

Multi-sectoral and Multi-Occupational Approach for the Access Management in Japan

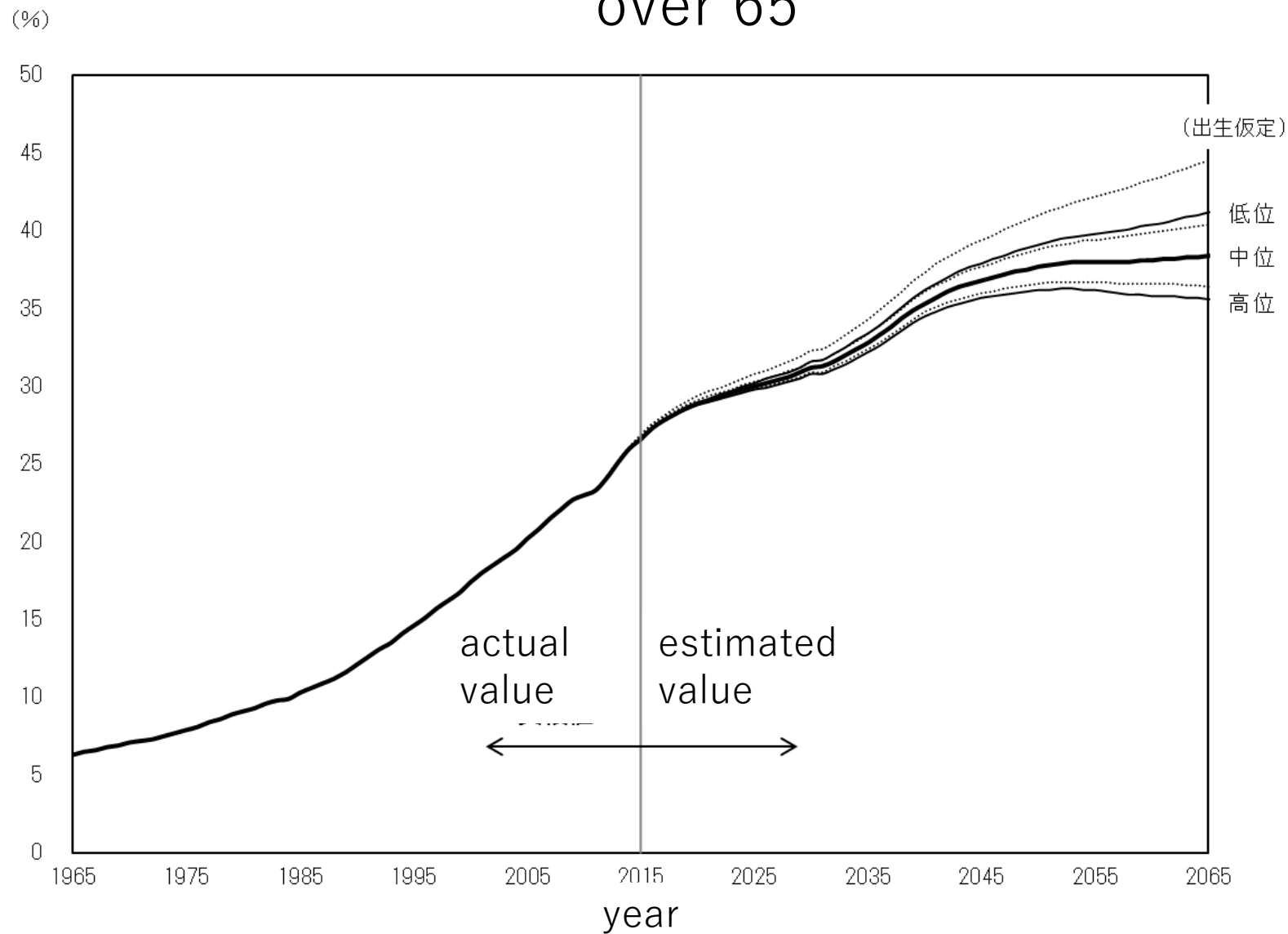
Akira Miyata, M.D., Ph.D.

Japanese Red Cross Kumamoto Hospital, Kidney Center

Kumamoto, Japan

Backgrounds in Japan

Changes in population proportion of Japan over 65



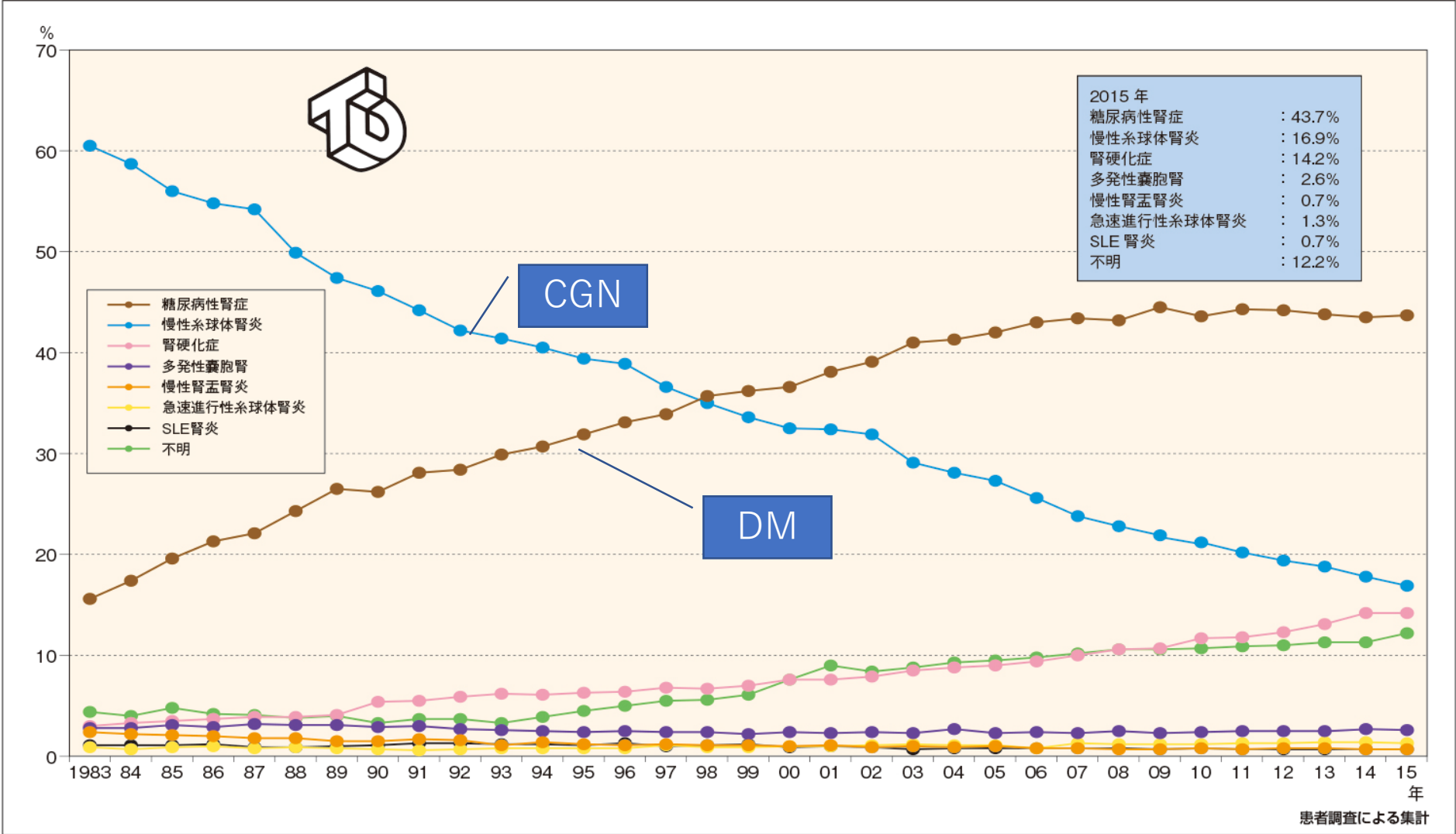
IN 2600







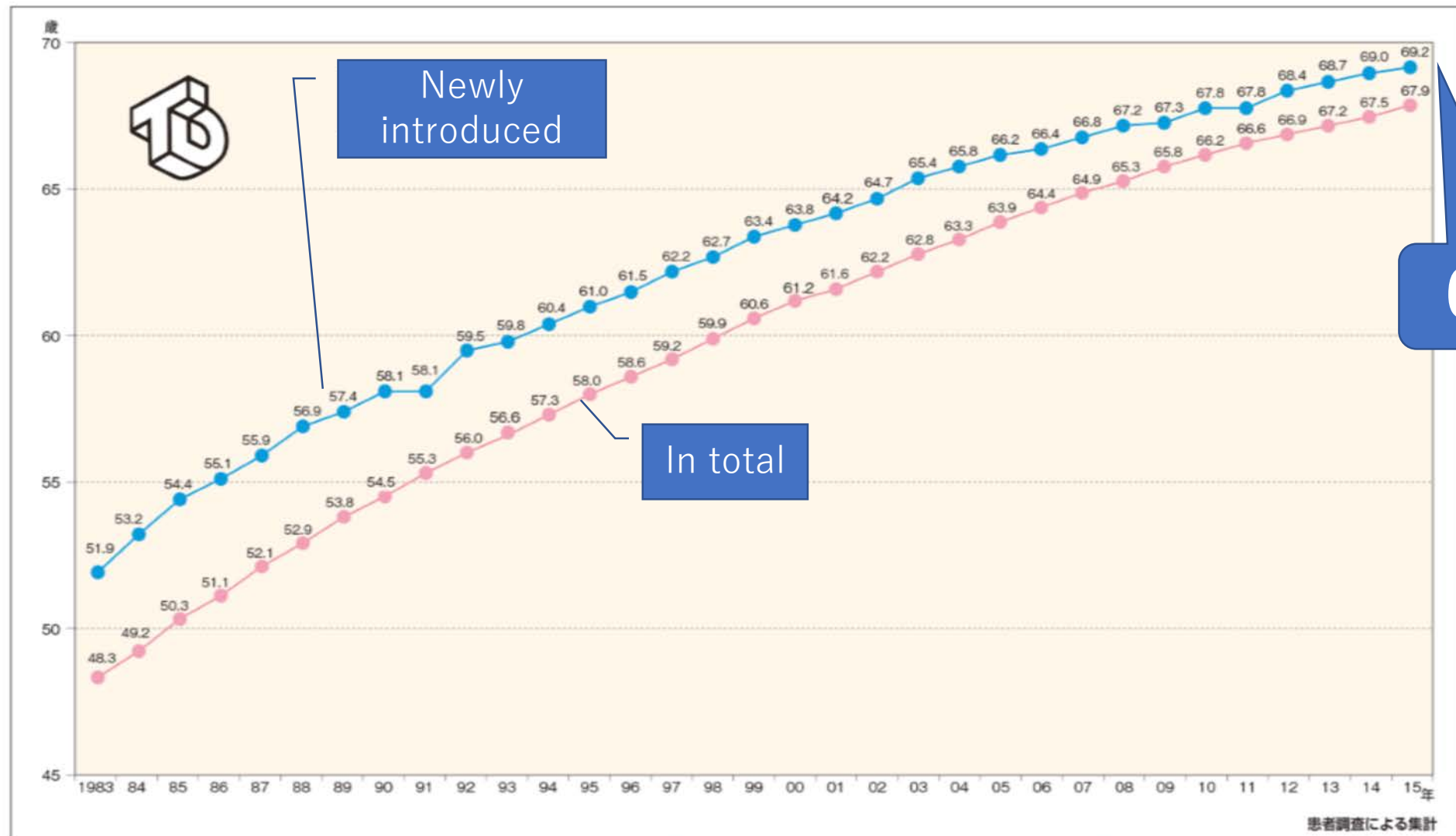
Changes in the ratio of major primary disease in the newly introduced



『一般社団法人 日本透析医学会 統計調査委員会「図説 わが国の慢性透析療法の現況(2015年12月31日現在)」』

Japanese Society for Dialysis Therapy 2015 year-end statistics

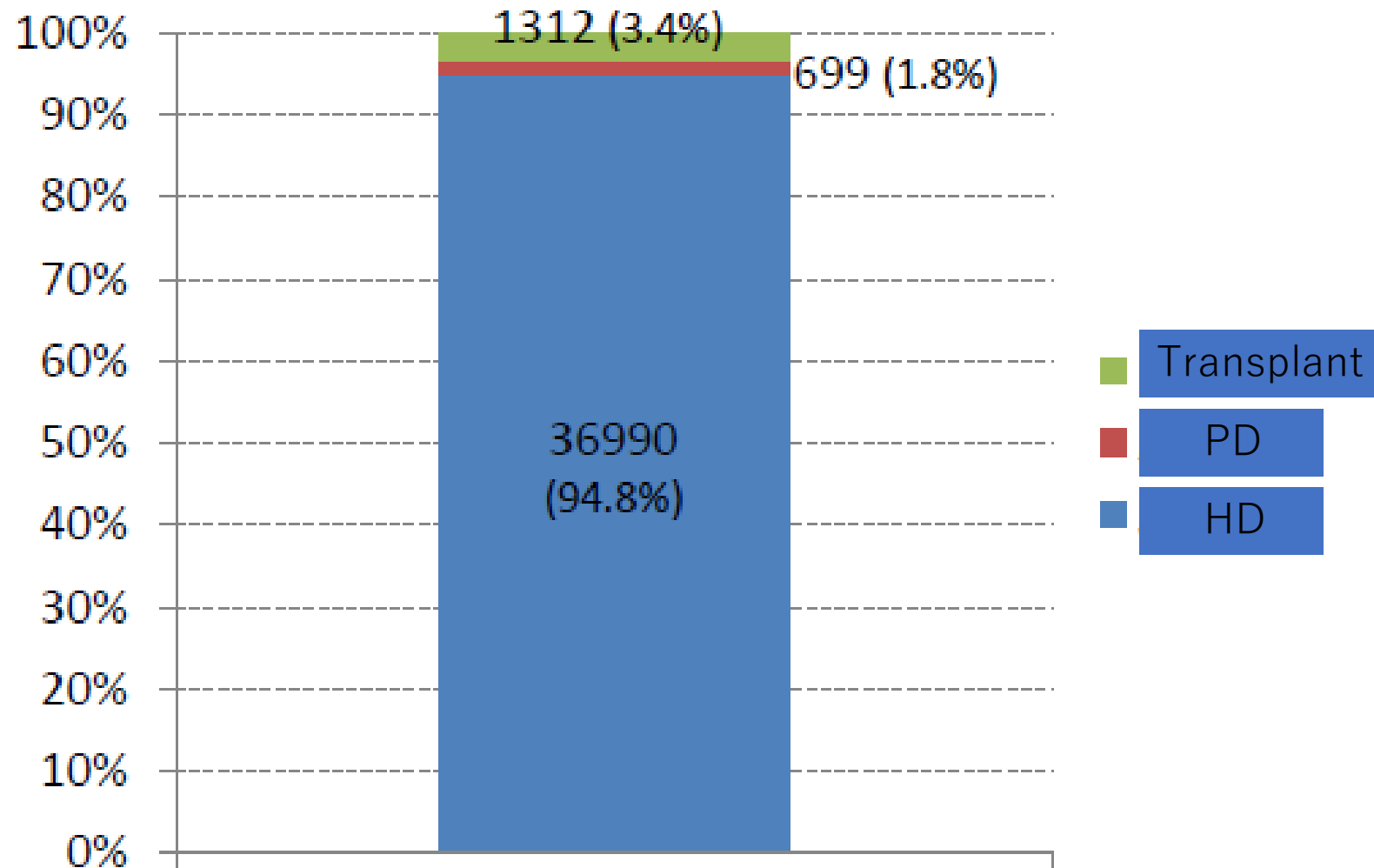
Average age of patients : Newly introduced and in Total



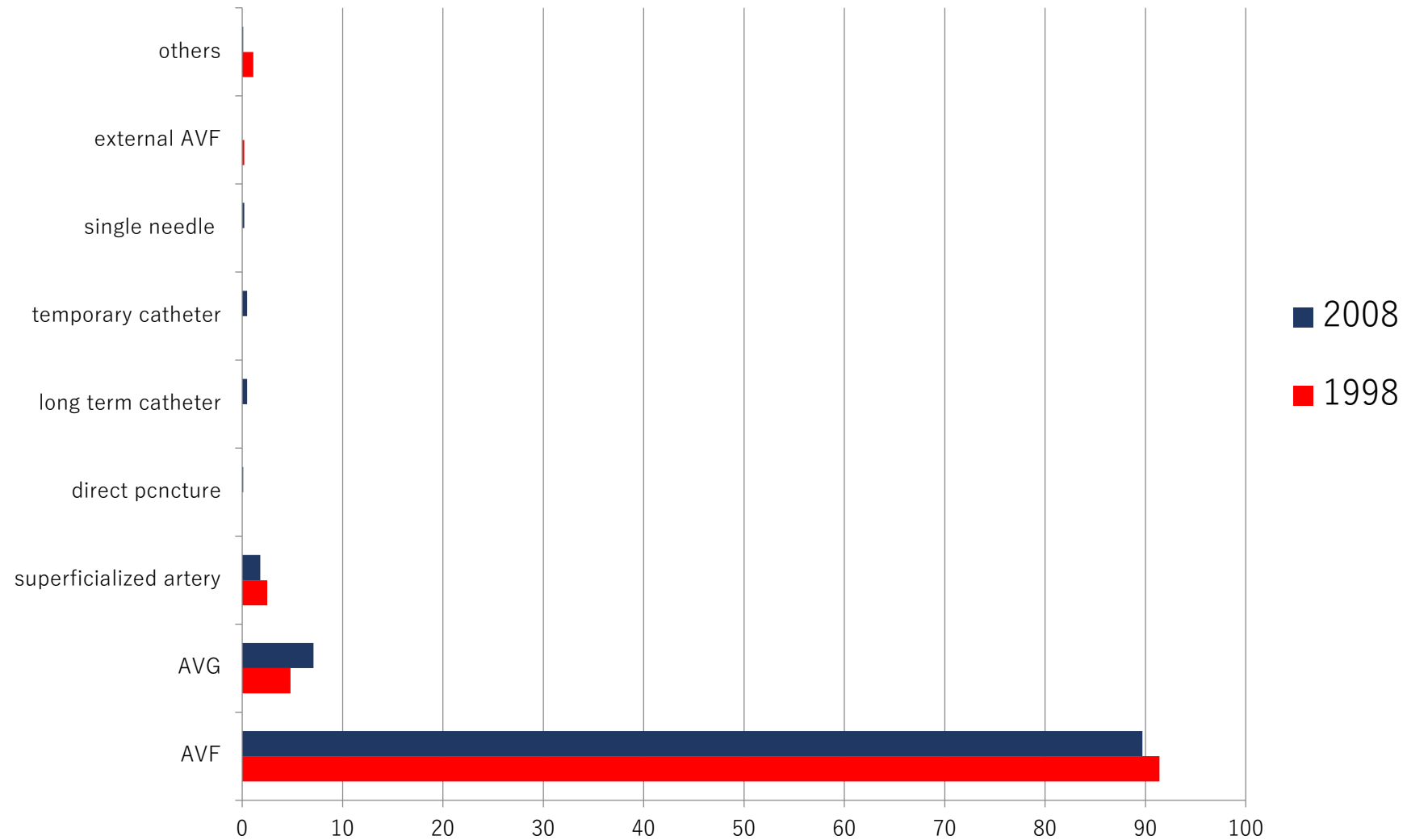
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Treatments for CKD In Japan



Vascular Access in Japan, 1998 vs.2008



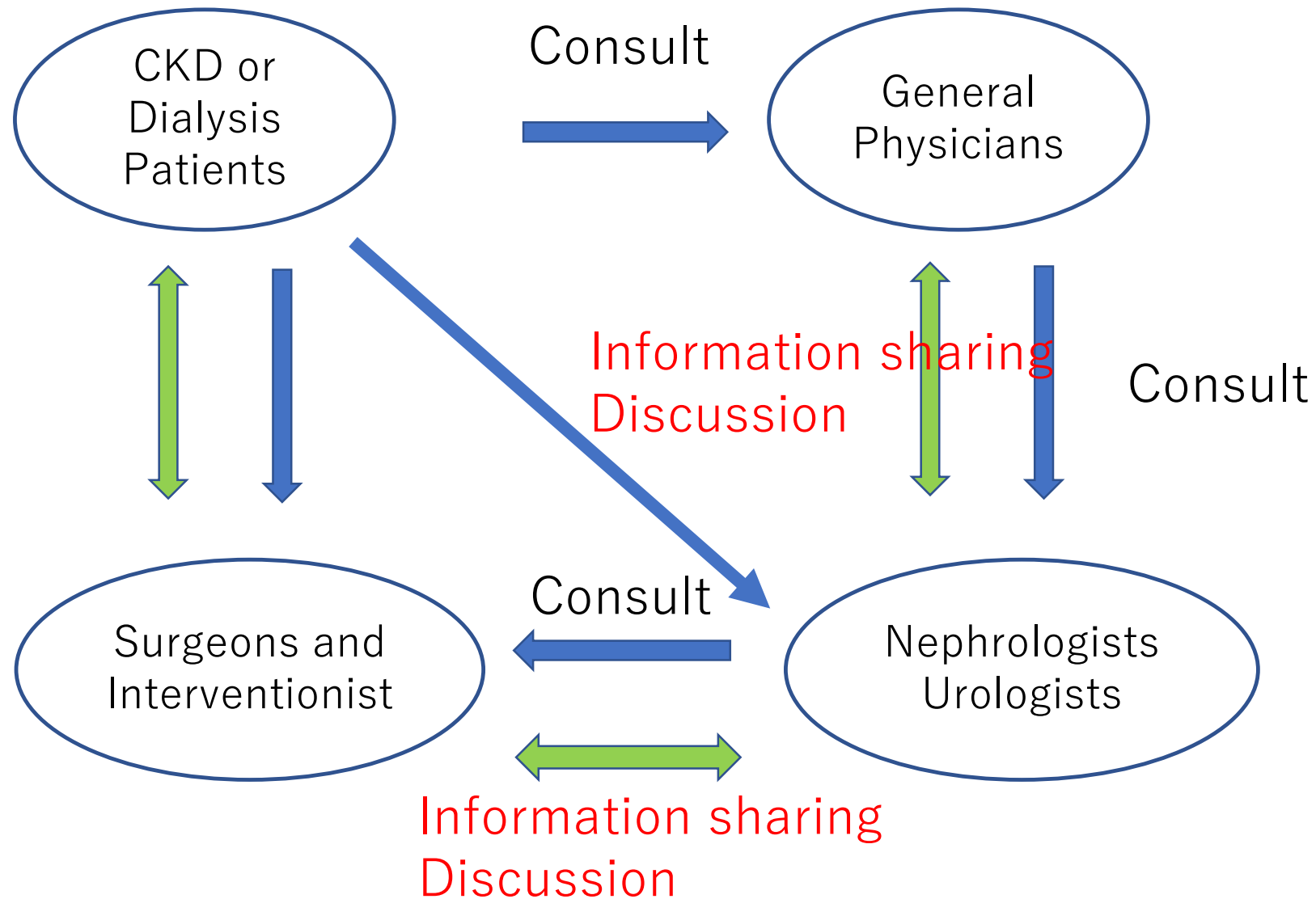
"Access Study Group"

founded by surgeons, nephrologists & urologists



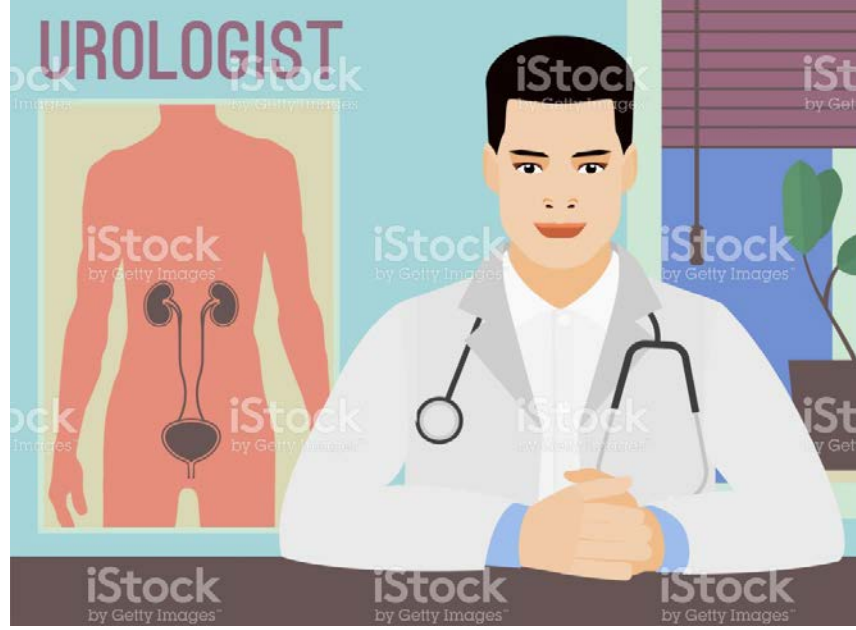
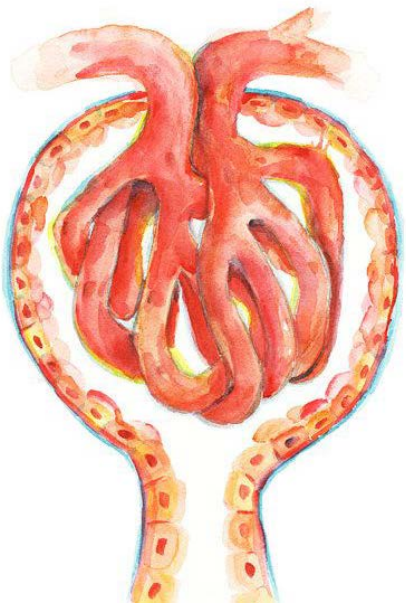
Prof. Kazuo Ohta 1931-2010

- Japanese Association of Dialysis Physicians (JADP) : The predecessor of JSDA organized by 1989-1995.
- Professor Ota Kazuo and his colleagues proposed its importance to operate the "Access Study Group" as an independent organization to discuss this area. JSDA was established in 1996.
- The first seminar was held in Takamatsu City (presided by Dr. Akira Numata) in 1997.
- The institutionalization of this study group was approved at the 12th meeting (president: Dr. Masakane), and the procedure was promoted mainly by Dr. Hidemune Naito and Dr. Hideki Kawanishi. In 2009 JSDA was approved as "Nonprofit Organization / Japanese Society for Dialysis Access " on August 24th





WHICH EXPERTS SHOULD BE RESPONSIBLE FOR VA ?



2005 Japanese Society for Dialysis Therapy Guidelines for Vascular Access Construction and Repair for Chronic Hemodialysis

Seiji Ohira, Hidemune Naito, Izumi Amano, Nakanobu Azuma, Kiyoshi Ikeda, Kazutaka Kukita, Yasuo Goto, Shinji Sakai, Takahiro Shinzato, Tokuichiro Sugimoto, Yoshiaki Takemoto, Hiroaki Haruguchi, Ichiro Hino, Toshiyuki Hiranaka, Jun Mizuguchi, Akira Miyata, and Noriyoshi Murotani

Therapeutic Apheresis and Dialysis
10(5):449–462, Blackwell Publishing Asia Pty Ltd
© 2006 International Society for Apheresis

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Guideline
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Noriyoshi Murotani, Hideki Hirakata, Tadashi Tomo, and Tadao Akizawa,
for Vascular Access Construction and Repair for Chronic Hemodialysis
Guideline Working Group, Japanese Society for Dialysis Therapy

Japanese Society for Dialysis Therapy, Tokyo, Japan

Therapeutic Apheresis and Dialysis 2015; 19(Supplement 1):1–39

doi: 10.1111/1744-9987.12296

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● Guidelines on Basic Techniques of Vascular Access Intervention Therapy (VAIVT) with Interventional Vascular Access for Hemodialysis

First edition (May 2016)

Launched by the Japanese Society of Interventional Radiology (JAIR) / VAIVT Working Group

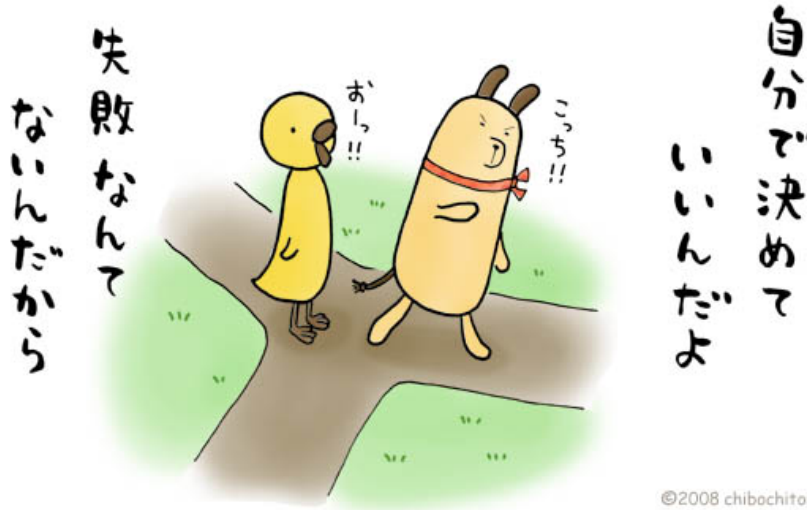
<http://www.jsir.or.jp/docs/guideline/VAIVTガイドラインHP掲載.pdf>

http://www.jsir.or.jp/guide_line/vaivt/

2 guidelines in Japan for VAIVT

JSDT

- More comprehensive
- More guideline
- Long



JSIR

- More practical
- More “handbook”
- Short

http://www.jsir.or.jp/guide_line/vaivt/

Weekly Medical Round Visit



Players

Surgeons

Nephrologists

Urologists

Dialysis
Patients

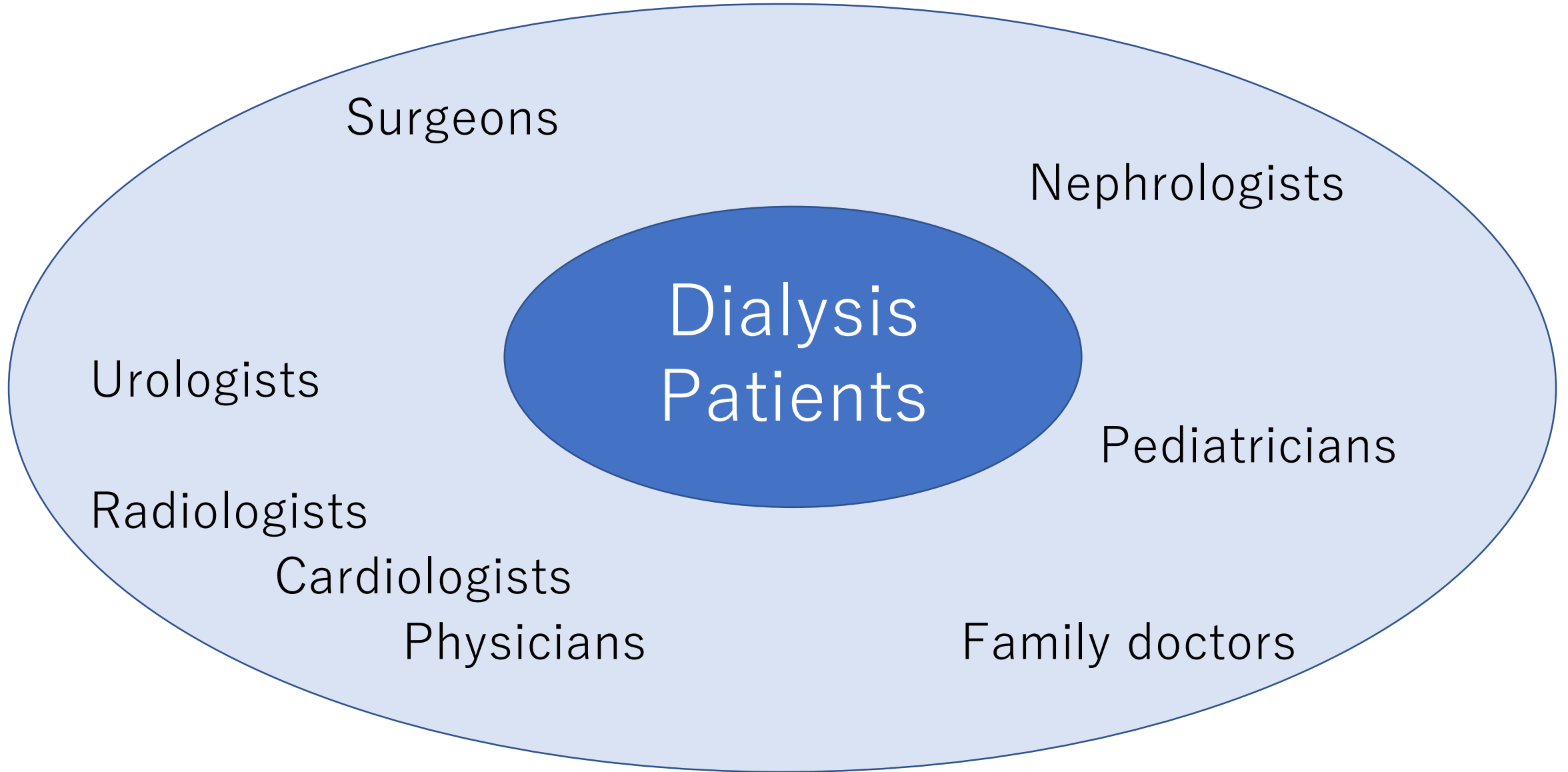
Pediatricians

Radiologists

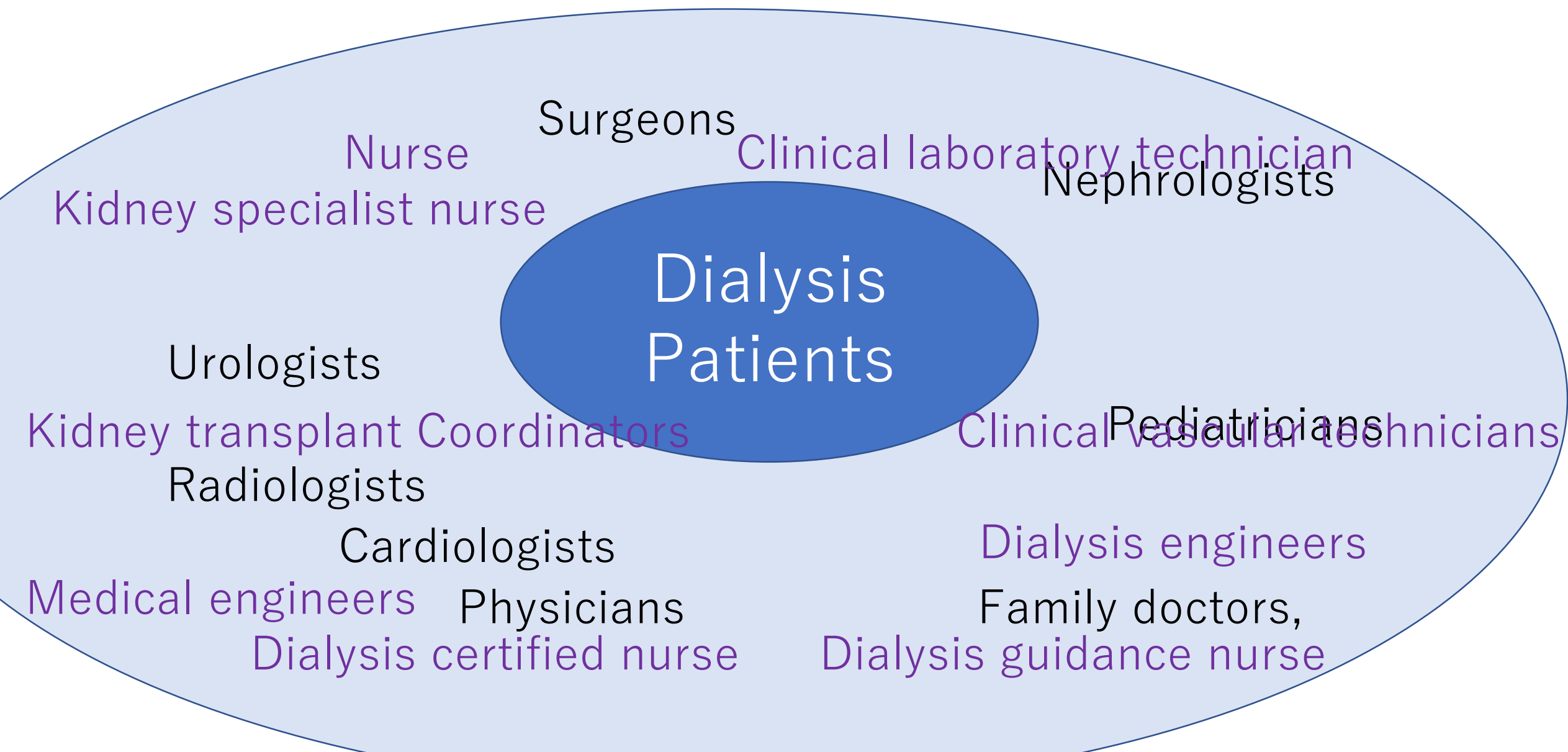
Cardiologists

Physicians

Family doctors



Players





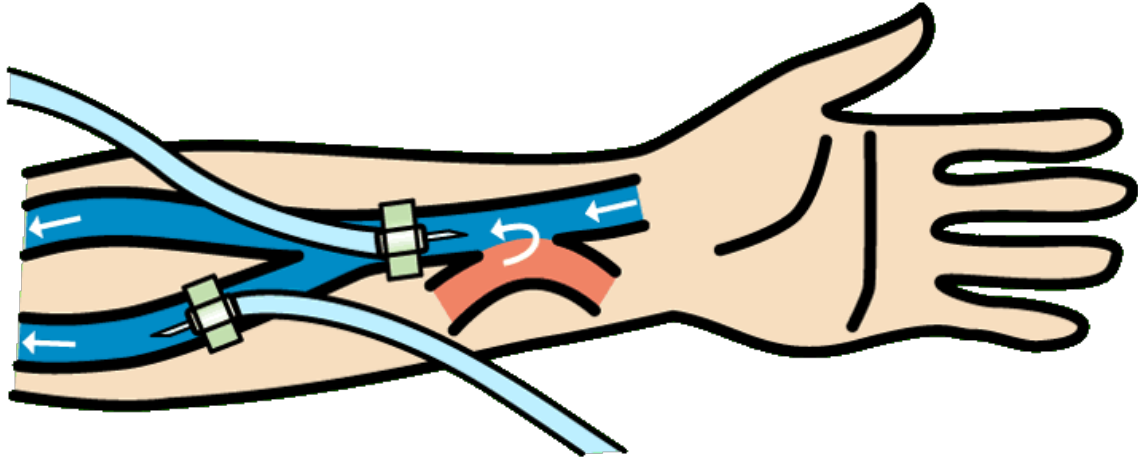
The academic committee of JSDT is requesting us RCTs for the revision of these guidelines.

However...

There are few documents with evidence from RCTs (Randomized Controlled Trials) , and the most subject is mainly “Expert Opinion”.

http://www.jsir.or.jp/guide_line/vaivt/





In the near future

Our future goal is to revise the RCT-based guidelines
for VA in Japan.

Harmonization in VA field

JSDA = VA+PDA

Multi-sectoral approach to create and repair VA by experts

= Dr+Ns+Eng+Tec

= Multi-occupational experts who create and maintain VA

⇒ **APSDA+JSDA+VAS+VASA+ANZSIN**

=World-wide harmonization

