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Association between Nutritional Parameters and Symptom Burden Among Non-Dialysis Chronic Kidney Disease Patients

Michelle M.Y. Wong¹, Yuyan Zheng², Dani Renouf³, Zainab Sheriff¹, Adeera Levin^{1,2}

1. The University of British Columbia, Vancouver, BC, Canada
 2. BC Provincial Renal Agency, Vancouver, BC, Canada
 3. St. Paul's Hospital, Vancouver, BC, Canada

Introduction

Protein-energy wasting (PEW) and undernutrition are complications of advanced CKD that are associated with increased risk of mortality and morbidity. In British Columbia (BC), symptom burden of kidney care clinic (KCC) patients is routinely assessed through a validated tool, the Edmonton Symptom Assessment Scale (ESAS). The ESAS is administered at KCC visits to patients with an eGFR <15 ml/min/1.73 m². Our aim was to evaluate the associations between readily available nutritional parameters and ESAS sub-scores.

Methods

In this exploratory analysis, we included 1092 non-dialysis CKD patients with eGFR <15ml/min/1.73 m², who entered multidisciplinary KCC in BC during 2013-2018 and had completed the ESAS. Using baseline data within 6 months of entry to the KCC, multivariable linear regression was applied to assess associations between ESAS scores and the following nutritional parameters:

- ◆ Body mass index [BMI]
- ◆ Serum albumin
- ◆ Serum phosphate
- ◆ Serum bicarbonate
- ◆ Neutrophil-to-lymphocyte ratio [NLR]

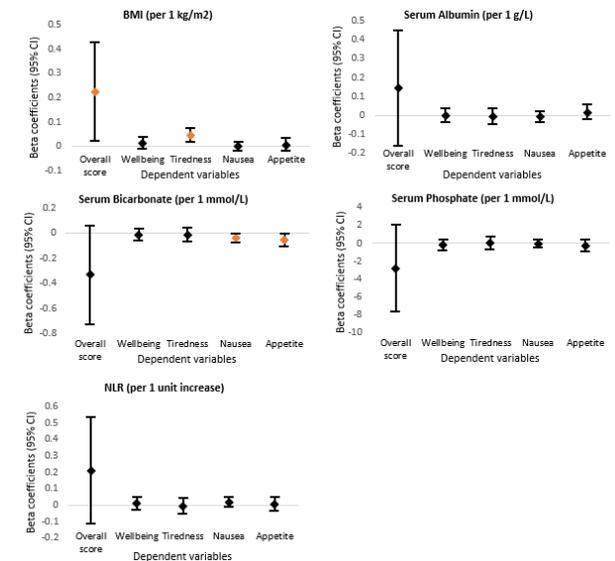
Models were adjusted for age, sex, health region, eGFR, urine ACR, hypertension, diabetes, cardiovascular disease, medication number, iPTH, ferritin, iron saturation, and hemoglobin.

Results

Demographic characteristics of KCC patients with ESAS scores included a mean age of 71.8 years, 41% female, 60% with comorbidities such as diabetes or hypertension, mean serum ACR of 37.1 mg/mmol, mean BMI of 28.1 and similar levels of biochemical markers of interest.

There were negative associations between serum bicarbonate in nausea sub-score (-0.0395 per 1 mmol/L increase in bicarbonate) and appetite sub-score (-0.0571 per 1 mmol/L increase in bicarbonate). Serum albumin, phosphate, and NLR did not demonstrate significant associations with any of the four ESAS sub-scores (Figure 1).

Figure 1. Associations between Nutritional Parameters and ESAS Scores



*Parameters in orange indicate significant values.

Conclusion

This analysis suggests that lower serum bicarbonate is associated with worse nausea and appetite sub-scores. Further analyses will assess associations between oral nutritional supplement use and change in ESAS.





PUGET SOUND
kidney centers
Care. Compassion. Community.

2021 NWRD Annual Conference Virtual Event e-Poster Abstract

Title:

Survive and Thrive with Chronic Kidney Disease – An Education and Prevention Program

Authors:

Kathy Schiro Harvey MS, RDN, CSR, Sara Prato MS, RDN, and Michelle Rowlett MSW, LICSW

Introduction:

Chronic kidney disease (CKD) is a leading cause of death and major public health concern affecting Americans. Although many in-person and online programs for people preparing for dialysis are available, there are very few education options for those in the early stages of CKD when lifestyle changes are most effective at preventing the progression of CKD and the many comorbid conditions associated with it. Puget Sound Kidney Centers (PSKC) has been offering a free, in-person, six-week program targeting early intervention of CKD stages 2 – 4 for the past five years. In March of 2020 the in-person program was suspended due to the Coronavirus pandemic. Over the next few months, program coordinators transitioned *Survive and Thrive* to an all-virtual format to ensure ongoing education remained available to those in the community facing CKD. Methods and results are described below.

Methods:

- Evaluating need – First steps involved evaluating the viability of a virtual program. Phone screening was conducted of past and current attendees to determine if there was interest in attending virtual classes. The response was an overwhelming yes!
- Program Content – The traditional program consisted of six 90-minute classes, including cooking demonstrations, mindfulness exercises, and lifestyle interventions. Additional check-in and community classes were also offered to encourage ongoing healthy behavior changes. Class sessions were revised and edited to shorten them to 60 minutes, to include introductions, class presentation, question and answer time. Since classes are taught by multiple instructors, this involved input, consensus and cooperation from all. To maintain program integrity and engage attendees, cooking videos were created, and short animated videos were developed. These innovations helped to simulate components of the in-person classes in the virtual experience.

- **Registration** – Class registration was converted from an in-person format to on-line registration. This process involved working with computer programmers and web designers to research, draft, demo and finalize web site improvements that would allow for HIPPA compliant registration and collection of health data. Additional website enhances included updates to advertise the virtual program, simplify placement of class information on the website and provide links to simple education videos.
- **Technical platform** – Appropriate platforms for presenting classes were explored and trialed. A secure, HIPPA compliant, simple to use platform was required. GoToWebinar was chosen, as we were familiar with it, and it interfaced well with other PSKC programs. Additional equipment (laptops, headsets, keyboards) was acquired as presenters often work remotely, with three or four people presenting in each class.
- **Learning enhancements** – In-person classes have included supplemental learning materials including handouts and giveaways. In the six-week program, a notebook with weekly handouts and resources has been provided as well as giveaways to support learning. In our check-in and community classes, we have also provided handouts, recipes and other giveaways. We decided to continue to offer these items to attendees as most prefer physical handouts over digital versions and enjoy the class add-ons. After registering for classes, attendees are mailed the appropriate learning materials and giveaways, depending on their enrollment. Additional giveaway items include spice blends, stress balls, notepads, pens, advance care planning packets and lightweight cutting boards.

Results:

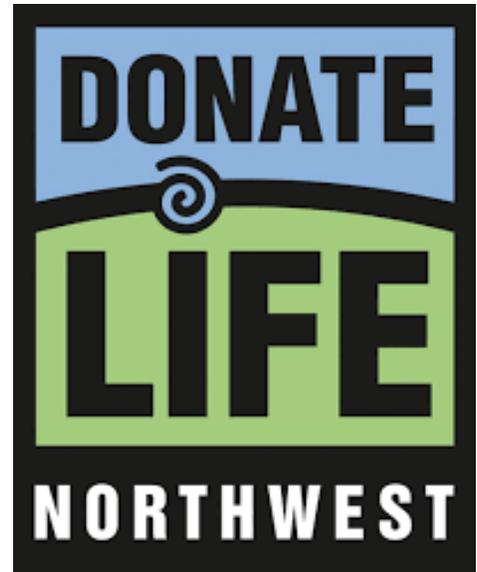
Initial response to our virtual on-line program was overwhelmingly positive. Since the initiation of our new format in June 2020, we have offered 23 classes (two six-week sessions, five check-in classes and six community classes) attended by 214 people. Attendance has exceeded our expectations; 90% have attended four or more classes, and 79% have attended five or more classes. This exceeds previous programs attendance. 100% of all participants would recommend the program to others. A surprising result was geographic; our traditional in-person program was attended by local residents or those who could easily travel to our class centers. The virtual program has been attended by people throughout the Northwest and even some from other parts of the United States.

Conclusion:

The ability to offer CKD education in a variety of formats allows us to reach a larger audience and have a greater impact on health outcomes. Transition to online programming was challenging at first but became manageable when approached step by step. We are fortunate to have received adequate funding through the Verdant Health Commission, Molina Health and the PSKC Foundation which allowed us to adjust expenses to meet our needs. Seeing the benefit of participants surviving and thriving with kidney disease from the comfort of their homes, at their convenience, has made the hurdles encountered along the road to virtual learning more than worthwhile.



Title: Done Vida Latino Cultural Awareness
Author: Maria Fernanda Filizola,
Latino Outreach Coordinator



Introduction:

Donate Life Northwest maintains the donor registry for the state of Oregon. Through community events, education programs, and an award-winning high school curriculum, we reach thousands of people throughout the Pacific Northwest annually. Together with our community, Donate Life Northwest has registered over 2.5 million Oregonians to be an organ, eye, and tissue donors.

We work to provide Oregon's Latino population with education and access to resources around donation and transplant as well as Dialysis education classes. The Done Vida Noroeste program works with Spanish-speaking Latino volunteers and community health organizations to provide bilingual and culturally specific education about donor registration, access to transplant, and opportunities to honor the generosity of donor families and the gratitude of recipients.

Description of Project:

The purpose of this presentation is to help build a strong trusting relationship with the Latino community and serve the community with the highest level of care possible.

For the Latino community, leaving their countries of origin to search for a better quality of life and settle in a new country most of the time means leaving behind customs, culture, and most importantly family. This also helps us to understand that within the same community we have to learn to differentiate the problems of each ethnic group. Latinos want to be recognized for where they come from, where they were born, that gives them an identity that they have lost by having to immigrate to another country.

We want to acknowledge that a strong cultural identity can contribute to a person's overall wellbeing.

Outcomes:

We know that food is part of the values, is part of their culture; the food of each country is part of who they are.

However, we also know that with time the community has had changes that have occurred within the diet in Latin America in recent years.

Unfortunately, the number of Hispanic adults age 40 and older meeting nutritional guidelines was relatively low across all food groups and currently Latinos are experiencing an epidemic of obesity and Diabetes Type 2.

We can all help by demonstrating cultural competence toward patients with diverse values, beliefs, and feelings. Before we become culturally competent, we must understand the local community and the role our organization plays within the community.



References

<https://www.familiasenaccion.org/nutrition-food-equity/>

<https://prezi.com/m4djirqpiv7d/patron-cultural-de-alimentacion-en-latinoamerica/>

<https://www.elmundous.com/2016/10/29/la-influencia-de-la-comida-latinoamericana/>

<https://oldwayspt.org/system/files/atoms/files/LAH%20Brochure-Spanish.pdf>

https://www.aarp.org/content/dam/aarp/research/surveys_statistics/health/2019/brain-health-nutrition-hispanic-fact-sheet.doi.10.26419-2Fres.00187.002.pdf

<https://vhlblog.vistahigherlearning.com/la-importancia-de-la-comida-tradicional-en-la-cultura-hispana.html>

<http://www.fao.org/3/a-ai012s.pdf>

2021 NWRD Poster



Established in 1969, AAKP is the oldest and largest independent kidney patient organization in the United States, with growing international impact through a global network of patient advocates, kidney researchers, medical innovation leaders, and policy influencers.

AAKP is among the strongest advocates for kidney patient consumer care choice and the full alignment of kidney care treatment to the aspirations of individual patients, including their pursuit of full-time work, professional careers, families, home ownership, and a secure retirement.

From 1969-1973, AAKP patients led the effort in the U.S. Congress, alongside senior White House officials, to establish the End Stage Renal Disease Program (ESRD), which has saved over a million lives through modern dialysis coverage as administered by the Centers for Medicare and Medicaid Assistance.

For more information, visit www.aakp.org

Follow AAKP on social media: [@kidneypatient](https://www.facebook.com/kidneypatient) on Facebook and [@kidneypatients](https://twitter.com/kidneypatients) on Twitter

Medal of Excellence Awards:

The **American Association of Kidney Patients' (AAKP) Medal of Excellence** is one of the Association's highest honors for kidney healthcare professionals and is designed to elevate local, national and international figures who have been in the forefront of advancements in kidney care and patient empowerment. The award recognizes professionals who are committed to improving and extending the lives of all kidney patients through advocacy, research, technology, and quality-driven treatments that protect patient dignity and fully align with patient aspirations. This prestigious award program recognizes a variety of professionals within the health care team, including nephrologists, transplant surgeons, transplant professionals, nurses, social workers, dietitians, and dialysis technicians. [See all awards >>](#)

Medal of Excellence 2021



MEDAL OF
EXCELLENCE
AWARD

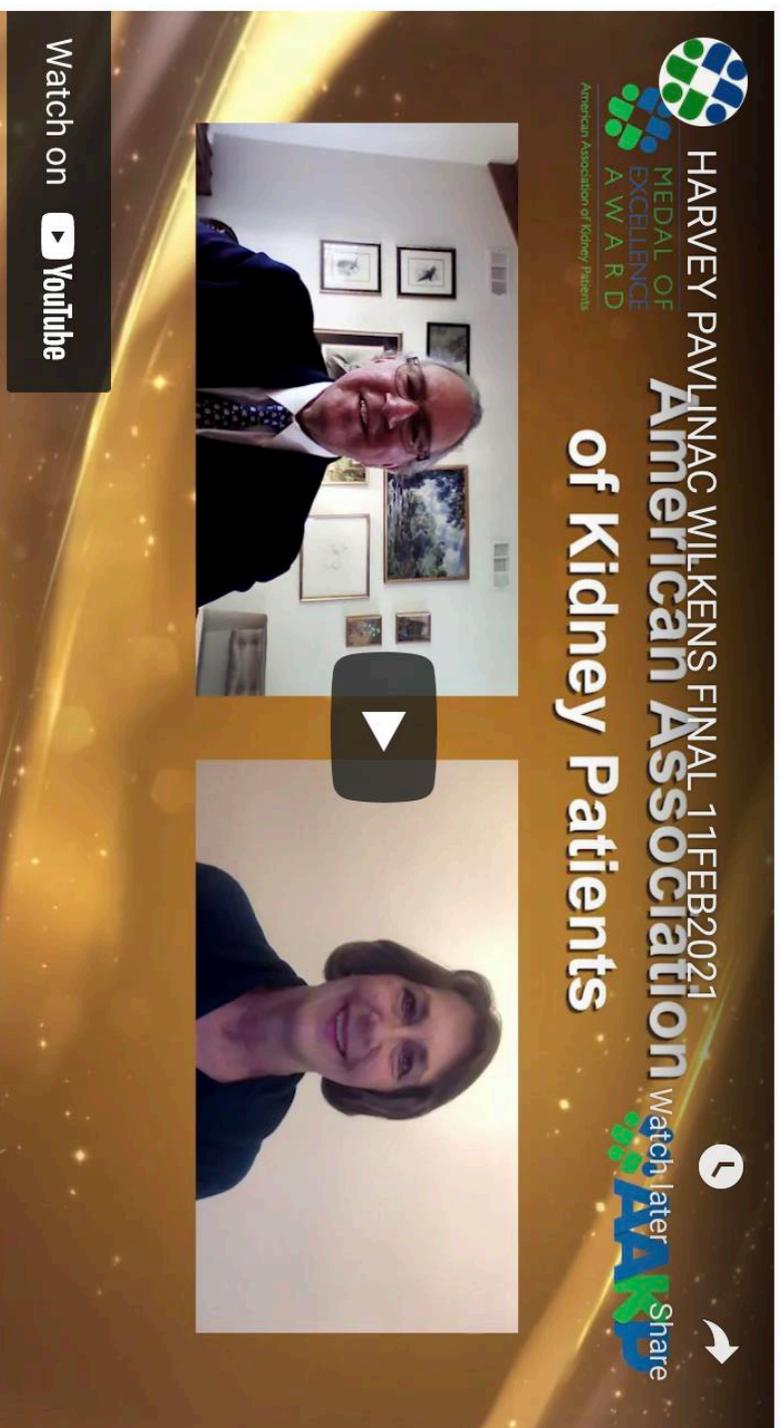
American Association of Kidney Patients

AAKP is pleased to honor the following individuals in the Dietitians Category:

- Katy Wilkens, MS, RD
- Kathy Schiro Harvey, MS, RDN, CSR
- Jessie Pavlinac, MS, RD, CSR, LD

VIEW VIDEO:

Please watch a short video of AAKP Leadership presenting these extraordinary individuals with our Medal of Excellence Award.



The video player features a dark background with a golden glow at the bottom. On the left, a man in a suit and glasses is shown in a portrait. On the right, a woman is shown in a portrait. A large play button is centered between the two portraits. At the top left, the text reads "HARVEY PAVLINAC WILKENS FINAL 11 FEB 2021" and "MEDAL OF EXCELLENCE AWARD" with the AAKP logo. At the top right, it says "American Association of Kidney Patients". At the bottom right, there are icons for "Watch later" and "Share", and the AAKP logo.

Watch on  **YouTube**