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Current Status of Kidney Replacement Therapy in Türkiye: A Summary of 2024 Turkish Society of Nephrology Registry Report

Nurhan Seyahi[1], İsmail Koçyiğit[2], Mevlüt Tamer Dinçer[1], Necmi Eren[3], Halil Zeki Tonbul[4], Erhan Tatar[5], Zülfükar Yılmaz[6], Ebru Gök Oğuz[7], Ercan Türkmen[8], Kenan Ateş[9]

[1]Division of Nephrology, İstanbul University-Cerrahpaşa Faculty of Medicine, İstanbul, Türkiye
[2]Division of Nephrology, Erciyes University Faculty of Medicine, Kayseri, Türkiye
[3]Division of Nephrology, Kocaeli University Faculty of Medicine, Kocaeli, Türkiye
[4]Division of Nephrology, Necmettin Erbakan University Faculty of Medicine, Konya, Türkiye
[5]Department of Nephrology, İzmir Economy University Medical Point Hospital, Izmir, Türkiye
[6]Division of Nephrology, Dicle University School of Medicine, Diyarbakır, Türkiye
[7]Department of Nephrology, University of Health Sciences Etlik Hospital, Ankara, Türkiye
[8]Division of Nephrology, Ondokuz Mayıs University School of Medicine, Samsun, Türkiye
[9]Division of Nephrology, Ankara University Faculty of Medicine, Ankara, Türkiye

ABSTRACT

Background: The Turkish Society of Nephrology registry annually collects nationwide data on hemodialysis, peritoneal dialysis (PD), and kidney transplantation. Registry findings are published annually; the current report marks the thirty-fifth year of data collection. The registry is in close collaboration with international registries.
Methods: This study summarized data from the 2024 registry report and provided yearly trends in the management of end-stage kidney disease.
Results: The number of patients receiving kidney replacement therapy continued to rise, reaching 92 461 individuals by the end of 2024. The prevalence and incidence of end-stage kidney disease were 1079.3 and 164 per million population, respectively. Diabetes mellitus remained the leading cause of end-stage kidney disease. Hemodialysis was the most common type of treatment modality (70.4%), followed by kidney transplantation (25.4%) and PD (4.2%).
Conclusion: End-stage kidney disease remains a major and expanding public health challenge in Türkiye. The kidney registry of the Turkish Society of Nephrology is one of the leading tools for providing current and sound data on this public health problem.
Keywords: Hemodialysis, kidney failure, kidney replacement therapy, kidney transplantation, peritoneal dialysis, registry

Corresponding author: Nurhan Seyahi ✉ nseyahi@yahoo.com
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INTRODUCTION

The Turkish Society of Nephrology Renal Registry (Turkish Renal Registry) was founded in 1990 by Prof. Dr. Ekrem Erek, and this report represents the thirty-fifth year of the registry. Initially, center-based data were collected through paper forms until 2007, after which the system transitioned to electronic data collection via the internet. The registry gathers annual data on kidney replacement therapies (KRT), encompassing hemodialysis (HD), peritoneal dialysis (PD), and transplantation. Data from the Turkish Renal Registry are shared with the United States Renal Data System and the European Renal Association Registry, facilitating the comparison of KRT outcomes in Türkiye with global data. This year, patient data were obtained from a total of 259 KRT centers, covering 35.7% of HD patients, 51.7% of PD patients, and 33.5% of transplant patients in the country.

MATERIALS AND METHODS

This manuscript summarizes data from the 2024 registry report.[1] More comprehensive and detailed information is available in the booklet "Registry of Nephrology, Dialysis, and Transplantation in Türkiye, Registry 2024" published by the Turkish Society of Nephrology. Current

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and previous reports can be accessed from the website of the Turkish Society of Nephrology (www.nefroloji.org.tr).

Data were collected from selected kidney replacement therapy centers. In addition, a comprehensive database operating under the supervision of the Ministry of Health was utilized to ensure data completeness. This approach has been used since the year 2012.

RESULTS

Incidence and Prevalence

At the end of the year 2024, there were a total of 92,461 patients who were on KRT. As in the previous year, the number of patients on KRT continued to increase in 2024. The most commonly used KRT method in prevalent patients was HD (70.4%), followed by transplantation (25.4%) and PD (4.2%). The incidence of KRT was calculated as 164 per million population (pmp) in 2024.

The annual incidence was higher among males (196 pmp) compared to females (132 pmp) and showed an increasing trend with advancing age. The incidence of end-stage kidney disease (ESKD) treated with HD or transplantation is notably higher in males compared to females. However, the incidence of ESKD treated with PD was similar between genders. The incidence of ESKD treated with HD gradually increases with age. For PD, this increase is less pronounced. The incidence of ESKD treated with transplantation is highest in the young and middle age groups.

Among incident patients initiating KRT, the prevalence of diabetes was 38.3%, representing an increase from 33.9% in the previous year. Diabetes prevalence was highest among patients receiving HD (40.3%), followed by PD (33.6%), and lowest in patients with pre-emptive kidney transplantation (14.6%). Yearly changes in incidence and prevalence are shown in Figures 1 and 2. A stable trend in the incidence of ESKD requiring KRT observed over the last 10 years continued in 2024. It was noted that the prevalence of ESKD requiring KRT began to increase from 2022 onwards. Home HD treatment, which has become increasingly widespread in recent years, is largely implemented in private centers.

Hemodialysis

In 2024, the number of incident HD patients was 10 596, representing a slight increase compared to the previous year (10 276). The number of prevalent HD patients (65 068), including those on home HD, also increased compared to the previous year (63 454). The age distribution of in-center HD patients is shown in Table 1. It should be noted that 50.2% of the patients were over the age of 65 years.

Among incident patients, diabetes mellitus was the most common cause of kidney failure (40.3%), followed by hypertension (29.0%), glomerulonephritis (3.7%), polycystic kidney disease (3.2%), and other causes. The primary etiology was unknown in 11.9% of the patients. The frequency of diabetes has remained stable over the past few years (Figure 3). It is not possible to clarify whether the high rate of hypertension is primary or secondary due to underlying kidney disease.

During 2024, 18.3% of new HD patients initiated dialysis under urgent conditions, which is lower than the rate observed in the previous year (39.7%). However, the data do not demonstrate a consistent trend over time, with considerable variability across years. The most common type of vascular access at the initiation of HD was tunneled catheters in 53.5%, followed by arteriovenous (AV) fistulas in 26.7%, non-tunneled catheters in 19.7%, and AV grafts in 0.1%. Longitudinal data regarding AV access are shown in Table 2. The AV fistula was the most common type of access among prevalent patients (69.2%); however, the increasing use of catheters should be noted. Among monitored patients, the usage rate of catheters (tunneled or non-tunneled) is 30.2%. Unfortunately, a continued decline in fistula usage has been noted in recent years.

Kt/V values were above 1.2 in 91.3% of in-center HD patients, indicating generally adequate dialysis dosing. This rate is similar to that observed in the previous year (91.0%), suggesting stable dialysis adequacy over time. A blood pressure target of <140/90 mmHg was achieved in 73% of HD patients, regardless of whether they were receiving antihypertensive treatment. Yearly changes of various parameters regarding HD treatment are listed in Table 3. The frequency of hypoalbuminemia has decreased in previous years, with albumin levels remaining stable above 4.0 g/dL in a majority of patients. Hypoalbuminemia was found to be similar between home HD and in-center HD patients. Erythropoiesis-stimulating agents (ESA) were used by most patients, with similar usage rates compared to the previous year. Iron treatment was used in 52.6% of the patients. Pharmacological treatment for secondary hyperparathyroidism was used in 55.0% of patients, including intravenous vitamin D (48.0%), vitamin D analogs (16.2%), oral vitamin D (11.1%), calcimimetics (10.2%), and combination therapies (14.5%). Calcium acetate was the most commonly used phosphate binder (39.9%), followed by sevelamer (20.2%), calcium carbonate (19.7%), and lanthanum (3.7%). Phosphate binders were not used in 19.1% of the patients.

Hepatitis B virus (HBV) surface antigen was positive in 2.5% of the patients, and anti-hepatitis C virus (HCV) antibody was

MAIN POINTS

- The prevalence of kidney replacement therapy is increasing in Türkiye, while incidence has remained relatively stable.
- Hemodialysis remains the predominant treatment modality.
- Kidney transplantation is largely driven by living donors with favorable short-term outcomes

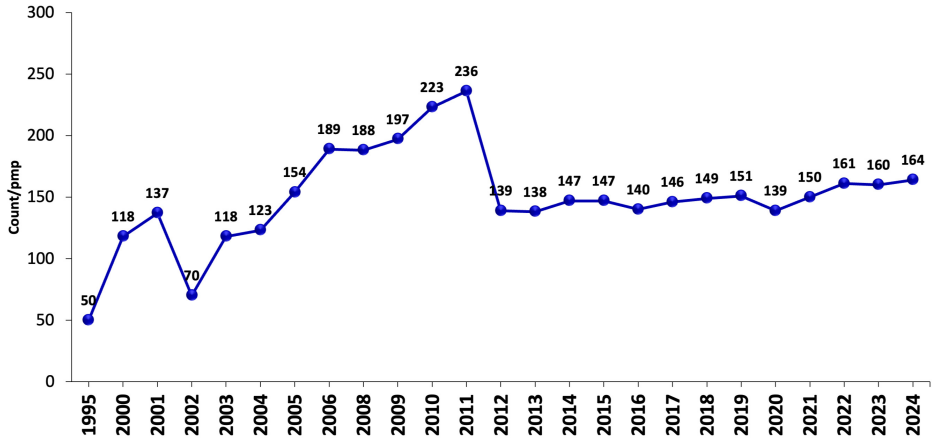

Figure 1. Incidence of patients on kidney replacement therapy by years. Since 2012, patient-based data provided by the Ministry of Health is used for the calculations.

positive in 2.2% of the patients; double positivity was observed in 0.3% of the patients. The rates of HCV- and HBV-positive patients were similar to last year. There were 208 patients with human immunodeficiency virus positivity (0.3%), reflecting a continued increase compared with previous years.

Cardiovascular diseases were the most common cause of death (50.9%), followed by infections (12.2%), malignancy (8.9%), and cerebrovascular causes (8.8%).

The number of patients receiving home HD has increased, reaching a total of 1368 patients in 2024, of whom 248 were incident patients. However, analysis of data from the past 3 years suggests that the growth rate of the home HD population has slowed. The most common dialysis session duration among home HD patients was 7.1-8 hours (52.6%). Compared to in-center HD, home HD patients had a higher proportion of Kt/V > 1.4, lower rates of phosphate binder and ESA use, and a higher proportion of patients achieving blood pressure <140/90 mmHg without antihypertensive drugs.

Peritoneal Dialysis

As of the end of 2024, the total number of PD patients was 3873. Following a decade-long declining trend, the number of prevalent PD patients has shown a slight but steady increase over the past 6 years. Male patients accounted for 49.2% of the cohort, and the age distribution is presented in Table 1.

The total number of incident patients for the year 2024 was 1455, representing an increase compared with the previous year (1367). The most common causes of ESKD among incident patients were hypertension (36.9%), followed by diabetes mellitus (33.6%), glomerulonephritis (4.8%), and polycystic kidney disease (2.8%). The etiology was unknown in 6.1% of the cases. The frequency of hypertension was high; however, it is not possible to differentiate between primary and secondary hypertension due to kidney disease. With respect to catheter insertion techniques, percutaneous and laparoscopic catheter insertion approaches were used at similar rates (40.25% and 40.53%, respectively), whereas open surgery was used in 19.22% of cases. Compared with previous years, the use of laparoscopy increased in 2024.

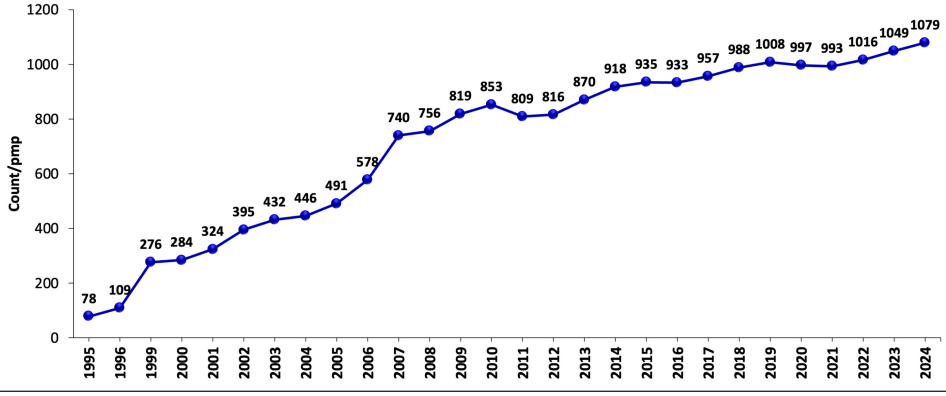

Figure 2. Prevalence of patients on kidney replacement therapy by years. Since 2012, patient-based data provided by the Ministry of Health is used for the calculations.

Table 1. Age Distribution of Hemodialysis, Peritoneal Dialysis, and Transplantation Patients

Age	0-19 Years	20-44 Years	45-64 Years	65-74 Years	75+ Years
Hemodialysis (%)	0.7	11.2	37.9	29.0	21.2
Peritoneal dialysis (%)	10.5	19.9	41.0	19.7	8.9
Transplantation (%)	9.5	45.6	41.2	3.6	0.1

The presented data are for the prevalent dialysis patients and for incident transplantation patients.

Among prevalent PD patients, weekly Kt/V urea values were above 1.7 in 89.2% of patients. Blood pressure was above the target limit of 140/90 mmHg in 27.3% of the patients. Changes in treatment-related parameters are summarized in Table 3. Albumin, a critical nutritional marker, was below 3.5 g/dL in 26.0% of PD patients, with hypoalbuminemia remaining in the range of 20%-30% over the last decade. Erythropoiesis-stimulating agents were used in 51.3% of patients. Iron treatment was used in 37.6% of the patients, with the majority of PD patients receiving iron via the oral route (74.3%). Pharmacological treatment for secondary hyperparathyroidism was used in 63.9% of the patients, including oral vitamin D (59.2%), vitamin D analogs (14.0%), calcimimetics (11.9%), and intravenous vitamin D (0.3%). Calcium carbonate was the most commonly used phosphate binder (33.2%), followed by calcium acetate (22.5%) and sevelamer (13.8%).

The peritonitis rate among PD patients was 0.29 episodes per patient-year in 2024, comparable to that observed in the previous year (0.30). Among non-infectious complications, hernia was the most common (6.8%), followed by inadequate dialysis (4.4%), external cuff extrusion (4.4%), ultrafiltration failure (4.3%), and drainage problems (3.7%).

Hepatitis B virus (HBV) surface antigen positivity was present in 1.9%, and anti-HCV positivity was present in 0.4%. Human immunodeficiency virus positivity was identified in 1 patient.

Cardiovascular disease was the leading cause of death (54.9%), followed by infection (10.4%) and cerebrovascular disease (8.2%).

Transplantation

Kidney transplantation activity in Türkiye has shown a gradual increase over recent years. According to the data provided by the Turkish Ministry of Health, a total of 3468 kidney transplantations were performed in 2024, compared with 3452 in 2023. Despite this slight increase, the total number of transplantations remains below previously observed peak levels, suggesting a stabilization or plateau in transplant activity. Recipients were generally male (66.6%). Their age distribution is shown in Table 1. Most of the cases were aged between 20 and 44 years (45.6%), followed by patients aged 45-64 years (41.2%).

Transplantations were predominantly performed using living donors (90.0%). First-degree relatives were the most common source of living donors (34.4%), followed by spouses (23.0%) and second-degree relatives (22.1%). The proportion of non-related donors was 8.2%. The rate of cadaveric transplantation was 10.0%. Longitudinal data regarding donor type is shown in Figure 4.

The most common cause of kidney failure was hypertension (18.3%), followed by diabetes mellitus (17.5%), glomerulonephritis (14.1%), and polycystic kidney disease (8.1%). Primary etiology was not known in 21.5% of the cases. It should be noted that hypertension might be secondary, at least in some cases. Previous KRT type was HD in 36.0% of the patients and

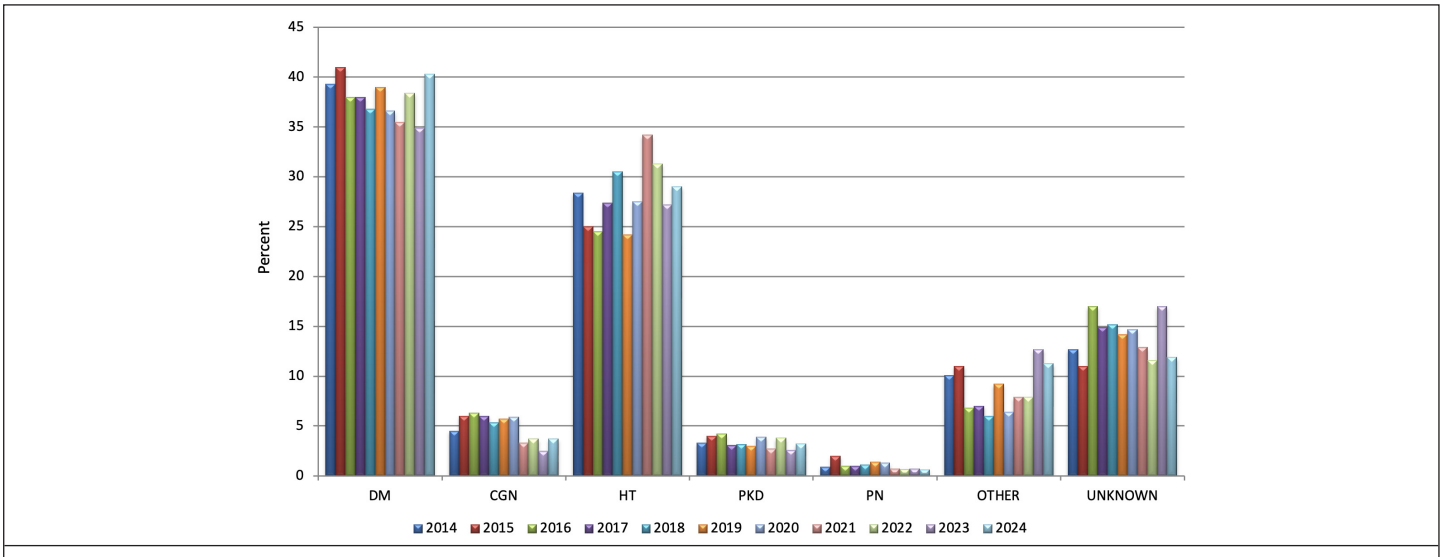

Figure 3. Primary etiological kidney disease of patients on kidney replacement therapy by years. CGN, chronic glomerulonephritis; DM, diabetes mellitus; HT, hypertension; PKD, polycystic kidney disease; PN, pyelonephritis.

Table 2. Variation of the Technical Characteristics of Hemodialysis Treatment Over the Years (Data Represent Percentage of Patients)

Years	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Vascular access												
AV fistulae	82.9	81.1	80.4	79.1	78.7	77.4	76.5	74.7	72.4	70.9	70.0	69.2
Tunneled catheter	11.7	13.4	14.4	15.6	18.0	19.1	20.3	21.6	23.6	24.8	25.4	26.3
AV graft	1.8	1.6	1.5	1.4	1.3	1.2	1.2	1.0	1.0	0.9	0.7	0.6
Other	3.6	3.9	3.8	3.9	2.1	2.3	2.1	2.7	3.0	3.5	3.8	4.0
Dialysis frequency												
Once per week	0.6	0.6	0.5	0.5	0.6	0.7	0.5	0.6	0.4	0.5	0.6	0.5
Twice per week	7.7	7.9	8.0	8.7	10.0	10.3	10.8	11.4	11.7	12.1	12.9	13.6
Tree times per week	90.1	90.8	90.7	89.7	88.3	88.0	87.8	86.8	86.8	86.3	85.4	84.7
More than 3 times per week or night HD	0.7	0.8	0.8	1.1	1.1	1.0	1.0	1.2	1.1	1.1	1.1	1.2
Kt/V value												
≤1.20	11.0	11.3	9.8	8.3	8.4	7.4	7.0	13.4	15.2	15.9	9.0	8.7
>1.20	89.0	88.7	90.2	91.7	91.6	92.6	92.9	86.6	84.8	84.1	91.0	91.3

AV, arteriovenous; HD, hemodialysis.

PD in 3.0%. The preemptive transplantation rate is 57.7%, similar to last year (58%). The trend showing an increasing preemptive transplantation rate over the years is shown in Figure 5.

The prognosis of the new kidney transplantations was evaluated using data from 3468 transplants. A total of 70 deaths were reported in the same year, corresponding to mortality rates of 1.4% for living donor transplants and 7.2% for deceased donor transplants. When interpreting these figures, it should be noted that the proportion of living donor transplants remains high in the country. In addition, the 1-year graft survival rate among living donor transplant recipients was 97.4%, indicating favorable short-term outcomes.

DISCUSSION

When evaluating year-to-year changes in registry data, it is more appropriate to focus on sustained trends rather than short-term fluctuations. Annual variability may arise from factors unrelated to true epidemiological change, including differences in data collection methods, center characteristics, and dataset composition.

In 2024, despite a slight increase, the incidence of ESKD requiring KRT remained relatively stable over recent years. In contrast, the prevalence of ESKD requiring KRT has shown a steady increase. This pattern suggests an accumulation of patients receiving long-term therapy rather than a substantial rise in new

Table 3. Hypoalbuminemia Rate and Treatment Characteristics in Dialysis Patients

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Hemodialysis												
Hypoalbuminemia (<3.5 g/dL)	13.0	15.2	13.4	10.1	12.9	10.5	7.4	13.8	14.0	7.2	6.8	10.5
ESA use (%)	70.6	55.3	55.3	54.0	54.6	49.3	53.5	59.2	57.2	56.5	59.1	59.3
Iron treatment (%)	59.0	55.8	53.5	51.4	55.9	57.2	60.6	63.0	57.1	56.0	55.0	52.6
Active vitamin D use (%)*	43.6	43.0	58.2	58.2	57.5	58.6	63.8	61.1	57.8	57.1	58.8	55.0
Peritoneal dialysis												
Hypoalbuminemia (<3.5 g/dL)	28.8	24.9	24.6	30.1	26.2	26.1	28.4	22.8	21.1	26.6	22.8	26.0
ESA use (%)	59.7	44.9	43.3	48.5	46.6	52.2	46.1	48.5	47.0	43.0	47.4	51.3
Iron treatment (%)	52.1	47.7	55.3	43.6	44.0	50.4	42.2	43.9	41.2	35.9	34.3	37.6
Active vitamin D use (%)*	55.9	59.1	67.5	68.3	66.2	68.7	64.1	60.8	61.2	56.1	58.5	63.9

*Following 2015; the use of drugs for the treatment of secondary hyperparathyroidism.
ESA, erythropoiesis-stimulating agents.

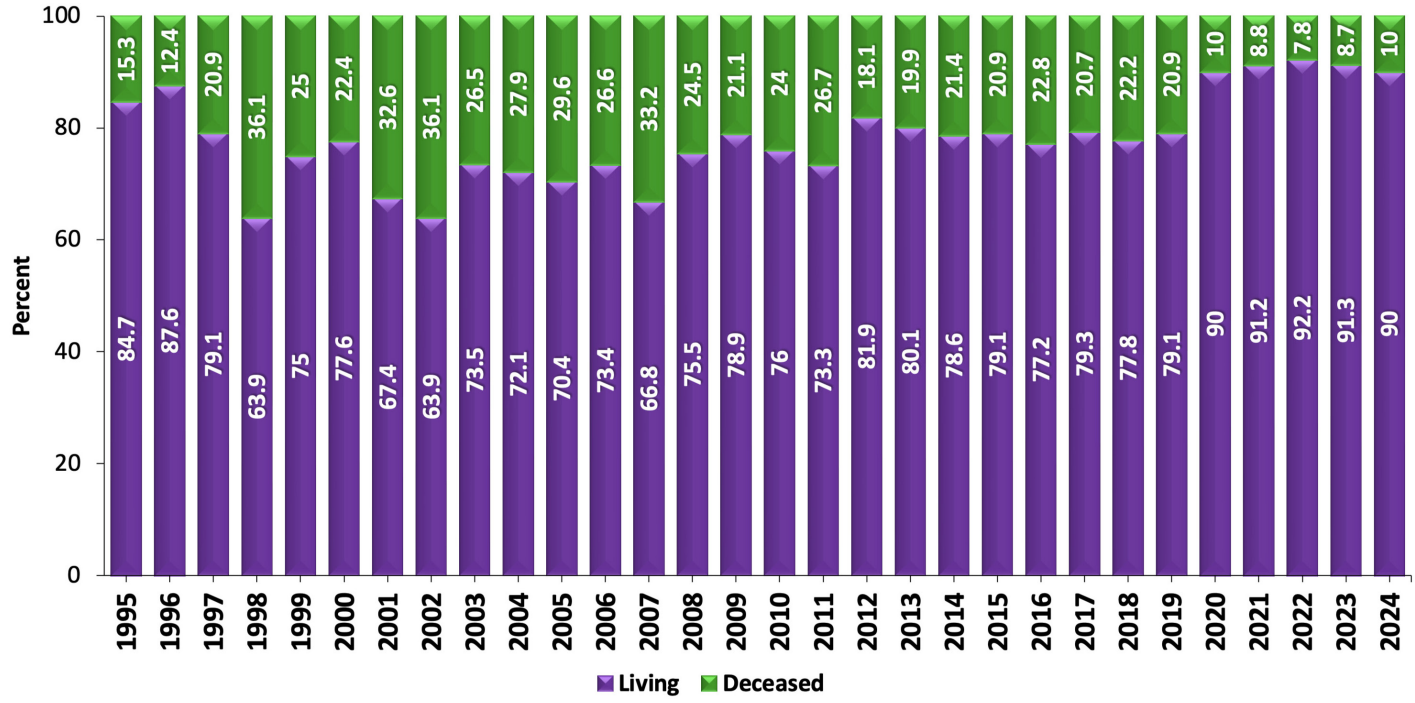

Figure 4. Donor source in incident kidney transplant patients.

ESKD cases. In parallel, the number of patients receiving HD, including those treated with home HD, continued to increase in 2024, although recent data indicate a slowing in the growth rate of the home HD population.

Especially, there is a remarkable reduction in incidence in the year 2012. Since 2012, incidence and prevalence calculations were done using patient-based data collected by the Turkish Ministry of Health. Before the year 2012, center-based data collected by the Turkish Society of Nephrology was used. It was suggested that changes in data collection methods in the last years could be a significant cause of this noticeable change in incidence numbers. In line with this suggestion, in the previous 10 years, a nearly sideways trend is observed in incidence data.

Epidemiological studies from Türkiye have demonstrated an approximately twofold increase in the prevalence of diabetes mellitus over the past decade.[2,3] Consistent with global trends, diabetes mellitus and diabetic nephropathy remain the most serious problems in patients with chronic kidney disease (CKD). Patients with diabetes tend to be older than those without diabetes and have a higher burden of cardiovascular disease and

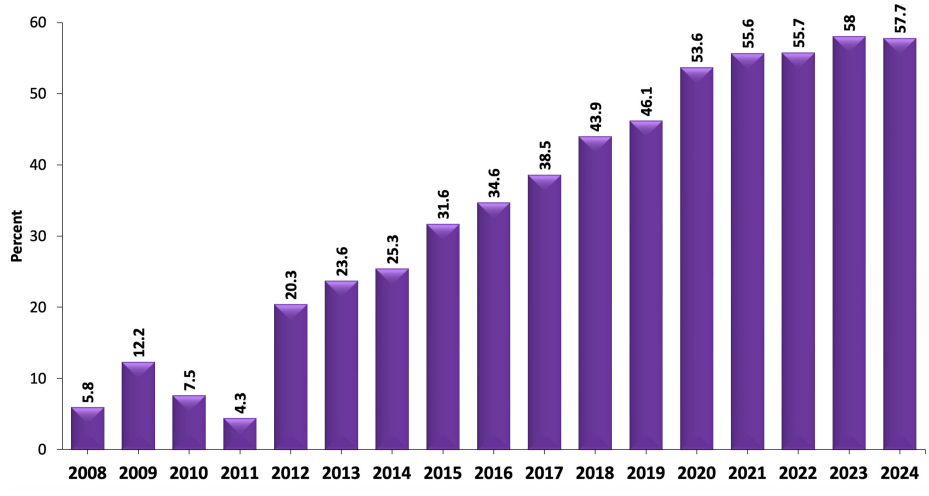

Figure 5. Preemptive transplantation rates by years.

vascular access complications, likely reflecting more advanced and diffuse vascular pathology.

Hemodialysis continues to be the predominant modality of KRT. In 2024, the number of prevalent HD patients increased, while incident patient numbers showed only a modest change. Dialysis adequacy indicators, including the proportion of patients achieving target Kt/V values and stable serum albumin levels, remained high, suggesting preserved treatment quality despite the expanding patient population.

As of the end of 2024, the AV fistula remained the most commonly used vascular access in center-based HD patients; however, this rate has declined to 69.2%. Although a high rate of AV fistula use among chronic HD patients is desirable, registry data indicate a continued downward trend compared with previous years. This trend may be associated with an increase in diabetic and elderly patients with problematic vascular structure. Nevertheless, this trend should not result in a fundamental change in established vascular access practices, and sustained efforts are required to preserve AV fistula as the preferred access whenever feasible.

Peritoneal dialysis experienced a prolonged decline between 2006 and 2019, likely reflecting both limited new patient recruitment and increasing rates of preemptive kidney transplantation. Following this decade-long decline, a gradual increase in the number of prevalent PD patients has been observed since 2019, reaching 3873 patients by the end of 2024. In parallel, the number of patients initiating PD as the first modality of KRT increased in 2024 compared with the previous year. While this increase is noteworthy, longer-term follow-up will be necessary to determine whether it represents a sustained change in PD utilization patterns.

Incident PD patients remained younger than incident HD patients. However, in 2024, an increase in the proportion of patients aged ≥65 years (37.5%) was observed compared with previous years. Hypertension and diabetes mellitus were the 2 leading causes of ESKD among incident PD patients, with the prevalence of diabetes remaining above 30% over the past 2 years. This observation warrants continued follow-up in subsequent registry reports.

As in previous years, PD was less frequently selected than HD among patients initiating dialysis under urgent conditions (9.7% vs. 18.3%). Nevertheless, evidence from the literature suggests that PD is at least as safe as HD for patients starting dialysis in emergency settings.

Approximately 72% of the prevalent PD patients are observed to be hypertensive. The rate of hypertensive patients is higher in PD than in HD. This finding underscores the ongoing importance of optimizing volume management strategies in PD. Nutritional status also continues to warrant attention, as hypoalbuminemia persists in a substantial proportion of patients, generally ranging between 20% and 30% over recent years. As in previous years, phosphorus control in PD patients is found to be satisfactory. The use of phosphate binder therapy remains common and comparable to that observed in HD patients, with calcium carbonate continuing to be the most frequently preferred agent. Overall, these findings suggest that while metabolic control in PD is largely maintained, blood pressure and nutritional management remain key areas for clinical focus.

In 2024, transplants from deceased donors accounted for 10.0% of all kidney transplantations, representing a slight increase compared with the previous year (8.7%). Despite this modest improvement, deceased donor transplantation rates remain substantially lower than historical levels, which typically ranged between 18% and 25%. Increasing the rate of cadaveric transplants may require efforts such as raising public awareness through social media campaigns and educational initiatives to inform the community about the importance of organ donation. Additionally, the state can provide various advantages to the families of cadaveric donors. The rate of preemptive transplantation is 57.7%, similar to last year (58.0%). This high rate raises some concerns about whether the transplants are being performed at the appropriate time.

In terms of the number of living transplants, Türkiye has reached the top rankings globally, according to many metrics. Choosing the appropriate live donor is very important. In 2024, living donor kidney transplantation continued to predominate, with 63.8% of transplants performed using related donors, 23.0% using spousal donors, and 8.2% using unrelated donors. Paired kidney exchange accounted for 5.0% of living donor transplants, indicating a donor profile broadly similar to that observed in the previous year. The low rate of cadaveric kidney transplantation is a continuing problem of organ donation. Overall short-term outcomes remained favorable, with consistently better early survival among living donor transplant recipients compared with deceased donor recipients. Differences in annual trends in early mortality between donor types warrant continued monitoring and targeted efforts to improve outcomes in deceased donor transplantation.

Registry data provide information about patients receiving KRT for CKD. The study emphasizes that these patients are like the visible part of the iceberg, and the number of patients in earlier stages of CKD is much higher. The Chronic REnal Disease In Turkey (CREDIT) study had revealed that CKD is a significant public health problem in Türkiye.[2] To address those health problems, the Turkish Ministry of Health initiated the National Kidney Disease Prevention Program. This program aims to prevent and enable early diagnosis of CKD, slow its progression, and provide effective treatment. Additionally, the quality of KRT continues to improve each year and is nearly universally accessible in the country.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

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Informed Consent: N/A.

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