Welcome to our August Webinar on *Home Dialysis: Is It Your Best Treatment Option?*

We need your Feedback - Please complete after the program!

This webinar will be recorded and slides will be available at [www.dpcedcenter.org](http://www.dpcedcenter.org)

Next webinar on 9-27-18 with Edward Leigh on *Communicating with your Healthcare Team: Top Tips to Prepare for Visits and Partner with Professionals!*
Reminder

➢ All phone lines are muted
➢ You can ask questions through the Chat Box
➢ Or, at the end of the presentation, you can ask questions by unmuting your phone (Unmute: #6, then Mute *6)
➢ Webinar Recording and slides will be available on our web site
➢ Please complete the feedback form at the end of the program
➢ Please share the information with others
➢ Join us next month on 9-27-18 for our webinar:

*Communicating with your Healthcare Team: Top Tips to Prepare for Visits and Partner with Professionals!*
Today’s Speakers

Dr. Michael Kraus, MD, FACP
Nephrologist,
Indiana University School of Medicine
Associate Chief Medical Officer,
NxStage Medical, Inc.

Vanessa Evans
Patient Advocate Manager,
NxStage Medical, Inc.
Dialysis patient for 20 years, the last 13 years on more frequent home hemodialysis with NxStage.
Home Hemodialysis: Is it your best treatment option?
Agenda

- What are my treatment options?
- Why would I want to dialyze more than 3 days a week?
- Why would I want to go home?
- Vanessa’s Dialysis Story
- Questions and Answers
What is your current dialysis therapy?
What Are My Treatment Options?
**Kidney Transplantation**
The best option available for most patients on dialysis.
Kidney transplantation involves placing a healthy kidney into your body, which comes from either a living or deceased donor.

**Peritoneal Dialysis**
Treatment you can do almost anywhere.
Peritoneal dialysis therapy uses the lining of your own belly, the peritoneal membrane that covers your abdomen to filter your blood of toxins and extra fluids.

**Home Hemodialysis**
Treatment in the comfort of your home during the day or overnight.
Home hemodialysis follows the same treatment procedure as in-center hemodialysis through the removal, cleaning, and returning of your blood back to your body.

**In-Center Hemodialysis**
The traditional approach.
In-center hemodialysis involves the removal, cleaning, and returning of your blood back to your body. This therapy option is performed three times a week, for approximately four hours per session, at either a dialysis center or hospital.

**Kidney Transplantation**
The best option available for most patients on dialysis.
Kidney transplantation involves placing a healthy kidney into your body, which comes from either a living or deceased donor.

**Treatment Options: What do they mean?**
Why More Frequent Home Hemodialysis?
Health Benefits
Lifestyle Benefits
Designed for Home

NxStage systems are the **ONLY** truly portable hemodialysis machines cleared for home use during the day or overnight while you sleep.
Why Would I Want To Go Home?
TRUE or FALSE:
Dialysis affects your heart?
Medical Benefits of More Frequent Home Hemodialysis

Improved cardiovascular outcomes as compared to traditional in-center dialysis (three treatments per week)

- Better control of hypertension (better blood pressure control)\(^1\)
- Control of hyperphosphatemia (level of phosphate in blood)\(^2\)
- 17% lower rate of cardiovascular related hospitalizations\(^3\)
- **NO** 2-day skip = less stress on heart\(^4,5\)
- Slower, better ultrafiltration rate (lower fluid removal rate)\(^6\)
- Decreases left ventricular hypertrophy (LVH)\(^7\)
  - LVH is a common cause of heart failure in people with kidney problems, and a leading cause of death

References at end of presentation

When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks.
LIVE Longer... Improved 5-year Survival\textsuperscript{8,9}

When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks.
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14% Higher Rate of **TRANSPLANT**\textsuperscript{12}

It has been reported that patients who do more frequent home hemodialysis with NxStage were more likely to receive a kidney transplant, compared to those performing conventional three times per week hemodialysis.\textsuperscript{12}

When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks.
Improvements in Health-related QUALITY of LIFE

- Improved APPETITE
- More ENERGY & Vitality
- Improved SLEEP Quality
- Improved SEXUAL Function
- Ability to WORK or Attend SCHOOL

When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks.
Therapy options to fit YOUR individual needs

Home hemodialysis during waking hours either with or without a care partner (solo)

Home nocturnal hemodialysis while you and your care partner sleep
What’s most important to me?
Vanessa’s Dialysis Story
My journey with kidney disease.
1. What dialysis therapy may offer the best chance of living a normal life?
2. What dialysis treatment would allow the best chance of survival?
3. What dialysis treatment is best for my heart?
4. What dialysis treatment option would you choose if you were faced with kidney failure?
5. What more should I know about home hemodialysis?
6. Where do I begin?
Q&A

You have Questions

We have Answers
<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Eat &amp; Drink</th>
<th>Fewer Medications</th>
<th>Work Friendly</th>
<th>Sleep Quality</th>
<th>Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard In-center Hemodialysis (HD)</td>
<td>Strict fluid and dietary limits.(^{18})</td>
<td>You may need to take more medications than any other treatment option.(^{18})</td>
<td>Time to recovery and treatment schedule can make it difficult to work.(^{24})</td>
<td>You may experience poor sleep quality.(^{27})</td>
<td>Five year survival rate for in-center hemodialysis is 40%.(^{8})</td>
</tr>
<tr>
<td>Peritoneal Dialysis (PD)</td>
<td>More liberal diet than with standard HD, but you consume extra calories from sugar in PD fluid.(^{19})</td>
<td>About half as many medications as standard HD.(^{21})</td>
<td>You may be able to keep working or go back to work.(^{25})</td>
<td>You may experience poor sleep quality.(^{28})</td>
<td>Five year survival rate for PD is 50%.(^{8})</td>
</tr>
<tr>
<td>More Frequent Home Hemodialysis (MFHHD)</td>
<td>May offer you the freedom to eat and drink more.(^{10})</td>
<td>You may be able to take fewer blood pressure medications.(^{1})</td>
<td>You may be able to keep working or go back to work.(^{17})</td>
<td>You may experience better sleep quality.(^{14})</td>
<td>Five year survival rate for more frequent HHD with NxStage is 58%.(^{9})</td>
</tr>
<tr>
<td>Nocturnal Home Hemodialysis While You Sleep (NHHD)</td>
<td>More liberal diet than any other dialysis options.(^{13})</td>
<td>You may be able to take fewer medications.(^{1,22})</td>
<td>You may be able to keep working or go back to work.(^{17})</td>
<td>You may improve symptoms of sleep apnea associated with chronic renal failure.(^{29})</td>
<td>Frequent nocturnal HHD has shown similar 5 year survivability as deceased donor transplantation.(^{31})</td>
</tr>
<tr>
<td>Transplant</td>
<td>You may experience very few dietary and fluid restrictions.(^{20})</td>
<td>You may likely have a reduction in overall medications but you will need to take anti-rejection drugs.(^{23})</td>
<td>You may be able to keep working or go back to work.(^{26})</td>
<td>Your sleep quality may improve.(^{30})</td>
<td>Best long term survival compared to other treatment options.(^{8})</td>
</tr>
</tbody>
</table>
The reported benefits of home hemodialysis (HHD) may not be experienced by all patients. The NxStage System is a prescription device and, like all medical devices, involves some risks. The risks associated with hemodialysis treatments in any environment include, but are not limited to, high blood pressure, fluid overload, low blood pressure, heart-related issues, and vascular access complications. When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks. The medical devices used in hemodialysis therapies may add additional risks including air entering the bloodstream, and blood loss due to clotting or accidental disconnection of the blood tubing set.

Home hemodialysis with the NxStage System during waking hours may not require a care partner, provided a physician and a qualified patient agree that solo home hemodialysis is appropriate. Patients performing nocturnal treatments are required to have a care partner. Care partners are trained on proper operation and how to get medical or technical help if needed.
Risks and Responsibility (cont’d)

Certain risks associated with hemodialysis treatment are increased when performing solo HHD because no one is present to help the patient respond to health emergencies. If patients experience needles coming out, blood loss, or very low blood pressure during solo HHD, they may lose consciousness or become physically unable to correct the health emergency. Losing consciousness or otherwise becoming impaired during any health emergency while alone could result in significant injury or death. Additional ancillary devices and training are required when performing solo HHD.

Certain risks associated with hemodialysis treatment are increased when performing nocturnal therapy due to the length of treatment time and because therapy is performed while the patient and care partner are sleeping. These risks include, but are not limited to, blood access disconnects and blood loss during sleep, blood clotting due to slower blood flow and/or increased treatment time, and delayed response to alarms when waking from sleep.

Patients should consult their doctor to understand the risks and responsibilities of performing these therapies using the NxStage System.
References – Medical Benefits of More Frequent HHD


8. U.S. Renal Data System, USRDS 2015 Annual Data Report: Table 6.3. Adjusted survival (%) by (a) treatment modality and incident cohort year (year of ESRD onset), and (b) age, sex, race, and primary cause of ESRD, for ESRD patients in the 2008 incident cohort (initiating ESRD treatment in 2008) Abbreviation: ESRD, end-stage renal disease.


References (cont’d)
Medical Benefits of More Frequent HHD


