

Professor Seiji Ohira International Session on Vascular Access



2018 Vascular Access for Hemodialysis Symposium

MAY 10-12, 2018  ROOSEVELT HOTEL
NEW ORLEANS, LOUISIANA



Vascular Access in Europe

Maurizio Gallieni, MD, FASN

In memoriam Seiji Ohira (大平 整爾) (1937-2017)



Fig. 1 - Professor Dr. Seiji Ohira.

The chief director of the Japanese Society for Dialysis Access (JSDA), Professor Dr. Seiji Ohira, passed away suddenly on September 5th, 2017. The scientific community has lost one of the founding fathers in the field of vascular access for dialysis patients. Professor Ohira was inspirational in the establishment of a collaboration network among the main vascular access scientific societies, namely the Japanese Society of Dialysis Access, the Vascular Access Society, and the Vascular Access Society of the Americas. All of these Societies are officially affiliated with *The Journal of Vascular Access*, which joins the international community in mourning Professor Ohira.

Seiji Ohira was a profound expert in the field of thoracic and abdominal surgery, renal failure surgery, general dialysis therapy, and in medical ethics. He graduated in 1962 and completed his postgraduate training at Hokkaido University School of Medicine. He also worked in Canada, where he was a researcher in the Department of Physiology at Toronto University from 1969 until 1971. He then moved back to Japan. Working from 1972 until 1997 at the Department of Surgery and in the dialysis center of Iwamizawa City General Hospital. In 1997 he was named director of Nikko Memorial Hospital (1997-2002). From 2002 he was director of Sapporo Kita Clinic.

Professor Ohira was President of the Japanese Society for Dialysis Access (JSDA) and also held relevant positions in other scientific societies, such as the Japanese Society for Dialysis Therapy, the Japanese Association of Dialysis Physicians, the Japanese Society for Peritoneal Dialysis, the Japanese Society of Vascular Access Interventional Therapy, the Japanese Society for Psychonephrology, the Japanese Society of Renal Failure Surgeons, the Japan Society for Blood Purification in Critical Care, the Hokkaido Association of Dialysis Physicians, the Hokkaido Society Dialysis Therapy, and the Hokkaido Society for Geriatric Dialysis. In academia, he was a visiting professor at Hokkaido University School of Medicine.

The vascular access community will miss him, and honors him for his great contribution to the advancement of knowledge in this crucial aspect of dialysis care and to the well-being of dialysis patients.

Maurizio Galliani, MD, FASN
Past-President, the Vascular Access Society
Editor, *The Journal of Vascular Access*



Fig. 2 - Dr. Seiji Ohira and Dr. Volker Mickley at the time of signing an agreement between the Vascular Access Society (VAS) and the Japanese Society for Dialysis Access (JSDA).



Fig. 3 - Dr. Seiji Ohira and Dr. Suren Shenoy at the time of signing an agreement between the Vascular Access Society of the Americas (VASA) and the Japanese Society for Dialysis Access (JSDA).



Epidemiology of factors influencing ESRD / Vascular Access

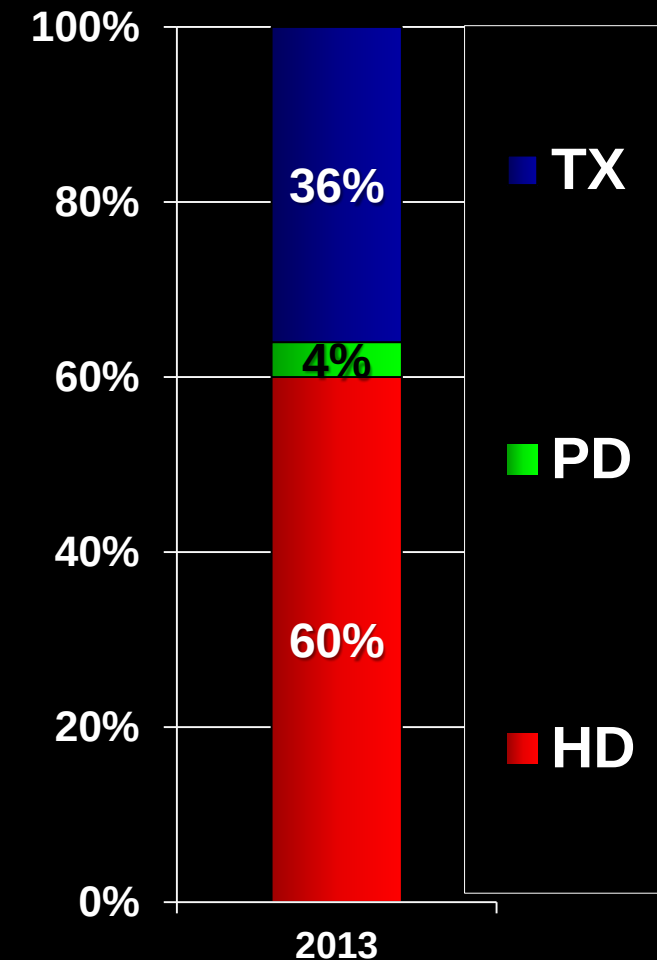
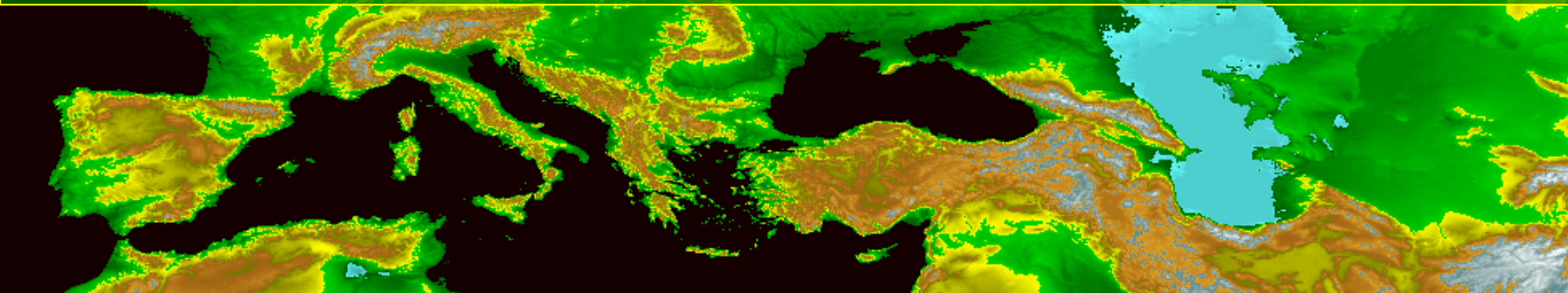
***Wolfgang Meichelboeck, Dipl.-Ing.
Pentenried – Germany***



***10th Congress of the Vascular Access Society
Ljubljana, Slovenia, April 5-8, 2017***

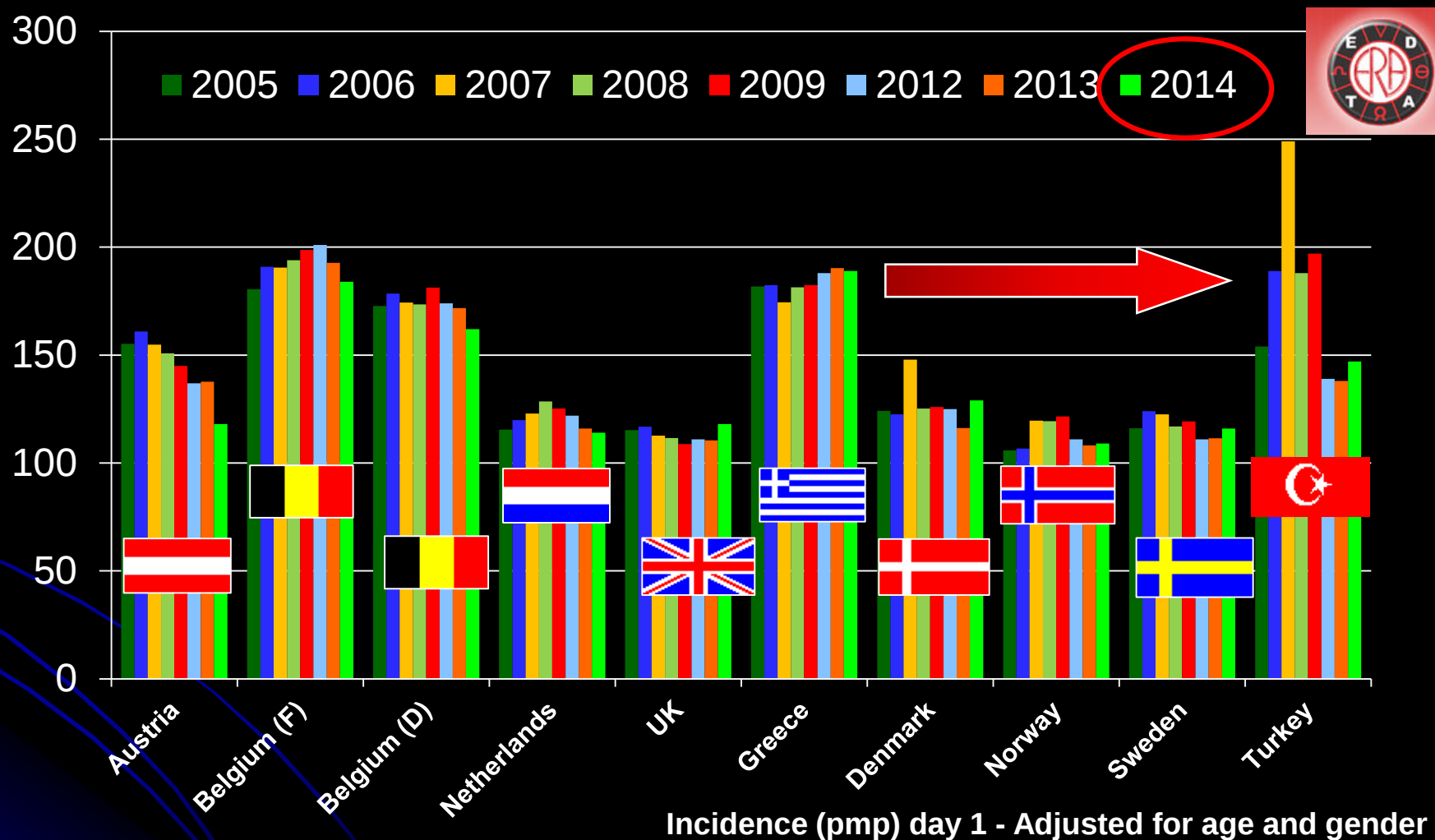
ESRD and RRT in Europe

- Approx. 40-50 Mill. Patients with chronic kidney disease (8-10% of the population)
- CKD stages 3–5 prevalence varied from 1.0% to 5.9% (approx. 36 Mill.)
- Approx. 350.000 Patients with ESRD on HD in 2013
 - Approx. 5.400 dialysis centers
- Annual growth rate of Dialysis population approx. 2 %



Incidence of RRT in Europe

2005 - 2009 & 2012 - 2013 - 2014

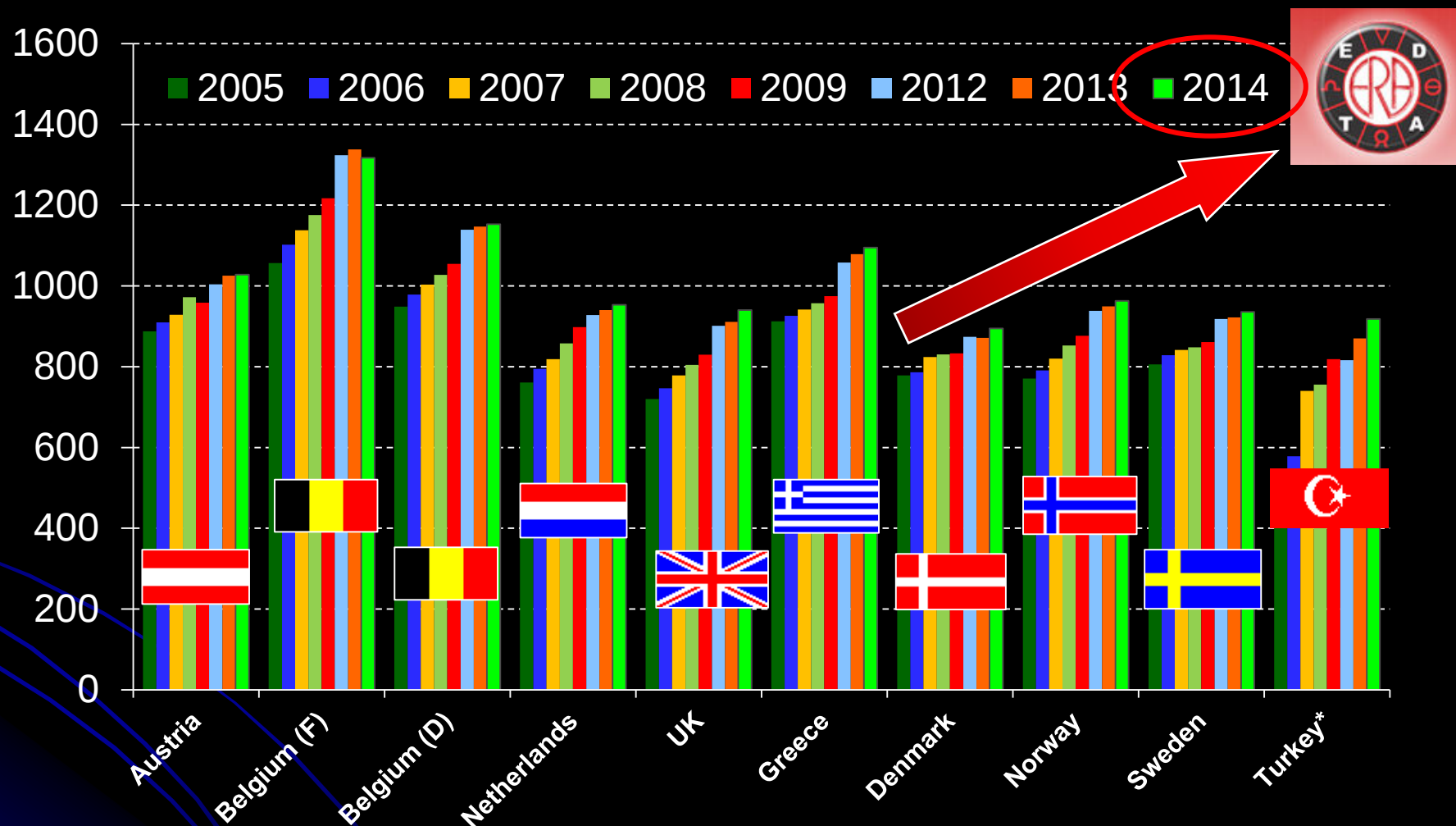


van de Luijtgard M. Clin Kidney J (2012)5: 109-119,
updated with data from ERA-EDTA report 2012, 2013, 2014
+ TR registry data (unadjusted)

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Prevalence of RRT in Europe

2005 - 2009 & 2012 - 2013 - 2014

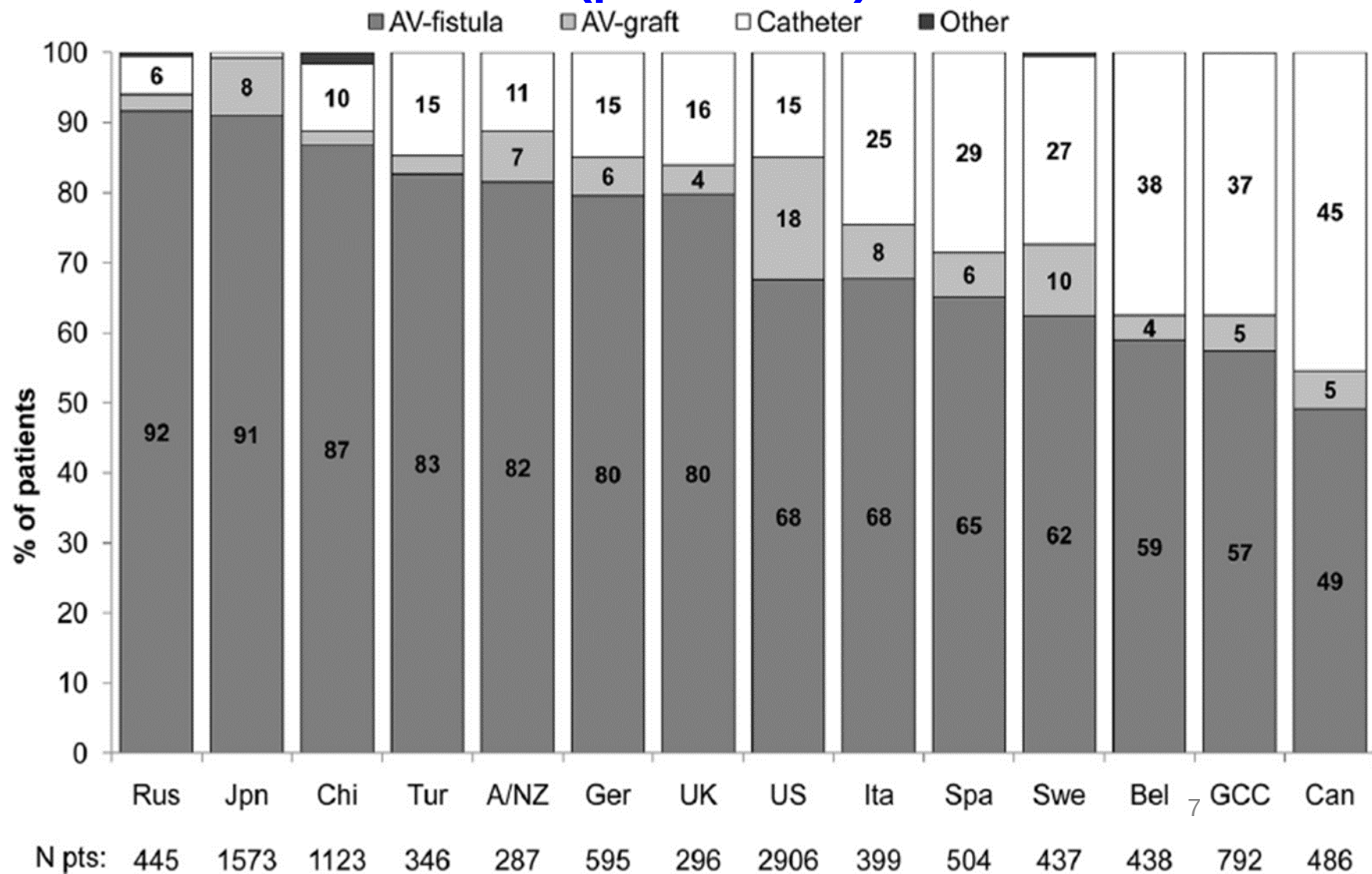


Prevalence (pmp) - Adjusted for age and gender

van de Luijtgard M. Clin Kidney J (2012)5: 109-119,
updated with data from ERA-EDTA report 2012, 2013, 2014
+ TR registry data (unadjusted)

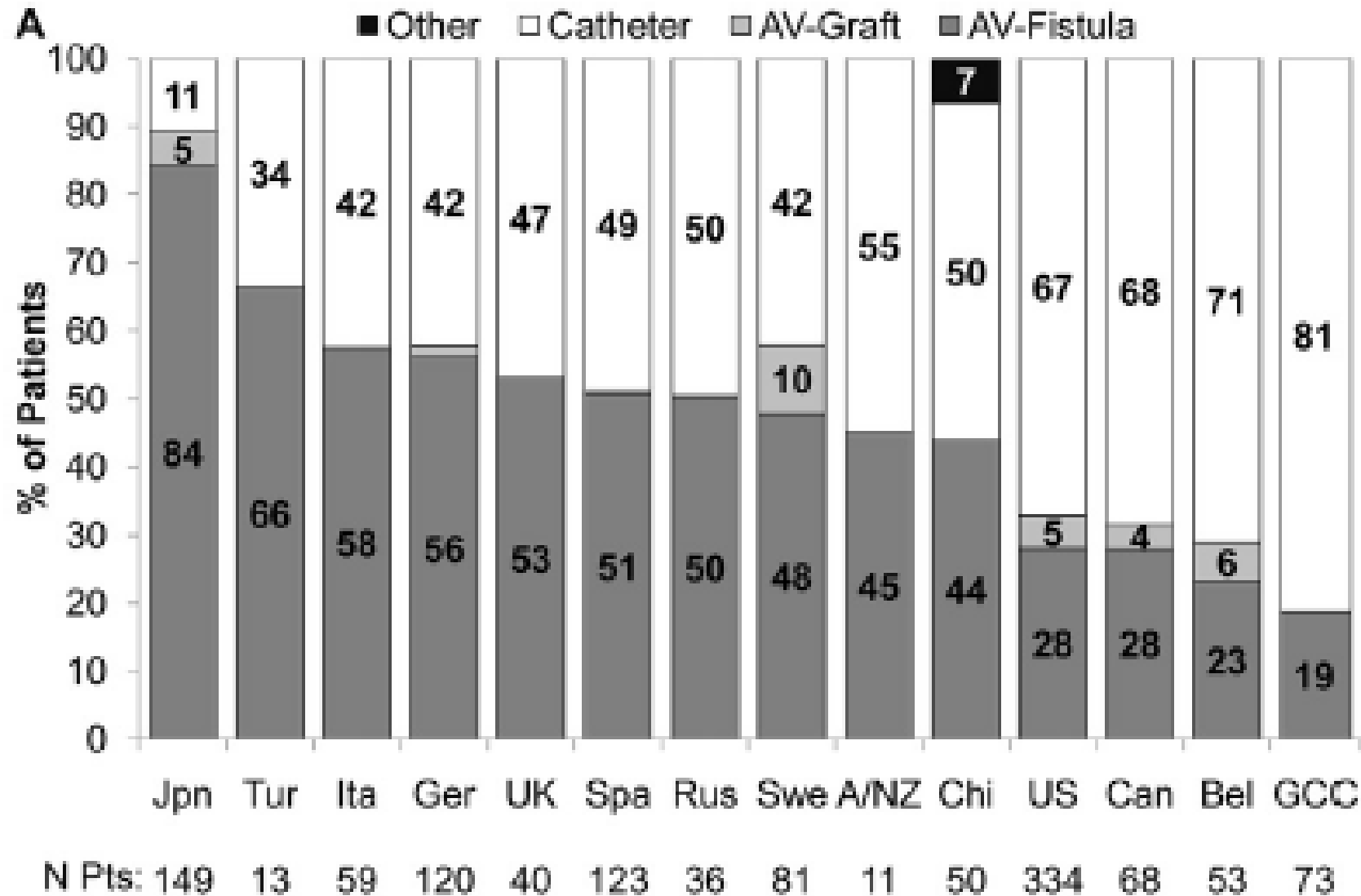
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Vascular access use (prevalence) in DOPPS Countries

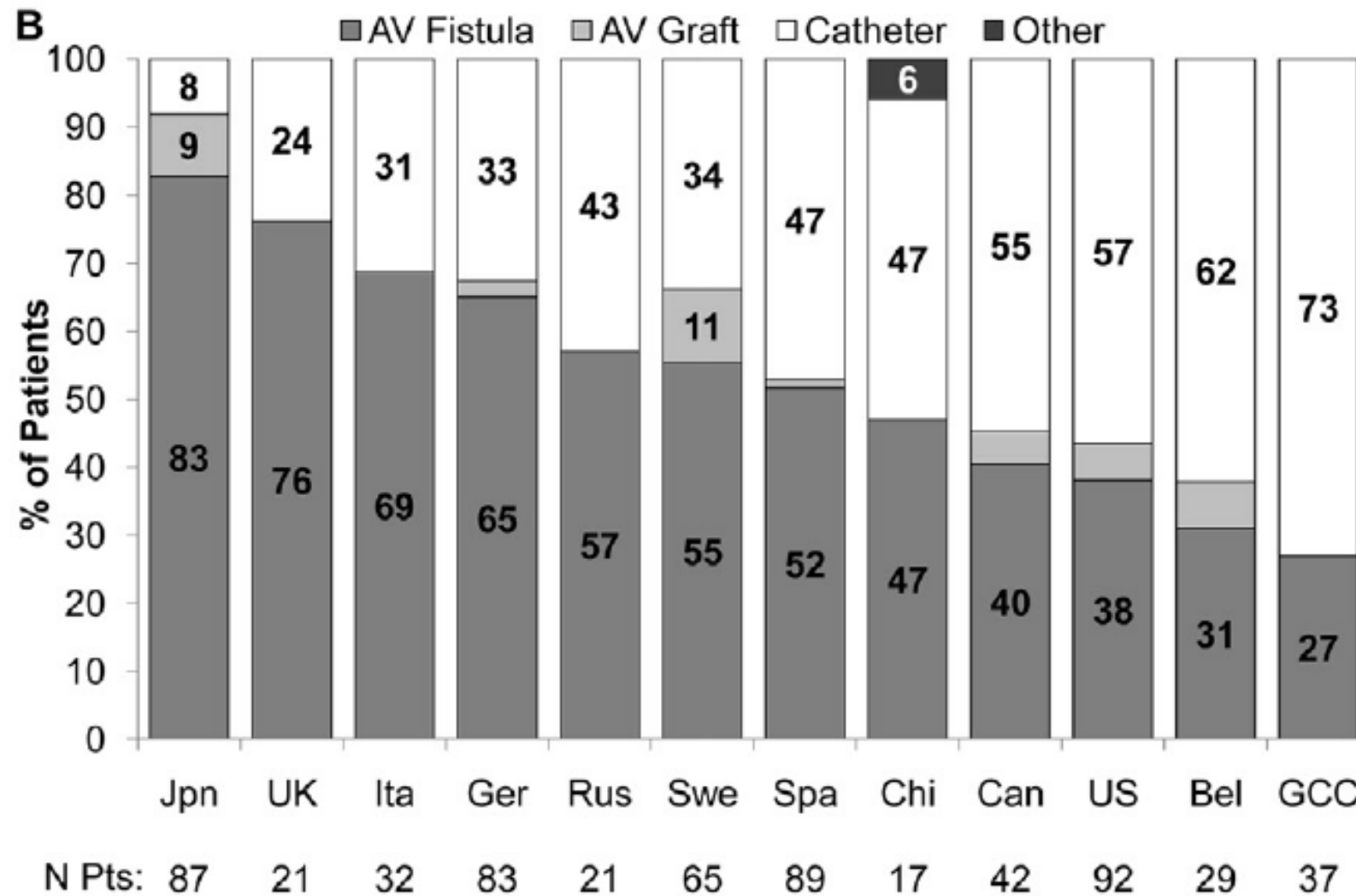


Pisoni et al. AJKD 2015; 65: 905-915

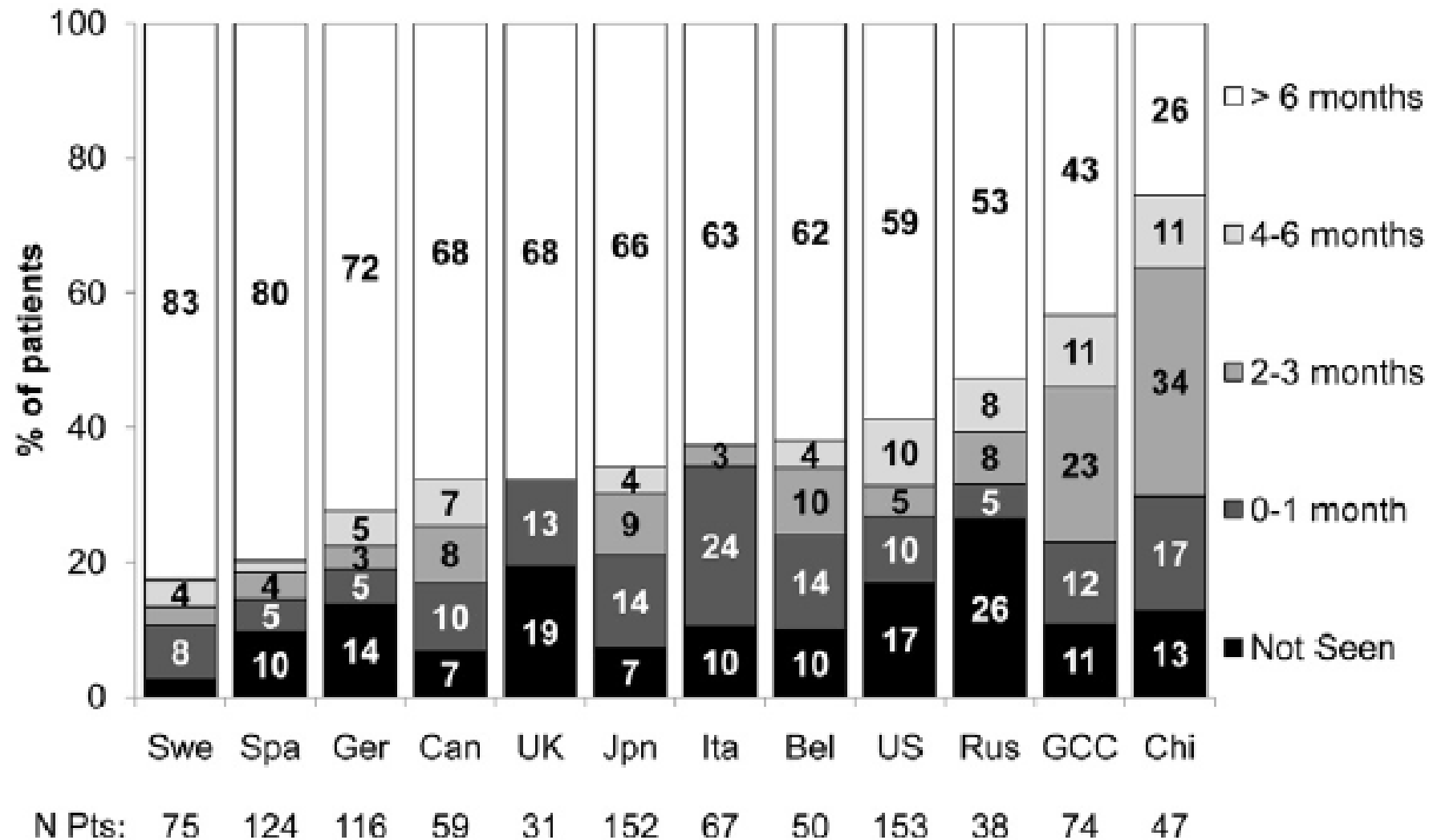
Incident patients vascular access use, by DOPPS Country



Incident patients vascular access use, by DOPPS Country (Early referrals - > 4 months of pre-HD nephrology care)



LATE REFERRAL: Timing of first nephrologist care before initiating dialysis therapy among DOPPS patients, by country



Pisoni et al. AJKD 2015; 65: 905-915

**Trends in US Vascular Access Use, Patient Preferences, and
Related Practices: An Update From the US DOPPS Practice
Monitor With International Comparisons**

*Ronald L. Pisoni, PhD, MS,¹ Lindsay Zepel, MS,¹ Friedrich K. Port, MD, MS,¹ and
Bruce M. Robinson, MD, MS^{1,2}*

Conclusions:

... AVF use at dialysis therapy initiation remains low, suggesting that reforms affecting pre-dialysis care may be necessary to incentivize improvements in fistula rates at dialysis therapy initiation as achieved for prevalent hemodialysis patients.

Conclusions:

... reforms affecting **pre-dialysis care** may be necessary to incentivize improvements in fistula rates at dialysis therapy initiation ...

EUROPE:

- **Good framework (universal coverage, higher number of kidney specialists when compared with other countries)**
- **Lack of interaction among specialists (few well developed vascular access teams).**
- **Some late referrals are unavoidable**



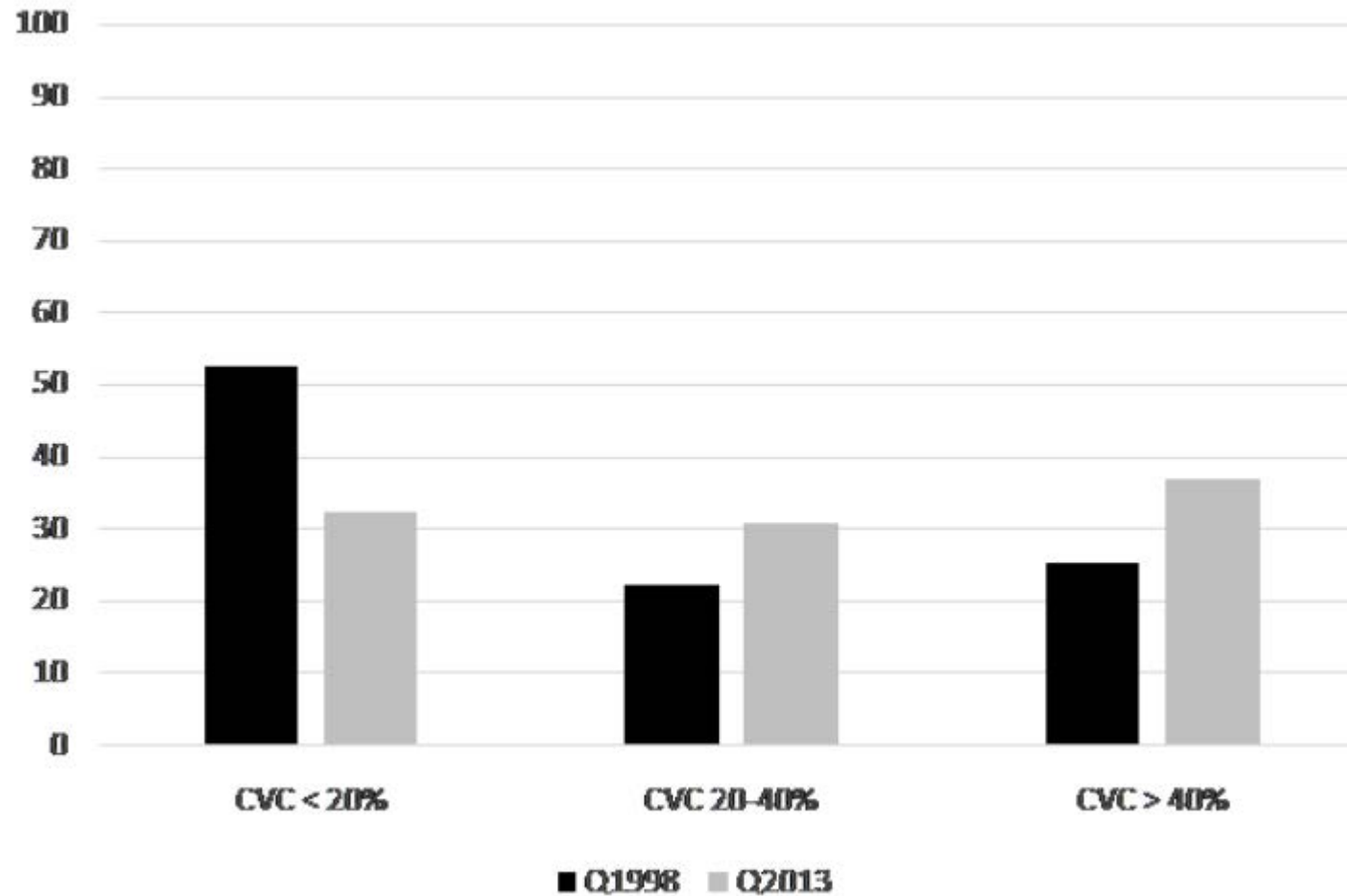
Vascular access scenario in Italy: evolution and comparison by two surveys (1998-2013).

Short title: The evolving role of nephrologist in vascular access field.

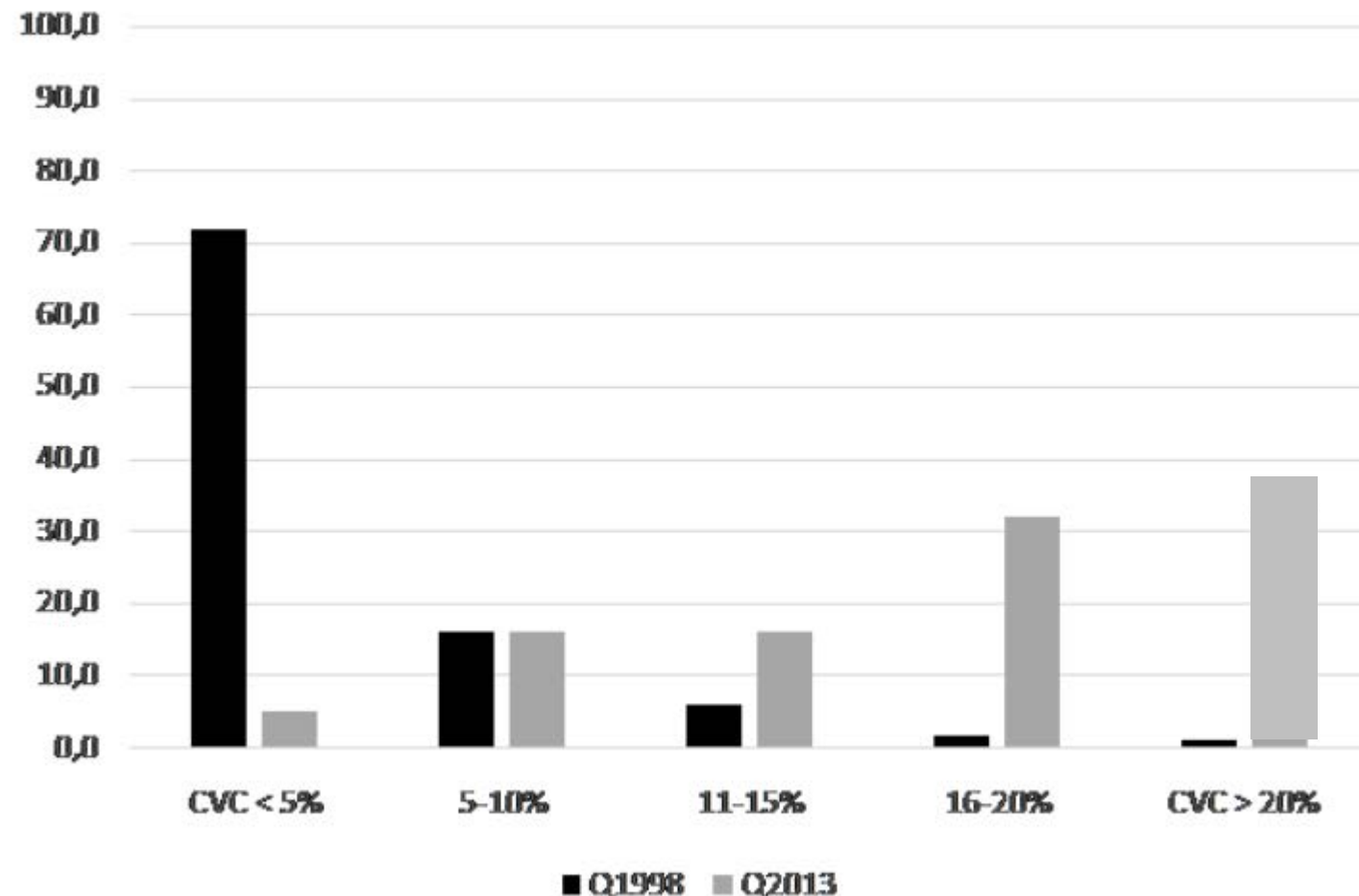
Decenzio Bonucchi¹⁻³, Lucia Palmieri², Silvia Arletti¹, Gianni Cappelli², Carlo Lomonte³,
Massimo Lodi³, Mario Meola³, Monica Spina³, Marcello Napoli³.

- **Almost 40% of centres declare more than 40% of CVC at first dialysis with maximum value being 60%.**
- **Prevalence of CVC is greater than 20% in chronic patients in 38.8% of centres**

**Clusters of dialysis centres (% of responses) as for CVC use in
incident patients. Comparison 1998 (black) - 2013 (grey).**



Clusters of dialysis centres (% of responses) as for CVC use in prevalent patients. Comparison 1998 (black) - 2013 (grey).



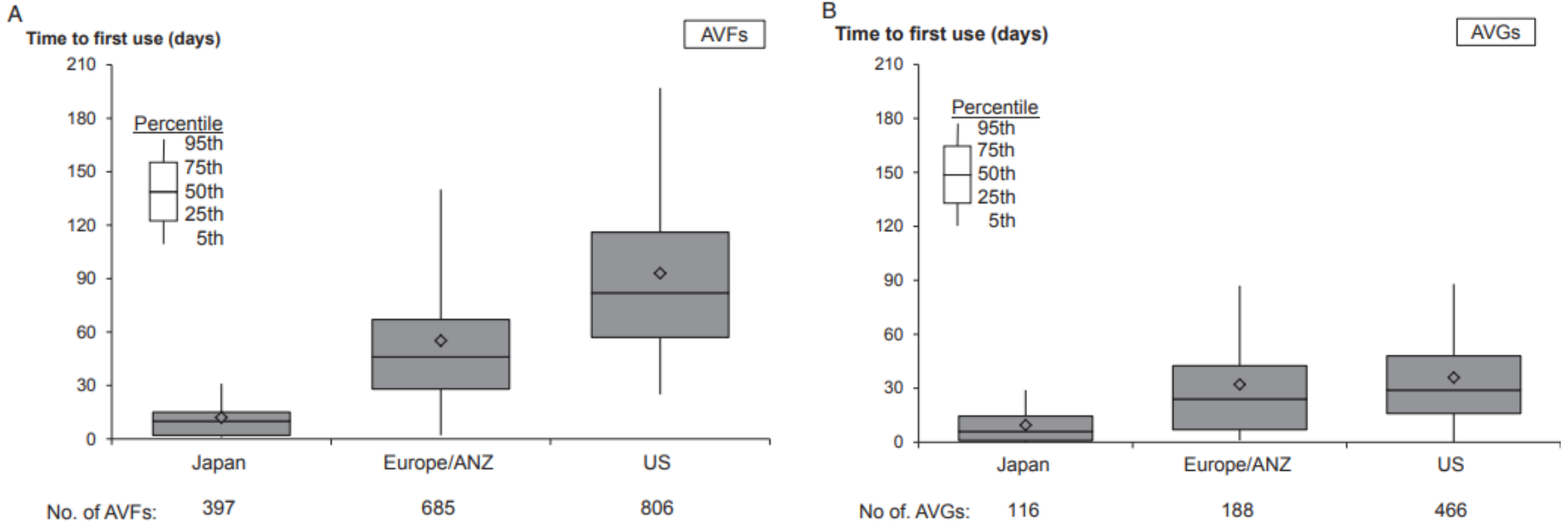
International Differences in the Location and Use of Arteriovenous Accesses Created for Hemodialysis: Results From the Dialysis Outcomes and Practice Patterns Study (DOPPS)



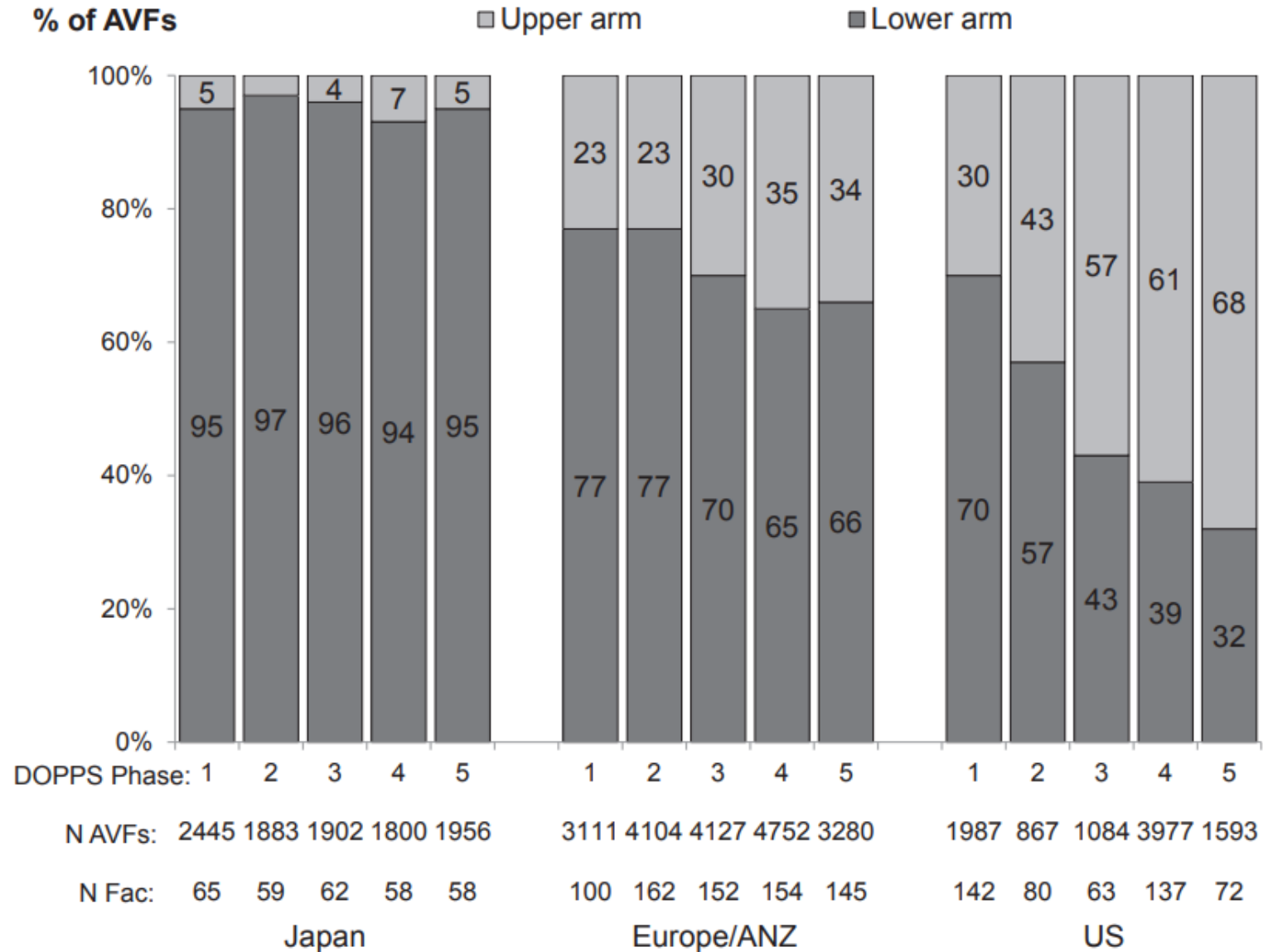
Ronald L. Pisoni, Lindsay Zepel, Richard Fluck, Charmaine E. Lok, Hideki Kawanishi, Gültekin Süleymanlar, Haimanot Wasse, Francesca Tentori, Jarcy Zee, Yun Li, Douglas Schaubel, Steven Burke, and Bruce Robinson

Conclusions: Large international differences exist in AVF location, predictors of AVF location, successful use of AVFs, and time to first AVF/AVG use, challenging what constitutes best practice.

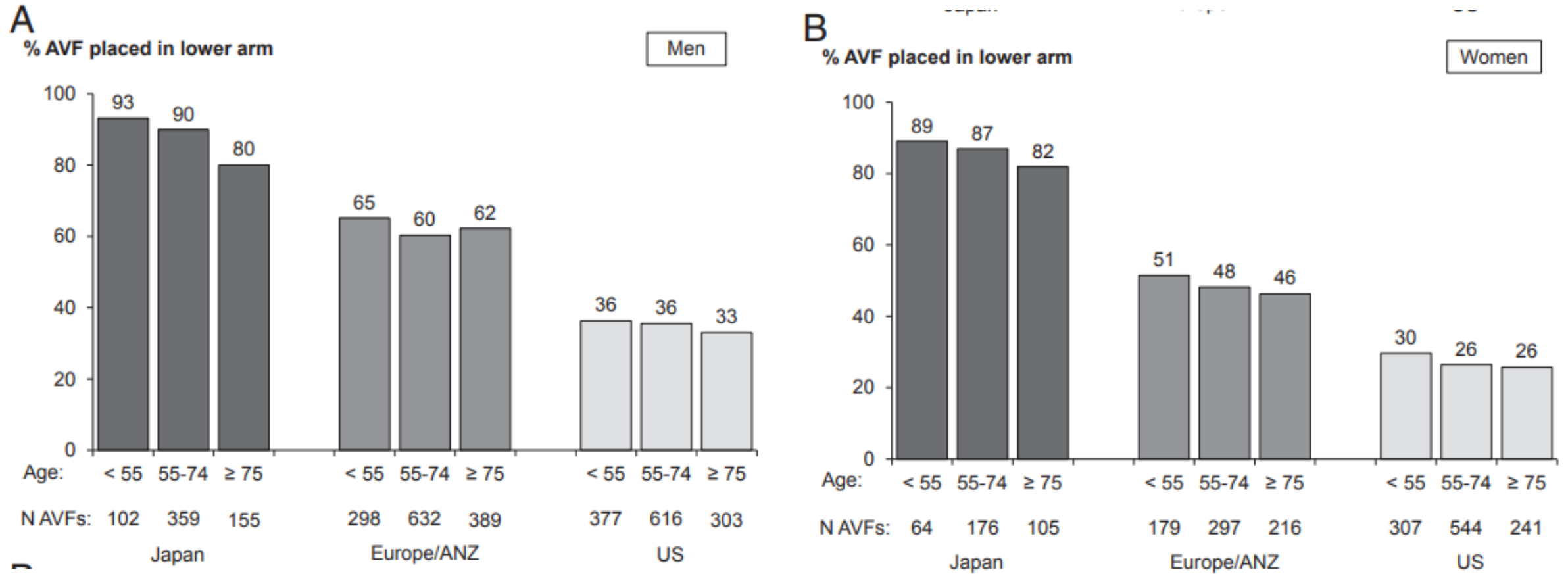
Distribution of time to first day of successful arteriovenous (AV) access use by region



Trend in AVF location in the upper versus lower arm from the DOPPS 1 to DOPPS 5



Percentage of new AVFs located in the lower arm in male (A) and female (B) hemodialysis patients by age group



A patient centered decision making dialysis access algorithm

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Rather than emphasizing the doctrine of one modality fitting all, doing the right thing for each patient, each time, is ethically and morally the better model. The issue is not who places the access but who does it right, every time, to everyone, and everywhere. It should be outcome and patient driven. The decision-making algorithm for two similar patients may therefore vary, based on individual circumstances.

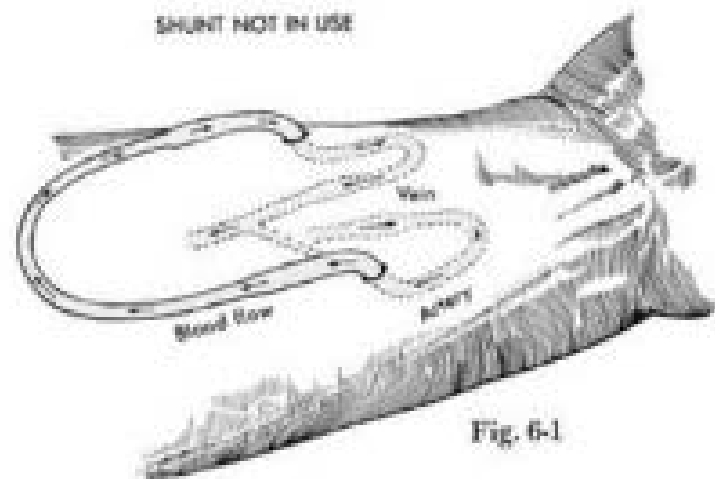


Fig. 6-1

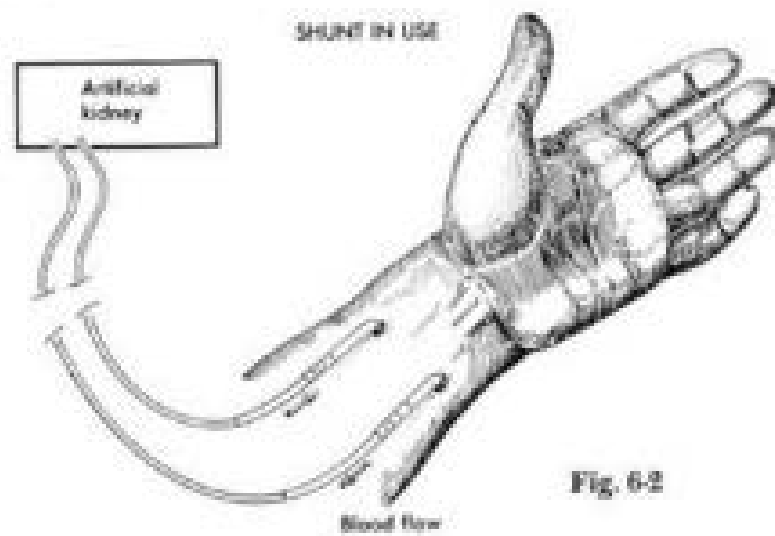


Fig. 6-2



JVA

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OBITUARY

In memoriam

Seiji Ohira (大平 整爾) (1937-2017)



Fig. 1 - Professor Dr. Seiji Ohira.