ANSA 10th ANNIVERSARY CONFERENCE

"Getting to the Heart of the Problem"

The Arden Hotel, Coventry Road
Bickenhill, Solihull, B92 0EH

Thursday 12th - Friday 13th May 2011

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18.00 - 18.30 **Annual General Meeting**

18.45 - 21.00 Corporate Session from Vifor Pharma and Dinner followed by a Networking evening

Friday 13th May

08.15 - 09.30 Networking and Breakfast in the Exhibition

10.00 - 10.30 **History of treating anaemia**
Chris Winearls, Consultant Nephrologist Oxford Kidney Unit, The Churchill, The Oxford Radcliffe Hospitals NHS Trust, Oxford

10.30 - 11.15 **To TREAT or not to TREAT?**
Iain Macdougall, Consultant Nephrologist, Kings College Hospital, London

11.15 - 11.45 ***Coffee & Tea***

11.45 - 12.30 **NICE update: Impact of Research on Guideline Development**
Paul Stevens, Consultant Nephrologist, Deputy Medical Director, East Kent Hospitals University NHS Foundation Trust

12.30 - 13.30 ***Lunch and Exhibition***

13.30 - 14.00 **Introduction to anaemia in heart failure**
Paul Kalra, Consultant Cardiologist, Department of Cardiology, Portsmouth Hospitals NHS Trust

14.00 - 14.30 **Cardio Renal Syndrome**
Phil Kalra, Consultant Nephrologist and Honorary University Professor, Salford Royal Hospital and University of Manchester

14.30 - 15.00 **Case study of a heart failure patient with anaemia**
Katharine Whittingham, Lecturer in Community Nursing, University of Nottingham

15.00 - 15.30 **Debate & Audience Discussion: Whose job is it anyway?**

15.30 ***Conference close***

For further details contact the ANSA Secretariat
Tel: 01483 724472 E-mail: ANSA@mandmconsultants.co.uk

ANSA NEWS

Winter Edition 2010

Dear ANSA Members,

Hope you have had a nice summer. Christmas is quickly approaching and 2010 has continued to be busy for ANSA.

We are pleased to announce that we now have 4 new members to the team: Vicki Hipkiss, Sue Perrin, Paul Wilson and Iain Wittwer. They have a great amount of knowledge and experience between them and will make a great addition to our team. Look out for them at the next annual conference which will be celebrating 10 years of ANSA. The theme of next year's conference is "Getting to the heart of the problem" and we already have some great speakers lined up.
Thank you to all those who responded to our recent questionnaire. We have used your comments and suggestions in the planning of our forthcoming conference. Come along and see how it looks!

We all look forward to seeing you at The Arden Hotel, Solihull (near Birmingham airport) on 12th and 13th May 2010.

Best Wishes,

Belinda Dring *ANSA President*

Vicki Hipkiss

I am a Pre-dialysis Sister at St Luke's Hospital in Bradford. I qualified in 1987, and started Renal Nursing in 1990. I became involved in anaemia management with my first pre-dialysis post in Leeds in 2003, where I was responsible for anaemia management for pre-dialysis and nephrology patients.
My role in anaemia management has been further enhanced by me completing the Non Medical Prescribing course in 2008. I have been attending ANSA meetings since becoming involved in anaemia management, and have gained a great deal of insight and support, so am delighted to be joining the executive committee.

Sue Perrin

I have worked at Manchester Royal Infirmary since January 1982. During that time I have gained experience of working in all areas of renal medicine and transplantation.

In 1995 I began working as Anaemia Co-ordinator. I was invited to join the Anaemia Project Group. This group provided educational meetings for all health professionals involved in renal anaemia management.
The group ran until ANSA was established, I was involved in the early years of ANSA but following the birth of my twins in 2001, I felt unable to meet my commitments to family, work and ANSA. I now have more time to renew my ANSA activities.
I have a BA(Hons) in Health Studies which I completed in 2000. In 2009 I was awarded a National Institute of Health Research (NIHR) sponsorship to do a Masters in Clinical Research at the University of Manchester which I have just successfully completed.

Iain Wittwer

I qualified in 1982 at St Mary's Hospital, Paddington. I have worked in a variety of interesting places including West Germany, USA, Bosnia, Kuwait and Iraq. (the last 3 countries on mobilised military service).
I started working in Nephrology / Transplant in 1990 in the University Hospital of Arkansas, Little Rock. After my return to the UK I started working on the Oxford Renal Unit in 1994. I worked as part of the PD Team until 1998. Since then I have been involved with Short stay renal patients. This includes Iron deficiency anaemia management and giving IV iron treatment. In 2008, I joined the Anaemia Team officially on secondment as the Anaemia Support Nurse and this was made permanent earlier this year.
I was fortunate to be a co author of an anaemia article in the Journal of Renal Care, last year.

Paul Wilson

I work as the Lead Nurse in Renal Anaemia at King's College Hospital NHS Foundation Trust in London, which is part of King's Health Partners. I trained as a registered nurse in New Zealand, and completed my renal course training at Wellington Hospital (NZ). I have worked in both the private and the NHS settings within the UK. My main renal experience has been in the haemodialysis and anaemia fields of renal medicine. I have completed time with the renal anaemia research team at King's College Hospital.
My role now is the management of the small anaemia team at King's College Hospital. This team co-ordinates the anaemia care of patients not on renal replacement by running nurse led clinics at King's College Hospital and our outreach units. We also offer expert advice to the dialysis units as required. I also teach on the renal course at the Florence Nightingale School of Nursing.

Anaemia guidelines reviewed following results of TREAT study

Following the Publication of the results of the "TREAT" study in The NEW ENGLAND JOURNAL of MEDICINE November 2009[1], there has been a great deal of debate as to when we should be considering ESA therapy and also what the target haemoglobin should be. The outcome from this study has led to an earlier than planned review of anaemia guidelines both in the UK and America.

NICE have carried out a rapid update with the draft for consultation having ended on 1st November. ANSA have been involved in this update both as a stakeholder and with representation on the guideline development group.

This is a partial update of the 2006 clinical guideline. Following a review of the guidelines new recommendations have been added for the diagnostic evaluation and assessment of anaemia and the assessment and optimization of erythropoiesis only. The full guideline and all other areas of the original scope will be considered for review in 2012.

The new recommendations for 2011 include:

1. The correction to normal levels of Hb is not usually recommended in people with anaemia of chronic kidney disease.
2. When determining individual aspirational haemoglobin ranges for people with anaemia of CKD, take into account:
   - Patient preferences,
   - Symptoms and comorbidities,
   - The required treatment * added as new
3. Typically maintain the aspirational Hb range between 10 and 12 g/dl for adults, young people and children older than 2 years of age, and between 9.5 and 11.5 g/dl for children younger than 2 years of age, reflecting the lower normal range in that age group. To keep the Hb level within the aspirational range, do not wait until Hb levels are outside the aspirational range before adjusting treatment (for example, take action when Hb levels are within 0.5 g/dl of the range's limits).
4. Consider accepting lower Hb levels if:
   - High doses of ESAs are required to achieve the aspirational range,
   - The aspirational range is not achieved despite escalating ESA doses
5. Consider accepting Hb levels above the agreed aspirational range when these develop with low doses of ESAs if:
   - It is thought that the person might benefit (for example, if they have a physically demanding job) and the absolute risk of cerebrovascular disease are thought to be low.
6. ESA dose and/or frequency should be increased or decreased when Hb measurements fall outside action thresholds (usually below 10.5 g/dl or above 11.5 g/dl).

More information is available at the NICE website – **http://www.nice.org.uk/guidance**

In America The Kidney Disease Improving Global Outcomes (KDIGO) have announced plans to re-examine the KDOQI guideline on anaemia of chronic kidney disease (CKD) and publish a global anaemia guideline in a year rather than the previously planned two years, the initial draft is expected to be released for public review in early 2011.

Article Watch

1. Pfeffer M, et al. **A Trial of Darbepoetin in Type 2 Diabetes and Chronic Kidney Disease.** NEJM 2009; 361(21) 2019 – 2032.

Related articles

Levin A. TREAT: Implications for guideline updates and clinical care. AJKD 2010; Vol 55, issue 6, 984-987.
www.renaltsars.blogspot.com; Q & A: Anaemia management in non RRT CKD. March 2010.

Anaemia related articles that may be of interest:

Solomon SD, et al. **Erythropoietic response and outcomes in kidney disease and type two diabetes.** NEJM 2010; 16; 363 (12):1146 – 1155.

Vlahakos D, Marathias K, Madias N. **The role of the Renin – Angiotensin system in the regulation of erythropoiesis**. NEJM 2010; Vol 56, 3, 558 – 565.

William G. **Anaemia and iron deficiency – new therapeutic targets in heart failure?** NEJM 2009; 361: 2475 - 2477

Report from Leanne Rowe in Melbourne, Australia

Austin Health is a major teaching hospital in Melbourne, Australia.

There are 2 Renal Anaemia Coordinators at the Austin. My colleague works four days per week and I work three.

The main part of our job is collecting data for the Renal Anaemia Management (RAM) database. The data collection and database are integral to our management.
From the database we are able to make decisions on what dose of Erythropoietin Stimulating Agent (ESA) our patients should be on and whether they require iron.
We are also able to document the history of events that might affect each person's responsiveness or hyporesponsiveness to treatment.
We have data beginning from 1997.

- Our job involves education of patients on injecting their ESA.
- Education of staff about renal anaemia.
- Attending renal clinics and haemodialysis blood review meetings, consulting with nephrologists to decide the anaemia management of patients.

In Australia a patient needs to have a haemoglobin of < 100g/L and intrinsic CKD (Chronic Kidney Disease) to commence ESA.

We give intravenous iron to our pre °V dialysis, general nephrology and peritoneal dialysis population via a 500mg Fe polymaltose infusion which takes about 3 hours. If the person is allergic to polymaltose they have Fe sucrose.

Our Haemodialysis population have a Nurse Initiated Fe protocol as follows.

Ferritin	Transferrin Saturation	Dose – Iron Polymaltose	Frequency	Regime
<200ug/l	**≤40%**	100mgs	Weekly	**A**
200 – 500ug/l	**≤40%**	100mgs	Fortnightly	**B**
>500	**≤40%**	Nil	Nil	**C**
Any level	**>40%**	Nil	Nil	**D**

We have 378 Haemodialysis patients, 51 Peritoneal Dialysis patients, 473 CKD patients and any Transplant patients on ESA on the database.

We have 120 haemodialysis patients in country Victoria. As some of them are over 400 kilometres away we rely on email, facsimile and phone to communicate with the country dialysis staff. We receive blood results and suggest ESA dose changes and iron regimes.
Victoria is not a large state when compared with Queensland and the Northern Territory. The Anaemia Coordinators in those states have a lot more difficulty with distances than we do.

I am happy for anyone to email me if they have any questions.
leanne.rowe@austin.org.au

Dates for Your Diary in 2011

Thursday 10th March
World Kidney Day

27 - 30th March
ANNA 42nd Nat Symposium, Boston, USA

Thursday & Friday 12th - 13th May
ANSA Conference - Birmingham

Monday 6th - Thursday 9th June
BRS/RA Conference, Birmingham

10th - 13th September
40th EDTNA/ERCA International Conference
Ljubljana, Slovenia

23rd - 24th September
Renal Pharmacy Group Conference, Birmingham

8th - 13th November
ASN, Renal Week, Philadelphia, USA

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