was to collect, in routine clinical practice, data about consequences of switching from intravenous (IV) EPO to IV in patients (pts) with chronic kidney disease (CKD) [dialysis patients (DP) for ≥ 12 months]. METHODS: This French monocentric observational study included adults with CKD receiving dialysis switched from EPO to DA in July 2010. Data related to EPO and DA dosing and dose frequency, Hb levels, and iron statuses were collected retrospectively over 36 weeks before the conversion and 36 weeks after the conversion. The primary endpoint estimated the dose conversion ratio (DCR) between mean EPO doses (UI) and DA (µg) during 4 weeks pre-conversion and 21-24 weeks post-conversion. The mean DCR was determined with a regression-based method using ordinary least squares (LSQ). RESULTS: A total of 147 pts were included in this study (101 female, mean age 70.3 years (mean time on dialysis 5.2 years). The primary etiologies of CKD were mainly diabetes (37.6%) and hypertension (12.9%). The arithmetic mean (± SD) EPO dose/ injection at inclusion was 4193 ± 3417 UI with the following injection frequency: x3/week (44.1%), x2/week (32.3%), x1/week (21.5%) or other (2.1%). The mean (± SD) DCR on the evaluable population (83 patients, 10 excluded due to missing data) was 273.1 ± 30.4 (95% CI 264.7, 277.9). The mean (± SD) Hb values were equivalent over the pre- and post-conversion periods 11.2 ± 0.9 and 11.1 ± 1.0 g/dL, respectively. Iron status was also similar. CONCLUSIONS: In routine clinical practice, the mean DCR observed in our French dialysis centre, was higher than the factor 200UI:over the pre- and post-conversion periods 11.2

OBJECTIVES: Kidney transplantation is perceived to be highly cost effective, the cost of post-transplant management is modest compared to dialysis and quality of life is significantly improved. While graft survival rates have improved substantially in recent years, on average, graft failure rates are currently 2.9% per annum across the UK. The objective of this study was to quantify the minimum graft survival time required for transplantation to remain cost saving compared to dialysis.

METHODS: We utilized a simple decision analytic model with published input costs for dialysis, immunosuppression and other post-transplant management costs were obtained from the PORTRAIT Study (a retrospective observational study of renal transplant patients) and UK NHS reference costs used for transplantation costs were obtained from the PORTRAIT Study (a retrospective observational study of renal transplant patients) and UK NHS reference costs used for transplantation. We compared the costs of continued dialysis with transplantation and evaluated the dynamics of treatment failure in patients with OAB following discontinuation of the first anticholinergic or switching in persons with continuous anticholinergic therapy. Such research does not account for persons who may restart anticholinergic use following a period of discontinuation. The objective of this study was to evaluate the dynamics of treatment failure in patients with OAB following discontinuation of the first anticholinergic. Most patients who switched from their first anticholinergic therapist rechallenged after the 45 day treatment gap, with 66.7% of those who initially time either by discontinuing treatment (48.8%) or switching to a third agent (20.8%). A separate analysis requiring ≥ 2 fills found that 85% of patients who switched also discontinued within the one year study frame. Patients on sustained release anticholinergics were less likely to experience treatment failure than those on immediate release anticholinergics (odds ratio 0.78 (95%CI 0.60-0.80), p = 0.0001). CONCLUSIONS: Treatment failure was high in patients taking anticholinergics for OAB even after taking restarts into account. Most patients who switched from their first anticholinergic therapy experienced a second treatment failure.

RESEARCH POSTER PRESENTATIONS – SESSION IV
RESEARCH ON METHODS STUDIES

PSM1
KAPLAN-MEIER SURVIVAL CURVES: A POTENTIAL SOURCE OF DATA FOR SYSTEMATIC REVIEWS

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OBJECTIVES: Kaplan-Meier (KM) curves are commonly used to report time-to-event outcomes like overall survival (OS) and progression-free survival. For studies not explicitly reporting hazard ratio (HR) and confidence intervals (CI), KM curves can be utilised to estimate these summary statistics for conducting a meta-analysis. Here, we validate the method proposed by Farmar and colleagues for estimating HR (0.95 CI) by reading the KM curves. METHODS: Ten randomised controlled trials reporting HR (95%CI) and the associated KM curve for OS were randomly