



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

**Trusts represented today include: Cambridge, North Bristol, Oxford, Norfolk, Royal Free, Lister, Northampton, Merseyside & West Lancs, Northern Ireland, Leicester, Glasgow, Imperial, Exeter, Newcastle, Wirral,**

# Q+A monthly meeting new format



- 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

Date	Topic	Speaker
19.6.24	Roxadustat	Robert Brown
16.7.24	UKKW	Natasha Moore
20.8.24	Denosumab	Robert Brown/Louise Condon
18.9.24	Uromune	Denise Cunningham
15.10.24	UKRPG recap	Paul Clarke
20.11.24	BK Virus	Matt Wellberry-Smith
10.12.24	NIHR fellowship	Cathy Pogson

**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**
  - Carried out with great success: >80 delegates and 32 abstracts
  - Please complete the feedback! 😊
  - Same weekend next year – Manchester TBC
- **UKKW 10<sup>th</sup>-15<sup>th</sup> June 2025 – Bournemouth International Centre**
  - Submission for abstracts now open – submit posters from UKRPG!
  - Abstract deadline 18<sup>th</sup> December 2024
- **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 whastapp group list
  - If you are not receiving the emails from UKKA, email the secretarial team (Caitlin Sewell)

# Updates



- **Clinical Practice Guideline: Anaemia of Chronic Kidney Disease**
  - Published on UKKA website
  - Owain Brooks and Gareth Bryant represented UKRPG 😊
- **Expressions of interest for UKRPG committee roles**
  - Communications role – speak to Louise Condon, open for further 3/52
  - Treasurer role – speak to Jude Allen
- **Join the sub-groups**
  - Clinical
  - Education and Training
  - Research and Development
  - Conference planning committee

# Supply Problems



- Ibandronate/Pamidronate
  - Unlicensed pamidronate being explored
  - Some centres looking into using zoledronic acid/denosumab depending in indication
- 5% HAS
  - Restrict supply, IVIG panels alerted to likely increase use due to the impact on plasma exchange
- Basiliximab
  - Monthly allocation - ? Now resolved
- Vanquoral 10mg
  - OOS until March 2025#
  - Options to switch to Neoral for low dose patients (likely small numbers) no additional monitoring required (GSTT experience)
- Pabrinex shortage
  - Switch to IV thiamine
- Dailiport 2mg OOS

# Supply Problems

- Sodium thiosulphate 50%
  - Unlicensed may be available or 25%





# **UK Renal Pharmacy Group Conference 2024**

## **Recap – October Clinical Sub-Group Meeting**

### **Paul Clarke**

# Emotional wellbeing and how to be more resilient

## Presented by: Harpreet Chana



- Pharmacist by profession
  - Powerful personal story
- Stress
- Burnout
- Mental Wealth
- Traits
  - Perfectionism
  - Detail
  - Self-esteem
  - Confidence
- Think about mental health like physical health
- Practical pointers to improving Mental Wealth
  - Gap vs Gain analysis
  - Setting 'Stop work time'
  - Plan next day in advance 'mind dump'
  - Make time for yourself – 'non-negotiable date with yourself' for something you really enjoy and find relaxing



Harpreet Chana: 'Pharmacists put the needs of everyone before ourselves'



# Frailty and how it should influence our approach to pharmaceutical care

**Presented by: Jennifer Stevenson**



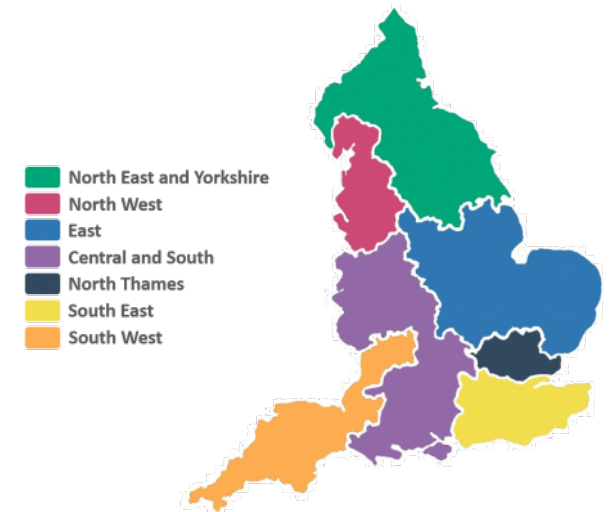
- Frailty Scores
- Polypharmacy – which isn't always a bad thing!
- How can pharmacists add value
  - Talking to the patients!
  - Focussing on medicines holistically!
  - Not just anti-muscarinic scoring – clinicians very good at this!

# Gene-ius pharmacists. An update on genomics informed medicines optimisation

## Presented by: Lucy Galloway



- *Genomics informed medicines optimisation: genomic information can facilitate the selection of optimal treatments; this may be achieved through diagnostic tests (eg familial hypercholesterolemia), identifying specific disease pathways which then enables the use of targeted treatments (such as in cancer), or the repurposing of existing medicines (such as in some rare diseases where specific treatments do not currently exist). It may also involve the testing of specific genes to predict an individual's response to a medication, in relation to likely effectiveness or adverse effects.*
- Accelerating genomic medicine in the NHS – October 2022
  - A strategy for embedding genomics in the NHS over the next 5 years.
  - NHSE sees pharmacy services as integral to this



# Gene-ius pharmacists. An update on genomics informed medicines optimisation

## Presented by: Lucy Galloway



- Practical examples:
  - APOL1 - Two Apolipoprotein 1 (APOL1) gene variants (G1 and G2) are alleles associated with an increased risk of CKD in people of African heritage. The genetic test looks at whether someone has any of these high-risk APOL1 gene variants.
  - Gentamicin - The particular variation in the gene, denoted as m.1555A>G, is highlighted as being associated with an increased risk of ototoxicity, including when aminoglycoside serum levels are within the recommended ranges.
  - The CYP2D6 enzyme converts codeine into morphine, which is the active metabolite that provides pain relief. Codeine metabolism varies between individuals based on their CYP2D6 gene alleles. Some people have two inactive copies of the CYP2D6 gene, which means they are "poor metabolizers" (PMs) and may not get enough pain relief from codeine. Others are "ultra-rapid metabolizers" (UMs), which can put them at risk of serious adverse events, including respiratory arrest and death.

# Gene-ius pharmacists. An update on genomics informed medicines optimisation

## Presented by: Lucy Galloway



- Practical examples:
  - Clopidogrel - The CYP2C19 gene codes for an enzyme in the liver that metabolizes clopidogrel into an active form.
  - There are many different variants of the CYP2C19 gene, and the combination of alleles a person has determines how well clopidogrel works for them.
  - There is good clinical evidence that people with loss-of-function CYP2C19 alleles who have clopidogrel are more likely to have further strokes compared with people without loss-of-function CYP2C19 alleles.
  - Some less-common loss-of-function CYP2C19 alleles occur at a higher rate in certain ethnic groups.

### CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack

Diagnostics guidance [DG59] Published: 31 July 2024 [Register as a stakeholder](#)

#### Bristol Myers, Sanofi liability in Hawaii Plavix case grows to \$916 million

By Brendan Pierson

May 22, 2024 9:50 PM GMT+1 · Updated 5 months ago



Bottles of Plavix are displayed on the shelves at a pharmacy in North Aurora, Illinois July 24, 2008. REUTERS/Jeff Haynes/File Photo [Purchase Licensing Rights](#)

In the continuation of a decade-long legal battle, a Hawaii judge has ordered Bristol Myers Squibb and Sanofi to pay a combined \$916 million to the state for failing to warn patients about the ineffectiveness of their blood thinner Plavix in some nonwhite patients. The award comes after a second trial in the case.

# Understanding and managing treatment adherence: Challenges for renal care

## Presented by: John Weinman



- High rates of non-adherence
- Large amounts of research done and good understanding of problem
- Primary non-adherence (initial prescription)
- Non-adherence changes over time
- Small percentage of non-adherence solved by reminder systems (over 1000 reminder apps)
- Behavioural problem
  - Health beliefs
  - Side effect concerns
  - Motivation
- Developed a seven step tick box questionnaire which patients can complete asking them about their beliefs and challenges regarding treatment.
  - Good way to open communication channels about non-adherence with patients
  - Used at GSST – please speak to the team if wanting to use.

# Workshop sessions



- Shortage management national approach
- Holistic management of potassium and phosphate in CKD
- Project Proposals – Where do I start?!
- Symptoms control management in dialysis patients
- Perfecting your literature skills
- Technician roles: Opportunities for clinical role in management of mineral and bone disorder in CKD



Dr Samantha Lawes  
<[samanthalawes@kidneyresearchuk.org](mailto:samanthalawes@kidneyresearchuk.org)>

# Oral Abstracts



- Evaluation of immunosuppression management in failed kidney transplant recipients on dialysis – Damini Amin
- Enhancing Inclusivity and Patient Care: The Role of Renal Pharmacists in Managing Medication During Ramadan – Farrah Al-Ghita
- Do pharmacist interventions improve outcomes in CKD? Results from a systematic review and meta-analysis of randomised controlled trials – Ashkon Ardavani
- Tacrolimus Associated Neutropenia – 5 Kidney Transplant Patient Cases – Paul Clarke
- Experience of Using SGLT2is in renal transplant recipients with proteinuria – Gareth Bryant
- A service evaluation on the role of a specialist renal pharmacist in CKD prevention – Pooja Gudka
- An overview of the role of a pharmacist in a multi-disciplinary surgical pre-assessment clinic in kidney transplant – Aisha Riaz

### E&T

Get involved in shaping renal education and training within UKKA & wider

### Clinical

Get involved in providing expert clinical knowledge and networking via the monthly Q&A sessions and WhatsApp Chat



### Research

Join to undertake or support research projects or to complete collaborative projects

### Conference planning

Enjoying the conference and it's content? Get involved in planning the next one!





## Q&A – New Qu

- Queries from conference feedback
  - Access to adherence screener – to link in with GSST team
  - Adherence training session ? In person at GSST
    - ? Open to pharmacy technicians aswell
  - Prof J Weinman keen to link with teams working on adherence – get in touch +/- collaborate
  - EPIC prompts questions around how patients manage their meds @ home (ties into frailty “Pharmacy USP”)
    - Prompts early identification of issues

## Q&A – New Qu

- Genomics discussion:
  - Action for pharmacists re clopidogrel alert TBC
  - Sections on some SPCs already alert us to particular adjustments if “known” fast/slow metaboliser
    - We may need to consider this more in future practise
  - PD patients may be appropriate for genetics testing where high suspicion of requiring IP gent and high risk of ototoxicity (takes time ++ to test)
  - Could include HD line patients to identify those at risk of ototoxicity
  - Imperial are starting to roll this pre-emptive testing out
  - Commissioned by NHSE, ordered via genetics testing portal
    - Are pharmacists able to order tests?
  - UKCPA are working on “genetics version” of RDD

## Q&A – New Qu



- Oral presentation on fasting during Ramadan mentioned reference to UK Ramadan compendium – may be helpful for reference
- Abstract writing and literature searching well received; opportunities for pharmacy
- Shortages workshop helpful for understanding vulnerabilities to supply chain, UK only packs likely to come in next year.
- Boots have a search tool to check availability across all local stores (for patient access)

## Q&A – New Qu

- LFTs deranged in one particular tolvaptan clinic
  - Affected ~6 patients but not seen at other labs
  - ? Related to other meds starting



# Q&A Themes - Guidelines



- Enoxaparin for HD lines (CIP savings available)
- Business case for pharmacist progression posts
  - Workforce planning summit planned in Spring from UKKA, includes reference to pharmacy teams
  - Evidence is limited and doesn't always reflect widespread roles
- IP gentamicin guideline / PD peritonitis
- Roxadustat – NB UKKA anaemia guideline now out

# Q&A Themes - Renal



- Switching between EPO brands
- Everolimus for renal angiomyolipoma associated with TSC - licensed Votubia brand or generic, cheaper brand.
- Ustekinumab in eGFR < 50
- Entocort/ Kinpeygo for IgA
- Erdosteine in Crcl < 25 ml/min
- Rituximab administration with/without consultant supervision
- Hepatitis B vaccines
- Vaccinating patients and starting avacopan
- IV gentamicin for CrCl < 20 ml/min
- SGLT2 inhibitors in PKD
- Polycythemia with SGLT2is



# Q&A Themes - Dialysis

- Pamidronate for patients at offsite dialysis units, bone profile monitoring
- Nitazoxanide to treat diarrhoea caused by cryptosporidium
- Vancomycin dosing for diabetes foot infection in APD
- Intradialytic TPN
- Lokelma for dialysis patients
- Benzylpenicillin benzathine for latent syphilis on PD (2.4 mg weekly for 3 weeks, half dose)
- IP gentamicin
- ESA on dialysis units – stock, reports to finance
- Clot prevention on dialysis for patients who cannot take animal based products – fondaparinux low dose with monitoring/ argatroban
- Pouches for dialysis lines
- Cryogestic spray/Emla cream/Xylocaine spray
- Vancomycin dosing > 2g
- Colchicine/ibuprofen for HD patient with pericarditis
- Dialysis disposal with chemotherapy
- Long acting antipsychotic depot injections in dialysis patients

# Q&A Themes - Transplant

- Management of tacrolimus toxicity
- Inhibitors, e.g. diltiazem to boost tac levels
- Transplant hero app to boost adherence
- Daratumumab for AMR in kidney transplant
- UW MPS solution for kidney perfusion machines
- Everolimus to tacrolimus switch
- Febuxostat in transplanted patients





# Oct Q&A - Close



**Thank you for attending!**

## Next Q&A: Wednesday 20<sup>th</sup> November

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

- >150 participants throughout UK and Ireland
- Useful real time forum for clinical Q's
- Please consider joining!

