RPG – February Q&A

UK Kidney Association

Welcome!

Please add your name and NHS Trust in the chat box to give the facilitators an idea of participants.

Oxford, North Bristol, Addenbrookes Cambridge, Kings London, Newcastle, Birmingham, Leeds, Lister, Norfolk and Norwich, Derby

Outline – February

- Unanswered Qs from Microsoft Teams Q&A
- Call for Protocols
- Open session for participants to ask Qs

Unanswered Q's - 1

- Wondered if anyone has experience in managing adverse reactions (ie rise in CRP, rigors and fevers) post cyclophosphamide infusion? For example, giving steroid as pre-med, extend infusion time or reduce cyclophosphamide dose?
- Lister, Oxford, CUH and give 100 mg methylpred for Rituximab not cyclo. Some give it for cylclo as per rheumatology team.

Unanswered Q's - 2

- Is anyone aware of any halal forms of active vit D?
- ?give liquid as no gelatine coating
- Generic forms of alfacalcidol, search SPC for excipients.
- Check liquid carefully for alcohol content

Unanswered Q's - 3

- Does anyone have any experience of using LMWH for a HD patient with APS , who has just been diagnosed with calciphylaxis hence stopping warfarin? Concerned with longer term treatment, monitoring levels/timing and actual what levels should be. Anyone with experience/guidance would be most appreciated. Thanks
- Leeds switch patients routinely, protocol to check trough and peak levels for HD patients. Give S/C at the start of HD to allow for peak levels post-dialysis. Don't give additional anticoagulation on the circuit during HD. Can share protocol.

Unanswered Q's - 4

- Hi all, one of our consultants wants to start using Lumasiran for primary hyperoxaluria. They were hoping the TA would be out in Jan but it's been deferred. Just wondering if anyone has been able to access any at all and if so, how? Thanks
- Leeds – paediatric patient using on compassionate use programme, can link in

Unanswered Q's - 5

- Has anyone see abnormal LFT's with sotrovimab in Tx patients, on sirolimus too but has been on that for a while.
- One specific patient, yellow card, not seen routinely by other trusts. No feedback through CMDU regarding LFTS.

Unanswered Q's - 6

- Hi all, does anyone have an outpatient on burosumab s/c for the treatment of tumor-induced osteomalacia (TIO) via the free of charge scheme via the company? Let me know if you have or if you have thought about it but didn't pursue please.
- Mab, inhibits FGF23

Call for Protocols

February Q&A: Q1

- Q - Paxlovid in renal population, dose reductions etc.
- A – national guidance live from tomorrow, cannot be used in CKD 3 or below in community. Hospitalised patients – can be used in CKD 3, hospitals to consider how to take tablets required from strip
- Lister leading on using in HD patients, dosing studies, will update when data available. No immunosuppressed patients due to interaction with tacrolimus.

February Q&A: Q2

- Q – Andrea Devaney – has anyone transplanted a patient with sickle cell who required red cell exchange post transplant? How will this affect tacrolimus levels? Exchange every 6-8 weeks.
- A -

February Q&A: Q3

- Q – Any experience of using HRT in a patient on Tolvaptan?
- A – Oestrogens in HRT avoided in PKD, supported by a lot of evidence, eg Mayo clinic. Liver cysts more common in female population, esp if had children.

February Q&A: Q4

- Q – Experience adjusting tacrolimus doses for high BMI?
- A – using Adjusted BW for BMI > 30

February Q&A - Close

REMINDER: Microsoft Teams Q&A for real time Q's: 35 participants; Unanswered Q's brought to monthly session; Q's to be added to website – Clinical Subgroup section.

Thank you for attending.

See you in March!

Next Q&A: Tuesday 8th March 1pm

Covid Treatments

- Remdesivir
  - Inpatients only. RDD monograph available
- Lagevrio - molnupiravir
  - Within 5 days of
  - Mutagenic/Teratogenic
- nMABs
  - Ronapreve (casirivimab/imdevimab)
    - 4 x s/c injection 2 x (casirivimab 300mg/imdevimab 300mg) or IV
  - Sotrovimab
    - 500mg i/v - no dose reduction in CKD
    - Given on last hour of dialysis?
- Paxlovid 150/100 (PF-07321332/Ritonavir)
  - Within 5 days of covid positive
  - Twice daily for 5 days
  - Dose reduction - moderate and severe renal disease
  - Interactions – unlikely to be possible if on interacting transplant