 낮습니다.[6,a]

**Lower risk of technique failure**
(IRR = 1.10; 95% CI = 1.01–1.19; P = 0.02)



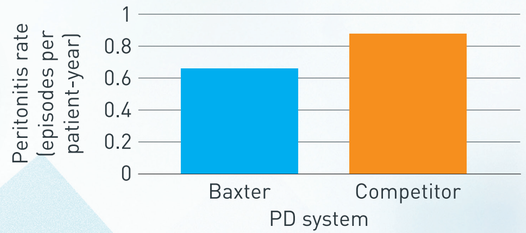

Baxter 대비 경쟁사 PD system의 높은 technique failure risk(P=0.02)[6]

**Retrospective analysis of incident patients** >18 years of age (N = 16,575) who had completed at least 90 days of PD and were listed in the ANZDATA registry (Jan 1, 1995 to Dec 31, 2014). Multivariate model. Adjusted incidence rate ratio (IRR) = 1.10; 95% CI = 1.01–1.19; P = 0.02.[6]

## Baxter CAPD system은 경쟁사 대비 복막염 발생율이 낮은 것으로 확인되었습니다.[6-10, a-d]

**Lower peritonitis rate**
(0.66 vs. 0.88 episodes per patient-year, P < 0.001)

경쟁사 대비 Baxter PD system의 낮은 복막염 발생률 (P <0.001)[6]




**Retrospective analysis of incident patients** >18 years of age (N = 16,575) who had completed at least 90 days of PD and were listed in the ANZDATA registry (Jan 1, 1995 to Dec 31, 2014).[6]

[a] In the same multivariate analysis, no significant differences in patient survival were observed between the tested PD systems.[6]

[b] In a single-center comparison study (N = 134; 1998), peritonitis rates were lower with Baxter's PD system compared with a double-bag CAPD system from another manufacturer (1 episode per 26 patient-months vs. per 6.3 patient-months; P < 0.0001).[7]

[c] A registry study of PD patients (N = 3,573; 2011) found a lower peritonitis rate for Baxter's PD system compared with a PD system from another manufacturer (1 episode per 38.85 patient-months vs. per 29.07 patient-months).[9]

[d] A meta-analysis of 3 randomized controlled trials and 4 national registry or cohort studies is being presented at the WCN 2020, and shows that Baxter external clamp technology has a 48% lower risk of peritonitis compared with internal switch systems.[10]

## References:


1. Brown EA, *et al. Perit Dial Int*. 2020; doi: 10.1177/0896860819895364.
2. Htay H, *et al. Cochrane Database Syst Rev*. 2018:CD007554.
3. Goossen K, *et al. Am J Kidney Dis*. 2020; doi: 10.1053/j.ajkd.2019.10.004.
4. Chen CH, *et al. Perit Dial Int*. 2020; doi: 10.1177/0896860819893821.
5. Guyatt GH, *et al. BMJ*. 2008; 336:924–926.
6. Boudville N, *et al. Nephrol Dial Transplant*. 2019; 34:1035–1044.
7. Borg D, *et al. Adv Perit Dial*. 2003; 19:202–205.
8. Wong H-S, *et al. Am J Kidney Dis*. 2006; 48:464–472.
9. Ho Y-W, *et al. HK J Nephrol*. 2013; 15:28–43.
10. Marshall MR, *et al. Abstract presented at ISN World Congress of Nephrology*; March 26–29, 2020; Abu Dhabi, UAE.


CAPD, continuous ambulatory peritoneal dialysis; CI, confidence interval; GDP, glucose-degradation product; IRR, incidence rate ratio; ISPD, International Society for Peritoneal Dialysis; PD, peritoneal dialysis; RCT, randomized controlled trial; RKF, residual kidney function; RR, risk ratio; RRF, residual renal function; MD, mean difference; OR, odds ratio; SONG, Standardized Outcomes in Nephrology; UF, ultrafiltration.



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2020 ISPD 가이드라인은 "adequate" dialysis에서 "goal-directed" dialysis로 변경되었습니다. 이는 적절한 치료만이 아닌 치료의 우수성을 위해 노력해야 함을 의미합니다.

# International Society for Peritoneal Dialysis (ISPD) practice recommendations:

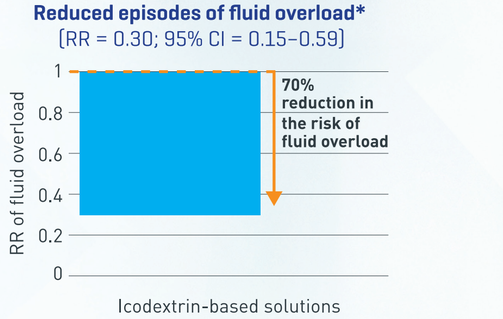
## Prescribing high-quality goal-directed peritoneal dialysis

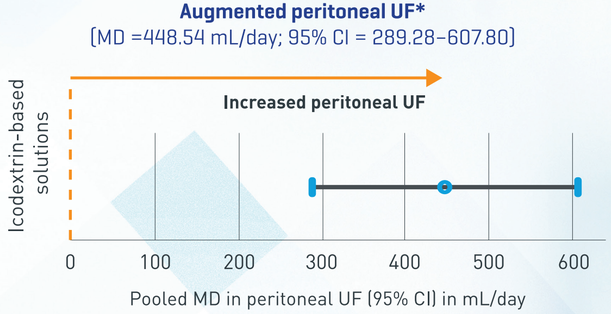
## 임상에서의 ISPD 권고 사항 활용: PD solution

ISPD 가이드라인은 Icodextrin 투석액의 사용을 권고합니다.[1]

- "불충분한 peritoneal ultrafiltration(UF)으로 인해 적절한 수분상태를 유지하기 어려운 복막투석 환자의 경우, 복막 투과도를 고려하여 장시간 저류시에는 고농도 포도당 투석액 대신 Icodextrin 투석액 사용(1일 1회)이 고려되어야 합니다" (Grade 1B).[1,a]
- Supporting evidence: Htay H, et al. Biocompatible dialysis fluids for peritoneal dialysis. *Cochrane Database of Systematic Reviews* 2018, Issue 10.[2]

## Icodextrin 투석액은 기존의 복막투석액 대비 조절되지 않는 수분 과다 발생을 줄이고, peritoneal UF를 증가시킬 수 있습니다.[2]



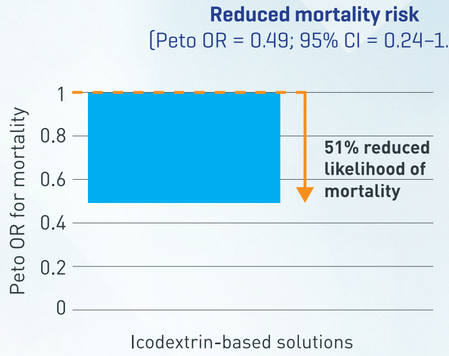




*** Meta-analysis of published randomized controlled trials (RCTs) and quasi-RCTs up to February 2018.** Studies comparing icodextrin-based solutions with conventional PD solutions. Reduced uncontrolled fluid overload in the combined analysis of 2 studies, with 100 participants. Augmented peritoneal ultrafiltration in the combined analysis of 4 studies with 102 participants.[2]

[a] "Grade 1B" categorizes the statement as a recommendation by the ISPD, supported by a moderate level of evidence.[1]

## 장시간 저류 시 Icodextrin 투석액 사용은, 목표 제수량을 충족하지 못하고 수분 과다 위험이 있는 일부 환자에게 임상적 이점이 있는 것으로 나타났습니다.[3]

- Systematic review 및 meta-analysis에 따르면 Icodextrin 투석액을 1일 1회 장시간 저류에 사용 시, 조절되지 않는 수분 과다의 위험을 줄이고 복막투석 환자의 사망 위험을 감소시키는 것으로 나타났습니다.[3]



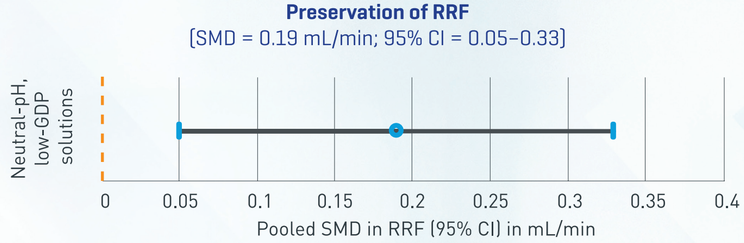

생존율 향상은
ISPD 가이드라인에서
제시하는
치료 목표입니다.[1]

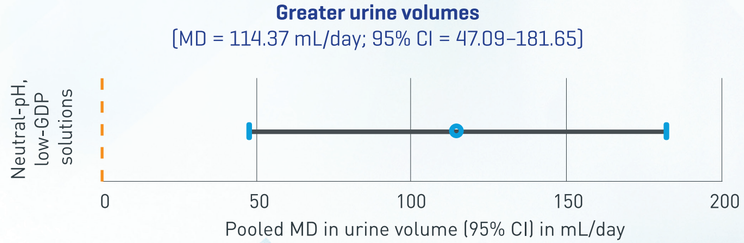
**Systematic review and meta-analysis of published RCTs comparing long-dwell icodextrin-based solution as a single osmotic agent for the long-dwell with glucose-based PD solutions (of any concentration) up to November 2018.** Reduced uncontrolled fluid overload in the combined analysis of 8 studies with 602 patients. Reduced mortality risk in the combined analysis of 19 studies with 1,685 patients.[3]

## ISPD 가이드라인에서는 잔여 신기능 및 소변량 보존을 개선하기 위해 neutral-pH, low-GDP 투석액 사용을 권고합니다.[1]

- Neutral-pH, low-GDP 투석액 사용은 잔여 신기능(residual kidney function: RKF) 및 소변량 보존을 개선시킵니다.(Grade 1A)."[1,a]
- Supporting evidence: Htay H, et al. Biocompatible dialysis fluids for peritoneal dialysis.

## Neutral-pH, low-GDP 투석액 사용은 기존 투석액 사용 대비, 잔여 신기능 및 소변량 보존을 개선시켰습니다.[2]




**Meta-analysis of published RCTs and quasi-RCTs up to February 2018.** Studies of neutral-pH, low-GDP PD solutions (lactate and bicarbonate ± lactate buffered) against conventional PD solutions. Preserved RRF in the combined analysis of 15 studies with 835 participants. Increased urine volume in the combined analysis of 11 studies with 791 participants.[2]

[a] "Grade 1A" categorizes the statement as a recommendation by the ISPD, with a high level of supporting evidence.[1]