

RPG – March Q&A

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, Guys and St Thomas, Leicester, Brighton, University Hospital Birmingham, Norfolk and Norwich, Belfast, Royal Sussex

Outline – March

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

Unanswered Q's - 1

- Has anyone any experience of using tacrolimus and orlistat in post transplant recipients?

Answer – nobody has specific experience, however would likely affect levels due to diarrhoea. Recommended closely monitored levels if to use.

Unanswered Q's - 2

- Has anyone got any experience of using denosumab in the haemodialysis population, and administering it during dialysis?

Answer – Bristol has Shared Care Protocol. Issues where this is recommended and given by another team when the patient is on dialysis without the renal team being aware. Needs very close monitoring of calcium, plan for stopping and starting cinalcet etc.

Unanswered Q's - 3

Does anyone have official guidance of HRT in transplant patients? Do any centres NOT recommend due to increased cancer risk?

- I would also be interested in this - is anyone using HRT routinely for menopause symptoms in transplant pts? Which preparations do you prefer? Transdermal / topical over po?

Answer – no experience across the group. Need to weigh up risks of cancer, CVD, osteoporosis etc. Likely higher risk in transplant patients, leave it to patient choice.

Unanswered Q's - 4

- Has anyone ever produced a list of medicines for which doses should always be decided based on CrCl rather than eGFR? I've been asked by our Medicines Safety Committee to signpost them to, or produce, a list.

Answer – group agreed would not advocate a list to use in each situation, sometimes require working out both. MHRA alert 2019 – advice on DOACs

March Q&A: Q1

- Question – Sotrovimab when to give on HD?
- Answer – Can give during the session but usually give towards the end.
- Question – when to give vanc and gent on HD?
- Answer – Vanc in the last 100 minutes, gentamicin after the session has finished.

March Q&A: Q2

- Question – using potassium binders for dialysis patients.
- Answer – licenced in SPC for non-dialysis patients, Cambridge have a couple of patients who require it despite adequate first-line measures, therefore have now done a business case to allow use in dialysis patients if needed. Kept as hospital only, Shared Care Guideline for long-term CKD patients. Bristol have about 10 dialysis patients taking Lokelma long term.
- For acute hyperkalaemia – most trusts give 10 g TDS for 72 hours, stop when dialysing again. No issues with low potassium.
- Royal Free – using Lokelma in patients in acute setting, for example line changes, follow SPC dosing.

March Q&A: Q3

- Q – ravulizumab – how have people found switching from eculizumab?
- A – using at Bristol, have to bring Homecare patients in for the switch to have a dose in centre first, difficult logistics, needing a big flush post infusion but patients finding it okay.
- Switched four patients over at Guys.

March Q&A: Q4

- Q – Fondaparinux for prophylaxis for patients with history of HIT
- A – used in Leeds, start with 1.5 mg, can do a level, actually measuring Anti Xa activity, peak level then trough level if need it for > 1 week. Important to ensure it is the correct assay for Anti Xa. Small numbers but no issues with these patients in the past. If on dialysis, look at clotting scores on dialysis to assess whether it is required.
- Oxford give 2.5 mg on the circuit if needed, NBT also do.

March Q&A: Q5

- Q – How do people use sodium thiosulfate?
- A – use a lot in Leeds, no guideline, use 25 g each dialysis session, last hour of dialysis. Tweak doses based on supply. Most trusts using the same dose. Some patients require repeated courses. Queries over a UK registry, consultant at Salford.

March 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 April!

Next Q&A: Tuesday 12th April 1pm