



RPA Guidance to Nephrology Care Providers Regarding the FDA Public Health Advisory on ESAs

The FDA issued a public health advisory and black box warning on March 9, 2007 regarding Erythropoiesis-Stimulating Agents (ESAs) that addressed serious and life-threatening side effects in patients treated with these agents. RPA believes that the advisory and black box warning as currently drafted may be misleading and only partly applicable to CKD and ESRD patients, and as a result have caused considerable confusion in the kidney community.

INFORMATION FOR NEPHROLOGY PROVIDERS

- The FDA black box warning regarding ESA use states:
 - ESAs should be used in the lowest dose sufficient to avoid blood transfusion.
 - Target Hgb greater than 12 g/dL increases the risk for death and serious CV events.
- The RPA is concerned that the perception from the FDA Advisory and the public press response to the FDA Advisory could lead to unacceptably low Hgb levels.
- The RPA notes that the evidence linking increased risks and higher Hgb were for target Hgb levels ≥ 13 g/dL.
- Hgb target ranges are no longer included in the package insert guidelines. The RPA recommends that evidence based targets are helpful and should be reintroduced in the package insert guidelines.
- The RPA recommends that the risk and benefits for ESA use must be considered on an individual patient basis. The clinical standard of care has been to maintain Hb concentration ≥ 11 g/dL, and evidence-based guidelines should continue to guide therapy.
- ESAs have been well demonstrated to improve QOL for CKD patients, both adult and pediatric. This has been an approved indication for ESA use since its initial approval in 1989.
- The FDA Advisory states that ESAs should not be given to treat symptoms of anemia or poor quality of life (QOL). The RPA believes that this statement should not be directed at chronic kidney disease patients. This is ambiguous in the FDA Advisory and the subsequent public press.

CONSIDERATIONS FOR DISCUSSION WITH PATIENTS

- There is a long history of the clear benefit of ESA use.
- Any overreaction to the public release of the FDA Advisory should not interfere with best clinical judgment.
- The appropriate decisions for use of ESAs with any individual patient should strictly be made by the nephrology provider and their patient.
- Some of the FDA Advisory recommendations do not apply to CKD patients and this fact has not been fully differentiated in the public press.

- Physicians should use their best judgment in the determining the dosing, monitoring and utilization of ESAs.

RPA will continue to be involved in the discussion and rational debate over the FDA position as elaborated in the advisory and will provide the nephrology provider community with clear and concise summaries of our recommendations. The FDA advisory on ESAs is available at www.fda.gov/cder/drug/advisory/RHE2007.htm.