



## **Welcome to the June Q&A!**

**Trusts represented today include: North Bristol, GSTT, Norfolk & Norwich, Glasgow, Imperial, Northampton, Ayrshire, Royal Free, Hertfordshire (Lister), Oxford, Leicester, Kings**

# Q+A monthly meeting new format



- From today.... 😊
- 10-15 minute bite size presentation/update from an RPG member
  - Themes that regularly come up in the Whatsapp group (anticoagulation on HD)
  - Case presentations – opportunity for portfolio entry
  - Other updates from UKKA
- June Q+A
  - Robert Brown to present the UKKA presentation on Roxadustat
- July Q+A
  - Clare Morlidge presenting the UKKW overview
- Aug Q+A
  - Louise Condon/Robert Brown presenting the two sides of the denosumab story

**Any feedback/requests gratefully received 😊**  
**New members to clinical sub-group welcome 😊**

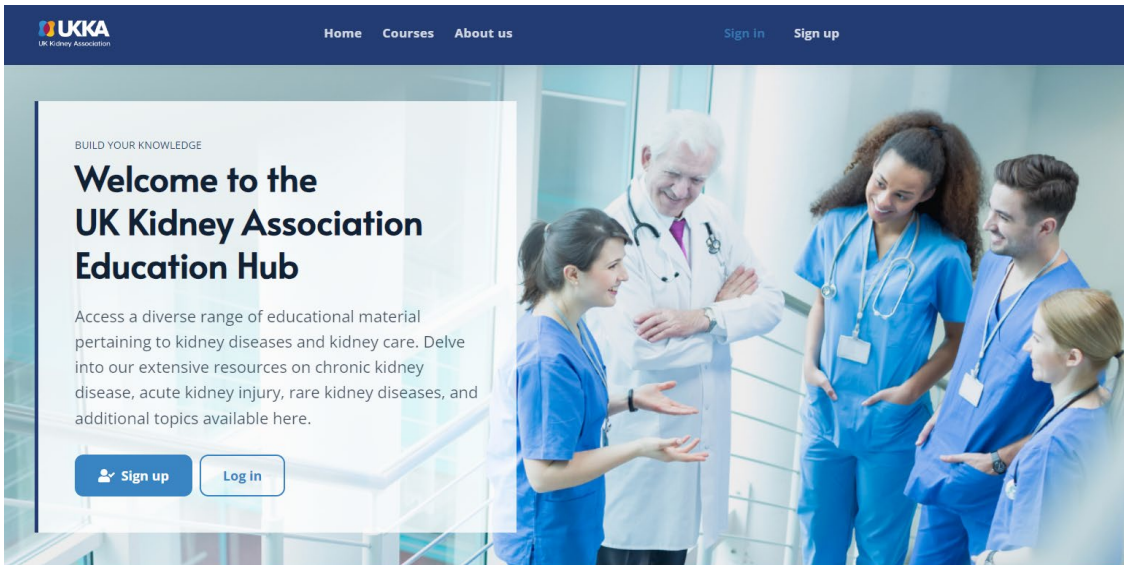


# Updates

- **RPG conference 2024 11<sup>th</sup>/12<sup>th</sup> October** - Registration opens 28<sup>th</sup> June 😊
  - Birmingham Arden Hotel, £250 for full programme
  - Programme circulated via whatsapp
  - Abstract submissions open on 31<sup>st</sup> May
- **UK Kidney week 11-13<sup>th</sup> June 2024**
  - Clare M to provide a brief overview next month
- Please complete RAG status survey for Clare Morlidge
  - Looking at national status for poster
  - Link in the whatsapp chat
  - [RAG Survey](#)
- Monthly teams chat for advanced/consultant portfolios
  - Email [cathy.pogson@porthosp.nhs.uk](mailto:cathy.pogson@porthosp.nhs.uk) if you would like to join
  - Members have been linked up into smaller groups to work together and then link back into the bigger group in time
  - Monthly meetings to suspend until over summer
- Reminder to check your RPG membership is up to date
  - Large number of lapsed memberships, currently being checked against the Q&A whatsapp group list
  - If you are not receiving the emails from UKKA, email the secretarial team

# Updates

- KRUK have opened applications for research grants 🎉
  - [Pharmacy-led research and research into nephrotoxicity grants](#)
    - Speak to Kathrine Parker, Dane Howard or Cathy Pogson for more information
- UKKA guidance on measles
- UKKA Education and Training Hub is now live
  - [UKKA Learning Hub \(ukkidney.org\)](#)
  - Resources on CKD, Glomerulonephritis and Transplantation
  - Other resources and links to follow



## Our educational resources

### eLearning Courses

Explore our advanced eLearning courses on diseases, comorbidities, treatments, workforce, and more. Designed by leading kidney care experts for healthcare professionals, these courses provide comprehensive insights into the latest advancements and best practices in kidney care, aiming to enhance patient experiences and outcomes.

#### Our Nephrology eLearning Courses

<p><b>CKD</b></p> <p><b>Cardiovascular, renal and metabolic diseases</b></p> <p>This course covers the relationship between renal function and CV disease, and the impact on patients with CKD. It describes the incidence and provides recommendations for the management of: Hypertension, Coronary artery disease, Arrhythmias/atrial fibrillation.</p> <p> Professor Debasish Banerjee</p> <p><b>Enrol</b></p>	<p><b>GN</b></p> <p><b>Glomerulonephritis</b></p> <p>This course covers the aetiology, pathology and clinical manifestations of the various types of glomerulonephritis (GN), pathophysiology, prognosis, and strategies.</p> <p> Professor Alan Salama</p> <p><b>Enrol</b></p>	<p><b>TX</b></p> <p><b>Management of Advanced Kidney Disease: Transplantation</b></p> <p>This course covers the principles, role, risks and benefits of renal transplantation in advanced kidney disease, including: donor-recipient matching, the impact of COVID-19, immunosuppression and risk.</p> <p> Professors Debasish Banerjee and Sandip Mitra</p> <p>0% COMPLETE</p> <p><b>Continue</b></p>
--	---	--

# UKKW – R&D group multicentre audit on safety outcomes of roxadustat



- Presented by Robert Brown, North Bristol NHS Trust



# A retrospective multicentre audit on safety related outcomes of roxadustat

Robert Brown, Kathrine Parker, Matt Holloway, Carol Anderson,  
Cathy Pogson, Sara Perkins, Clare Morlidge, Natasha Moore, Christina Mensah,  
Jaskiran Sanghera, Sharon Benton, Gareth Bryant

North Bristol NHS Trust, Manchester University NHS Foundation Trust, East Kent Hospitals University NHS Trust,  
Portsmouth Hospitals University NHS Trust, East and North Hertfordshire NHS Trust, Guy's and St Thomas' NHS  
Foundation Trust, Royal Cornwall Hospitals NHS, Cardiff and Vale University Health Board

# Why do a safety audit?



- Roxadustat is the first in class HIF-PHI
- Anaemia in CKD, achieve & main. Hb 100-120 g/L
- NICE July 2022, CKD stage 3-5 ~~5D~~
- In practice anecdotal reports → rapid rise in Hb
- Clinical studies: most serious reported side effects
  - thromboembolic events
  - seizures, sepsis

# How did we audit?



- UK RPG research group and ANNUK anaemia group
- Audit tool
- Roxadustat dosing, weight, anaemia bloods and adverse outcomes
- Current or past roxadustat treatment >4 weeks
- 8 UK renal centres



# Results

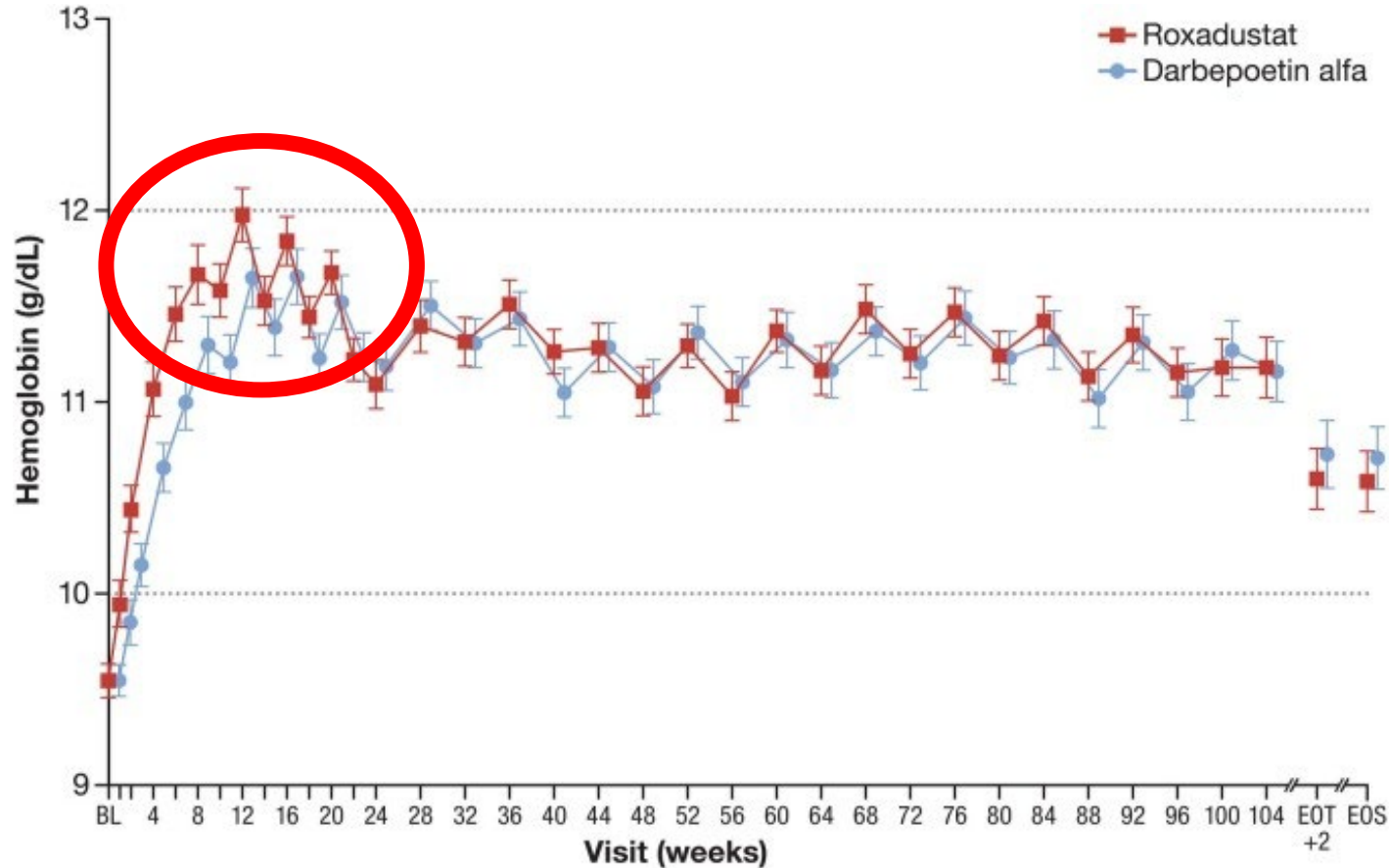


<b>Bloods at initiation</b>	<b>median (interquartile range 25<sup>th</sup>-75<sup>th</sup>)</b>
eGFR, ml/min/1.73m <sup>2</sup>	15 (10-21)
TSAT, %	25 (20-31)
Serum ferritin, microg/L	304 (164-480)
Haemoglobin, g/L	93 (85-98)

<b>Iron administration during roxadustat, n (%)</b>
18 (12.9%)

- 140 patients
- Median f/u: 18 weeks
- Hb at start 93 g/L (median)

# Background – Dolomites



# Results



## Time after treatment initiation to first high Hb >120 g/L n (%)

4 weeks	8 (5.7%)
8 weeks	22 (15.5%)
12 weeks	13 (9.3%)
26 weeks	1 (0.7%)

- 32% patients Hb >120 g/L (n=44)
- Majority happened  $\leq 8$  weeks
- 8 patient stopped completely due to Hb > 120 g/L

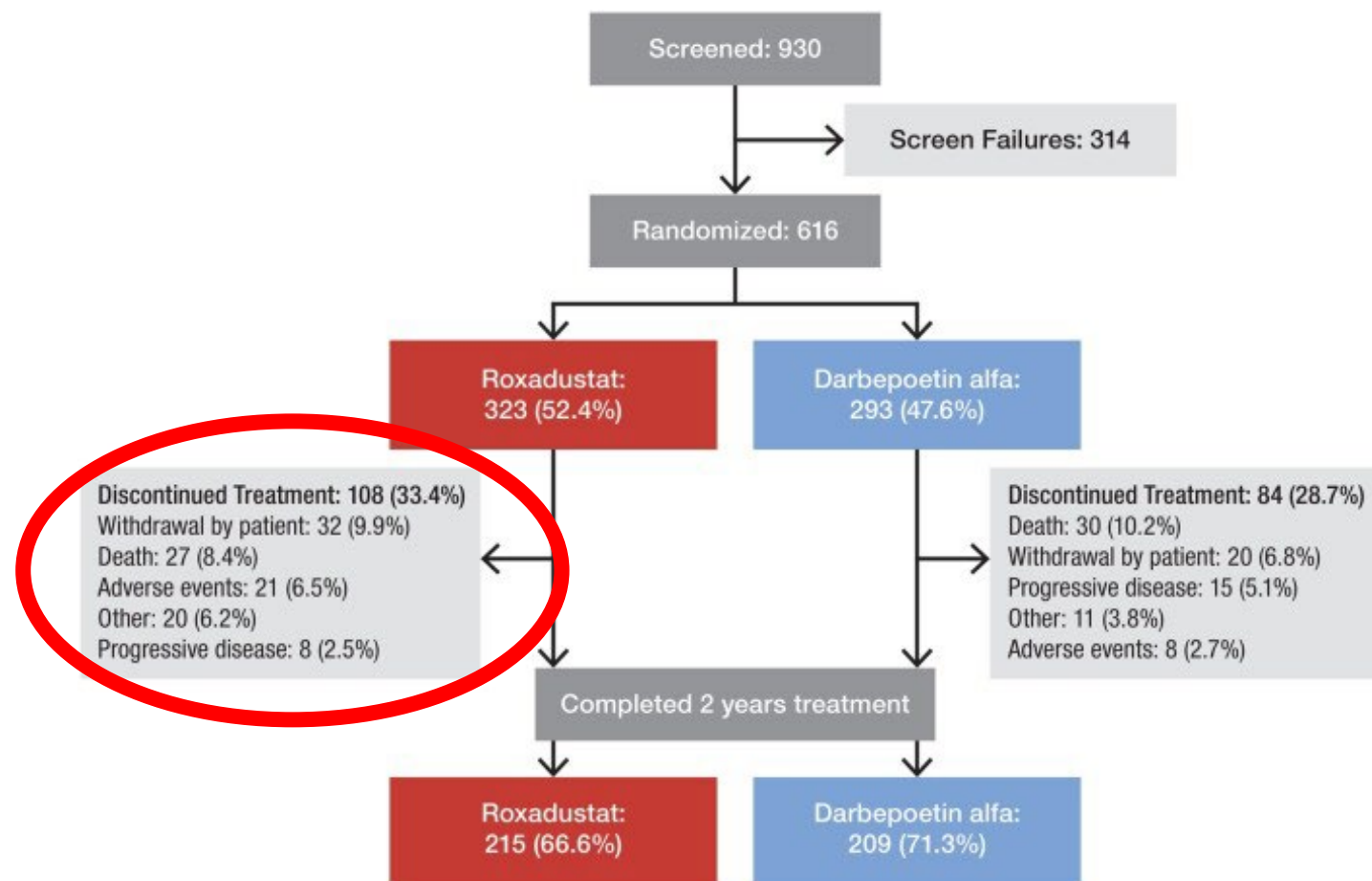
# Results



Dose adjustments n(%)	
Held then reduced	5 (3.5%)
Reduced	31 (22%)
same dose	48 (34%)
increased	10 (7%)
no dose adjustment (initiated at off-label dose)	12 (8.6%)

- 36 required dose reduction:
  - 8 required 2 reductions
  - 2 required 3 reductions
- Dose adjustments included:
  - reduced frequency/ or
  - reduced dose
- 12 patients initiated on a lower than licensed dose → target achieved
- Renal units struggle to achieve 2 weekly bloods; most done at 4 w

# Background – Dolomites



# Adverse effects



Adverse effect n (%)	
VTE	5 (3.5%)
Stroke	1 (0.7%)
Hypertension	6 (4.3%)
Hyperkalaemia	1 (0.7%)
Seizures	2 (1.4%)
Serious infection	1 (0.7%)
Gastrointestinal	5 (3.5%)
Headaches	2 (1.4%)

- 9.3% (n=13) patients stopped due to adverse effects
- VTE 3.5% (n=5)
  - 3 had Hb >120 at 4-8 weeks
  - 2 had Hb rise >20 at 4-8 weeks

# Adverse effects



	Dolomites			Audit
	Darbepoetin (n=293), %	Roxadustat (n=323), %	Roxadustat vs Darbepoetin	Real-world (NB short-time frame) %
Hyperkalaemia	2	2.2		0.7
Stroke	2.4	1.2	HR 0.48 (0.14, 1.67) p= NS	0.7
Hypertension	1.7	2.5		4.3
VTE	0.7	2.5	HR 3.63 (0.76, 17.20) p= NS	3.5
Seizures	NR	NR		1.4
Headaches	NR	NR		1.4

# Summary/ discussion



- Roxadustat was effective and well tolerated
- Adverse effect rates like those published in manufacturer's datasheet
- Initiating at a lower than licensed dose band may be a reasonable approach to avoid rapid rises in Hb . . . *that may contribute to adverse effects*
  
- We have had a small number of patients on roxadustat
- Should we be initiating people on lower than licensed doses of roxadustat?  
. . . *'avoid' additional requirement for monitoring*
- Monitor Hb within first 4 weeks?
- What are your thoughts?





**A retrospective multicentre audit on safety related outcomes of roxadustat**

**Questions?**

# Supply Problems



- Sando K/slow Na/sando phos
  - Supplies appear resolved
- Taurolock U/Alteplase
  - Taurolock U back?
  - Alteplase 2mg still OOS – options include ULM alteplase (cost pressure) or urokinase
- Mycophenolic acid 360mg
  - Generic issues ongoing, Sandoz are limiting supplies to instalments for homecare companies
- Ibandronate/Pamidronate
  - Unlicensed pamidronate being explored
  - Some centres looking into using zolendronic acid/denosumab depending in indication

# Supply Problems

- Ganciclovir
  - Vials in stock, some supplies of pre made bags
- 5% HAS
  - Units diluting higher strength HAS to achieve 5% concentration
- Finerenone – not a supply issue but single wholesaler route presenting problems



# Q&A Themes - Guidelines

- Monthly evidence update from Portsmouth clinical librarians 🙌
- PIL for MMF
- Anaemia Guidelines – v popular!
- Patient resources for herbal/complementary therapies in CKD
- Job Alerts
- PIL for obintuzumab
- ? Analgesia guidelines in low clearance



# Q&A Themes - Renal



- Kinpeygo
  - Supply routes – plan to start distribution via Phoenix in addition to Healthnet
  - Funding queries
  - ICB challenge
- Eculizumab biosimilar
- VRII
- ? Thrombocytopenia post RTX
- Bisphosphonates in GFR <30
  - Denosumab session planned for Aug Q+A
  - ? Around ca monitoring schedule
  - ? Pre loading with alfacalcidol/calcium
  - ? Zoledronate usage
- PJP Px with azithromycin
- Hep B serology pre RTX

# Q&A Themes - Renal

- CKD resource sharing
  - Patient videos/youtube resources shared in whatsapp
  - KRUK:
    - [Vitamins and supplements with CKD or a kidney transplant](#)
  - Leicester team (multiple videos linked)
    - [Your kidneys and how to look after them - public education campaign by NHS Leicester, Leicestershire and Rutland - YouTube](#)
- LA alternatives – pre Bx, needle phobia





# Q&A Themes - Dialysis

- Target levels for Vanc - ?10-15 Vs 15-20
  - Majority of units appear to be using higher levels, may be a theme for another Q+A?
- Avibactam/Ceftazidime dosing in HD
- Daptomycin 2x week post HD?
- IP Abx expiry dates
- Home HD
  - IV Fe
  - Urokinase locks
- BSA adjusted convection volume in HDF
- Fondaparinux in HD – recurrent clotting on low dose
- NAC for paracetamol OD
- Bowel prep (for HD & GFR <30)
- MRSA eradication pre line insertion

# Q&A Themes - Transplant

- SGLT2 inhibitors in transplant patients
- Uromune vaccine
  - Royal Free?? Poster at UKKW
- Staffing resource – reply to Chris Herring
- Lanreotide post SPK
- Belatacept reconstitution





## Q&A – New Qu

- New Hep B vaccine **Valneva**
  - Newly listed in the green book
  - Difference in strength
  - ?Need to clarify suitability for renal patients



# Q&A – UKRPG Conference 11<sup>th</sup>/12<sup>th</sup> October 2024



- **40<sup>th</sup> Anniversary of RPG Conference!**
- Conference registration opens 21<sup>st</sup> June
- £250 for both days (including dinner/celebrations and accommodation on Friday evening)
- Abstract submission opens 28<sup>th</sup> June
- All posters/abstracts encouraged including if presented at UKKW
- Looking for more volunteers to join the conference committee
- Looking for abstract markers and facilitators for the conference
- Contact [linda.ross@gstt.nhs.uk](mailto:linda.ross@gstt.nhs.uk) to get involved
- A number of bursaries may be available – further details to follow, however please do start exploring local funding options ASAP

# June Q&A - Close



**Thank you for attending!**

## Next Q&A: Tuesday 16<sup>th</sup> July

**Keep in touch** throughout the month on **WhatsApp Q&A Group**

- >100 participants throughout UK and Ireland
- Useful real time forum for clinical Q's
- Please consider joining!

