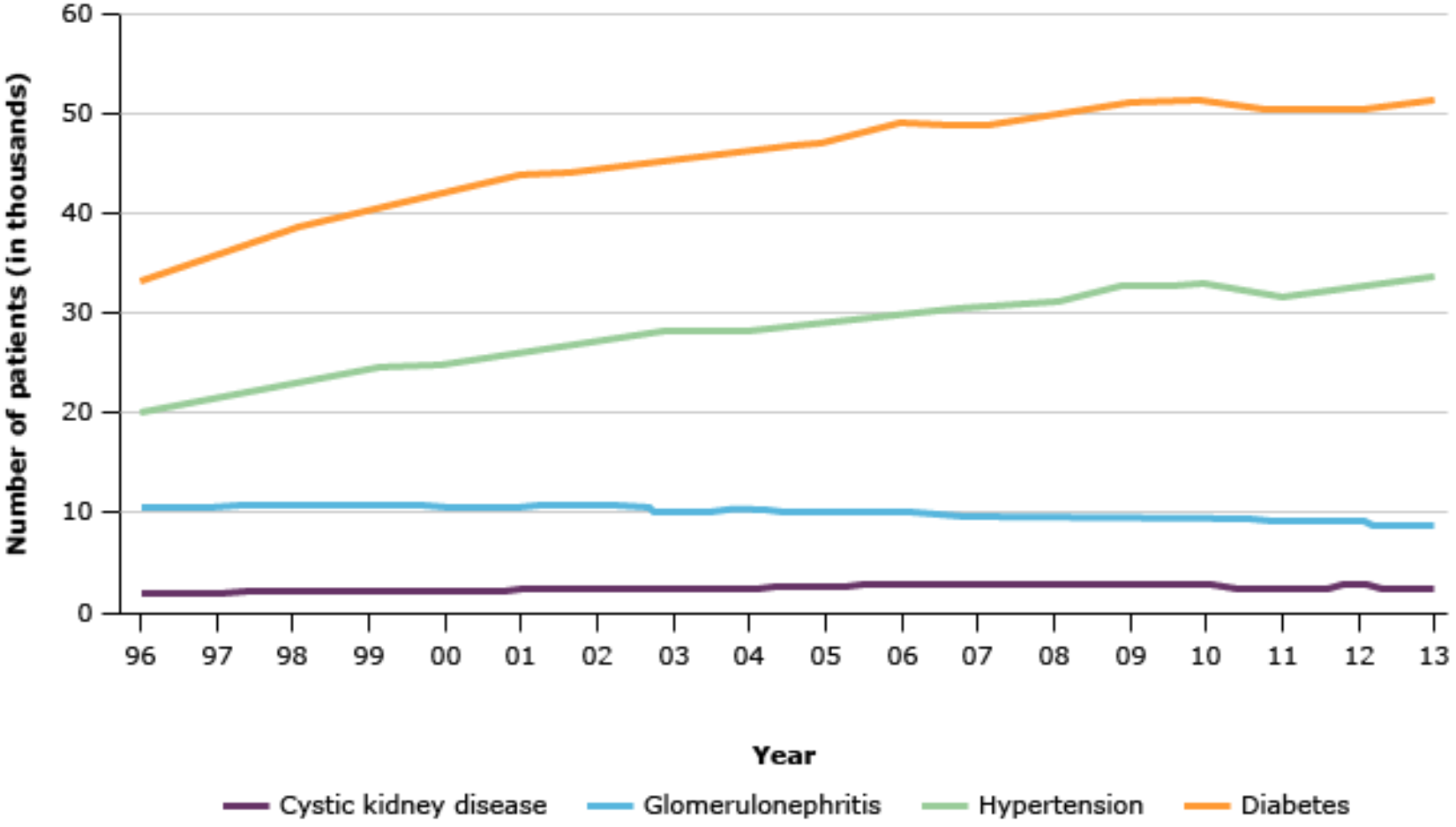
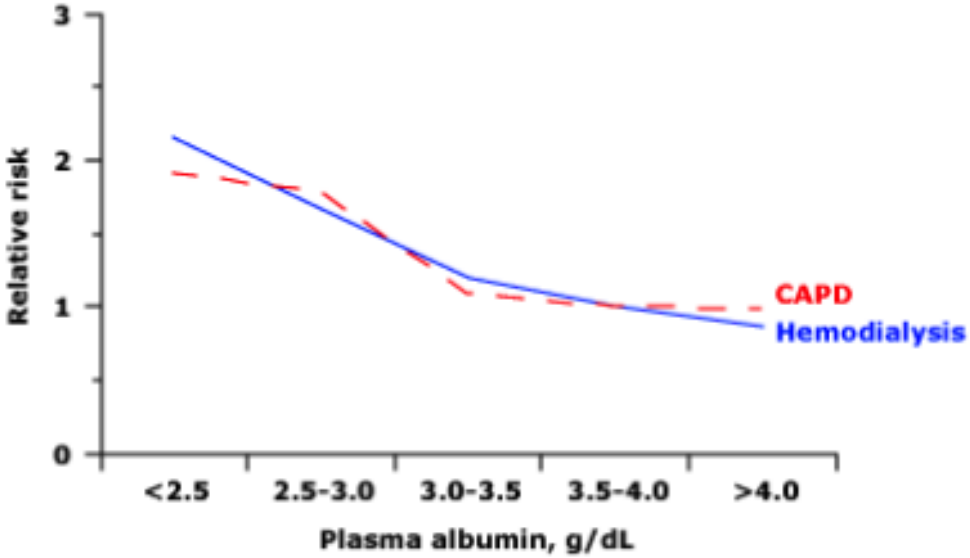
TRENDS IN ANNUAL NUMBER OF END-STAGE RENAL DISEASE INCIDENT CASES (IN THOUSANDS) IN THE UNITED STATES POPULATION, 1996-2013



Reproduced from: United States Renal Data System. 2015 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD 2015.

Risk of mortality among dialysis patients according to baseline albumin at initiation of dialysis



Correlation of the risk of mortality according to the plasma albumin concentration, obtained within six weeks of starting maintenance dialysis in 2897 patients receiving hemodialysis and 666 patients treated with CAPD. Hypoalbuminemia was associated with increased mortality, particularly at plasma concentrations below 3.0 g/dL (30 g/L).

CAPD: continuous ambulatory peritoneal dialysis.

Data from Held PJ, Port FK.

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Adjusted survival (%) by age, sex, race, and primary cause of ESRD for ESRD patients in the 2008 incident cohort (initiating ESRD treatment in 2008)

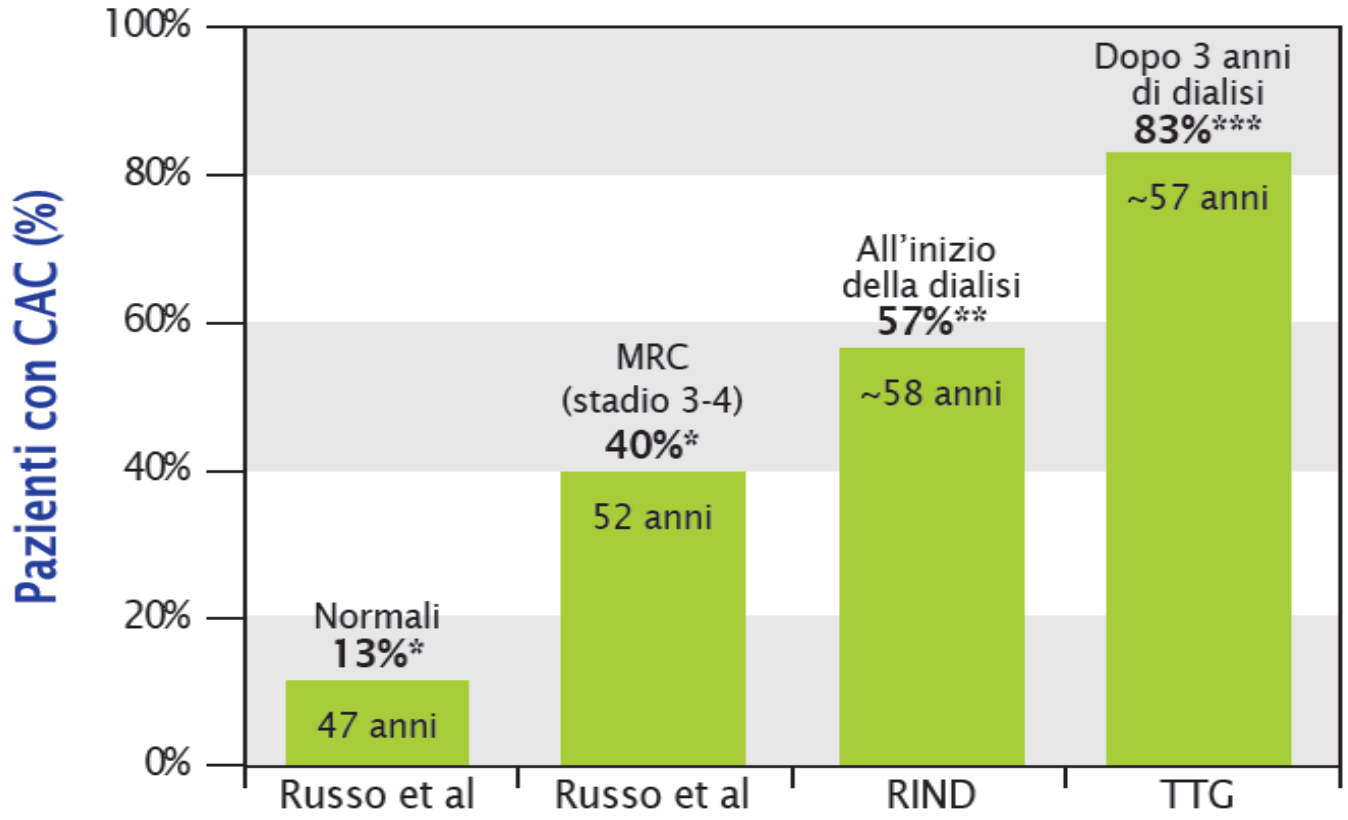
2008 cohort	3 months	12 months	24 months	36 months	60 months
Age					
0 to 21	98.5	95.3	93.2	91.8	88.7
22 to 44	97.6	91.8	86.4	81.7	73.8
45 to 64	95.3	85.6	76.4	68.3	54.5
65 to 74	91.1	75.0	61.8	50.9	34.1
75+	85.1	62.2	45.6	33.2	17.1
Sex					
Male	91.8	77.6	65.9	56.4	42.4
Female	92.0	77.9	66.5	57.2	42.8
Race					
White	91.2	76.3	64.2	54.6	40.2
Black/African American	93.1	79.7	69.1	60.1	46.1
Native American	92.5	78.6	65.8	55.9	42.4
Asian	95.3	85.1	75.4	67.0	53.9
Other	90.1	71.6	57.7	47.2	34.4
Primary cause of ESRD					
Diabetes	92.9	78.3	65.2	54.3	37.9
Hypertension	92.2	78.8	67.7	58.6	44.6
Glomerulonephritis	94.4	83.8	74.6	66.8	55.1
Other	90.1	71.6	57.7	47.2	34.4
All patients	91.9	77.7	66.2	56.8	42.6

Adjusted for age, sex, race, Hispanic ethnicity, and primary diagnosis.

ESRD: end-stage renal disease.

Reproduced from: United States Renal Data System. 2015 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD 2015.

Calcificazioni coronariche in diversi stadi di MRC



CAC=calcificazione dell'arteria coronarica;
RIND=studio RIND; TTG=studio TREAT-TO-GOAL

*Russo D et al. Coronary artery calcification in patients with CRF not undergoing dialysis. Am J Kidney Dis 2004; 44: 1024-1030
**Spiegel D et al. Coronary and aortic calcifications in patients new to dialysis. Hemodial Int 2004; 8: 265-272
***Chertow GM et al. Sevelamer attenuates the progression of coronary and aortic calcification in hemodialysis patients. Kidney Int 2002; 62: 245-252

Coronary Artery Calcification and Outcomes in Diabetic Patients with and without Chronic Kidney Disease

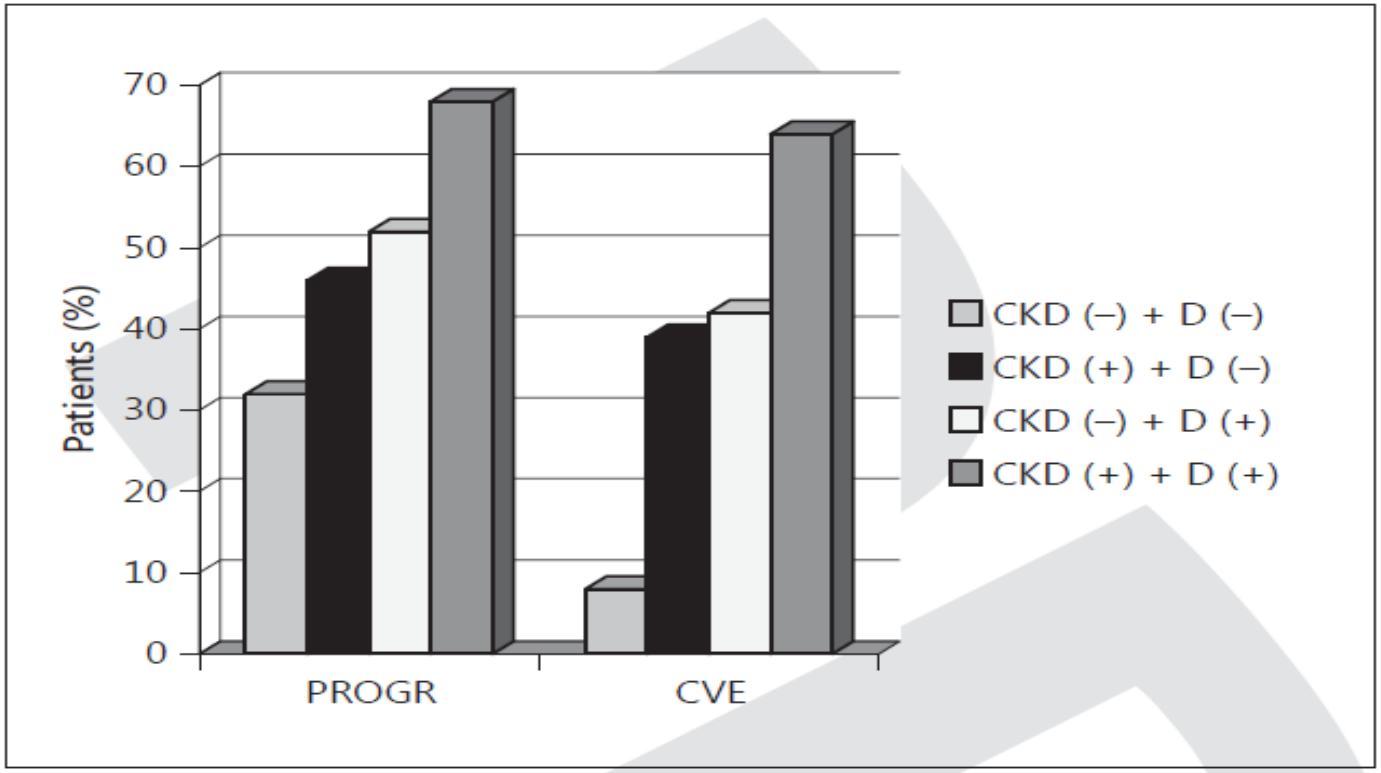
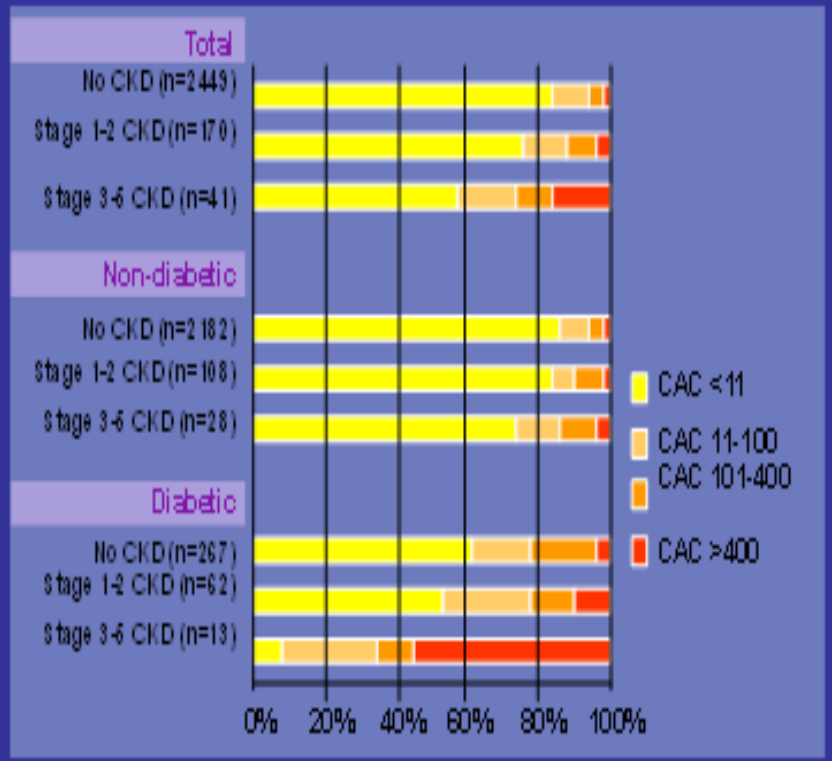


Fig. 1. Percentage of patients experiencing progression of CAC (PROGR) and CVE. D = Diabetes; + = presence; – = absence.

Russo D:Blood Purif 2013;36:17–20

Coronary Artery Calcification (CAC) score by level of renal function

The Dallas Heart Study Population



Kramer H *et al. J Am Soc Nephrol* 2005; 16 507-513

Risk of Total Mortality by Total Calcium Score Category in 10,377 Asymptomatic Individuals

Shaw L J et al., Radiology 2003; 228: 826-33