

Chronic kidney disease
Identifying and
managing the disease

Kidney cancer
Advice for
greater health

The role of a nurse
The heroic role of
nurses in healthcare

**MEDIA
PLANET**

September 2011

KIDNEY HEALTH

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TIPS

TAKING THE REINS
TO GREATER
HEALTH

CONQUERING KIDNEY DISEASE

Grizz Chapman shares his story to save the health and lives of others

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CHALLENGES

To achieve the optimum level of care requires a team approach: patients, health care professionals and industry leaders.

Join the fight against kidney disease

The numbers are staggering! An estimated 26 million people are affected by chronic kidney disease. And with a growing aging population and rapid increases in diabetes and hypertension, researchers say the number of CKD patients in this country will only rise.

But there is hope! There are steps patients and families can take today to slow the progression of CKD and slow progression of the number of people being diagnosed with kidney disease.

First, take ownership of your body and your health. For more than 40 years the American Association of Kidney Patients (AAKP) has been encouraging patients to take active roles in their health care. We have witnessed tremendous increases in technology and treatment therapies since Wil-

lem Kolff's invention of a working dialyzer in the 1940s.

However, patients cannot benefit from these new technologies and therapies unless they actively participate in their care. There are several non-profits organization, including AAKP that are working tirelessly to provide resources to current patients, future patients and their families.

The path to quality care

Unfortunately there are millions of people who lack the skills, resources and knowledge to be active members of their care, so I encourage health care professionals and providers to use their skills, resources and compassion to lead those individuals on the path to quality care. To achieve the optimum level of care requires a team approach: patients, health care professionals and industry leaders united and working together to



Carolyn G. Price
President of the American Association of Kidney Patients

"I encourage health care professionals and providers to use their skills, resources and compassion to lead those individuals on the path to quality care."

produce programs and events relevant to kidney patient education.

Lack of awareness

Second, talk about kidney disease with your friends and families. There is a lack of awareness in this country about kidney disease. Did you know you are most at risk of developing CKD if you have a family member who has kidney disease; are African American, Hispanic, Pacific Islander or Native American? You are also at an increased risk if you suffer from diabetes or hypertension—the leading two causes of kidney disease.

AAKP welcomes your interest in our work and hope that you will join us in our efforts to ensure that all people affected by kidney disease have the opportunity to live active, productive lives.

CAROLYN G. PRICE

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WE RECOMMEND



Dr. Rowena Elliott
President of the American Nephrology Nurses' Association addresses the growing need for nurses

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INTRODUCING THE BEACON STUDY

Learn more about this Phase 3 clinical trial that will evaluate the effects of bardoxolone methyl on slowing the progression to end-stage renal disease or cardiovascular death in patients with advanced chronic kidney disease (CKD) and type 2 diabetes. Go to www.clinicaltrials.gov. (Clinical Trial Identifier: NCT01351675).



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INSPIRATION

Grizz Chapman conquers kidney disease with a message of hope

Grizz Chapman is used to playing a supporting role, in his earlier life as a celebrity bodyguard and in his current role as part of Tracy Morgan's entourage on the Emmy award-winning NBC hit show, "30 Rock."

But Chapman, whose severe hypertension led to kidney failure, has now taken the lead as a spokesperson for the National Kidney Foundation and chairman of the Kidney Walk.

Chapman, who received a transplant from an altruistic donor, 19-year-old Ryan Perkins of Phoenix, Arizona, last June and had previously managed to shoot "30 Rock" while undergoing dialysis treatment

three times a week, now has a powerful message for the public. He urges everyone to "take care of your health even when you feel good. Especially, keep your blood pressure under control and pay attention to your urine. If it's foamy, that's not a good sign and you need to check out your kidneys."

The alarm was sounded for the father of an 18-year-old daughter and 10-year-old son, when he began spilling protein in the urine a little over two years ago. It wasn't long before he spiraled from there to congestive heart failure and kidney failure.

Says Chapman, "I should have been more conscious of my health, but since kidney disease can be silent, I felt fine so I kept up with my regular life, traveling all over the country and



Grizz Champan, Chairman of the Kidney walk, advocates better health.
PHOTO: ERICA BERGER FOR THE NATIONAL KIDNEY FOUNDATION

eating the wrong things."

When he finally ended up in the hospital, Chapman was concerned that he might be written out of the show and end up out of work. But "30 Rock" producers came to visit him, assured him his job was safe and

that everyone just wanted him to get better and back on the set. He began dialysis treatments to do the job of filtering out toxins that his own kidneys could no longer do, and spent six months on dialysis.

Hoping for a new kidney

Chapman hoped to receive a new kidney, but in order to do so, he had to lose over 160 pounds which was no easy feat for the 505 pound club bouncer turned actor. Yet, he knew it was a matter of life and death and so he overhauled his diet, began exercising and focused on his will to stay alive and raise his two children.

Chapman says most people have no clue what the kidneys do in the body and whether they're at risk. His

involvement with the National Kidney Foundation and participation in the Kidney Walk is one way he'd like to change that. Over the course of this year, Chapman has been making personal appearances at 7 Kidney Walks in cities around the country and he's mobilizing friends, fans and family members to raise funds for the cause through his own Kidney Walk team, Team Grizz. He's already taken a small step towards saving the health and lives of others and is looking forward to doing more in the future.

To support Grizz's efforts please visit www.teamgrizz.com.

CONTRIBUTED BY THE NATIONAL KIDNEY FOUNDATION

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Helping People Live Better™

Iron deficiency anemia: understanding the risks

Since the early 1990's, nephrologists have recognized the need for IV iron supplementation. A Maryland hematologist says advances continue being made in the field.

"What has occurred in the last few years is the development of new formulations that will allow the administration of a near complete replacement dose of IV iron in approximately 15 minutes," explains Michael Auerbach, M.D.

"This may not be as important to patients on dialysis, since short maintenance doses can be given seamlessly to the thrice weekly visitors. Nonetheless, these new compounds allow much larger doses in a shorter period of time.

"Although minor adverse events occur with IV iron, the overwhelming majority resolve without therapy. Physicians need to understand the nature of these events, as it will allow an important step forward in anemia management, especially in women."

There are 30 million Americans suffering from iron deficiency, mostly women who do not have chronic kidney disease. According to Dr. Auerbach, "Oral iron is the standard of care, but is poorly tolerated due to frequent side effects such as metallic taste, stomach irritation and constipation. Upwards of 70% of patients stop taking it. Approximately one year of oral iron is recommended to complete a full course of therapy, while IV iron can do the same in an

hour.

"A more widespread use of IV iron is indicated, as made clear by newer, carefully done clinical trials. I believe we'll see an explosion of use of these products for a broad variety of conditions."

Iron deficiency anemia is a serious complication from chronic kidney disease, which can result in loss of renal function. Causes of iron deficiency in CKD patients include use of erythropoiesis-stimulating agents (ESAs), restricted diets and blood loss. Iron sucrose injections such as Venifer can be used intravenously to replenish body iron stores in patients with iron deficiency anemia.

CINDY RILEY

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INSPIRATION

The integral role of the nurse in improving outcomes

When most people hear “nephrology nursing,” they may be unsure what it means, but they can usually determine it is a specialized area of nursing practice.

Some individuals think it is “neurology,” which focuses on patients with conditions of the nervous system like strokes, headaches, and seizures. In fact, nephrology nurses care for patients with kidney disorders and provide such treatments as dialysis and transplantation. To the public, they are known as “kidney nurses.”

The picture that usually comes to mind when thinking of a nephrology nurse is one who sticks needles in a patient’s arm, hooks tubes to the needles, and cares for the patient

during a three to four hour dialysis treatment. In reality, the role of the nephrology nurse is a great deal more complex.

After completing nursing school, nephrology nurses acquire hands-on knowledge and experience with the complexities of kidney function and disease. Nephrology nursing practice overlaps the boundaries of other specialties, as many kidney patients also require care for conditions like diabetes, hypertension, obesity, and cardiovascular disease. This specialized knowledge and care results in positive outcomes and improved quality of life for patients with kidney disease.

Patient connection

Whether monitoring the status of a patient receiving hemodialysis,

administering a peritoneal dialysis treatment, or providing endless support to a patient who has just received a kidney transplant, the nephrology nurse is more than one who sticks needles in a patient.

They also provide emotional support, often developing long-term relationships with patients and their families. As a nephrology nurse, these long-term relationships are truly priceless.

We see our patients frequently and this allows more opportunities to teach, conduct follow-up, and establish trusting nurse-patient relationships. These are the main factors that led me to love nephrology nursing. I am certain this is true for many nephrology nurses today.

Although not considered one

of the more “popular” nursing specialties, nephrology nurses are some of the most committed to their specialty. The ability to positively impact a patient’s physical and emotional progress is gratifying and contributes to the longevity of nurses who practice in this area.

As the number of individuals with kidney disease grows, there is a greater need for public awareness of the nursing “heroes” who provide the day-to-day care needed by our loved ones. These unsung heroes are my fellow nephrology nurses. Their knowledge, experience, and caring is truly second to none.

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DON'T MISS!



Online nursing programs: The key for greater success

■ A degree in nursing can position you for a long career in any region of the country, and in one of dozens of sub-specialties.

■ With many baby boomers retiring, there is a large nurse shortage growing by the day. The demand for nurses will create over a million new jobs, and is already lifting nursing wages.

■ Study and attend class from home, generally at a pace and schedule that you create.

■ Some online universities will tailor programs to meet your personal career goals.

■ Acceleration of completion if desired, is two to three years or less if you have qualifying work experience or receive credit for prior nursing degree coursework.

■ Availability of online nursing degree programs is generally nationwide and accessible even in remote parts of the United States.

CONTRIBUTED BY

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Surviving kidney cancer

Last year, more than 1.3 million new cancers were diagnosed in the United States.

According to the American Cancer Society, more than 50,000 of these individuals were diagnosed with kidney cancer. But there is hope—more than 200,000 kidney cancer survivors are living in the United States right now. Recent advances in diagnosis, surgical procedures, and treatment options will allow even more patients to live with the disease, continuing to maintain their normal schedules and lifestyles.

This marks the beginning of an important new era for kidney cancer patients, with the recent approval by the Food and Drug Administration (FDA) of new drugs to treat their advanced disease. These drugs target

cancer cells in different ways than current drugs used to treat kidney cancer, and will have a very positive impact for many patients. Continued research efforts will improve our understanding of the disease even more and increase the options available to fight kidney cancer.

Time to start healing

Each person diagnosed with kidney cancer goes through the shock of being told they have the disease. It is a difficult experience. Feelings of shock, loneliness, alienation, fear, frustration, anger, and hurt are natural parts of any life-threatening illness. It is okay to have these feelings, to cry, and to be upset.

After the shock of diagnosis, it’s time to start healing. Don’t let your emotions and your cancer destroy your home life or relations with the

important people in your life. They may also be hurting inside, fearing for you and themselves. When cancer strikes, it hits the whole family. Your friends and family are rooting for you.

Sometimes kidney cancer is called by its medical name, renal cell carcinoma. Kidney cancer includes various forms, including clear cell, papillary, sarcomatoid, transitional cell, and others.

Some patients are diagnosed before the cancer has metastasized (spread) to other parts of the body, while others have metastatic disease when their cancer is initially diagnosed. Surgery may be the first course of treatment, or systemic treatment—that is, a treatment that is injected into the bloodstream or swallowed—may be recommended prior to surgery (though this tends

to be rare). If surgery is done first, additional treatment may be recommended to delay the cancer’s return, or to treat metastatic disease.

The choice of treatment, where treatment is administered, the frequency of check-ups, and many other aspects of the management of your disease are determined with input from you. The more you know, the better your decisions, and the more you can feel in control of your illness. Knowledge about your disease will help you better communicate with your doctor and nurse, and increase your confidence in the treatment that you receive. Getting smarter about kidney cancer is an important step in effectively fighting your disease.

KIDNEY CANCER ASSOCIATION

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NEWS



DON'T MISS!

Understanding Stage 4 CDK

While the incidence of chronic kidney disease (CKD) is high, affecting nearly one in nine patients in the United States, advanced kidney disease is relatively rare. Early preparation can help prevent progression.

CKD is divided into five stages, with stages 1 and 2 being early and reversible. By the time patients reach stage 4, they are at high risk to progress further, but can still delay their disease progression and optimize their outcomes should they ever require dialysis.

Patients may experience complications as their kidney disease progresses including:

Anemia occurs because as the

kidney fails, they no longer produce a hormone that stimulates red blood cell production.

Metabolic Acidosis occurs because the failing kidneys cannot rid the body of excess acid.

Mineral and Bone Disorders as well as systemic vascular calcification can occur as the kidney loses its ability to eliminate minerals such as serum phosphorus.

Patients with kidney disease should always ask their doctors about what options are available for them, and should prepare accordingly if their doctors feel that permanent kidney failure may occur.

CONTRIBUTED BY STEPHEN Z. FADEM, CO-CHAIR, AAKP MEDICAL ADVISORY BOARD

More than 26 million Americans—one in nine adults—have chronic kidney disease and most don’t even know it. Millions more are at increased risk.

Phosphorus in CKD

What is phosphorus?

Phosphorus is a mineral found in your bones. Along with calcium, phosphorus is needed for building healthy strong bones, as well as keeping other parts of your body healthy.

Why is phosphorus important to you?

Normal working kidneys can remove extra phosphorus in your blood. When you have Chronic Kidney Disease (CKD) your kidneys cannot remove phosphorus very well. High phosphorus levels can cause damage to your body. Extra phosphorus causes body changes that pull calcium out of your bones, making

them weak. High phosphorus and calcium levels also lead to dangerous calcium deposits in blood vessels, lungs, eyes, and heart. Phosphorus and calcium control is very important for your overall health.

Will dialysis help with phosphorus control?

Yes. Dialysis can remove some phosphorus from your blood. It is important for you to understand how to limit build up of phosphorus between your dialysis treatments.

How can I control my phosphorus level?

You can keep your phosphorus level normal by understanding your diet

and medications for phosphorus control. Your dietitian and doctor will help you with this.

What are medications for phosphorus control?

Your doctor may order a medicine called a phosphate binder for you to take with meals and snacks. This medicine will help control the amount of phosphorus your body absorbs from the foods you eat.

Contributed by The National Kidney Foundation, for more information visit www.kidney.org

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TIP

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UNDERSTAND YOUR DISEASE STATE

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INSIGHT

Technology for improving dialysis

■ **Question:** How can technology affect dialysis patients and clinicians?

■ **Answer:** Advancements in technology can provide better results and outcomes.

For countless dialysis patients, getting an accurate assessment of their treatment is easier said than done. According to an established expert in the field, the challenges are many.

“The machinery today is the same as when I trained as a nephrologist 30 years ago,” says Juan P. Bosch, M.D. “We need to introduce the technology that’s now available to determine if treatments are being delivered properly.”

Equally disturbing to Dr. Bosch is the way treatments are recorded.

“Dialysis is not simple and should be treated like an industrial process where everyone is accountable. With some patients one of the many steps involved may take five minutes while with others it may take 20 or 30 minutes. The process is not controlled.”

Dr. Bosch says like any factory producing a product, quality control must come into play.

“Only 30 percent of the time are patients receiving the prescribed treatment. You may have some good treatments, while others are terrible, so the patient is never guaranteed his treatments will be the same.

“A patient goes twelve times a month in therapy but the clinic measures only one treatment

“We need to introduce the technology that’s now available to determine if treatments are being delivered properly.”



Dr. Bosch, M.D.
Dr. Juan Bosch, Chief Medical Officer,
Gambro

and says it’s representative. If you want to know what you’re doing, it has to be measured each time. Maybe you had one fantastic treatment, but what if the other eleven were lousy? There’s no consistency.”

As for advances in technology, the Diascan Monitoring System, for example, provides information about treatments to help the nurse/clinician make an informed decision about their patient’s dialysis dose. It delivers real-time, non-invasive ionic Kt/V measurement and aids the clinician in determining whether the patient will hit the target Kt/V.

Given the variability of dialysis treatments, the system helps the patient by providing a tool to help clinicians with dialysis process and see and track the effectiveness of each patient treatment, which may be helpful in that identifying a trend may be a more realistic assessment of the patient than one dialysis adequacy test per month.

CINDY RILEY

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NEEDLE SAFETY TECHNOLOGY

Preventing needle sticks

■ OSHA has mandated that safety devices be placed on all ‘sharp’ needles. These devices should keep the needle point from being exposed at anytime during removal from the patient.

■ The newest models allow for the sharp needle to be retracted into the body (wing area) of the needle set. There is a locking mechanism to hold

the needle in place after retraction.

■ Several manufacturers utilize an enclosure device that is positioned near the needle just before removal. The needle is then removed from the patient and drawn into the device. The JMS WingEater® is such a device and is one of the leading safety fistula needle products in US dialysis centers.

■ The latest trend in cannulation is the

so called constant site or ‘Button Hole’ technique. Essentially, a permanent ‘track’ is formed through the patient’s skin. After the track is formed, a blunt tip needle can be guided through the track and access the vessel beneath the skin. This results in less pain and trauma to the patient.

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