

74.5% from North America (NA) countries. Overall, the dataset contains information on 35,874,039 laboratory and 140,016,249 dialysis treatments observations. Selected characteristics are shown by world region in Figure 1. Most patients are 45-64 years old (yo), yet more are 18-44 yo in AP & LA, while more are 65-74 and ≥75 yo in EMEA and NA. There were regional differences in several parameters. Dialysis patients in EMEA had lower blood urea nitrogen levels before and after dialysis, and a higher proportion received hemodiafiltration. Peritoneal dialysis was more frequently used in LA and NA than in other regions. The mean treatment time was lower in NA and patients had a higher body weight versus other regions. Mean hemoglobin levels were consistent in all regions, yet transferrin saturation and ferritin levels were the lowest in EMEA and highest in NA. Mean albumin levels were slightly under 4.0 g/dL in all regions. Mineral bone disorder laboratories showed mean values in target range. Cholesterol, low/high density lipoprotein levels, and white blood cell counts were relatively unremarkable in all regions.

Figure 1: Apollo DB Characteristics by World Region

Parameter	AP	EMEA	LA	NA
Patient [n]	25,231	75,396	38,147	404,395
Country [n]	12	22	5	1
Age at dialysis start [%]				
18-44	20.49	16.72	22.37	15.60
45-64	46.04	38.41	43.44	41.27
65-74	21.14	25.32	21.76	24.64
≥75	12.32	19.55	12.43	18.49
Female [%]	42.25	40.02	40.45	42.26
Dialysis treatments [n]	4,717,899	19,066,011	7,399,095	108,833,244
Modality* [≥1 treatment/patient] [%]				
HD	87.58	67.65	87.62	93.93
HDF	25.55	67.67	22.59	0.00
PD	0.01	3.20	17.34	13.22
Pre-dialysis weight [kg]	69.5	76.8	71.3	85.4
Treatment time [min]	252.7	249.2	243.4	224.1
UFV [mL]	2580.7	2334.8	2416.5	2522.6
Pre-BUN [mg/dL]	53.7	40.4	55.3	56.5
Post-BUN [mg/dL]	13.2	10.5	13.9	14.9
PD volume/day [mL]	2000.0	1749.8	1928.5	2063.8
PD exchanges/day n	4.0	3.7	5.1	4.5
Laboratory data n	397,338	2,412,615	668,039	32,396,047
Albumin [g/dL]	3.9	3.9	3.9	3.8
Hemoglobin [g/dL]	11.1	11.0	11.1	10.7
Ferritin [ng/mL]	655.1	585.6	737.8	1003.2
TSAT [%]	29.5	29.3	30.6	32.8
Calcium [mg/dL]	9.1	8.8	8.7	8.9
Phosphate [mg/dL]	4.8	4.8	4.6	5.5
PTH [ng/L]	390.8	404.0	440.9	493.7
Cholesterol [mg/dL]	165.0	162.5	161.9	147.6
HDL [mg/dL]	39.6	43.6	38.5	41.9
LDL [mg/dL]	109.7	92.3	94.5	73.7
WBC [$\times 10^3/\mu\text{L}$]	6.5	6.8	7.0	6.9

Data presented as counts (n), proportions (%), or mean values by major world region. PTH: Parathyroid Hormone; HDL: High Density Lipoprotein; LDL: Low Density Lipoprotein; TSAT: Transferrin Saturation; WBC: White Blood Cell; AP: Asia Pacific; EMEA: Europe, Middle East, and Africa; LA: Latin America; NA: North America. *, Modality use considered the number of unique patients who used the modality one or more times during the observation period.

Conclusions: In a first descriptive analysis, several regional differences were observed. These findings act as benchmarks for the nephrology community. Apollo DB offers opportunities for investigators to conduct global analytics and advance the state of the art.

I have potential conflict of interest to disclose.

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RISK OF DIALYSIS ACCORDING TO THE KIDNEY FAILURE RISK EQUATION (KFRE) IN PATIENTS WITH CHRONIC KIDNEY DISEASE ENROLLED IN A NEPHROPROTECTION PROGRAM IN LA GUAJIRA (COLOMBIA) BETWEEN 2021 AND 2023



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Introduction: Chronic Kidney Disease (CKD) is a progressive, long-term condition characterized by a gradual and irreversible deterioration of renal function. In its early stages, it is a slow and silent process, leading to a decrease in the estimated glomerular filtration rate (eGFR), a measure of kidney function. Therefore, the objective was to monitor the risk profiles for requiring renal replacement therapy according to the Kidney Failure Risk Equation (KFRE) in patients with Chronic Kidney

Disease enrolled in a nephroprotection program in La Guajira (CO) between the years 2021 and 2023.

Methods: An analytical study was conducted, where variables were described descriptively in terms of central tendency measures. Quantitative variables were described, and either the Student's t-test or the Wilcoxon test was used, depending on the normality of the variable. On the other hand, the Kruskal-Wallis test was used to assess kidney function according to ASCVD risk categories (Low, Moderate, High). Likewise, the relationship between albuminuria and ASCVD risk score was explored through Spearman correlation. To relate KFRE risk categories (Low, Moderate, High) and ASCVD risk categories (Low, Moderate, High), a correspondence analysis was performed. The Fisher exact test or Chi-square test was applied to analyze categorical variables. The statistical software used was R-CRAN version 4.3.2.

Results: This study included 847 patients from the Nephroprotection program. It was observed that the majority of patients were female, with an average age of 65 years. Hypertension (HTA) was the most common comorbidity, followed by obesity and dyslipidemia. In terms of CKD stages, stage G2 was the most common. When clinical and biochemical parameters were analyzed by gender, significant differences were observed, with higher rates of obesity and dyslipidemia in female patients. Differences were also observed in hemoglobin levels and lipid profile, with females having significantly higher levels of cholesterol and LDL, while males had higher levels of HDL and hemoglobin. When evaluating renal risk with the KFRE formula, it was found that male patients had a significantly higher risk at 2 and 5 years compared to female patients. However, there were no significant differences in KFRE risk categories between sexes. Additionally, cardiovascular risk was analyzed using the ASCVD formula from ACC/AHA, and it was found that female patients had a higher prevalence in cardiovascular risk categories, and a weak positive correlation was observed between albuminuria levels and cardiovascular risk. Finally, the relationship between KFRE renal risk and ASCVD cardiovascular risk was explored, revealing a weak positive correlation between these two risks.

Conclusions: These findings highlight the importance of considering gender differences and risk factor relationships in the care of patients with chronic kidney disease and their cardiovascular risk.

I have no potential conflict of interest to disclose.

WCN24-1439

CREATION OF A NATIONAL MULTICENTER PROSPECTIVE COHORT OF END-STAGE RENAL DISEASE PATIENTS ON HEMODIALYSIS: THE DEW-HD STUDY – DESIGN AND FIRST RESULTS



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Introduction: End-stage renal disease (ESRD) patients on hemodialysis are a vulnerable population with specific requirements and increased adverse clinical outcomes as compared to the general population. Initiatives such as the DOPPS initiative have created prospective cohorts of these populations worldwide, and they recommend performing local cohorts based on their protocols to achieve local data, which may be comparable to international data. Currently, only a few prospective cohorts in Latin America collect individual patient data and patient samples, where there is little participation in the DOPPS initiative for ESRD patients. Our objective is to perform a prospective cohort of ESRD patients on hemodialysis in Chile, which fulfills the requirements of the DOPPS initiative.

Methods: National multicenter prospective cohort of ESRD on hemodialysis in Chile (DEW-HD study, Figure 1). The study aims to recruit at least 2,000 patients between 2023 and 2025 (approximately 10% of total ESRD on hemodialysis in Chile). We will include patients above 18 years admitted to chronic hemodialysis, independent of clinical data, modality, dialysis frequency, or additional hemodialysis characteristics. We will exclude patients admitted to palliative hemodialysis or those who refused to participate. The study design is based on the DOPPS protocols for prospective studies in hemodialysis patients. After signed consent, all patients will have a collection of demographical, clinical, laboratory, and hemodialysis data, plus evaluation of quality-of-life