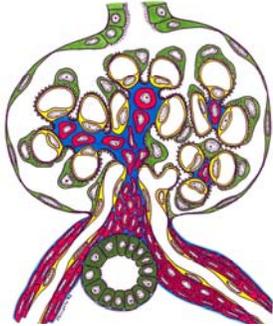


KIDNEY CARE

FALL 2015

APPROVED BY THE UNC-CH INSTITUTIONAL REVIEW BOARD



Health care professionals and patients working together to learn more about diseases that affect the filters (glomeruli) in the kidney.

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HOW TO BE A PROFESSIONAL PATIENT

By Lori Hartwell

People are often shocked to learn that I have lived with kidney disease for over 46 years, surviving 40 plus surgeries, 13 years of dialysis and now living with my fourth kidney transplant. I can tell you one thing that has helped me survive: being as educated as I can about my illness. When you are knowledgeable and engaged about your illness, health care professionals quickly take notice. I think they deliver the best of care as a result. Becoming educated about your illness is something you must want to do. No one will force the information on you - you must seek it out! Information is your most powerful ally. It will help you choose the right doctors, make good decisions about your healthcare, gain confidence, and feel less out of control.

Have high expectations about getting the care you need.

I have certain expectations of how doctors will interact with me. I'll never forget the time I saw a new cardiologist. He looked at my chart for a couple of minutes, asked me for minimal information, then directed me to follow him as he proceeded to walk out of the treatment room door and around the corner. He handed my chart to the receptionist and said, "I'll see her in 6 months." I looked at him, then looked at the receptionist and said, "I don't think so!" The entire visit may have taken three minutes max. This was unacceptable to me. I knew I had to find a new doctor to get the care I deserved.

Clear communication is key to good care.

I know I have to be an active participant during an appointment, but so does the doc. When I see a new doctor, I bring a list of my medications, a brief bullet point typed medical history, and names and phone number of my other doctors. This always gives me more time to discuss my medical issues. Doctors are required to do a lot of documentation and I gain more time for communication by doing some of it for them.

I prepare a list of questions, and if I don't understand a diagnosis, treatment, or medical jargon - I ask. I let my doctor know if I think a prescribed treatment will be hard for me and I ask if any other options are available. It is great to ask doctors open ended questions as you get more information. I might ask: "How do most of your patients feel after the procedure?" I do ask that all medication prescribed be cleared by a Nephrologist. Some common prescribed medications are not good for the kidneys or may have different effects if you require dialysis.

Be alert and purposeful about what you want to take away from every interaction.

I only take a friend or family member when I can't think clearly or am very emotional about a doctor visit. It isn't realistic for me to arrange for or ask for a friend or family member to go to all my routine doctor appointments.

Continued Page 2...

HAVE NEPHROTIC SYNDROME? BECOME AN iNSIDER!

What is iNSider?

iNSider is an online shared learning program for adults with nephrotic syndrome (NS), parents of children with NS, and their health care teams. iNSider was developed with direction from patients and families (including those in the GDCN) to improve quality of health information about nephrotic syndrome. Doctors, nurses, and dieticians helped assure the information is accurate. You can explore educational materials specific to your condition, log and print questions for your next nephrology visit, and invite your doctors to sign up for the tool.

What does iNSider offer?

- Reliable information about the different types of NS and information about the disease course that can be explored at your own pace.
- There is a map of the usual course of NS. If the current therapies section is updated by you, the route is highlighted on the map and the program takes you through the course to show you where you have been and where you are now.
- Information about medications, including those that treat NS and those that treat the side effects of NS. iNSider includes information on medication benefits, side effects, how long the medication will be taken for, how the medication will be monitored and how it will be taken.
- Stories from people with NS.

How do I get started?

- Create an account at www.mykidneyguide.org.
- Fill out the survey.
- Invite your doctor to participate.
- Follow the bicycle path to see your journey.
- Read the educational content and patient stories.
- Review the FAQs and write your own questions.
- Print out questions for your next appointment.



(PROFESSIONAL PATIENT...continued from page 1)

Before I leave the doctor's office, clinic or hospital, I make sure I know what I am supposed to do. I also ask the doctor what is considered an emergency. I can rest more easily knowing when I need to call if I have a temperature, pain or blood pressure problems.

Give your schedule and your condition the attention they deserve!

I keep my appointments or I call and reschedule if I can't make them. This is so important. I never want to be labeled as a "no show" as my life depends on the doctor and staff knowing I take this seriously.

There is always more to learn

If I am having a new healthcare issue, I ask for written information, videos, websites and any other information that can help me continue my education toward my self proclaimed degree as a professional patient. Knowledge saves your life.

Lori Hartwell, Founder & President of Renal Support Network (RSN), was diagnosed with kidney disease at the age of two. In 1993 she founded RSN to instill "health, happiness and hope" into the lives of those affected by chronic kidney disease. Lori is also the author of the inspirational book "Chronically Happy: Joyful Living in Spite of Chronic Illness" and is a four-time kidney transplant recipient.

PATIENT MEETINGS/SUPPORT GROUPS

North Carolina/Raleigh VF Chapter Meeting

Date: Saturday, October 24th, 2015

Time: Registration begins at 9:30 am

Meeting from 10:00 am to 2:15 pm, including lunch

Location: John Hope Franklin Center
2204 Erwin Road
Durham, NC



Highlights include:

* **What's Happening in Vasculitis Outreach?**

Speaker: Ms. Joyce Kullman, Executive Director of the Vasculitis Foundation , will talk about what's happening in vasculitis education, awareness and research .

* **Small Group Discussions**

The meeting includes time to talk one-on-one and in small groups with other vasculitis patients, family members and friends.

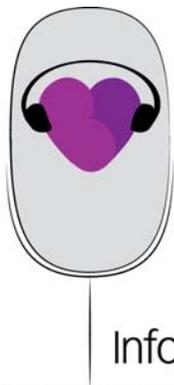
For further details and registration information:

Call Chapter Leader **Elaine Holmes** at 919-908-9600; email: eholmes18@nc.rr.com

You can also access the group's website at: <http://ncvasculitissupportgroup.memberlodge.org/>

If you are not close to NC, visit www.vasculitisfoundation.org to find a support group near you.

You can also access the group's website at: <http://ncvasculitissupportgroup.memberlodge.org/>



KIDNEYTalk

24/7 Podcast Radio Show

Informative. Inspirational. Entertaining.



Topics That Matter To People Living with Kidney Disease (www.rsnhope.com)

RSN's KidneyTalk is an online bi-weekly, half-hour radio talk show featuring RSN Founder & President Lori Hartwell. Periodically Stephen Furst, television and movie actor/producer/director and transplant recipient, is her co-host. All shows (over 200 of them!) are available 24hrs a day and can be downloaded for free any time from the iTunes store .

RECENT PUBLICATIONS USING GDCN REGISTRY DATA

Thanks to your generous participation in our patient registries, we are able to conduct a wide range of studies to help further our understanding of glomerular (kidney) diseases. See below for some of our most recent publications. To read more, you can look up these articles on www.pubmed.com.



A study of infections and other adverse events from treatment in small vessel vasculitis.

Investigators used data from chart review to better understand the risk of infection in patients treated with medications that suppress the immune system. A total of 489 patients diagnosed with ANCA small vessel vasculitis were followed over an average of three years. Fifty-one percent of patients developed an infection during the first year of treatment. Pulmonary and upper respiratory infections were the most common and the risk of infection was highest during the first three months of treatment. The most commonly identified cause of infection was Staph. Aureus. Having multiple infections over time put patients at a higher risk for having a severe infection, which meant they needed to be hospitalized and treated with intravenous antibiotics, with some infections even causing death. As a result of this study, investigators at UNC are working on developing a study to see if targeted therapy with antibiotics could be used effectively throughout immunosuppressive treatment help prevent or reduce the number of infections.

Publication details: **Adverse events and infectious burden, microbes and temporal outline from immunosuppressive therapy in antineutrophil cytoplasmic antibody-associated vasculitis with native renal function.** McGregor JG, Negrete-Lopez R, Poulton CJ, Kidd JM, Katsanos SL, Goetz L, Hu Y, Nachman PH, Falk RJ, Hogan SL. Nephrol Dial Transplant. 2015 Apr;30 Suppl 1:i171-81.

Studying Rituximab use in ANCA vasculitis patients

Investigators reviewed the charts of 120 people diagnosed with ANCA small vessel vasculitis who received rituximab since it was first used in this disease in 2003. Since those who were treated with rituximab were younger, more likely to have granulomatous with polyangiitis and had more upper airway and less kidney involvement of the disease, outcomes and other measures were not compared between those who did and did not receive rituximab. Eighty-six percent of patients treated with Rituximab achieved remission and 41% had a relapse of disease following treatment, and this was similar whether 1 or 2 infusions of the drug were used or if 3 or more were used. Patients treated with rituximab who did not get any cyclophosphamide had a shorter time to relapse compared to patients who had been treated with both rituximab and cyclophosphamide, suggesting that the combination of therapies provides therapeutic benefit. The results from this real world cohort support results from clinical trials designed specifically to compare treatments but that are often limited by restrictive enrollment and very short follow-up.

Publication details: **Rituximab as an immunosuppressant in antineutrophil cytoplasmic antibody-associated vasculitis.** McGregor JG, Hogan SL, Kotzen ES, Poulton CJ, Hu Y, Negrete-Lopez R, Kidd JM, Katsanos SL, Bunch DO, Nachman PH, Falk RJ. Nephrol Dial Transplant. 2015 Apr;30 Suppl 1:i123-31.

The role of genetic testing in sporadic (non hereditary) focal segmental glomerulosclerosis

There have been many studies on genetic mutations in patients with a family history of focal segmental glomerulosclerosis (FSGS), but less is known about the role of genetic mutations in individuals with non-hereditary, or sporadic, FSGS. The aim of this study was to determine the frequency of gene mutations in children and adults with FSGS without a family history of the disease. Blood samples from 65 registry participants with FSGS were used. The authors found that 7% of Caucasian children had causative mutations in a gene coding for the protein podocin which is important for normal filtration of the kidney. Only a single 'probable' causative gene mutation was found in one adult with late onset FSGS, suggesting that genetic testing is not as helpful in this population. One gene that can increase the risk for FSGS, but not be entirely causative, is called APOL1. *Continued next page....*

CUREGN UPDATE

The Cure Glomerulonephropathy Network (CureGN) is a study of 2,400 children and adults with glomerular disease. The glomerular diseases this study focuses on are minimal change disease (MCD), focal segmental glomerulosclerosis (FSGS), membranous nephropathy (MN), and IgA nephropathy (IgAN). You may be eligible for this study if you have been diagnosed with one of these four diseases and had your first kidney biopsy in the past 5 years.



Participants in CureGN are included in a registry of patients who provide data via blood and urine samples as well as clinical information, pathology reports and health histories, similar to the way the GDCN registry is organized. De-identified data collected from patients is stored in two central locations (National Institutes of Health and Arbor Research Collaborative for Health) and researchers will be able to look at the information obtained in different ways in order to be able to learn more about glomerular disease, hopefully leading to better care for patients affected by these conditions.

Recruitment into CureGN is already happening in the US, Canada, and Italy and clinical data and samples are currently being collected. In the fall, we will begin to ship kidney biopsy slides to the NIH to be scanned into a digital database for researchers to use to further their investigations.

Overall, the study has enrolled 676 participants, and 92 participants have been recruited through UNC and the GDCN. Coordinators at UNC are currently able to see participants across the state with clinics in Asheville, Wilmington, and Chapel Hill.

For more information, please contact Maggie D'Angelo at 919-445-2682 or maggie_dangelo@med.unc.edu. You can also visit www.curegn.org.

Cure GN Frequently Asked Questions:

What is a cell line?

When a cell line is created, cells are replicated from an original cell in a laboratory environment. This is done in order to allow researchers to test how different drugs, environmental conditions and treatments affect the cells. This process does not clone a person, it simply provides a way for researchers to see how real human cells respond to a variety of different circumstances and conditions. DNA can be extracted from cell lines and cell lines can be "immortalized", meaning they can grow indefinitely and be used for research in the future. You do not have to agree to the donation of blood for cell line creation to be part of CureGN.

What sort of studies will be conducted using my data?

Study proposals from a variety of researchers are being accepted now and the approval process is well underway. Some examples of what might be examined are: common genetic markers in patients with glomerular disease, the effect of medications, like steroids, on the progression of glomerular disease, and predictors of disease relapse and remission. The bigger our "library" of patient data is, the better chance will researchers have the data they need to examine the causes and treatment of glomerular disease.

(RECENT PUBS...continued from page 4)

Mutation to both DNA strands of this APOL1 was found in 69% of African Americans, but only 5% of Caucasians. The presence of genetic mutations in FSGS can often help with the decision to treat with certain immunosuppressive medications, but we still need to do more research to understand how much effect these genetic mutations have on the development and progression of FSGS, especially in patients without a family history of the disease.

Publication details: **Podocyte-associated gene mutation screening in a heterogeneous cohort of patients with sporadic focal segmental glomerulosclerosis.** Laurin LP, Lu M, Mottl AK, Blyth ER, Poulton CJ, Weck KE. *Nephrol Dial Transplant.* 2014 Nov;29(11):2062-9.

PEOPLE LIKE ME

By Tiffany Washington, MSW, PhD

A wide range of emotions are associated with the diagnosis and management of a chronic illness, including anxiety, fear, depressed mood and feelings of isolation. Kidney patients and their loved ones may not be aware of the different community services available to help deal with these emotions. As a resource, support groups provide encouragement and education as a way to cope with the disease process.

Support groups are effective interventions offering an opportunity to better manage adjustment to the illness. Support groups serve many purposes. Group services of the early 1800s served as arenas for community socialization. Later in the century, group support services evolved to a more social welfare focus. Today, groups of all types exist, including educational, problem solving, skillbuilding, self-help and therapeutic. Groups can be open to the public or closed to a specific category of people who share a common illness or struggle, and some could require membership fees. The duration and size of a group may vary depending on its purpose and location. Other specific characteristics are determined by the overall purpose for the group.

Benefits

As a kidney patient seeking services, there are other therapeutic options available, including individual counseling. While a group setting may be ideal for some, it requires careful consideration of the following benefits:

1. *Goal-setting.*

The demands of negotiating kidney disease are understandably overwhelming. Diet modifications, increased number of medications and functional status changes become difficult to adjust to. Support groups motivate members to set and adhere to treatment goals. Individual members contribute to the group by offering success stories about meeting treatment goals, particularly when they've experienced difficulties. Hearing the stories of other members with similar experiences encourages individuals to develop plans for staying on target.

2. *Information, information, information*

Belonging to a support group is an excellent way to keep up with current trends of medical interventions. Information can be shared both formally and informally. Leaders of educational support groups, for example, teach and distribute information on various topics related to kidney disease. By doing so, individuals increase their understanding of treatment options and other resources. Expert speakers are available at times to answer questions and offer professional advice. Informally, members share information about their experiences and coping skills from a patient's perspective. Knowledgeable patients become self-advocates and tend to participate more in their care.

3. *Make new friends.*

It is not uncommon for someone to feel isolated in their experience. The interpersonal setting of a support group helps to minimize feelings of isolation and withdrawal. Members share similar experiences and strategies on how they've managed to cope and effectively function at home, work and or other social venues, as well as maintain an acceptable quality of life. It is helpful for individuals to meet others with similar experiences and talk about how the disease has affected their life. As members share, a unique bond is formed, possibly leading to long term friendships.

4. *Family Adjustment.*

Family members often experience grief and coping difficulties alongside the patient. Groups with a focus on adjustment to chronic illness often invite family members to participate. Family members who participate in support groups become advocates for their loved ones and are motivated to continue learning. This motivation becomes an overall family theme, helping patients to stay on track.

Continued next page...

PEOPLE LIKE ME...Continued from Page 4...

5. *On-line support groups.*

While it is very important to research the credibility of on-line support groups thoroughly, the increasing trend of belonging to on-line support groups are possible options for individuals and families who have access to the internet. Internet options are particularly useful for individuals and families who experience physical limitations or economic and transportation hardships and prefer to remain at home. Internet groups offer similar benefits as face-to-face meetings but in an alternative setting.

6. *Locating a group.*

Locating the right support group may take time. Organizations often utilize bulletins or newspaper listings to announce group availabilities. Social workers can assist patients in researching support groups in geographic areas lacking options with kidney disease as a main focus. Some dialysis and transplant centers offer short-term or ongoing support groups led by patient representatives or members of the treatment team. Local and national patient organizations continue to grow offering various types of internet and face-to-face support. A group setting is not a pragmatic choice for everyone. Guidance is available to determine if the choice is right. Social workers work closely with other members of your healthcare team to make recommendations for therapeutic interventions. Once membership to a group is initiated, well trained group leaders guide members through the phases of group work and act as a resource for participants with difficulties benefiting from the experience. The long-term benefits of support group participation for kidney patients include a decline in stress and anxiety, improved quality of life and greater hope for survival.

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Kidney support groups for patients and their families:

- NephSpace: Online support group for patients, caregivers, family members and friends of those suffering from Nephrotic Syndrome: <http://nephcure.org/connect/nephspace/>
- NephCure Peer to Peer Connections program: <http://nephcure.org/connect/support/peer-to-peer-connections/>
- AAKP Support group listings by state: <https://www.aakp.org/community/support-groups.html>
- Vasculitis Foundation: <http://www.vasculitisfoundation.org/support/find-a-chapter/> or 1.800.277.9474 .
- IgA Nephropathy Support Group: <https://groups.yahoo.com/neo/groups/iga-nephropathy/info>
- National Kidney Foundation Peer support program: 1-855-653-7337 or nkfpeers@kidney.org
- NephKids (listserv for children with kidney disease and their parents). You can subscribe to by sending an e-mail to majordomo@ualberta.ca with a one-line message: subscribe nephkids .
- Renal Support Network peer support: 1-800-579-1970



STUDIES CURRENTLY RECRUITING GDCN PATIENTS

The GDCN and the UNC Kidney Center are actively recruiting patients into the studies listed below and on the next page. Please contact the study coordinator listed at the bottom of page 9 if you are interested in learning more.

ANCA VASCULITIS:

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
RITAZAREM (Genentech)	Patrick Nachman	Anne Froment	Patients with a relapse in ANCA vasculitis- first treatment with rituximab infusion and steroid then maintenance therapy with rituximab or azathioprine.
PEXIVAS (NIH)	Patrick Nachman	Anne Froment Sandy Grubbs	Patients with new or relapsing disease will be treated with standard of care with or without the addition of plasma-
CL003_168 (Chemocentryx)	Patrick Nachman	Brenda Meier	Trial of a new oral drug that may lessen kidney inflammation in patients with ANCA vasculitis.

FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS)

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
Losmapimod (Glaxo Smith Klein)	Patrick Nachman	Anne Froment	Trial of a new oral drug which may lower protein in the urine and reduce the risk of kidney failure in patients with
DUET (Retrophin)	Vimal Derebail Keisha Gibson	Anne Froment Sandy Grubbs	Treatment study for FSGS patients who still have protein in their urine. NEW: now also enrolling children

NEPHROTIC SYNDROME

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
C-NEPTUNE (NIH)	Keisha Gibson	Sandy Grubbs	Observational study of children newly diagnosed with Nephrotic Syndrome. Before renal biopsy and < 30 days of treatment.
CureGN (NIH/NIDDK)	Ronald Falk	Maggie D'Angelo	Observational study of children and adults with MN, FSGS, IgA, or Minimal Change Disease biopsied in the last 5

STUDIES CURRENTLY RECRUITING GDCN PATIENTS

LUPUS

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
STOP SLE (Broad Institute)	Will Pendergraft	Brenda Meier	An observational study to identify differences between patients with lupus nephritis who respond to standard therapy and those who do not with the goal of helping physicians develop effective individualized treatment plans based on characteristics of each patient's blood.
ALLURE trial: Abatacept (Bristol Meyer Squibbs)	Will Pendergraft	Brenda Meier	Treatment study for patients with lupus nephritis using new IV drug that may lessen disease and reduce proteinuria.
ATLAS trial: Anti-TWEAK Antibody (Biogen)	Will Pendergraft	Brenda Meier	Treatment study for patients with lupus nephritis using new IV drug that blocks kidney inflammation.
CALIBRATE: Rituximab/ Cytosan/Belimumab (Immune Tolerance Net-	Will Pendergraft	Brenda Meier	Treatment study using FDA-approved IV drug for patients with lupus nephritis.

DIABETIC NEPHROPATHY

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
VPI-CLIN-201 (Vascular Pharmaceuticals)	Amy Mottl	Sandy Grubbs	Subcutaneous injection every 2 weeks (by yourself, at home, after training).
Phenotypes of Diabetic Kidney Disease and Relationship to Retinal Disease (PDKDR) (NIDDK)	Amy Mottl	Sandy Grubbs	Observational study

AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
REPRISE (Otsuka)	Patrick Nachman	Anne Froment	Placebo controlled study for ADPKD never previously treated with tolvaptan.

STUDY COORDINATOR CONTACT INFORMATION:**Anne Froment**

919-445-2622

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NEWS FROM CAPITOL HILL: CURRENT BILLS AFFECTING KIDNEY PATIENTS

The bills below are currently being discussed in Congress. It is important for policymakers to hear from the people they represent. Use the info on the left side of the page to contact your legislator and let them know how these bills may impact you and your family.

House Bill 1130/Senate Bill 598: Chronic Kidney Disease Improvement in Research & Treatment Act of 2015

This bill supports improvements in the research, treatment and care of chronic kidney disease. The bill has three main parts:

1. **Improving knowledge through care management and coordination of research efforts:** This bill asks the Secretary of Health and Human Services to evaluate the biological, social, and behavioral factors that affect care and submit a report on ways to improve care management, especially for minority populations. The bill also asks for greater coordination of federal research programs focused on kidney disease.
2. **Improving access to treatment:** This bill would expand pre-end stage kidney disease classes (covered under Medicare) to all patients with kidney function less than 29% who are not already on dialysis. Payment policies would also be changed to better incentivize home dialysis.
3. **Create more insurance options and improve coordination of care:** This bill would allow dialysis patients to have increased access to Medicare Advantage plans and would create a voluntary coordinated care program so health care providers and dialysis facilities can work together to improve quality of care.

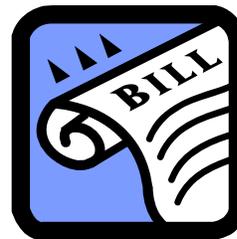
S.1435: Organ Donation Awareness and Promotion Act of 2015

This bill would allocate \$20 million per year to boost research into organ donation science and grant funds to states to help them carry out organ donor awareness, public education, and outreach activities and programs designed to increase the number of organ donors within the State, including living donors.

HR 2472: Everson Walls and Ron Springs Gift for Life Act of 2015

This bill would create a national organ and tissue donor registry to facilitate exchanges of donor information between state organ registries, provide assistance to states to develop, enhance, expand, and evaluate State organ and tissue donor registries, and complete a study to determine the feasibility of establishing a living donor database for the purpose of tracking the short- and long-term health effects of organ donation on living organ donors.

Everson Walls and Ron Springs are retired professional football players; Everson Walls donated a kidney to Ron Springs in 2007.



**WANT TO CONTACT YOUR
REPRESENTATIVES AND
URGE SUPPORT FOR
THE BILLS LISTED?**

ON THE WEB:
WWW.HOUSE.GOV
WWW.SENATE.GOV

BY PHONE:
1(800) 333-4636

*The Renal Support
Network's Wellness &
Education Kidney Advocacy
Network is an excellent
resource for kidney patients
who want to advocate on a
national level. Please visit
www.rsnhope.org for more
information.*

For more kidney disease information,
internet links, and printable copies of this newsletter, check out
our website: www.unckidneycenter.org

RECIPE BOX: SPEEDY STIR FRY CHICKEN

Diet type: CKD non-dialysis Dialysis Diabetes

Recipe submitted by DaVita renal dietitian Christine from NC.

Portions: 6 **Serving Size:** 2 ounces chicken, 1/2 cup vegetables, 1/2 cup rice

Ingredients

- ◆ 12 ounces boneless, skinless chicken breast
- ◆ 3 tablespoons honey
- ◆ 3 tablespoons vinegar
- ◆ 3 tablespoons pineapple juice
- ◆ 1-1/2 tablespoon reduced sodium soy sauce
- ◆ 1-1/2 teaspoon cornstarch
- ◆ 2 tablespoons canola oil
- ◆ 3 cups mixed vegetables
- ◆ 3 cups hot cooked rice

Nutrients per serving

Calories 279
 Protein 17 g
 Carbohydrates 38 g
 Fat 6 g
 Cholesterol 35 mg
 Sodium 196 mg
 Potassium 349 mg
 Phosphorus 180 mg
 Calcium 52 mg
 Fiber 2.4 g

Preparation

1. Rinse chicken; pat dry. Cut chicken into 1-inch pieces; set aside.
2. To make sauce, stir together honey, vinegar, pineapple juice, soy sauce, and cornstarch; set aside.
3. Pour canola oil into a large skillet or wok. (Add more oil as necessary during cooking.) Preheat over medium high heat.
4. Stir-fry frozen vegetables for 3 minutes or until vegetables are crisp-tender.
5. Remove vegetables from skillet.
6. Add chicken to hot skillet. Stir-fry for 3-4 minutes or until chicken is no longer pink. Push chicken away from the center of the skillet. Stir sauce; add to center of the skillet. Cook and stir until thickened and bubbly.
7. Return cooked vegetables to skillet. Stir all ingredients together to coat. Cook and stir about 1 minute more or until heated through.
8. Serve immediately over rice.

Renal & renal diabetic food choices: 2 meat, 2 starch, 1 vegetable, low potassium

Carbohydrate Choices: 2-1/2

Helpful Hints

- ◆ Select a frozen vegetable mixture of broccoli, red peppers, bamboo and mushroom or try green beans, red peppers and water chestnuts.

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GLOMERULAR DISEASE COLLABORATIVE NETWORK

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