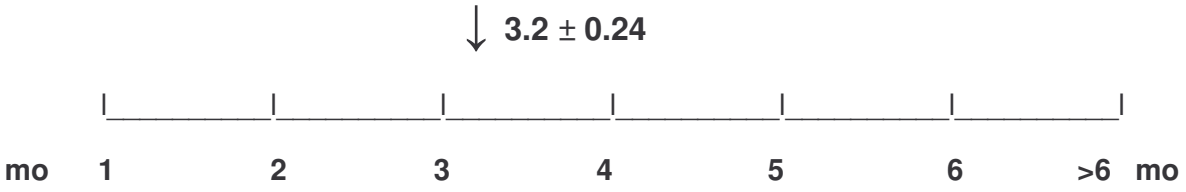
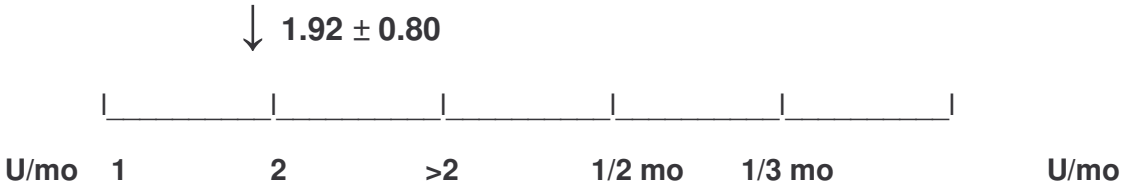
## Results

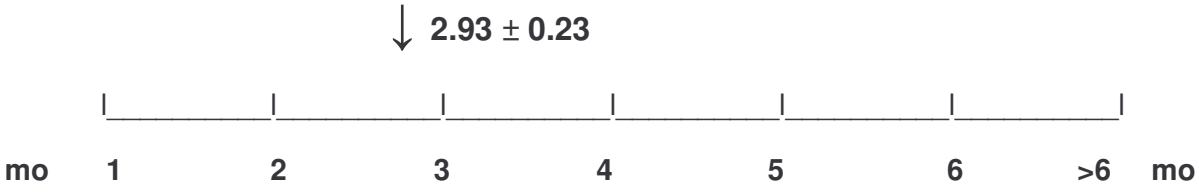
1. What is the shortest appropriate surveillance interval to define a person as a RBC-transfusion-dependent (being mindful of possible inaccuracies) in data reporting:




2. For the surveillance interval you selected, what frequency of RBC-transfusions is appropriate to define a person as RBC-transfusion-dependent?




3. What is the shortest appropriate interval of RBC-transfusion-independence to define a person as being RBC-transfusion-independent?



4. Is it appropriate to require a minimum hemoglobin level in addition to RBC-transfusion- independence (as you define above) to define RBC-transfusion-independence?

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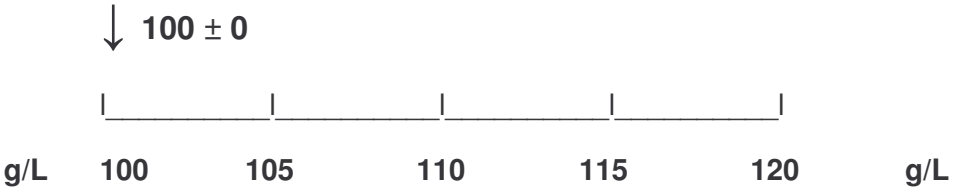
No: 0.29 ± 0.22 Yes:

5. If yes, what untransfused hemoglobin level is most appropriate?




6. Is it appropriate to require a minimum hemoglobin increase from "baseline" in addition to RBC-transfusion-independence (as you define above) to define RBC-transfusion-independence?

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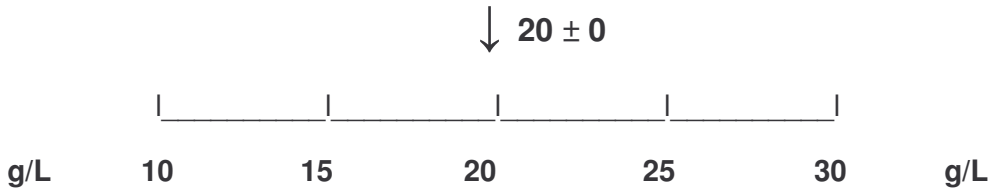
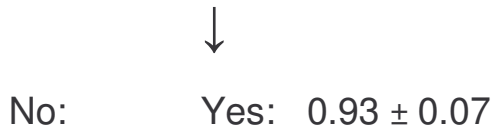
No: 0.13 ± 0.11 Yes:

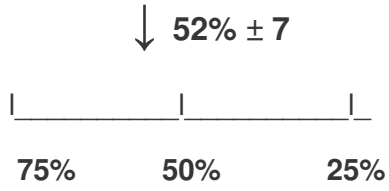
7. If yes, what minimum hemoglobin level above "baseline" is most appropriate?



8. Is a reduction in RBC-transfusion frequency a valid endpoint for anemia response?




9. If yes, what magnitude of reduction is clinically-important?




10. At or below what hemoglobin level are RBC-transfusions most appropriately given (choose the nadir value)?