HYDERABAD NEPHROLOGY FORUM

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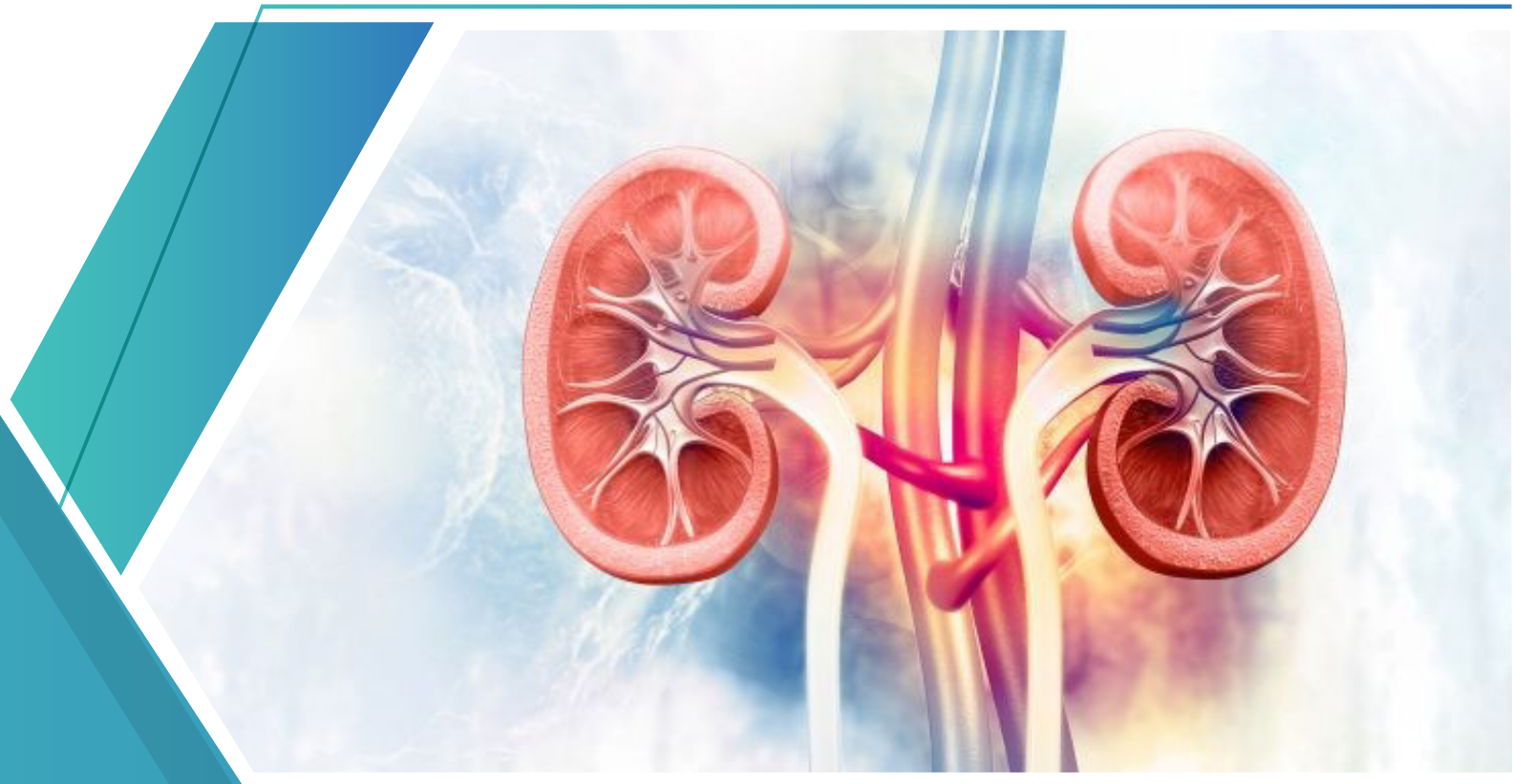
TSNCON 2023

5TH TELANGANA STATE NEPHROLOGY CONFERENCE

KIDNEY DIGEST & SOUVENIR



DATE : 27th 28th & 29th Janauary 2023

Venue : Dream Valley Resort, Vikarabad, Hyderabad

An official Newsletter of Hyderabad Nephrology Forum, Telangana, India

HYDERABAD NEPHROLOGY FORUM

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Dr Praveen Kumar Etta

MD, DM (SGPGI)
Former Asst Prof (PIMS)
Editorial Fellow, IJT
Editor, Kidney Digest
Senior Consultant Nephrologist

EDITORIAL

Hyderabad Nephrology Forum (HNF) is a consortium of Nephrologists based at Telangana for the past 25 years with an objective of promoting kidney heath through education and research. It has been conducting various academic activities like monthly case based discussions involving the public institutions, private hospitals and from the nephrologists practicing in the districts. Recently, we have started Twitter based journal club discussions to critically evaluate the recently published articles in the Nephrology literature. We are conducting Telangana State Annual Nephrology Conference, TSNCON 2023 on 27th, 28th and 29th January. In this issue, we have included the scientific program, faculty talks and abstracts of TSNCON 2023, which is aimed to showcase research work of young nephrologists and senior residents. The research committee is being constituted by the HNF Governing Body with the prime objection to provide research grants to the research projects done by the trainees and young faculty to improve the quality of the research in the field of Nephrology. We are in the process of forming a research committee and to prepare guidelines for giving research grants to the postgraduate students, which will help in performing research activities and thesis projects. We have started one of the non-academic clubs i.e., sports and fitness club of HNF. With this, we have started regular outdoor activities, yoga training programs etc for the physical health and fitness. Even in this TSNCON 2023, we have planned to conduct various non-academic programs like Yoga, Kidney Run, Cricket and various cultural programs. We have also included pre-conference workshop for dialysis technicians and transplant co-ordinators on 27th January.

The first two issues of HNF newsletter the "Kidney Digest" were a great success and it attracted interest of nephrologists, not only in Telangana, but across the country. We are now happy to bring the 3rd quarterly issue of the HNF newsletter combined with Souvenir book of TSNCON 2023. It's been a wonderful platform to keep all the HNF members updated on the various activities, share achievements of HNF Members, and disseminate their publications in various scientific journals. This could play our part in bridging the knowledge gap in Nephrology especially for senior residents of both public and private sector hospitals. It is a wonderful platform to showcase the scientific work and to have networking among nephrologists of HNF. I would like to thank all the editorial board members, senior faculty, and advisory board of HNF for all the efforts in brining the quarterly issues of Kidney Digest successfully. I thank all the senior nephrologists for giving a valuable message to the forum members. I sincerely thank all the eminent faculty and speakers for their contribution to the success of TSNCON 2023.

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Senior Consultant and Head,
Department of Nephrology,
Sunshine Hospitals,
Secunderabad, Telangana.

MESSAGES

It is heartening to note that under the aegis of Hyderabad Nephrology Forum the TSNCON is being held for the 5th time in the city of Hyderabad.
What started as a small group meeting once in a month or two to discuss interesting cases and share knowledge, the forum has grown to a strength of over 200 and is a registered body now.

Academic excellence has always been our motto and towards that end, the forum has instituted a research body, of which i have the privilege of being a member. The research body has proposed to grant financial support to young nephrologists in conducting research in various renal diseases which will help plan treatment and/ or preventive strategies.

The organising committee is leaving no stone unturned to make this a memorable conference. The scientific content, coupled with recreational activities will help us, nephrologists to rejuvenate ourselves to work harder to make this forum a very strong body to reckon with.

I wish the conference all success.

Dr Girish Narayen

Professor & HOD
Dept of Nephrology,
Superintendent (Retd)
Osmania General Hospital
Hyderabad

MESSAGES

It gives me great pleasure to write this message for the Souvenir of forthcoming Telangana Nephrology society conference to be held this month.

With the yearly admission of nearly 40 students for DM and DNB (nephrology) courses both in public sector hospitals and private institutions, the academic activities have improved significantly and now Hyderabad is a leading center for Nephrology services in South India. Hyderabad Nephrology Forum along with Women in Nephrology (WIN) societies have been conducting regular meetings for benefit of students and faculty . The deceased donor Jeevandaan programme has been very active with highest number of multi organ transplants in the state of Telangana.

The proposed Telangana Nephrology Society conference is now a regular yearly event, where Post graduates get a chance for podium presentation of their work and even invited faculty takes part to bring in latest developments in the field of Nephrology and Transplantation.

The organizing committee has put in lot of efforts in this direction and with the dedicated team effort the conference has been able to spread knowledge about recent development among physicians, urologists and allied specialities.
I wish the conference a great success.

Nephrology services made a very humble beginning with starting of dialysis facility by a team of physician and urologist in mid 1960s. Renal biopsy was first done in Osmania general hospital under supervision of professor of medicine Dr V N Waghray after he returned from UK with fellowship in Nephrology in early 1970s. Subsequently Dr A Gopal Kishan, after his nephrology fellowship in UK returned to establish the existing department of Osmania General Hospital in 1978. In the initial years PD was the mainstay of nephrology services. With joining of qualified Nephrology faculty, the services were further expanded and in May 1982, Osmania hospital had the distinction of having performed the first free kidney transplant in government hospital in the country. In private sector late Dr Rambhoopal and transplant surgeon Dr S S Sahariah were the first to start Kidney transplant surgery in private sector in 1981. Over the next decade nephrology services expanded both in private and public sector in Hyderabad. In early 1990s Nephrology departments were started in Nizams Institute of medical sciences and Gandhi hospital. In the following year DM nephrology course was started and the nephrology services grew exponentially in the state.

Dr KV Dakshina Murty

Former HOD Nephrology, NIMS
Senior Consultant, Apollo Hospital, Hyderabad

MESSAGES

My Association with Nephrology at Nizam's institute of Medical Sciences

It's heartening to write message for TSNCON conference Souvenir book. In this message, I would like to briefly describe my association with Nephrology Dept at NIMS.

Nizam's Institute of Medical Sciences (NIMS) in Hyderabad is a premier medical institute and an autonomous university established by the act of the legislative assembly of erst-while united Andhra Pradesh, now currently in the state of Telangana. Nephrology depart-ment of NIMS is one of the early departments established and rapidly developed in giving patient care as well as academic training. Prof. Neela Prasad, who founded the department, has done yeoman's service and stood as a rock during the initial period facing several hic-coughs stoically. Though Dr. BVR Murthy, Dr. PRK Prasad, briefly headed the department at various times, it is the unswerving service of Prof. Neela Prasad which established haemodi-alysis, peritoneal dialysis (acute and intermittent) and living donor renal transplantation services at NIMS. She has started the dialysis technicians' course, the first in the combined state of Andhra Pradesh state.

In 1998 when Prof. K.V. Dakshinamurty joined department as Professor, she handed over the reins of the department unselfishly sensing the changing needs of the department. During that year the department and haemodialysis unit have acquired new premises and expanded the services. Simultaneously Continuous ambulatory peritoneal dialysis got established at NIMS and the institute has become one of the pioneering centres for the PD programme in the country.

Integrated CAPD centre is set up in NIMS to cater to the large number of patients who opted for CAPD in view of the ease and logistical convenience it offered. Along with the established and successfully running live donor kidney transplantation programme, NIMS has started and spearheaded the diseased donor kidney transplantation programme in the state.
Prof. Swarnalata, as the person in charge of the Jeevan Dan programme is running it successfully and is known for her competence and integrity. Multi organ harvesting and kidney, heart and liver transplantations are being done routinely and successfully at NIMS. We should remember the contribution of the medical officers, Dr. M. Suresh Kumar Reddy, Dr. C.Mani, Dr. Saxena and Dr. Sridhar in the haemodialysis , peritoneal dialysis and renal transplantation programmes with gratitude.

At the national level, NIMS has pioneered the "MARS dialysis" for patients with liver failure in the year 2003 , and also actively trained doctors and technicians from various institutes like AIIMS New Delhi, Apollo hospital Chennai and several other institutes in performing MARS dialysis. Prof. Taduri Gangadhar was keenly associated with me in bringing MARS dialysis to NIMS at that time.

In the year 2000, NIMS has started the post- doctoral degree (DM) in Nephrology with one seat per year and Dr. V. Satti Reddy joined the course as the first candidate. Subsequently, the seats were increased to 8 per year currently. Many eminent nephrologists, who excelled in academic as well as corporate institutes, received training in NIMS. To mention a few, Prof. Taduri Gangadhar (head of Nephrology in NIMS and officer on special duty to government of Telangana), Prof .R .Ram (head of Nephrology and Medical Superintendent- SVIMS), Prof .Uttara Das (head of Nephrology and Dean, AIIMS, Mangalagiri), Prof. Y .Manjusha (head of Nephrology at Gandhi Medical College), Prof. Santosh Pai (head of Nephrology-Father Mueller's Medical college, Mangaluru) , Prof. G. Swarnalata- head of unit 3 – NIMS , and I/C Jeevan Dan programme, Telangana state), Dr. V. Satti Reddy(head of Nephrology, KIMS hospital ,Hyderabad) and many others who are no less in the field of Nephrology.

NIMS has strived hard to spread the knowledge of and techniques of Nephrology through regular CME programmes, update sessions, for the nephrologists, dialysis technicians, nephrology nurses as well as transplantation coordinators. Several publications in national and international journals have materialized out of the research work done at NIMS, which have a high citation index and impact factor.

Many Nephrology books were edited and published by the faculty of the department of NIMS, and were distributed gratis to the Nephrology community in their pursuance of the knowledge dissipation.

Annual orations- Dr. Bhaskara Reddy Endowment Oration and NIMS Nephrology Oration are being conducted by the department, where in several eminent and distinguished Nephrologists from across the country and from abroad, are invited to present their original research work and are felicitated. This in turn inculcates the zeal in the young nephrologists and residents to develop interest in conducting research and publish their innovations.

PhD programme in Nephrology at NIMS is well established and attracts scholars from various disciplines to pursue interdisciplinary research and quite a few have obtained their degrees for their research work in Nephrology from NIMS.

Prof. K.V. Dakshinamurty has superannuated in the year 2013 and Prof. Sree Bhushan Raju who took over the responsibility of the department and continued the good work. Now the department has expanded into three units which are headed respectively by Prof. Taduri Gangadhar (unit-1), Prof. D. Sree Bhushan Raju (unit-2), Prof. G. Swarna Lata (unit-3). The haemodialysis unit has expanded into an 80 stationed one and more than 1000 renal transplantations, cumulatively, were performed till now.

In the stewardship of the current head of the department, Prof. Taduri Gangadhar, in association with the faculty, resident doctors, dialysis technologists, nursing staff and other paramedical staff, the department of Nephrology at NIMS has reached new heights and continued to serve the needy people of the state of Telangana and the neighbouring regions.

Dr S Krishnan

Senior Consultant Nephrologist
Apollo Hospital, Secunderabad.

MESSAGES

Its indeed a pleasure and privilege to be a part of TSNCON 23.

HNF has emerged as a professional body committed to high academic standards and knowledge sharing to improve kidney health for all.

Its growth has been consistent. Achievements have been many.

Under the aegis of HNF we have had several meets, seminars and guest lectures from renowned experts. The website and the quarterly publication 'Kidney Digest' have further eased knowledge sharing.

Two areas that the forum could enhance its presence would be - research papers (through grants from the forum) and CKD Registry.

With the army of talented, energetic youngsters that we have, we should be able to strive still higher in the coming years.

Best wishes to the office bearers of the forum.

Dr. Pradeep Deshpande

MD, D.N.B Nephrology
Prof & HOD, Kamineni Institute of Medical Sciences
Sr. Consultant Nephrology, Global Hospitals
Formerly,Principal of Gandhi Medical College, Hyderabad
President of Indian Society of Nephrology
Senate Member Dr. NTR Health University
Governing Council Member of Indian Society of Organ Transplant
Additional Director of Medical Education
Member of International Society of Nephrology
Member of Southeast Asia Regional Board Int. Society of Nephrology
Alumni of CMC Vellore (1983 –1985)

MESSAGES

My association with Nephrology Dept at Gandhi Medical College

It gives me immense pleasure to write this message for the Souvenir of TSNCON 2023. I joined Gandhi Medical College as Professor and HOD on 1st January 1997. The Hospital was in old premises, near secunderabad station. It was a old Building, with very primitive facilities. Dialysis machines were only two. We used to perform Acute peritoneal Dialysis and few Hemodialysis sessions for Acute kidney injury. My predecessor was Dr. Rajmallaiah, who established the Department.

I, personally gave the New Department plan to chief Engineer and Health secretary. I gave a plan for 25 yrs in 1998. We also performed first successful kidney Transplant with the help of post graduates in medicine on 29th September 1999.

We moved to New premises in 2004 and acquired few more machines and CAPD cycler. Fortunately, I was acting principal at the time of inauguration of new premises by then CM. Chandrababu Naidu.

Initial days were tough as there were, no qualified personnel to help me. Despite all the shortcomings, we could get one DM seat in 2001. First candidate was Dr. Rajendra Prasad.

I tried to start maintenance Dialysis programme before Arogyashree. Subsequently with lot of efforts and help from DME and Health secretary, we could start Arogyashree Dialysis in November 1999. We were allotted space in 7th floor and maximum 17 HD machines, two separate for Hepatitis patients. The program helped so many poor patients. At one time, we had around 100 patients on the list.

We also hosted southern chapter of Indian society of Nephrology in 2009, which was well appreciated. Prof. John Feehalley was the guest speaker. We organized many meetings and symposia on organ Transplant, Laya famous actress inaugurated the event.
We also participated actively on world kidney day. Once we took all Dialysis patients to Nehru zoological Park and took them on Joy train ride.

I was called as external examiner many times and also as MCI inspector. Three students of DM were allotted to us, and more staff, Department flourished and rest is History.

Dr. Manjusha Yadla

MBBS,MD (Gold medal), DM, MISN, FISN
Professor and Head
Department of Nephrology
Gandhi Medical College
ISN Education Social Media Team Member (2021-2023)
Member, South Asian Regional Board-ISN
Mentor-ISN Mentorship Program
Secretary, Women in Nephrology India
Vice-President, Hyderabad Nephrology Forum
Member, Academic Senate, KNRUHS, Telangana
Member, State Research Committee, Telangana
Nodal Officer, Medical Education and Research in Telangana

MESSAGES

Its my pleasure to give the Vice president's message on the occasion of the 5th chapter of Telangana State Nephrology Conference, TSNCON. In the year 2019, the 1st chapter TSNCON was organised with a goal to provide a platform for the postgraduates of state of Telangana in sharing their research. It was a huge success with participation of trainees not just from Telangana but from the neighbouring state of Andhra Pradesh as well. In the year 2020, we had two regional speakers from Chennai and an international speaker from the US with Hon'ble Governor of the state of Telangana inaugurating the conference. Subsequently in 2021 and 2022 we had online TSNCON with international speakers from the UK and the US respectively. During the last 4 years, TSNCON has evolved with academic diversity and scientific inclusivity. This platform provides an ample opportunity for the trainees to learn, and participate in various academic sessions. I congratulate team HNF for putting in a humongous effort to design an excellent academic program including CPC, debate, Quiz and didactic lectures. I am sure the Nephrology fraternity joining TSNCON from here and afar would gain scientific elements, useful in clinical practice.

I wish all the best to the organising team for putting in their best efforts towards the success of conference.

I welcome everyone to the City of Pearls -Hyderabad , a culturally diverse city with attractive outings. Weather in this season is cold in the nights and is warm by the day, best time to visit the place.

Dr Gangadhar Taduri

MD,DM, FRCP(London),
FISN(Harvard), MNAMS
OSD(Health) to Chief Minister,
Telangana state
HOD, Dept of Nephrology,
NIMS, Hyderabad

MESSAGES

Kidney Health Initiatives By Government Of Telangana

Its my pleasure to give the message on the occasion of the 5th TSNCON. The Government of Telangana under the visionary leadership of Hon'ble Chief Minister has taken many innovative steps to improve the kidney health in the State. Government of Telangana is striving its best to reduce the burden of kidney disease by prevention of kidney disease at grass root level by health promotion & screening for kidney diseases and early initiation of treatment.

All the aspects of kidney care are being taken care of by the Government health system from prevention of kidney diseases to post transplant kidney care.

Kidney disease screening is included in the citizen health profile of the State. Kidney disease management including kidney biopsy, immunosuppression medications and ICU care are covered under the Government Health Scheme.

Free lifelong single use dialysis provided in more than 100 government hospitals and empaneled private hospitals once a patient reaches end stage kidney failure. More than 10,000 patients are being provided with free dialysis and monitored by teaching institutions in hub & spoke model.50 Lakh plus dialysis sessions are provided till now.100 Cr plus budget allocated for provision of free dialysis to the patients every year.

Kidney transplant services including live related & cadaver transplant and post operative lifelong immunosuppressive medications are being provided free of cost by the Government.

Dedicated budget of Rs. 200 Crore and above is provided under the Government Health Scheme every year. Apart from medical care kidney patients are also supported with free transport and monthly pension.

Dr Manisha Sahay

Professor and Head, Department of Nephrology
Osmania Medical College & Osmania General Hospital Hyderabad

Deputy Chair, CME committee, International Society of Nephrology
Fellow of Association of Medical Sciences (FAMS)
Vice President, Women in Nephrology (WIN- India)
President, Hyderabad Nephrology forum
Fellow Royal College of Physicians (FRCP, London)
Fellow Indian Society of Organ Transplantation (FISOT)
Fellow, Indian Society of Nephrology (FISN)

MESSAGES

Hub and Spoke Model of Hemodialysis in Telangana

It gives me a great pleasure to write this message for the Souvenir of TSNCON, as President of Hyderabad Nephrology Forum.

Telangana Govt has been supporting the Nephrology services especially offering free dialysis to low socio-economic people from last few years. Telangana has a peculiar model of dialysis program which runs all over the state. Its described as Hub and Spoke Model of Hemodialysis. I will explain about it below.

Chronic kidney disease (CKD) is increasing all over the country. Diabetes is the most common cause of CKD in India.[1] Out of 1.2 billion Indians, about 80 lakhs develop CKD every year. Out of these patients, about two lakhs progress to end-stage kidney disease (ESKD) per year and need renal replacement therapy (RRT) either in the form of dialysis or transplantation. About 55,000 patients are on haemodialysis (HD) in India[2] and approximately 10,000 undergo kidney transplantation in India every year. About 9,000 patients are on peritoneal dialysis. Majority of the end-stage renal disease (ESRD) patients (57%) opt for conservative therapy. Thus, HD is one of the main modalities of RRTs in India.[3] The Government of India has initiated subsidized dialysis across the country under the National Rural Health Mission (NHRM) scheme. In the state of united Andhra Pradesh in South India, public-funded dialysis was initiated in 2009.[4] Subsequently, the state of Telangana was formed on June 2, 2014.

With lessons learned from the previous model where most of the dialysis centres were located in the capital city and patients had to travel long distances for dialysis,[4] the Telangana government initiated the hub-and-spoke model in 2018 where there are three hub centres located in Hyderabad, which is the capital of Telangana, and each of these hub centres caters to 10–15 spoke centres in the neighbouring districts.
This message highlights the "hub-and-spoke model" where Osmania hospital is the hub centre and caters to spoke centres (peripheral centres) which are located within the Osmania cluster.

Each of these spoke centre is attached to an area hospital, and the infrastructure and water are provided by the superintendent of the respective hospitals. Spoke dialysis centres are monitored by physicians, anaesthetists, or intensivists, who are trained for this purpose. The data from each spoke centre are uploaded daily and are supervised by the nephrologist at the hub centre on a day-to-day basis. The hub centre nephrologist reviews the history, physical examination findings, and investigations for each and every patient from each centre and then gives online approval after which the spoke centre can initiate dialysis for that patient. The monthly dialysis data for each patient are captured at the spoke centre and are uploaded and reviewed by the nephrologist at the hub centre every month before approval for the next cycle of dialysis is given. There are regular visits by the hub centre nephrologist to the spoke centre. This policy has brought dialysis to the doorstep of most of the patients in Telangana.

In our paper on the hub and spoke model we analysed the hub and spoke centres under Osmania General hospital.[5]There were nine dialysis units (spoke centres or peripheral centres) under the hub centre, i.e., Osmania General Hospital. There were 18 machines at the time of analysis at the hub centre, whereas in all spoke centres put together, the number of machines was 58. All units were performing three to four shifts of dialysis, with the hub centre providing five shifts of dialysis per day. Hepatitis B or C patients were dialyzed on separate machines. Each centre had a water-processing plant. The number of patients at each centre and the number of sessions per month at each centre are summarized in [Table 1].

Dialysis center	Population	Area	Distance from hub	Machines	Positive machines	Patients	Shifts per day	Dialysis sessions
Osmania (Rangareddy)	2.446 million	650	3.7	18	6 HCV 1 HBV	182	5	1483
Malakpet	2,62,308		2	5	0	42	4	408
Bodhan	77,553	21.4	204	5	1 HCV	32	3	384
Nizamabad	3,10,457	42.9	175	13	3 HCV 1 HBV	91	3	812
Banswada	1,00,127	15.96	179.3	5	1 HCV	35	3	356
Kamareddy	80,315	14.1	117	5	1 HCV	48	4	444
Nalgonda	1,54,326	2.45	101	10	1HCV I HBV	103	4	920
Suryapet	1,15,250	35	134	5	1 HCV	48	3	362
Huzurnagar	35,850	42.1	188	5	1 HCV	66	4	415
Mriyalguda	1,04,918	28.3 km^2	141.2	5	1 HCV	58	4	397
HCV: Hepatitis C virus, HBV: Hepatitis B virus.								

Dialysis frequency

All patients under the hub and spoke model are offered thrice-a-week dialysis. Some patients opt for twice-a-week dialysis. Only those patients with significant residual renal function are permitted twice-a-week dialysis under close supervision.
Patients with haemoglobin <11 g/dl are given erythropoietin mean dose of 4000 units twice per week and iron injections, i.e., IV iron sucrose 200 mg weekly.

Single-use dialyzers

To save costs, dialyzer reuse is practically universal in all the developing countries of Asia.[2] The reuse practice, however, is not standardized. Untrained personnel perform dialyzer cleaning and reprocessing manually and the efficiency of reuse is not appropriately evaluated by standard measurements, with resultant effects on dialysis adequacy and outcomes.[6]All the centres have single-use dialyzer policy with 100% discard of tubing and dialyzer for both negative and positive patients. This may reduce the incidence of new blood-borne infections. It also reduces the workload on the dialysis staff and also prevents the transmission of infections among the workers as well.

Echnician-to-patient ratio

The technician-to-patient ratio is 1 technician for three dialysis patients.

Water quality

Water quality is tested every month for chemical quality and microbiological titres are checked at regular intervals

Supervision of centres

The hub centreis monitored by nephrologists, whereas the spoke centres are monitored locally by trained doctors. Nephrologists from the hub centre provide teleconsultation services whenever needed and also visit the centres physically every month. Patient data is uploaded by the spoke centre which is reviewed by a hub nephrologist. Insufficient numbers and uneven distribution of trained medical and paramedical professionals, improperly equipped facilities, and lack of guideline-driven treatment impact all aspects of kidney care in the region.[7] There are 2000 nephrologists in India, however, the number of ESKD patients per year is two lakhs. Thus, there is a huge disparity between supply and demand.

To make the situation worse, most of the nephrologists are concentrated in the cities. In a study by Osman et al, it has been reported that there is a low nephrologist density in India [1.04 per million population (PMP)].[8] In the South Asian ISN region, all countries reported trainee densities below the global average.[8] India reported a low density of nephrology trainees (0.24 PMP). The shortage can be attributed to many factors, such as the immigration of skilled workers to developed countries for better pay and extended work hours in nephrology training. This study by Osman et al[8] thus highlighted the dearth of qualified nephrology workforce in developing countries. The hub-and-spoke model initiated by the Government of Telangana is one of the ways to solve the gap between the number of patients and an inadequate number of nephrologists. The hub-and-spoke model utilizes the services of non-nephrology specialists. All the peripheral centres are monitored by physicians, anaesthetists, or intensivists local to those areas. These physicians undergo initial training at the hub centre to make them competent in handling dialysis-related problems. These physicians work in close collaboration and under the supervision of the hub nephrologist. All critical patients are referred to the hub centre for stabilization. Regular dialysis for stable patients is done at the spoke centre itself. Once the patient is stabilized at the hub centre, he/she is referred back to the spoke centre. Thus, the utilization of services of local physicians in the hub-and-spoke model bridges the gap between supply and demand to a large extent by utilizing the available resources.

Distance travelled

The mean distance travelled by the patients from their residence to the dialysis centre was 5 km at all the centres in our study.[Table 1] Before the initiation of the hub-and-spoke model for dialysis, the patients had to travel from all over the state to the capital city of Hyderabad (i.e., > 100 km). Some patients were forced to travel 200 km to avail of dialysis facility, and this was a major cause of dropouts from dialysis as this meant loss of daily wages in addition to the stress of travel.[4] This problem has been addressed to a large extent by the hub-and-spoke model of dialysis, and this is one of the major advantages of this model. Similar models exist in developed countries. Patients travel to the main unit only for the treatment of acute medical problems and hospitalization.[9]

Outcomes

In a study by Shaikh et al[4] from India, survival on HD was poor, and there was a high dropout rate, with only 53% of patients continuing dialysis for > 6 months. In our study, 95% of the patients were alive after a mean period of nine months. The reason for improving survival in our study may be the delivery of dialysis at the doorstep, increasing patient awareness about dialysis, and providing emphasis on thrice-a-week dialysis.

Conclusion

The hub-and-spoke model of dialysis can provide a solution in the Indian context by bringing dialysis to the doorstep of all patients irrespective of their place of residence. It may help improve dialysis outcomes as these centres are monitored locally by trained physicians and are under the direct supervision of nephrologists. This helps in the effective utilization of the available workforce in resource-limited settings. This model may serve as the first step toward improving the quality of dialysis in addition to providing dialysis at the point of care.

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Dr Sree Bhushan Raju

Professor of Nephrology, NIMS, Hyderabad
Secretary, Indian Society of Peritoneal Dialysis

Peritoneal dialysis in Hyderabad

It gives me a great pleasure to write this message for the Souvenir of TSNCON. The Peritoneal dialysis program has exponentially grown in Telangana over last few decades. I will explain it briefly below.

Peritoneal dialysis (PD) is an effective modality of renal replacement therapy. Since its first description in 1978, the concept of PD has changed and modified frequently in order to make it more practical and compatible. There is a significant improvement in catheter structure, technique and PD fluids. However, PD penetration is abysmal in our country. At present, there are only 300 patients undergoing PD in Telangana and approximately 5000 in India. Though the first PD in Hyderabad was done in 1990, the growth of PD is at a tardy pace.

The training of PD in several parts of the country both in government and corporate hospitals is insufficient. The major detrimental factor to the growth of the PD programme is inadequate exposure to PD during the residency. Nephrologists who are not trained in PD would not be interested in pursuing PD in their practice. The apprehension of patients about "more risk of infection" can be alleviated by an effective protocol. The high cost of PD supplies and incentives for PD on par with Hemodialysis (HD) therapy can be addressed by the govt. National Dialysis Programme provides free hemodialysis but at the same time, PD is not offered totally free. It is important to demonstrate PD as a viable option by improving the survival rate.

At present, PD is offered as a "modality of last resort". Patients with several comorbidities and who are not otherwise suitable for HD are the ones given an option of PD. "PD first policy" may not be suitable in our setup. But, a "hub and spoke model", similar to the one being followed for the HD programme can be a better option. Now, the practice of PD is more like an art rather than a science. Academic centres must publish more on PD. The nephrology community across the country must come together to provide affordable and quality care for patients of ESRD with PD.

Dr Swarnalata Guditi

Professor of Nephrology
Head of Unit-3, NIMS
In charge, Jeevandan Program

Peritoneal dialysis in Hyderabad

MESSAGES

Message From Organizing Secretary

Current state of Deceased Donor Kidney Transplantation in Telangana

It's the 27th year since the Nephrology Forum was started with a few senior Nephrologists in Hyderabad which has now grown into one of the largest state nephrology associations in the entire country with more than 200 nephrology in Hyderabad and other districts of Telangana.

Hyderabad Nephrology Forum is very dynamic and vibrant, conducting regular monthly academic activities, mock examinations, case discussions, workshops, guest lectures and annual conferences.

Recently, HNF has been expanded to include 1) Research committee for the research grants to promote research in Nephrology, 2) Quarterly Newsletter covering various activities of the forum, 3) Revamped the website with all the update on the activities, 4) Social Media committee and 5) other clubs like a) Patient advocacy club, b) Fitness club, c) Career development & d) Financial planning club to guide young Nephrologists
Telangana state has also been in top list for the training in Nephrology with 3 major teaching Institutes: NIMS, Osmania General Hospital and Gandhi Hospital and intake of around 50 DM & DNB students every year.

Telangana is a role model for implementing various government schemes in kidney care services. It's the first state to introduce single use dialyser in government Hospitals and Hub and Spoke model of dialysis services in remote district to have better access to dialysis.

More than 10,000 ESKD patients are being dialysed under Aarogya Shree program under Hub and Spoke dialysis program in our state. Jeevandan, deceased donor transplantation program is a flagship program of government of Telangana with 1174 Brain dead donation and 1764 kidney transplantations (Table -1) since its inception in 2013 with maximum donation rate of 5.7 pmp in the year 2022, highest in the country. Total 768 kidney transplantations, both live and deceased donor, were performed in the year 2022 (Table 2)

Table -1: Yearly donation after brain death and under Jeevandan scheme

Year	Donations	Kidney	Liver	Heart	Corneas	Heart valves	Lungs	Pancreas	Total
2013	41	76	36	2	38	32	3	2	189
2014	51	90	52	1	37	52	0	1	233
2015	89	151	90	10	48	64	1	0	364
2016	106	182	101	14	90	18	2	4	411
2017	150	220	138	32	170	0	2	1	563
2018	160	243	151	22	146	4	6	1	573
2019	134	193	125	17	124	0	9	1	469
2020	75	97	70	14	56	0	20	0	257
2021	162	228	139	26	138	0	83	2	616
2022	194	263	171	30	186	0	66	-	716
2023	12	21	11	02	10	0	05	-	49
Total	1174	1764	1084	170	1043	170	197	12	4440

Table 2: Live and deceased donor solid organ transplantation in Telangana

Year	Living		Cadaver					Total
	Kidney	Liver	Kidney	Liver	Heart	Lung	Pancreas	
2013	322	71	76	36	2	3	2	**512**
2014	326	60	90	52	1	0	1	**530**
2015	337	53	151	90	10	1	0	**642**
2016	380	91	182	101	14	2	4	**774**
2017	356	117	220	138	32	2	1	**866**
2018	371	150	243	151	22	6	1	**944**
2019	392	209	193	125	17	9	1	**946**
2020	219	140	97	70	14	20	0	**560**
2021	372	181	228	139	26	83	2	**1031**
2022	505	162	263	171	30	66	0	**1197**
Total	**3580**	**1234**	**1743**	**1073**	**168**	**192**	**12**	**8002**

Its my pleasure to organise the 5th annual conference of TSNCON 2023 on 27, 28 and 29 Jan 2023 at Dream valley Hyderabad. The preconference workshop is exclusively designed for Transplant Coordinators and Dialysis Technician, as they form important part of the kidney care servives. The scientific program includes CPC, Debate, Symposium and Guest lecture on wide range of topics from Preventive Nephrology to Transplantation and Advances in Nephrology by the experts in the respective fields. The prime focus of TSNCON is to encourage students to showcase the research work through paper sessions. We are happy to share that, we had 36 abstract submissions this year and we have 5 dedicated paper sessions in 5th TSNCON2023. We also have interesting Quiz session for the post graduates

We welcome the Secretary ISN Dr Shyam Bansal, and other national speakers Dr N Gopal Krishnan, Dr Vel Arvind and Dr Venkatesh Rajkumar as guest speakers for the conference. We also tried to encourage young Nephrologists from Telangana as faculty and speakers.

To have more balanced approach in leaning, apart from the excellent scientific program, we have interesting outdoor activities for the faculty, delegates and students like ; Yoga, Kidney Run, Cricket and Cultural program. I hope everyone would enjoy participating in all the outdoor activities also

I am extremely thankful to all my seniors for constant guidance and the entire organising team; Dr Manisha Sahay, Dr Manjusha Y, Dr Kirammai Ismal, Dr P S Vali, Dr Raja Karthik, Dr Srikanth G, Dr Praveen Kumar Etta and Dr B Vikram Kumar for continuous support in all the HNF activities and organizing 5th TSNCON2023.

I welcome all the faculty, delegates and students to 5th TSNCON2023 and I am sure, everyone will enjoy the excellent academic feast, wonderful outdoor activities and pleasant stay in Hyderabad.

Scientific program of TSNCON 2023

The Telangana State Annual Nephrology conference is planned to hold on 28th and 29th Jan 2023. In this conference, we have paper presentations by residents, Nephrology quiz, and discussions on various academic and scientific topics. We also have an exclusive pre-conference workshop for dialysis technicians and transplant coordinators. In addition, we have "Nephrology and beyond.." i.e., outdoor activities like Cultural programs, Yoga, Kidney Run and Cricket. The program schedule is shown below.

HYDERABAD NEPHROLOGY FORUM

We cordially invite you to the

5TH TELANGANA STATE NEPHROLOGY CONFERENCE

Inaugural Ceremony

Date: 29th january 2023 | **Time:** 11:10 am

Venue: Convention Hall 3, Dream Valley Resort
Vikarabad Road, Hyderabad

Chief Guest

Smt. Hari Chandana Dasari, IAS

Guest of Honor

Dr. Bheerappa Nagari
Director & Dean Nizam's Institute of Medical Sciences (NIMS)

Hosted by

Hyderabad Nephrology Forum

Dr. Manisha Sahay
President - HNF
HOD,
Dept of Nephrology OGH

Dr. G. Swarnalatha
General secretary - HNF
HoU, Dept of Nephrology,
NIMS

Dr. Manjusha Y
Vice President - HNF
HOD, Dept of Nephrology
Gandhi Hospital

Pre-conference workshop for dialysis technicians

27th JAN 2023 Friday

Auditorium, 5th floor Trauma block, NIMS

TIME	TOPICS	SPEAKERS	CHAIPERSONS
10:00 - 10:30 AM	Principles of Hemodialysis	**Dr. Vijay Chandra** Assistant prof, Nephrology NIMS	**Dr. Deepthi,** ESI **Dr. Diwakar,** KIMS
10:30 - 11:00 AM	Hemodialysis Machines: Nuts and Bolts	**Mr. Srinivas** Senior Technician NIMS	**Dr. Ravi E,** KIMS **Dr. Kiran Kumar,** Continental
11:00 - 11:30 AM	Hemodialysis membranes, hemofilters and circuits	**Mr. Srinivas** Senior Technician NIMS	**Dr. Susmita,** KIMS **Dr. Naveen Kumar**, OGH
11:30AM - 12:00PM	Water quality and standards	**Dr. Siddharth** Assistant prof, Nephrology NIMS	**Dr. Raja Kathik,** NIMS **Dr. Vasa Ramesh**
12:00 - 12:30 PM	Fistula care	**Dr. Tushar Bahadurey** Assistant prof, Nephrology NIMS	**Dr Arvind,** Care Hospital **Dr Srikanth,** AINU
12:30 - 1:00 PM	Patient care during dialysis	**Dr. Pragyna** Assistant prof, Nephrology NIMS	**Dr. Vamsi Krishna,** Apollo **Dr. Ramchander,** Karimnagar
01:00 – 02:00 PM	LUNCH		
2:00 - 2:30 PM	CRRT: What a technician should know ?	**Dr. Srinivas** Assistant prof, Nephrology NIMS	**Dr. T. Gangadhar,** NIMS **Dr. Shabana,** Gandhi Hospital
2:30 - 3:00 PM	Extracarporal therapies (PLEX, Hemoperfusion)	**Dr. Mukesh Goyal** Assistant prof, Nephrology NIMS	**Dr. Sreebhushan Raju,** NIMS **Dr. Purva,** Virinchi
3:00 - 3:30 PM	HDF - How is it different from Conventional IHD ?	**Dr. Phanisri** Assistant prof, Nephrology NIMS	**Dr. Yadla. Manjusha** Gandhi Hospital **Dr. Pranith Ram** Yashoda

Pre-conference workshop for Transplant Co-ordinators

27th JAN 2023 Friday

Alumni Block, Osmania Medical College, Koti

Guest of Honour

Dr. Ramesh Reddy, Director Medical Education, Telangana

Chief Guests

Dr. Sashikala Reddy, Prinicpal, Osmania Medical College

Dr. B. Nagender, Superintendent, Osmania General Hospital

Dr. Triveni Bhoopal, Deputy Superintendent, Osmania General Hospital

TIME	TOPICS	SPEAKERS	CHAIPERSONS
10:00 - 10:30 AM	Role of transplant co-ordinator	Mrs. Parvathi Transplant Coordinator, NIMS	Dr. Sree Bhushan Raju Dr. Rama E Dr. Balraju
10:30 - 11:00 AM	Legalities of declaration	Mr. Girish Transplant Coordinator, Apollo Hospital	Dr. S Srinivas Dr. Madhavi Dr. Manisha Sahay
11:00 - 11:30 AM	Breaking the bad news	Mrs. Sudha Siripurapu Transplant Coordinator Sunshine Hospital	Dr. Girish Narayan Dr. G Srikant Dr. Anuradha K
11:00 - 11:30 AM	Inauguration and Tea Break		
11:30 AM - 12:00 PM	Counseling family for organ donation	Mr. Sanjeev Transplant Coordinator, KIMS Hospital	Dr. G Sridhar Dr. Kiranmai Dr. Manjusha
12:00 - 12:30 PM	Concept of brain death	Dr. Archana B Associate Prof Neurology, OGH	Dr. T Gangadhar Dr. Madhusudan Dr. G Swarnalata
1:30 - 1:00 PM	Maintaining brain dead donor	Dr. Pandu Naik, Professor Anaesthesia	Dr. Anuradha Raman Dr. Sadhna Dr. Pavani
01:00 – 02:00 PM	LUNCH		
2:00 - 2:30 PM	Role play - Breaking the bad news	Mr. Bhanuchander and Team	
2:30 - 3:30 PM	Role play - Counseling family for Organ donation	Mr. Ravi Kumar and Team	

TSNCON 2023 28TH & 29TH JAN 2023

DAY 1 : 28TH JANUARY 2023

TIME	TOPICS	SPEAKERS	CHAIPERSONS
12:00 – 01:00 PM	LUNCH BREAK		
01:00 - 02:00 PM	PAPER SESSION 1		Dr. Praveen Etta Dr. Anitha
02:00 - 03:00 PM	PAPER SESSION 2		Dr. Uttara Das Dr. Raja Karthik
03:00 - 04:00 PM	PAPER SESSION 3		Dr. Vikranth Reddy Dr. Vikram Kumar
04:00 - 05 :00 PM	PAPER SESSION 4		Dr. Jyothsa Dr. Deepthi
05:00 – 05:15 PM	TEA BREAK		
05:15 - 06:15 PM	QUIZ	Dr. Srikanth (Quiz Master) Dr. Rekha	
06:15 - 06:45 PM	Nephrology Research- Beyond the confines of hospitals and laboratories	Dr. Gopal Krishnan Prof & HoD, Nephrology, MMC, Chennai	
06:45 - 07:15 PM	Interventional Nephrology Salvage of clotted fistula	Dr. Venkatesh Rajkumar, Consultant Nephrologist Apollo Hospital Chennai	
7:15 - 7:35 PM	Desidustat- Is it the dawn of a new era in CKD anemia management?	Dr. Sridhar G Senior Consultant Nephrologist, Star Hospitals, Hyderabad	Dr. Kamal Kiran Dr. Rajender Prasad Dr. Krishna Patil

7:15 - 8:20 PM	Inauguration
8:20 PM Onwards	CULTURAL PROGRAM FOLLOWED BY DINNER

TSNCON 2023 28TH & 29TH JAN 2023

DAY 2 : 29TH JANUARY 2023

TIME	TOPICS	SPEAKERS	CHAIPERSONS
08:30 - 09:30 AM	PAPER SESSION 5		Dr. Sahista Hussaini Dr. Sashi Kiran Dr. Priya John
	TRANSPLANT SYMPOSIUM		
09:30 - 09:50 AM	When and how to desensitize ?	Dr. Shyam Bansal Senior consultant Nephrologist, Medanta Hospital, Delhi	Dr. K. V. Dakshinamurty Dr. K. S. Nayak Dr. T. K. Saha
09:50 - 10:10 AM	Long term post transplant monitoring	Dr. Vel Arvind Chief Transplant & Interventional Nephrologist, Apollo Hospital, Trichy	Dr. Pradeep Deshpande Dr. Satti Reddy Dr. Dhanunjaya
10:10 - 10:30 AM	Transplant Immunology - What's new?	Dr. S. Gopaluni Consultant Nephrologist Citizen Hospital, Hyderabad	Dr. Ratan Jha Dr. B. Srinivas Dr. B. Sudhakar
	PEDIATRIC NEPHROLOGY		
10:30 - 10:50 AM	Steroid resistant nephrotic syndrome in children, what next?	Dr. Mehul Shah Sr Consultant, Pediatric Nephrologist, Little Star Children's Hospital, Hyd	Dr. Manjusha Yadla Dr. Satyaprasad Dr. Ravi Andrews
10:50 - 11:10 AM	Pediatric cystic diseases of the kidney.	Dr. Ravi Tej Assistant Prof, Nephrology NIMS, Hyderabad	Dr. Kiranmai Dr. Dhanalakshmi Dr. Ranganath
11.10 - 11.30 AM	TEA BREAK		
11:30 AM - 12:30PM	Debate : PLEX in Lupus Nephritis	For - Dr. Ashwini Kumar A Consultant Nephrologist, Apollo Hospital, Hyderabad Against - Dr. Saivani Y Consultant Nephrologist, Santhiram Hospital, Nandyala, AP	Dr. P. S. Vali Dr. Raja Ram Dr. Shyam Sunder
12:30 - 1:00 PM	CPC	Dr. Anuradha Kavadi Assistant Prof, Nephrology, OGH, Hyderabad	Dr. Sree Bhushan Raju Dr. M. V. Rao Dr. G. Sudhakar Dr Megha Uppin (Pathologist)

TIME	TOPICS	SPEAKERS	CHAIPERSONS
01:00 - 01:20 PM	Clinical Research- A career option for Nephrologists	**Dr. Sai Ram Reddy** Consultant Nephrologist, AIG Hospital, Hyderabad	**Dr. Manisha Sahay** **Dr. Venkataramana** **Dr. Nageshwar Reddy**
01:20 - 1:40 PM	Denosumab - what nephrologist should know?	**Dr. Rajashekar Chakravarty** Senior Consultant Nephrologist, Yashoda Hospital, Hyderabad	**Dr. Swarnalatha G** **Dr. Rama E** **Dr. Bhavya Dasara**
01:40 - 1:55 PM	Non Steroidal MRA in CKD with T2DM	**Dr. P S Vali** Senior Consultant Nephrologist, AINU, Hyderabad	**Dr. G. Swarnalatha** **Dr. Manisha Sahay** **Dr. Manjusha Yadla**
02:00 PM ONWARDS	LUNCH BREAK		

Extracurricular Activities

In this year TSNCON 2023, we have "Nephrology and beyond.." i.e., outdoor activities like Cultural programs, Yoga, Kidney Run and Cricket as shown below.

BEYOND NEPHROLOGY

YOGA I CRICKET I KIDNEY RUN I CULTURAL PROGRAM

Contact below co-ordinators to confirm your participation

Cultural:	28th Jan 2023 (Time: 8pm to 9pm)	**Dr. Lavanya**	M: 7877259994
Yoga:	29th Jan 2023 (Time: 6am to 7am)	**Dr. Rama E**	M: 9848245633
Kidney Run:	29th Jan 2023 (Time: 6am to 7am)	**Dr. G. Sudhakar**	M: 7893185678
Cricket:	29th Jan 2023 (Time: 3pm to 6pm)	**Dr. K Srinivas**	M: 9490596888

Note: All above mentioned activities will be held at Dream Valley Resort*

5TH TELANGANA STATE NEPHROLOGY CONFERENCE 2023

DATE: 28TH & 29TH JANUARY 2023

Venue: Dream Valley Resort, Vikarabad, Hyderabad

Hosted by

HYDERABAD NEPHROLOGY FORUM

BEYOND NEPHROLOGY

CULTURAL PROGRAM

Date: 28th Jan 2023 I Time: 8pm to 9pm

Contact below co-ordinator to confirm your participation

Dr. Lavanya M: 7877259994

5TH TELANGANA STATE NEPHROLOGY CONFERENCE 2023

DATE: 28TH & 29TH JANUARY 2023

Venue: Dream Valley Resort, Vikarabad, Hyderabad

Hosted by

HYDERABAD NEPHROLOGY FORUM

BEYOND NEPHROLOGY

YOGA I KIDNEY RUN

Yoga: 29th Jan 2023 (Time: 6am to 7am)
Kidney Run: 29th Jan 2023 (Time: 6am to 7am)

Contact below co-ordinators to confirm your participation

Yoga: Dr. Rama E M: 9848245633
Kidney Run: Dr. G. Sudhakar M: 7893185678

TSNCON CRICKET MATCH 2023

3PM-6PM, 29TH JANUARY 2023

DREAM VALLEY RESORTS, VIKARABAD

TEAM NEPHRIN (15 PLAYERS MAX)

NIMS
STAR HOSPITALS
AINU
AIG
APOLLO HOSPITALS
MALLAREDDY HOSPITALS
KAMINENI HOSPITALS

INTERESTED MEMBERS CONTACT
DR.K.SRINIVAS 9490596888

VS

TEAM PODOCIN (15 PLAYERS MAX)

OSMANIA MEDICAL COLLEGE
GANDHI MEDICALCOLLEGE
KIMS HOSPITALS
CARE HOSPITALS
YASHODHA HOSPITALS
GLOBAL HOSPITALS
SUNSHINE HOSPITALS
VIRINCHI HOSPITALS
MAHAVEER HOSPITALS

INTERESTED MEMBERS CONTACT
DR. CHETHAN 9966882849

- THE ABOVE DIVISION OF HOSPITALS IS FOR ORGANISING CONVENINENCE
- INTERESTED MEMBERS PLEASE CONTACT Dr.K SRINIVAS (TEAM NEPHRIN), Dr. CHETHAN (TEAM PODOCIN)
- MEMBERS NOT FROM ABOVE HOSPITALS PLEASE CONTACT Dr.K.SRINIVAS
- LAST DATE – 26 JAN 2023

HYDERABAD NEPHROLOGY FORUM

5TH TELANGANA STATE NEPHROLOGY CONFERENCE 2023

DATE: 27TH, 28TH & 29TH JANUARY 2023

Venue: Dream Valley Resort, Vikarabad, Hyderabad

FREE PAPERS & POSTERS SCHEDULE

28th Jan 2023			
Paper Session - I			
Chairpersons: Dr Praveen Etta, Dr Anitha			
Time	AB ID	Presenter Name	Topic
1.00 - 2.00 PM	Abs003	Ankit Tiwari	Vascular access in MHD patients attending a tertiary care hospital
	Abs004	Niranjan M	Clinicodemographic profile of hemodialysis patients attending a tertiary care hospital in Hyderabad
	Abs006	Aman Jha	Epidemiology and outcomes of acute kidney injury patients in the intensive care unit
	Abs009	Pallavi Uppal	Adult podocytopathy -clinical profile.
	Abs010	Nagarjuna CH	Kidney transplant experience with expanded criteria donors in a tertiary care hospital.
	Abs011	Chetan Veeramaneni	Correlation of stages of AKI with short and longterm outomes-Prospective observational study
Paper Session II			
Chairpersons: Dr Uttara, Dr Raja Karthik			
2.00 - 3.00 PM	Abs012	Prasanna M	Parvovirus infection in renal transplant recipients
	Abs013	Srinitha Bonthu	Spectrum and outcomes of patients with skin and subcutaneous tissue infections and renal failure
	Abs014	Snigdha Bachalakuri	Spectrum of kidney diseases in adolescents: a single center study.
	Abs015	Nayana Melath Babu	Pattern of admission and outcome of patients in nephrology critical care in a tertiary care hospital
	ABS017	Kaushik Sridhara	A single centre retrospective study on role of genetics in CKD
	ABS024	Modugula Bhava Pragna	A retrospective study of clinical, histo-pathological profile, follow-up outcomes in infection-related glomerulonephritis among paediatric vs adults .
Paper Session III			
Chairpersons: Dr Vikranth Reddy, Dr Vikram Kumar			
3.00 - 4.00 PM	ABS020	R Anitha	A study of assessment of risk factors and histopathological examination in CKDu patients
	ABS034	Harshavardhan Guptha	Causes of mortality in renal disease patients admitted in dept of nephrology- from a tertiary care referral hospital
	ABS023	lohitha Mallipeddi	Long term renal outcomes of pregnancy-related acute kidney injury: A single centre study
	ABS019	Karthik urala	The histopathological spectrum of renal diseases in the elderly - A retrospective analysis from a tertiary care hospital
	ABS026	Niranjan Ganesh	Profile of continuous renal replacement therapy patients in tertiary care center and its outcomes

FREE PAPERS & POSTERS SCHEDULE

Paper Session IV			
Cairpersons: Dr Jyothsa, Dr Deepthi			
4.00 - 5.00 PM	ABS036	Prafull Bapurao Chege	A study of clinical characteristics and outcomes of patients undergoing continuous renal replacement therapy (CRRT), hospitalized in tertiary care centre in south india.
	ABS028	Sakthi Venkatesh	Cross-sectional study in clinical profile of living kidney donors
	ABS029	Shankar Gadwal	Efficacy of therapeutic phlebotomy in post transplant erythrocytosis
	ABS030	Rahul Nair	Drop-out of peritoneal dialysis - A retrospective analysis of aetiology and risk factors.
	ABS031	Yogesh Jadhav	Â study on prevalence of protein energy wasting in hemodialysis patients and therapeutic effects of dietary and protein supplementation in clinical profile and impact on SGA score
29th Jan 2023			
Paper Session V			
Cairpersons: Dr Sahista Hussaini, Dr Sashi Kiran, Dr Priya John			
8.30 - 9.30 AM	ABS033	Prathehas	Complications of percutaneous renal biopsy - A study from tertiary care centre.
	ABS021	Kajaree Giri	Steroid resistant nephrotic syndrome: Exploring the clinical and genetic spectrum with long term outcomes
	ABS035	Devidas Bantewad	Utility of ultrasound in nephrology at resource limited setting from south india
	ABS027	Avinash p Thakur	Ophthalmic screening in hemodialysis patients - a single center, cross-sectional study
	ABS037	Kudithi Soundarya	Outcomes of tunneled venous catheter for chronic hemodialysis in tertiary care center

Poster Presentation			
28th Jan 2023 (Timing -1.00 - 2.00 PM)			
Poster Evaluators: Dr. Priya John, Dr Shabana			
1.	ABS005	Muralinath Vukkadala	Disseminated medicopsis romeroi infection in a renal transplant recipient: A case report
2.	ABS007	Augustina Prabhu Deepthi	Biliary cast nephropathy - A case report
3.	ABS008	Augustina Prabhu Deepthi	Parvo virus b19 infection related pure red cell aplasia in the early post kidney transplant period - A case report
4.	ABS018	Shweta Phadke	Anti GBM disease and IgA nephropathy: A rare and distinct association
5.	ABS022	Kajaree Giri	Post renal transplant malignancies - The dark side of success
6.	ABS025	Vandrangi Sujana Sree	Mineral bone disorders in patients of end stage renal disease in a tertiary care centre
7.	ABS032	Lavanya S R	An unusual case of fibrosing cholestatic hepatitis in a renal transplant recipient

Dr. N Gopalakrishnan

MD DM FRCP FISN FISOT
Director, Institute of Nephrology
Madras Medical College

Faculty Talks

Nephrology Research – Beyond the confines of Institutions

There has been a surge in the incidence / prevalence of chronic kidney disease (CKD) across the globe, particularly, among the people working in the un-organised sectors.

There are two-pronged afflictions of kidney resulting in a profound increase in CKD burden viz., 'diabetes/hypertension/metabolic syndrome complex' and chronic kidney disease of undetermined aetiology (CKDu).

Farming labourers, construction workers, people involved in road laying, working in brick kilns, furnaces, foundries, quarries & mines and truck drivers are particularly vulnerable for CKDu.

The proposed pathophysiologic mechanisms for the heightened risk for CKDu include heat stress, exposure to chemicals and environmental pollution.

Research in nephrology in the current times should ideally prioritise to address the upsurge in CKD in the underprivileged sections of the society.

CKD Prevalence Study

To develop a management strategy, the magnitude of the problem has to be ascertained. Hence, as a first step, CKD prevalence study has to be done in every state. 'Randomised cluster sampling' -based STEPS survey is the preferred methodology. Such a survey requires a collaborative approach involving the public health personnel. A nation-wide CKD prevalence data is mandatory for advocacy for CKD, decision of budget allocation by the Government and drawing up strategies for handling the problem.

Prevalence of CKDu

A similar fashioned study to estimate the prevalence of CKDu would be of great impact. After assessing the prevalence, the next step has to be research to ascertain the cause(s) for CKDu. This does not seem to be easy, given the seemingly multi-factorial nature of the entity.

Interventions to prevent/mitigate CKDu

Following are a few interventional strategies to prevent and retard the progression of CKDu. Each one the strategies may be undertaken as a prospective study

1. Provision of free and safe drinking water at work place and ensuring consumption of the same by the vulnerable workforce
2. Provision of shade at the workplace, wherever possible, interrupted work schedule, provision of face masks for construction workers, etc.

Creation of 'Kidney Health Educators & Health Monitors' at Society level

Simple module-based sensitisation and training of willing youngsters at the village panchayat level would be a rewarding strategy. Their role would be to impart education on healthy lifestyle with special relevance to kidney health. Training should include blood pressure measurement, capillary blood glucose test and urine dipstick. These persons can act as a conduit between the society and the medical specialists.

Dr. M Rajasekara Chakravarthi

Director and HOD Nephrology,
Yashoda Hospitals
Director, Renown Clinical Services

Faculty Talks

Denosumab in CKD patients

Osteoporosis is a major cause of disability among older men and women, studies from around the world have reported that many patients with osteoporotic fractures are not receiving treatment. The majority of patients with fragility fractures admitted to hospitals are not treated.[1] The disease is considered to be a consequence of aging, despite the fact that therapies can reduce fracture incidence and improve the quality of life. Approximately 85% of elderly women with postmenopausal osteoporosis have CKD.2

There are no clinical trials of antiresorbing drugs specifically designed for patients with CKD stages 3–5, and such patients were specifically excluded from most osteoporosis treatment trials. However, because of the use of serum creatinine, and not GFR, as an inclusion criteria, patients with CKD stages 3–4 by eGFR were inadvertently enrolled in these studies. Studies evaluating medications for the treatment of postmenopausal osteoporosis (risedronate, alendronate, teriparatide, and raloxifene) specifically excluded patients with an elevated serum creatinine level, HPT, or abnormal ALPs. However, post hoc analyses found that these drugs had similar efficacy, improved BMD, and reduced fractures in individuals with a moderately reduced eGFR compared with those with a mildly decreased or normal eGFR. 2-6

The FREEDOM extension trial of denosumab in postmenopausal women with osteoporosis included patients with an eGFR down to 15 ml/min/1.73 m2 [7, 8].

The authors noted that the incidence of vertebral fractures was lower among those randomized to denosumab vs. place to for all stages of CKD but was not statistically different in those with stage 4 CKD. Similarly, the incidence of non-vertebral fractures was lower for those randomized to denosumab vs. placebo but not statistically different for those with CKD stage 4–5.

A pharmacokinetic study of a single-dose denosumab 60 mg in 55 patients with varying stages of CKD noted that the concentration–time profiles of denosumab were similar across groups, and bone turnover markers decreased following denosumab administration [9]. Small observational cohort studies, including a prospective study of 121 HD patients and 203 non-HD patients treated with denosumab for 5 years, found that annual changes in BMD at the LS [6.7±11.1% vs 7.5±10.2% (p=0.6)], FN [4.3±7.9% vs 3.1±9.5% (p=0.32)], and distal radius [-0.5±6.4% and 0.2±13.0% (p=0.66)] increased similarly in HD and non-HD [10].

Improvements in BMD with denosumab were also observed in a 6-month prospective cohort study of patients with severe hyperparathyroidism and low bone mass undergoing dialysis [11] and in another small cohort study of 47 HD patients [12]. Finally, a meta-analysis of 6 observational studies of denosumab in 84 kidney transplant recipients>50 years found that denosumab significantly increased LS and FN T scores from baseline with mean differences of 0.39 (CI 0.10 to 0.69) and 0.79 (CI 0.60 to 0.98), respectively [13]. One small RCT of 48 patients on HD found that denosumab reduced bone turnover (i.e., reduced levels of procollagen type I C-terminal propeptide) and improved bone density at 12 months. However efficacy in reducing fracture risk was not evaluated [14].

Baseline characteristics of the Study patients:

Variable	All (n=92)	CKD with dialysis(n=49)	CKD without dialysis(n=36)	Post-transplant (n=7)	P-value
Age (Years)	59.05±16.55	58.67±17.25	60.74±16.22	53±13.4	0.51
Gender-Males	39(42.4%)	25(51%)	12(33.3%)	2(28.6%)	0.19
Diabetes	38(41.3%)	23(46.9%)	15(41.7%)	0	0.06
Hypertension	60(65.2%)	34(69.2%)	21(58.3%)	5(71.4%)	0.53
Smoker	9(9.8%)	4(8.2%)	3(8.3%)	2(28.6%)	0.22
Steriod Use>3 Months	16(17.4%)	0	9(25%)	7(100%)	<0.01
Previous Fracture	14(15.2%)	9(18.4%)	3(8.3%)	2(28.6%)	0.26
Calcium Supplements	59(64.1%)	36(73.5%)	18(50%)	5(71.4%)	0.03
Vitamin D	27(29.3%)	15(30.6%)	9(25%)	3(42.9%)	0.08
Analgesics	12(13%)	6(12.2%)	6(16.7%)	0	0.49
Cinacalet	3(3.3%)	3(6.1%)	0	0	0.52

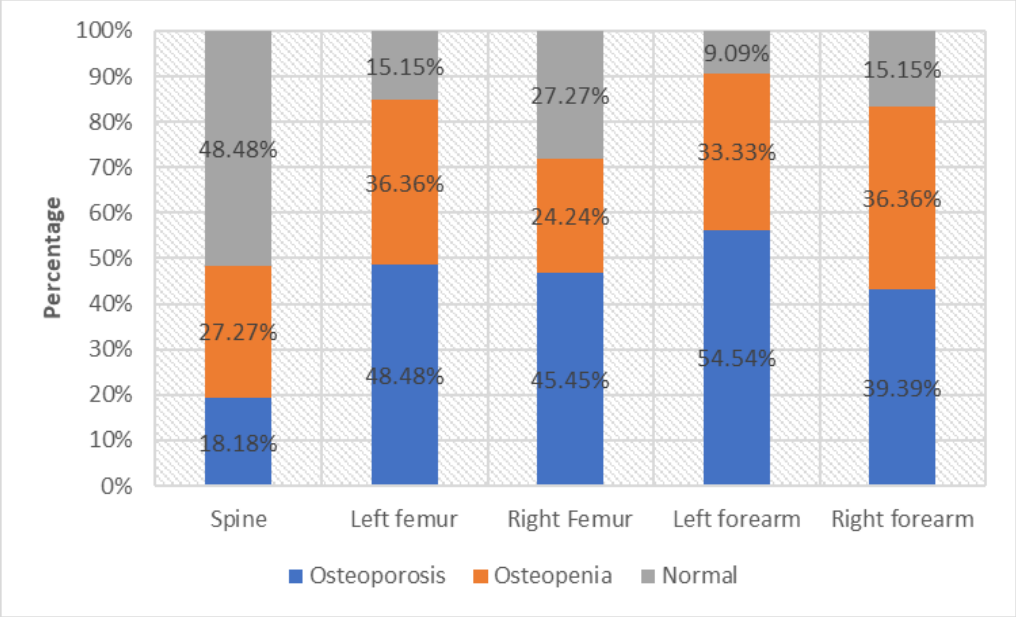
Laboratory parameters of study patients:

Variable	All(n=92)	CKD with dialysis(n=49)	CKD without dialysis(n=36)	Post-transplant(n=7)	P-value
GFR	10(3 - 60)	5(3 - 10)	30(12 - 54)	50(5 - 60)	<0.01
Vitamin D	35.55±24.5	40.95±32.68	30.88±12.99	31.88±12.99	0.34
PTH	355.96±61.8	619.26±805.92	85.13±79.47	286.5±23.67	0.12
Ca	8.91±1.08	8.85±1.13	9±0.24	8.85±2.55	<0.01
Po4	4.16±1.51	4.77±1.6	3.35±0.98	3.82±1.11	<0.01
Albumin	3.71±0.45	3.68±0.49	3.7±0.32	3.98±0.38	0.39
Creatinine	4.91±3.04	7.18±2.31	2.36±0.92	1.25±0.4	<0.01

T-Scores on DXA:

Variable	All(n=92)		CKD with dialysis(n=49)		CKD without dialysis(n=36)		Post-transplant(n=7)		P-value
	>-2	≤-2	>-2	≤-2	>-2	≤-2	>-2	≤-2	
Spine	55(70.5%)	23(29.5%)	27(65.9%)	14(34.1%)	21(70%)	9(30%)	7(100%)	0	0.18
Left femur	41(44.6%)	51(55.4%)	19(38.8%)	30(61.2%)	20(55.6%)	16(44.4%)	2(28.6%)	5(71.4%)	0.2
Right Femur	43(47.8%)	47(52.2%)	17(34.7%)	32(65.3%)	24(66.7%)	12(33.3%)	2(40%)	3(60%)	0.01
Left fore arm	32(36%)	57(64%)	17(34.7%)	32(65.3%)	15(45.5%)	18(54.5%)	0	7(100%)	0.07
Rt Fore arm	40(46.5%)	46(53.5%)	22(47.8%)	24(52.2%)	18(54.5%)	15(45.5%)	0	7(100%)	0.03

Prevalence of Osteoporosis based on DXA:



We gave 60mg Denusumab to 10 of these patients 6 monthly and there was good clinical response in the form of decreased pains and better quality of life as reported by patients and their attenders.

To conclude, there is high prevalence of low bone mass is seen in CKD patients who can be given anti resoptive agents like denusumab to prevent fractures and better quality of life.

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Dr. Mehul A. Shah

Consultant Pediatric Nephrologist
Apollo Hospital &
Little Stars Children's Hospital
Hyderabad

Faculty Talks

Steroid resistant nephrotic syndrome in children: what next?

SRNS is Nephrotic syndrome that has not responded to one month therapy with oral Prednisolone at 60 mg/m2/day (2 mg/kg/day). These children are at increased risk of developing ESRD (~50%) as well as side effects of IS medications. 10-20% children fail to respond to initial steroid therapy (proteinuria +/- edema) due to genetic causes and non-genetic causes.

Etiology:

A] Modifiable factors:

- Inadequate dosing (by medical team, by family, and use of suspension)
- Inappropriate molecule (Deflazacort)
- Inadequate absorption due to vomiting, nausea, gut wall edema
- Drug interaction (anti-epileptic and anti TB drugs enhance metabolism of Prednisolone)
- Concurrent infections (sinusitis, pneumonia, skin infections)

B] Non-modifiable factors:

- Pathology: FSGS, MPGN, MGN, Other
- Genetic causes, Monogenic variants in 60 genes noted in 30% of all SRNS. Likelihood of monogenetic cause is greatest in 1st year of life.

Variants of NPHS1 (Nephrin), NPHS2 (podocin), PLCE1 (phospholipase C episolon), and WT1 (Wilms tumor suppressor protein) genes are the most common causes of hereditary isolated SRNS. Generally, there is no correlation between genotype and phenotype / histology.

Genetic tests should be performed for all SRNS, syndromic association, short children, ocular abnormalities, and those with family h/o SRNS / ESRD. Confirming genetic cause will make one avoid unnecessary IS therapy as well as reassure family about low risk of recurrence post KTx. [Trautmann et al. IPNA clinical practice recommendations for the diagnosis & management of children with SRNS. PediatrNephrol 2020; 35: 1529.]

Role of kidney biopsy: To define pathology in idiopathic NS where 3 patterns are observed – MCD, FSGS, and Diffuse mesangial proliferation. In the data from the PodoNet Registry (Agnes Trautmann et al. JASN 2017;28:3055-3065), the five-year kidney failure-free survival rates were 92 and 69 percent for patients with MCD and FSGS, respectively.

Kidney biopsy results may also identify a secondary cause of NS such as lupus nephritis or membranous nephropathy that may be amenable to specific therapeutic interventions

Management approach to children with SRNS:

A] Initial management goals: Identify patients with genetic cause of SRNS that are unlikely to respond to IS therapy (30% of SRNS children)
- Treat with ACEi / ARB, and lipid lowering agents
- Avoid nephrotoxic agents
- Identify and treat AKI episodes promptly

B] If no genetic cause, treat with IS agents – attempt CR or PR – this will reduce risk of progression to ESRD

C] Drug of choice is CNI (Tacrolimus 0.1 to 0.2 mg/kg/day, target level 5-10 mcg/ml), at least for 3-4 months and longer if response noted [Hai-Xia Chen. World J of Ped. 2019]
- If in CR, use for at least 1 year and then slow taper over 6-12 months
- If in PR, maintain on low dose CNI that maintains PR, wean off by 2 years, and consider repeating biopsy / add or change to MMF
- If no response in 6 months (failure to attain CR / PR after at least 6 months of CNI treatment with adequate blood levels – noted in 30-40%), consider Rituximab / MMF / Immunoadsorption.

D] Oral Cyclophosphamide offers PR or CR in ~20% children, has low efficacy & substantial toxicity, and hence, not recommended. There is some role of IV Cyclophosphamide along with monthly IV methylprednisolone in some multidrug resistant NS especially MCD [Haddad M et al. BMC Nephrology. 2021; 22: 395-400.]

E] MMF: Not recommended as first line due to inconsistent results (0 to 63% CR and 24 to 44% PR). However, MMF can be considered
- During weaning of CNI either due to the duration or nephrotoxicity
- Post Rituximab maintenance
- Recurrent functional AKI on CNI / ACEi / Diuretics
[Basu B et al. Pediatrics. 2015; 136: e132-139]

F] Rituximab: Variable and conflicting results of CR / PR in 12-52% due to heterogeneity of SRNS, timing of administration, and pre-treatment with other agents. 2-maximum 4 doses of 375 mg/m2 per dose over 1-3 months can be given. Major concern is risk of infection both short term and long term. [M Jellouli et al. J of Pediatr 2018; 197: 191 – 197.]

Prognosis: Long term outcome of steroid resistant nephrotic syndrome depends mainly on achieving complete or partial remission with intense immunosuppression. Renal survival at 10 years is 94% in those with CR, 72% in those with PR, and 43% who are IS therapy resistant. [Agnes Trautmann et al. JASN 2017;28:3055-3065]

Kidney transplant in SRNS: It is important to have biopsy to define pathology, and genetic tests to understand the risk of recurrence post KT. Genetic causes of SRNS are unlikely to recur whereas non-genetic causes of FSGS are associated with 30-40% risk of recurrence in the graft kidney.

The risk factors include older children > 6 years, rapid progression to ESRD within 3 years of diagnosis, mesangial proliferation on biopsy, and history of previous recurrence in allograft.

Prevention: Pre KTx - TPE 3-4 sessions, steroids, MMF, CNI, and 1 dose of Rituximab 375 mg/m2 2 weeks prior to KT
Treatment: Monitor proteinuria daily x 1 week, weekly x 1 month, monthly x 1 year, then q 3months. TPE 1.5 x plasma volume using 5% albumin as replacement fluid / Immunoadsorption + Continue IS (high dose IV MP, high dose CyA) + Rituximab
(Kang HG. Recurrence & treatment after KT in children with FSGS. Biomed Res Int. 2016)

Dr. Shyam Bihari Bansal

DM, FISN, FASN, FISOT, FRCP (London)

Director & Head Nephrology, Medanta Medicity, Gurgaon

Secretary: Indian Society of Nephrology

Executive member of the Indian Society of Nephrology, Indian Society of Organ Transplantation

Coordinator- DNB Nephrology program at Medanta-Medicity

Faculty Talks

HLA Desensitization

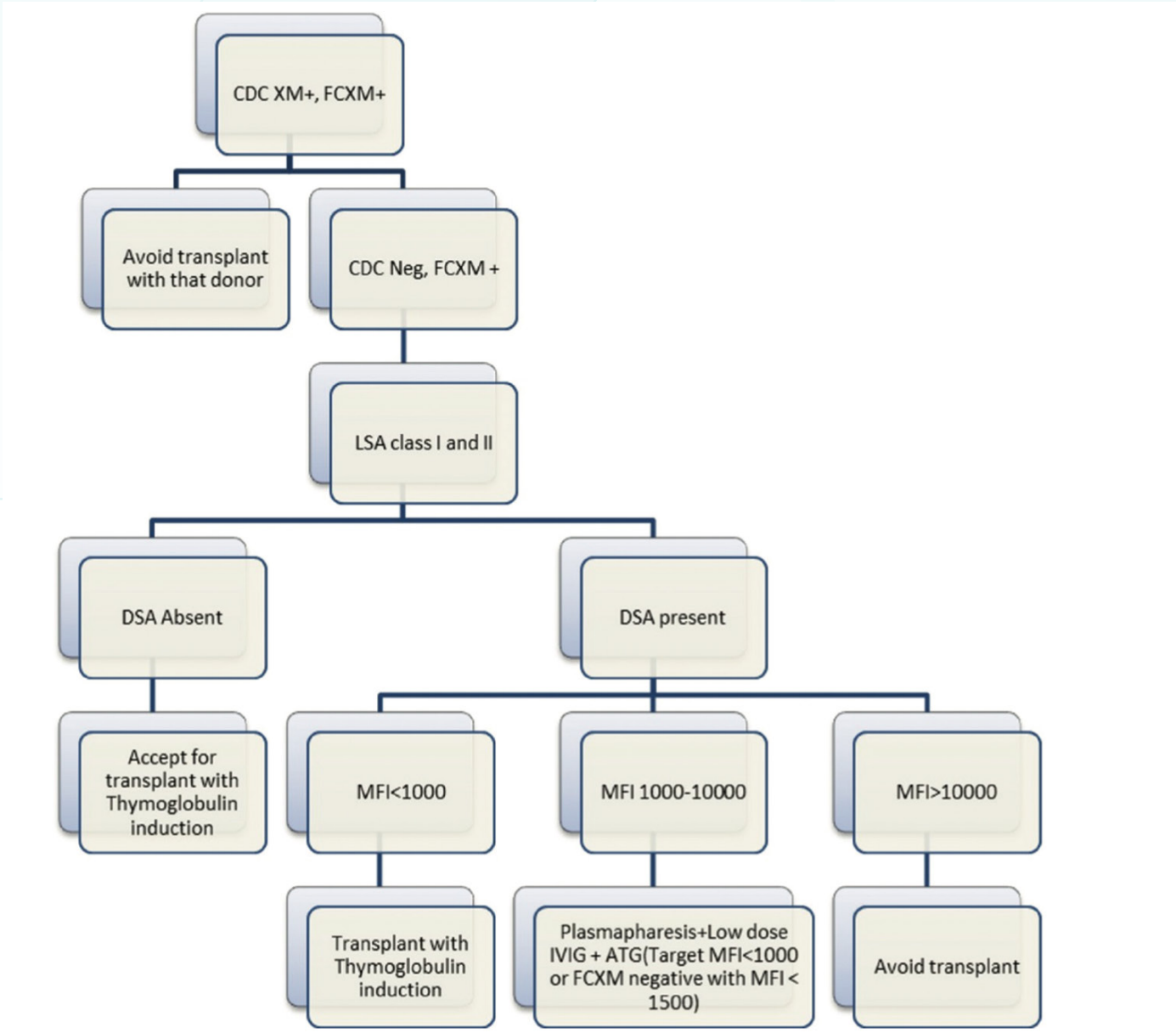
There are many barriers to kidney transplantation and one of them is the presence of antibodies against human leukocyte antigens (HLA) in recipients particularly against corresponding donors labeled as donor-specific antibodies (DSAs). The availability of solid-phase assay testing has improved the sensitivity and specificity for the detection of anti-HLA antibodies with the advent of Luminex single-antigen bead (SAB) testing, it is possible to detect even weak DSAs. The removal of these DSAs, i.e., desensitization is associated with better outcomes as compared to those remaining on dialysis or waiting list for transplant. Kidney transplant in India is mainly performed from living donors and there is limited availability of related donors. There are few options for sensitized patients. Due to the limited deceased donor program and paired kidney exchange (PKE) program, the only other option is desensitization in some of these patients with low to moderate strength DSA.

There are various protocols for HLA desensitization including high-dose intravenous immunoglobulin (IVIG) alone, High dose IVIG with rituximab or plasmapheresis (PP) with low-dose IVIG with or without rituximab, and induction with rabbit antithymocytic globulin (ATG).

We have successfully desensitised 12 patients with a regimen of PP+low dose IV IG along and induction with low dose ATG with good outcomes at a mean follow-up of 1 year.

We suggest that HLA incompatible transplants should only be attempted in patients without the option of PKE or alternative donor, but at the same time, patients with low/moderate strength DSAs with or without FC-XM positivity should not be denied the benefits of transplantation due to lack of these options

We have come out with the following algorithm to select patients for HLA desensitization.



Dr. G Sridhar

Senior Consultant Nephrologist
Star Hospital
Hyderabad

Faculty Talks

Desidustat in CKD patients

Chronic kidney disease (CKD) is one of the major diseases leading to the increase of global disease burden, affecting 8% to 16% of the population worldwide. Renal anaemia is a common complication of CKD resulting from relative or absolute erythropoietin (EPO) deficiency and disordered iron homeostasis related to chronic inflammation. Undertreatment of anaemia in patients with CKD is associated with impaired quality of life, along with increased risk of transfusion, hospitalization, cardiac complications and mortality.

For decades, anaemia treatment in patients with CKD has generally included blood transfusions, anabolic steroids, use of erythropoiesis-stimulating agents (ESAs) along with iron supplements, and the pharmacological method has always been the linchpin for the treatment of CKD related anaemia. But ESAs are exogenous EPO, and a higher concentration of ESAs is usually required for EPO receptor activation. And high ESAs doses or targeting high haemoglobin levels with ESAs were implicated in cardiovascular disease and death in both hemodialysis and predialysis CKD patients. In particular, the risk of adverse outcomes was increased in patients with poor response to ESAs due to activation of EPO receptors outside the hematopoietic system. However, ESAs play a critical contribution in renal anaemia management, thus physicians have been cautiously using ESAs to correct anaemia, and the goal of medication is merely to avoid transfusions and relieve symptoms of anaemia as much as possible.

Hypoxia-inducible factor prolyl hydroxylase (HIF-PHD) inhibitors are an emerging small molecule drugs for the treatment of anaemia secondary to CKD. By inhibiting PHD, the agents stabilize HIF-α that results in increased HIF transcriptional activity, which can stimulate the synthesis of endogenous EPO from native kidneys or the liver and regulate iron metabolism.

Systematic reviews and meta-analyses based on small-sample clinical data proved that short-term use of HIF-PHD inhibitors increased haemoglobin levels in anaemic patients with CKD. We conducted a study at our centre where we used desidustat for 200 CKD Stage 3-5D patients and preliminary results have shown an average increase of haemoglobin by 2g/dL with dose of 100mg alternate day over a period of 1 month, with better patient compliance due to reduced cost, no cold chain problem, oral route of administration. However, longterm efficacy and safety of HIF-PHD inhibitors for the treatment of anaemia in CKD needs further evaluation.

Dr. SeeraPani Gopaluni

Senior Consultant Nephrologist
Citizens Hospital
Hyderabad

Faculty Talks

Transplant immunology – What's new?

Since the first successful kidney transplantation between two identical twins in 1954 by Joseph Murray, our understanding of the role of transplant immuno-biology in transplant outcomes has grown by leaps and bounds. Right from the techniques of total body irradiation to the current highly refined protocols to prevent rejection were only possible to this deeper understanding.

Despite these developments, we are restricted by the lack of organs to serve all of the suitable recipients. Last year, we have seen an important development in xeno-transplantation where three brain-dead patients received kidneys that lasted for more than 2 days, from genetically modified pigs. In this talk Dr SeeraPaniGopaluni succinctly discussed the barriers and solutions that facilitated this monumental breakthrough and the future prospects and challenges.

Dr. PS Vali

MBBS MD DM
Member, ISN Education SoMe Team
Senior Consultant Nephrologist
Asian Institute Of Nephrology & Urology
Dilsukhnagar, Hyderabad

Faculty Talks

Non-Steroidal MRA in CKD with T2DM

Diabetic kidney disease (DKD) is a significant complication of diabetes and is associated with a high risk of morbidity and mortality. The management of DKD is complex and requires a multidisciplinary approach, including the use of drugs that target specific pathways involved in the development and progression of the disease. Finerenone is a selective mineralocorticoid receptor antagonist (MR antagonist) that has been investigated for its potential use in the treatment of DKD.

The mineralocorticoid receptor (MR) is a nuclear hormone receptor that plays a key role in regulating salt and water balance in the body. The MR is activated by aldosterone, a steroid hormone produced by the adrenal gland. In DKD, the MR is overactive, and this contributes to the development of kidney damage through the promotion of renal fibrosis, inflammation, and hypertension. MR antagonists such as Finerenone have been shown to inhibit the MR and improve outcomes in patients with DKD.prospects and challenges.

Several randomized controlled trials (RCTs) have been conducted to evaluate the safety and efficacy of Finerenone in the treatment of DKD. The phase III FIDELIO-DKD trial (Finerenone in Diabetic Kidney Disease) enrolled 7,632 patients with type 2 diabetes and stage 2 or 3 chronic kidney disease (CKD) and found that treatment with Finerenone significantly reduced the risk of the primary composite outcome of cardiovascular (CV) death, hospitalization for heart failure (HHF), or renal replacement therapy (RRT) by 15% compared with placebo (HR: 0.85; 95% CI: 0.77-0.95; P=0.0035)1. Additionally, Finerenone was found to significantly reduce the risk of the secondary composite outcome of CV death or HHF by 14% compared with placebo (HR: 0.86; 95% CI: 0.76-0.98; P=0.028)1.

These findings suggest that Finerenone may have a beneficial effect on cardiovascular and renal outcomes in patients with DKD.

Another RCT, the phase IIb FIGARO-DKD trial (Finerenone in Diabetic Nephropathy) enrolled 880 patients with type 2 diabetes and stage 3b or 4 CKD and found that treatment with Finerenone significantly improved estimated glomerular filtration rate (eGFR) by 2.1 mL/min/1.73 m2 ($p<0.0001$) and reduced albuminuria by 32% ($p<0.0001$) compared with placebo2. These findings suggest that Finerenone may have a beneficial effect on kidney function in patients with DKD.

The phase III TEMPO-4-Diabetes trial (Type 2 Diabetes Mellitus and Persistent Albuminuria: The Role of Mineralocorticoid Receptor Antagonism) enrolled 1,541 patients with type 2 diabetes and albuminuria and found that treatment with Finerenone significantly reduced the risk of the primary composite outcome of CV death, non-fatal myocardial infarction, or non-fatal stroke by 11% compared with placebo (HR: 0.89; 95% CI: 0.78-1.01; P=0.07)3. These findings suggest that Finerenone may also have a beneficial effect on cardiovascular outcomes in patients with DKD.

In addition to these RCTs, a meta-analysis of RCTs evaluating the use of MR antagonists in patients with DKD showed that treatment with an MR antagonist was associated with a significant reduction in the risk of the composite outcome of CV death, HHF, or RRT (HR: 0.87; 95% CI: 0.80-0.94; $P<0.0001$)4. This meta-analysis further supports the use of MR antagonists, such as Finerenone, in the treatment of DKD.

The results of these trials have led to the development of clinical guidelines for the use of Finerenone in the treatment of DKD. The American College of Cardiology and the American Heart Association have published a joint guideline for the management of diabetic kidney disease, which recommends the use of MR antagonists, such as Finerenone, in patients with diabetic kidney disease and albuminuria5. The National Institute for Health and Care Excellence (NICE) in the United Kingdom has also issued guidance on the use of Finerenone in the treatment of DKD, stating that Finerenone is an option for the treatment of DKD in adults with type 2 diabetes and stage 3b or 4 CKD6.

In conclusion, the current evidence from RCTs and meta-analysis supports the use of Finerenone in the treatment of diabetic kidney disease. The phase III FIDELIO-DKD, FIGARO-DKD, and TEMPO-4-Diabetes trials provide strong evidence of the safety and efficacy of Finerenone in reducing the risk of CV and renal outcomes in patients with DKD. The KDIGO guidelines recommend that mineralocorticoid receptor antagonists (MRAs), such as Finerenone, be considered for use in patients with DKD and albuminuria (urine protein to creatinine ratio > 300 mg/g) to reduce the risk of cardiovascular and renal outcomes7.

Clinical guidelines from the American College of Cardiology and the American Heart Association and the National Institute for Health and Care Excellence also support the use of Finerenone in the management of DKD.

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Dr. Vel Arvind

Senior Consultant Nephrologist
Interventional Nephrologist
Kidney Transplant Physician
Trichy

Faculty Talks

Post kidney Transplant monitoring

It is paramount that KTM (Kidney Transplant monitoring) starts with an "aide memoir " containing all immediate pre-transplant and peri-operative details up to the discharge date. KTM falls into two categories, one with normalised creatinine and the other with elevated creatinine at the time of discharge. Afterwards, our aim is to watch for an acute rejection or abrupt and accelerated graft dysfunction at any time during their life-long follow-up. Therapeutic drug monitoring is done at routine intervals and adjustments must be made accordingly. Another vital factor to be considered in any graft dysfunction after 3 months of post-transplant is infection-related graft dysfunction. A set of individualised protocols must be followed taking into account the patient's basic disease, immunosuppressant medications, and the present graft function. If need be, there should be a low threshold to go for a graft biopsy to decide further. Routine visits include thorough clinical examination, review of drug charts, antihypertensive medications, and paying attention to immunosuppressant dosage adherence. Routine color doppler examination is an important addendum. Patients must be educated with regard to weight reduction, regular exercise, and diet regulation. The subtle signs of early chronicity must be looked for, in which urine protein creatinine ratio takes precedence over other investigations. Drug toxicity must also be considered and accordingly reduction or withdrawal with equipotent drug to be replaced forthwith. Patients living beyond 10 years must be periodically screened for malignancy. Any intercurrent illness requiring multi-disciplinary intervention is to be streamlined with due attention to the dosage of the drugs. When graft function relentlessly deteriorates, before the overt uremic symptoms set in, alternative choices (either dialysis or a second transplant) are to be considered well in advance. Our aim is to take care of both allograft and patient survival. The last important point, the treating facility should be affiliated with an immunology lab for quick delivery of reports to modify the therapy

Dr. Venkatesh Rajkumar

Fellowship in Interventional Nephrology
Consultant Nephrologist
Apollo Hospital, Chennai

Faculty Talks

Salvage of a clotted access

Every year around 2 lakh new ESRD patients get added up in India and this translates to over 3 crore dialysis. AV fistula, AV grafts and haemodialysis catheters are the available HD accesses. AVG thrombosis occurs 0.5-2 times per year and AVF thrombosis occurs 0.1-0.5 times per year. Access thrombosis is the most common reason for permanent access loss and is a common problem among prevalent HD patients. Access thrombosis results frequently in missed dialysis sessions, placement of temporary dialysis lines, hospital admissions and consequent morbidity and economic burden. With the ever increasing shortage of organs and the consequent increasing dialysis population, preserving dialysis access should be the goal and all efforts should be taken to preserve an access from permanent loss. Surgical salvage is in practice for quite sometime. With the advent of endovascular interventions and the availability of new drugs and devices, more and more such thrombosed accesses could be managed endovascularly with good short and long term results. Training dialysis technicians and nurses to identify problematic accesses at an early stage and managing them goes a long way in preventing access thrombosis and loss.

Dr. Ashwin Kumar Aiyengar

Senior Consultant Nephrologist
Apollo Hospital, Hyderabad

Faculty Talks

Debate: Plasma Exchange (PLEX) in Lupus Nephritis – For

Plasma exchange can remove putative pathogenic autoantibodies and circulating immune complexes from the blood of patients with systemic lupus erythematosus (SLE). However, their efficacy has only been supported by noncontrolled and/or retrospective studies. Nonetheless, PE may still be of relevance in some selected SLE patients and as adjunctive therapy, in combination with corticosteroids (CS) and other immunosuppressant(s). Acute life-threatening manifestations and severe therapy-resistant manifestations, like refractory SLE renal disease, diffuse alveolar hemorrhage, neuropsychiatric SLE, thrombotic thrombocytopenic purpura, catastrophic antiphospholipid syndrome, hyperviscosity syndrome and cryoglobulinemia, are the indications for which plasma exchange might have a beneficial therapeutic role.

Dr. Y. Saivani

Senior Consultant Nephrologist
HOD, Shantiram Medical College,
Nandyal

Faculty Talks

Debate: Plasma Exchange(PLEX) in Lupus Nephritis – Against

Systemic Lupus Erythematosus (SLE) is a prototypic autoimmune disease characterized by the production of antibodies to components of the cell nucleus, due to uncontrolled T cell help for B cell activation and differentiation leading to production of multiple anti bodies involving various organs, with varied clinical manifestations. The exact patho-physiology of systemic lupus erythematosus (SLE) remains elusive. An extremely complicated and multifactorial interaction among various genetic and environmental factors is probably involved.

Kidney involvement in SLE dictates the disease management and prognosis. Outcomes in Lupus Nephritis were far improved after the introduction of the Immunosuppressive drugs like Steroids, Cyclophosphamide, Calcineurine inhibitors and specific biologics like Rituximab.

The plasmapheresis is introduced in addition to the usual first line management to improve the outcomes, as it removes the various pathogenic antibodies, but no clinical evidence is in favor of this concept, instead it harms by increasing the susceptibility to severe sepsis, so that increasing the mortality. Even the American Society For Apheresis(ASFA) guidelines recommend against the usage of plasampheresis in lupus nephritis (class 4 recommendation) in view of its ineffectiveness and the harm it causes. Though few studies suggest efficacy in Lupus nephritis in short term there was no persistent

The Plasmapheresis has benefit in only few conditions associated with Lupus Nephritis like severe extra renal manifestations like (Cerebral Lupus, Thrombotic Microangiopathy, severe pulmonary haemorrhage, in pregnancy, clotting episode who cannot be anticoagulated) or APLA due to removal of pathogenic antibodies according to the evidence.

The ineffectiveness of plasmapheresis might be due to multiple pathogenetic causes, with predominant cell mediated immunity activating the antibody mediated immunity, or the complications associated with plasmapheresis The introduction of Immunoadsorption may improve the outcomes and avoids side effects of plasmapheresis. Its better to avoid plasmapheresis in lupus nephritis until the clear cut evidence speaks the benefit of it.

Dr. Ravi Tej

Assistant Professor of Nephrology
NIMS, Hyderabad

Faculty Talks

Pediatric cystic kidney disease

Cystic kidney diseases in children are a heterogeneous group of conditions defined by presence of cysts in the kidney. These cysts in the kidney can be of non-hereditary or hereditary origin, malignant or non-malignant, syndromic or non syndromic, acquired or familial and need close monitoring and appropriate management. However differential diagnosis often remains a challenge because imaging patterns evolve over time and extra renal features may not present at a young age. Hence, a guided approach with proper clinical examination, standardised imaging protocol and genetic analysis is required to identify the specific type of renal cystic kidney disease. This helps us to predict the prognosis and decide on the follow up. According to the data of 2007, the prevalence of paediatric CKD ranged from 15 to 74.7 cases per million of the age-related population. Congenital anomalies of the kidney and urinary tract constitute the most common cause of pediatric CKD (48–59%). This presentation primarily aims to describe the most common cystic kidney diseases in childhood and adolescence and a rational approach to diagnosis and follow-up. The spectrum of diseases covered here are Simple and Complex cysts; Multicystic dysplastic kidneys (MCDKs); Glomerulocystic diseases; Autosomal inherited polycystic kidney disease ARPKD and ADPKD, other ciliopathies, such as Nephronophthisis and Bardet-Biedl syndrome, Acquired cystic kidney disease (ACKD), and Cystic tumours.

Dr. Anuradha

Assistant professor Nephrology
Osmania general hospital, Hyd

Faculty Talks

Clinico-Pathological Conference

A 24-year-old female patient, a renal transplant recipient admitted for the evaluation of fever, abdominal pain and haematochezia. She presented to this institute in January 2021 with anasarca, azotemia and oliguria. A percutaneous renal biopsy done after stabilization was suggestive of IgA nephropathy with crescents. She was declared ESKD and continued on thrice a week haemodialysis. She received six packed cell red blood cell transfusion (PRBC) during dialysis. She was vaccinated against Hepatitis B, Pneumococcal and Covid. She had COVID 19 infection with pneumonitis in May 2021 which resolved with conservative treatment. She presented 3 months later with chronic cough, breathlessness, and low grade fever. High resolution CT of chest was done which was suggestive of pulmonary tuberculosis. Mantoux test was inconclusive and sputum AFB was negative for Acid Fast Bacilli. She was treated with 6 months regimen of antituberculous treatment comprising INH, Rifampicin, Ethambutol and Pyrazinamide with which she became asymptomatic .

She underwent a living related renal transplant (LRRT) in April 2022 with mother who was a haplomatch, as the donor. Pretransplant immunological work up revealed a negative lymphocyte .She received pulse dose of intravenous methyl prednisolone, 1 gm for 3 consecutive days and induction with 50 mgof ATG. She was continued on triple immunosuppression with prednisolone, tacrolimus and mycophenolate sodium. She had immediate graft function and was discharged 10 days after the surgery with a nadir creatinine of 0.8mg/dl. She received Valganciclovir and Cotrimoxazole prophylaxis.

Two months later, she presented with vesicular lesions over face,axilla and gluteal region anddiagnosed as disseminated Herpes infection. She responded well oral acyclovir. She has been on tapering doses of immunosuppressive drugs as per the protocol. After a week, she complained of high grade fever,loose stools, difficulty in swallowing, multiple episodes of vomiting, and curdy white patch in oral cavity. She was admitted and started on intravenous fluids and Ciprofloxacin, Metronidazole and Fluconazole.The doses of immunosuppressive drugs were reduced further over next one week to prednisolone of 12.5 mg once daily, Tacrolimus - 2mg twice daily and mycophenolate - 360 mg twice daily. Tacrolimus levels were maintained at 5.83 ng/ml. The laboratory investigations done during the hospital course are depicted in table 1 and table 2.

She had persistent high-grade fever and antibiotics were escalated to Ceftazidime, Vancomycin andAmphotericin B was also added on 29th August 2022. Teicoplanin was added later as she developed anaphylactic reaction to Vancomycin

Six days after admission, she developed abdominal pain and severe bleeding per rectum. Colonoscopy was performed after platelet transfusion. It showed a of soft friable pedunculated polypoidal mass lesion of 3*2 size, protruding from terminal ileum into caecum. Rest of cecum and ascending colon is smeared with blood and subepithelial haemorrhages. Rest of visualised mucosa upto rectum was normal. Biopsy was A report was received and treated accordingly. She was stable at discharge and maintained normal graft function.

Past and Upcoming Events

Last Friday of every month, we are conducting monthly forum meets and we have discussed many interesting cases and their management. We have invited few of the eminent National and International faculty to give guest lectures in the past Forum meets.

In the October month, we have conducted Twitter based journal club discussion online for the first time. In the November month, hands on training and practical workshop on point of care ultrasound in Nephrology was conducted with the eminent national faculty. Post-graduates got benefited with this training program.

HYDERABAD NEPHROLOGY FORUM

Monthly Academic activity

30th September 2022 7:00 PM

Mistress of Ceremony:

Dr. Payal
(Assistant Prof, Dept of NIMS, Hyderabad)

Moderators:

Dr. Peddi Sandeep
(Assoc Professor, Dept of Nephrology, Chalmeda Ananda Rao Institute of Medical Science, Karimnagar)

Dr. Hari Kishna Reddy
(Director & Consultant nephrologist, Manorama Hospital, Nizambad)

Time	Topic	Speaker	Chairperson
7:00pm-7:05pm	Opening remarks	Dr. Swarnalatha, Prof & Unit Head, Nephrology NIMS, Hyderabad	
7:05pm-7:30pm	PLEX in Resistant FSGS: A success story	Dr. Deepthi, Assistant Prof Nephrology, ESI Hospital, Hyderabad	Dr. Dhanalakshmi, Senior Nephrologist HoD, ESI Hospital, Hyderabad; Dr. Sudhakar, Consultant Nephrologist, Yashoda Hospitals Malakpet, Hyderabad
7:30pm-8:00pm	Unusual case series - Challenges in making a diagnosis in peripheral center	Dr. Manoj, Consultant Nephrologist, Kakatiya Kidney & Dialysis center Khammam	Dr. Pradeep Deshpande, Senior consultant Nephrologist & Global Hospital, Hyderabad; Dr. Manisha Sahay, Prof & HoD Nephrology, OGH, Hyderabad
8:00pm-8:30pm	An unusual case of pregnancy AKI	Dr. Praful Chege, Senior Resident Gandhi Hospital, Hyderabad	Dr. Shree Bhushan Raju, Prof & Unit Head, Nephrology, NIMS Hyderabad; Dr. Manjusha Yadla, Prof & HoD Nephrology, Gandhi Hospital Hyderabad

8:30pm - 8:50pm Q & A Session

8:50pm - 9:00pm Conclusion Remarks

Dr. Girish Narayan
Senior Consultant Nephrologist, Udaiomni Hospital, Hyderabad

HYDERABAD NEPHROLOGY FORUM

welcomes you all to the upcoming

tweet chat

#HNFTE

Critical appraisal of "CLASSIC Trial

(A land mark study published in NEJM, Jun 2022)

Theme:

Fluids in critically ill Septic Shock Patients

Discussant:

Dr. Siddharth

Nephrology Resident, NIMS

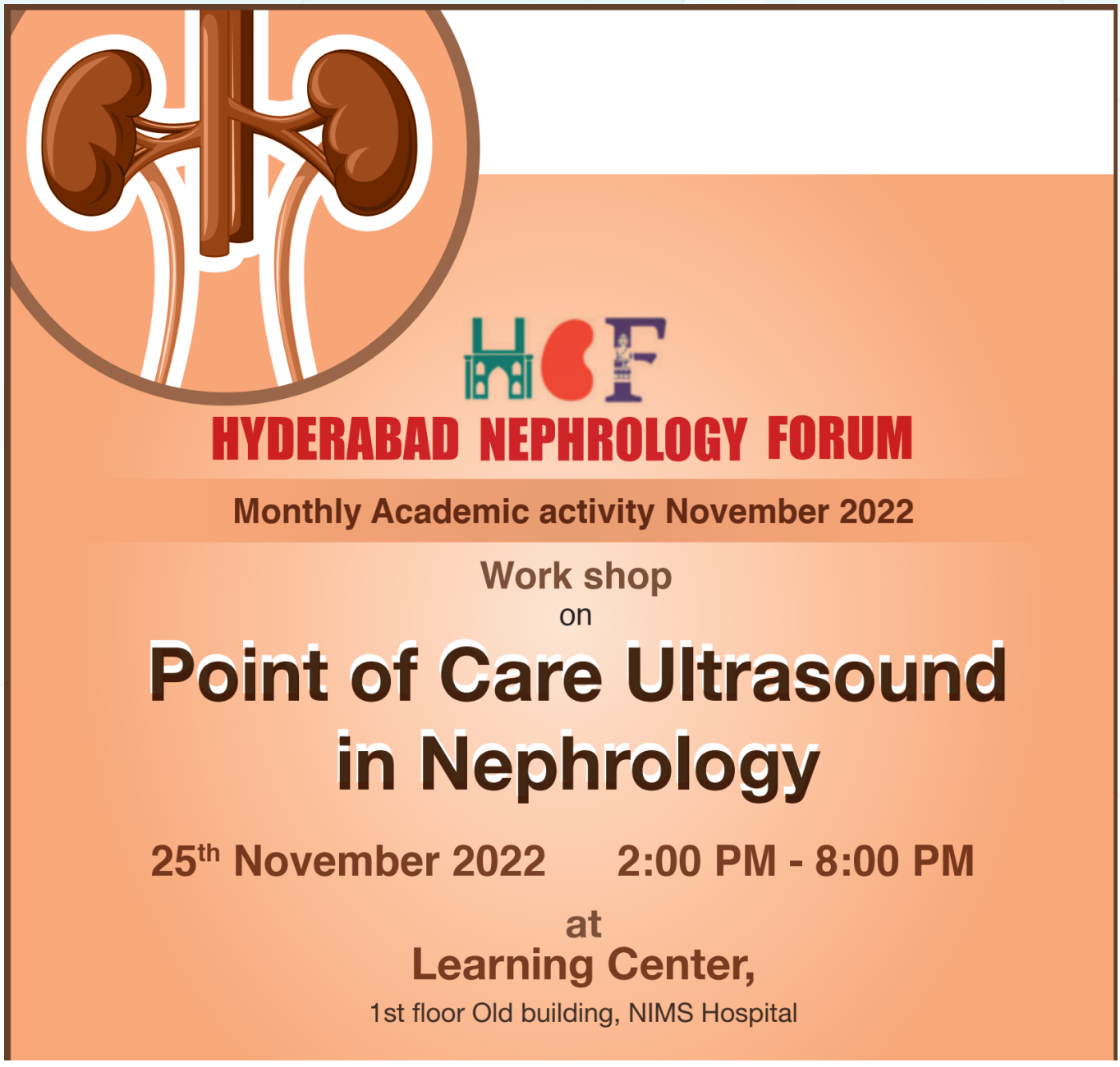
Host:

Dr. P S Vali

MD DM, Nephrologist, Asian Institute Of Nephrology & Urology, Dilsukhnagar, Hyderabad

28th October 2022

8:00 PM - 9 PM


HYDERABAD NEPHROLOGY FORUM
Monthly Academic activity November 2022
Work shop
on
Point of Care Ultrasound
in Nephrology
25th November 2022 2:00 PM - 8:00 PM
at
Learning Center,
1st floor Old building, NIMS Hospital

Time	Topic	Speaker	Chairperson
2:00pm-2:10pm	Inauguration	Dr. Jyothsna *(Prof & HoD Dept of Radiology, NIMS Hospital)* Dr. Rammurty *(Prof, Dept of Radiology, NIMS)* Dr. Gangadhar *(Prof & HoD, Nephrology, NIMS)* Dr. Sree Bhushan Raju *(Prof & HoU, Nephrology, NIMS)*	
2:10pm-2:30pm	Basics of Ultrasound Machine	Dr. Chandrashekar *Senior Resident, Department of Radiology, NIMS, Hyderabad*	Dr. Anuradha Raman *Senior Consultant Nephrologist, Sunshine Hospital* Dr. Manjusha Yadla *Prof & HoD Nephrology, Gandhi Hospital*
2:30pm-2:50pm	Ultrasound Guided procedures in kidney patients	Dr. Yadav *Associate Prof Nephrology, AIIMS, New Delhi*	Dr. Manisha Sahay *Prof & HoD Nephrology, OGH* Dr. Srikanth *Cosultant Nephrologist, AINU*
2:50pm-3:10pm	Doppler in Nephrology	Dr. Mahidhar *Senior Resident, Department of Radiology NIMS, Hyderabad*	Dr. Girish Narayan *Senior consultant Nephrologist, Yashoda Hospital* Dr. P. S. Vali *Consultant ANIU*
3:10pm-3:30pm	Fluid assessment in ICU, MHD and Transplant patients	Dr. Kavitha *Associate Prof, Dept of Anesthesia , NIMS, Hyderabad*	Dr. K V Dakshinamurty *Senior consultant Nephrologist, Apollo Hospital* Dr. Padmaja D *Prof & HoD Anesthesia, NIMS*
3:30pm-3:50pm	ECHO for Nephrologists	Dr. Jyothsna *Prof & HoD Dept of Cardiology, NIMS Hospital , Hyderabad*	Dr. Pradeep Deshpande *Senior consultant Nephrologist, Global Hospital* Dr. Kiranmai Ismal *Prof, Nephrology, OGH*
3:50pm - 4:30pm	Tea Break		
4:30pm-7:30pm	Workshop - Stations half an hour each		Dr. Swarnalatha *Prof & HoU, Nephrology, NIMS* Dr. Vikram Kumar *Associate Prof,Nephrology Gandhi Hospital*
Station 1	Ultrasound guided procedure	Dr. Yadav	Dr. Srinivas Kinjarapu
Station 2	Doppler - AVF Mapping and fistula surveillance	Dr. Chandrashekar	Dr. Vijay Chander
Station 3	Doppler - Graft	Dr. Mahidhar	Dr. Mukesh
Station 4	Fluid assessment - Lungs	Dr. Kavitha	Dr. Phanisree
Station 5	Fluid assessment - IVC	Dr. Kavitha	Dr. Ravi Tej
Station 6	Echo	Dr. Harish	Dr. Pragna
7:30pm	Dinner Follows		

Achievements

Many of our seniors and colleagues from HNF represented various roles in recently concluded 52nd Annual Conference of Indian Society of Nephrology (ISNCON 2022) conducted form 1st to 4th December 2022 at Pune. Some of these achievements are -

- "JCM Shastry Oration" by **Dr KV Dakshinamurty** (Topic: Mycobacterial infections in patients on various modalities of Renal Replacement Therapy)
- Talk on "Plant based diet with ketoanalogues supplements" by **Dr KS Nayak**
- Talk on "Proper use of HIF stabilizers in Indian settings - The way forward" by **Dr TK Saha (moderator) and Dr Manisha Sahay (panelist)**
- Talk on "Tissue Processing, Techniques, and Stainings used in renal histology" by **Dr Swarnalata Gowrishankar**
- Talk on "Ultrafiltration in PD patients" by **Dr Sree Bhushan Raju**
- Talk on "Coronary artery disease in Kidney Transplant Candidates" by **Dr Manisha Sahay**
- Talk on "Role of anti-APRIL molecule in IgA Nephropathy - Interim analysis" by **Dr Manisha Sahay**
- Talk on "Extracoporeal therapies in poisoning" by **Dr Manjusha Yadla**
- Talk on "A case of FSGS recurrence" by **Dr Praveen Kumar Etta**
- Few of the senior nephrologists - **Dr Girish Narain, Dr Anuradha Raman, Dr Pradeep Deshpande, Dr Ratan Jha, Dr Gangadhar Taduri, Dr Swarnalatha Guditi, Dr Kiran Mai and Dr PS Vali** chaired several sessions in the conference.

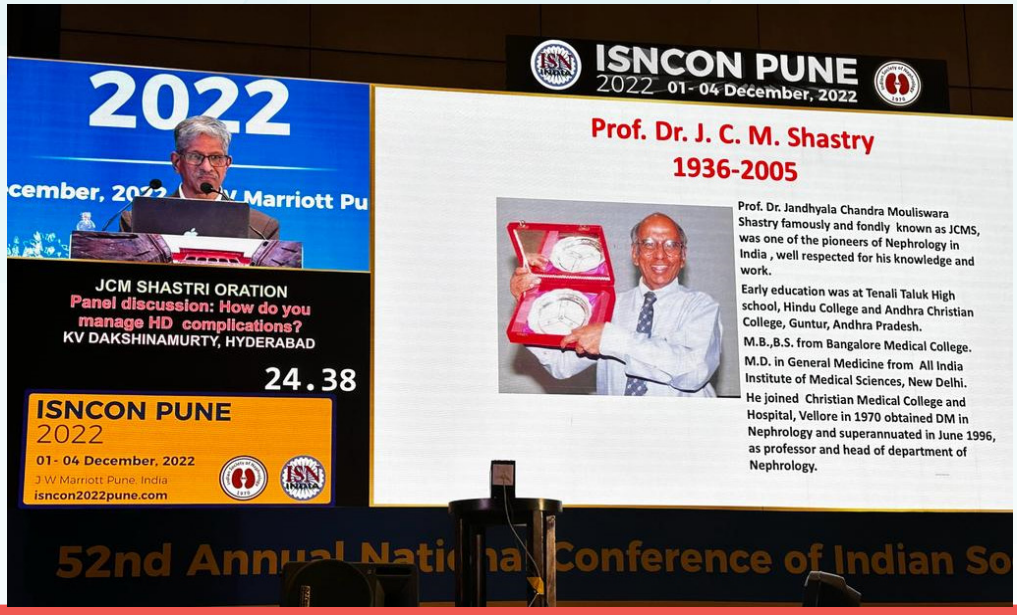
In the same conference, few of the International and National esteemed delegates have released the "Textbook of Kidney Transplantation". We are proud to say that **Dr Manisha Sahay** is the Co-Editor for this textbook.

- **Dr Praveen Kumar Etta** has authored a chapter titled 'Chronic Allograft Rejection' published in the same textbook 'Textbook of Kidney Transplantation', by Jaypee Brothers Medical Publishers.

Dr Mahesh Kota has presented two posters in the conference - "An unusual case of hyperammonemia after an ABO incompatable renal transplant" and "Role of endotoxin adsorption in severe gram negative sepsis after Covid-19 infection in a renal transplant recipient - A case report"

Photo Gallery

Photos from ISNCON 2022 Pune



Prof. Dr. KV Dakshinamurty delivering prestigious JCM Shastry Oration at the 52nd Annual Conference of Indian Society of Nephrology (ISNCON 2022), Pune

Dr Manisha Sahay and few of the International and National esteemed delegates releasing the "Textbook of Kidney Transplantation" during the ISNCON 2022, Pune

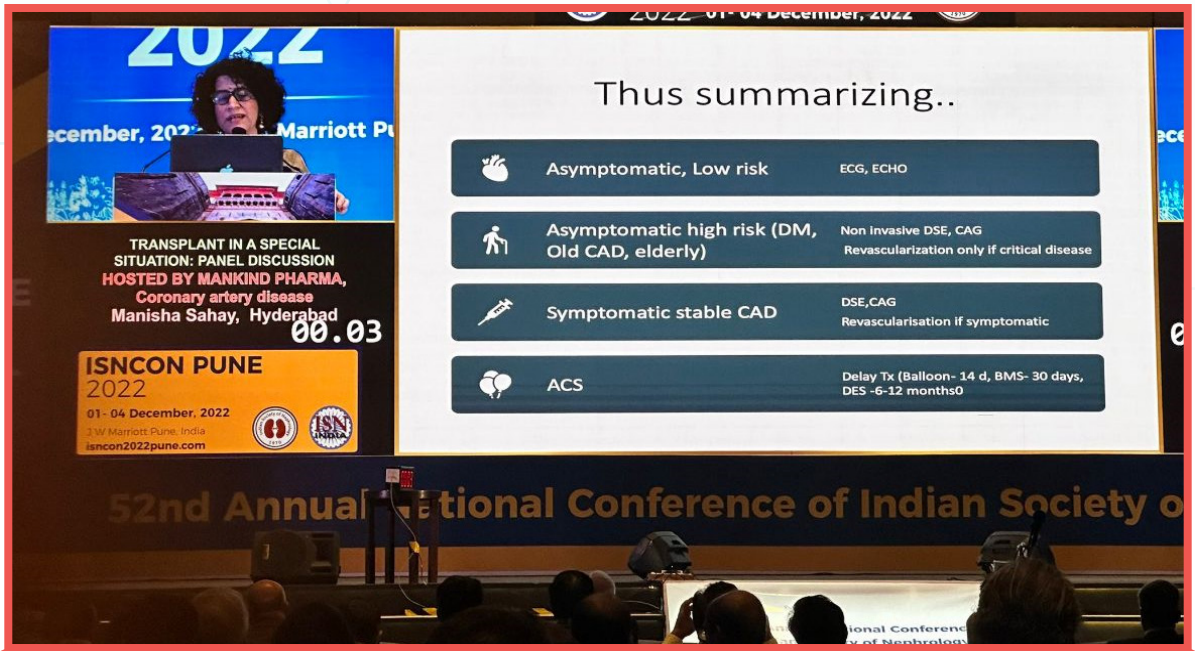
Dr Manisha Sahay, Dr Manjusha Yadla and Dr Swarnalatha Guditi along with Dr Agnes Fogo, President of International Society of Nephrology during the ISNCON 2022, Pune

Dr Anuradha Raman in a discussion during the ISNCON 2022, Pune

Dr Pradeep Deshpande chairing a session during the ISNCON 2022, Pune

Dr Girish Narain chairing a session during the ISNCON 2022, Pune

Dr KS Nayak presenting the topic during the ISNCON 2022, Pune



Dr Manisha Sahay presenting the topic during the ISNCON 2022, Pune

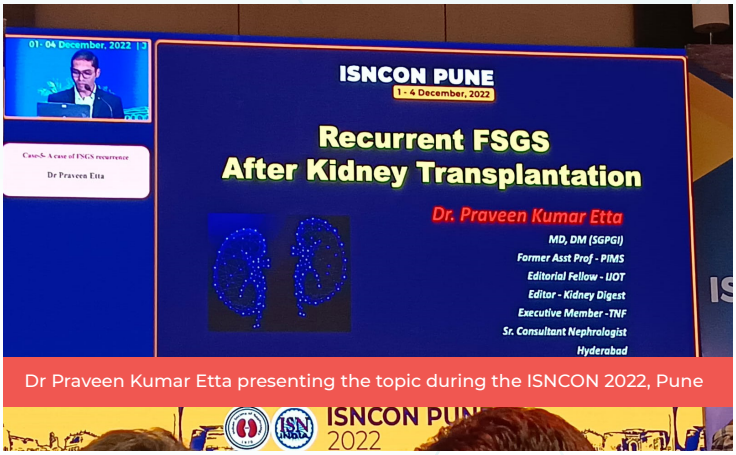
Dr Manjusha Yadla presenting the topic during the ISNCON 2022, Pune

Dr Gangadhar Taduri chairing a session during the ISNCON 2022, Pune

Dr Sree Bhushan Raju presenting the topic during the ISNCON 2022, Pune

Dr Ratan Jha chairing a session during the ISNCON 2022, Pune

Group photo of Dr Manjusha Yadla, Dr Swarnalata Guditi and others during the ISNCON 2022, Pune



Dr Praveen Kumar Etta presenting the topic during the ISNCON 2022, Pune

Dr Swarnalata Guditi chairing a session during the ISNCON 2022, Pune

Group photo of Dr Srikant, Dr Rahul, Dr Mahesh and others during the ISNCON 2022, Pune

Dr Kiran Mai chairing a session during the ISNCON 2022, Pune

Photos from outdoor activities of HNF Fitness Club

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www.hyderabadnephrologyforum.com

Hyderabad Nephrology Forum
Hyderabad, Telangana India
M +91 99892 90234
E hyderabadnephrologyforum@gmail.com

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