

creatinine level and kidney tubular injury parameter-retinol binding protein (RBP). The circulating anti-GBM antibodies could be detected in all patients with type I, and 84.21% patients had positive ANCA in type III. Patients with type III had superior renal survival, whereas type I had the worst renal prognosis ($P < 0.001$). No significant difference in overall survival among the 3 types of CrGN was found.

Conclusions: CrGN remains one of the main causes of critically ill patients with RPGN. There was much heterogeneity between subtypes of CrGN. Patients with type I tended to have an acute onset and had the poorest renal survival.

POSTER SESSION: EPIDEMIOLOGY, OUTCOMES AND HEALTH SERVICES RESEARCH IN DIALYSIS

POS55

15/04/2019

Exhibition hall (Doors 7 & 8)

12:00–13:15

MON-055

THE GROWING BURDEN OF END STAGE RENAL DISEASE IN INDONESIA: TEN YEARS OF THE INDONESIAN RENAL REGISTRY REPORTS

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Introduction: End Stage Renal Disease (ESRD) patients have significantly increased in developing countries, including Indonesia. The patients need renal replacement therapy which is a complicated therapy requiring many resources. Dialysis and transplantation are the choices of treatment, with dialysis still playing the primary role worldwide. The Indonesian Renal Registry (IRR) was established in 2007, and this study will evaluate ten years of reports from The Indonesian Renal Registry

Methods: The data presented in this study was obtained from the online Indonesian Renal Registry Report

Results: The Indonesian Renal Registry started collecting data in 2007, with the data being uploaded to the web by the dialysis units. In the first 3 years of the IRR, the coverage of data collection was still low. After training was carried out all over Indonesia, in the fourth year, data collecting was better. The number of dialysis units which sent data increased from 213 in 2010 to 655 in 2017. The number of newly diagnosed ESRD or the incidence increased from 9649 in 2010 to 30831 in 2017. The prevalence of sufferers increased from 11484 in 2010 to 77892 in 2017. The main etiologies of kidney disease are hypertension and diabetes mellitus. Ninety eight percent of ESRD patients are in hemodialysis treatment and the remainder are in continuous ambulatory peritoneal dialysis. The registry has no data on kidney transplantation. There are some dialysis units which have not completed sending data to the registry, but there is one region, namely West Java, which has 98% data completion. The registry gathers the incidence and prevalence rates of this region. The incidence rate increased from 108 in 2014 to 161 per million people in 2017, and the prevalence rate from 158 in 2014 to 452 per million people in 2017. The one-year survival rate is 83%, while the five-year survival rate is 51.9%. Cardiovascular disease is the main cause of death at 37%. The IRR not only collects data on patients, but also on hemodialysis treatment, such as 67% of HD treatment using 2-5 times reuse dialyzer, 74% of patients have reached Kt/V 1.2 as adequacy of hemodialysis parameter, and 36% have intradialytic hypertension as the main intradialytic complication.

Conclusions: The number of ESRD patients is increasing in Indonesia, and the main etiologies are hypertension and diabetes mellitus. The 5-year survival rate is 51.9%.



MON-056

LEUCINE-RICH A-2-GLYCOPROTEIN 1 INCREASED PERIPHERAL ARTERIAL OCCLUSIVE DISEASE RISK IN END-STAGE RENAL DISEASE

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Introduction: Plasma Leucine-Rich a-2-Glycoprotein 1(LRG1) as a novel serum biomarker for inflammation and angiogenetic diseases. Patients with end-stage renal disease (ESRD) are associated with several health-related adverse outcomes including inflammation, atherosclerosis and premature mortality in individuals. Whether level of Plasma Leucine-Rich a-2-Glycoprotein 1 may associate with the clinical status of hemodialysis patients is unknown.

Methods: The immunity in ESRD study (iESRD) recruited 169 hemodialysis patients from southern Taiwan. By history taking and detailed chart reviews, baseline co-morbidities were recorded. Peripheral blood was sampled before hemodialysis session and processed immediately. Plasma levels of LRG1 and high-sensitivity C reactive protein were determined by ELISA. Peripheral blood monocyte and T cell differentiation subsets 1 may by multicolor flow cytometry.

Results: Among these patients, 100% were LRG-1-seropositive. In a multivariate-adjusted logistic regression model, higher LRG1 tertile was significantly associated with Peripheral arterial occlusive disease(PAOD) (odds ratio = 3.49)after adjusting for gender, hemoglobin, DM, hypertension, and the level hs-CRP. LRG1 exhibit lower TCM percentages of CD4+ and CD8+ T cells but also lower TNAIVE percentages of CD8+ T cells. Similar trends were observed when the absolute cell number of each T cell subsets was analyzed. Level of LRG-1 positively correlated with both IL-6, CRP and WBC, indicating the accumulation of these cytokines participate in the progression of atherosclerosis.

Conclusions: LRG-1positively correlates with the existence of the Peripheral arterial occlusive disease in ESRD patients. Role of LRG-1 and the associated inflammation response should be in the pathogenesis of atherosclerosis in this patient population.



MON-057

LOOKING BEYOND COST: FULL COVERAGE FOR HEMODIALYSIS IN THE PHILIPPINES

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Introduction: THE NUMBER OF END-STAGE RENAL DISEASE (ESRD) PATIENTS REQUIRING DIALYSIS HAS BEEN ON THE RISE FOR THE PAST DECADE. THE BURDEN OF LONG-TERM HEMODIALYSIS (HD) IN TERMS OF PATIENT OUTCOME AND COST IS GREATLY INFLUENCED BY ACCESSIBILITY OF HD TO ALL PATIENTS WHO ARE IN NEED OF IT. INADEQUATE HEMODIALYSIS HAS BEEN SHOWN TO AFFECT PATIENT SURVIVAL BY INCREASING MORBIDITY AND MORTALITY AND PROPORTIONATELY INCREASING HEALTHCARE COST. IT IS IMPORTANT TO FORMULATE A POLICY THAT CAN PROVIDE FINANCING OPTIONS TO PROVIDE FULL COVERAGE WITH ADEQUATE HD TO REVERSE THESE LIFE-THREATENING OUTCOMES. THE MIXED PUBLIC-PRIVATE HD SYSTEM OF MALAYSIA IS A PROMISING MODEL FOR OUR SETTING

A PATIENT WITH ESRD REQUIRES THRICE-A-WEEK HEMODIALYSIS (156 SESSIONS/YEAR) TO REDUCE CARDIOVASCULAR COMPLICATIONS, DECREASE MORBIDITY AND MORTALITY, AND IMPROVE QUALITY OF LIFE. EXPANSION OF THE PHILIPPINE HEALTH INSURANCE (PHILHEALTH) HEMODIALYSIS COVERAGE OF 90 SESSIONS TO 156 SESSIONS A YEAR WILL DECREASE THE SOCIO-ECONOMIC BURDEN OF THE DISEASE. PATIENTS ON ADEQUATE HEMODIALYSIS WILL HAVE LESS SEVERE COMPLICATIONS REQUIRING FREQUENT AND PROLONGED HOSPITALIZATIONS. THE OVERALL IMPROVEMENT

