RPG – July Q&A

UK Kidney Association

Welcome!

Trusts Represented today include:

Oxford University Hospitals, North Bristol Trust, Liverpool, Cambridge, Norfolk, Sheffield, Ayrshire, Tayside, Barts, Hertfordshire, Newcastle, Manchester

July – Q&A Themes

- **Supply issues**
  - Sodium thiosulfate
  - Tiopronin
- **CKD**
  - Bisphosphonates
  - Gentamicin
  - eGFR Vs CrCl for drug dosing
- **RRT**
  - Amikacin line locks
- **Transplant**
  - Tacrolimus s/l (medusa monograph), ATG for induction (rabbit or equine) for induction

July – Q&A Themes

- **Procedural/Guidelines**
  - JD MMT
  - Self-checking
  - Tolvaptan
  - Kidney research UK grant applications
  - Lokelma guidelines for primary care
  - Urokinase
- Argatroban for HIT
- Ofatumumab for ANCA refractory to ritux
- SGLT2i
- Potassium supps for gitelmans

July – Important Updates

- Roxadustat for treating anaemia in people with chronic kidney disease
  - Expected 13.7.22
- Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease
  - Expected 20.7.22
- Finerenone for treating chronic kidney disease in people with type 2 diabetes
  - Expected 14.9.22

Unanswered Q's - 1

July Q&A: New Q

- Liverpool – s/l tac medusa update; Newt/Enteral feeding refs not useful. Journal papers support as case reports. Any units with references?
  - Norfolk have a guideline. Based on single paper and practical experience. Paper suggested po->s/l is roughly half oral dose, practical experience suggests 1:1.
    - Pennington C Park J. Sublingual tacrolimus as an alternative to oral administration for solid organ transplant recipients. Am J Health-syst Pharm Vol 72 Feb 15, 2015 and Al Sagheer T Enderby CY. Determining the conversion ratios for oral versus sublingual administration of tacrolimus in solid organ transplant recipients. Clinical GTransplantation. 2019: 33:e13727

July Q&A: New Q

- Ayrshire, Bristol, Barts, Newcastle, Oxford, Cambridge use 1:1
  - Barts/Newcastle/Bristol report some issues with OP use ? User error, most likely reliable in IP dosing
- Medusa will allow for consensus opinion
- ? Around long term use – mouth ulcers?
- Manchester carry out tac trials e.g. high output stoma pts, but little experience in the group with LT use
- ?value in Modigraf granules – check data on absorption

July Q&A: New Q

- Cambridge – switching meropenem to Temocillin
  - 2g 3x week, ?increased dose over long intradialytic gap
- RDD now updated
- Manchester also use 2/2/3 to cover longer gap
- Daily use as IP as unknown when HD

July Q&A: New Q

- Sheffield – Info on when to dose using eGFR Vs CrCl?
  - E.g. using eGFR for dalteparin for prophylaxis but using Crcl for treatment doses
- Feeling was prescriptive guide may be unhelpful due to approximations/limitations of both formulas
  - E.g. consider extremes of body weight, average patient morphology more likely to be unaffected by variability
- Complex area, often case of judgement
- Generally cancer drugs want CrCl
- Need to be aware of pitfalls of both formulas

July Q&A: New Q

- MHRA guidance suggests pt>75 or DOAC use CrCl but other drugs less specific
  - Caution still over the limitations
- Ensure using trend rather than one off calculations whatever calculation used
- Group consensus remains the same about using both formulas
- Manchester (KP) ~50% nephrologists don't use CrCl, mirrors EU groups. Doesn't appear to include adjusting on BSA. Experience from haematology tends to favour using CrCl

July Q&A: New Q

- Primary care data suggests overdosing using eGFR
- MHRA guidance lacks detail

July Q&A: New Q

- Barts have consultants keen to use NICE Imlifidase
  - Would need induction with equine ATG/eculizumab
    - Equine ATG seems to be OOS till Dec
    - Needs to be equine due to SPC, imlifidase cleaves basiliximab/alemtuzumab
- Liverpool think not every Tx centre will have access
  - Thought to be cost prohibitive
  - Might reduce access to Tx which would contradict OUG/RSTP?
  - Likely to need a pathway – might this look like one Tx centre/unit
  - Only for deceased donors – 4hour infusion immediately pre transplant, may require 2nd dose

July Q&A: New Q

- Cambridge – Roxadustat action plans?
  - Plans for switching patients?
  - Plans for initiation?
- Not for use in dialysis patients
- Cambridge proposing using in all low clearance patients – concern over supplies as not available on homecare or only in patients unable to use ESA
- Oxford planning in those unable to use ESA, not initiating with HIF
- Newcastle discussing practicalities of prescriber capacity if switching from homecare ESA -> HIF
- Ayrshire thoughts are only for patients unsuitable for ESA
- Can't use with peanut allergies, pregnancy, Hx seizures, avoid concomitant admin with PO4 binders (compliance issues)
- Trusts awaiting price data
  - Thought to be >ESA

July Q&A: New Q

- HIF is involved in multiple pathways, unknown about repercussions/side effects
- FDA rejected Vadadustat due to cardiovascular/liver problems ?VGEF?
- Are there benefits in using with obese patients where concern over sc admin?
- Are there benefits in using in patients with high ESA dosing?
- Feeling is to start in small groups and gain experience

July Q&A: New Q

- What do the members want from the clinical sub-group?
  - Whatsapp group chat formatting/recording?

July Q&A: Clinical Sub-Group

- We're on the look out for new members!

- Variety of experience, enthusiastic, geographical spread
- Formal comms to follow through UKKA mailbase

July Q&A: RPG Conference

- UK RPG Conference 2022
- September 23rd & 24th
  - Arden Hotel Birmingham
  - Face to face
- A draft conference programme can be viewed here

July Q&A - Close

REMINDER: WhatsApp Q&A platform - 53 participants; Very useful real time forum for clinical Q's – please consider joining.

Thank you for attending.

See you in August!

Next Q&A: Wednesday 10th 1pm