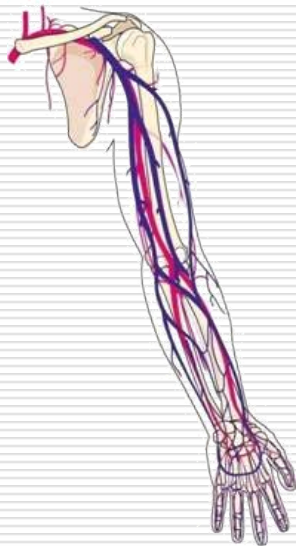


Vascular Access in JAPAN

- Current state of vascular access in JAPAN -



VA Treatment Center, Nagoya Kyoritsu Hospital:
Meiko Kyoritsu Clinic:
Nagoya, JAPAN

Takashi SATO, MD, PhD



In Memoriam Prof. Seiji Ohira, 1937-2017

We express our condolences to Prof. Seiji Ohira, the president of JSDA, who passed away suddenly in 2017.



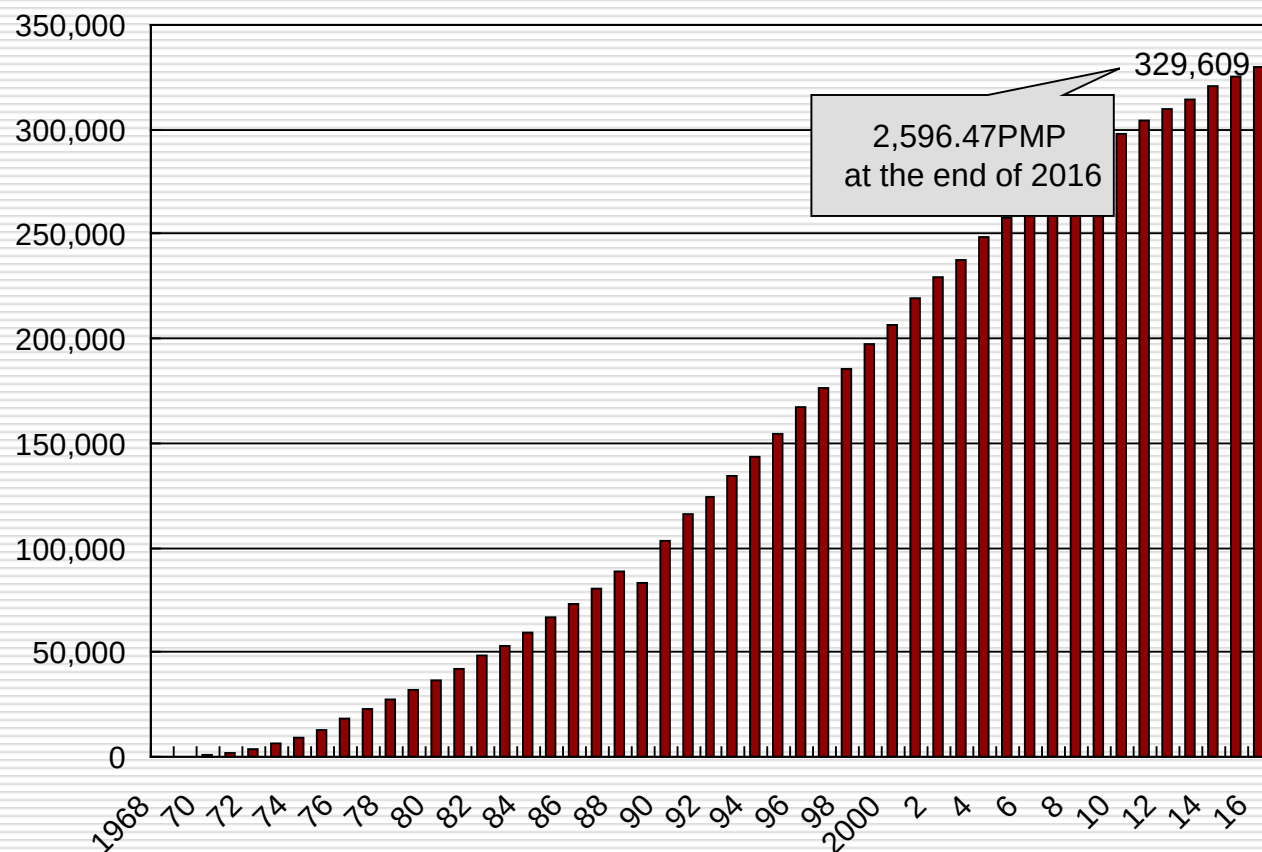
Current Official Positions:

Japanese Soc. for Dialysis Therapy: Board of Ethics, Academics, President (2000-2002), Honorary Member
Japanese Assoc. of Dialysis Physicians: Board Member
Japanese Soc. for Peritoneal Dialysis: Advisor
Japanese Soc. for Dialysis Access (JSDA) : President
Japanese Soc. of Vascular Access Interventional Therapy: Chairman
Japanese Soc. for Psychonephrology: Executive Secretary
Japanese Soc. Renal Failure Surgeons: President
Japan Soc. for Blood Purification in Critical Care: Honorary Member
The Japanese Journal of Clinical Dialysis: Board of Editors
Hokkaido Assoc. of Dialysis Physicians: President
Hokkaido Society Dialysis Therapy: Honorary President
Hokkaido Soc. for Geriatric Dialysis: President
Hokkaido University, School of Medicine: Visiting Professor

Increase of Chronic Dialysis Patients in JAPAN

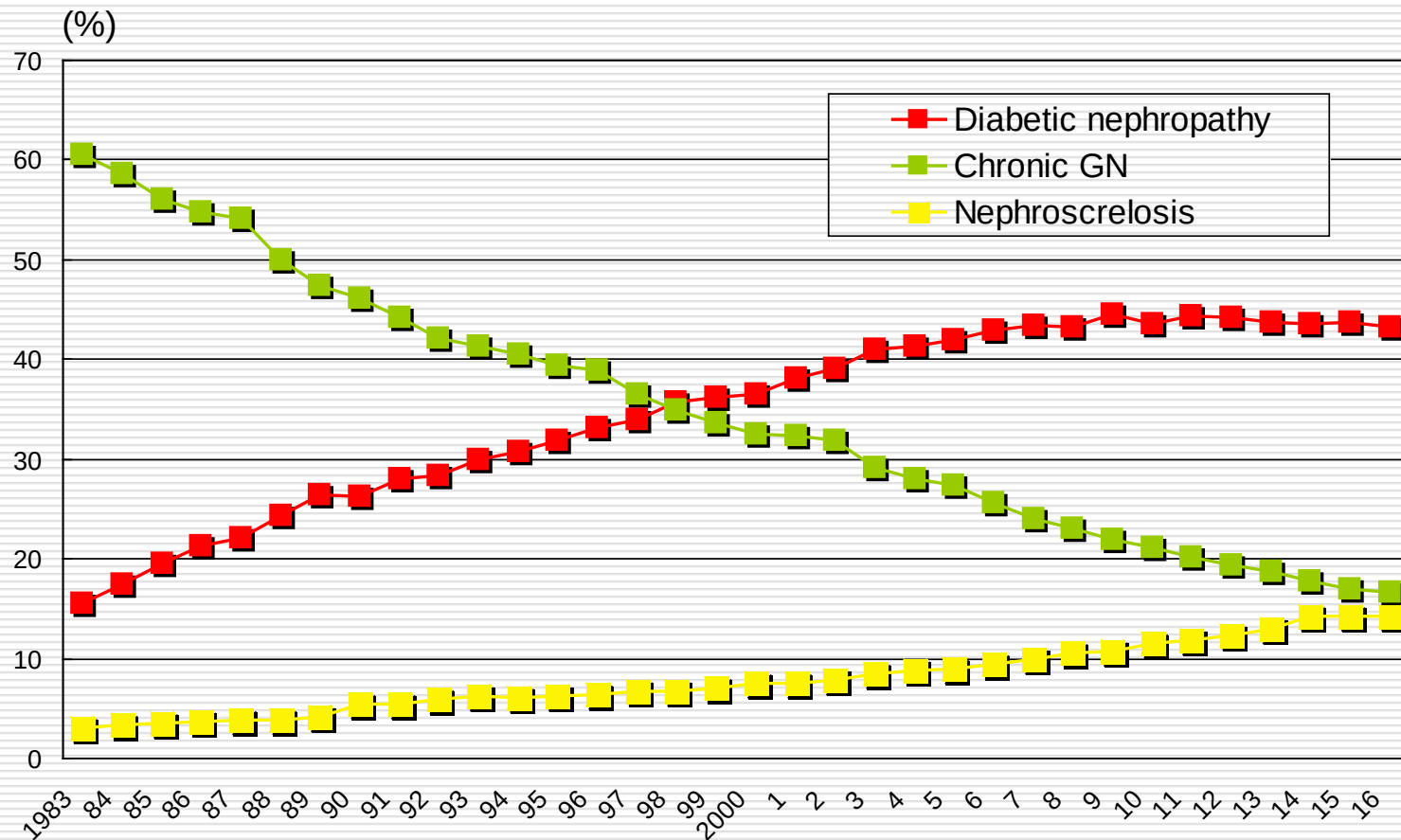
Based on a study by JSDT, 31ST December, 2016

No. of Patients

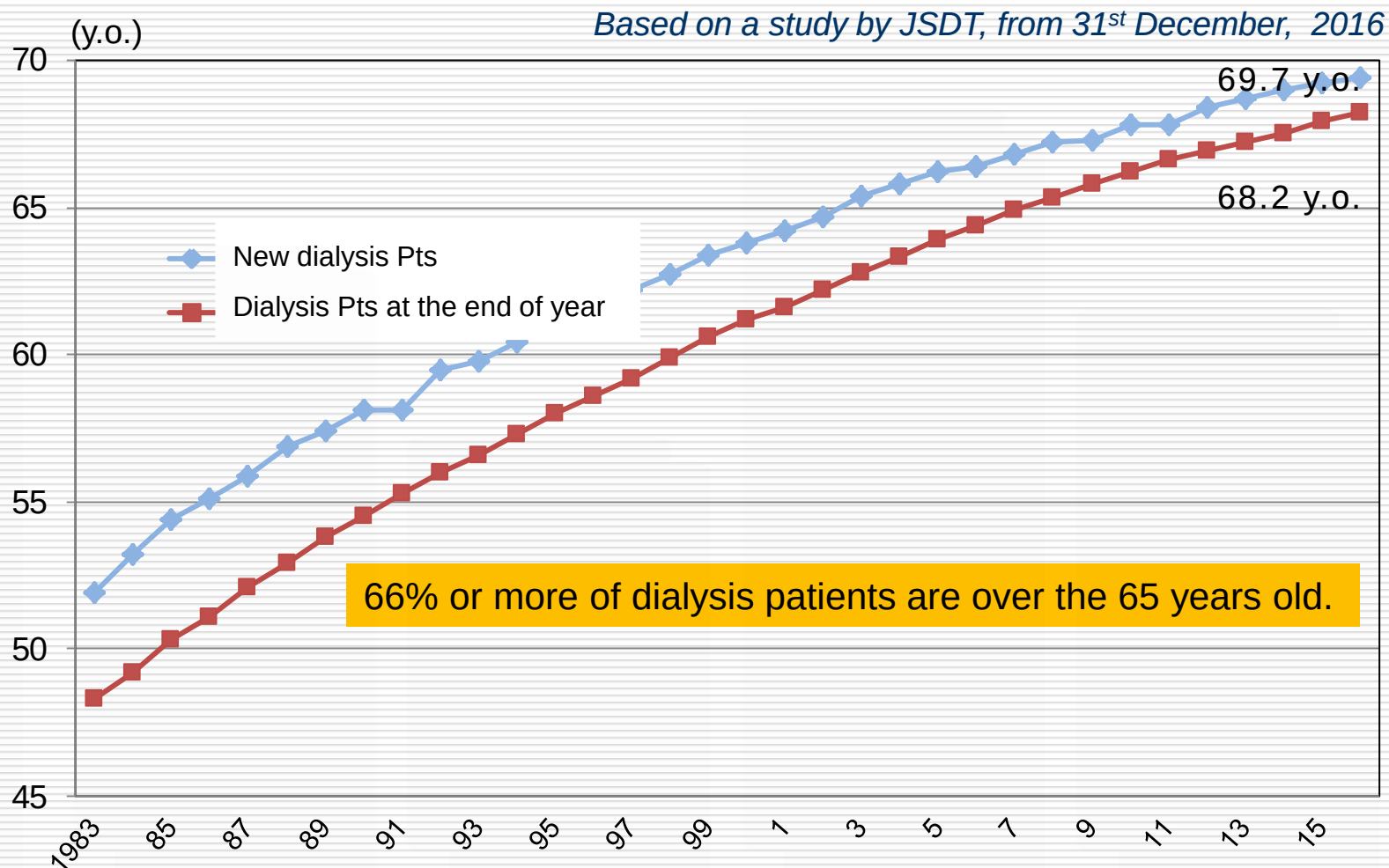


Changes in Main Causes of CKD, Stage 5D

Based on study by JSDT, 31ST December, 2016

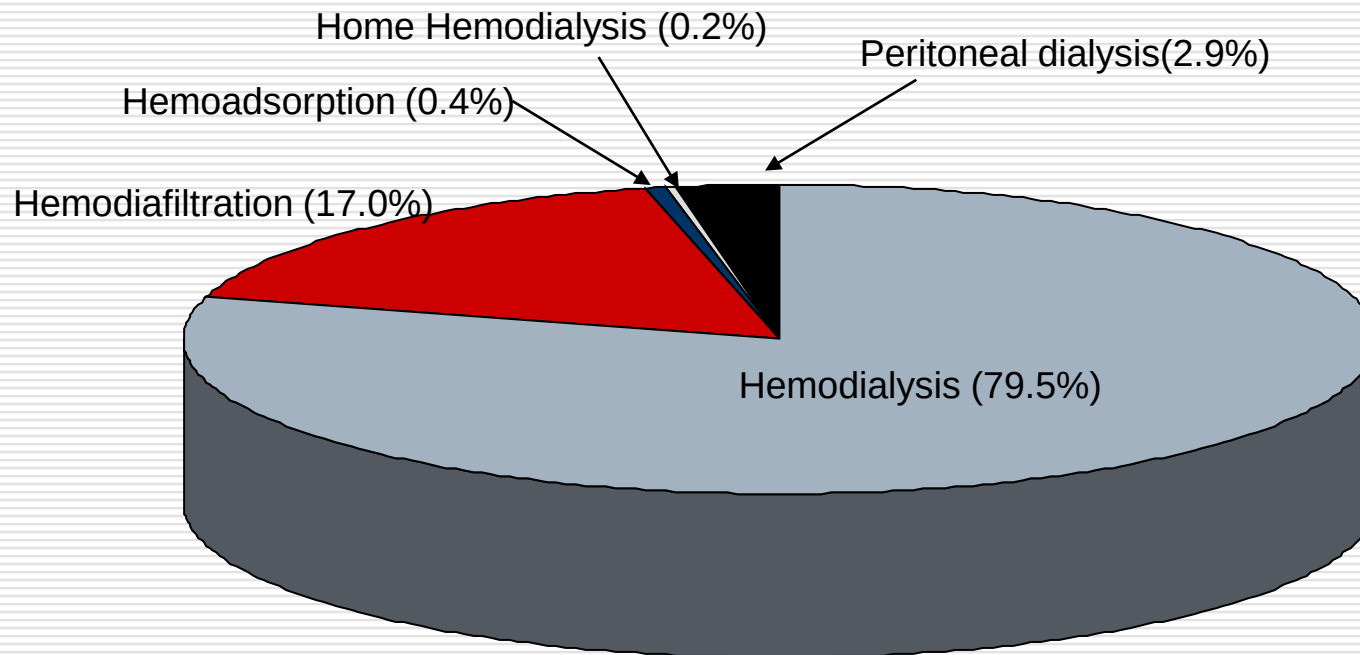


Transition of average age, dialysis Pts in Japan: New and Maintenance dialysis Pts.



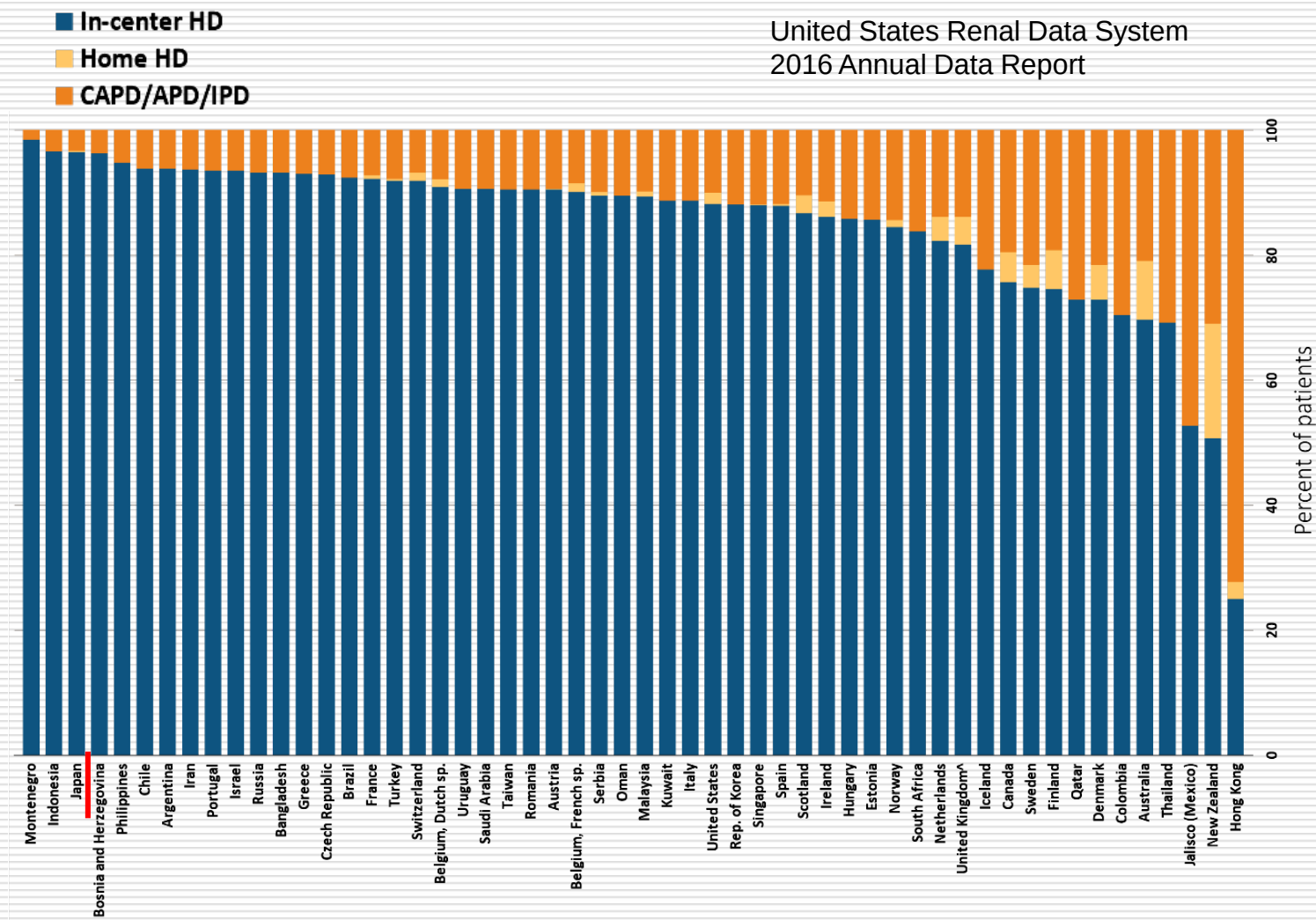
Modalities of Chronic Dialysis Therapy in JAPAN

Based on a study by JSDT, 31ST December, 2015

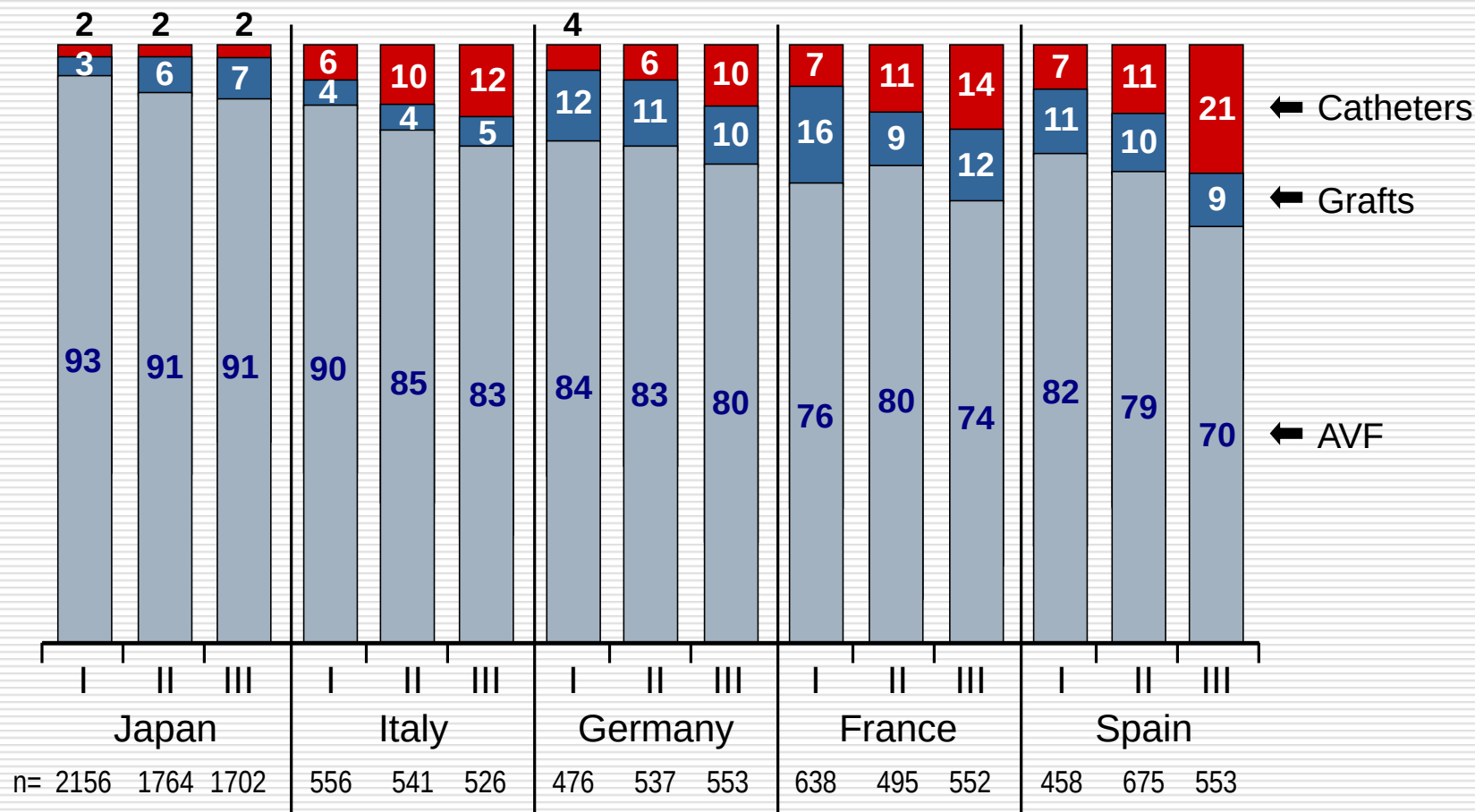


97.1% of dialysis patients are on hemodialysis in Japan.

Distribution of the percentage of prevalent dialysis patients using in-center HD, home HD, or peritoneal dialysis (CAPD/APD/IPD), 2014

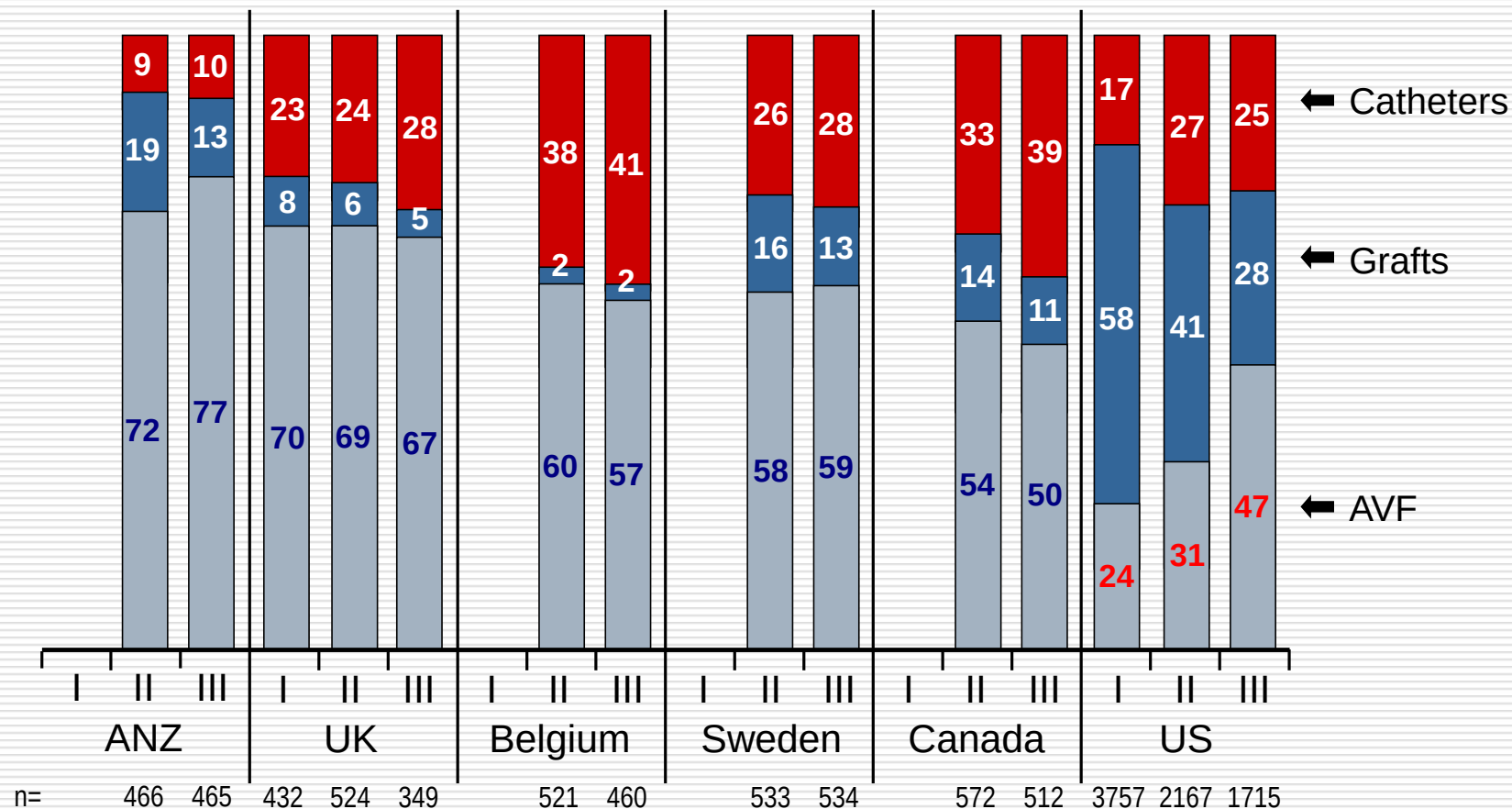


Trends in vascular access use at study entry in DOPPS 1, 2 and 3 (1996-2007)



Prevalent patient cross-sections; cuffed catheters comprise 80-95% of catheter use in countries; DOPPS I (1996-2000), DOPPS II (2002-2003), DOPPS III (2005-2007)

Trends in vascular access use at study entry in DOPPS 1, 2 and 3 (1996-2007)

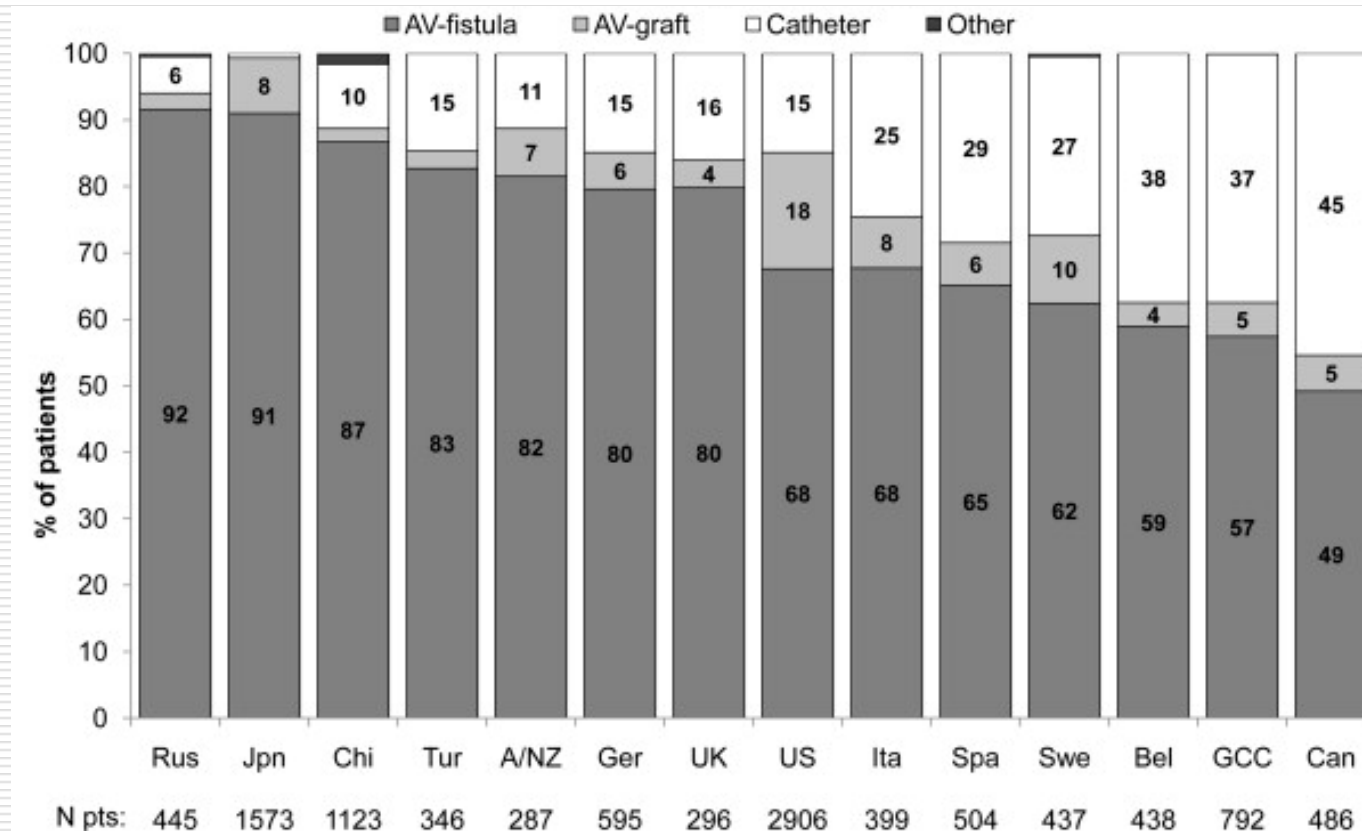


Prevalent patient cross-sections; cuffed catheters comprise 80-95% of catheter use in countries; DOPPS I (1996-2000), DOPPS II (2002-2003), DOPPS III (2005-2007)

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

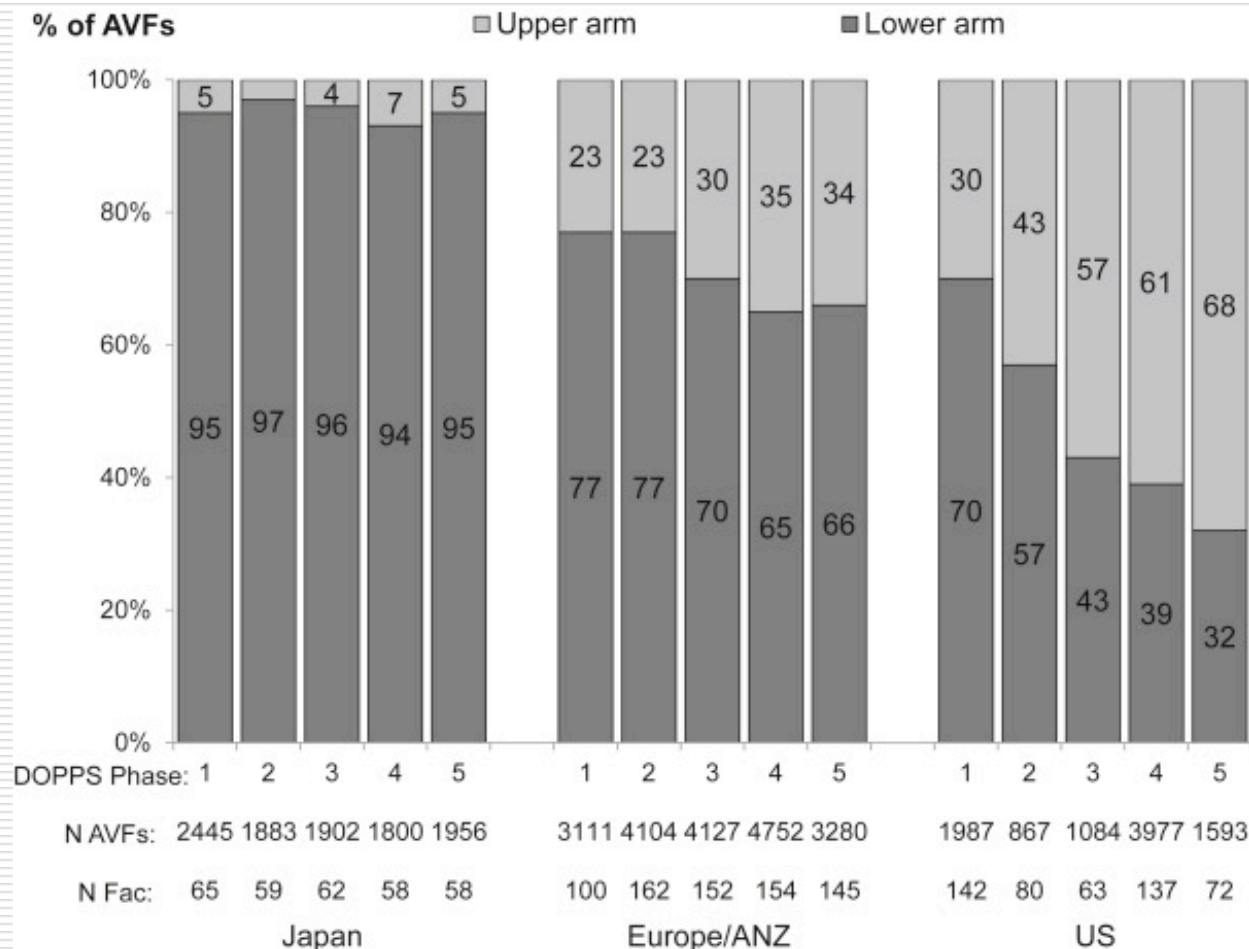
Am J Kidney Dis. 2015;65(6):905-915

Vascular access in use, by DOPPS country



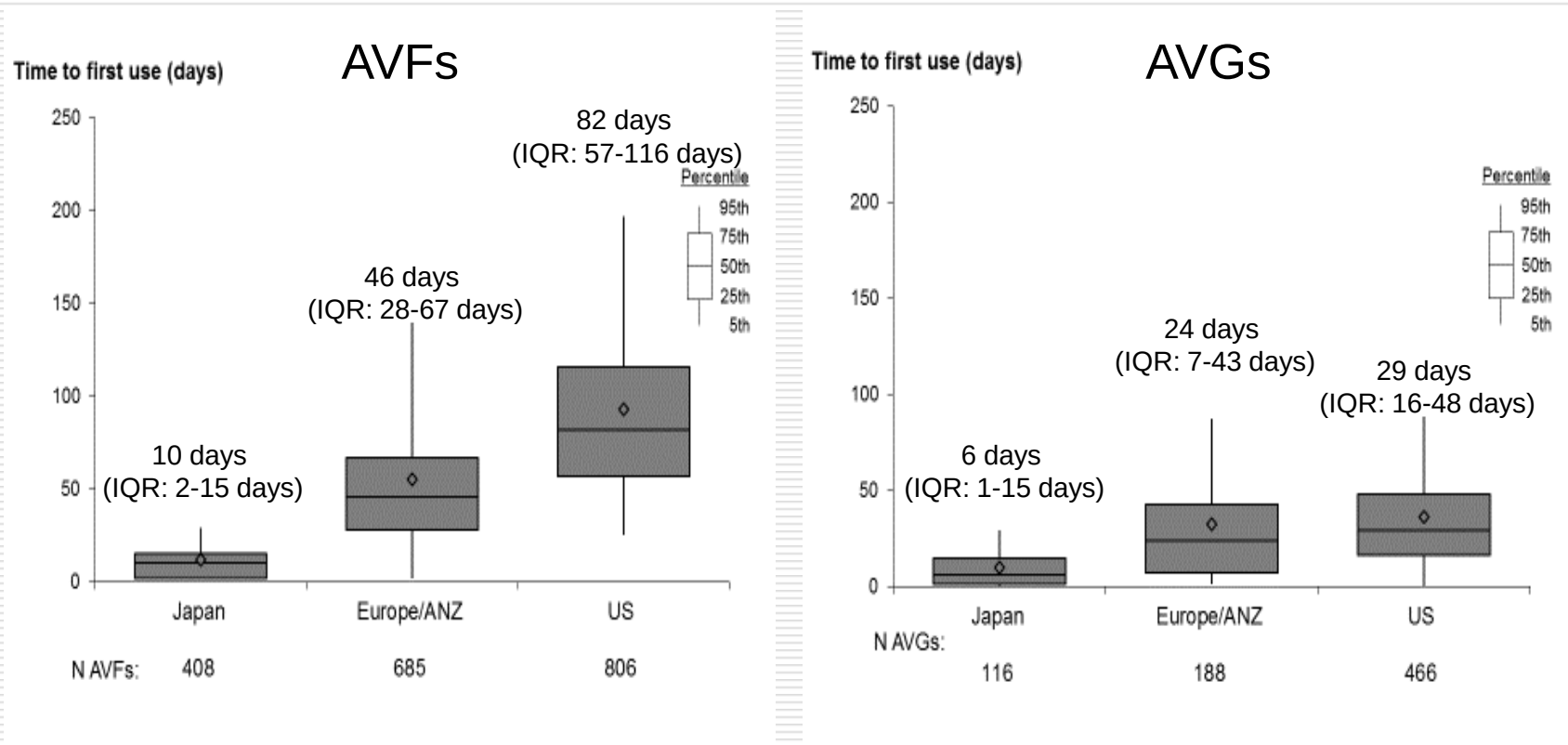
Trend in AVF location in the upper vs lower arm from DOPPS 1 to DOPPS 5

Am J Kidney Dis. 2018;71(4):469-478



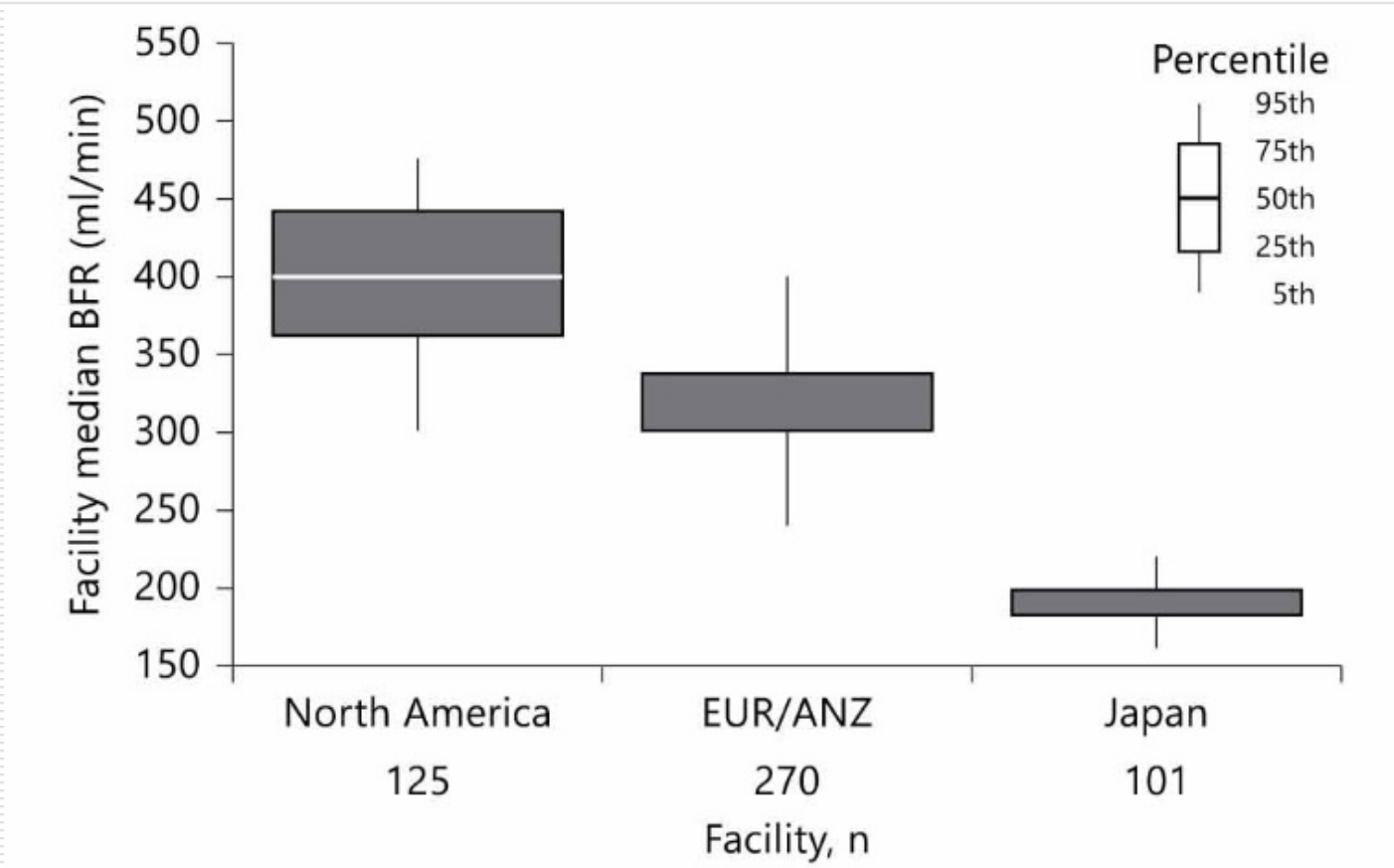
Time From Creation to First Successful Use of a Newly Created AV access: DOPPS 4 and 5

Am J Kidney Dis. 2018;71(4):469-478



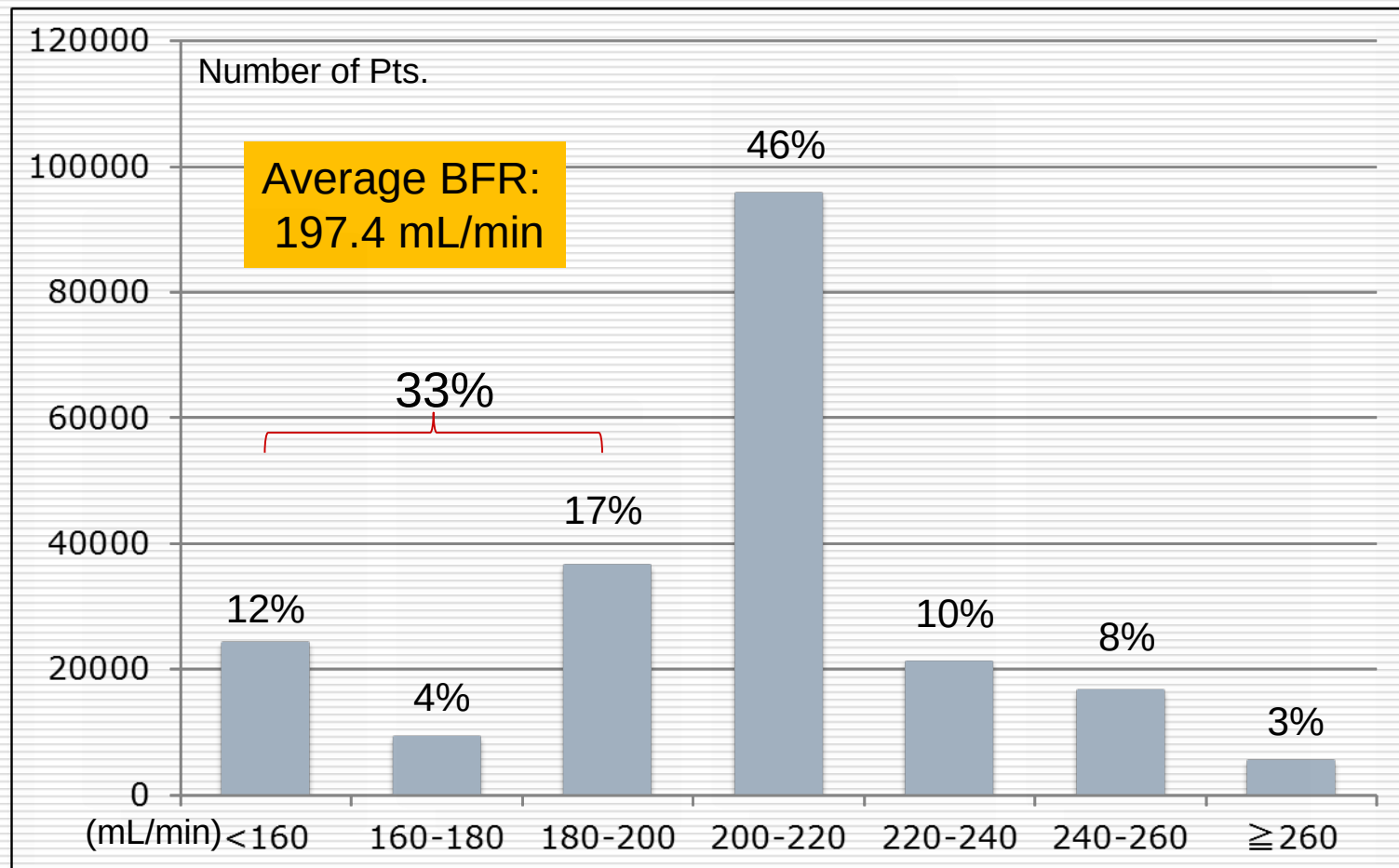
Blood flow rate by Region, from DOPPS-2 & 3

Nephron Clin Pract 2013;124:23–30



Distribution of blood flow rate in Japanese HD Patients

Based on a study by JSDT, December 31, 2008



AVF Survival by Region, from DOPPS 2 & 3

Nephron Clin Pract 2013;124:23–30

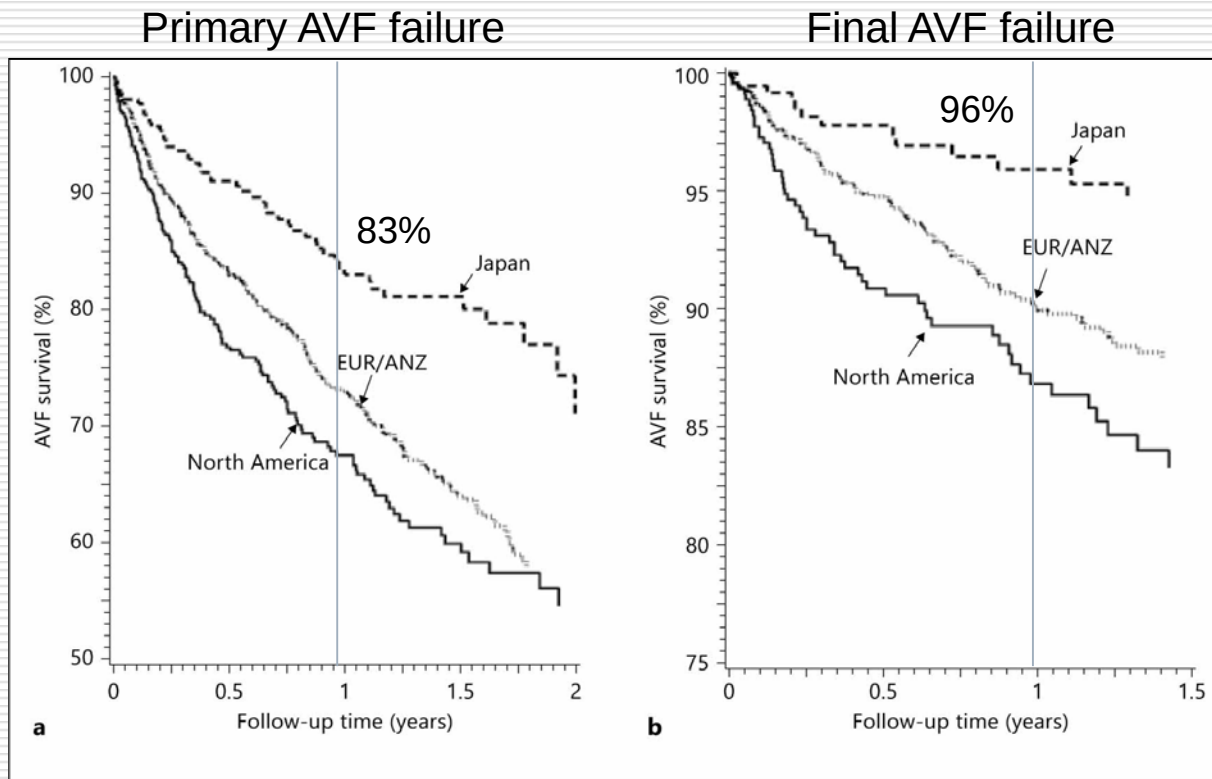
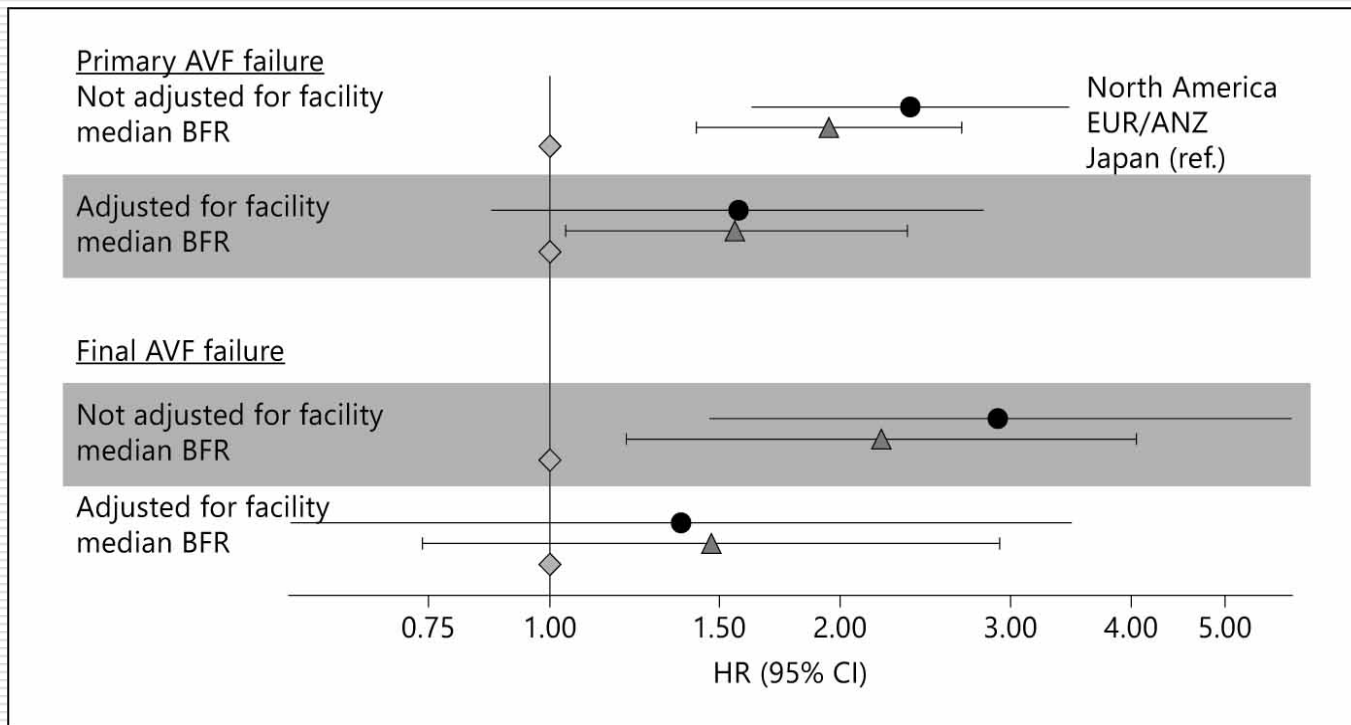


Fig. 1. Adjusted Kaplan-Meier plots: AVF survival, by region for primary AVF failure (a) and final AVF failure (b). Primary and final fistula survival curves are adjusted for age, sex, years on dialysis, BMI, diabetes, other cardiovascular disease, psychological disorder, peripheral vascular disease, recurrent cellulitis/gangrene, lung disease, cancer (other than skin), previous catheter use and lower-arm fistula placement.

AVF Survival by Region, from DOPPS 2 & 3

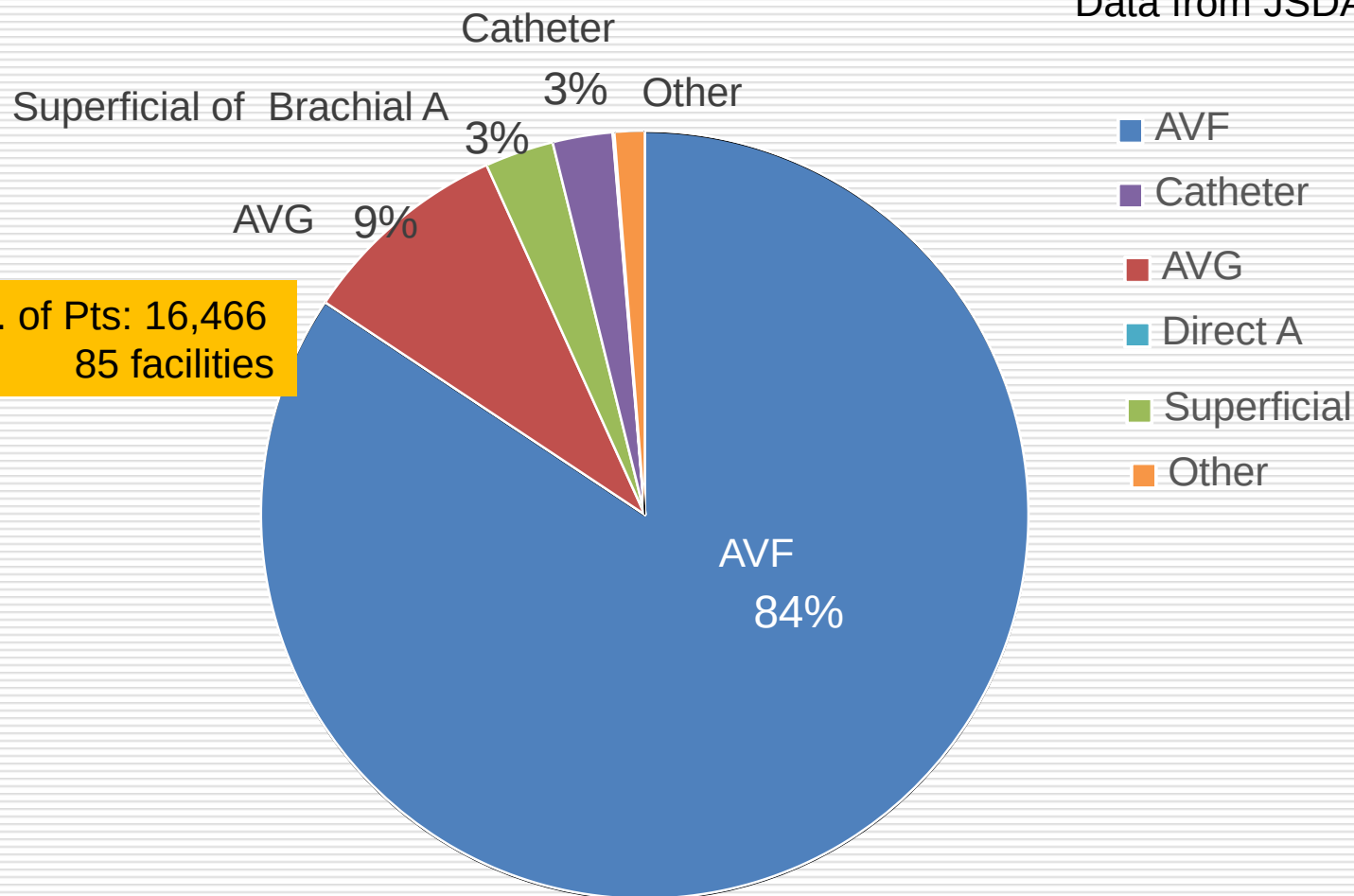
Nephron Clin Pract 2013;124:23–30



AVF failure by region, with and without adjustment for facility median BFR. Adjusted for age, sex, race, BMI, years with ESRD, 7 comorbidity classes (other cardiac disease, cerebrovascular disease, peripheral arterial disease, lung disease, cancer, psychiatric disease and recurrent cellulitis), prior catheter use, AVF location, and accounted for facility clustering effects.

% of VA in Japan 2016, Prevalent patients

Data from JSDA, 2016



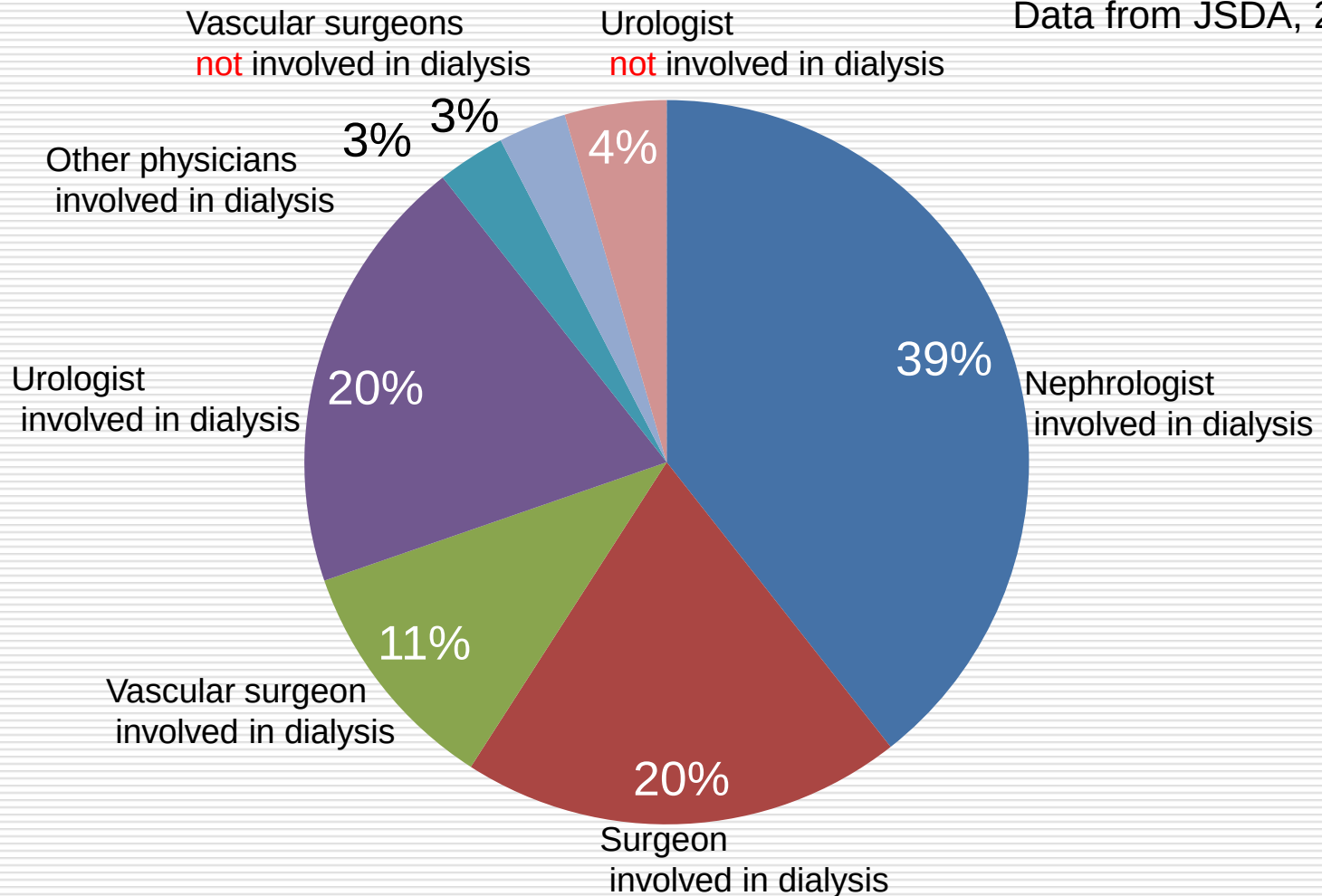
Total No. of Pts: 16,466
85 facilities

Vascular Access Endovascular Practices

- Who performs endovascular treatment -



Data from JSDA, 2016

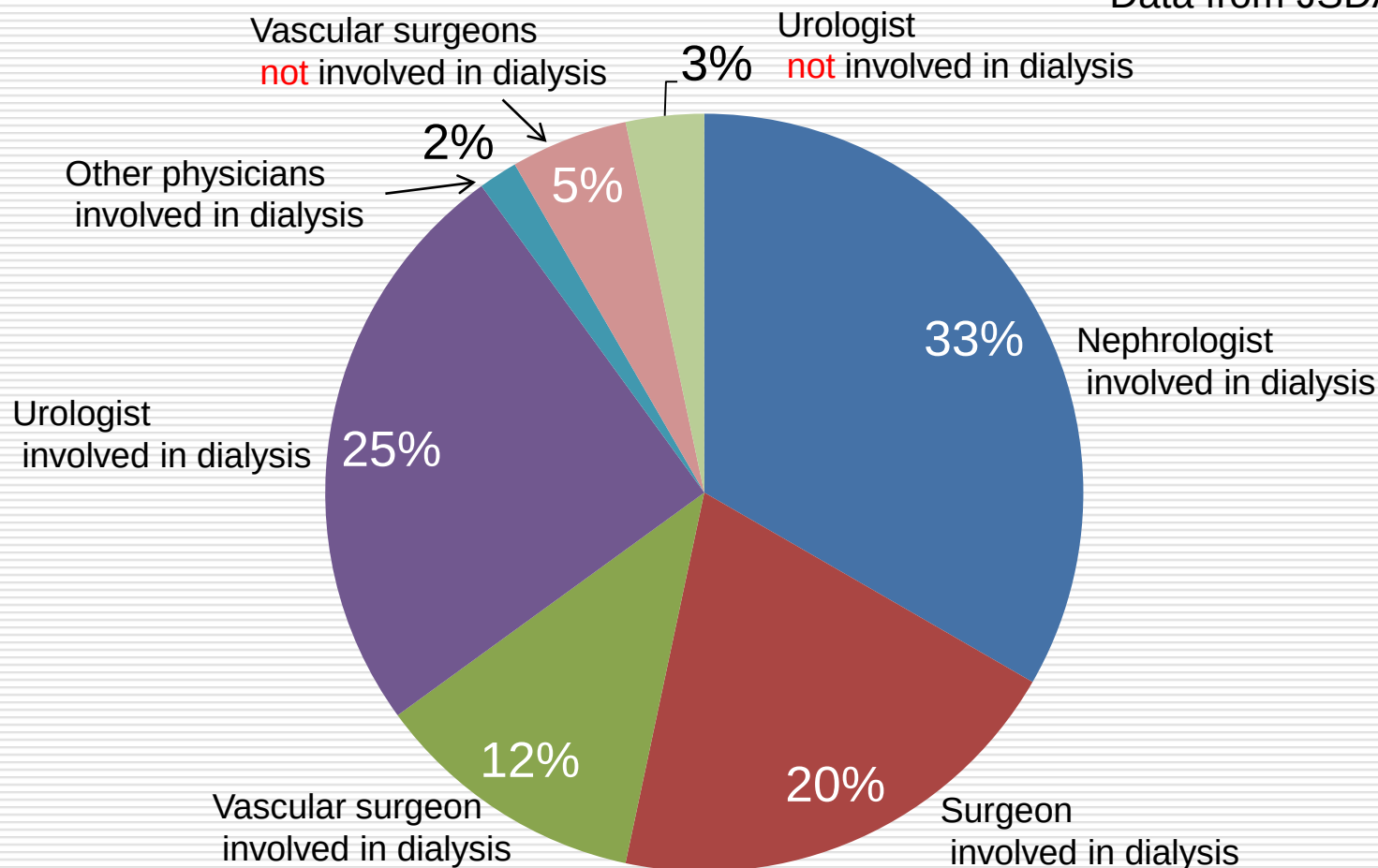


Vascular Access Surgical Practices

- Who places the vascular access (AVF) -



Data from JSDA, 2016

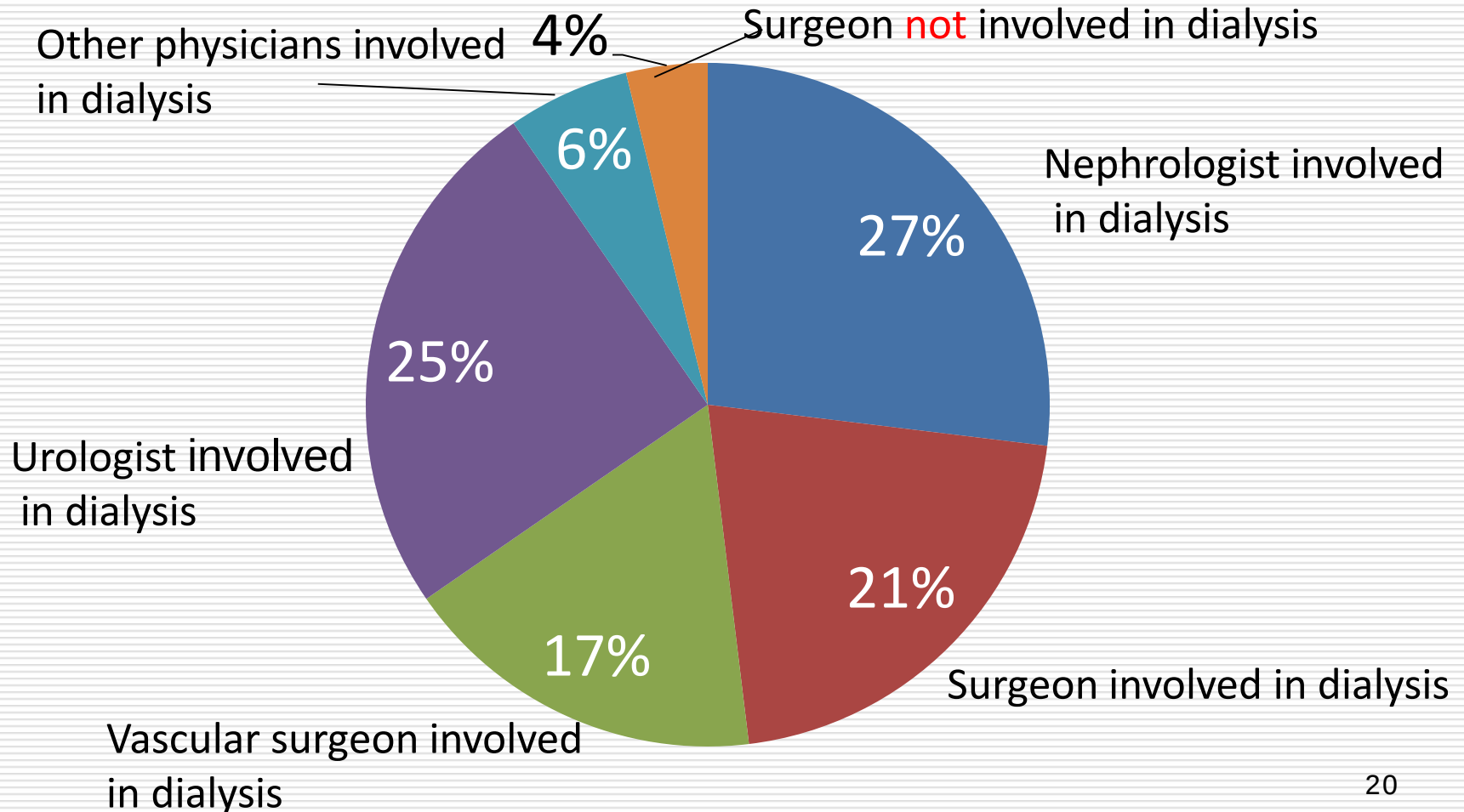


Vascular Access Surgical Practices

- Who places the vascular access (AVG) -



Data from JSDA, 2016



Conclusions

- ❑ There is large international differences in the vascular access environment.
- ❑ In Japan, higher % (84%) of AVFs, created in the lower arm, is standard.
- ❑ In Japan, early use of VA within 2 weeks and low blood flow of 200-300 mL/min are popular.
- ❑ The reasons are suspected the relative longer dialysis time (>240min) and historical prescriptions.
- ❑ Furthermore, in Japan Nephrologist is widely involved in VA management (Endovascular treatment 39%, AVF creation 33% and AVG creation 27%).

Important information

The 3rd congress of Asian Pacific Society of Dialysis Access (APSDA) will be held in Zhengzhou, China.

Congress President: Prof. Jin Qizhuang



Date: August 16-19, 2018

Venue: Zhengzhou International Convention & Exhibition Center (ZZICEC)





Disclosure of Financial Relationships.

The speaker declares that there is no
conflicting interest.

