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AKF in *Action*

Helping people fight kidney disease and live healthier lives

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What's involved in preparing for a kidney transplant?

Kidney transplant is the best treatment option for most people with kidney failure because it increases the chances of living a longer, healthier life. Transplanted kidneys can last an average of 10-20 years, depending on whether the donor was living or deceased.

Getting on the kidney transplant waiting list can take some time—there are a lot of steps in the process.

The first step is going for an evaluation at a transplant center. When choosing a transplant center, consider how far away it is, whether it accepts your insurance, and how experienced the center's team is. You can go anywhere in the country for a transplant, but keep in mind that you will need to stay close to the transplant center after surgery while you recover.

Your center's transplant evaluation team will decide if kidney transplant is the best and safest choice for you.

Evaluation teams usually have a transplant coordinator, nephrologist, surgeon, financial coordinator, nurse, dietitian and social worker. They will conduct tests to make sure you are healthy enough to receive a transplant and eventually help find you the best match.

After an evaluation, the transplant team may decide you are not ready for a kidney transplant. Serious health problems like incurable cancer, heart problems or active substance abuse, or limited financial resources could keep you from qualifying. If you often skip dialysis appointments, that could also hurt your chances of receiving a kidney. Transplant centers give priority to patients who can live a healthy life with their kidney long term.

You should not get discouraged if you do not qualify for a transplant after your first evaluation. Talk to your doctor about what you can do to become ready for transplant.

If you qualify for a transplant, you will be added to the national waiting list. This list keeps track of all of the people in the U.S. who need transplants, and matches them with deceased donors (a kidney donor who has just died).

This puts you "on-call" for a kidney. If the center finds a kidney that is a good match for you, they will call you and expect you to come to the hospital immediately for surgery. Most people wait three to five years for a kidney transplant from a deceased donor, but the wait can be shorter or longer depending on where you live and how easy or hard you are to match. Deceased donor kidneys can last 10 to 15 years, or even longer.

You could also try to find a living donor. You can receive a kidney from someone you know, or even from a stranger. Living donor kidneys are the best option for

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WATCH AND LEARN:

AKF's webinars are available on-demand!

AKF hosts monthly webinars on many important topics relating to kidney disease. These webinars are all free and can be watched at your convenience at KidneyFund.org/webinars.

You can learn more about kidney transplants by viewing these webinars:

The transplant evaluation, waiting list, and more—how to prepare for a kidney transplant

What you'll learn: Considerations for choosing a transplant center (or centers), the evaluation process, and steps for getting on the waiting list.

Adjusting to life after kidney transplant

What you'll learn: The physical and financial challenges patients and their families face after transplant, and the psychological aspects of kidney transplant.

Paired kidney exchanges and opportunities for kidney transplant in minority patients

What you'll learn: The paired kidney exchange process, ABO compatibility in transplantation, and the need for live donor transplants in minority communities.

I need a kidney transplant. Am I covered now? What about in the future?

What you'll learn: How to find out what transplant-related costs insurance covers, Medicare ESRD benefits, the importance of lifelong health and prescription drug coverage after your transplant, and what lifestyle changes you may need to make to get and keep a new kidney.

Kidney transplant

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kidney transplant, because they usually last longer than deceased donor kidneys.

Advantages to living donation

Living donation can benefit you, your donor and someone else with kidney failure. If you are a match with someone willing to donate their kidney to you, your wait time for transplant could be much shorter. Your surgery will also be scheduled for a specific date, so you will not have to be on call. Once you receive a kidney from a living donor, a deceased donor kidney that might have gone to you would be available for someone else on the waiting list.

A living donor must also have an evaluation by a transplant team to make sure they are healthy enough for surgery and are a right match. Living donors usually have a short and relatively easy recovery period, and they are not responsible for their medical costs. Living donors who develop kidney failure in the future—something that is rare but possible—get priority on the waiting list to receive a kidney transplant.

To find a living donor, ask your family, friends, neighbors, coworkers and others in your social networks. Some patients also use social media, local newspapers and community flyers. Even if you are on the waiting list, you can still look for a living donor.

If you know someone willing to give you a kidney but not a good match for you, you could be part of a paired kidney exchange. You and your donor would be paired with one or more other donor/recipient pairs, so each recipient can get the best kidney match. In these kidney transplant chains, your donor can give their kidney to someone in need so that you can get a kidney from a matching donor.

Patients who receive Health Insurance Premium Program grants from the American Kidney Fund can continue to receive their grants for up to a year after transplant.

For more information on kidney transplants, visit KidneyFund.org/transplant.



MEET YOUR TREATMENT TEAM: Dialysis social worker

Finding out you have kidney failure and need dialysis often comes as a life-changing shock. One member of your treatment team is trained to help you through this transition and beyond: your dialysis social worker.

Dialysis centers are required by the federal government to have a social worker with a master's degree on staff and that person may also need a social work license, depending on which state you live in.

Your social worker cares for you in three key ways: providing emotional support, advocating for you to other members of your dialysis care team and managing administrative tasks. If you are doing in-center dialysis, you will see your social worker regularly at your appointments and may develop a close relationship.

Emotional support: Your social worker will be a general resource for you and your family as you are learning to live with kidney failure

and understand your rights as a patient. They will help you adjust to the emotional toll of having kidney failure, including anxiety, depression, sadness or fear. Social workers help children and parents of children with kidney disease navigate the illness, and help the child continue to live out their childhood. A social worker may help explain your illness and treatment in terms you understand.

Patient-team advocate: The social worker is a member of your dialysis care team, so they work with your other medical professionals to get you the care you need. This means acting as an advocate on your behalf to other members of the team. Your social worker will conduct at least one Kidney Disease Quality of Life (KDQOL) assessment for you each year, and the results are shared with the rest of your care team. The KDQOL measures how well you are coping with ESRD, both mentally and physically, and is used by the

team to make sure they are treating you appropriately.

Your social worker will have access to information about your treatment, medicines and dietary requirements, so they can help you follow the recommendations along the way. They usually are the ones in the clinic who help patients find financial assistance, including grants from the American Kidney Fund to pay for health insurance or other costs not covered by insurance.

Social workers often have a heavy patient load, and some even travel between two or more centers to meet with patients. Keep this in mind when meeting with your social worker and try to think about what you would like to discuss with them before your dialysis appointment, so you can get the most out of your time with them.

Administrative assistance: Because dialysis patients spend a lot of time in appointments and managing their health, social workers step in to help with some of the administrative tasks on behalf of patients. Your social worker will help you deal with your insurance company and some of the financial burden of having kidney failure. They will explain your rights as an employee if you need to go on medical leave or disability, as well as help you secure employment if you are physically able to work but are currently unemployed.

Social workers can help you find affordable housing or get food assistance if you cannot work. They can also let you know about community resources available to you, such as arranging transportation to and from your dialysis appointments and finding a support group you may wish to join.



Talk to your doctor about anemia

Because you have kidney failure, you probably also have anemia. Anemia happens when there are not enough red blood cells in your body.

Healthy kidneys send signals to your body to make red blood cells. If your kidneys fail, they may not be able to help your body make the blood cells it needs. This is true for many dialysis patients, especially those who have diabetes, heart disease, or high blood pressure; those who are African-American; and those older than 75 years. Kidney transplant patients are at higher risk for anemia, as well.

Symptoms of anemia can include:

- **Dizziness or loss of concentration.** Feeling dizzy or having difficulty concentrating

may be a sign that your brain is not getting enough oxygen from your red blood cells.

- **Pale skin.** Paleness is caused by reduced blood flow or a lower number of red blood cells.
- **Feeling cold.** Sensitivity to the cold may mean there is not enough oxygen being delivered in your blood to your body.
- **Feeling tired or weak.** You may feel weak and get tired easily. (Dialysis can also make you feel weak and tired.)
- **Shortness of breath.** Your blood may not have enough red blood cells to deliver oxygen to your muscles. By increasing your breathing rate, your body is trying to bring more oxygen into your body.

- **Chest pain.** Anemia can increase your risk of heart problems because your heart has to work harder to pump your blood. If you have an unusually fast heart rate or are worried about your heart health, please speak to your doctor.

If you are diagnosed with anemia, there are things you can do to manage the symptoms and feel better. Your doctor may recommend one or more of the following treatments:

- **Erythropoiesis-stimulating agents (ESAs).** ESAs are medicines that work by sending a signal to your body to make more red blood cells. This replaces one of the functions of healthy kidneys. ESAs are given by injection.
- **Iron supplements.** Iron supplements will raise the level of iron in your blood when it is too low. Iron supplements can be taken as a pill or an injection. Many patients need to take both ESAs and iron supplements to reach a healthy red blood cell count.
- **Red blood cell transfusion.** A red blood cell transfusion is a procedure to increase the number of red blood cells in your body by giving you red blood cells from someone else's body through an IV. This can temporarily improve your anemia symptoms.

Visit [KidneyFund.org/anemia/anemia-in-esrd](https://www.kidneyfund.org/anemia/anemia-in-esrd) to learn more about anemia. AKF's ACT on Anemia campaign is made possible with support from Akebia Therapeutics, Inc.



Dialysis and a plant-based diet

by Lynn Oehler

The media is full of talk about the benefits of a plant-based diet. Many people on dialysis wonder if the benefits apply to them, too. And, it is a smart question.

As a dialysis patient, you have special dietary needs. You walk a tightrope of balancing the amount of certain minerals in your diet, as well as controlling the amount of fluid you take in each day.

Plant-based protein, such as legumes, meat alternatives and high protein vegetables can increase your intake of phosphorus. While healthy kidneys filter out excess phosphorus, high levels in dialysis patients can lead to fatigue, joint pain and heart disease.

Here are some tips that can help you enjoy wholesome plant-based

foods, while maintaining healthy levels of phosphorus:

- 1. Phosphorus binders:** Binders grab onto phosphorus released from your food in the stomach, so it cannot be absorbed into your blood. If you have been prescribed binders, be sure to take them!
- 2. Avoid packaged/processed foods:** The chemical form of phosphorus (also called inorganic phosphorus) is added to packaged foods to preserve it and add flavor and/or texture. This type of phosphorus absorbs in high amounts into the blood. Read packages carefully. Look for words containing 'PHOS' in the ingredient list. Too many 'PHOS' ingredients? Skip it and find a better snack.
- 3. Eat fruits and vegetables:** Only 10-40% of phosphorus

from plant-based foods is absorbed into your blood. You can enjoy the great variety of these fresh options with less worry about your phosphorus levels getting too high.

It is usually a great idea to work more fresh fruits and vegetables into your diet. But, limiting certain fruits and vegetables that are extra high in potassium or phosphorus may be the best choice when you have kidney disease. Before you add more fruits and vegetables to your diet, check in with your renal dietitian. Your dietitian will help you figure out how to incorporate more plant-based foods into your life, while still maintaining a diet that is right for kidney disease.

Lynn Oehler (MS, RD, CSR, ScD) has been a nephrology dietitian with Satellite Healthcare for over 13 years.



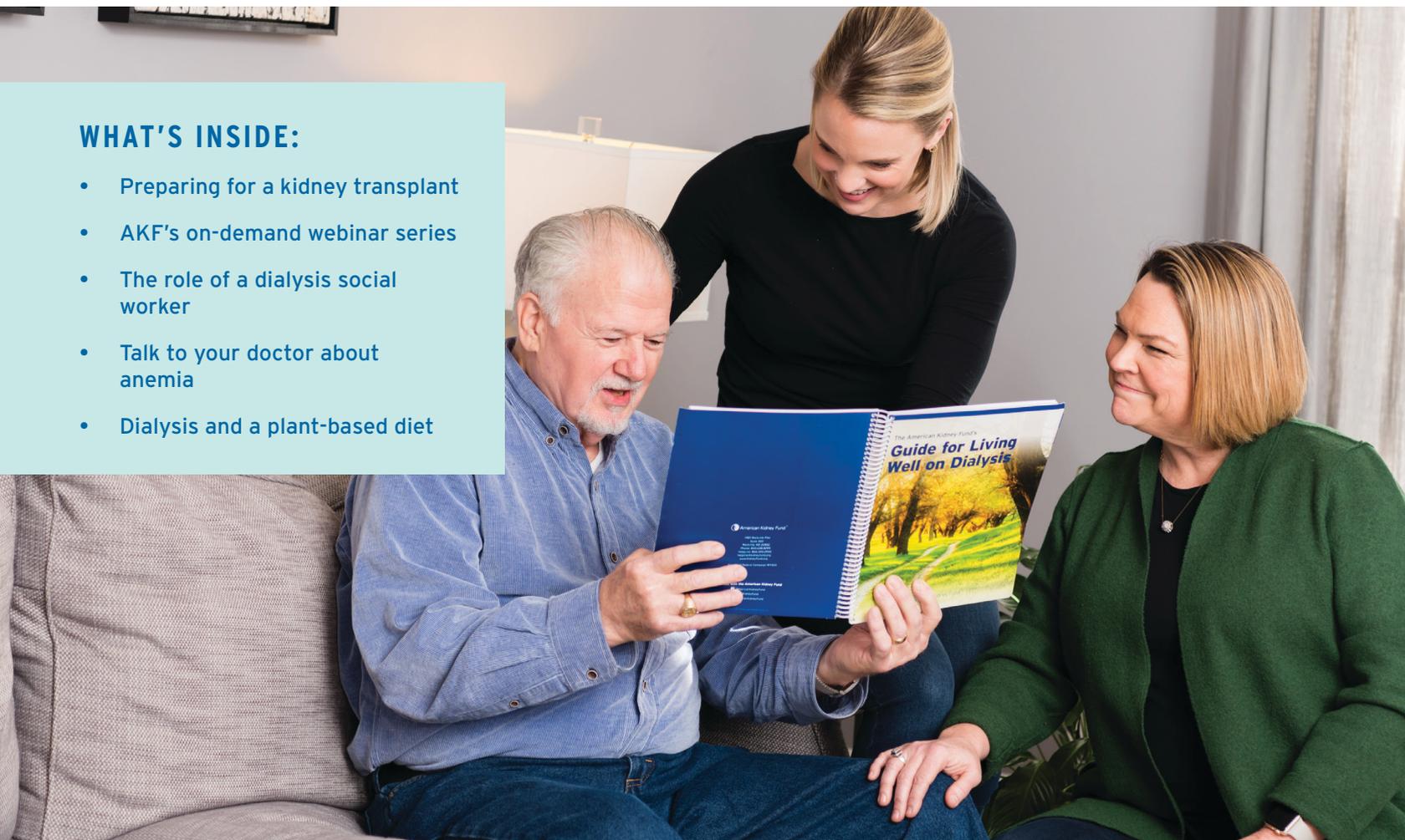
11921 Rockville Pike
Suite 300
Rockville, MD 20852
800.638.8299

KidneyFund.org

Educate others about the importance of living a healthy lifestyle. Become a Kidney Health Coach today! **KidneyFund.org/khc**

WHAT'S INSIDE:

- Preparing for a kidney transplant
- AKF's on-demand webinar series
- The role of a dialysis social worker
- Talk to your doctor about anemia
- Dialysis and a plant-based diet



When patients' phosphate binder therapy was not successful...

SWITCHING TO VELPHORO MADE A WORLD OF DIFFERENCE



Double the percentage of patients achieved phosphorus goal with half the pill burden*¹

Visit RealWorldVelphoro.com
TO SEE THE DIFFERENCE A SWITCH CAN MAKE

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 must be administered with meals. Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed.
- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.
- In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

- Velphoro can be administered concomitantly with oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin. Take doxycycline at least 1 hour before Velphoro. Velphoro should not be prescribed with oral levothyroxine.

Please see Brief Summary on adjacent page or visit www.Velphoro.com for full Prescribing Information.

*A retrospective analysis of pharmacy data assessed the real-world effectiveness of Velphoro in 1,029 adult in-center hemodialysis patients who were switched to Velphoro during routine care. The study compared the proportion of patients with phosphorus levels ≤ 5.5 mg/dL and the mean prescribed phosphate binder pills/day at baseline (3 months prior to Velphoro; binders included sevelamer carbonate, calcium acetate, and lanthanum carbonate) and during Velphoro follow-up (6 months after switch to Velphoro, n=424). This was a noninterventional analysis and did not impact prescriptions or prescribing patterns.¹

Reference: 1. Coyne DW, Ficociello LH, Parameswaran V, et al. Real-world effectiveness of sucroferric oxyhydroxide in patients on chronic hemodialysis: A retrospective analysis of pharmacy data. *Clin Nephrol.* 2017;88(2):59-67.



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VELPHORO[®]
(sucroferric oxyhydroxide)
chewable tablets

POTENCY MAKES IT POSSIBLE

Brief Summary:

Please see Full Prescribing Information for additional information



INDICATIONS AND USAGE

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

DOSAGE AND ADMINISTRATION

Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, tablets may be crushed.

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

Adjust by 1 tablet per day as needed until an acceptable serum phosphorus level is reached, with regular monitoring afterwards. Titrate as often as weekly.

DOSAGE FORMS AND STRENGTHS

Velphoro (sucroferric oxyhydroxide) chewable tablet 500 mg.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.

ADVERSE REACTIONS

In a parallel design, fixed-dose study of 6 weeks duration, 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 during post approval use of Velphoro, and were reported voluntarily from a population of uncertain size.

Gastrointestinal Disorders: tooth discoloration

Skin and Subcutaneous Tissue Disorder: rash

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.

DRUG INTERACTIONS

Velphoro can be administered concomitantly with oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin.

Take doxycycline at least 1 hour before Velphoro.

Velphoro should not be prescribed with oral levothyroxine.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 16 and 4 times, respectively, the human maximum recommended clinical dose on a body weight basis, and have not revealed evidence of impaired fertility or harm to the fetus due to Velphoro. However, Velphoro at a dose up to 16 times the maximum clinical dose was associated with an increase in post-implantation loss in pregnant rats. Animal reproduction studies are not always predictive of human response. There are no adequate and well-controlled studies in pregnant women.

Labor and Delivery

No Velphoro treatment-related effects on labor and delivery were seen in animal studies with doses up to 16 times the maximum recommended clinical dose on a body weight basis. The effects of Velphoro on labor and delivery in humans are not known.

Nursing Mothers

Since the absorption of iron from Velphoro is minimal, excretion of Velphoro in breast milk is unlikely.

Pediatric Use

The safety and efficacy of Velphoro have not been established in pediatric patients.

Geriatric Use

Of the total number of subjects in two active-controlled clinical studies of Velphoro (N=835), 29.7% (n=248) were 65 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

OVERDOSAGE

There are no reports of overdosage with Velphoro in patients. Since the absorption of iron from Velphoro is low, the risk of systemic iron toxicity is low. Hypophosphatemia should be treated by standard clinical practice.

Velphoro has been studied in doses up to 3,000 mg per day.

HOW SUPPLIED/STORAGE AND HANDLING

Velphoro are chewable tablets 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

Store in the original package and 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).

PATIENT COUNSELING INFORMATION

Inform patients that Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed [see *Dosage and Administration*].

Velphoro should be taken with meals.

Instruct patients on concomitant medications that should be dosed apart from Velphoro [see *Drug Interactions*].

Inform patients that Velphoro can cause discolored (black) stool.

Inform patients that Velphoro can stain teeth.

Inform patients to report any rash to their healthcare professional.

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920 Winter Street
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