



SYMPOSIUM
Online



ROYAL
COLLEGE of
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EDINBURGH

Renal Medicine

Programme & Abstracts



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Friday 28 April 2023

 #rcpeRenal23

Symposium organising committee

Dr Vinod Sanu (Chair)

Dr Mark Devonald

Dr Iain Drummond

Dr Fiona Duthie

Dr Jane Goddard

Dr Chanaka Perera

Dr Ashley Simpson

The Federation of the Royal Colleges of Physicians of the UK runs a Continuing Professional Development (CPD) Scheme for all post-training physicians. Please note it is your responsibility only to claim credits for the hours you attend.

CPD ID Code: 143418

CPD Credits: 6



CPD certificates and feedback

The CPD sign-in register is now online and is combined with the symposium feedback form.

- Please note that in order for us to issue CPD certificates, we require participants to complete our online feedback survey and you should have received an email containing a link to your individual feedback form. If you have not received this please contact: c.holmes@rcpe.ac.uk
- There is an option to save your feedback as you complete it during the day and finish your responses later. This is done through the 'Finish later' button which is at the bottom of every page of the survey.
- Please note that the 'Finish later' feature supplies you with an updated individual link which contains your previous answers. These are not accessible to our administration team so please ensure that you store this link as otherwise you will have to begin your survey again.
- The attendance and feedback form will be open for 28 days after the event, **closing at midnight on Friday 26 May 2023**. Electronic certificates will be issued shortly after that date via email. It will not be possible to issue certificates to delegates who do not complete the form by this date as it is your confirmation that you attended – so please make sure you do. Please note that it is not possible to download a certificate directly from the online feedback survey platform.

Asking questions and interactive sessions

- You can submit questions to the speakers during the talks using 'Slido.com' - we will be using interactive software, 'Slido', so that everyone can ask the speakers questions and participate in any polls and case discussions.
- On your mobile, tablet or computer, go to [slido.com](https://www.slido.com)
- Enter the event code: **#rcpeRenal23**
- This code will be used throughout the day for all presentations.
- When delegates send questions to speakers, your device will display the delegate questions.
- You can 'like' any delegate questions submitted, questions will rearrange based on how many 'likes' they have, highlighting to the Chair popular questions.
- Any questions not answered on the day will be responded to retrospectively and posted on <https://events.rcpe.ac.uk/events/symposia>.

Social media

The College encourages online discussion and the use of social media. Please feel free to participate – the Twitter hashtag for this event is **#rcpeRenal23**

You don't have to join Twitter to participate, anyone can access the tweets from the event, just type the event hashtag into the search bar of your browser and all tweets with the hashtag will be displayed. The College has its own Twitter account @RCPEdin and this is usually highly active during symposia and a useful summary of key messages from the day.

An Online Heritage Exhibition and other useful information is available on the live event pages

Symposium programme

Renal Medicine

RCPE Online Symposium held on Friday 28 April 2023

- 09:00** **Registration**
- 09:25** **Welcome by Professor Sunil Bhandari, Vice President, Royal College of Physicians of Edinburgh**
- Session 1** **Renal replacement therapy (RRT) how to model care**
- Chair:** Dr Iain Drummond, Consultant Nephrologist, Glasgow Renal and Transplant Unit
- 09:30** **Advanced kidney care clinic**
Dr Gary Campbell, Consultant Nephrologist, Dundee
* staffing * RRT education * goals
- 10:05** **Frailty in chronic kidney disease – implications**
Dr Caroline Whitworth, Consultant Nephrologist, Edinburgh
* assessment * escalation principles * multidisciplinary team input
- 10:40** **Crash landers – how best to manage**
Dr Emily McQuarrie, Consultant Nephrologist, Glasgow Renal and Transplant Unit
@mcq_emily
* cases - role of renal biopsy * RRT education * psychology/social work
- 11:15** **Break**
- Session 2** **Nephrology conundrums and updates**
- Chair:** Dr Fiona Duthie, Consultant Nephrologist, Edinburgh
- 11:30** **Viral hepatitis and kidney disease**
Dr Andrew Fraser, Consultant Hepatologist, Glasgow
* renal involvement * therapeutic update * prognosis
- 12:05** **Highly sensitized patients awaiting transplantation-barriers and challenges**
Professor Colin Geddes, Consultant Nephrologist, Queen Elizabeth University Hospital, Glasgow
* definitions * scale of problem * current approaches
- 12:40** **Lunch**

Symposium programme

Renal Medicine

RCPE Online Symposium held on Friday 28 April 2023

Session 3 Home dialysis

Chair: Dr Vinod Sanu, Consultant Nephrologist, Dundee

13:15 Peritoneal dialysis – how to fulfil patients renal replacement therapy choice and maintain technique

Dr Drew Henderson, Consultant Nephrologist and Medical Director; Cancer and Chronic Conditions
Te Whatu Ora Waikato, New Zealand

* how to empower the peritoneal dialysis team * patient factors * misconceptions

13.50 SIR STANLEY DAVIDSON LECTURE

Chair: Professor Sunil Bhandari, Vice President, Royal College of Physicians of Edinburgh

Improving home dialysis uptake

Dr Christopher Chan, Divisional Chief, Nephrology University Health Network, Toronto General Hospital, Toronto

@ChrisChanUHN

* promoting home dialysis * newer technology * future

14.35 Break

Session 4 Onco-nephrology

Chair: Dr Mark Devonald, Consultant Nephrologist, Renal Unit, Liverpool

15.00 Newer cancer therapies and renal involvement

Dr Anushree Shirali, Yale University, New Haven, USA

@anushreeshirali

* check point inhibitors * renal complications * diagnosis/management

15.35 Myeloma and associated disorders

Dr Jennifer Pinney, Consultant Nephrologist, Queen Elizabeth University Hospital, Birmingham

* epidemiology * renal involvement * therapeutic update

16.10 Post-transplant lymphoproliferative disease and management

Professor Christopher Fox, Professor of Haematology, School of Medicine, University of Nottingham, Honorary Consultant Haematologist, Nottingham University Hospitals NHS Trust

@DrChrisPFox

* prevalence * risk factors * management update

16.45 Close

Symposium Abstracts

Session 1- Renal replacement therapy (RRT) how to model care

Advanced Kidney Care Clinic

Dr Gary Campbell, *Consultant Nephrologist, Dundee*

Advanced Kidney Care Clinic (AKCC) receives patients with multiple underlying renal pathologies, different disease trajectories and numerous management pathways. Their care typically involves a multidisciplinary approach involving nephrologists, specialist nurses including KRT educators and transplant, home dialysis, vascular access and anaemia coordinators, renal dietitians and possibly a social worker and/or psychologist. There may be input from a supportive care or palliative care team, or that may run as a parallel service. There is also wider collaboration with primary care and diabetic teams as well as the local transplant team. The overall aim of the AKCC is to provide education, patient and carer support in decision making, disease management and ensure preparedness for end-stage kidney disease and kidney replacement therapy (KRT) options, or a supportive approach to end-of-life care. Preparedness for KRT includes patient and carer education on the pros and cons of all options available, living donor kidney transplant work-up and pre-emptive transplant where possible, definitive dialysis access and timely hepatitis-B immunisation. Despite everyone's best intentions however, these aims are not always achieved. This talk will look at some of the intended objectives of the AKCC and

the potential challenges and barriers encountered along the way.

Frailty in chronic kidney disease – implications

Dr Caroline Whitworth, *Consultant Nephrologist, Edinburgh*

Age-specific prevalence of renal replacement therapy (RRT) in Scotland for the age ranges of 45–64 years and 65–74 years are increasing, while the prevalence in the 75 years-and-over group has been static or declining over the past 10 years. This may suggest that older patients are choosing to adopt conservative care rather than RRT. Increasing frailty, comorbidity and burden of healthcare are associated with ageing. We need to understand what factors are likely to help us identify which patients are more likely to benefit from RRT, and which are more likely to benefit from conservative care. How can we identify through holistic approaches, what actions we should take to maximise overall health in our ageing population with chronic kidney disease and dialysis? This presentation sets out to describe what is meant by frailty, what the implications of frailty and comorbidity are in the context of RRT, how they might impact on the outcomes for patients in terms of survival, and ultimately how this understanding might help the process of shared decision making. In the absence of randomised controlled trials, data will be presented describing attempts to develop scoring systems to help identify patients at higher risk of a poor outcome from starting RRT.

Further reading

Couchoud CG, Beuscart J-B R, Aldigier J-C et al. Development of a risk stratification algorithm to improve patient-centered care and decision making for incident elderly patients with end-stage renal disease. *Kidney Int.* 2015; 88: 1178–86.

Kan W-C, Wang J-J, Wang S-Y, et al. The New Comorbidity Index for Predicting Survival in Elderly Dialysis Patients: A Long-Term Population-Based Study. *PLoS ONE* 2013; 8: e68748.

Verberne WR, Geers ABMT, Jellema WT et al. Comparative Survival among Older Adults with Advanced Kidney Disease Managed Conservatively Versus with Dialysis. Comparative Study *Clin J Am Soc Nephrol.* 2016; 11: 633–40.

Crash landers – how best to manage

Dr Emily McQuarrie, *Consultant Nephrologist, Glasgow Renal and Transplant Unit @mcq_emily*

It is recognised that starting dialysis within 90 days of first contact with renal services is associated with poor outcomes in terms of increased morbidity and mortality, compared with those whose start onto kidney replacement therapy is planned over a longer time period. For some of those patients, starting dialysis for end-stage kidney disease within 90 days is unavoidable, due to fulminant disease. For others however, it is potentially avoidable, with better systems or better engagement. Recognising the risks; identifying patients earlier if possible and preparing patients who receive dialysis for acute kidney injury (AKI), who are unlikely to recover using biopsy features and other scoring systems,

should allow focused interventions to improve outcomes.

Session 2- Nephrology conundrums and updates

Viral hepatitis and kidney disease

Dr Andrew Fraser, *Consultant Gastroenterologist, Glasgow*

Viral hepatitis covers a wide number of different infectious agents. This presentation will mainly concentrate on hepatitis B and C which may affect the kidney directly or indirectly. The prognosis of viral hepatitis will be discussed, how this may be affected by renal disease and how viral hepatitis may influence the prognosis of renal disease. Therapeutic advances in the management of viral hepatitis and the use of donor organs from patients with viral hepatitis will be touched on.

Highly sensitized patients awaiting transplantation- barriers and challenges

Professor Colin Geddes, *Consultant Nephrologist, Queen Elizabeth University Hospital, Glasgow*

Patients who have developed HLA antibodies as a result of previous exposure to HLA antigens through pregnancy, blood transfusion or pregnancy are described as 'sensitised'. Patients who are highly sensitised wait longer for a kidney transplant, are at increased risk for antibody-mediated rejection after transplant, and have shorter transplant survival compared with transplant recipients who are not sensitised. The options for highly sensitised patients have improved in recent years but they are still over-represented on the transplant waiting list. This presentation will cover the

options for highly sensitised patients in the UK, including prioritisation on the deceased-donor transplant waiting list, de-listing of low-risk HLA antigens, UK National Living Donor Kidney Sharing Scheme and the introduction of imlifidase to clinical practice.

Session 3- Home dialysis

Peritoneal dialysis – how to fulfill patients renal replacement therapy choice and maintain technique

Dr Drew Henderson, *Consultant Nephrologist and Medical Director; Cancer and Chronic Conditions, Te Whatu Ora Waikato, New Zealand*

Peritoneal dialysis (PD) is underutilised as a treatment option for patients with kidney failure. This stems from clinician and system bias which leads to a high proportion of patients being treated with facility-based haemodialysis. This is despite evidence of similar outcomes for the first 2–3 years of therapy with PD and that PD is a cost-effective treatment in comparison with facility-based dialysis. The key to a successful PD program is multifactorial and is impacted by the policies, funding models, facility-based dialysis capacity and clinician beliefs in a dialysis service. Focusing on a patient's goals of treatment helps increase PD use and will allow an individual to make the correct modality choice for them. Treatment goals do not focus on survival alone and life participation is seen as an equally important goal by patients. In addition to shared goals-of-care discussions a successful PD program needs to deliver timely access to treatment and adequate support within the community.

This requires a shift in thinking about PD-access creation, empowerment of community-based nursing teams and protocolled treatment of complications to minimise attendance at hospital.

SIR STANLEY DAVIDSON LECTURE

Improving home dialysis uptake

Dr Christopher Chan, *Divisional Chief, Nephrology, University Health Network, Toronto General Hospital, Toronto @ChrisChanUHN*

There is a renewed interest in home dialysis globally. Home dialysis (both haemodialysis and peritoneal dialysis) has been shown to improve quality of life and addresses the notion of 'goal-directed dialysis'. Intensive haemodialysis has also been demonstrated to improve blood pressure control, regress left-ventricular hypertrophy and restore normal physiology.

This lecture will discuss the pros and cons of home dialysis and will also review the local, regional and system-level strategies to enhance uptake of home dialysis.

Further reading

Chan CT, Blankestijn PJ, Dember LM et al. Dialysis initiation, modality choice, access, and prescription: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. *Kidney Int.* 2019; 96:37–47

Sarnak MJ, Auguste BL, Brown E et al. Cardiovascular Effects of Home Dialysis Therapies: A Scientific Statement From the American Heart Association. *Circulation* 2022; 146: e146-e164

Session 4- Onco-nephrology

Newer cancer therapies and renal involvement

Dr Anushree Shirali, *Yale University, New Haven, USA*

Patients with cancer are susceptible to developing kidney disease, including acute kidney injury, chronic kidney disease, and electrolyte abnormalities. While patients with malignancies have various risk factors for developing kidney disease, a common risk factor is the use of potentially nephrotoxic anti-cancer agents. This presentation will review the nephrotoxicity of novel anti-cancer agents, focusing on immunotherapeutic agents such as immune-checkpoint inhibitors and chimeric antigen receptor T-cells.

Myeloma and associated disorders

Dr Jennifer Pinney, *Consultant Nephrologist, Queen Elizabeth University Hospital, Birmingham*

Myeloma-associated kidney disease encompasses a variety of pathologies from direct renal toxicity due to light chains precipitating as casts, to indirect effects

from the intact paraprotein or the light/heavy chain component of the paraprotein. Individuals can present with acute kidney injury, progressive proteinuric renal impairment or, in rare cases, tubular dysfunction. Acute kidney injury due to cast nephropathy is a renal emergency which requires urgent treatment of the myeloma to prevent long-term damage. Improvement in renal function is common when there is a rapid clonal response, and this improvement may continue over weeks to months. In patients presenting in a more indolent fashion the diagnosis may be challenging because of the wide range of disease manifestations, and potential difficulties with detection of a more subtle pathogenic clone. When a patient is found to have a low-level clone which is linked to the kidney disease it is termed Monoclonal Gammopathy of Renal Significance (MGRS). The combination of a renal biopsy along with a full haematological work-up is required to link a paraprotein to kidney disease. Early diagnosis and the use of rapidly effective chemotherapy agents have improved patient and renal outcomes for both cast nephropathy and MGRS.



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Upcoming Events 2023

Throughout this academic year we will be delivering our Education Programme as a mix of hybrid, in-person and online. Our hybrid events give you the option to meet in the College for some face to face learning and conversation, or to view online from home. Most of our events and CPD/feedback surveys are open for 28 days after the event, so that you can catch-up at your convenience and from any time-zone. Alongside our popular Evening Medical Update programme we have our suite of speciality symposia and some new hot topics events to look out for.



Education Portal

Material from these events is made available beyond the on-demand period to Fellows, Members and Associates on the College's Education Portal, where you'll also find hundreds of hours of other clinical and non-clinical content.



learning.rcpe.ac.uk

The Royal College of Physicians of Edinburgh's education programme continues with:

May

TUE 16	Evening Meeting Professionalism in Medicine: Wellbeing in Medicine	EM
WED 24	Course Criticisms, Concerns and Complaints: An introduction to responding to challenging situations with compassion and confidence	C&W
THU 25 – FRI 26	Course RCPE Spring Update: Acute Medicine for the Generalist (Online)	C&W
THU 25	Symposium RCPE Belfast	Sym
TUE 30	Evening Medical Update Neurology, Psychiatry, Ophthalmology	EMU

June

TUE 20	Evening Medical Update Rheumatology	EMU
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July

WED 5	International Medical Update RCPE Nepal - Updates in Clinical Medicine	IMU
TUE 25	Evening Medical Update Top Tips for New Doctors	EMU

September

THU 7	Symposium Symposium: Infectious Diseases	Sym
WED 13 – THU 14	Course An Introduction to Clinical Research Including Critical Appraisal	C&W
THU 14	UK Medical Update RCPE Yorkshire: Updates in Clinical Medicine	UKMU

Further events to be announced. To book, or for more information visit: events.rcpe.ac.uk