#NephJC transcript

Healthcare Social Media Transcript

From: Tue May 26 17:00:00 PDT 2015
To: Tue May 26 20:00:00 PDT 2015

What is #NephJC? Who were the influencers during this time period? #NephJC analytics

Healthcare Conference - Healthcare Tweet Chats - Healthcare Analytics

kidney_boy

@Surgeon_General can you join us for our journal club on peritoneal dialysis for heart failure? #NephJC background @ http://t.co/EKIKevtuX6
Tue May 26 17:18:19 PDT 2015

nephjc

T-30 minutes to #nephjc The Italian summer continues! http://t.co/nDEPiGoIB4
Tue May 26 17:27:56 PDT 2015

hswapnil

RT @NephJC: T-30 minutes to #nephjc The Italian summer continues! http://t.co/nDEPiGoIB4
Tue May 26 17:37:05 PDT 2015

hswapnil

@PdDoctors hey, can you join us for #nephJC chat at 9 tonight? PD in CHF. Would love your input - check http://t.co/mdbcb89ov5 for details
Tue May 26 17:38:14 PDT 2015

nephjc

RT @kidney_boy: . @Surgeon_General can you join us for our journal club on peritoneal dialysis for heart failure? #NephJC background @ http:...
Tue May 26 17:49:19 PDT 2015

nephjc

T-5 minutes to #nephJC. Is this twitter thing on? #nephjc
Tue May 26 17:55:37 PDT 2015

kidney_boy

@Toaster_Pastry we are doing CHF treatment with PD in #NephJC in 5 minutes. Would
love you to join. And RT?
Tue May 26 17:56:59 PDT 2015

kidney_boy
are we going to do the SR or cohort study first? #nephjc
Tue May 26 17:59:24 PDT 2015

nephjc
@kidney_boy cohort. Bertoli from 2014 #nephjc
Tue May 26 17:59:46 PDT 2015

nephjc
Welcome to the 27th edition of #NephJC. Your host tonight will be Swapnil Hiremath @hswapnil. Check http://t.co/ngV6TNPKjh for details
Tue May 26 18:00:00 PDT 2015

kidney_boy
@NephJC knives are sharpened #nephjc
Tue May 26 18:00:13 PDT 2015

nephjc
We are discussing two articles tonight, both from Italy (again!) http://t.co/2sn3aaug4g & http://t.co/vHelQI2fYP #nephJC
Tue May 26 18:00:19 PDT 2015

nephjc
Nice job by Paul Phelan @paulphel in writing the summary post on http://t.co/ngV6TNPKjh #nephjc
Tue May 26 18:00:35 PDT 2015

nephjc
We recommend using a client such as tchat.io or http://t.co/rFoH4MVMzu & enter #nephjc to help capture entire convo.
Tue May 26 18:00:55 PDT 2015

nephjc
Please introduce yourself and state any #CoI, real or perceived. Lurkers welcome, feel free to wave hello! #NephJC
Tue May 26 18:01:09 PDT 2015

gerimedjc
RT @NephJC: Welcome to the 27th edition of #NephJC. Your host tonight will be Swapnil Hiremath @hswapnil. Check http://t.co/ngV6TNPKjh for …
Tue May 26 18:01:21 PDT 2015

kidney_boy
Joel Topf, nephrologist from Detroit. #nephjc
Tue May 26 18:01:27 PDT 2015

grahamabra
Awwwww, Italian again! ;) #NephJC
Tue May 26 18:01:30 PDT 2015

hswapnil
Swapnil Hiremath, nephrologist at @uOttawaMed & @OttawaHospital #nephJC cofounder. No Col, will tweet personal opinions from this acct
nephjc

Ho Joel and Graham!. Dr Abra still in hospital? (you know we love the Italian data....)
#nephjc
Tue May 26 18:02:09 PDT 2015

kidney_boy

Hey Graham! #nephjc
Tue May 26 18:02:17 PDT 2015

camilla_wong

Lurking #NephJC and loving it. No conflicts of interest to declare. @NephJC
Tue May 26 18:02:26 PDT 2015

grahamabra

Hi All, nephrologist and work for @satellitehealth #NephJC
Tue May 26 18:02:50 PDT 2015

kidney_md

Paras Dedhia, Neph fellow Univ of Cincinnati, OH, no COI #nephJC
Tue May 26 18:02:55 PDT 2015

nephjc

@camilla_wong Thanks Camilla. any insight welcome. And thanks for all the RTs from @gerimedJC #nephjc
Tue May 26 18:03:01 PDT 2015

nephjc

Paras, glad to see you back! keep those #nephpearls coming! #nephjc
Tue May 26 18:03:23 PDT 2015

kidney_boy

@kidney_md paras, you graduate this year? #nephjc
Tue May 26 18:03:28 PDT 2015

nephjc

Remember - a core purpose of #nephJC is to grow your network, so hit follow! (Another reason for lurkers to step out) http://t.co/zv4kYVRotC http://t.co/zcU36akSFW
Tue May 26 18:03:39 PDT 2015

hekmagsmd

Hector Madariaga, Nephrology Fellow. SUNY Upstate. I will be in & out. Doing a couple of transplant consults. No COI #nephjc
Tue May 26 18:03:49 PDT 2015

wittykidney

Malvinder Parmar, nephrologist, no COI #nephjc
Tue May 26 18:04:03 PDT 2015

dr_nikhilshah

#nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 18:04:06 PDT 2015
nephjc  @HekmagsMD Ho Hector! - you must be almost done? and Nikhil! #nephjc
Tue May 26 18:04:22 PDT 2015

christosargyrop  Christos Argyropoulos, Nephrologist Univ of New Mexico #nephjc
Tue May 26 18:04:22 PDT 2015

dr_nikhilshah  Nikhil Shah Nephrology Fellow at Univ of Alberta, Edmonton Canada! Now on Home Dialysis Therapies Fellowship!! Full CoI :) #nephjc
Tue May 26 18:04:43 PDT 2015

nephjc  Ho Mal and Christos, nice to see you guys back.. #nephjc
Tue May 26 18:04:44 PDT 2015

nephjc  Keep talking, topics to come shortly #nephjc
Tue May 26 18:04:46 PDT 2015

kidney_boy  @dr_nikhilshah somehow this makes more sense than WAK for ESRD dialysis #nephjc
Tue May 26 18:05:04 PDT 2015

anakinramd  Fernanda, medical student from Mexico, no COI, just lurking #nephjc
Tue May 26 18:05:05 PDT 2015

kidney_boy  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 18:05:20 PDT 2015

nephjc  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 18:05:23 PDT 2015

hekmagsmd  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx w/ wearable kidney for SCUF for CHF http://t.co/tRfDYHgvO http://t.co/ljbThr48SM
Tue May 26 18:05:33 PDT 2015

nephjc  @AnakinraMD welcome back, Fernanda. Nice to see you come back #nephjc
Tue May 26 18:05:44 PDT 2015

kiwiskinz  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 18:05:48 PDT 2015

cabreraerdr  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 18:06:00 PDT 2015

dr_nikhilshah
@kidney_boy @dr_nikhilshah I agree!! Nice slow PD! Gently does it. #nephjc
Tue May 26 18:06:02 PDT 2015

nephjc
@kiwiskINZ - how are things down under? #nephjc
Tue May 26 18:06:25 PDT 2015

kidney_boy
@dr_nikhilshah though I think I would prefer a single icodextrin exchange #nephjc
Tue May 26 18:07:04 PDT 2015

nephjc
RT @dr_nikhilshah: @kidney_boy @dr_nikhilshah I agree!! Nice slow PD! Gently does it. #nephjc
Tue May 26 18:07:30 PDT 2015

nephjc
T0: what's Ur approach to refractory congestive heart failure (CHF)? #NephJC (1) ultrafiltration, (2) look for excuse to HD (3) more lasix!
Tue May 26 18:07:34 PDT 2015

dr_nikhilshah
RT @kidney_boy: @dr_nikhilshah though I think I would prefer a single icodextrin exchange #nephjc
Tue May 26 18:07:39 PDT 2015

kidney_md
Determinants of ultrafiltration in PD #nephPeals #NephJC http://t.co/NO2Zk87mN7
Tue May 26 18:07:41 PDT 2015

nephjc
T0: what is the highest dose of diuretics you have used in this setting before labelling as resistant/refractory? #nephjc
Tue May 26 18:08:05 PDT 2015

hswapnil
T0: highest dose used in CHF: 250 mg lasix bid (#ILoveLasix) #nephjc
Tue May 26 18:08:28 PDT 2015

grahamabra
Appropriate diuretic dosing, frequency, and choice is step one #NephJC
Tue May 26 18:08:31 PDT 2015

kidney_boy
T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc
Tue May 26 18:08:38 PDT 2015

nephjc
RT @GrahamAbra: Appropriate diuretic dosing, frequency, and choice is step one #NephJC
Tue May 26 18:08:52 PDT 2015
grahamabra  BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:08:54 PDT 2015

rossnesbit  Nephrologist at UT Knoxville. No Col. Will be in and out. #nephjc  
Tue May 26 18:08:59 PDT 2015

nephjc  RT @kidney_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:09:02 PDT 2015

kidney_boy  Says the fat man RT @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:18 PDT 2015

nephjc  Fat Man rules? @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:18 PDT 2015

wittykidney  @NephJC more Lasix➡Develops Azotemia➡Start RRT #nephjc  
Tue May 26 18:09:25 PDT 2015

grahamabra  @NephJC Always #NephJC  
Tue May 26 18:09:29 PDT 2015

nephjc  @RossNesbit Ross, welcome to NephJC, your debut? #nephjc  
Tue May 26 18:09:36 PDT 2015

kidney_boy  RT @wittykidney: @NephJC more Lasix➡Develops Azotemia➡Start RRT #nephjc  
Tue May 26 18:09:48 PDT 2015

hekmagsmd  T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:09:50 PDT 2015

nephjc  RT @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:55 PDT 2015

hekmagsmd  RT @kidney_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:09:56 PDT 2015

christosargyrop  T0: realistically it is hemodynamic +diuretic optimization (sequential nephron blockade) followed by mechanical H20 removal #nephjc  
Tue May 26 18:10:08 PDT 2015

nephjc  
T0: Any other options? LVAD and milrinone of course, Has anyone tried PD in refractory CHF? #NephJC  
Tue May 26 18:10:11 PDT 2015

kidney_boy  
QFT RT @HekmagsMD: T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:10:22 PDT 2015

nephjc  
RT @HekmagsMD: T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:10:42 PDT 2015

wittykidney  
@HekmagsMD What is a bad combination of diuretics? #nephjc  
Tue May 26 18:10:43 PDT 2015

christosargyrop  
@NephJC T0 20mg/hr #nephjc  
Tue May 26 18:11:07 PDT 2015

nephjc  
@kidney_boy @HekmagsMD So what is your preferred diuretic combo? Lasix + metolazone + spironolactone? #nephjc  
Tue May 26 18:11:14 PDT 2015

kidney_boy  
We use RRT and IUF for severe cases. Haven't tried PD, but will be more likely to now. #nephjc  
Tue May 26 18:11:18 PDT 2015

grahamabra  
LVAD an increasing option as devices and evidence for them improves #NephJC  
Tue May 26 18:11:33 PDT 2015

dr_nikhilshah  
T0- Most of the cardiologists are itching to put the patient on IHD/CRRT after 24 hours of Diuretic challenge. #nephjc  
Tue May 26 18:11:42 PDT 2015

hswapnil  
T0: does anyone still use ultrafiltration after this? http://t.co/Xkdb7bzadC More adverse effects #nephjc. http://t.co/fveeqjgtUT  
Tue May 26 18:11:46 PDT 2015

nephjc  
QFT @GrahamAbra: LVAD an increasing option as devices and evidence for them improves #NephJC  
Tue May 26 18:11:59 PDT 2015

kidney_boy  
Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc  
Tue May 26 18:12:01 PDT 2015
nephjc

RT @ChristosArgyrop: T0: realistically it is hemodynamic +diuretic optimization (sequential nephron blockade) followed by mechanical H20 re…
Tue May 26 18:12:12 PDT 2015

wittykidney

t0 - other things for Refractory CHF I published in 1998 #nephjc http://t.co/Y4aH8yObBR
Tue May 26 18:12:14 PDT 2015

grahamabra

@kidney_boy Hammer down #NephJC
Tue May 26 18:12:18 PDT 2015

rossnesbit

Never believed in diuretic gtt before arrived here. Bumex (Max 0.5mg/hr) with 5% alb (20/hr) for serum alb < 3.5, amazing response.#nephJC
Tue May 26 18:12:22 PDT 2015

christosargyrop

@NephJC Not in the US but yes I have #nephjc
Tue May 26 18:12:33 PDT 2015

nephjc

Yes, N-CPAP (push vs pull) @wittykidney: t0 - other things for Refractory CHF I published in 1998 #nephjc http://t.co/kDkQ1EajG2
Tue May 26 18:12:51 PDT 2015

nephjc

RT @kidney_boy: Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc
Tue May 26 18:13:20 PDT 2015

dr_nikhilshah

T0 - Always evaluate Salt intake! We are frequently surprised at the amount that goes in! #nephjc
Tue May 26 18:13:25 PDT 2015

rossnesbit

Did similar nephron bomb at Vandy. Never worked. I really believe diuretic delivery (or lack thereof) is playing a major role. #NephJC
Tue May 26 18:13:32 PDT 2015

amcj1

@HekmagsMD what's a bad combination of diuretics? #NephJC
Tue May 26 18:13:37 PDT 2015

kidney_boy

That CHF solutions machine said you could UF through a PICC, total disaster, lots of clots, never worked right for us. #nephjc
Tue May 26 18:13:47 PDT 2015

davidkleehammer

RT @dr_nikhilshah: T0 - Always evaluate Salt intake! We are frequently surprised at the amount that goes in! #nephjc
Tue May 26 18:13:48 PDT 2015
nephjc  RT @kidney_boy: That CHF solutions machine said you could UF through a PICC, total disaster, lots of clots, never worked right for us. #nep...  Tue May 26 18:14:25 PDT 2015

grahamabra  LVAD = The best Rx I've ever seen for cardiorenal AKI/CKD #NephJC  Tue May 26 18:14:29 PDT 2015

wittykidney  @NephJC @kidney_boy the most important ? Is now when but how to use these agents, not used correctly often #nephjc  Tue May 26 18:14:32 PDT 2015

fayazg99  RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW  Tue May 26 18:14:44 PDT 2015

nephjc  RT @GrahamAbra: LVAD = The best Rx I've ever seen for cardiorenal AKI/CKD #NephJC  Tue May 26 18:15:03 PDT 2015

nephjc  For T1: lets start with study 1, Bertoli et al http://t.co/2sn3aaug4g Retrospective cohort of 48 puts from 10 Italian centres #NephJC  Tue May 26 18:15:06 PDT 2015

kidney_md  Ultrafiltration (UF): controlled volume removal and "isotonic filtrate" compared to diuretics: hypotonic #NephJC  Tue May 26 18:15:08 PDT 2015

nephjc  T1: from table 1, mostly NYHA III/IV, all on lasix, mean 140 mg, EF 30%, GFR 21. Anything else stand out? #nephjc http://t.co/GmJA8U69ws  Tue May 26 18:15:23 PDT 2015

hekmagsmd  @wittykidney I've seen pts receiving Lasix + Bumex. I typically recommend a thiazide (metolazone) + Lasix &/or Spironolactone(RALES) #nephjc  Tue May 26 18:15:28 PDT 2015

dr_nikhilshah  @GrahamAbra LVAD not without its own set of comorbidities. Have seen really bad Drive Line infections now! #nephjc  Tue May 26 18:15:37 PDT 2015

camilla_wong  @NephJC Re-visit goals of care, often! #NephJC  Tue May 26 18:15:57 PDT 2015

hekmagsmd  Yes! Much better! RT @NephJC: @kidney_boy @HekmagsMD So what is your preferred diuretic combo? Lasix + metolazone + spironolactone? #nephjc  Tue May 26 18:16:15 PDT 2015
grahamabra @dr_nikhilshah No doubt, LVADs not a cure all, benefits and risks as with all therapy #NephJC
Tue May 26 18:16:26 PDT 2015

nephjc True, well spoken, like a Geriatrician! (whom we can all learn from) RT @camilla_wong: @NephJC Re-visit goals of care, often! #NephJC
Tue May 26 18:16:34 PDT 2015

kidney_boy YES! RT @camilla_wong: @NephJC Re-visit goals of care, often! #NephJC
Tue May 26 18:16:42 PDT 2015

hekmagsmd RT @kidney_boy: Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc
Tue May 26 18:16:45 PDT 2015

hswapnil RT @NephJC: T1: from table 1, mostly NYHA III/IV, all on lasix, mean 140 mg, EF 30%, GFR 21. Anything else stand out? #nephjc http://t.co/G...
Tue May 26 18:16:54 PDT 2015

kidney_boy Cohort study is a rescue population. Challenging group. But no controls. #NephJC
Tue May 26 18:17:02 PDT 2015

wittykidney @HekmagsMD important is to tell staff which of these to give first, thiazides or agents working on DT first and then Loop #nephjc
Tue May 26 18:17:06 PDT 2015

hswapnil @NephJC low ICD/CRT use? #NephJC
Tue May 26 18:17:11 PDT 2015

nephjc Knives are out indeed! RT @kidney_boy: Cohort study is a rescue population. Challenging group. But no controls. #NephJC
Tue May 26 18:17:35 PDT 2015

wittykidney Albumin levels for diuretic efficacy are important as well #nephjc
Tue May 26 18:17:36 PDT 2015

kidney_boy Reading the intro to the cohort study it is like CARESS-HF never happened. #NephJC http://t.co/JnZ9OiZeyB http://t.co/LKQUbUmQE
Tue May 26 18:17:38 PDT 2015

grahamabra They don't give the fraction on intravenous inotropes #NephJC
Tue May 26 18:17:46 PDT 2015

@camilla_wong @NephJC I agree! A lot of these patients are so sick #nephjc
hekmagsmd

Tue May 26 18:17:55 PDT 2015

nephjc

RT @GrahamAbra: They don't give the fraction on intravenous inotropes #NephJC
Tue May 26 18:17:57 PDT 2015

christosargyrop

@NephJC the impella is a less invasive device option #nephjc
Tue May 26 18:18:10 PDT 2015

hekmagsmd

RT @wittykidney: @HekmagsMD important is to tell staff which of these to give first, thiazides or agents working on DT first and then Loop ...
Tue May 26 18:18:38 PDT 2015

nephjc

T1: Optimistic background; No Ionotrope data, low ICD use, no controls. Still let's look at results #nephjc
Tue May 26 18:18:56 PDT 2015

nephjc

T1: 30/48 patients had a single extraneal at night; 13 did NIPD alone and the rest had regular CCPD #NephJC
Tue May 26 18:19:00 PDT 2015

nephjc

T1: results: good symptomatic improvement by NYHA class with peritoneal ultrafiltration in CHF #nephjc http://t.co/N7UiSbn1KM
Tue May 26 18:19:13 PDT 2015

kidney_md

@kidney_md Fluid removal BY CRRT- attenuate the neurohormonal activation characteristic of diuretic use #nephJC http://t.co/ETC6Er9h0h
Tue May 26 18:19:39 PDT 2015

christosargyrop

@hswapnil #nephjc This was run by cardiologists who craved for quickies. Guess what quickies are accompanied by side effects
Tue May 26 18:19:42 PDT 2015

nephjc

Good point. Have you found it useful in practice? @wittykidney: Albumin levels for diuretic efficacy are important as well #nephjc
Tue May 26 18:19:47 PDT 2015

kidney_boy

@wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important. #nephjc
Tue May 26 18:19:50 PDT 2015

nephjc

T1: results contd. improvement in echo parameters also. Are we impressed by this? #nephjc http://t.co/820efWanRD
Tue May 26 18:20:20 PDT 2015
nephjc RT @ChristosArgyrop: @hswapnil #nephjc This was run by cardiologists who craved for quickies. Guess what quickies are accompanied by side e… Tue May 26 18:20:42 PDT 2015

wittykidney @kidney_boy @HekmagsMD I find giving mento lazing 30-45' before Lasix is more effective and always use this way #nephjc Tue May 26 18:20:51 PDT 2015

kidney_boy 39 men and 9 women? What is going on here? #NephJC Tue May 26 18:20:51 PDT 2015

kidney_boy Why do we get survival data out to 3 years and NYHA CHF class only out to 12 months? #NephJC http://t.co/tbUcCe6lSx Tue May 26 18:20:58 PDT 2015

kidney_boy No comment on the CHF class of the 15% who died. keeping each bar at 100% is deceptive, #NephJC Tue May 26 18:21:03 PDT 2015

nephjc T1: lasty, less hospitalization (before - after comparison) #nephjc http://t.co/teldm8P9SG Tue May 26 18:21:07 PDT 2015

hekmagsmd RT @kidney_boy: @wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important. #nephjc Tue May 26 18:21:23 PDT 2015

nephjc Good Q: @kidney_boy: Why do we get survival data out to 3 years and NYHA CHF class only out to 12 months? #NephJC http://t.co/iakG7xw7fV Tue May 26 18:21:23 PDT 2015

kidney_boy Impressive hospitalization data, but how did they calculate hospital days for the 15% who died? #NephJC http://t.co/eZxFqWadxS Tue May 26 18:21:51 PDT 2015

wittykidney @NephJC Echo parameters are dependent on Volume status, you dry the patient by whatever means will improve These. #nephjc Tue May 26 18:21:57 PDT 2015

nephjc some selection bias? retrospective, perhaps men preferentially get Rx? @kidney_boy: 39 men and 9 women? What is going on here? #NephJC Tue May 26 18:22:15 PDT 2015

rossnesbit @wittykidney @kidney_boy @HekmagsMD Same here. Just have to get it in before the loop from my standpoint. #NephJC
Tue May 26 18:22:27 PDT 2015

nephjc  RT @wittykidney: @NephJC  Echo parameters are dependent on Volume status, you dry the patient by whatever means will improve These.  #nephjc
Tue May 26 18:22:27 PDT 2015

kidney_boy @wittykidney @NephJC and if you let the sickest 15% die, the remainder's echo components will improve.  #nephjc
Tue May 26 18:22:36 PDT 2015

nephjc  T1: survival not too bad for CHF NYHA III/IV 18/48 switched to full dose PD, 3 to HD #nephjc  http://t.co/wx1YBiaow2
Tue May 26 18:22:41 PDT 2015

grahamabra  Survival rate actually seems on the high side for such a sick cohort  #NephJC
Tue May 26 18:23:12 PDT 2015

nephjc  RT @kidney_boy: @wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important.  #nephjc
Tue May 26 18:23:17 PDT 2015

nephjc  Agree. Too good perhaps? (selection bias again) RT @GrahamAbra: Survival rate actually seems on the high side for such a sick cohort  #NephJC
Tue May 26 18:23:45 PDT 2015

grahamabra  In original LVAD study only ~8% of very advanced CHF patients on med rx alive at 2 years. 60% in this study :/  #NephJC
Tue May 26 18:24:17 PDT 2015

hswapnil  T1: with before-after, huge caveats - selection bias, regression to mean, Hawthorne effect. Take with #pinchofsalt #nephjc
Tue May 26 18:24:17 PDT 2015

kidney_boy  The study provides both the 2-year mortality & 2-year survival rate. Why? Worried about the walking dead?  #NephJC  http://t.co/NIHnzFotAb
Tue May 26 18:24:51 PDT 2015

nephjc  #nephjc  https://t.co/8G2Y8BW6tj
Tue May 26 18:24:59 PDT 2015

christosargyrop @NephJC Look at the urine volume  #nephjc
Tue May 26 18:25:13 PDT 2015

@GrahamAbra and no deaths in the first 6 months!! wow! hardy men!  #nephjc
dr_nikhilshah Tue May 26 18:25:59 PDT 2015

nephjc @ChristosArgyrop @NephJC Hmm - did it go up significantly? #nephjc Tue May 26 18:26:06 PDT 2015

nephjc RT @dr_nikhilshah: @GrahamAbra and no deaths in the first 6 months!! wow! hardy men! #nephjc Tue May 26 18:26:15 PDT 2015

hekmagsmd RT @kidney_boy: The study provides both the 2-year mortality & 2-year survival rate. Why? Worried about the walking dead? #NephJC http://t…. Tue May 26 18:26:33 PDT 2015

grahamabra @dr_nikhilshah These guys are looking like a carefully selected cohort for success #NephJC Tue May 26 18:26:56 PDT 2015

nephjc RT @kidney_boy: The study provides both the 2-year mortality & 2-year survival rate. Why? Worried about the walking dead? #NephJC http://t…. Tue May 26 18:27:05 PDT 2015

jameshorowitzmd RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW Tue May 26 18:27:08 PDT 2015

nephjc QFT @GrahamAbra: @dr_nikhilshah These guys are looking like a carefully selected cohort for success #NephJC Tue May 26 18:27:20 PDT 2015

nephjc Before drawing firm conclusions, let's talk about study 2, Viglino et al http://t.co/vHelQI2fYP #nephjc Tue May 26 18:27:30 PDT 2015

christosargyrop @NephJC These patients may had been 'diuretic resistant" but on average they were not oliguric. Different from what we see in the US #nephjc Tue May 26 18:27:43 PDT 2015

kidney_md Loop diuretics -Diuretic therapy #nephJC http://t.co/9ZxfS0DKwd http://t.co/x6UXjayizw Tue May 26 18:27:46 PDT 2015

nephjc RT @kidney_md: Loop diuretics -Diuretic therapy #nephJC http://t.co/9ZxfS0DKwd http://t.co/x6UXjayizw Tue May 26 18:28:01 PDT 2015
@ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC
Tue May 26 18:28:20 PDT 2015

good point: MT @ChristosArgyrop may had been 'diuretic resistant" but on average not oliguric. Different from what we see in the US #nephjc
Tue May 26 18:28:40 PDT 2015

RT @GrahamAbra: @ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC
Tue May 26 18:29:05 PDT 2015

RT @NephJC: Before drawing firm conclusions, let's talk about study 2, Viglino et al http://t.co/vHelQI2fYP #nephjc
Tue May 26 18:29:18 PDT 2015

@kidney_md dose of continuous IV diuretics #nephJC #nephPearls http://t.co/9ZxfS0DKwd http://t.co/37lCsYjRAZ
Tue May 26 18:29:21 PDT 2015

@GrahamAbra @ChristosArgyrop @NephJC agreed, not a cohort I would be rushing to put on extracorporeal therapy #nephjc
Tue May 26 18:29:37 PDT 2015

T2: no RCTs, so this systematic review included 14 observational studies (incl Bertoli from T1) #nephjc http://t.co/lszACcdufc
Tue May 26 18:29:39 PDT 2015

@NephJC Moderate improvement in EF tracking moderate improvement in EDP #nephjc
Tue May 26 18:29:49 PDT 2015

RT @GrahamAbra: @ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC
Tue May 26 18:30:06 PDT 2015

@kidney_bo Risk of death not constant. Makes sense
Tue May 26 18:30:51 PDT 2015

Companion French study in same PDI issue re: hospital stays with OD/CHF put mean diuretic use at 500-600 #nephjc
Tue May 26 18:30:52 PDT 2015

T2: 14 studies, no US study though. Wonder why? (1 Canadian, 1 Japanese, rest all European) #nephjc
nephjc  
Tue May 26 18:31:19 PDT 2015

T2: table 2, mean GFR varied from 10 to 49. Mixing apples and oranges? #nephjc
http://t.co/SpRNdasemq
Tue May 26 18:31:36 PDT 2015

dr_nikhilshah  
Tue May 26 18:31:38 PDT 2015

T2 - does anyone see a change in BNP after starting PD -UF. Could it be important? #nephjc

grahamabra  
Tue May 26 18:31:41 PDT 2015

@NephJC #reimbursement #NephJC

nephjc  
Tue May 26 18:31:48 PDT 2015

RT @kidney_boy: @GrahamAbra @ChristosArgyrop @NephJC agreed, not a cohort I would be rushing to put on extracorporeal therapy #nephjc

nephjc  
Tue May 26 18:31:50 PDT 2015

RT @ChristosArgyrop: @NephJC Moderate improvement in EF tracking moderate improvement in EDP #nephjc

nephjc  
Tue May 26 18:32:08 PDT 2015

Nice catch: #NephJC https://t.co/dU8svIw4IF

kidney_boy  
Tue May 26 18:32:09 PDT 2015

@ChristosArgyrop doesn't make sense to me. Explain. #nephjc

dannymcg  
Tue May 26 18:32:18 PDT 2015

RT @kidney_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc

edgarvlermamd  
Tue May 26 18:32:40 PDT 2015

@GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC
http://t.co/lvINIXVoC

nephjc  
Tue May 26 18:32:44 PDT 2015

RT @GrahamAbra: @NephJC #reimbursement #NephJC

kidney_boy  
Tue May 26 18:32:48 PDT 2015

@ChristosArgyrop 46% + 56% = 102% how did that happen #nephjc

kidney_boy  
Tue May 26 18:33:01 PDT 2015

ho Edgar! #nephjc
christosargyrop  @kidney_boy Well the numbers add up to 100, so no worries about STEM skills among the Pls #nephjc
Tue May 26 18:33:09 PDT 2015

nephjc  RT @edgarverlernamd: @GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC http://t.co/lvlniXVoC
Tue May 26 18:33:13 PDT 2015

kidney_md  Additional data on NYHA/rehospitalization http://t.co/Xc4KMMDe8s #nephJC http://t.co/MgT98vChp5
Tue May 26 18:33:28 PDT 2015

dr_nikhilshah  RT @edgarverlernamd: @GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC http://t.co/lvlniXVoC
Tue May 26 18:34:04 PDT 2015

nephjc  @NephJC: T2: table 3: mostly NYHA III/IV but EF varied from 28 to 56%. Isn't that important? Anything else? http://t.co/2D7pt81Jav #nephjc
Tue May 26 18:34:19 PDT 2015

grahamabra  Big variability in eGFR #NephJC
Tue May 26 18:34:41 PDT 2015

nephjc  T2: so GFR 20-50, EF 28 - 56%, again doesn't look like the typical refractory, diuretic resistant CHF population here #nephjc
Tue May 26 18:35:11 PDT 2015

dr_nikhilshah  @GrahamAbra Probably quite deconditioned patients with worsening muscle mass? #nephjc
Tue May 26 18:35:34 PDT 2015

grahamabra  @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC
Tue May 26 18:35:59 PDT 2015

nephjc  RT @GrahamAbra: @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC
Tue May 26 18:36:13 PDT 2015

christosargyrop  @NephJC #nephjc Differences in trigger happiness and ability to pay through the ESRD programs. 2o is difficult in the US(↓ transplatability)
Tue May 26 18:36:22 PDT 2015
nephjc

RT @ChristosArgyrop: @NephJC #nephjc Differences in trigger happiness and ability to pay through the ESRD programs. 2o is difficult in the …
Tue May 26 18:36:34 PDT 2015

grahamabra

@dr_nikhilshah Good pont, possible but probably still higher renal function than US "diuretic refractory" its #NephJC
Tue May 26 18:36:43 PDT 2015

nephjc

T2: table 4: details on PD : mostly 1-2 exchanges except for one notable exception (http://t.co/IEI9oNsmbh) #NephJC http://t.co/zZvwinvQu7
Tue May 26 18:36:58 PDT 2015

hekmagsmd

RT @GrahamAbra: @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC
Tue May 26 18:37:41 PDT 2015

nephro_sparks

Im here #nephjc
Tue May 26 18:37:45 PDT 2015

christosargyrop

@kidney_boy #nephjc STEM training stopped before rounding rules. Or the sentence was written by two separate ppl who both rounded upwards
Tue May 26 18:38:05 PDT 2015

dr_nikhilshah

RT @Nephro_Sparks: Im here #nephjc
Tue May 26 18:38:16 PDT 2015

kidney_md

@NephJC Sodium removal & PD modalities: no differences with optimal prescription of icodextrin. http://t.co/SsXsc3e8bV #nephJC
Tue May 26 18:38:27 PDT 2015

nephro_sparks

was deep in a presentation I was working on #nephjc
Tue May 26 18:38:33 PDT 2015

nephjc

T2: On that note, what do you think of Na content in PD effluent of 130-150 vs 50-100 mmol/L in urine? (as pointed out by @paulphel) #nephjc
Tue May 26 18:38:38 PDT 2015

kidney_boy

table 2. three studies did not report gender breakdown? Really? Shouldn't that disqualify a study? #nephjc
Tue May 26 18:38:39 PDT 2015

nephjc

@Nephro_Sparks Ho Matt. Welcome to the land of living #nephjc
Tue May 26 18:38:52 PDT 2015
nephro_sparks  someone get me up to speed #nephjc
Tue May 26 18:39:12 PDT 2015

kidney_boy  Hey Matt. Okay guys, Matt is here, we can start now. #nephjc
Tue May 26 18:39:14 PDT 2015

grahamabra  @NephJC @paulphel Know you're hyponatremia rx #Lasix #NephJC
Tue May 26 18:39:14 PDT 2015

nephjc  RT @kidney_md: @NephJC Sodium removal & PD modalities: no differences with optimal prescription of icodextrin.http://t.co/SsXsc3e8bV #nephJC
Tue May 26 18:39:23 PDT 2015

kidney_md  @NephJC better Na removal with CAPD compared to APD and with Icodextrin http://t.co/H58E6Ivihu #nephJC
Tue May 26 18:39:59 PDT 2015

grahamabra  @kidney_boy Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review of same #NephJC
Tue May 26 18:40:26 PDT 2015

nephjc  @Nephro_Sparks We are on second study (SR) here. Surrounded by disbelievers with knives out. It's skeptic days at #nephJC tonight
Tue May 26 18:40:28 PDT 2015

nephjc  T2: overall outcomes - mostly significant changes in weight, NYHA, hospitalization #nephjc http://t.co/c45GqMiNBJ
Tue May 26 18:41:00 PDT 2015

nephro_sparks  @GrahamAbra @kidney_boy ok. I'm up to speed. sounds like a session at ASN #nephjc
Tue May 26 18:41:15 PDT 2015

kidney_boy  @NephJC @paulphel CHF Solutions and IUF also had high Na content of UF but this did not improve outcomes. #nephjc
Tue May 26 18:41:18 PDT 2015

kidney_boy  LOL RT @GrahamAbra: Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review of same #NephJC
Tue May 26 18:41:56 PDT 2015

hekmagsmd  RT @kidney_md: @NephJC better Na removal with CAPD compared to APD and with Icodextrin http://t.co/k0waoK6zJ7 #nephJC #nephjc
Tue May 26 18:42:01 PDT 2015
nephro_sparks  RT @GrahamAbra: Appropriate diuretic dosing, frequency, and choice is step one #NephJC
Tue May 26 18:42:08 PDT 2015

hswapnil  @kidney_boy it's OK..they report all data (maybe abstracts?). Did not do meta-analysis which would have been problematic #NephJC
Tue May 26 18:42:10 PDT 2015

nephjc  RT @kidney_boy: LOL RT @GrahamAbra: Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review …
Tue May 26 18:42:25 PDT 2015

nephjc  RT @kidney_boy: @NephJC @paulphel CHF Solutions and IUF also had high Na content of UF but this did not improve outcomes. #nephjc
Tue May 26 18:42:34 PDT 2015

t2: tables 6 & 7: changes in echo and GFR. Mixed results #NephJC
http://t.co/g1Hb7ZrfST
Tue May 26 18:42:45 PDT 2015

christosargyrop  @kidney_boy #nephjc the differences are in the rates of UF removal. Esp if one is pulling Na fast hypotension may ebsur2
Tue May 26 18:42:50 PDT 2015

nephjc  T2: some survival curves Uncontrolled data. Hard to interpret Any takers? #nephjc
http://t.co/wQRpqnfl9w
Tue May 26 18:42:54 PDT 2015

grahamabra  @kidney_boy @NephJC @paulphel What was I reading about hypertonic saline in CHF… #NephJC
Tue May 26 18:43:11 PDT 2015

kidney_md  @NephJC http://t.co/40ikACOSPT detailed analysis on sodium removal #nephjc
http://t.co/fusQdoA6iV
Tue May 26 18:43:40 PDT 2015

nephro_sparks  @NephJC nice colors though $$$ #nephjc
Tue May 26 18:43:42 PDT 2015

nephjc  That was #NephMADness..this is #nephjc RT @GrahamAbra: @kidney_boy @paulphel What was I reading about hypertonic saline in CHF… #NephJC
Tue May 26 18:43:55 PDT 2015

kidney_boy  @GrahamAbra @NephJC @paulphel What is it with Italians and CHF data? #nephjc
Tue May 26 18:43:57 PDT 2015
@NephJC @kidney_boy @paulphel Sorry, Sorry. Mixing my social media #NephJC
tue May 26 18:44:23 PDT 2015

t2: (more color) some practical results - can PD so harm? Peritonitis outcomes figure 2
#nephjc http://t.co/pTqyiql2YL
tue May 26 18:44:35 PDT 2015

@NephJC #nephjc Well I see a pattern of improving or not worsening. But the table is misleading one needs a RE metaanalysis for this
tue May 26 18:44:48 PDT 2015

#nephjc https://t.co/AZPqL02Uh4
tue May 26 18:44:58 PDT 2015

@NephJC What's with the clumping of survival groups #DataFishing #NephJC
tue May 26 18:45:03 PDT 2015

@RossNesbitt don't forget the hashtag #nephjc
tue May 26 18:45:09 PDT 2015

RT @kidney_boy: Hey Matt. Okay guys, Matt is here, we can start now. #nephjc
tue May 26 18:45:17 PDT 2015

#NephJC https://t.co/UGVQhIRDTJ
tue May 26 18:45:19 PDT 2015

@ChristosArgyrop Do you really want a meta-analysis? Heterogenous data, not sure a quantitative synthesis will help... #nephjc
tue May 26 18:46:32 PDT 2015

@NephJC #nephjc The average rate is too low but there are outliers. I guess the rate may be explained by the infrequent exchanges
tue May 26 18:46:56 PDT 2015

ICO by sodium seiving may worsen hyponatremia. Did they provide this data? #nephjc
tue May 26 18:47:57 PDT 2015

Nah, I think we have a proof of feasibility, time for PD vs Not
grahamabra
in diuretic refractory CHF #NephJC
Tue May 26 18:48:15 PDT 2015

christosargyrop
@GrahamAbra #nephjc I would not have used excel. But the clustering is there suggesting heterogeneity
Tue May 26 18:48:32 PDT 2015

nephjc
. @RossNesbit says PD lowers K, so would use more ACEi and ARB in this population (could also achieve with lasix +metolazone?) #nephjc
Tue May 26 18:48:51 PDT 2015

kidney_md
Effect of dialysate tonicity and UF volume http://t.co/Xc4KMMDe8s #nephPealrs #nephJC http://t.co/T3zrD2ehg5
Tue May 26 18:48:57 PDT 2015

nephjc
So let's move on to T3: what will you do next? - wait for an RCT (hint #DreamRCT idea) - start doing PD in select patients #NephJC
Tue May 26 18:49:14 PDT 2015

nephjc
RT @GrahamAbra: @NephJC @ChristosArgyrop Nah, I think we have a proof of feasibility, time for PD vs Not in diuretic refractory CHF #NephJC
Tue May 26 18:49:28 PDT 2015

dr_nikhilshah
@NephJC #nephjc Also would depend on who follows them - Heart Failure clinic or PD Unit - coz they are not ESRD. Training And F/u imp!
Tue May 26 18:49:36 PDT 2015

anakinramd
RT @kidney_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc
Tue May 26 18:49:37 PDT 2015

christosargyrop
@NephJC #Nephjc I am a quantitative person and this is precisely the setting where a flexible random effects meta should be done
Tue May 26 18:49:48 PDT 2015

nephjc
good point, they did not provide this data: @wittykidney: ICO by sodium seiving may worsen hyponatremia. Did they provide this data? #nephjc
Tue May 26 18:50:09 PDT 2015

grahamabra
@ChristosArgyrop @NephJC That sounds like fun :) #NephJC
Tue May 26 18:50:20 PDT 2015

nephjc
RT @dr_nikhilshah: @NephJC #nephjc Also would depend on who follows them - Heart Failure clinic or PD Unit - coz they are not ESRD. Training…
Tue May 26 18:50:24 PDT 2015
kidney_boy #DreamRCT RT @GrahamAbra: I think we have a proof of feasibility, time for PD vs Not in diuretic refractory CHF #NephJC
Tue May 26 18:50:28 PDT 2015

grahamabra @NephJC @dr_nikhilshah @NephJC Logistical nightmare - I don't want to be credentialing cards in the HD unit #NephJC
Tue May 26 18:50:59 PDT 2015

christosargyrop @NephJC #nephjc Baxter tried to run such an international study when I was a fellow. The study never happened
Tue May 26 18:51:08 PDT 2015

nephjc What no Bayesian? ;-) RT @ChristosArgyrop I am a quantitative person and this is where a flexible random effects meta should be done #nephjc
Tue May 26 18:51:23 PDT 2015

kidney_boy @NephJC @wittykidney Really, hyponatremia? These people are dining of heart failure. Keep your eye on the ball, can they breathe? #nephjc
Tue May 26 18:51:34 PDT 2015

dr_nikhilshah RT @GrahamAbra: @NephJC @dr_nikhilshah @NephJC Logistical nightmare - I don't want to be credentialing cards in the HD unit #NephJC
Tue May 26 18:51:42 PDT 2015

hswapnil RT @NephJC: So let's move on to T3: what will you do next? - wait for an RCT (hint #DreamRCT idea) - start doing PD in select patients #N…
Tue May 26 18:51:47 PDT 2015

grahamabra @ChristosArgyrop @NephJC Any idea why? #NephJC
Tue May 26 18:51:57 PDT 2015

christosargyrop @NephJC #nephjc The practical problem for us in the US is the eternal question: who is paying. Cant really label these pts as ESRF
Tue May 26 18:52:09 PDT 2015

wittykidney RT @kidney_boy: @NephJC @wittykidney Really, hyponatremia? These people are dining of heart failure. Keep your eye on the ball, can they br…
Tue May 26 18:52:22 PDT 2015

nephjc T3: if you do plan to use PD, what criteria will you use? - diuretic resistance? - others? What practical hurdles do you anticipate? #nephjc
Tue May 26 18:52:22 PDT 2015
grahamabra

MT @ChristosArgyrop @NephJC #nephjc practical problem in the US is the eternal question: who is paying. Cant really label these pts as ESRF
Tue May 26 18:53:03 PDT 2015

hswapnil

@kidney_boy @wittykidney maybe cause hyponatremia, then use an aquaretic #justkidding #NephJC
Tue May 26 18:53:41 PDT 2015

dr_nikhilshah

T3 - Canada logistics - A patient long way from a center has to move to city for LVAD etc, PD - UF with may not be a bad idea here! #nephjc
Tue May 26 18:53:46 PDT 2015

dr_nikhilshah

T3 - Canada logistics - A patient long way from a center has to move to city for LVAD etc, PD - UF with may not be a bad idea here! #nephjc
Tue May 26 18:53:46 PDT 2015

kidney_boy

T3, I would use recurrent admissions for heart failure as evidence of failing medical management as indication. #nephjc
Tue May 26 18:53:57 PDT 2015

grahamabra

@NephJC Diuretic resistance as defined by maximal @kidney_boy dosing #NephJC
Tue May 26 18:54:01 PDT 2015

wittykidney

@kidney_boy @NephJC but serum sodium is an important prognostic factor in these blood purification 2013 doi:10,1159/0003511202 #nephjc
Tue May 26 18:54:11 PDT 2015

nephjc

RT @GrahamAbra: MT @ChristosArgyrop @NephJC #nephjc practical problem in the US is the eternal question: who is paying. Cant really label t…
Tue May 26 18:54:12 PDT 2015

nephjc

RT @kidney_boy: T3, I would use recurrent admissions for heart failure as evidence of failing medical management as indication. #nephjc
Tue May 26 18:54:23 PDT 2015

kidney_md

@NephJC @wittykidney Hyponatremia in peritoneal dialysis:single center #NephJC http://t.co/y7QltYCpRE
Tue May 26 18:54:30 PDT 2015

nephjc

RT @dr_nikhilshah: T3 - Canada logistics - A patient long way from a center has to move to city for LVAD etc, PD - UF with may not be a bad…
Tue May 26 18:54:33 PDT 2015

nephjc

RT @GrahamAbra: @NephJC Diuretic resistance as defined by maximal @kidney_boy dosing #NephJC
Tue May 26 18:54:52 PDT 2015

nephjc

RT @wittykidney: @kidney_boy @NephJC but serum sodium is an important prognostic factor in these blood purification 2013 doi:10,1159/000351…
nephjc
Lat 5 minutes, final thoughts? No one convinced of data...RCT would be nice. #nephjc
Tue May 26 18:56:02 PDT 2015

christosargyrop
@kidney_boy #nephjc One word of caution: be4 doing anything consult w your cardiologists about possible change in transplant status
Tue May 26 18:56:03 PDT 2015

hekmagsmd
RT @ChristosArgyrop: @kidney_boy #nephjc One word of caution: be4 doing anything consult w your cardiologists about possible change in trans...
Tue May 26 18:56:39 PDT 2015

kidney_boy
My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc
Tue May 26 18:56:53 PDT 2015

dr_nikhilshah
T4 - when would you put a PD catheter, How would you put it (perc or lap), complictn of proc, starting PD volume if needed stat? #nephjc
Tue May 26 18:57:08 PDT 2015

grahamabra
@wittykidney @kidney_boy @NephJC True but rx'ing the Na has never been shown to improve the outcome #NephJC
Tue May 26 18:57:11 PDT 2015

nephjc
RT @kidney_boy: My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc
Tue May 26 18:57:31 PDT 2015

christosargyrop
RT @kidney_boy: My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc
Tue May 26 18:57:35 PDT 2015

wittykidney
@kidney_boy then SLED guys will be after you
Tue May 26 18:58:01 PDT 2015

nephjc
RT @dr_nikhilshah: T4 - when would you put a PD catheter, How would you put it (perc or lap), complictn of proc, starting PD volume if need...
Tue May 26 18:58:26 PDT 2015

grahamabra
@kidney_boy I imagine it's quite tricky to catch a diuretic resistant patient w/ enough time for PD logistics to be put in place #NephJC
Tue May 26 18:58:42 PDT 2015
nephjc  
@dr_nikhilshah I guess one can start with low volumes, clearance less important than UF? #nephjc  
Tue May 26 18:58:59 PDT 2015

grahamabra  
@kidney_boy Perhaps why cohorts so selected in these studies - you need the lead time #NephJC  
Tue May 26 18:59:02 PDT 2015

kidney_boy  
@GrahamAbra we have an urgent start PD program in place. These would be perfect for that. #nephjc  
Tue May 26 18:59:24 PDT 2015

christosargyrop  
#nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 18:59:25 PDT 2015

grahamabra  
@ChristosArgyrop PD vs LVAD in diuretic resistance #NephJC  
Tue May 26 18:59:55 PDT 2015

grahamabra  
@kidney_boy Agree #NephJC  
Tue May 26 19:00:10 PDT 2015

dr_nikhilshah  
RT @NephJC: @dr_nikhilshah I guess one can start with low volumes, clearance less important than UF? #nephjc  
Tue May 26 19:00:15 PDT 2015

nephjc  
RT @ChristosArgyrop: #nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 19:00:15 PDT 2015

hekmagsmd  
RT @ChristosArgyrop: #nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 19:00:34 PDT 2015

nephjc  
@GrahamAbra @kidney_boy Perhaps Nephrologists should do these/ http://t.co/A9skUfLOIQ #NephWorkforce #NephForward #nephjc  
Tue May 26 19:00:48 PDT 2015

dr_nikhilshah  
@kidney_boy @GrahamAbra Does your Urgent PD start put in Perc PD caths or LapSx #nephjc  
Tue May 26 19:01:07 PDT 2015

nephjc  
Excellent point! @GrahamAbra: @kidney_boy Perhaps why cohorts so selected in these studies - you need the lead time #NephJC  
Tue May 26 19:01:16 PDT 2015
grahamabra

@NephJC @kidney_boy Another case for interventional nephrology #NephJC
Tue May 26 19:01:19 PDT 2015

kidney_boy

@dr_nikhilshah @kidney_boy @GrahamAbra we do Lap PD placement #nephjc
Tue May 26 19:01:30 PDT 2015

nephjc

Awesome chat...time to wind down #nephjc
Tue May 26 19:01:46 PDT 2015

nephjc

Also, if you haven't already, sign up for our low volume mailing list at http://t.co/5aumn8ImwF #NephJC to remain updated for the latest
Tue May 26 19:01:50 PDT 2015

nephjc

Reminder: the EU/African #NephJC chat will be tomorrow at 8 pm GMT, 3 pm EDT
Tue May 26 19:02:02 PDT 2015

dr_nikhilshah

RT @NephJC: @GrahamAbra @kidney_boy Perhaps Nephrologists should do these/ http://t.co/A9skUfLOIQ #NephWorkforce #NephForward #nephjc
Tue May 26 19:02:05 PDT 2015

grahamabra

@NephJC Strong work - thanks for hosting #NephJC
Tue May 26 19:02:18 PDT 2015

kidney_md

@NephJC @GrahamAbra @kidney_boy Percutaneous CAPD catheter insertion by a nephrologist- Seldinger tech http://t.co/mCxCzUgnYC #nephJC
Tue May 26 19:02:25 PDT 2015

nephjc

And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:02:30 PDT 2015

kidney_md

RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:02:48 PDT 2015

happymebookclub

RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:02:53 PDT 2015

kidney_boy

great job @HSwapnil #nephjc
Tue May 26 19:02:56 PDT 2015
kidney_boy
RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:03:25 PDT 2015

dr_nikhilshah
Thank you for a great chat! Good night! #nephjc
Tue May 26 19:03:31 PDT 2015

nephro_sparks
RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:05:01 PDT 2015

nephro_sparks
RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:05:01 PDT 2015

hswapnil
RT @GrahamAbra: @ChristosArgyrop PD vs LVAD in diuretic resistance #NephJC
Tue May 26 19:05:32 PDT 2015

hekmagsmd
RT @kidney_md: @NephJC @GrahamAbra @kidney_boy Percutaneous CAPD catheter insertion by a nephrologist- Seldinger tech http://t.co/mCxCzUgnY...
Tue May 26 19:05:43 PDT 2015

eminfocus
RT @kidney_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc
Tue May 26 19:13:40 PDT 2015

gerimedjc
RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:23:56 PDT 2015

jatigert
RT @dr_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF http://t.co/6xRm5rczeS http://t.co/zcU36akSFW
Tue May 26 19:42:45 PDT 2015

pearsonjeffrey
RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub http://t.co/XwYPGkwVeS http://t.co/ozg7HK45Gk
Tue May 26 19:44:10 PDT 2015

nephjc
Stats for tonight's #nephjc chat Not bad for a pure nephrology topic.
http://t.co/oXbYloD5wJ
Tue May 26 19:59:21 PDT 2015

hswapnil
RT @NephJC: Stats for tonight's #nephjc chat Not bad for a pure nephrology topic.
http://t.co/oXbYloD5wJ
Tue May 26 19:59:45 PDT 2015