



## Welcome to the May Q&A!

Trusts represented today include: North Bristol, Cambridge, Norfolk, Ayrshire, Imperial, Leicester, Portsmouth, N Ireland, Glasgow, Liverpool, Exeter

# Q+A monthly meeting new format



- From 19<sup>th</sup> June 2024
- 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

**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** - save the date!! 😊
  - Birmingham Arden Hotel
  - Programme TBC – details soon!
- **UK Kidney week 11-13<sup>th</sup> June 2024**
  - Edinburgh Conference Centre
- 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
- Please complete RAG status survey for Clare Morlidge
  - Looking at national status for poster
  - Link in the whatsapp chat
- Reminder to check your RPG membership is up to date
  - Large number of lapsed memberships, currently being checked against the Q&A whastapp group list
  - If you are not receiving the emails from UKKA, email the secretarial team

# Updates



- NICE TA: Budesonide (Kinpeygo) now available
  - IgA Nephropathy
  - May need to purchase via HealthNet (not necessarily needed to be on homecare)
  - Note also called Nefocon
  - Chat around use in transplant patients
  - Bristol are using, Imperial are ready to go as are East of England (co-ordinated regionally)
  - ? If units are using homecare, majority using OP pharmacy, some may use homecare alongside
- NICE applications:
  - Vadadustat (renal anaemia) – RPG rep on NICE TA group
  - Sparsentan (IgA Nephropathy) – RPG rep on NICE TA group
- Obintuzumab for lupus nephritis/vasculitis
  - Being used at Imperial (where RTX used/failed/intolerant) seeming to only require 1 x1g dose for 9-12/12 cover (n=4).
  - Cambridge/RFH have similar small numbers
  - PAS price available; as per oncology indications
  - Has gone to NHSE, CRG are supportive of using

# Supply Problems



- Sando K/slow Na/sando phos
  - Supply not yet robust for phosphate Sandoz
  - Sando K back
  - Slow Na still out
- Taurolock U/Alteplase
  - Taurolock U back
  - Alteplase 2mg still OOS – options include ULM alteplase (cost pressure) or urokinase
- Mycophenolic acid 360mg
  - 360s generic appears back in stock, 180mg now OOS, Sandoz issuing quotas to Alcura
  - Myfortic available in both strengths
- Ibandronate/Pamidronate
  - Unlicensed pamidronate being explored
  - Some centres looking into using zoledronic acid

# Supply Problems

- Ganciclovir
  - Vials in stock but pre made bags OOS
- Units diluting higher strength HAS to achieve 5% concentration



# Q&A Themes - Guidelines



- Bisphosphonates
  - Cambridge in process of writing, happy to share when finished
  - Ibandronate
  - CKD MBD clinical group, “KDIGO controversies” describes concern with bisphosphonates, many using denosumab. Published but little discussion around answers, more raising questions – link to be shared in whatsapp
  - [https://kdigo.org/wp-content/uploads/2023/04/KDIGO-CKD-MBD-Conference\\_Breakout-Questions-FINAL.pdf](https://kdigo.org/wp-content/uploads/2023/04/KDIGO-CKD-MBD-Conference_Breakout-Questions-FINAL.pdf)
  - Does anyone preload with calcium/alfacalcidol. Some are omitting calcimimetics for 2/52. Care with GP administration that renal units not aware of.
  - CKD-MBD may be leaning towards preloading ~ 1/52 pre dose
- Supportive care guideline (including itch management and Lokelma)
  - RSTP generated national workstream. KP/CP working on SIG
  - KQUIP programme on OKCC clinics – workshop in Autumn 24?
  - KP to share link to ISN approach [https://academy.theisn.org/products/kidney-supportive-care-and-conservative-kidney-management-curriculum#tab-product\\_tab\\_contents\\_\\_68](https://academy.theisn.org/products/kidney-supportive-care-and-conservative-kidney-management-curriculum#tab-product_tab_contents__68)

# Q&A Themes - Guidelines

- Renal unit micro policy
  - Shared in whatsapp group but issues around maintenance. Most using microguide
- Fondaparinux for dialysis anticoagulation
- Management of HIT in CKD
- Antibiotic prophylaxis pre PD catheter insertion





# Q&A Themes - Renal

- Hydroquinidine in renal impairment
- Tetracosactide depot for FSGS or IgA
- Ustekinumab in eGFR 20
- Obinutuzumab for patients who can't tolerate rituximab
- Digoxin in renal impairment
- Gelatin free Renavit
- Tolvaptan – patients experiencing localised pain
- Co-trimoxazole and aciclovir for myeloma
- Tolvaptan for cabin crew/ pilot



# Q&A Themes - Dialysis

- Fondaparinux for HD patients following ACS protocol
- Lokelma as TTO packs for satellite HD centres
- Meropenem dose for home haemo patient
- PD vanc/gent for outpatients – observation period
- Covid treatments for HD patients – reduced dose Paxlovid or molnupiravir
- Difelikefalin for home HD patients
- Ceftazidime twice a week on HD
- Lidocaine patches in dialysis patches
- Culture negative peritonitis – antimicrobial therapy and duration
- Mircera switch to Eprex
- Cefazolin in APD patients – dose RDD dose 500 mg BD
- Mesalazine in HD patients
- Digoxin loading and monitoring

# Q&A Themes - Transplant

- IVIG in BK virus
- SGLT2 inhibitors in transplant patients
- Kinpeygo in transplant patients
- Valganciclovir tube administration
- Daratumumab for treating AMR
- Obinutuzumab for AMR





## Q&A – New Qu

- ? Higher doses on tazocin for intermediate sensitivity
  - Can it be used at QDS down to 20ml/min?
  - Leics use similar policy for normal GFR but stick at BD with lower GFR
  - AD – concern around neurotoxicity with penicillins at lower GFR – ensure monitoring
- Is everyone using BD for tazocin in CKD5d
  - Bristol use TDS in HD for neutropenic sepsis

# Q&A – New Qu

- KRUK research funding (KP)
  - RPG reps meeting with KRUK who have funding to spend on kidney drug research
  - Pharmacy research UK also likely to input into workstream
  - KRUK going to open out for EoI shortly - ? Open till Nov 24
    - Various projects available; small/large
    - Don't need to be a research expert already
  - Members to start thinking/dreaming early to generate ideas; consider projects/mentors/timescales/patient involvement
  - Tools available to help with proposal writing



# Q&A – New Qu

- Lister; does anyone use azathioprine with allopurinol?
  - Bristol, Manchester reduce aza dose to 1/5



# Q&A – New Qu

- What antimicrobial regime to use in culture negative PD peritonitis
  - How long are courses?
  - Some units using vanc/cipro (2/52)



# Q&A – New Qu



- Centres using apixaban in CrCl <15 (not HD), do you use additional monitoring
  - KP working on draft for UKKA circulation. Advice; not to monitor apixaban levels, CKD5d mimics normal population. ? what do the levels mean/correlate to/interpret results
  - For AF consensus is that apixaban can be used at CKD5/5d e.g. older, frail and can't manage warfarin
  - For VTE in CKD5 (not in HD) evidence is poorer, apixaban may be an option for long term anticoagulation but reluctant to use in acute phase.
  - Some GPs are supplying, some are reluctant
    - Is anyone working on teaching/education that could be used/recycled?



# May Q&A - Close



**Thank you for attending!**

## Next Q&A: Wednesday 19<sup>th</sup> June

**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!

