Dialyzer Selection for Hemodialysis (BC & Out-of-Province Patients)



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1.0 Scope

The purpose of the guideline is to:

- 1. Standardize the procedure for selecting a dialyzer for BC patients on hemodialysis (HD).
- 2. Provide recommendations to assist with decisions on dialyzer selection for out-of-province patients travelling to BC for dialysis.

Considerations in the development of this guideline included:

- Clinical requirements
- Contractual obligations for provincial dialyzer utilization
- Cost of individual dialyzers

This guideline applies to adults receiving hemodialysis (HD) and hemodialfiltration (HDF) in:

- In-centre HD units.
- Community dialysis units (CDUs).

This guideline does not apply to:

- Children receiving hemodialysis (dialyzer preferences are different than for adults).
- Patients receiving home hemodialysis.

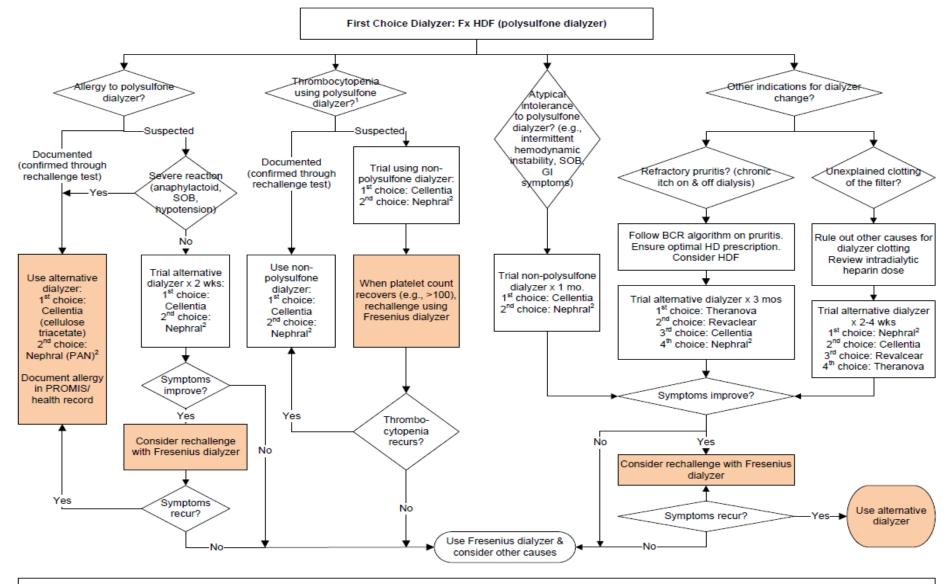
2.0 Recommendations

Recommendation #1: Utilize Appendix 1 for dialyzer recommendations for BC patients on hemodialysis (HD).

For most patients, a Fresenius dialyzer (Fx HDF) is an excellent and cost-effective dialyzer (#1 choice). Specific patient situations, however, may require an alternative dialyzer be used (e.g., allergy or thrombocytopenia related to polysulfone dialyzer). Refer to Appendix 1.

Recommendation #2: Utilize Appendix 2 for dialyzer recommendations for out-of-province patients travelling to BC for HD.

Appendix 1: Dialyzer Selection for BC Hemodialysis Patients (Adults)



Notes:

1. For suspected dialyzer associated thrombocytopenia, a pre and post dialysis platelet count is recommended.

Avoid ACEi if using Nephral dialyzer.

3. For specific rare cases where there is persistent dialyzer clotting and loss of bundle volume leading to poor clearances, consider wet dialyzer RX 25.

4. Considerations utilized in making dialyzer recommendations: (a) Clinical requirements; (b) Contractual obligations for provincial dialyzer utilization; & (c) Cost of individual dialyzers

Appendix 2: Dialyzer Specification & Substitution Chart for Out-of-Province Patients (Adults)

The purpose of this chart is to with assist with decisions on dialyzer selection for out-of-province patients travelling to BC for dialysis.

If a dialyzer is on the provincial contract, then no substitution is required. If a dialyzer is not on the provincial contract, then a BC "equivalent" dialyzer is suggested, based on (a) clinical specifications (b) contractual obligations for provincial dialyzer utilization; and (c) cost of individual dialyzers.

If a dialyzer is required where there is no appropriate BC "equivalent," it can be purchased at non-contract prices with pre specified quantities, however; the preference is to use a dialyzer that is on the provincial contract.

For BC patients, refer to Appendix 1 "Dialyzer Selection for BC Hemodialysis Patients."

Dialyzer	BC Prov Contract	Membrane Material	Surface area (m²)	Priming volume (mL)	Kuf (mL/hr/mmHg)	Sterilization	KoA urea	Reported Clinical Benefits	Approved for HDF	Cautions & Potential for Cross- Reactivity	Suggested BC Equivalent Dialyzer
Didiyzei	Contract	Wateria	(111)	volume (mL)		s Medical Care	NOA ulea	Denents		Reactivity	
FX HDF 600	Y		1.5	97	52			Designed for	Yes		
FX HDF 800	Y		1.8	118	63			high volume			
FX HDF 1000	Y		2.2	138	75			HDF		-	
FX 40	Y		0.6	32							
Fx CorDiax 40	Y		0.6	32	21	Inline steam	547				
Fx CorDiax 50	Y	Polysulfone	1.0	53	33		886				
Fx CorDiax 60	Y		1.4	74	47		1164			Polysulfone	
Fx CorDiax 80	Y		1.8 95 64		1429			sensitivity (PS)			
Fx CorDiax 100	Y		2.2	116	74		1545				
Fx CorDiax 120	Y		2.5	132	87	-	1584				
Fx CorDiax Steam	Y		1.6	95						Reports of	
High Flux										thrombocytopenia	
Fx CorDiax 800	Y		2.0	115	62		1365			in the literature	
Fx CorDiax 1000	Y		2.3	136	76		1421			(Higher risk with	
Optiflux HF80S	Y		1.8	110	55		-			Electron beam	
Fx PAED	Y		0.2	18	7		170			disinfection)	
Optiflux F3	Y		0.4	24	1.7		231			,	
Optiflux F80A	Y		1.8	83	55		-				
Optiflux F160NR	N		1.5	84	45	Ethylene oxide	1064				Optiflux F160NRE
Optiflux F180NR	N		1.7	105	58		1145				Optiflux F200NRE
Optiflux F200NR	N		2.0	113	56		1317				Optiflux F200NRE
Optiflux F160NRE	Y		1.5	87	61		1167				
Optiflux F200NRE	Y		1.9	113	74	Electron beam	1415				
Optiflux F250NR	N		2.5	135	107		1662				Fx CorDiax 120

Dialyzer	BC Prov Contrac t	Membrane Material	Surface area (m²)	Priming volume (mL)	Kuf (mL/hr/mmHg)	Sterilization	KoA urea	Reported Clinical Benefits	Approved for HDF	Cautions & Potential for Cross-Reactivity	Suggested BC Equivalent Dialyzer
					xter Gambro Intern	ational Inc.	1				
Nephral 300ST	Y		1.3	81	40	-	-	ST coating may		0	
Nephral 400ST	Y	Acrylonitrile	1.65	98	50		-	reduce heparin		Caution with ACE	
Nephral 500ST	Y		2.15	126	65	Gamma Ray	-	requirements if	Yes	inhibitor as risk of	
Nephral 400	N	(AN-69 ST)	1.65	99	50		-	primed with pre-		anaphylactoid	Nephral 400ST
Nephral 500	N		2.15	126	65		-	heparinized saline		reaction; Suggest switch to ARB.	Nephral 500ST
					Baxter Internation	nal Inc.			•	·	
Polyflux 6H	Y		0.6	52	33		465				
Polyflux 2H	Y		0.2	15	15		-				
Polyflux Revaclear	N		1.4	84	50		1167	Modestly	Yes	Potential cross	Revaclear®300
Polyflux Revaclear MAX	N	Polyarylethersul	1.8	100	60		1487	improved middle		reactivity with PS	Revaclear®400
Revaclear®300	Y	fone	1.4	300	48	Steam	1186	molecule		sensitivity	
Revaclear [®] 400	Y		1.8	300	54		1439	clearance over PS dialyzers			
Polyflux 210H	Y	Polyarylethersul fone, polyvinylpyrrolid one & polyamide				Steam		Designed for high volume HDF	Yes	Similar clearance to Fx series PS dialyzer	
Theranova 400	Y	Polyarylethersul	1.7	91	48	Steam	1482	"Medium Cut-off"	Not	Potential cross-	
T I 500		fone		405		-	4000	Dialyzer providing	approved	reactivity with PS	
Theranova 500	Y	and	2.0	105	59		1630	clearance of large	as would	sensitivity	
		Polyviny - Ipyrrolidone						middle molecules	increase loss of	Albumin loss of 1-	
		blend						including light chains – clinical		4g per HD (range	
		biend						significance	albumin,	1-9g in clinical	
		BPA free							large molecules	studies), less than	
		BPA free						remains uncertain	molecules		
Exeltra 170	N	Cellulose	1.7	105	33.80	Gammy			1103	high cut-off	Cellentia 17H
Exeltra 190	N	Triacetate	1.7	105	36.42	Ray			1214		Cellentia 19H
Exeltra 210	N	-	2.1	125	47.36	-			1714		Cellentia 21H
Exelua 210	N		Z.1	125					1714		Cellentia 2111
Callertia 1711	Y	1	4 7	00	Cardiomec		1	Coord	Vee		
Cellentia 17H	Y Y	4	1.7	98	45	4		Good	Yes		
Cellentia 19H	Y Y	Cellulose	1.9	110 122	48	Gamma Ray		biocompatibility Modestly			
Cellentia 21H	Y	Triacetate	2.1	122	52	Gamma Ray		improved middle			
		macetate						molecule			
								clearance over PS			
								dialyzers			
								BPA and DEHP			
								free			

Appendix 2: Dialyzer Specification & Substitution Chart for Out-of-Province Patients (Adults)

Dialyzer	BC Prov Contrac t	Membrane Material	Surface area (m²)	Priming volume (mL)	Kuf (mL/hr/mmHg)	Sterilization	KoA urea	Reported Clinical Benefits	Approved for HDF	Cautions & Potential for Cross-Reactivity	Suggested BC Equivalent Dialyzer
Elisio-17H	N		1.7	105	74		1614	Good	Yes	Potential cross-	Revaclear®400
Elisio-19H	Ν		1.9	115	76		1771	biocompatibility Modestly		reactivity with PS sensitivity	Revaclear [®] 400
Elisio-21H	Ν			130	82	Gamma Ray	1976				Revaclear®400
Elisio-17M	N	sulfone	1.7	108	22		1145	improved middle			Revaclear [®] 400
Elisio-19M	N		1.9	115	25		1292	molecule			Revaclear®400
Elisio-21M	N		2.1	128	27		1450	clearance over PS dialyzers; BPA and DEHP free			Revaclear [®] 400
Xenium H11	N		1.1	69	59		924				Revaclear®300
Xenium H13	N	Polyether- sulfone	1.3	83	64	Gamma Ray	1122				Revaclear®300
Xenium H15	N		1.5	93	67		1328				Revaclear®300
Xenium H17	N		1.7	106	74		1545				Revaclear [®] 400
Xenium H19	N		1.9	115	76		1808				Revaclear [®] 400
Xenium H21/H21B	N		2.1	128	82		2036				Revaclear [®] 400
				•	Chief Medic	al		·			
Rexeed 15A	Y		1.5	86	72		1190	Wet type dialyzer			
Rexeed 18A	Y	Polysulfone	1.8	103	71	Gamma Ray	1415	Higher clearance			
Rexeed 21A	Y		2.1	117	93		1569	of small			
Rexeed 25A	Y		2.5	137	104		1714	molecules and lower molecular proteins			

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Toray												
BG-2.1U	Ν	Polymethyl- methacrylate (PMMA)	2.1		43	Gamma Ray		Highly adsorptive - adsorbs intact PTH, uremic toxins, light chains; Improved pruritus compared to PS; May enhance response to HBV vaccine; May preserve muscle mass	Not advised Unable to achieve high convective volumes	Adsorption may decrease small and middle module diffusive clearance	No direct substitute. Consider alternate based on clinical history.	
								in elderly				
					Bellco (Me							
Phylter HF 22 SC	N	Poly-phenylene	2.2		75	Steam		Comparable light chain clearance with HDF compared to high cut off	Yes	Limited familiarity with product in BC	No direct substitute. Consider alternate based clinical history.	
Phylther HF 20 SD	Ν							dialyzers in one small study Modestly improved middle molecule clearance over PS dialyzers				

Excludes NxStage (used in HHD only)