

## Registration is now open for the ANSA 2012 Conference

### 'Overcoming the hurdles in Anaemia Management'

The Conference will be held at the Hallam Conference Centre, 44 Hallam Street, London, W1W 6JJ. (6 minutes walk from Oxford Circus Tube station). Registration commences at 09.30 and the Conference opening is at 10.00.

More details can be found on the Web site: [www.anaemianurse.org](http://www.anaemianurse.org)

As usual, we have some exceptional speakers and in our Olympic year, there is a sporting link to some of the talks.

This year, members are invited to submit abstracts on topics related to Anaemia Management for the Conference and if accepted, will be displayed as posters in the Exhibition area – The Abstract form can be downloaded from the Web site.

The registration fee is highly subsidised for ANSA members, so please encourage your colleagues to attend and to join ANSA if they aren't already members. Please book your Study leave as soon as you can and don't hesitate to contact the ANSA Secretariat office if you need any further information. If you require an invoice, it can be dated and sent after the Conference, so that it falls in the new financial year.



[www.anaemianurse.org](http://www.anaemianurse.org)

## ANSA Conference

Hallam Conference Centre, 44 Hallam Street  
London, W1W 6JJ  
Friday 30th March 2012

### "Overcoming the hurdles in Anaemia Management"

09.30 - 10.00	<b>Registration &amp; Coffee - Exhibition</b>
10.00 - 10.05	Welcome and overview
10.05 - 10.35	<b>Organisation and performance in Renal Anaemia Management</b> Tom Crocker, PhD student, University of Leeds
10.35 - 11.05	<b>The relative safety of different parenteral iron preparation: Oxidative stress, renal injury</b> Ashraf Mikhail, Consultant Nephrologist, Morriston Hospital, Swansea
11.05 - 11.30	<b>Abuse of EPO in sport to enhance performance</b> Professor Iain Macdougall, Consultant Nephrologist, Kings College Hospital NHS Foundation Trust, London
11.30 - 12.00	<b>Transplant, Sport and the Patient</b> Peter Murray, Transplant patient
12.00 - 12.30	<b>AGM</b>
12.30 - 14.00	<b>Lunch and Exhibition</b>
14.00 - 14.45	<b>Impact of Immunosuppression on Anaemia Management</b> Mark Lee, Renal Pharmacist, St James's University Hospital, Leeds
14.45 - 15.30	<b>Transplantation and Anaemia</b> Dr Edward Sharples, Consultant Nephrologist, Oxford Kidney Unit, Churchill Hospital
15.30 - 15.45	<b>Break</b>
15.45 - 16.05	<b>Beyond Anaemia: EPO and Tissue Protection</b> Dr Declan de Freitas, Consultant Nephrologist, Manchester Royal Infirmary
16.05 - 16.45	<b>Anaemia in Pregnancy</b> Dr Susan Robinson, Haematology Consultant, Guy's and St Thomas's NHS Foundation Trust
16.45 - 16.50	<b>Close and Poster Awards</b>

For further details contact the ANSA Secretariat

Tel: 01483 724472 E-mail: [ANSA@mandmconsultants.co.uk](mailto:ANSA@mandmconsultants.co.uk)

# ANSA NEWS

Autumn / Winter Edition 2011

Dear Members

Welcome to the autumn / winter edition of the ANSA Newsletter. I can hardly believe we are nearing the end of 2011 already. Your ANSA executive have been busy updating the Anaemia Academy in line with the revised NICE guidance.

We are just applying the finishing touches to what is a fantastic Conference programme. The title has an Olympic influence, "Overcoming the hurdles in Anaemia". The focus is on how to manage anaemia in our increasingly challenging environment with some fabulous speakers confirmed. This is a topic I'm sure is relevant to many of us in secondary and primary care. Following delegate feedback we have changed the format of our annual conference to one day for next year, therefore the program is even more value packed!

On behalf of the ANSA executive I wish you a Merry Christmas and a Happy New Year.

Warm regards

Belinda Dring ANSA President

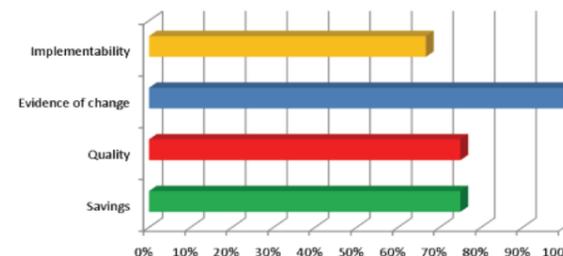


Belinda Dring

## QIPP EVIDENCE

In 2009 ANSA, in collaboration with BRS CKD forum, published 'A guide to the administration of intravenous iron for people with anaemia of CKD in a non acute hospital setting.' Since this publication the administration of community given iron for patients with CKD has been introduced in many new areas nationwide across the UK. In February 2011 community given IV iron for CKD patients was recognised as an excellent example of innovation and quality by NHS Evidence-QIPP. NHS Evidence published a QIPP case study provided by the Royal Cornwall Hospitals Trust. A WebEx was also run by NHS Evidence on the 12th July this year and 42 participants listened to the seminar. There is the opportunity for another WebEx to be run in the future and any persons interested in participating should register their interest at [contactus@evidence.nhs.uk](mailto:contactus@evidence.nhs.uk). In a challenging economic health climate and with the current government encouraging 'care closer to home', community given therapies such as IV iron would seem to be a natural progression.

QIPP Evidence provides users with practical case studies that tackle the quality and productivity challenges in health care. 'Intravenous iron given in the community' was an evaluation based on the degree to which the initiative meets the QIPP criteria of savings, quality, evidence and implement ability. These criteria are given a combined overall score. The overall score is used to identify the best examples which are then shown on the NHS Evidence site as 'recommended' or 'highly recommended'. Community given iron was scored as per the table below:



If you are looking to set up a community given intravenous iron service or would simply like more information; details on the case study can be viewed on [www.evidence.nhs.uk](http://www.evidence.nhs.uk).

Sharon Benton, President-Elect

## Dates for Your Diary in 2012

Thursday 8th March  
**World Kidney Day**

Friday 30th March  
**ANSA Conference - Hallam Conference Centre, London**

Tuesday 1st May - Thursday 3rd May  
**BRS Conference, Manchester Central**

September 15th - 18th  
**EDTNA/ERCA International Conference Athens Greece**

Friday 28th - Saturday 29th September  
**Renal Pharmacy Group Conference Manchester Conference Centre**

Tuesday 30th October - Sunday 4th November  
**ASN, San Diego, USA**

## Call for poster abstracts for the 2012 Conference

The next ANSA annual conference will be held on the 30th March 2012. For this conference we have decided to call for poster abstracts.

The topic can be anything related to Anaemia Management.

You will find the poster abstract form on the ANSA website ([www.anaemianurse.org](http://www.anaemianurse.org)).

If you have any questions, please feel free to contact the ANSA Secretariat:

26 Oriental Road · Woking · Surrey · GU22 7AW  
Tel: 01483 724 472 · Fax: 01483 727 816  
email: [ANSA@mandmconsultants.co.uk](mailto:ANSA@mandmconsultants.co.uk)

## E Learning with ANSA

ANSA are always searching for ways to provide up to date information and learning for its members. Our annual conference is an excellent location for this, but we appreciate that not everyone is able to attend every time. Five years ago ANSA wrote two e learning modules. The feedback we have received has been very positive, and the uptake of the units has indicated to us anaemia modules are in demand. With the publication of updated NICE guidance for anaemia management in chronic kidney disease in February 2011, ANSA considered it time to update the programmes, so throughout the summer ANSA have been working on this to bring them into line with the new NICE guidance and other recent papers.

The two updated modules, which will be available in the next few weeks are:-

- Introduction to anaemia of chronic disease. This module gives the learner an insight into diagnosis of anaemia and the range of conditions which may attribute to anaemia, identifying the possible causes, and recommended treatments.

And

- Management of anaemia in chronic kidney disease. This module focuses on anaemia within the renal speciality identifying factors that commonly complicate anaemia management in renal patients. Management of this patient group is discussed in line with new recommendations by NICE.

Access to the modules will be possible by either ANSA's own website [www.anaemianurse.org](http://www.anaemianurse.org), or via Nursing Times website [www.nursingtimes.net](http://www.nursingtimes.net).

To demonstrate ANSA's commitment to continuing to provide education for healthcare professionals involved in anaemia management, we are subsidising fees for both modules.

## Anaemia management in people with chronic kidney disease - an update.

Karen Jenkins, Consultant Nurse, East Kent Hospitals University NHS Foundation Trust & ANSA Past President

Evidence emerging from recent randomised controlled trials showing lack of benefit and possible harm from achieving higher Haemoglobin (Hb) levels in those with anaemia of chronic kidney disease (ACKD) precipitated a partial update of the 2006 NICE clinical guideline Anaemia Management in Chronic Kidney Disease ([www.nice.org.uk/guidance/CG39](http://www.nice.org.uk/guidance/CG39)). The key studies which highlighted the cause for concern were :TREAT;CREATE; CHOIR. Information obtained from these studies has influenced changes in the diagnostic evaluation and assessment of ACKD along with the lowering of the aspirational range of haemoglobin levels from 10.5- 12.5g/dl to 10-12g/dl in adults, 9.5-11.5g/dl in children <2years. (The lower aspirational Hb range for children under 2 years of age reflects the lower normal range in that age group).

Investigating and managing anaemia in people with CKD should now be considered if Hb <11g/dl in adults, <10.5g/dl under 2years, or they develop symptoms attributable to anaemia (such as tiredness, shortness of breath, lethargy and palpitations).

As NICE Guidance underpins the development of anaemia management protocols/algorithms in the majority of renal units in the UK, the table below shows some of the key points which are likely to influence changes in anaemia management.

Table 1

Diagnostic Evaluation and Assessment	Assessment and optimisation of erythropoiesis
<ul style="list-style-type: none"> <li>• Hb falls ≤11g/dl adults, ≤10.5g/dl &lt;2years.</li> <li>• Or symptoms attributed to anaemia develop i.e. tiredness, shortness of breath, lethargy, palpitations.</li> <li>• Revised aspirational range of Hb 10-12g/dl adults /children &gt;2years; 9.5-11.5g/dl in children &lt;2years.</li> <li>• Lower Hb levels should be considered acceptable if high doses of ESA's required to achieve aspirational range or aspirational range not achieved despite escalating ESA doses.</li> <li>• Optimal Hb levels above agreed range acceptable if person may benefit or absolute risk of cerebrovascular. disease is low; develop with iron therapy alone or with low doses of ESA.</li> <li>• Any unexpected change in Hb should be investigated.</li> <li>• Take action when Hb levels are within 0.5g/dl of the range's limits.</li> </ul>	<ul style="list-style-type: none"> <li>• Iron status should be optimised prior to or coincident with initiation of ESA therapy and during maintenance treatment.</li> <li>• ↑ or ↓ ESA dose and/or frequency when: Hb fall outside action thresholds (usually &lt;10.5 g/dl or &gt;11.5 g/dl) or when the rate of change of Hb suggests an established trend.</li> <li>• For patients likely to benefit in quality of life and physical function consider appropriateness of ESA use if co-morbidities or prognosis negate benefit.</li> <li>• initiate ESA trial if benefit uncertain, review effectiveness at agreed interval.</li> <li>• Adjust ESA dose/frequency to maintain Hb 10-12g/l (9.5-11.5g/dl children &lt;2yrs);</li> <li>• Keep Hb increase rate 1-2g/dl/month.</li> </ul>

Further Information: <http://www.nice.org.uk/guidance/CG114>

## IV iron Utilisation Survey

ANSA are working with EDTNA/ERCA to explore the usage and methods of administration of intravenous iron across the UK and Europe. This poster shows an outline of the project.

Karen Jenkins, Consultant Nurse, East Kent Hospitals University NHS Foundation Trust & ANSA Past President

### IV Iron Resource Utilisation Project: Introduction to Design & Objectives

Jitka Pancirova<sup>1</sup>, Lesley Bennett<sup>1</sup>, Karen Jenkins<sup>1</sup>, Sallie Stradwick<sup>2</sup>, Jodie Hartmann<sup>3</sup>

<sup>1</sup> EDTNA/ERCA  
<sup>2</sup> BresMed Health Solutions, Sheffield, UK  
<sup>3</sup> Takeda Europe, London, UK

Objective

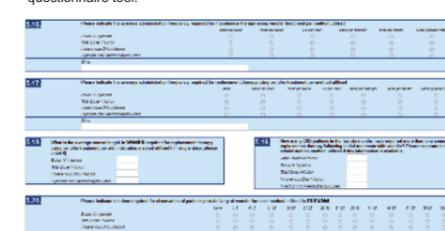
Iron deficiency anaemia (IDA) is a common complication in patients with chronic kidney disease (CKD) and is associated with increased morbidity and decreased quality of life.

The treatment patterns and related resource usage of intravenous (IV) iron products used to treat IDA in patients with CKD are not commonly known across the international renal community.

As such information is not reported in clinical trial data or the wider literature, we are running a project with the objective to confirm country specific treatment patterns and the absolute resource demand of IV iron products used.

Methods

Nurses that can significantly represent the renal community are to be identified through the EDTNA/ERCA and Anaemia Nurse Specialist Association (ANSA) networks and forty from each country will be randomised and invited to participate by completing a validated questionnaire tool.



Each country will have a survey in their native language that is accessed and completed online. Results from this phase will then be statistically analysed.

Advisors that can participate in the focus groups will again be identified through the EDTNA/ERCA and ANSA networks. We aim to meet with five experts in each country that can discuss the renal care structures of France, Italy, Spain, Switzerland and the UK.

Pre-reading material including the results from phase I of the project will be sent to the focus group participants before each meeting and discussed within this forum.

Project Overview

The project consists of two phases with specific research goals.

Phase I is a widespread survey of renal nurses designed to investigate all aspects of treating IDA in patients with CKD including:

- patient characteristics
- treatments utilised
- administration procedures
- time requirements, and
- resources needs.

Phase II is a series of country specific focus groups designed to discuss the survey results and add detail to topics such as:

- influences on treatment patterns
- decisions behind product use, and
- benefits of specific therapies.

Results from the renal communities of France, Italy, Spain, Switzerland, and the UK will be combined to represent current European practice.

Project Team

<b>EDTNA/ERCA</b> Jitka Pancirova - Executive Director Lesley Bennett & Sallie Stradwick - European Region Managers Sara Chalmers - French Sub-coordinator Alessandra Damico Bertini - Italian Sub-coordinator Kristina Crivellari - Spanish Sub-coordinator Hilde Rosenthal - Swiss Sub-coordinator	<b>Takeda Pharmaceuticals</b> Takeda Europe - Executive Director Laura Mangan & Françoise Bruchon - French Lead Alessandra Damico Bertini & Sara Chalmers - Italian - French Lead Kristina Crivellari - Spanish Lead Hilde Rosenthal - Swiss Lead Jodie Hartmann - UK Lead
<b>BresMed Health Solutions</b> Sue Stradwick - Managing Director Sue Stradwick - Research Director Dawn Fisher - Health Specialist	

Funding for this study is provided by Takeda Global Research & Development Centre (Europe) Ltd

Presentation of Results

Questions asked in phase I of the project are intended to produce the data missing from the literature. Most of them are designed to give results that can be statistically analysed and presented graphically.

Questions that give detailed data will be presented with the discussion conclusions from the focus groups as text supporting the survey results.

We hope the findings from both phases will be used to inform IV iron services in the future. In order to share this, the key project outcomes will be presented throughout the renal community in the form of an educational booklet.

This booklet will report on the IV iron treatment patterns across the countries studied and their corresponding resource needs, allowing an understanding of best practice in Europe.

Project Status

Randomisation of renal nurses for Phase I is currently in progress following validation of the survey tool.

We hope to begin sending out invites for participation this month.

## Editors Note

Thank you to those who sent the following interesting articles:

Endogenous erythropoietin and the association with inflammation and mortality in diabetic chronic kidney disease. *Clin J Am Soc Nephrol.* 2011 Jul;6(7):1573-9.  
 Hepcidin: another culprit for complications in patients with chronic kidney disease? *Nephrol. Dial. Transplant.* (2011) 26(10): 3092-3100

Also the following link will take you to a summary of a live broadcast held last year discussing anaemia management:

[http://theoncologist.alphamedpress.org/site/misc/suppsupporter\\_16\\_3.xhtml](http://theoncologist.alphamedpress.org/site/misc/suppsupporter_16_3.xhtml)

Once open go to the podcast menu and scroll down to expert blood transfusion and ESA use

Sue Pickard, Newsletter Editor

**If you wish to become more involved in ANSA activities, Write to Us**

**ANSA Secretariat · 26 Oriental Road**

· Woking · Surrey ·

**GU22 7AW**

**Tel: 01483 724 472 ·**

**Fax: 01483 727 816**

**email:**

**ANSA@mandmconsultants.co.uk**