

RPG – May 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, Royal Free, Ayrshire and Arran, Raigmore Hospital, Lister, Brighton, Lister

Outline – May

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

Unanswered Q's - 1

- Hi all, can anyone share their experience RE CMV retinitis treatment in transplant patients? We have a tricky case here, patient who has been struggling with CMV retinitis since 2020, deterioration on intravitreal ganciclovir, neutropenia/rash with valganciclovir, admitted for iv ganciclovir and has completed induction phase (16 days), now developed neutropenia so have started GCSF on advice of haem. Thinking about moving to maintenance therapy, team keen to continue IV ganciclovir as CMV retinitis improving but obviously only if counts allow. Want to avoid foscarnet due to nephrotoxicity. Any experience with using IV ganciclovir longterm? Did you use dose as per renal drug database? How did you decide when to stop, clinical improvement? CMV viral load not high, less than 300 - so can't be used as a market for responding. If all options fail, had anyone ever used foscarnet in a transplant patient?
- Answer – Trusts have used, need to be careful with nephrotoxicity. Marabivir has been used in a trial – very expensive. One Trust managed to get maribavir via Clinigen free of charge, lengthy process as patient's renal function was going off.

Unanswered Q's - 2

- Just wondered if anyone could share their experience of using trihexyphenidyl in CKD/AKI. Very limited PK/PD data and case reports. Patient renal function likely to recover but currently dialysing due to severe AKI secondary to Rhabdomyolysis
- Answer – no experience from the group.

May Q&A: Q1

- Question – New PD peritonitis guidelines. Question over oral NAC for every patient on PD antibiotics to prevent ototoxicity. Query over where there is a licensed oral and whether there is a need for all patients on IV antibiotics. One Trust having meeting this week with the renal/micro consultants and will feed back.

May Q&A: Q1

- Question – Alteplase shortage for 2 years of the 2mg vials. No issue with the higher strengths. No urokinase available except 100,000 units. Option to break down 50mg vials to 2mg vials and freeze then transport for units to use. To push nationally, we need an alternative for all units.

May Q&A: Q1

- High cost drugs, lots of drugs no longer in Tariff. Etelcalcetide ?Bueteq. One Trust told by commissioning this is not required.
- Current block contract until the end of the year then for further information.

May Q&A: Q1

- SGLT2i guideline, London overarching guideline being developed that could be made national to reduce duplication of effort. Will update the group when hears more. Most units allowing GP prescribing under specialist advice.

May Q&A - Close

REMINDER: Microsoft Teams Q&A - 50 participants; Some technical difficulties due to Trust Teams permissions – considering WhatsApp as an alternative.

Thank you for attending.

See you in June!

Next Q&A: Wednesday 15th June 1pm