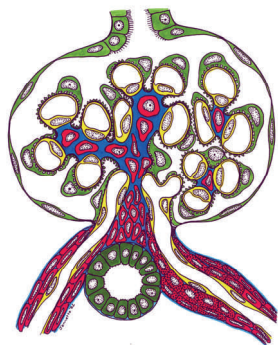


KIDNEY CARE



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

Co-Directors:

Ronald J. Falk, MD, and
J. Charles Jennette, MD

Research Director:

Susan L. Hogan, PhD

Pediatric Research Directors:

Debbie Gipson, MD
Keisha Gibson, MD

Study Coordinators:

Elisabeth (Libby) Berg
Kristi Bickford
Anne Froment
Sandy Grubbs, RN, MSN
Kristen Hendrickson
Caroline E. Jennette, MSW
Jackie MacHardy
Brenda Meier, RN
Leslie Powell, RN,CPNP

LISTEN UP! HOW TO DOWNLOAD FREE GLOMERULAR DISEASE PODCASTS ONLINE

Looking for information on glomerular disease? Chances are you have read books, magazine articles and searched on the Internet, but haven't found much. The Internet offers plenty of medical information on kidney disease but less on types of glomerular disease. The UNC Kidney Center web site aims to help provide helpful and accurate information about kidney disease and glomerular disease for patients. One new feature on the UNCKC web site is the patient education podcasts.

There are currently more than 30 podcasts on specific topics related to the kidney diseases ANCA Vasculitis, Membranous Nephropathy, and FSGS. More podcasts are added to the page as they are produced. Future podcasts will cover other glomerular diseases, with some including video. The files are available on iTunes and on the UNCKC web site.

I don't own an iPod. Does that mean I can't use iTunes? You don't need to have an iPod to use iTunes—you may download songs, videos and podcasts from iTunes for free and listen right on your computer.

How do I get the iTunes program on my computer? In your web browser, such as Internet Explorer or Firefox, type in this address:
<http://www.itunes.com>. Look for the "Download itunes" Link.

How can I find the UNC Kidney Center podcasts? Once you have downloaded iTunes, you may now search the program. All podcasts are free. Some podcasts are audio files, while some podcasts include video. The direct link to the UNCKC page is: <http://www.itunes.com/podcast?id=281911702>. You can also find the page by searching for "unc kidney" or "kidney disease" in the iTunes search bar. Clicking on the icon will bring you to the main UNC Kidney Center page.

How can I save the audio to my iTunes library? When you find a track that you would like to download, click on the button that says "Get Episode". You can see it downloading in your library. It might take a few seconds to finish. Once it has been downloaded, it will be automatically stored in the "Podcast" section of your iTunes library. From there you may choose to listen to the track on your computer, or move the track onto your iPod, if you have one.

What if my computer cannot download the iTunes program? If your computer does not meet the requirements to download the program, you can still access the audio. The podcasts are all available on the UNC Kidney Center web site. In your web browser, type in the address below:
<http://www.unckidneycenter.org/podcast.html>. This will take you to the main page which lists the main topics available. Click on the topic, and when the page for that topic loads up, you will notice the "Full length" track player as well as a drop-down menu which includes all the specific sub-topics.

It should begin playing immediately. If it appears to be playing, but you cannot hear the track, check to make sure your volume on your computer is "on". If it does not appear to be playing, your computer might not have the "Quicktime" program it needs to play the tracks. There is a link to download "Quicktime" on the page.

My computer cannot play the tracks. What can I do? If you've tried all of the tips described above, the full written transcripts are available for you to read. Each file includes a link that says "Read the transcript". If you click on this, the transcript follows every word in that particular podcast. You may read the transcript on the computer, or even print it out.

We hope you enjoy the podcasts!
Kristen Hendrickson, Podcast Developer



Many Thanks to our Sponsors:



PATIENT PERSPECTIVE: THE COURAGE TO WALK ON WATER

There's a scripture (Ok, don't tune me out here) in the Bible where Peter is asked to step out of a boat and walk on water (Matthew 14:22). Many evangelicals focus on the fact that Peter sank when he took his eyes off of Jesus. In other words, they pinpoint Peter's folly of focusing on his surroundings instead of keeping his eyes on the only One who could help. I take a different view of that passage. See, there are two things you have to realize. One, there was wind and waves – not the best conditions to get out of a boat. Two, there were eleven other men in that boat. Count them, eleven other men, and it was only Peter who had the courage to get out of the boat despite the turmoil around him.

It's 2008 and in my 30 years of life I have come so far. Who would have thought that at this age I'd be a wife, mother of two, and the founder of an organization? Considering that I'm black, a woman, came from a broken home, humble beginnings, at the age of 12 get diagnosed with Nephrotic Syndrome, go through this progressive disease, have kidney failure and come out with a healthy kidney from my mom in 1994 – I've beat some pretty tough statistics. But why? What kept me going?

Some say that I had “drive and determination” – ok. Others say I was “lucky” - all right. I say not only did I have faith and believed, but I dared to get out of the boat!

So I have a message for you, dear patient. In spite of your circumstances and set backs, you have to see something bigger for yourself. Don't settle in the “patient with kidney disease” boat. There are untold possibilities for you in your life, and they certainly aren't going to be found there. If you want those possibilities, the only way you can get them is to get out of your boat.

Well before you “jump ship” you need a plan. The first thing you have to do is get well. Know that a healthy mind plus a healthy body can help equal success. Own your disease, and take responsibility for your recovery. Get involved with groups to educate yourself, groups that teach how to create your possibilities, and most importantly get involved with your health team in making your health decisions. Become an advocate for your own health care.

Second, please decide that you are going to be a victor in this situation. When you get out of the boat, you have to be ready for what comes blowing across the water. You don't have the safe covering of the masts, or the option of running below deck. When you are on that water, you have to bring your “A” game. No time for fear – no time for doubt. If you are going to get through the wind, the crashing waves and other things the rough water can bring, you've got to be ready to fight. And not only fight, but to win. Of course, there were times when you will get wet, blown over – even almost drowned by circumstances, but you have to remember, you are here to win.

Third, surround yourself with a great boat crew. Face it, when you decide to get out of the boat that is a decision you must make on your own. People can't come out onto the water with you, but they can cheer you on from the boat. My boat crew was my family, friends and medical staff. And because those particular people are so close, it makes them easier for you to push away. You know, sometimes when we are sick, we get angry and question why did it happen to me. Well I ask you – why not? Don't you think there is a bigger plan at work? And who else is going to be strong enough to take this challenge on but you? There's a reason you are here living with this. Don't be angry and push people away. Do yourself a favor and let the people who love you most help you through to the other side. Share your fears and your hopes together then work through them together. Believe me when I say, it makes staying out on the water much easier.

And finally, keep your eyes forward and stay focused. Tap into your possibility in life. Where can you leave your mark? Who best can you help? I knew in my heart my calling was to reach out to other young patients going through kidney disease. Just like I wished I had someone who knew what swelling felt like, and what being tired and still having to keep up grades felt like – I wanted to be that person for someone else. I realized I had an experience that not too many people can share – and I wanted to do that for someone. Hence, I surrounded people around me and we developed The Kidney Coaching Foundation (<http://www.thekcf.org>).

So I ask you patient – are you stuck in the boat? The winds are blowing, the water is wet, but you have to have the courage to....

GET OUT OF THE BOAT!

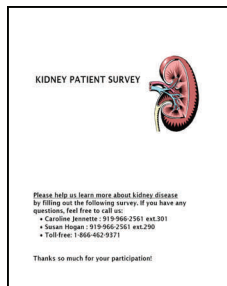
By Deidra Hall

Executive Director, the Kidney Coaching Foundation



WHAT CAUSES MEMBRANOUS NEPHROPATHY AND FOCAL SEGMENTAL GLOMERULOSCLEROSIS? STUDY RESULTS FROM MAILED QUESTIONNAIRES

A common question among newly diagnosed patients is, 'What caused my disease?' The unfortunate answer is usually that there is no known cause. The lack of answers is due to the fact that there are very few studies on the subject. To help fill this research gap, we developed a questionnaire (*right*) that would help explore factors that may either contribute to the development of kidney disease or influence health in patients with kidney disease.



Questionnaires were mailed to many of you diagnosed with a variety of different glomerular diseases. Your answers have allowed us to explore several potential factors that may contribute to the development of two specific glomerular diseases, membranous nephropathy and focal segmental glomerulosclerosis (FSGS). These two diseases are the focus of the results reported in this article. However, we hope to gain similar insights into influences in the development of other glomerular diseases in the near future.

A total of 424 people with glomerular diseases completed the questionnaire. To see how many patients with each type of glomerular disease participated in completing the questionnaire, please see the table below.

Type of Disease affecting the Glomeruli of the Kidney	Number who Completed the Questionnaire (Percent) [†]
Focal segmental glomerulosclerosis	140 (33%)
Membranous nephropathy	114 (27%)
Vasculitis	64 (15%)
IgA Nephropathy	41 (10%)
Lupus nephritis	34 (8%)
Minimal change disease	16 (4%)
Other Glomerular Diseases [‡]	15 (3%)
Total	424 (100%)

[†] The numbers of patients with membranous nephropathy and FSGS are highest because our initial focus was on influences on the onset of each of these diseases

[‡] Other glomerular diseases included 1 to 9 patients with anti-GBM disease, light chain nephropathy, fibrillary glomerulonephritis and/or thin basement membrane disease.

Membranous Nephropathy Questionnaire Study Results

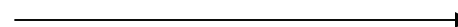
For this study, answers to questions from the 114 patients with membranous nephropathy were compared to the answers of 184 patients with the other glomerular diseases. The 184 patients were selected to be similar with respect to the age, gender, and race of the patients with membranous. This type of selection for the comparison group is done so that differences in demographics do not overly influence any differences in answers. The three areas that we focused on as potential causes of membranous nephropathy were (1) infections in the year prior to having symptoms of the disease, (2) several occupational (job) exposures, and (3) patient and family history of autoimmune diseases.

In our study, patients with membranous experienced more infections in the year leading up to the onset of symptoms, as compared to patients with other glomerular diseases. The most common type of infection was oral (mouth) infections such as gum disease and tooth infections. Previous studies have shown that periodontitis, a common chronic oral infection that affects the gums and tissues that surround and support the teeth, has been associated with cardiovascular disease and chronic kidney disease. Those previous studies did not report on an association with a specific kidney disorder such as membranous nephropathy.

Exposure on the job to heavy metal compounds, such as lead, mercury and arsenic, among other metals, was shown to be a risk factor for membranous. Other types of exposures to metals were also measured, such as a diet including mercury-containing fish and the number of amalgam dental fillings, both of which could cause metal consumption. Based on the findings, it is unclear whether or not these types of non-occupational exposures were a risk factor for membranous. Further research into specific types of metals and exposure over time may help to better assess the risk of non-occupational exposure to metals.

Patients reported on their personal history and family history of autoimmune diseases. Sixteen specific autoimmune diseases, such as diabetes and thyroid disease, were listed on the questionnaire, with space for write-in of other autoimmune diseases. These results showed that neither a personal nor a family history of autoimmune diseases proved to be a higher risk for membranous, as compared to other glomerular diseases.

Continued on the next page....



(Study Results Cont.)**FSGS Questionnaire Study Results**

The FSGS study looked at the results from the 140 FSGS patients and compared the data to 140 with other glomerular diseases. Similar to the design of the Membranous Nephropathy study, the patients with other glomerular diseases selected were considered to be similar with respect to age, gender and race of the FSGS patients. This study examined low birth weight, adolescent body size and body size at diagnosis as potential risk factors for FSGS.

Participants reported their birth weight, which did not prove to be a factor in developing FSGS. However, a number of people did not know their birth weight or if they were born premature or not, so more study is needed in this area. The study also asked participants to report on their body size as being thin, average or heavy at the ages of 10, 16 and 21. Those who reported having a heavy body size at any of these ages were classified as "heavy." In addition to finding that a heavy body size in adolescence is a risk factor for adult-onset FSGS, this group was more often overweight or obese as adults, compared to normal or thin adolescents. Body size at the time of diagnosis was not associated with the onset of FSGS. However, given the association with adolescent heaviness with adult heaviness, being overweight for many years may be an important factor in the development of FSGS.

Summary:

We are grateful for the time and effort so many of you put forth to answer the questionnaire. This effort has led to the largest studies of this type ever done in many of these specific glomerular diseases.

This study has revealed factors that could contribute to membranous nephropathy and FSGS. Factors that could be potential causes of membranous are infections, particularly dental or gum infections, in the year prior to symptoms of the disease and exposure to heavy metals in an occupational setting. The FSGS study results reveal that being heavy during adolescence could put people at risk for adult-onset FSGS.

Future evaluations of the data for associations with membranous or FSGS will include assessment of the impact of various vaccines, smoking, a family history of a variety of diseases, as well as additional occupational exposures on the development of these diseases. As the data is explored further, we will be sure to share new insights with you.

By Susan Hogan, PhD
GDCN Research Director

Funding: The ***Halpin Foundation*** provided funding for the study in membranous nephropathy. The National Institutes of Health provided funding for a portion of the FSGS study.

The RSN HOPEline
1.800.579.1970

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RSNhope.org

An illness is too demanding
when you don't have hope...

An experienced kidney patient
is waiting for your call.

RSN renal support network

Made possible with support from Roche



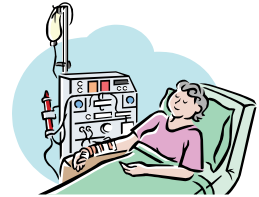
Do you have a question about your kidney disease?

If you would you like your question to be considered as a topic on a future podcast with Dr. Falk, you may wish to visit the new "Ask the Kidney Doc" page on the UNC Kidney Center web site. Visitors to the page may anonymously submit their question, which could then be answered via podcast by Dr Falk.

<http://www.unckidneycenter.org/patientquestions.html>

THE TIMES THEY ARE A-CHANGIN': HOW THE NEW MEDICARE REGULATIONS AFFECT DIALYSIS PATIENTS

The past April was a big moment for dialysis facility regulations—it was the first time since 1976 that the national guidelines for end-stage kidney disease facilities have been changed and updated! These guidelines, created by the Centers for Medicare and Medicaid Services, have to be followed by dialysis centers in order to receive money from Medicare. These regulations, also known as “Conditions for Coverage (CfC)” have been put in place to make sure that dialysis facilities provide quality patient care in a safe environment. Listed below are some of the updates and changes that have the most impact on dialysis patients. These regulations have been in effect since October 14, 2008.



- **Dialysis Technician Training:** In the old regulations, there were no minimum qualifications for patient care technicians (dialysis technicians). The new regulations state that dialysis technicians must have at least a high school diploma or GED, and must now be certified under a state or national certification program.
- **Patient Rights:** It is now stated in the regulations that patients must be informed about their right to have advanced directives (a document that states your treatment preferences and designates someone to make decisions for you if you are unable to do so yourself—like a living will). Patients must also be informed about all treatment choices for end-stage kidney disease. Clinics also must now provide a 30-day written notice before involuntarily discharging a patient.
- **Patient Assessment and Plans of Care:** The updated regulations require that the patient assessment be done by an interdisciplinary team, and must be done within 30 days (or 13 dialysis treatments) after a patient starts dialysis, and are then done annually unless the patient is unstable. There is also a new, outcomes-based Plan of Care. The patient can choose to be a part of the Plan of Care team. The treatment team meets monthly to discuss/update the plan of care with the patient or a representative for the patient.
- **Patient Safety Guidelines:** The new CfCs incorporate national guidelines to improve patient infection control, water quality, and fire safety standards.

Questions about these new regulations and how they affect you? Talk with your doctor, nurse, or social worker at the dialysis unit, or contact Caroline at caroline_jennette@med.unc.edu or 919-966-2561 ext.301.

CALLING ALL PATIENT ADVOCATES: WEKAN SOUTHEAST IS HERE!



WeKan is part of The Renal Support Network (RSN), an organization founded by Lori Hartwell. Lori's knowledge of kidney care and treatment is based on experience – she has lived with renal disease for over 30 years.

The RSN's mission is to meet the non-medical needs of those living with kidney disease. The RSN works to make sure kidney patients have access to the best healthcare and employment

The Renal Support Network's weKAN patient advocacy program continues to grow and make a difference.. weKAN Patient Activists are getting to know their elected officials and are educating them about kidney disease and what patients need to ensure quality care. weKAN also conducts patient education meetings around the country as well as being invited to participate as speakers.

weKAN is a small group of Patient Activists with big ideas! Their wish is to inspire you and give you the tools that will help you make a difference in your community. An illness is too demanding when you don't have hope.

weKAN has now broken up into regions in order to have a more local approach to advocacy and to deal with increasing numbers of weKAN'ers. Those of you in the states below are eligible to participate in the weKAN Southeast Branch. What can you do as a patient? Lots! Check out the web site at www.rsnhope.org and click on the weKAN link.

The states in WeKan Southeast are:

Alabama	Mississippi
Arkansas	North Carolina
Georgia	Oklahoma
Florida	South Carolina
Louisiana	Tennessee

If you want to part of weKAN Southeast, or have questions pertaining to weKAN you can contact Diana at Diana@rsnhope.org or call 1-866-903-1728.

NOVEL THERAPIES FOR FSGS: AGES 1-70

If you have been diagnosed with FSGS which is resistant to medications (unable to successfully treat), we have a few studies open or opening soon for enrollment that will test the safety/tolerability of medications that block renal scarring.

- A Phase I, Open-Label Study of the Safety and Pharmacokinetics of FG-3019 in Adolescent Subjects with Steroid-Resistant Focal Segmental Glomerulosclerosis. If you are age 12-15 years with biopsy proven FSGS, kidney function of ≥ 40ml/min, and urine protein >1gm, please consider calling to discuss eligibility.
- A Phase I, Multicentre, Open-label, Dose Escalating Study of Single Doses of GC1008 in Patients with Treatment Resistant Idiopathic Focal Segmental Glomerulosclerosis. If you are age 18-70 years with biopsy proven FSGS, estimated kidney function of ≥25ml/min, and urine protein >200mg, please consider calling about eligibility.
- Novel Therapies for Resistant FSGS, A Phase II Clinical Trial. If you are age 1 year to 50 years with biopsy proven FSGS, kidney function rate ≥40ml/min and urine protein >1gm, please consider calling about eligibility.

Please contact Leslie Powell at 919-966-2561 x241 or leslie_powell@med.unc.edu to learn more about these studies.

FSGS STUDY UPDATE

A tremendous thank you to every child and adult enrolled into this study. This is the largest trial ever conducted assessing medicine choice and FSGS control. In addition, the generosity of the participants through donation of specimens for future research continues to be realized as 16 additional studies have been approved to improve our understanding of this difficult disorder. Enrollment for the nationally sponsored NIH FSGS Clinical Trial concluded May 30, 2008. Please continue to attend your regularly scheduled visits or every 6 month safety monitoring visits; we have 1 year remaining. UNC was the highest recruiting site in the country. We appreciate your participation and dedication to this study. The results of this study will be shared in 2010. Please contact Leslie Powell at 919-966-2561 x241 or via email at leslie_powell@med.unc.edu with any questions.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
 ★ A BIG Thank You ★
 ★ to everyone who ★
 ★ participates in the GDCN ★
 ★ Patient Registry studies. ★
 ★ Thanks for ★
 ★ all that you do!! ★
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THE ASSIST STUDY FOR VASCULITIS PATIENTS



The purpose of ASSIST (Accessing Social Support in Symptom Treatment) Study is to learn how different people (doctor, spouse, family member) are involved with your vasculitis care. We want to know what types of support people give you, as well as how you handle different situations related to your vasculitis management. We hope to gain a better understanding of who people turn to for help with managing their vasculitis. The goal of the ASSIST study is to understand where vasculitis patients get information about their medications and how supportive relationships help individuals cope with treatment side effects.

You may be Eligible for this study if you are:

- Are Age 18 or older
- Are taking at least one medicine to treat your vasculitis
- Have access to the internet

Please contact Delesha Carpenter, Project Director, if you are interested in participating, at 1-888-462-9371 or dlmiller@email.unc.edu . Also, stay tuned for a podcast on this study! (see page 1 for information on Kidney Center Podcasts)

STUDY FOR PATIENTS WITH **DIABETIC NEPHROPATHY**: PHASE 1 CLINICAL TRIAL

Sponsored by Fibrogen, Inc.

Principal Investigator: Patrick Nachman, MD

Study Coordinator: Anne Froment

If you are diabetic (type 1 or 2), have diabetic kidney disease and are currently taking blood pressure medication of the type of “Angiotensin Converting Enzyme inhibitors (ACEi) or Angiotensin II Receptor Blockers (ARB)”, you might be able to participate in a study testing the safety of a new investigational medication called FG-3019. “Investigational” means that FG-3019 has not yet been approved by the U.S. Food and Drug Administration (FDA) for doctors to prescribe for their patients.

FG-3019 is being tested for the treatment of kidney disease (nephropathy) due to type 1 or type 2 diabetes. FG-3019 blocks Connective Tissue Growth Factor (CTGF), a growth factor that the body normally makes to heal a wound. Sometimes CTGF is too active and may cause permanent scarring in the kidney or other organs that are affected by diabetes. The FG-3019 antibody targets CTGF and blocks its action.

You **may be eligible** for this study if:

- You are 18-80 years old
- You have diabetes
- You are losing too much protein into the urine
- Your blood pressure medication is at a stable dose

For more information, please contact Anne Froment at 919-923-1382 or anne_froment@med.unc.edu

You **should not be participating** in the study if:

- You are pregnant or breastfeeding
- You have a history of heart disease, cancer, recent or planned surgery (including dental)
- You are already on or were previously on dialysis or have received an organ transplant
- You have been tested positive for HIV, or have active Hepatitis B or Hepatitis C
- You have poorly controlled blood sugars (HbA1c greater than 11%)

STUDY FOR PATIENTS WITH **ADPKD** (AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE) : PHASE 3 CLINICAL TRIAL

We are still looking for volunteer with Autosomal Dominant Polycystic Kidney Disease (ADPKD), for a Phase 3 clinical trial called TEMPO 3/4, to determine how well a medicine called tolvaptan works.

With ADPKD, the kidneys respond abnormally to a hormone called vasopressin, which may be involved in cyst development or cyst growth. Tolvaptan interferes with vasopressin’s effects on the kidney and, when taken continually, appears to stop cyst growth in laboratory animals with ADPKD. It is hoped that similar effects will be seen in humans.

You **may be eligible** for this study if:

- You are between 18-50 years old;
- Your Glomerular Filtration Rate (GFR) is ≥ 60 mL/min/1.73m²;
- You have :
 - several cysts in each kidney (3 if by sonography, 5 if by computed tomography (CT) or MRI) **and** a family history of ADPKD or;
 - 10 cysts in each kidney (by any radiologic method)
- Your kidneys have a total size ≥ 750 cc (This will be checked by a MRI before starting the study).

For more information, please contact Anne Froment at 919-923-1382 or anne_froment@med.unc.edu

You **should not be participating** in the study if:

- You are not able to take an MRI (severe claustrophobia, ferromagnetic metal prostheses, aneurysm clips, large abdominal/back tattoos);
- You have other kidney diseases, a single kidney, recent kidney surgery;
- You are regularly taking diuretics (“water pills”) to control hypertension;
- You are on dialysis.



RECIPE BOX: CHICKEN & RICE CASSEROLE

Diet type: CKD non-dialysis Dialysis Diabetes



Portions: 4

Serving size: 1 1/2 Cups

Ingredients

- nonstick cooking spray
- 2 tablespoons olive oil
- 2 tablespoons unsalted butter
- 1/3 cup white all-purpose flour
- 1/4 teaspoon black pepper
- 1 cup reduced sodium chicken broth
- 1-1/2 cups nondairy creamer
- 1-1/2 cups cooked white rice
- 2 cups cubed chicken or turkey, cooked
- 1/2 cup fresh mushroom pieces
- 1/2 cup bell pepper, chopped
- 1/4 cup onion, chopped

Preparation

1. Heat oven to 350° F. Spray a 1-1/2-quart baking dish with nonstick cooking spray.
2. In a large saucepan, heat olive oil and butter over low heat.
3. After butter is melted, stir in flour and black pepper. Cook over low heat, stirring until mixture is smooth and bubbly. Remove from heat.
4. Stir in broth and nondairy creamer. Heat to a boil, stirring constantly. Boil and stir for one minute.
5. Stir in cooked rice, chicken or turkey, mushrooms, green pepper and onion.
6. Pour into baking dish. Bake uncovered for 45 minutes.

Renal and Renal Diabetic Food Choices

3 meat
2 starch
1/2 vegetable, low potassium
2 fat

Carbohydrate Choices = 2

Helpful Hints

- Portion leftovers and freeze to reheat later for a quick meal.
- For variation, substitute 1-cup frozen mixed vegetables for bell peppers and mushrooms.
- For lower protein diets reduce the amount of chicken or turkey.

Nutrients per serving

- Calories: 467
- Protein: 24 g
- Carbohydrate: 32 g
- Fat: 27 g
- Cholesterol: 78 mg
- Sodium: 237 mg
- Potassium: 349 mg
- Phosphorus: 238 mg
- Calcium: 32 mg
- Fiber: 1.0 g

Always consult with your physician, dietitian and other members of your dialysis team before partaking in any activity or trying any recipe.

Recipes Provided Courtesy of Davita Dialysis
Please visit www.DaVita.com/recipes to find more recipes.

SMOOTH TRANSITION TO ADULTHOOD WITH RENAL DISEASE (STARX): SURVEY RESULTS

Being a child, adolescent or young adult with kidney disease can be challenging. Often, these young patients have complicated medical treatments. The Pediatric Transition team has surveyed patients to better understand the what issues they face. Below are two early results from the data collected.

Medication use:

We have learned that the average number of medications is 2 if they only have high blood pressure. If they have decreased kidney function, the average number of medicines by mouth in a day is between 4-8 unique medicines. Also, the average number of shots is almost 2 per week. These results suggest that it may be good for the team to work together to help patients organize and manage medicines.

Travel time to appointments:

Our patients travel a long distance to come see us. The average number of miles they have to travel is 85 miles on-way! These results suggest that the team should help patients and their families make 2-3 medical appointments at UNC the same day to save travel expenses!

RESOURCE CORNER: ONLINE SUPPORT GROUPS

National Kidney Foundation Message Boards:

<http://www.kidney.org/patients/mboards.cfm>

The Renal Support Network's Kidney Space:

<http://www.kidneyspace.com/>

The NephCure Foundation's NephSpace Community:

<http://nephcure.org/NephSpace.html>

Home Dialysis Central Forum

<http://forums.homedialysis.org/>



A Newsletter from the
Glomerular Disease
Collaborative Network

Burnett Womack, CB#7155
Chapel Hill, NC 27599-7155

Phone: 919-966-2561
Toll-Free: 1-866-462-9371
Fax: 919-966-4251
Email: gdcnunc@med.unc.edu



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



UNC
KIDNEY CENTER

www.unckidneycenter.org

Remember to T.E.S.T Your Family Members



- T** Teach them that kidney disease runs in families.
 - E** Encourage them to get tested for kidney disease.
 - S** Support their efforts to control their diabetes and high blood pressure.
 - T** Tell them where they can find more information :
www.unckidneycenter.org (1-866-256-2930) or
www.nkdep.nih.gov (1-866-454-3639)
-