A once-daily, oral HIF-PHI for adults with anemia due to CKD on dialysis for at least 3 months[1]

Vafseo® (vadadustat) Tablets

Explore the efficacy and safety of Vafseo across prespecified baseline ESA dose* subgroups

The ESA baseline dose analyses presented within are part of a subgroup analysis of the pivotal INNO$_2$VATE clinical trials. The subgroup analyses were not powered to show differences between treatment arms and include certain subgroups with small sample sizes. The subgroup analyses discussed in this piece are not contained in the Vafseo product labeling.[2]

Data limitations[2]

- No multiplicity adjustments were applied for MACE or efficacy analyses in the subgroups
- All analyses are presented for descriptive purposes only and should be interpreted with caution
- A higher proportion of Black or African American patients, patients with lower mean hemoglobin concentrations, and patients with lower mean BMI were in the high baseline ESA dose subgroup compared with the low- and intermediate-dose subgroups

BMI=body mass index; CKD=chronic kidney disease; ESA=erythropoiesis-stimulating agent; HIF-PHI=hypoxia-inducible factor prolyl hydroxylase inhibitor; MACE=major adverse cardiovascular event.

INDICATION

VAFSEO is indicated for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for at least three months.

Limitations of Use

- VAFSEO has not been shown to improve quality of life, fatigue, or patient well-being.
- VAFSEO is not indicated for use:
  - As a substitute for red blood cell transfusions in patients who require immediate correction of anemia.
  - In patients with anemia due to CKD not on dialysis.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets

WARNING: INCREASED RISK OF DEATH, MYOCARDIAL INFARCTION, STROKE, VENOUS THROMBOEMBOLISM, and THROMBOSIS OF VASCULAR ACCESS.

VAFSEO increases the risk of thrombotic vascular events, including major adverse cardiovascular events (MACE).

Targeting a hemoglobin level greater than 11 g/dL is expected to further increase the risk of death and arterial and venous thrombotic events, as occurs with erythropoietin stimulating agents (ESAs), which also increase erythropoietin levels.

No trial has identified a hemoglobin target level, dose of VAFSEO, or dosing strategy that does not increase these risks.

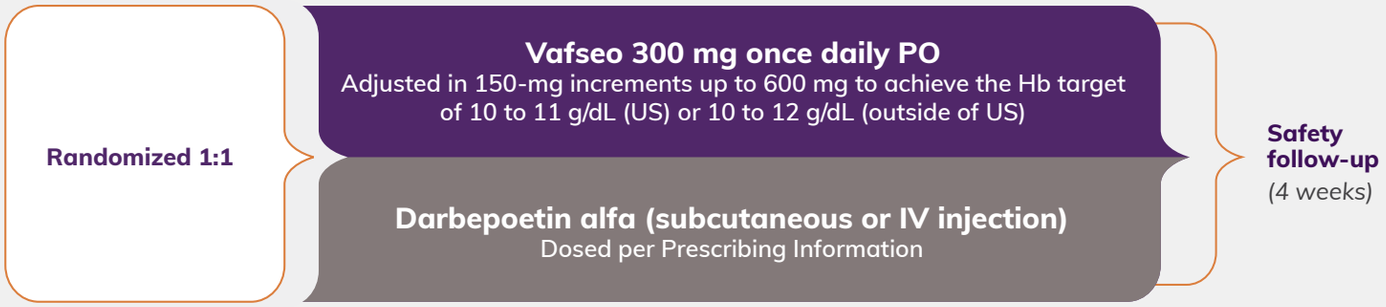
Use the lowest dose of VAFSEO sufficient to reduce the need for red blood cell transfusions.

Please see additional Important Safety Information throughout and click here for the Full Prescribing Information, including BOXED WARNING and Medication Guide.

Trial design (Incident & Prevalent Dialysis Trials)

Efficacy and safety of Vafseo were demonstrated in 2 pivotal Phase 3 trials[1,3]

The efficacy and safety of Vafseo were evaluated in 2 global, Phase 3, multi-center, randomized, active-controlled, noninferiority, open-label trials (N=3923), the Incident Dialysis Trial ($INNO_2VATE$-1) and the Prevalent Dialysis Trial ($INNO_2VATE$-2).[1,3]



Correction/conversion *(Weeks 0-23)*

Maintenance *(Weeks 24-52)*

- **Primary evaluation** *(Weeks 24-36)*
- **Secondary evaluation** *(Weeks 40-52)*

Long-term treatment *(Week 53–end of treatment)*

Limitations: Residual kidney function was not measured, but results were uniform across both trials and various dialysis durations in the Prevalent Dialysis Trial.[3]

Key clinical trial endpoints[1]

- **Efficacy:** Difference in mean change of Hb levels from baseline to primary (Weeks 24 to 36) and secondary (Weeks 40 to 52) evaluation periods, using the prespecified, noninferiority margin of -0.75 g/dL
- **Cardiovascular outcomes:** After 52 weeks, patients continued study medication. Time to first occurrence of MACE* was assessed in a pooled analysis of both trials, using the prespecified, noninferiority margin of 1.25

*MACE was defined as all-cause mortality, nonfatal myocardial infarction, and nonfatal stroke.[1]
Hb=hemoglobin; IV=intravenous; MACE=major adverse cardiovascular event; PO=by mouth.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

CONTRAINDICATIONS

- Known hypersensitivity to VAFSEO or any of its components
- Uncontrolled hypertension

WARNINGS AND PRECAUTIONS

- **Increased Risk of Death, Myocardial Infarction (MI), Stroke, Venous Thromboembolism, and Thrombosis of Vascular Access**
  A rise in hemoglobin (Hb) levels greater than 1 g/dL over 2 weeks can increase these risks. Avoid in patients with a history of MI, cerebrovascular event, or acute coronary syndrome within the 3 months prior to starting VAFSEO. Targeting a Hb level of greater than 11 g/dL is expected to further increase the risk of death and arterial and venous thrombotic events. Use the lowest effective dose to reduce the need for red blood cell (RBC) transfusions. Adhere to dosing and Hb monitoring recommendations to avoid excessive erythropoiesis.

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Prior ESA use was permitted in the Incident Dialysis Trial (INNO$_2$VATE-1) and required in the Prevalent Dialysis Trial (INNO$_2$VATE-2)[1]

Key inclusion criteria[1,3]:

Incident Dialysis Trial (INNO$_2$VATE-1)	Prevalent Dialysis Trial (INNO$_2$VATE-2)
Vafseo: n=181 Darbepoetin alfa: n=188	**Vafseo: n=1777** Darbepoetin alfa: n=1777
Dialysis status	
Incident dialysis patient	Chronic maintenance dialysis patient
≤16 weeks on dialysis	≥12 weeks on dialysis
ESA status	
ESA-naïve, limited prior ESA use, or maintained on ESAs	Maintained on ESAs
Hb values	
8 to 11 g/dL (US and outside the US)	8 to 11 g/dL in the US; 9 to 12 g/dL outside the US
Iron status	
Serum ferritin ≥100 ng/mL and transferrin saturation ≥20%	Serum ferritin ≥100 ng/mL and transferrin saturation ≥20%

Key exclusion criteria:

Patients with anemia due to non-CKD causes, uncontrolled hypertension, or a recent cardiovascular event were excluded from the trials.[3]

- Baseline mean±SD Hb levels were 9.4 ± 1.1 g/dL with Vafseo and 9.2 ± 1.1 g/dL with darbepoetin alfa in the Incident Dialysis Trial (INNO$_2$VATE-1), and 10.3 ± 0.9 g/dL with Vafseo and 10.2 ± 0.8 g/dL with darbepoetin alfa in the Prevalent Dialysis Trial (INNO$_2$VATE-2)[1]

Results[1]

- In both trials, Vafseo demonstrated noninferiority in efficacy compared to darbepoetin alfa*
- In a pooled analysis of both trials, Vafseo was noninferior to darbepoetin alfa on the time to first occurrence of MACE†

*Vafseo is approved for adults with anemia due to CKD who have been on dialysis for at least 3 months.[1]
†MACE was defined as all-cause mortality, nonfatal myocardial infarction, and nonfatal stroke.[1]
CKD=chronic kidney disease; ESA=erythropoiesis-stimulating agent; Hb=hemoglobin; MACE=major adverse cardiovascular event; SD=standard deviation.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd)

- **Hepatotoxicity**
  Hepatocellular injury attributed to VAFSEO was reported in less than 1% of patients, including one severe case with jaundice. Elevated serum ALT, AST, and bilirubin levels were observed in 1.8%, 1.8%, and 0.3% of CKD patients treated with VAFSEO, respectively. Measure ALT, AST, and bilirubin before treatment and monthly for the first 6 months, then as clinically indicated. Discontinue VAFSEO if ALT or AST is persistently elevated or accompanied by elevated bilirubin. Not recommended in patients with cirrhosis or active, acute liver disease.
- **Hypertension**
  Worsening of hypertension was reported in 14% of VAFSEO and 17% of darbepoetin alfa patients. Serious worsening of hypertension was reported in 2.7% of VAFSEO and 3% of darbepoetin alfa patients. Cases of hypertensive crisis, including hypertensive encephalopathy and seizures, have also been reported in patients receiving VAFSEO. Monitor blood pressure. Adjust anti-hypertensive therapy as needed.
- **Seizures**
  Seizures occurred in 1.6% of VAFSEO and 1.6% of darbepoetin alfa patients. Monitor for new-onset seizures, premonitory symptoms, or change in seizure frequency.

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Prevalent Dialysis Trial (INNO$_2$VATE-2) subgroup analysis: Efficacy stratified by baseline ESA dose[2]

Treatment with Vafseo helped patients maintain baseline Hb levels during the PEP and SEP regardless of baseline ESA dose[2]

Patients treated with Vafseo in the Prevalent Dialysis Trial (INNO$_2$VATE-2) (N=1777) were categorized into prespecified subgroups based on their baseline ESA dose[2,*]:

Low dose	Intermediate dose	High dose
[≤90 U/kg/week]	[>90 to <300 U/kg/week]	[≥300 U/kg/week]

Mean change in Hb with Vafseo by baseline ESA dose[4]	**Overall** (N=1777)	**Low Dose** **≤90 U/kg/wk** (n=916)	**Intermediate Dose** **>90 to <300 U/kg/wk** (n=724)	**High Dose** **≥300 U/kg/wk** (n=102)
Weeks 24-36 (PEP)				
Mean baseline Hb concentration, g/dL mean±SD	10.25 ± 0.85	10.33 ± 0.81	10.22 ± 0.87	9.72 ± 0.91
Baseline Hb concentration (observed + imputed), g/dL mean±SD	10.36 ± 1.01	10.53 ± 0.99	10.24 ± 0.98	9.78 ± 0.95
LS mean change in Hb from baseline (95% CI)	0.19 (0.12, 0.25)	0.25 (0.17, 0.33)	0.12 (0.02, 0.23)	-0.11 (-0.53, 0.30)
Weeks 40-52 (SEP)				
Hb concentration (observed + imputed), g/dL mean±SD	10.40 ± 1.04	10.60 ± 1.05	10.23 ± 0.99	9.81 ± 0.91
LS mean change in Hb from baseline (95% CI)	0.23 (0.16, 0.29)	0.33 (0.24, 0.41)	0.10 (-0.01, 0.21)	0.08 (-0.35, 0.51)

*ESA doses were converted to IV epoetin equivalent unit per kilogram per week (U/kg/wk): darbepoetin alfa to IV epoetin was 1:200; methoxy polyethylene glycol–epoetin beta to IV epoetin was 1:220; SC epoetin to IV epoetin was 1:1.25.[2]

CI=confidence interval; ESA=erythropoiesis-stimulating agent; Hb=hemoglobin; IV=intravenous; LS=least squares; PEP=primary evaluation period; SC=subcutaneous; SD=standard deviation; SEP=secondary evaluation period; wk=week.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd)

- **Gastrointestinal (GI) Erosion**
  Gastric or esophageal erosions occurred in 6.4% of VAFSEO and 5.3% of darbepoetin alfa patients. Serious GI erosions, including GI bleeding and the need for RBC transfusions, were reported in 3.4% of VAFSEO and 3.3% of darbepoetin alfa patients. Consider this risk in patients at increased risk of GI erosion. Advise patients about signs of erosions and GI bleeding and urge them to seek prompt medical care if present.

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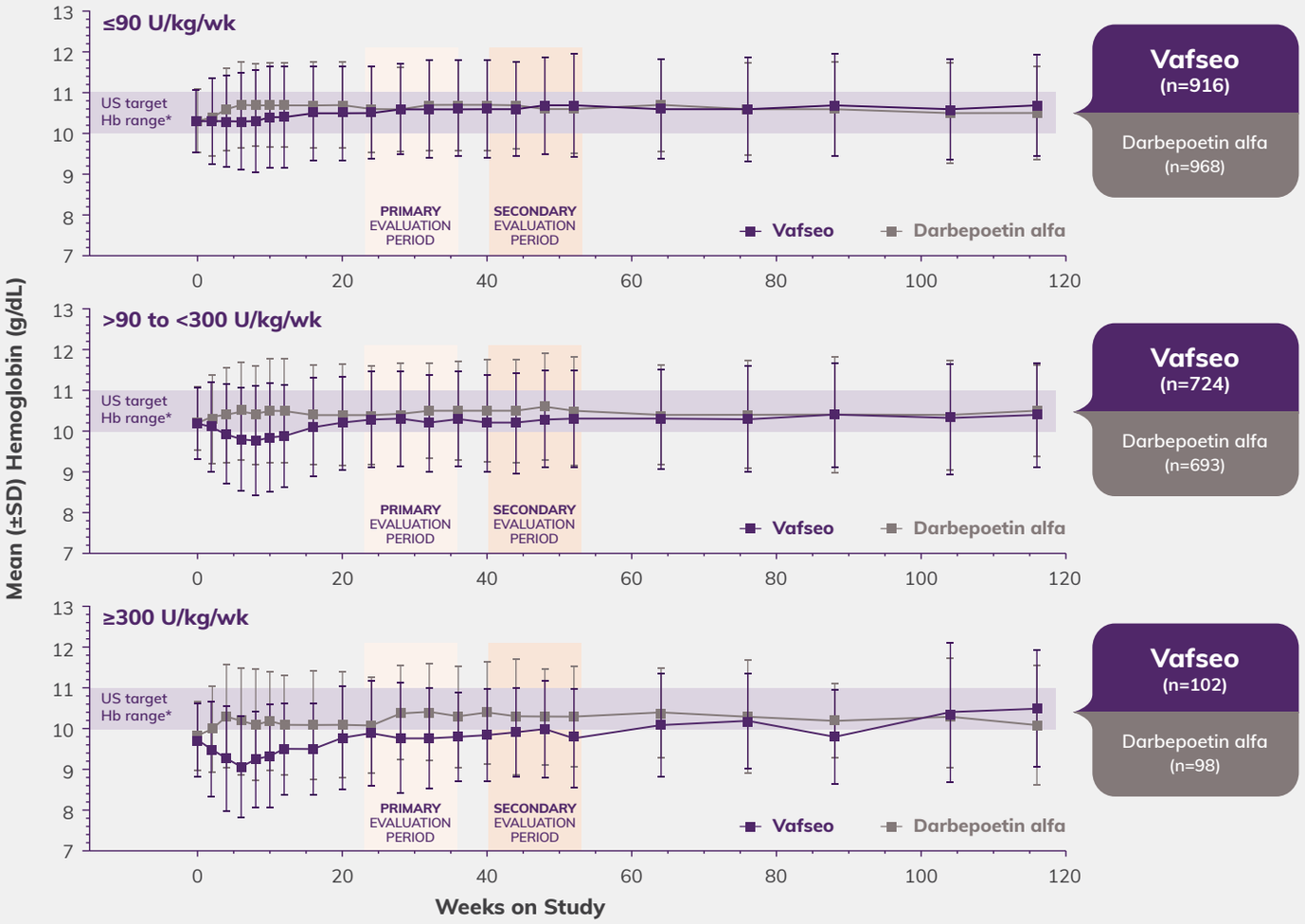
Vafseo® (vadadustat) Tablets

Prevalent Dialysis Trial (INNO$_2$VATE-2) subgroup analysis: Efficacy stratified by baseline ESA dose[2]

Hb concentration in Vafseo and darbepoetin alfa treatment arms over time by baseline ESA dose[1,2]

- In patients treated with Vafseo, there was a transient decline in mean Hb levels in the high baseline ESA dose subgroup during weeks 2-8, after which levels increased by weeks 24-36. A less pronounced transient decline was observed in the intermediate baseline ESA dose subgroup but not in the low baseline ESA subgroup[1,2]



Data outside the primary (Weeks 24-36) and secondary (Weeks 40-52) evaluation periods are descriptive.[2]

*Mean hemoglobin over time by baseline ESA dose in patients with prevalent DD-CKD. Geography-specific target range for hemoglobin: 10 to 11 g/dL in the US and 10 to 12 g/dL in other countries.[2]

DD-CKD=dialysis-dependent chronic kidney disease; ESA=erythropoiesis-stimulating agent; Hb=hemoglobin; SD=standard deviation; wk=week.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

WARNINGS AND PRECAUTIONS (Cont'd)

- **Serious Adverse Reactions in Patients with Anemia Due to CKD and Not on Dialysis**
  The safety of VAFSEO has not been established for the treatment of anemia due to CKD in adults not on dialysis and its use is not recommended in this setting. In large clinical trials in adults with anemia of CKD who were not on dialysis, an increased risk of mortality, stroke, MI, serious acute kidney injury, serious hepatic injury, and serious GI erosions was observed in patients treated with VAFSEO compared to darbepoetin alfa.
- **Malignancy**
  VAFSEO has not been studied and is not recommended in patients with active malignancies. Malignancies were observed in 2.2% of VAFSEO and 3.0% of darbepoetin alfa patients. No evidence of increased carcinogenicity was observed in animal studies.

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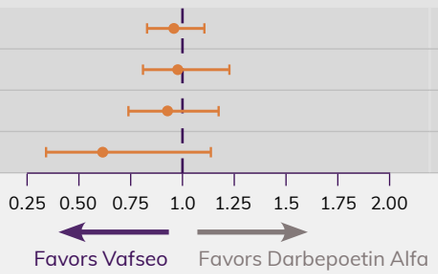
Cardiovascular outcomes in the prespecified subgroup analysis[2,*,†]

The incidence of MACE[‡] among patients treated with Vafseo was similar across baseline ESA[§] doses[2]

MACE analysis by baseline ESA dose

Baseline ESA Dose Group	Vafseo	Darbepoetin Alfa	Treatment Comparison Vafseo/Darbepoetin Alfa	HR (95% CI)
MACE, n/N (%)				
Overall Population	333/1768 (18.8)	353/1769 (20.0)		0.96 (0.83, 1.12)
Low (≤90 U/kg/wk)	166/913 (18.2)	182/963 (18.9)		0.99 (0.81, 1.23)
Intermediate (>90 to <300 U/kg/wk)	140/720 (19.4)	142/691 (20.5)		0.93 (0.74, 1.18)
High (≥300 U/kg/wk)	19/102 (18.6)	27/97 (27.8)		0.62 (0.34, 1.14)



Additional MACE analyses by baseline ESA dose

Baseline ESA Dose Group	Vafseo	Darbepoetin Alfa	Treatment Comparison Vafseo/Darbepoetin Alfa	HR (95% CI)
All-Cause Mortality, n/N (%)				
Overall Population	276/1768 (15.6)	290/1769 (16.4)		0.96 (0.82, 1.14)
Low (≤90 U/kg/wk)	143/913 (15.7)	152/963 (15.8)		1.02 (0.81, 1.28)
Intermediate (>90 to <300 U/kg/wk)	112/720 (15.6)	110/691 (15.9)		0.96 (0.74, 1.25)
High (≥300 U/kg/wk)	15/102 (14.7)	26/97 (26.8)		0.47 (0.24, 0.90)
MACE Plus Hospitalizations for Heart Failure or Thromboembolic Events,[‖] n/N (%)				
Overall Population	391/1768 (22.1)	418/1769 (23.6)		0.96 (0.83, 1.10)
Low (≤90 U/kg/wk)	186/913 (20.4)	215/963 (22.3)		0.94 (0.77, 1.14)
Intermediate (>90 to <300 U/kg/wk)	173/720 (24.0)	167/691 (24.2)		1.00 (0.81, 1.23)
High (≥300 U/kg/wk)	24/102 (23.5)	34/97 (35.1)		0.65 (0.38, 1.10)
Cardiovascular MACE, n/N (%)				
Overall Population	209/1768 (11.8)	228/1769 (12.9)		0.94 (0.78, 1.13)
Low (≤90 U/kg/wk)	111/913 (12.2)	118/963 (12.3)		1.04 (0.80, 1.35)
Intermediate (>90 to <300 U/kg/wk)	81/720 (11.3)	95/691 (13.7)		0.81 (0.60, 1.08)
High (≥300 U/kg/wk)	12/102 (11.8)	14/97 (14.4)		0.95 (0.45, 2.00)
Cardiovascular Deaths, n/N (%)				
Overall Population	141/1768 (8.0)	150/1769 (8.5)		0.96 (0.76, 1.20)
Low (≤90 U/kg/wk)	82/913 (9.0)	79/963 (8.2)		1.14 (0.84, 1.56)
Intermediate (>90 to <300 U/kg/wk)	49/720 (6.8)	58/691 (8.4)		0.80 (0.54, 1.17)
High (≥300 U/kg/wk)	7/102 (6.9)	12/97 (12.4)		0.57 (0.24, 1.37)

The data are being presented for descriptive purposes only and should be interpreted with caution.

*The safety population included all patients who received at least one dose of the trial treatment.[3]

†Darbepoetin alfa was titrated according to product Prescribing Information.[1]

‡MACE was defined as all-cause mortality, nonfatal myocardial infarction, and nonfatal stroke.[1]

§Darbepoetin alfa.[2]

‖Excluding vascular access thrombosis.[2]

Treatment-emergent serious adverse events of special interest (≥10%) by baseline ESA dose subgroups[2]

Event, n (%)	≤90 U/kg/wk		>90 and <300 U/kg/wk		≥300 U/kg/wk	
	Vafseo (n=949)	Darbepoetin Alfa (n=992)	Vafseo (n=764)	Darbepoetin Alfa (n=738)	Vafseo (n=111)	Darbepoetin Alfa (n=103)
Any TE SAESI	337 (35.5)	396 (39.9)	312 (40.8)	338 (45.8)	48 (43.2)	57 (55.3)
Hypertension	122 (12.9)	165 (16.6)	144 (18.8)	159 (21.5)	25 (22.5)	35 (34.0)
Congestive Heart Failure	77 (8.1)	97 (9.8)	85 (11.1)	92 (12.5)	14 (12.6)	17 (16.5)
Hyperkalemia	70 (7.4)	98 (9.9)	75 (9.8)	84 (11.4)	15 (13.5)	21 (20.4)
Hepatotoxicity	60 (6.3)	59 (5.9)	53 (6.9)	64 (8.7)	14 (12.6)	10 (9.7)

ESA=erythropoiesis-stimulating agent; TE SAESI=treatment-emergent serious adverse events of special interest; wk=week.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

ADVERSE REACTIONS

- The most common adverse reactions (occurring at ≥ 10%) were hypertension and diarrhea.

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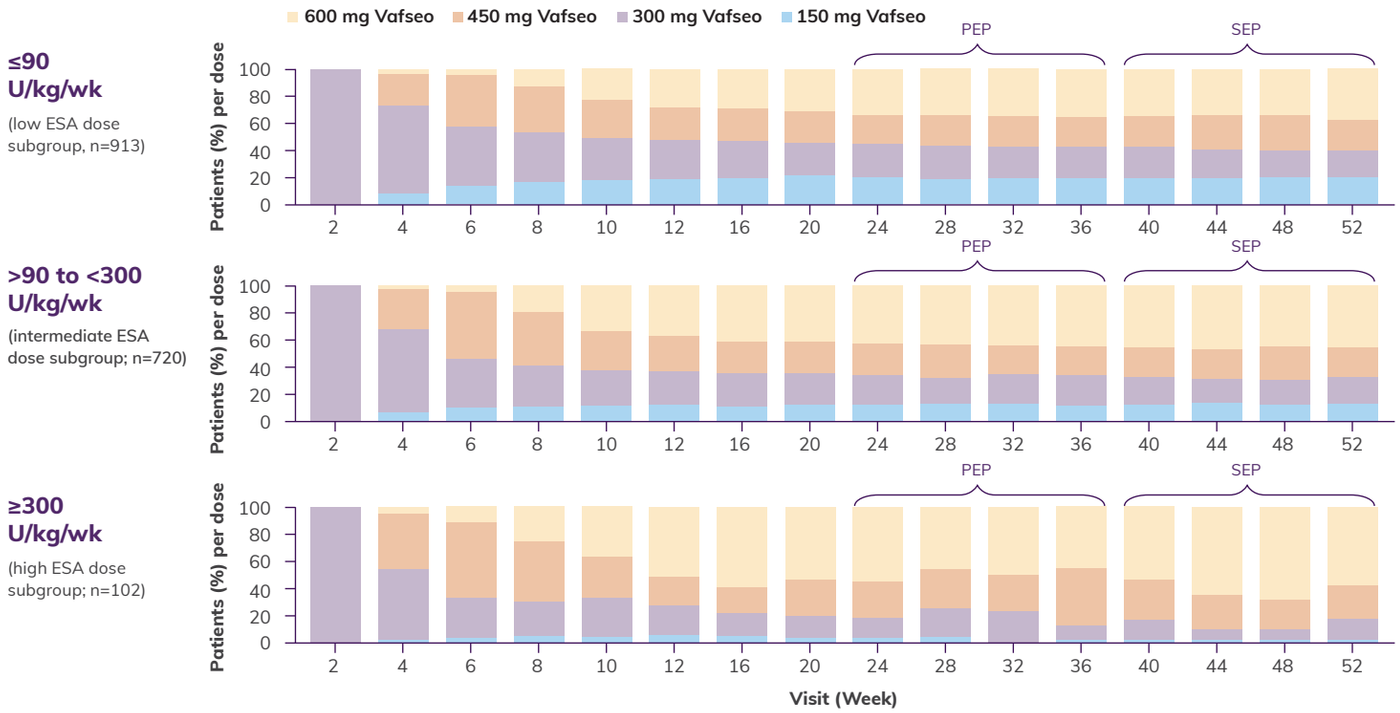
Vafseo® (vadadustat) Tablets

Dosing in the Prevalent Dialysis Trial (INNO$_2$VATE-2)

Vafseo doses over time by baseline ESA dose[2,*,†,‡]

- All patients started on Vafseo 300 mg at study entry regardless of baseline ESA dose[2]
- In the Vafseo treatment arm, the protocol allowed dose increases of 150 mg every 4 weeks. Dose decreases could occur more frequently.[2] Doses may range from 150 mg to 600 mg[2,5]
- By week 12, 52.3%, 63.6%, and 71.8% of patients were increased to 450 or 600 mg in the low, intermediate, and high baseline ESA dose subgroups, respectively[2]
  - In the high baseline group, >50% of patients were receiving 600 mg[2]
- During PEP and SEP, these percentages increased further, especially in the high baseline ESA dose subgroup[2]



The presented figure is a representation of the source publication data.

*The safety population included all patients who received at least one dose of the trial treatment.[3]

†Daily vadadustat dose over the primary and secondary evaluation periods by baseline ESA dose (safety population). This analysis includes only those patients who were receiving vadadustat and excludes those whose doses were interrupted due to elevated hemoglobin levels, ESA rescue, or adverse events.[2]

‡Data presented are the most common administered dose received during that study week. Data are observational and doses may have been increased or decreased per protocol.

ESA=erythropoiesis-stimulating agent; PEP=primary evaluation period; SEP=secondary evaluation period; wk=week.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

DRUG INTERACTIONS

- **Iron supplements and iron-containing phosphate binders:** Administer VAFSEO at least 1 hour before products containing iron.
- **Non-iron-containing phosphate binders**: Administer VAFSEO at least 1 hour before or 2 hours after non-iron-containing phosphate binders.
- **BCRP substrates**: Monitor for signs of substrate adverse reactions and consider dose reduction.
- **Statins**: Monitor for statin-related adverse reactions. Limit the daily dose of simvastatin to 20 mg and rosuvastatin to 5 mg.

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Vafseo® (vadadustat) Tablets

Select dosing and administration information[1]

The recommended starting dose of Vafseo is 300 mg regardless of prior ESA dose.

Individualize dosing and use the lowest dose of Vafseo sufficient to reduce the need for red blood cell transfusions. Do not target an Hb level higher than 11 g/dL.

Not actual size.

Dose titration

- Increase the dose no more frequently than once every 4 weeks. Dose decreases can occur more frequently
- Titrate the dose of Vafseo by adjusting the dose in increments of 150 mg within the dose range of 150 mg to 600 mg to help achieve or sustain Hb level of 10 to 11 g/dL
- When adjusting the dose, consider the patient's Hb variability, Hb rate of rise and rate of decline, and Vafseo responsiveness—a single Hb excursion may not require dosing change

Dose interruptions and discontinuations

- If the Hb rises rapidly (eg, more than 1 g/dL in any 2-week period or more than 2 g/dL in 4 weeks), interrupt or reduce the dose
- Treatment with Vafseo should not be continued beyond 24 weeks of therapy if a clinically meaningful increase in Hb level is not achieved. Alternative explanations for an inadequate response should be sought and treated before restarting therapy

Shown at actual size.

Refer to Section 2 of the Vafseo Full Prescribing Information for additional information.

ESA=erythropoiesis-stimulating agent; Hb=hemoglobin.

IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets (Cont'd)

USE IN SPECIFIC POPULATIONS

- Pregnancy: May cause fetal harm. A pregnancy exposure registry is available to monitor outcomes in women exposed to VAFSEO during pregnancy. Report pregnancies to 1-844-445-3799.
- Lactation: Breastfeeding not recommended until two days after the final dose.
- Hepatic Impairment: Not recommended in patients with cirrhosis or active, acute liver disease.

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Vafseo® (vadadustat) Tablets

VISIT THE VAFSEO HCP WEBSITE TO LEARN MORE

INDICATION

VAFSEO is indicated for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for at least three months.

Limitations of Use

- VAFSEO has not been shown to improve quality of life, fatigue, or patient well-being.
- VAFSEO is not indicated for use:
  - As a substitute for red blood cell transfusions in patients who require immediate correction of anemia.
  - In patients with anemia due to CKD not on dialysis.

SELECT IMPORTANT SAFETY INFORMATION about VAFSEO (vadadustat) tablets

WARNING: INCREASED RISK OF DEATH, MYOCARDIAL INFARCTION, STROKE, VENOUS THROMBOEMBOLISM, and THROMBOSIS OF VASCULAR ACCESS.

VAFSEO increases the risk of thrombotic vascular events, including major adverse cardiovascular events (MACE).

Targeting a hemoglobin level greater than 11 g/dL is expected to further increase the risk of death and arterial and venous thrombotic events, as occurs with erythropoietin stimulating agents (ESAs), which also increase erythropoietin levels.

No trial has identified a hemoglobin target level, dose of VAFSEO, or dosing strategy that does not increase these risks.

Use the lowest dose of VAFSEO sufficient to reduce the need for red blood cell transfusions.

- VAFSEO is contraindicated in patients with hypersensitivity to vadadustat or any of its components, or uncontrolled hypertension.
- VAFSEO has warnings and precautions for Increased Risk of Death, Myocardial Infarction, Stroke, Venous Thromboembolism, and Thrombosis of Vascular Access; Hepatotoxicity; Hypertension; Seizures; Gastrointestinal Erosion; Serious Adverse Reactions in Patients with Anemia due to Chronic Kidney Disease and Not on Dialysis; and Malignancy.
- The most common adverse reactions (occurring at ≥ 10%) were hypertension and diarrhea.

This information is not comprehensive. Please see additional Important Safety Information throughout and click here for the Full Prescribing Information, including BOXED WARNING and Medication Guide.

References: 1. Vafseo® [Package Insert]. Akebia Therapeutics, Inc. **2.** Jardine A, Burke SK, Luo W, et al. Safety and efficacy of vadadustat versus darbepoetin alfa for chronic kidney disease–related anemia in patients receiving dialysis by baseline erythropoiesis-stimulating agent dose. *Hemodial Int*. 2026;30(1):80-100. doi:10.1111/hdi.70034 **3.** Eckardt KU, Agarwal R, Aswad A, et al. Safety and efficacy of vadadustat for anemia in patients undergoing dialysis. *N Engl J Med*. 2021;384(17):1601-1612. doi:10.1056/NEJMoa2025956 **4.** Jardine A, Burke SK, Luo W, et al. Safety and efficacy of vadadustat versus darbepoetin alfa for chronic kidney disease–related anemia in patients receiving dialysis by baseline erythropoiesis-stimulating agent dose. *Hemodial Int*. 2026;30(suppl):1-7. doi:10.1111/hdi.70034 **5.** Eckardt KU, Agarwal R, Aswad A, et al. Safety and efficacy of vadadustat for anemia in patients undergoing dialysis. *N Engl J Med*. 2021;384(suppl protocol):1-78. doi:10.1056/NEJMoa2025956

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