Effect of high dose haemodiafiltration versus high flux hemodialysis on mortality

A target trial emulation utilising the ANZDATA registry

ISN INTERNATIONAL SOCIETY OF NEPHROLOGY

Emulation of "CONVINCE"

Multinational
Randomized
Pragmatic

HD >3 months
>23L /1.73 m^2
Post dilution

All-cause mortality reduced

ANZ DATA
AUSTRALIA & NEW ZEALAND DIALYSIS & TRANSPLANT REGISTRY

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 centres
- 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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