

KIDNEY CARE

FALL 2020

APPROVED BY THE UNC-CH INSTITUTIONAL REVIEW BOARD

PATIENT PERSPECTIVE

What It Means to Live with Focal Segmental Glomerulosclerosis

By: Kent Bressler

On reading a recent CJASN article entitled “Identifying outcomes important to patients with glomerular disease and their caregivers” (1), I had a flashback to when I was diagnosed with FSGS by biopsy in 1984. As a person with kidney disease, I know that patients care about being listened to, that patients want to tell their story, and that patients want to be reassured. Reassurance helps provide hope.

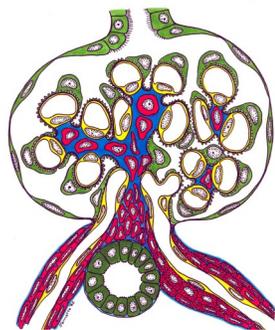
Living with glomerular disease, as reflected in the study (1), is scary, difficult, and filled with disbelief, fear, and in some cases, depression. In my experience, early on in the journey, there is an absolute fear of “what is going to happen,” “how long do I have,” and “am I going to die?” No one wants to be sick; everyone seeks normalcy and a good life. The problem with glomerular disease is that it is progressive and marked by a continuous adjustment by the body to survive. Through all of these major adjustments, life goes on. As a person living with glomerular disease, you still have to be productive and support your family. To support your family, you must survive, and that is always on your mind. Hope is essential. Hope comes from a positive attitude and in my case, a profound faith in God.

Many people with glomerular disease do not report their feelings because they do not feel that they have anyone to talk to who can relate. In many cases, you do not look like you are sick, but inside, you are wasting away little by little. My saving grace was a caring and intelligent nephrologist who carefully took the time to explain the gravity and severity of the disease and the options open to my family and me. My wife of 50 years has been my rock of love and compassion and has given me hope through this journey. My reflections here are my own. No two people with glomerular disease are the same, and the disease progresses differently in everyone.

Everyone benefits from a mentor (advocate), someone that they can rely on and trust. Mentors who have been living and fighting through kidney disease or are actually on the same journey as you are the saviors of sanity. Valuable life survival techniques can be learned from those who are on dialysis and/or who have had a transplant. The key gatekeeper in my mind is the nephrologist as reflected in the study (1); all of the participants were “nominated by their nephrologist.”

My early course of treatment was laced with high dose steroids and antihypertensive medications mixed in with diuretics. There were times in which I was so sick that I did not think that I was going to survive. I was physically and mentally sick, and, if not for Dr. Paraic J. Mulgrew, my nephrologist, I would not have survived. At that time, my only mentor other than my wife, Catherine, was Dr. Mulgrew and some key fellow employees who understood what it was like to have kidney disease. I would have loved to embrace the counsel of someone who had gone through what I was about to experience. Looking back, along with a mentor, a solid support group would have been beneficial. A group gives added support when you really need it and provides for periods to laugh and be at ease. Every nephrology practice and hospital would benefit from a kidney/transplant/dialysis support group.

Continued on next page.....



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

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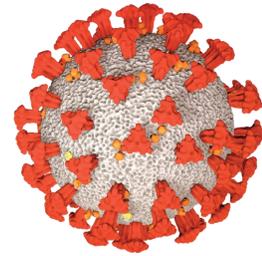
INTERESTED IN COVID-19 RESEARCH?

We want to be sure all kidney patients have a chance to participate in COVID vaccine studies, treatment trials and other related studies. The COVID-19 Prevention Network (CoVPN) was formed by the National Institute of Allergy and Infectious Diseases (NIAID) at the US National Institutes of Health to respond to the global pandemic.

The purpose of this screening registry is to create a list of potential volunteers who want to take part in current or future COVID-19 clinical trials. You must be 18 years or older to participate. Participation involves completing a short online survey that includes some personal questions. Your participation is voluntary.

Your information will be provided to a study site closest to your location. If the study site thinks you may qualify for a particular study, they will reach out to you as soon as possible about participating. This could be soon, or it may be in several months, as there are several studies taking place over the next 6 months.

Interested? Please visit www.preventcovid.org and read through the FAQs. If you would like to participate, scroll to the bottom and select the 'Volunteer Now' button. If you are particularly interested in studies taking place at UNC, you can enter CHNC09 when asked for a site code. This will ensure your information is sent to researchers at UNC.



COVID-19
Prevention Network

Patient Perspective Continued from page 1..

As my clinical numbers worsened and I became sicker and more debilitated from fatigue and anxiety, I became more fearful and angrier until, thankfully, my brother Kip stepped up and gave me one of his kidneys on April 30, 1987. Throughout the years, post-transplant visits have always been difficult because I have to face the numbers. If you have FSGS, the fear of it returning never leaves you. Every blood draw and clinic visit give rise to anxiety. Is it back? Am I going to lose my kidney? What should I focus on?

I am 70 years old now. The kidney that I borrowed from my brother is 68 years old. What is it that I care about as an aging patient with glomerular disease? Living and helping others with this disease is what I care about. I have been a patient mentor and advocate for 30 years. In direct partnership with the nephrologist and kidney community, we need to use every tool available to us to promote early detection and preemptive transplant. Social media, support groups, professionally trained personal mentors, and more can be used to inform and educate people living with glomerular disease.

To my nephrologist friends, the "patient voice" is one of healing and experience. Your large group practices are conducive to developing "mentoring positions." Consider developing a mentorship program to help your patients overcome their fears and anxiety and connect them with people who can relate to their experience. It is then less about numbers and more about people. If we listen, we can serve.

Link to Caregivers article referenced by the author: <https://cjasn.asnjournals.org/content/15/5/673>

References

1. Carter SA, Identifying outcomes important to patients with glomerular disease and their caregivers. Clin J Am Soc Nephrol 15: 673–684, 2020 Published online ahead of print. Publication date available at www.cjasn.org. See related editorial, "Ask and It Shall Be Given: Patient-Centered Outcomes in Glomerular Diseases," and article "Identifying Outcomes Important to Patients with Glomerular Disease and Their Caregivers," on pages 594–596 and 673–684, respectively .

RESEARCH PARTICIPATION DURING COVID-19

Anne Froment, Clinical Trials Manager

Research to better understand and to find better treatments for kidney disease is important. But so is your safety. UNC has developed a document “**Information about participating in a Research Study during COVID-19**” that every study participant will receive. In summary, here is what we are doing at UNC to keep research participants safe during the COVID-19 pandemic.

Limiting direct contact

Physical distancing is the primary strategy used to prevent the spread of the virus that causes COVID-19. Whenever possible, participants will be contacted by phone, study visits will be conducted remotely, study drugs will be mailed, and vital signs like blood pressure and weight will be taken at home and communicated by phone, text or email to the investigator or the study coordinator. If blood or urine tests are needed for your safety, you might be able to go to do those blood tests locally, for example at your local PCP, your local clinic or at the nearest lab collection center.

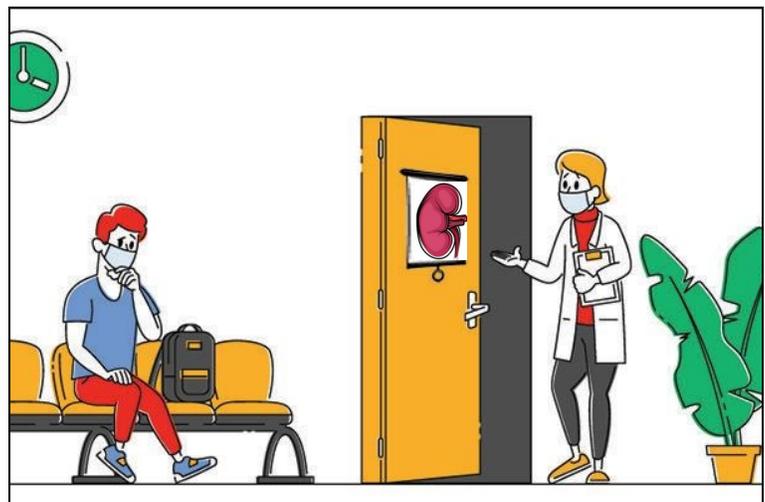
Some studies will give you the option to use a home care nurse. In that case, you will not have to come to UNC: a nurse trained in the study protocol will come and do the visit in your home while the contact with your doctor will be by telehealth.

Face-to-face visits

The study investigator will discuss the risks linked to a face-to-face visit with you. You will decide if it is best to participate or not participate in a study, if you need to delay your visit, or if you no longer want to participate. If you both decide to go ahead and if a face-to-face visit is needed, here is how we protect your health:

- The day before the visit, the clinic or the study coordinator will call you and ask you some questions about recent travel, contact with people who have had COVID, and will ask you if you currently have any symptoms, that are new or worsening (like cough, fever, chills, muscle pain, sore throat). Depending on your answers, your visit maybe postponed. If you mention that you have symptoms that could be from COVID-19, you will be directed to a testing place.
- The day of the visit, you will be asked to come with your own mask. Before entering the clinic building, you will be asked the same wellness screening questions. If you have one of those symptoms, you will be placed in an isolated room. Clinical study personnel will be contacted and you will be asked to follow the recommendations from Infection Prevention regarding referral for testing.
- If all is well, you will be given a surgical mask to use during the visit. Research personnel will also wear a mask, will have eye protection, will wash or disinfect their hands before entering your room and will maintain a distance of 6 feet when possible.
- Research personnel have implemented an increased schedule for cleaning surfaces (door handles, chairs, faucets, light switches, keyboards, and other frequently touched surfaces).

As you can see, the COVID-19 pandemic is changing some of the ways we do research, but the goals remain the same: working with you to better understand kidney diseases and find better treatments.



RECENT PUBLICATIONS USING GDCN REGISTRY DATA

Thanks to your generous participation in our patient registry, 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.



What is the best way to determine clinical improvement in Membranous Nephropathy?

Membranous nephropathy is a kidney disease that causes a lot of protein to be lost in the urine (proteinuria). Reducing this protein loss is important to help prevent loss of kidney function. Albumin, the major protein in the blood, becomes low when protein is lost in the urine. This study was done to help understand how best to measure improvement in the disease.

Information on 267 people in the Glomerular Disease Collaborative Network registries with membranous nephropathy who had high levels of proteinuria were studied. Their information was collected over about 3 years. Over this time, under a third of people (28%) always had high proteinuria (no remission of their disease), while in 72% proteinuria dropped over time (meaning some level of a remission). Of these patients who had some improvement in proteinuria, 45% had the proteinuria go away almost completely (a COMPLETE remission) and just over half (55%) had it improve but not completely (a PARTIAL remission). The researchers also looked to see 1) who lost half or more of their kidney function, and 2) who had proteinuria come back after going away (called a RELAPSE).

In those who always had high proteinuria (no remission), 65% lost over half of their kidney function. Only 12% of those with a partial remission and 6% with a complete remission lost this much kidney function. Reducing protein loss in urine is helpful to protect kidney function. A complete remission is best, but a partial remission is still helpful.

The disease can only relapse after you have a complete or partial remission (reduction) of proteinuria. In the 192 people who had any remission, 25% with complete remission and 65% with partial remission had a later relapse. This means that if proteinuria does not go completely away (partial remission), then it is more likely to come back to high levels again. In the people who had a partial remission, the longer they had high levels of protein loss in the urine and the lower the level of blood albumin, the more likely they were to lose more than half of their kidney function or need dialysis.

The researchers also found that the albumin level in the blood when a patient had a partial remission could predict whether they would have a relapse. The higher the blood albumin, the less likely the patients would relapse. This new and important finding in this study suggests that albumin in the blood can help doctors better monitor people with membranous nephropathy in addition to measuring protein in the urine.

Publication Details: Lee T, Chung Y, Poulton CJ, Derebail VK, Hogan SL, Reich HN, Falk RJ, Nachman PH. Serum Albumin at Partial Remission Predicts Outcomes in Membranous Nephropathy. *Kidney Int Rep.* 2020 Mar 4;5(5):706-717. Link to article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7210705/>

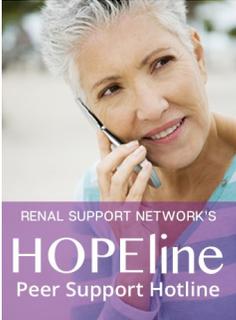
Which ANCA Vasculitis patients are more likely to get blood clots?

About 10% of people who have ANCA Vasculitis will have a blood clot which can be a very serious, life-threatening complication of their disease. These clots usually occur in the veins of the arms and legs as a deep vein thrombosis (DVT) or in the lungs (pulmonary embolus or PE).

Continued next page...



KidneyTalk™ is an informative online talk show hosted by Renal Support Network's Founder & President Lori Hartwell. Each half-hour show features a special guest who has first-hand knowledge, an inspirational story or decades of wisdom to share with listeners on how to survive and thrive with kidney disease. Hundreds of shows available 24/7 at RSNhope.org and on iTunes.



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Recent Publications Continued..

Knowing who is likely to get a clot in their veins (venous thromboembolism or VTE for short) would allow patients and their doctors to decide whether preventative medication would be helpful and hopefully improve the chance of catching a VTE early (when it is most treatable).

Antibodies to plasminogen (anti-Plg) can make blood clots more stable by keeping them from dissolving. Tissue factor is one of the proteins that starts the clotting process. White blood cells of patients with ANCA vasculitis have higher levels of tissue factor and release small pieces (called microparticles) of these cells carrying tissue factor into the blood. The goal of this study was to see if measuring tissue factor activity in these microparticles or anti-Plg could identify patients at risk of clotting. Standard-of-care clinical laboratory tests plus tests for D-dimer and C-reactive protein (CRP) were also done. Because blood clots usually happen during active disease, we enrolled 41 patients at a time of active disease and followed them for up to 46 months. Twelve patients who experienced a blood clot were compared to the 29 patients who did not develop a clot and 70 healthy individuals.

Our study identified elevated microparticle tissue factor activity and increased anti-Plg in remission as new biomarkers associated with the occurrence of VTE. Association of anti-Plg during remission with VTE was independent of kidney function and suggests that conditions which favor clotting exist even when vasculitis is not active. We also found that low serum albumin, the major protein in blood, was associated with a 4-fold increase in VTE risk. Future studies may examine whether these measures can help predict which patients with ANCA vasculitis might have a blood clot. Understanding factors that contribute to VTE in patients with ANCA vasculitis will help know how to best minimize clotting risk and minimize the risk the medicines used to prevent clots.

Publication details: Mendoza CE, Brant EJ, McDermott ML, Froment A, Hu Y, Hogan SL, Jennette JC, Falk RJ, Nachman PH, Derebail VK, Bunch DO. Elevated Microparticle Tissue Factor Activity Differentiates Patients With Venous Thromboembolism in Anti-neutrophil Cytoplasmic Autoantibody Vasculitis. *Kidney Int Rep.* 2019 Jul 13;4(11):1617-1629. Link to article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6933462/>

PARTNERING WITH PATIENTS TO MAKE DIALYSIS CARE MORE PERSON-CENTERED

Adeline Dorough, Research Coordinator

Currently, dialysis care does not build-in the opportunity for clinicians to elicit patient priorities and preferences. Without this information, it is difficult to individualize care or address outcomes that are most important to patients, such as well-being and quality of life. However, Dr. Jenny Flythe (Nephrologist) and Derek Forfang (kidney patient and advocate) recognized that the existing, formulaic care plan process could be modified to fill this gap. With the support of the Robert Wood Johnson Foundation (RWJF) and a multidisciplinary stakeholder panel, Derek and Jenny co-led an 18-month project to develop an approach to center dialysis care around what matters most to patients.

The resultant program, [My Dialysis Plan™](#), is rooted in the philosophy of person-centered care, where patients and clinicians act as partners, engaging in shared decision-making. In dialysis care planning, this involves linking patient-identified priorities to areas like bone-mineral disease, anemia, pain management, among others. This starts by equipping care teams and patients to participate in re-structured care plan meetings, and leads to co-creating an individualized care plan to help people reach their personal and health goals.

However, these efforts would have been futile without listening to and elevating the diverse patient voices of our stakeholder panel. Patients from 4 states brought an array of advocacy, research, and health care experiences to guide every step of the project. As equal partners at the table, they provided critical and reflective feedback, ultimately recommending that the project team pivot from traditional, written education materials. In response, the team produced an unscripted short video "[by patients, for patients](#)" to share real experiences and encourage patients to be actively involved in their care plan. In addition to facilitating research processes and program development, these individuals challenged the project team to empower patients in future collaboration by:

- Equipping patient stakeholders with knowledge and skills to comfortably participate
- Building rapport and trust through respectful, transparent group discussion
- Consistently seeking and meaningfully incorporating feedback

As such, this project was not merely strengthened by patient stakeholder contributions – it was successful because of them. We are immensely grateful for the shared perspectives, experiences, and ideas that informed this work. As such, we are committed to infusing the patient voice into future research and medical care as we strive toward the shared vision of better experiences for individuals receiving dialysis therapy. If you're interested in getting involved, please reach out to Adeline Dorough at dorough@med.unc.edu.

My Dialysis Plan: go.unc.edu/mydialysisplan

UNC Dialysis Research: go.unc.edu/dialysisresearch



MY DIALYSIS PLAN™



My Dialysis Plan stakeholder panel and project team

CURE GLOMERULONEPHROPATHY (CUREGN) UPDATE

The Cure Glomerulonephropathy Network (CureGN) is a study of 2,400 children and adults with glomerular disease. 256 subjects have now been enrolled from UNC and there are 2448 subjects enrolled overall. As of June 1st, 2020, we have made some updates to our protocol.



What is new in CureGN Version 2.0?

- The website is new and improved! Please visit www.curegn.org to view newsletters, recent publications, and study updates.
- Only one annual in-person visit is required – the other two visits will be done remotely.
- A new patient dashboard is in development – if you are currently enrolled in the study, please be sure your e-mail is up to date!
- You will now be sent an email to do patient-reported outcome questionnaires for remote visits.
- If you opt-in, every month a short questionnaire will be texted to you to check in on your health status.

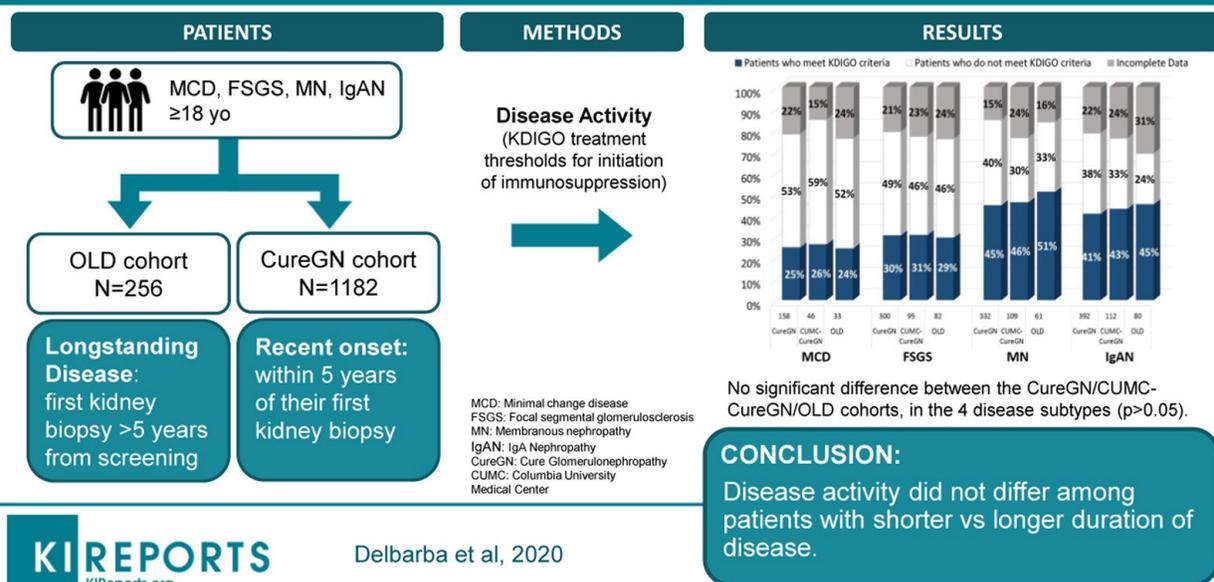
If you would like to see if you are eligible for this study, or if you need to update your contact information, please contact Maggie D'Angelo at Maggie_dangelo@med.unc.edu or by phone at 919-619-1773.

Recent Publications using data from the CureGN Network

Persistent Disease Activity in Patients With Long-Standing Glomerular Disease (KI Reports)

The purpose of this study was to learn more about disease activity in subjects who had disease for a longer period of time (greater than 5 years) versus a shorter period of time (5 years or less). There were no significant differences between the two groups, highlighting that in some patients, glomerular disease can remain active for a long period of time. Link to article: <https://doi.org/10.1016/j.ekir.2020.03.017>

Persistent Disease Activity in Patients with Longstanding Glomerular Disease



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 coordinators 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>
ANCA : Maintenance therapy based on CD5+ regulatory B cell recovery (NIH)	Vimal Derebail	Sandy Grubbs	Patients with ANCA will be assigned to maintenance therapy or no maintenance therapy based on the level of a type of B cells in their blood.

FOCAL SEGMENTAL GLOMERULOSCLEROSIS

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
DUPLEX (Retrophin, Inc)	Vimal Derebail	Anne Froment	Patients aged 8-75 with FSGS will be treated either with sparsentan, a dual endothelin receptor and angiotensin receptor blocker or with irbesartan.
PODO (Pfizer)	Amy Mottl	Anne Froment	Patients with FSGS will receive a new investigational drug called PF-06730512 to test for safety, efficacy, and tolerability.
LIPOSORBER (Kaneka)	Koyal Jain	Anne Froment	Patients with primary FSGS that did not respond to standard treatment will use a blood processing device called LIPOSORBER®LA-15

IGA NEPHROPATHY

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
Nef-301 - NeflgArd (Calliditas)	Amy Mottl Manish Saha	Anne Froment	Patients will receive Nefecon (a special formulation of budesonide) or placebo to evaluate the safety and efficacy of Nefecon.
VIS649 (Visterra)	Koyal Jain	Anne Froment	Patients will receive a new investigational drug (VIS649) or placebo to test for safety, efficacy, and tolerability.

LUPUS NEPHRITIS

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
MSCs in SLE Trial (NIH)	Sarah Sheikh Keisha Gibson	Sandy Grubbs	Patients with moderate to severely active treatment refractory lupus (renal and non-renal) will receive an infusion of mesenchymal stromal cells (stem cells known to possess significant immunosuppressive properties) or placebo.

STUDIES CURRENTLY RECRUITING GDCN PATIENTS

NEPHROTIC SYNDROME (FSGS, MEMBRANOUS, MINIMAL CHANGE DISEASE, IGAN)

<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	Jordan Ormond Foster	Observational study of children newly diagnosed with Nephrotic Syndrome. Before renal biopsy and < 30 days of treatment.
NEPTUNE (NIH)	Vimal Derebail Keisha Gibson	Jordan Ormond Foster	Observational study of patients with Nephrotic Syndrome who are about to have a kidney biopsy.
CureGN (NIH/NIDDK)	Ronald Falk/ Amy Mottl	Maggie D'Angelo	Observational study of children and adults with MN, FSGS, IgA, or Minimal Change Disease biopsied in the last 5 years.

CHRONIC KIDNEY DISEASE

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
EMPA-Kidney (Boehringer Ingelheim)	Amy Mottl	Jordan Ormond Foster	Patients with chronic kidney disease, with or without Type 2 diabetes, will be given empagliflozin, a drug that is already FDA approved for patients with diabetes, or placebo (non-active tablet) to determine if empagliflozin can help prevent the progression of chronic kidney disease and reduce the risk of cardiac death.

DIABETES

<i>Study name and sponsor</i>	<i>Study Doctor</i>	<i>Study coordinator</i>	<i>More about the study</i>
TRIDENT (Boehringer Ingelheim, GSK, Regeneron)	Amy Mottl	Emmie Cole	Observational study of patients with Type 1 or Type 2 diabetes who are about to have a kidney biopsy. A piece of the kidney biopsy will be collected along with clinical information.
NeoKidney Augment Study (inRegen)	Randy Detwiler	Paula Steele	Patients with diabetic kidney disease will receive an injection of their own regenerative renal cells to help delay or prevent the need for renal replacement therapy.

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WHY WE WALK: A PASSION FOR GOING THE DISTANCE



By Kathleen Hostert

Craig and I have been married for 35 years, and the key to our marriage, and our emotional and physical health, is walking as a couple. Walking together gives us the opportunity to breathe fresh air, disconnect from our phones, and have some of the best conversations together. We believe in walking and talking and we honestly believe it has made our marriage stronger. It also makes us feel better inside and out.

At times, we walk on our own with our favorite music playing, as music has a way of filling the heart while motivating us to walk at a good pace. We both love to walk wherever we camp as we have learned that walking sends us on journeys where we can see things we may have never experienced. Walking allows us to see and appreciate nature at its best. We stop to smell the flowers, hear the birds sing, or witness the flight of a beautiful butterfly or dragonfly.

Walking creates a sense of calm which benefits our blood pressure and overall health. We enjoy walking so much that we were inspired to create the Donate Life Run/Walk to educate and inspire the community on the importance of organ, eye, and tissue donation after I was blessed to donate a kidney to Craig.

We have had some incredible walks together in our 35 years of marriage. I will never forget our first walk together down the hospital hall in 1998 following Craig's kidney transplant. Craig endured 2½ years on dialysis prior to the transplant and was too tired to walk like we always had in the past.

Another incredible walk was the day we renewed our vows on our 25th wedding anniversary. I realized at that time what an honor and privilege it was to walk down the aisle with my son on my arm and re-marry my soul mate. Often, we all take life for granted and forget what an incredible gift it is to have the ability to move our bodies and exercise.

My son, Justin, and I were honored to walk alongside the Donate Life Rose Parade float in 2014 as living donors to Craig. Justin donated a kidney to Craig in 2012. It truly was the walk of a lifetime as we joined eight other living donors who walked 5 miles to show the power of living donations and the fact that we were able to walk a 5-mile parade route.

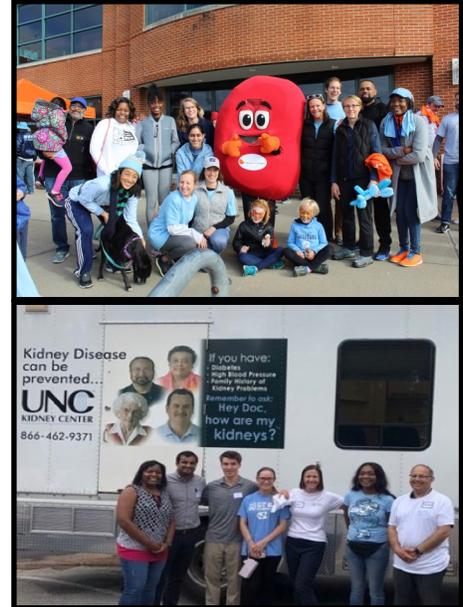
Then there was the Ragnar relay race, when I joined a group of 12 who walked and ran as living donors in the event named, "Have you seen my kidney?" We took turns walking and running from Huntington Beach to San Diego in a 24-hour period – a little under 200 miles. *Continued on Page 11*

KEEPING UP WITH THE KEOP

Last fall, the Kidney Education Outreach Program (KEOP) participated in our 2nd National Kidney Foundation (NKF) Triangle Walk as a UNC Kidney Center team. Our team raised over \$1,400 and had a great showing and lots of fun. The NKF Triangle Kidney walk set a new event record, raising over \$97,000. We will come together and walk again this year, virtually, on Sunday, 11/15/2020, to fight kidney disease.

During the past year, we also conducted kidney screenings in some surrounding counties to check for early signs of kidney damage, while educating people about the risk factors for kidney disease and ways to keep kidneys healthy. In November, KEOP visited the Nash-Rocky Mount Public School system. Dr. Keisha Gibson, pediatric nephrologist, gave a talk to the school nurses, educating them about kidneys, kidney disease and its relation to other conditions they see in their school such as high blood pressure and diabetes. Dr. Hostensia Beng from ECU pediatric nephrology also joined the event.

Through all our efforts, in the office and out in the communities, we have had the pleasure of growing our team and working with both graduate and undergraduate students to provide opportunities for professional growth in many different ways. We have also formed stronger relationships with several of our community partners.



Make sure to stay up to date with the KEOP: <https://unckidneycenter.org/outreach/>
You can also follow us on twitter at: <https://twitter.com/UNCKidney>

Why We Walk continued from page 10.

It was truly teamwork and passion for one another that we were able to complete the relay. It challenged my mind and my body and I felt the pressure as others relied on me to go the distance.

One of the most incredible walks that challenged Craig and I to the core was when we registered to walk a half-marathon! Never in my wildest dreams did I think we could walk 13.1 miles together, but we did. It was an amazing accomplishment! We trained together for several months; it was great to have a goal to work toward as we felt our bodies improve week by week.

We feel it in our relationship when we do not walk. And, as we get into our older years, I can say that motivating each other to keep walking is a daily challenge, but we do our best. We truly believe in the benefits of walking for our health, and for our emotional and mental well-being.

We hope to see you out on a walk!

Kathleen Hostert has been married for over 35 years to her husband Craig. She was able to give her husband a kidney in 1998, and in 2012 Craig received a second kidney, donated by his son. This new journey inspired Kathleen and Craig to do all that they can to inspire and educate the community on the importance of organ, eye, and tissue donation. Together, they founded the Donate Life Run/Walk which just completed the 18th annual event, with over 126,000 attendees over the years.

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