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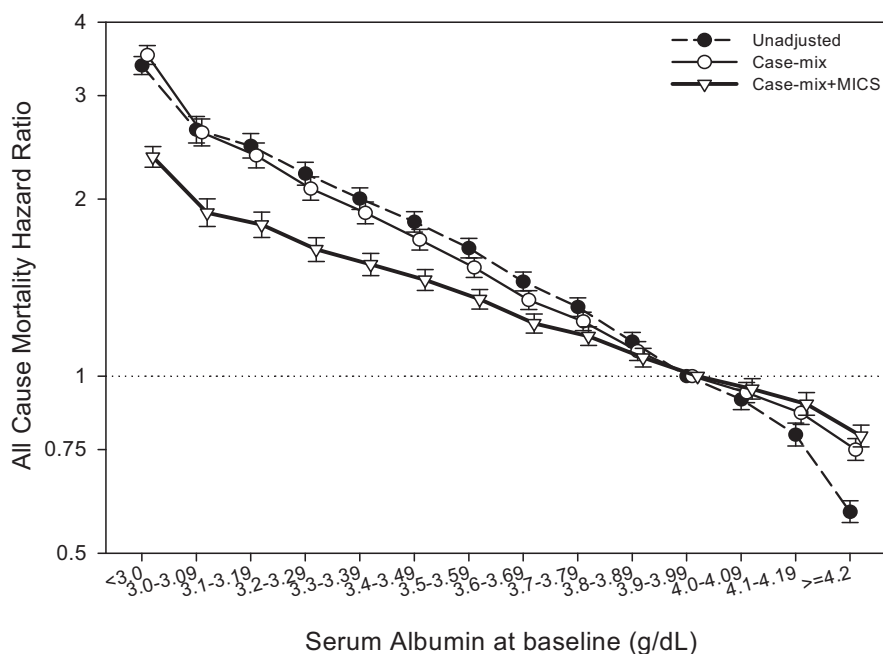
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REVISITING MORTALITY-PREDICTABILITY OF SERUM ALBUMIN MEASUREMENT IN HEMODIALYSIS PATIENTS

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Previous studies have shown that albumin is an independent predictor for mortality in hemodialysis (HD) patients. We reexamined the granularity and linearity of the association between albumin and survival in a large and contemporary cohort of 120,592 HD patients over up to 6 years (2001-2007). HD pts were 62±16 years old and included 46% women, 32% African Americans and 15% Hispanics. Patients were then divided into 14 *a priori* selected groups of albumin <3.0 and ≥4.2g/dL and 0.1 g/dL increments in-between. Taking albumin 3.9-<4.0 g/dL as a reference, we found that patients with albumin levels ≥4.0 g/dL had incrementally better survival whereas patients with albumin levels <3.9 g/dL had a continuously worse survival (See figure).



Hence, a highly granular and strictly linear association exists between higher serum albumin, even by as little as 0.1 g/dL, and greater survival. Trials to examine albumin-increasing interventions are indicated.