

Effect of high dose haemodiafiltration versus high flux hemodialysis on mortality

A target trial emulation utilising the ANZDATA registry



Emulation of "CONVINCE"

Multinational
Randomized
Pragmatic

HD >3 months
HDFvol>23L/1.73m²
Post dilution

All-cause mortality
reduced

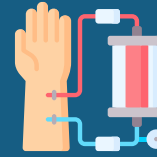


ANZDATA database
2019 to 2023

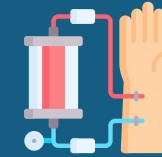
Inverse
Probability
of Treatment
Weighting
(IPTW)

Adult patients undergoing
high-flux HD or high-dose HDF
> 3 months >3 times /week >300ml/min BF
n= 21,264

6,557 (30.8%)
would have been eligible for
CONVINCE



4836 HD



1721 HDF

HR 0.95
(0.83, 1.09)
p = 0.464

No difference in all-cause mortality
between those undertaking HD and HDF

Eligible participants
were more likely to:



Receive treatments
from metropolitan
centers



Be male



Have longer
dialysis



Commence dialysis
with a native
arteriovenous fistula

Conclusion: Using a binational registry, 69% of patients would not be eligible for CONVINCE. This should be considered in applying the trial findings to a broader population. In this trial emulation, we were unable to demonstrate the mortality benefit seen in the CONVINCE randomized controlled trial

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