

## January 2019

Dear CANNT/ACITN Members,

At the end of 2018, a large Canadian study in Alberta was published that speaks to the complexity of supporting our CKD patients. The study, published on JAMA Network Open showed that *kidney patients are the most complex patients seen by any otherspecialties*.

In this population-based retrospective cohort study, <u>2.5 million Albertans</u> were studied. It showed that kidney patients had the highest number of comorbidities, the highest number of pills to take the highest risk of placement in a long-term facility and the highest risk of mortality. They were second (after patients with infectious disease) when it came to number of physicians and the number of types of physicians they saw as well as the average length of their hospital stays.

#### **Dates to Remember**

March 15, 2019 Alberta Kidney Days

March 19-22, 2019 NANT DTX19: Dialysis Tech Connexion

April 12-15, 2019 ISN World Congress of Nephrology

April 14-17, 2019 ANNA 2019 National Symposium

May 2-4, 2019 Canadian Society of Nephrology 51st Annual General Meeting

May 6-12, 2019 National Nurses Week

#### June 27-29, 2019

<u>Renal Society of</u> <u>Australasia Annual</u> <u>Conference</u>

#### September 14-17, 2019

48th EDTNA/ERCA International Conference

October 3-4, 2019 BC Kidney Days

October 24-26, 2019 CANNT National Conference:Sharing our Stories Down by the River

Overall rank	Comorbidities, N	0.		Risk of mental health co	ndition		Prescribed medicatio	ns, No.
Nephrologist (1)	Nephrologist (1)	2.99		Infectious diseases (2)	2.40		Nephrologist (1)	2.0
Infactions disasces (3)	Rheumatologist (6)	2.14	V	Neurologist (3)	2.21	1	Infectious diseases (2)	2.0
intectious diseases (2)	Neurologist (3)	2.01	A	Nephrologist (1)	1.69	1	Respirologist (4)	2.0

urologist (3)	Respirologist (4)	1.98	Respirologist (4)	1.65	Rheumatologist (6)	1.98
pirologist (4)	Cardiologist (8)	1.91	Gastroenterologist (7)	1.55	Neurologist (3)	1.85
natologist (5)	Hematologist (5)	1.91	Hematologist (5)	1.48	Hematologist (5)	1.80
istologist (3)	Infectious diseases (2)	1.77	Rheumatologist (6)	1.35	Cardiologist (8)	1.70
matologist (6)	General internist (9)	1.72	General internist (9)	1.32	Gastroenterologist (7)	1.63
enterologist (7)	Endocrinologist (10)	1.69	Endocrinologist (10)	1.32	General internist (9)	1.63
diologist (8)	Gastroenterologist (7)	1.68	Cardiologist (8)	1.15	Endocrinologist (10)	1.61
1100maticsmice	Dermatologist (12)	1.17	Immunology and allergy (11	) 1.02	Dermatologist (12)	1.29
al internist (9)	Family physician (13)	1.00	- Family physician (13)	1.00	Immunology and allergy (11)	1.25
rinologist (10)	Immunology and allergy (11)	0.80	Dermatologist (12)	0.98	Family physician (13)	1.00
gy and allergy (11)	Physicians types, No.		Physicians, No.		Length of stay in hospit	al
atologist (12)	Infectious diseases (2)	2.31	Infectious diseases (2)	2.92	- Infectious diseases (2)	9.52
physician (13)	Nephrologist (1)	2.19	Nephrologist (1)	2.53	- Nephrologist (1)	7.31
physician (23)	Hematologist (5)	2.08	Hematologist (5)	2.14	Neurologist (3)	4.63
	Respirologist (4)	1.97	Neurologist (3)	1.95	Hematologist (5)	4.00
	Neurologist (3)	1.94	Respirologist (4)	1.95	General internist (9)	3.61
	Gastroenterologist (7)	1.88	Gastroenterologist (7)	1.83	Respirologist (4)	3.29
	Endocrinologist (10)	1.88	Cardiologist (8)	1.81	Gastroenterologist (7)	3.00
	Cardiologist (8)	1.86	General internist (9)	1.75	Cardiologist (8)	2.51
	Rheumatologist (6)	1.82	Endocrinologist (10)	1.75	Endocrinologist (10)	1.80
	General internist (9)	1.77	Rheumatologist (6)	1.63	Rheumatologist (6)	1.67
	Immunology and allergy (11	) 1.64	Immunology and allergy (11	) 1.47	Family physician (13)	1.00
	Dermatologist (12)	1.50	Dermatologist (12)	1.37	- Dermatologist (12)	0.82
	Family physician (13)	1.00	Family physician (13)	1.00	Immunology and allergy (11)	0.36
	Emergency department visi	ts, No.	Long-term care placem	ent	Risk of mortality	
	Infectious diseases (2)	3.99	Nephrologist (1)	6.28	Nephrologist (1)	7.31
	Nephrologist (1)	2.47	Neurologist (3)	3.81	Hematologist (5)	4.56
					A second data and the second sec	
	Hematologist (5)	2.15	Infectious diseases (2)	3.67	Respirologist (4)	3.98
	Hematologist (5) Neurologist (3)	2.15	Infectious diseases (2) Respirologist (4)		Respirologist (4) Infectious diseases (2)	
	5 CT	X		3.67	Respirologist (4) Infectious diseases (2) Gastroenterologist (7)	3.63
	Neurologist (3)	2.07	Respirologist (4)	3.67 2.67	Infectious diseases (2)	3.63 2.37
	Neurologist (3) Respirologist (4)	2.07 1.77	Respirologist (4) Hematologist (5)	3.67 2.67 2.64	Infectious diseases (2) Gastroenterologist (7)	3.63 2.37 2.24
	Neurologist (3) Respirologist (4) Gastroenterologist (7)	2.07 1.77 1.67	Respirologist (4) Hematologist (5) General internist (9)	3.67 2.67 2.64 2.33	Infectious diseases (2) Gastroenterologist (7) Neurologist (3)	3.63 2.37 2.24 2.17
	Neurologist (3) Respirologist (4) Gastroenterologist (7) Rheumatologist (6)	2.07 1.77 1.67 1.42	Respirologist (4) Hematologist (5) General internist (9) Cardiologist (8)	3.67 2.67 2.64 2.33 2.02	Infectious diseases (2) Gastroenterologist (7) Neurologist (3) General internist (9)	3.63 2.37 2.24 2.17 2.14
	Neurologist (3) Respirologist (4) Gastroenterologist (7) Rheumatologist (6) General internist (9)	2.07 1.77 1.67 1.42 1.41 1.40	Respirologist (4) Hematologist (5) General internist (9) Cardiologist (8) Gastroenterologist (7)	3.67 2.67 2.64 2.33 2.02 1.75	Infectious diseases (2) Gastroenterologist (7) Neurologist (3) General internist (9) Cardiologist (8)	3.63 2.37 2.24 2.17 2.14 1.26
	Neurologist (3) Respirologist (4) Gastroenterologist (7) Rheumatologist (6) General internist (9) Cardiologist (8)	2.07 1.77 1.67 1.42 1.41 1.40	Respirologist (4) Hematologist (5) General internist (9) Cardiologist (8) Gastroenterologist (7) Rheumatologist (6)	3.67 2.67 2.64 2.33 2.02 1.75 1.05	Infectious diseases (2) Gastroenterologist (7) Neurologist (3) General internist (9) Cardiologist (8) Rheumatologist (6)	3.63 2.37 2.24 2.17 2.14 1.26 1.16
	Neurologist (3) Respirologist (4) Gastroenterologist (7) Rheumatologist (6) General internist (9) Cardiologist (8) Immunology and allergy (11)	2.07 1.77 1.67 1.42 1.41 1.40 1.09	Respirologist (4) Hematologist (5) General internist (9) Cardiologist (8) Gastroenterologist (7) (Rheumatologist (6) Dermatologist (12)	3.67 2.67 2.64 2.33 2.02 1.75 1.05 1.04	Infectious diseases (2) Gastroenterologist (7) Neurologist (3) General internist (9) Cardiologist (8) Rheumatologist (6) Endocrinologist (10)	3.98 3.63 2.37 2.24 2.17 2.14 1.26 1.16 1.00 0.97

### **Stay Connected**



# Forward to a Colleague

Do you have colleagues that don't receive our monthly newsletters? Please forward this to them using the link below.

Your Feedback is Valued!

Megan Lyons CANNT National Office

Ethan Holtzer Director of Communications

Join our Mailing List

As we enter into 2019, this study puts evidence to our experiences and reaffirms the challenges of effectively supporting our CKD patients. Knowing these challenges affords us the opportunity to deepen our knowledge of our specialty as well as expand our understanding of those that most often impact our patients.

To learn more about deepening your knowledge of Nephrology clickhere.

To read the full study, click<u>here</u>.

Stay tuned as well for more Nephrology news in 2019 as well as the highly anticipated CANNT 2019 conference!

Sincerely,

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Ethan Holtzer Director of Communications, CANNT/ACITN Board of Directors

## **CANNT/ACITN News**

# Get Ready for the 51st Annual CANNT/ACITN Conference October 24-26, 2019 in Edmonton!

This years' theme "Sharing our stories down by the river"



#### "There are two ways to share knowledge. You can push information out. You can pull them in with a story" - unknown

This year's CANNT planning committee is looking forward to hearing your stories. Please submit your abstracts and posters. We want to create a comprehensive program with something for everyone. Whether you're a seasoned "Nephrosauris" or an up and coming rising star we encourage you to submit. CANNT is our organization.



The annual conference is an opportunity to share our wealth of Nephrology knowledge from coast to coast.

Every story has a beginning, middle, and end. The renal journey is no different. Share stories about CKD program, pediatrics, transitions, modality choices, home program, hemodialysis, peritoneal, conservative care, end of life, and technical advances.

This years' planning committee will be reviewing abstracts and poster submissions as they are received. So please submit early. The deadline for submission is **February 15**. Who knows, our amazing planning committee may think that poster would be a fantastic oral presentation! We are here to help.

Just a reminder - if your abstract or poster is accepted, it is your responsibility to secure funding to attend the conference. CANNT is unable to provide financial support to members.

Stay tuned for updates on CANNT 2019 in this CANNT connection. Hope to see you all in the fall!

Cheers!

Heather Dean and Tracy Schwartz and the entire CANNT Planning Committee

### **Reminder: Abstract Submission Details**

Abstract submissions should incorporate the theme-sharing our knowledge and experienceappropriate for the novice through to the advanced practice professional. Topics of interest may include: clinical research, innovative projects and solutions, ethics, case presentations and clinical reviews. All abstract submissions must be evidence-based.

Consistent with our theme, all poster and oral presenters will be encouraged to make their presentation within a story-telling framework. All abstracts must be submitted online through the online submission form here **by February 15**: <u>http://www.canntconference.com/2019/</u>

### Your 2019 CANNT/ACITN Board!





Left to right: Jovina Bachynski, CANNT Journal Editor; Rosa Marticorena, VP Ontario; Rick Luscombe, VP Western Region; Jose Lloyd, VP Technologists, Nancy Filteau, VP Quebec; Cathy Cake, VP Atlantic; Ethan Holtzer, Director of Communications; Janice MacKay, President; Krista Smith, President Elect/Treasurer; and Heather Dean, the CANNT past president and CANNT 2019 co-chair of the 2019 Conference.

## **Nephrology News**

#### **Kidney Patients are the Most Complex Patients**

A study published in JAMA Network Open showed: nephrologists treat the most complex patients. As ERA-EDTA president Professor Carmine Zoccali explains, kidney patients are highly vulnerable and need special care, but nephrology is a neglected discipline in many European healthcare systems. According to the ERA-EDTA it is time for a better financial funding of nephrology as well as more efforts to raise awareness for kidney disease in the population.

Read the full article online here.

# Transplants Provide Better Outcomes Than Dialysis for End-Stage Kidney Disease

New data from the Canadian Institute for Health Information (CIHI) highlights the significant difference between dialysis and transplant outcomes for those being treated for end-stage kidney disease (ESKD). A focused look at 10-year outcome data shows that 16% of Canadians on dialysis survive past 10 years, whereas up to 74% of Canadians with a kidney transplant still have a functioning kidney after 10 years. Outcomes for both kidney transplants and dialysis have been improving over the last decade.

Age, general health and the cause of ESKD are significant factors in determining outcomes. Younger patients can typically expect better outcomes than older patients, regardless of treatment type.

According to the data,

- 51% of Canadians age 18 to 44 who start dialysis survive past 10 years, compared with 12% for those age 65 to 74.
- Up to 80% of Canadians age 18 to 44 have a functioning kidney 10 years after transplantation, compared with up to 64% for those older than 65.
- A kidney transplant from a living donor generally functions longer than one from a deceased donor.

Read the full article online<u>here</u>.

### Lives Lost, Organs Wasted



Source: The Washington Post

Each day in America, several dozen people waiting for organs die as 115,000 languish on waiting lists. Experts say it's time to more aggressively pursue less-than-perfect donors: the old, the sick and the complicated.

Read the full article online here.

#### **Chronic Inflammation in End-Stage Renal Disease and Dialysis**

Under normal conditions, inflammation is a protective and physiological response to various harmful stimuli. However, in several chronic debilitating disorders, such as chronic kidney disease, inflammation becomes maladaptive, uncontrolled and persistent.

Read the full article online here.

# Roxadustat Approved in China for the Treatment of Anaemia in Chronic Kidney Disease Patients on Dialysis

AstraZeneca announced that its partner FibroGen (China) Medical Technology Development Co., Ltd. (FibroGen China) has now received formal marketing authorisation from the National Medical Products Administration (NMPA) for roxadustat, a first-in-class hypoxia-inducible factor prolyl hydroxylase inhibitor (HIF-PHI) and new oral treatment for patients with anaemia

caused by chronic kidney disease (CKD) that are on dialysis. The medicine can be prescribed to patients who use haemodialysis or peritoneal dialysis.

Read the full article online here.

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