REAL WORLD EXPERIENCE OF HIF-PHI – DESIDUSTAT (OXEMIA®) IN DIALYSIS AND NON-DIALYSIS DEPENDENT CKD ANEMIA PATIENTS – WCN25-Ab-2356

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Background:

▪Chronic Kidney Disease (CKD)-induced anemia arises from a relative deficiency of erythropoietin production by the kidneys.

▪ Recently approved in India, Desidustat (Oxemia®), a novel HIF-PHI, has shown potential in treating anemia in both dialysis-dependent and non-dialysis-dependent CKD patients.

▪This study provides a retrospective analysis of Desidustat's use in managing CKD-related anemia.

Patients and Methods:

▪This retrospective analysis was conducted at Jaypee Hospital, Greater Noida, involving patients with CKD-associated anemia treated at the center.

▪ Participants received Desidustat (Oxemia®) at doses of 100 mg, 125 mg, or 150 mg thrice weekly, with hemoglobin levels regularly monitored during follow-up.

▪ Patients with ADPKD or a history of malignancy were excluded, and Desidustat doses were adjusted to maintain hemoglobin levels at 11–12 g/dL.

Figure:1 CKD Stages of the included Patients (n=35)

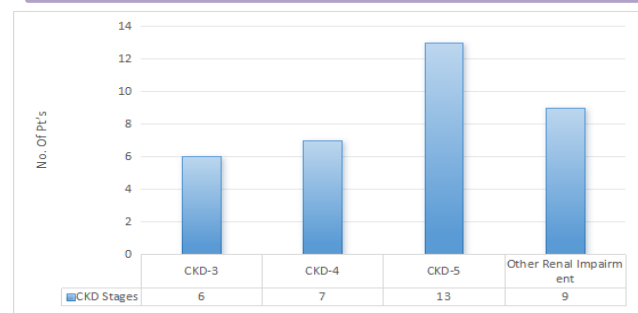| CKD Stages	CKD-3	CKD-4	CKD-5	Other Renal Impairment
No. Of Pt's	6	7	13	9

Figure:2 Change in Hb in each follow up (n=35, p<0.05)

Change in Hb — Baseline 8.6, Follow up 1 9.4, Follow up 2 9.8, Follow up 3 10.1, Follow up 4 10.0, Follow up 5 10.3

Results:

▪A total of 35 patients were enrolled, with a mean age of 59.13 ± 15 years, including 20 (57.1%) females and 15 (42.8%) males.

▪ Most patients (94.2%) were non-dialysis-dependent, and hypertension (45.7%) and diabetes (31.4%) were the most common comorbidities.

▪ All patients received Desidustat thrice weekly, primarily at 100 mg (94.2%), along with intravenous iron supplementation. Mean hemoglobin increased significantly from 8.6 ± 1.4 g/dL to 10.3 ± 1.7 g/dL (p<0.05).

▪ Adverse events were mild and transient, including decreased appetite, vomiting, and generalized weakness.

Conclusion:

▪Desidustat is a safe alternative to the Erythropoietin in CKD – Anemia treatment in Non-Dialysis dependent patients.

▪ More real-world data needed to show the efficacy in Dialysis dependent patients.