



SPRING 2020 | VOL. 5.2

AKF in *Action*

Fighting kidney disease and helping people live healthier lives.


3 COVID-19:
AKF is here
for you

5 From coach to
advocate: KidneyNation
spotlight


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What is high potassium (hyperkalemia)?

Potassium is a mineral and electrolyte found in most foods. Your body needs potassium for many things, including to help your muscles expand and contract. Your heart is a muscle, so when your body's potassium is at a healthy level, it helps your heart to beat the right way. When you have chronic (long-lasting) high potassium, it is called hyperkalemia. Hyperkalemia can be dangerous to your heart health and can even cause a heart attack or death.

Having kidney disease puts you at higher risk for hyperkalemia because your kidneys are unable to remove extra potassium from your blood. Some of the most common causes of hyperkalemia in people with kidney disease are:

- Eating high-potassium foods
- Using a salt substitute that contains added potassium
- Constipation
- Missing dialysis treatments
- Taking some medicines or herbal supplements. Always talk to your doctor before taking any supplement that could interact with your medicines or medical conditions.

Many people do not feel symptoms of hyperkalemia until their heart health worsens. Your doctor can perform a simple blood test to tell you if you have too much potassium in your blood. Unfortunately, the blood test only shows how much potassium is in your body at the time of the test. For this reason, it is important to manage your potassium levels and monitor the amount of potassium you eat or drink each

You can control **high potassium** long-term through medication and diet.

[Learn more](#)



day. Managing your potassium levels should be a long-term goal for people with kidney disease.

The American Kidney Fund's (AKF) Beyond Bananas™ campaign has two helpful tools to help you manage your potassium. Our potassium food guide lists the amount of potassium in more than 250 different foods to help you know how much potassium you are consuming per serving. Our potassium tracker will help you keep track of how much potassium you are eating at each meal and whether you have met the goal your doctor has set for you.

Your doctor and dietitian should also help you control your potassium. If you know that you have hyperkalemia, your doctor may prescribe a potassium binder for you. If you have had side effects from a potassium binder in the past, there may be new options available for you to try. Talk to your doctor about finding a potassium binder that is right for you.

For more information on hyperkalemia and how to manage your potassium levels, visit Beyond Bananas at [KidneyFund.org/beyondbananas](https://www.kidneyfund.org/beyondbananas).

AstraZeneca is the sole supporter of the Beyond Bananas campaign.

Kidney Kitchen

Here is an easy and kidney-friendly version of this all-American favorite! Check out many more kidney-friendly recipes at [KidneyFund.org/kitchen](https://www.kidneyfund.org/kitchen). As always, please speak with your doctor and dietitian to come up with a food and fluid plan that is healthy for your unique needs.



Instant Pot® Sloppy Joes

Makes: 8 medium-sodium, low-phosphorus, low-potassium, medium-protein servings

Recipe contributed by Chef Linda Blaylock, AKF Culinary Consultant

Ingredients

- 2 tablespoons unsalted butter
- ¾ pound 85% lean ground beef
- 1 star anise
- 1 large cinnamon stick
- 1 clove of garlic, minced
- ¼ cup red onion, diced
- 3 tablespoons no-salt added tomato paste mixed with water to equal ½ cup total
- 2 teaspoons Mrs. Dash® Chicken Grilling Blend
- 1 tablespoon apple cider vinegar
- 2 tablespoons brown sugar
- ½ teaspoon ground coriander
- ½ teaspoon ground allspice
- 8 slider size white hamburger buns (Pepperidge Farm® recommended)
- 1 tablespoon arrowroot powder/flour (optional, for thickening)
- 1 tablespoon water (optional, for thickening)

Method

1. Place butter into the Instant Pot and press sauté. Add the beef and cook halfway (there should still be some pink).
2. Place star anise and cinnamon stick into the pot and stir.
3. Place all remaining ingredients into the pot and stir well.
4. Ensure the steam release handle is in the “Sealing” position. Cook on high pressure for 25 minutes. Quick release the pressure and remove the star anise and cinnamon stick.
5. Stir well to fully combine all ingredients.
6. If there is still too much liquid, mix the arrowroot powder/flour and water together. Then add to the pot. Cover and rest for 10 minutes.
7. Serve 1 ½ ounces on a bun.

Tip: Don't have an Instant Pot? Follow the instructions above in a medium saucepan. Let simmer on low for 30 minutes. Stir occasionally. If there is still too much liquid, mix the arrowroot powder/flour and water together. Then add to the pan and stir over medium heat until sauce has thickened. Remove from heat and rest for five minutes.

Nutrition facts

(1 serving = 1 sandwich)

Calories = 255

Carbohydrates = 27 g

Sugar = 7 g

Fiber = 2 g

Calcium = 58 mg

Fat = 11 g

Saturated Fat = 4 g

Trans Fat = <1 g

Protein = 16 g

Phosphorus = 125 mg

Cholesterol = 45 mg

Sodium = 178 mg

Potassium = 264 mg



Why do you stay strong in the fight against kidney disease?

AKF wants to hear from you! Go to [KidneyFund.org/WhyIFight](https://www.kidneyfund.org/WhyIFight) to download your Why I Fight sign, then print it out and grab a marker to write down your answer. Take photo of yourself holding the sign and post it on your social media pages. Make sure to tag AKF at [f /AmericanKidneyFund](https://www.facebook.com/AmericanKidneyFund), [@KidneyFund](https://twitter.com/KidneyFund) and [@AmericanKidneyFund](https://www.instagram.com/AmericanKidneyFund). Don't forget to use the #WhyIFight and #KnowYourKidneys hashtags! Don't have social media? Email us your photos at [info@KidneyFund.org](mailto:info@kidneyfund.org).

By posting or emailing your photo, you are giving AKF permission to reshare it on our social media for educational or marketing purposes.

COVID-19: AKF is here for you

Dear friend,

Like you, all of us at the American Kidney Fund are watching with great concern as the coronavirus (COVID-19) crisis unfolds.

As we face this challenge together, please know that AKF is here for you. We are continuing our work to fight kidney disease and help people live healthier lives because it is more important than ever. Though the AKF staff is working remotely for health and safety reasons, you can expect the same level of responsiveness and service from us.

We are continuing to process your grant applications as normal, so you can continue to have the health coverage and safety net support you need. If you need assistance with your grants, the easiest way to get in touch with our Patient Services team is by sending a message within the Grants Management System (GMS) or by making an appointment at gmsassist.com, but our team is also taking phone calls as usual at **1.800.795.3226**.

We know you are looking for information and resources about how to cope with this challenge. For the most up-to-date information, please visit KidneyFund.org/coronavirus.

Thank you for being part of our community. We will get through this together.



LaVarne A. Burton
President and CEO
American Kidney Fund



AKF staff spotlight



Name: Janet
Hometown: Laurel, Maryland

What do you do at AKF?

I'm the Associate Director of Health Initiatives, which means

I'm responsible for AKF's prevention activities across the U.S. We run the largest free kidney health screening program in the nation. In 2019, we screened more than 12,000 people in 30 cities. We provide education, the free screenings, follow-up services for those whose screenings show they're at-risk for kidney disease, and general kidney disease awareness for the public. If you have family or friends who haven't been tested for kidney disease, send them to KidneyFund.org/screenings to see a list of all our upcoming free events.

Why are you passionate about fighting kidney disease?

AKF's vision is "a world without kidney disease." I feel compelled to work toward that vision and help people prevent kidney disease or slow down its progression to kidney failure. Everyone should know the risk factors for kidney disease and should be getting yearly checkups at their doctor so they know how their kidneys are functioning.

What is the best part of your job?

Knowing we make a difference. I get to have a direct impact on people when we go into their communities to provide education and screenings for kidney disease. It's rewarding to hear that people who were not aware they were at risk for kidney disease have followed up about it with their doctors because of our work. Working with the public also allows me to hear from people who have been positively impacted by the financial assistance they or a loved one receives from AKF.

What are your favorite hobbies outside of work?

I enjoy spending time with my hilarious 2-year-old son! I also enjoy hanging out with family and friends. I love sports and getting out to games or watching them on TV. I also am a fan of most music and like going to concerts and festivals.

Real participant reviews of some of AKF's recent webinars:

"Well organized presentation, slides were easy to comprehend and explanations further enhanced understanding."

"I feel this was the best webinar I have ever attended. Thank you very much."

"The webinar was easy to sign up for and log into. It was informative and there was a chance to ask questions at the end."

"My first time seeing this type of webinar in the two and a half years since I was diagnosed. Would like to see more of this in the future. Lots of great information."



WATCH AND LEARN:

AKF webinars available on demand

AKF hosts free monthly webinars on many important topics relating to kidney disease. These webinars—and many more—can be watched at your convenience at [KidneyFund.org/webinars](https://www.kidneyfund.org/webinars). Just look for these titles in our list of webinars to watch on-demand.

Potassium and kidney disease: What you need to know

It is especially important for kidney patients to keep potassium at a healthy level in your body. **What you'll learn:** the relationship between potassium and kidney disease, ways to manage potassium through diet and medicine, and the consequences of not managing potassium well.

Managing side effects of late stage kidney disease

Did you know many of the side effects people with late stage kidney

disease experience can be managed?

What you'll learn: how to manage dry and itchy skin from kidney disease, post-dialysis fatigue and recovery, sleep disorders in late stage kidney disease, and resources for support.

Tips for talking with your doctor

Too often, patients find themselves leaving their doctor's office with more questions than answers.

What you'll learn: tips for talking with your doctor, questions you should ask at every visit, and tips for discussing medicines, procedures and surgery.



Questions about setting up a new Grants Management System (GMS) patient profile?

Need to reclaim your existing profile? See our step-by-step guide at [KidneyFund.org/gms-registration](https://www.kidneyfund.org/gms-registration).



Bill coaching | Photo © Bill Lawson III

FROM COACH TO ADVOCATE: KidneyNation spotlight

Bill Lawson III comes from a legendary family in Petersburg, Virginia. His mother was a school administrator, his grandmother was a teacher, and both his father and grandfather were coaches in this big sports town. He followed in his father's footsteps as a well-known high school basketball coach and athletic director—he has been coaching basketball for nearly 20 years and leading the athletic department for nearly 10 years at the same school where his father worked. He also followed in his father's footsteps into kidney disease.

Bill crashed into dialysis on Thanksgiving about 10 years ago. He was not feeling well and his feet were very swollen. His wife encouraged him to go to urgent care, where they ran some tests and recommended that he go to the hospital immediately. He was diagnosed with kidney failure and had to begin dialysis at the hospital. Bill was on dialysis for almost nine years before receiving a kidney transplant. He only missed coaching two games during the entire time he was on

dialysis, but he likes to point out that he still made it to the games to cheer the team on from the sidelines.

The number one thing Bill says he wishes he knew before being diagnosed with kidney disease is the importance of going to the doctor to get regular checkups, especially since he also has diabetes and high blood pressure—the two leading causes of kidney disease. He now tells the students he works with to go to the doctor, take any medicines they are on as prescribed and always know their lab work.

Bill credits AKF and its donors for providing financial assistance that saved his life. He attended AKF's annual gala, The Hope Affair, where he was inspired to fight kidney disease himself after hearing the stories of the people who were honored at the event.

One of Bill's former students, Du'Vaughn Maxwell, who now plays professional basketball in France, gave him the idea of hosting an all-star alumni basketball tournament to raise money for

AKF through AKF's KidneyNation do-it-yourself fundraising program. Bill likes to say, "When you're part of the Petersburg basketball family, you're family for life," so he decided to give the tournament a go.

Many basketball and football players who used to be in Bill's athletic program played in the tournament, including Frank Mason III from the Milwaukee Bucks, Quinton Spain from the Buffalo Bills and another NBA player who wanted to be there for Bill, even though he had just signed a contract with a new team the morning of the tournament. Even people who played under his father came back for the tournament, including some from back in 1973.

Bill was so touched by everyone's support for both him and others fighting kidney disease that he may host another tournament in 2021. He is taking this year off to spend time with his family because he missed so much time with those who mean the most to him while he was on dialysis. As he is thinking about a future tournament, he shares some advice for others who would like to raise money through KidneyNation: "Have a vision or dream and get your loved ones to help you see it through. You don't have to do it alone!"

Learn more about KidneyNation and get tips on how to start a successful fundraiser for AKF at **KidneyNation.org**.

Du'Vaughn Maxwell participating in the slam dunk competition at the all-star alumni tournament | Photo © Bill Lawson III





American Kidney Fund®
FIGHTING ON ALL FRONTS

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KidneyFund.org

AKF is fighting on all fronts as the nation's leading kidney nonprofit.
Learn more about what we do at [KidneyFund.org/fight](https://www.kidneyfund.org/fight).

WHAT'S INSIDE:

- COVID-19: AKF is here for you
- Go Beyond Bananas and learn about potassium
- From coach to advocate: KidneyNation spotlight
- Watch and learn: AKF's on-demand webinars





VELPHORO

On dialysis,
trying to manage phosphorus?

lighten your day

THE VELPHORO WAY

- Velphoro® (sucroferric oxyhydroxide) is a stronger phosphate binder. Because it's stronger, you can take fewer pills...and lighten up your whole day
- Velphoro is easy to take. Most people were able to maintain phosphorus control with only 3 or 4 tablets per day*—not 3 or 4 per meal as with some other binders

Find out more at www.velphoro.com, and ask your doctor if Velphoro is right for you

*The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day.

INDICATION

Velphoro® (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

IMPORTANT SAFETY INFORMATION

Velphoro chewable tablets must be taken with meals. Velphoro should be chewed or crushed. Do not swallow whole. Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and other supplements. Velphoro can interact with other medicines.

Tell your healthcare provider if you have any of the following: peritonitis (an infection) during peritoneal dialysis, significant gastric or liver disorder, recent major gastrointestinal (GI) surgery, a history of hemochromatosis or other disease that results in iron build-up in the body. People with these conditions were not included in clinical

studies with Velphoro, and your healthcare provider will monitor your iron levels while you are taking Velphoro.

Velphoro can cause side effects. The most common side effects are discolored feces, diarrhea, and nausea. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. To report negative side effects associated with taking Velphoro, contact Fresenius Medical Care North America (FMCNA) at 1-800-323-5188. You are encouraged to report negative side effects of prescription drugs to the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

Before taking Velphoro, tell your doctor if you are pregnant, plan to become pregnant, or breast-feeding.

For more information please see accompanying brief summary of full Prescribing Information, or visit www.velphoro.com.



Velphoro is a registered trademark of Vifor Fresenius Medical Care Renal Pharma Ltd.

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PN103781-02 Rev. A 09/2019

 **VELPHORO®**
(sucroferric oxyhydroxide)
chewable tablets

Brief Summary:

Please see Full Prescribing Information for additional information

**What is Velphoro and how should it be used?**

Velphoro (sucroferric oxyhydroxide) is a phosphate binder used to control phosphorus levels in adult patients with chronic kidney disease on dialysis.

How should Velphoro be taken?

Velphoro tablets can be chewed and not swallowed whole. Tablets may also be crushed to help with chewing and swallowing.

The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day, taken as 1 tablet (500 mg) 3 times daily with meals.

Follow all directions on your prescription label. Your physician may adjust your dose, as often as weekly, by 1 tablet per day until you meet your phosphorus goal.

How is Velphoro available?

Velphoro (sucroferric oxyhydroxide) is available as a 500 mg chewable tablet.

Is there any reason that you cannot take Velphoro after being prescribed by your doctor?

No.

Important note

Velphoro has not been studied in patients with peritonitis while on peritoneal dialysis, or those who have stomach or liver disorders, iron diseases, or those who have had abdominal surgeries. Tell your doctor if you have or had any of these.

What are some possible side effects?

The most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

The following adverse reactions were identified after had been on the market by some patients and were reported voluntarily.

Tooth discoloration

Skin rash

The risk information provided here is not comprehensive. To learn more, talk about Velphoro with your healthcare provider or pharmacist. The FDA approved product labeling can be found at www.velphoro.us/ or 1-800-323-5188.

To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Medical Care North America at 1-800-323-5188 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

What should you discuss with your physician when taking Velphoro?

Some drugs may interact with Velphoro. Tell your health care provider(s) about all medicines you use now and any medicine you start or stop using.

Tell your doctor if:

You are pregnant or nursing

What happens if you take more than prescribed?

There are no reports of overdosage with Velphoro in patients. Low phosphorus levels should be treated by standard clinical practice.

Velphoro has been studied in doses up to 6 tablets per day.

HOW SUPPLIED/STORAGE AND HANDLING

Velphoro is a chewable tablet supplied as brown, circular, bi-planar tablets, embossed with "PA 500" on 1 side. Each tablet of Velphoro contains 500 mg iron as sucroferric oxyhydroxide. Velphoro tablets are packaged as follows:

NDC 49230-645-51 Bottle of 90 chewable tablets

Storage

Keep the bottle tightly closed in order to protect from moisture.

Store at 25°C (77°F) with excursions permitted to 15 to 30°C (59 to 86°F).

Distributed by:

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Patents apply, visit www.fmcna.com/patents

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