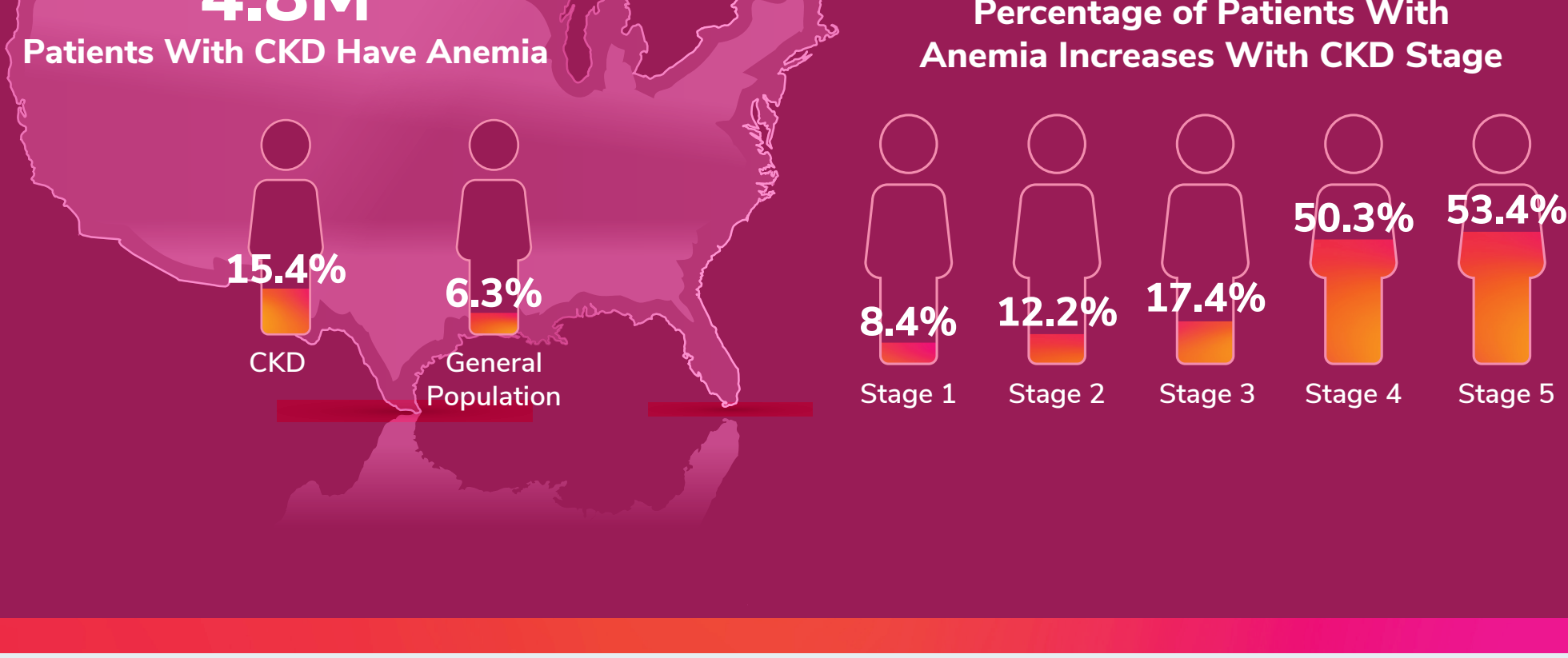
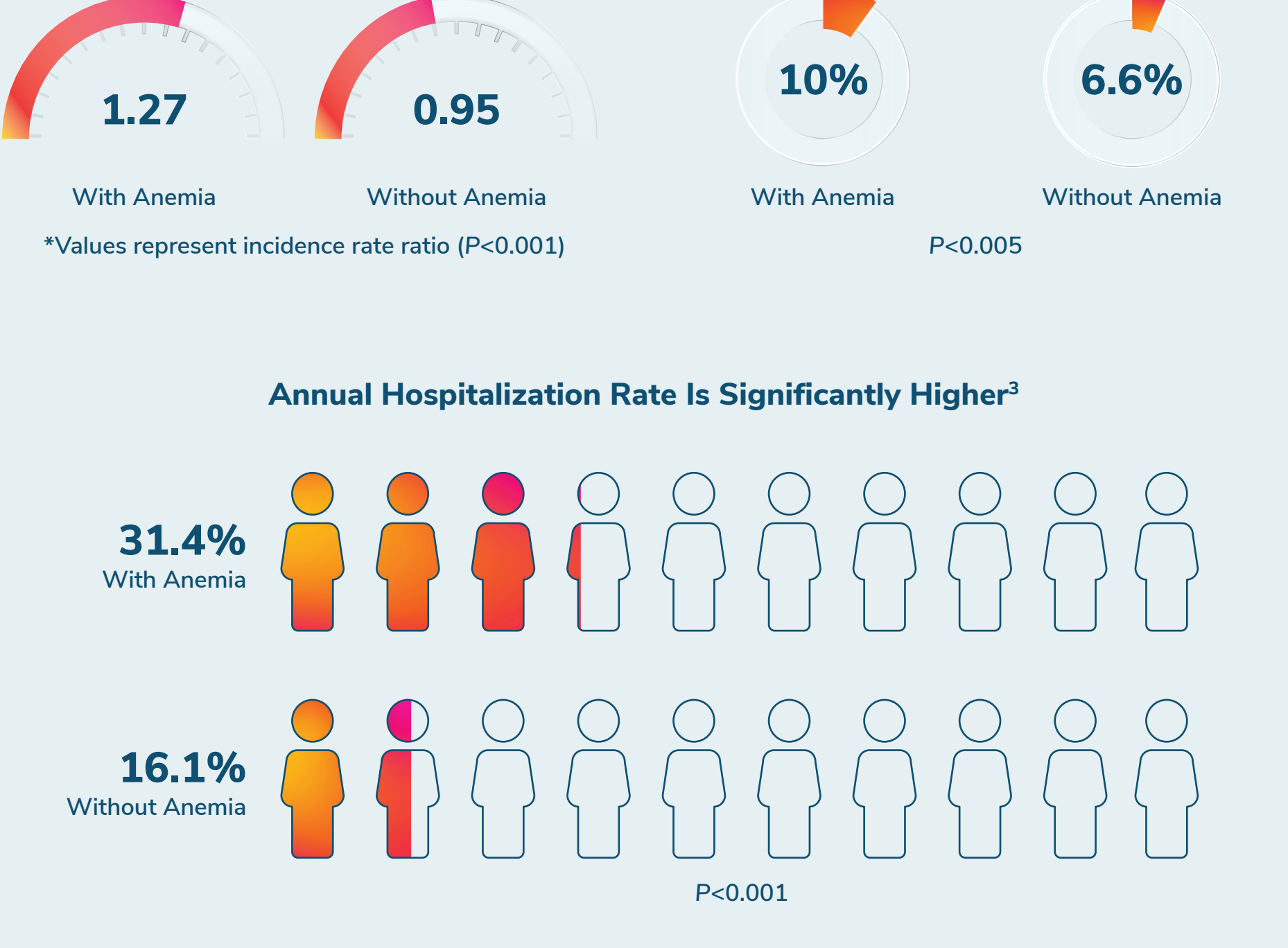


Burden of Anemia Due to Chronic Kidney Disease (CKD)

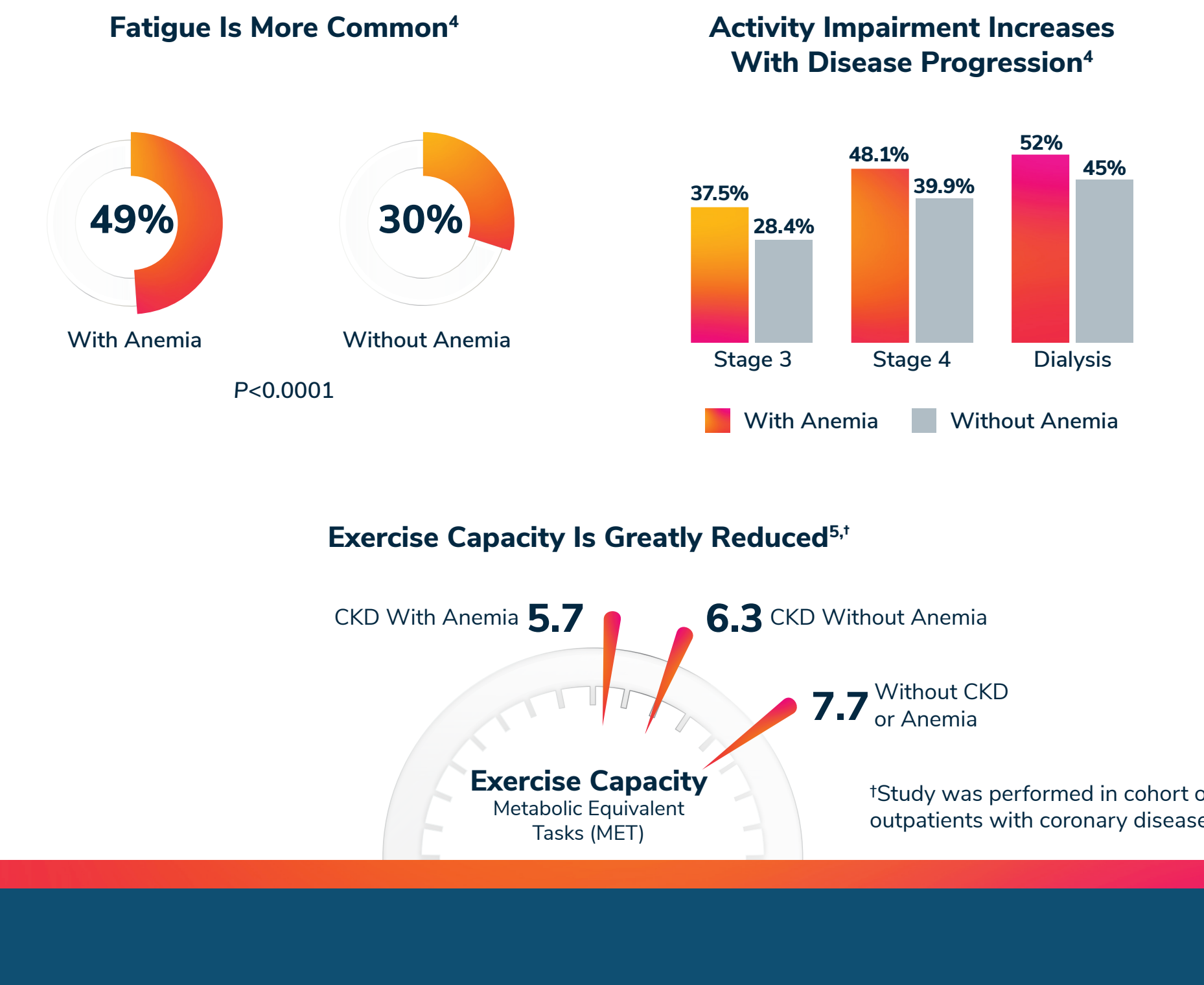
Prevalence of Anemia Due to CKD Increases With Disease Progression¹



Higher Clinical Burden Is Demonstrated in Patients With Anemia and CKD (Stages 3-4)



Reduced Quality of Life Is Associated With Anemia in Patients With CKD (Stages 3-5D)



Anemia Is Correlated With Accelerated CKD Progression³

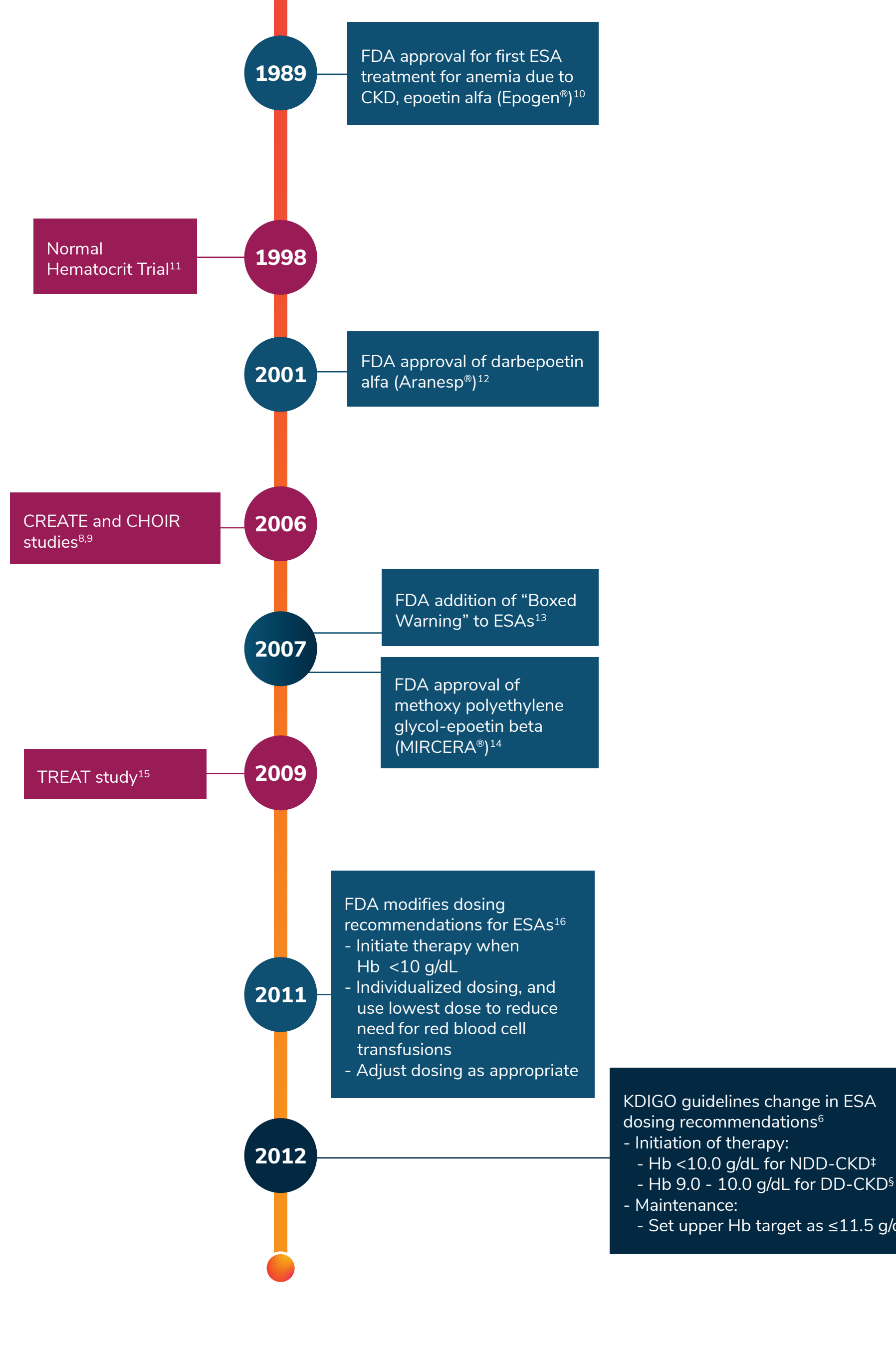


Trends in the Treatment of Anemia Due to CKD

Current therapies available include iron supplementation, ESAs, and RBC transfusion. These treatments improve clinical measures, and clinical practice guidelines recommend balancing their potential benefits with associated risks.⁶

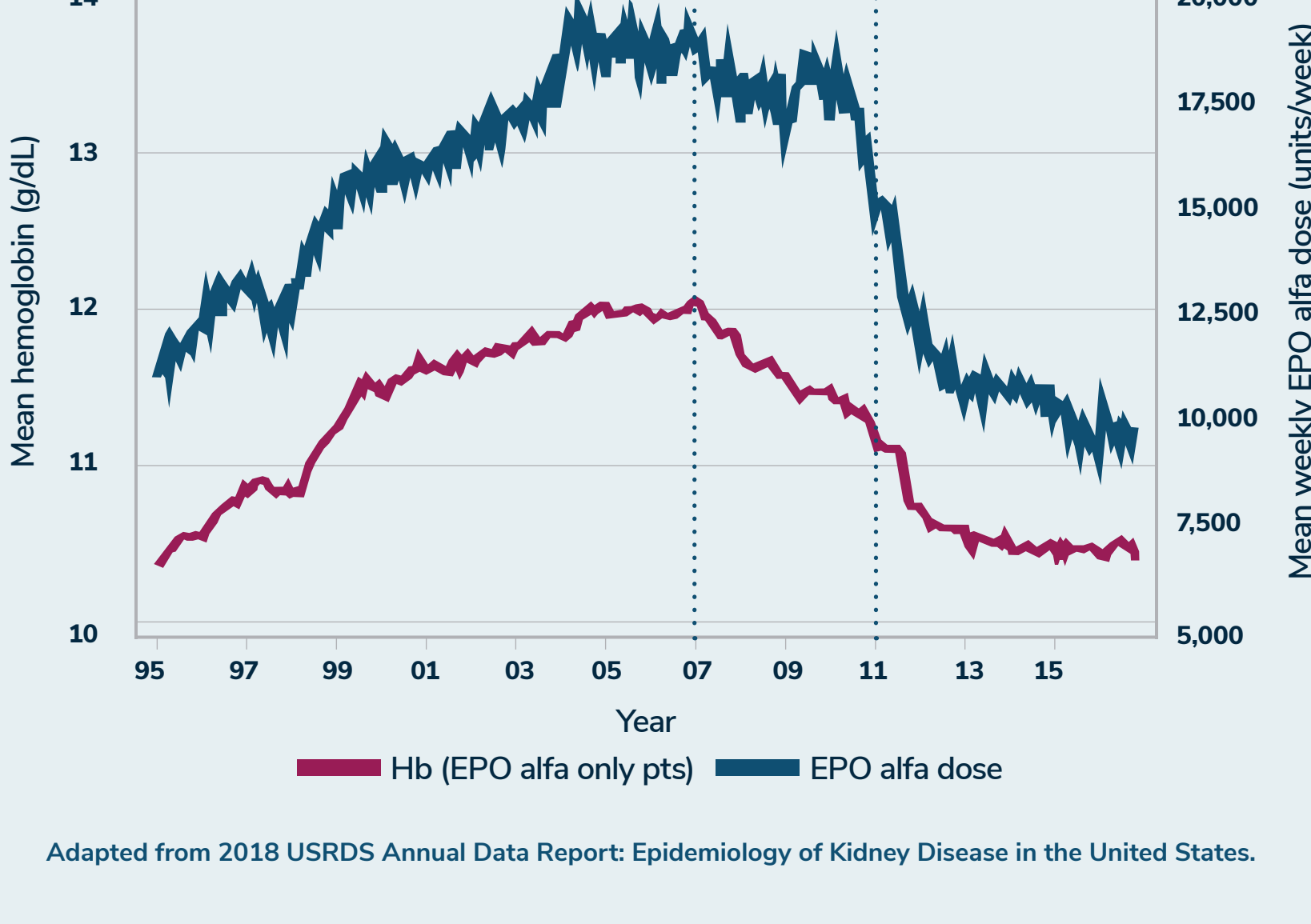
The introduction of ESAs represented a breakthrough in therapy.^{6,7} They have remained a mainstay for the treatment of anemia due to CKD for the past 30 years by increasing Hb levels and decreasing the need for RBC transfusions.⁶

Several randomized clinical trials have demonstrated that higher hemoglobin targets (≥13.0 to 14.0 g/dL) with ESA use are associated with increased cardiovascular risk, leading to changes in regulatory and clinical practice guidance outlined below.^{6,8,9}



[†]Decision to start ESA for NDD-CKD should be individualized based on rate of Hb concentration decline, prior response to iron therapy, risk of needing transfusion, risk related to ESA therapy, and anemia symptoms.
[‡]For DD-CKD, ESA should be initiated to prevent a decline in Hb to <9.0 g/dL.
Epogen® (epoetin alfa) and Aranesp® (darbepoetin alfa) are products of Amgen Inc. MIRCERA® (methoxy polyethylene glycol-epoetin beta) is a product of Vifor (International) Inc.

Mean Hemoglobin Levels in ESA-Treated Hemodialysis Patients¹⁷



Adapted from 2018 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States.