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Mortality and cardiovascular complications with erythropoiesis-stimulating agent treatment

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Mortality and cardiovascular complications with erythropoiesis-stimulating agent treatment

1. Directed Acyclic Graphs can provide insight in confounding, but do not solve the problem *This thesis*
2. Dialysis patients treated with higher erythropoiesis-stimulating agent (ESA) doses have a higher risk of mortality than patients with lower ESA doses *This thesis*
3. In spite of the hypertensive effect of ESAs, blood pressure in pre-dialysis patients with ESAs can be controlled to the same extent as pre-dialysis patients without ESAs *This thesis*
4. The fact that the association between ESA use and cardiovascular events is inconsistent in different studies and patient populations, raises questions about the underlying mechanism *This thesis*
5. The pathophysiological mechanism that would explain a higher mortality rate with high ESA doses is complex and incomplete
6. The need for greater ESA doses for the treatment of anemia in sicker patients potentially and plausibly generates confounding by indication, the control of which is complicated by the presence of time-dependent confounding *Bradbury et al. AJKD 2009; 54 (3): 554-560*
7. All substances are poisons: there is none which is not a poison. The right dose differentiates a poison and a remedy *Adapted from: Paracelsus. Die dritte Defension wegen des Schreibens der neuen Rezepte. In: Septem Defensiones 1538. Werke Bd. 2, Darmstadt 1965: 509*
8. All scientific work is incomplete (..) and liable to be upset or modified by advancing knowledge *Hill. Proc R Soc Med 1965. 58 (5): 295-300*
9. Doubt is a good start of a scientific career *Adapted from: Loesje. www.loesje.nl*

Marit M. Suttorp

Leiden, 24 september 2015