

# #NephJC Transcript

Healthcare social media transcript of the #NephJC hashtag.

Tue, February 26th 2019, 8:00PM – Tue, February 26th 2019, 11:00PM (America/Toronto).

See #NephJC Influencers/Analytics.



**Mo Querey** @MoQuerey

11 days ago

RT @gratefull080504: Thank you @Rasheeda\_HallMD for sharing about Dr. Winn's contributions to understanding #fsgs cc @womeninnephro #NephJ...



**Pallavi Prasad** @DrPallaviPrasad

11 days ago

RT @NephJC: Tonight and Tomorrow, #NephJC tackles the The PIVOTAL Trial - <https://t.co/9h0yKEIsfN> <https://t.co/pdSYb1Ffwr>



**Sayna Norouzi** @SaynaNorouzi

11 days ago

Less than one hour to #nephjc!



**Kelly Yori aka "Langsta Gangsta"** @kyori1975

11 days ago

RT @AdvDialysis: New study raises questions of whether the widely accepted standard of care in thrice-weekly #hemodialysis is simply inadeq...



**rajeev raghavan** @jeevsmd

11 days ago


so excited, i logged in early #nephjc






**Nephrology Jrnl Club** @NephJC


11 days ago



Less than one hour to NephJC "Intravenous Iron in Patients Undergoing Maintenance Hemodialysis: The Proactive IV irOn Therapy in hemodiALysis patients (PIVOTAL) trial" #NephJC


 **Kevin J. Fowler** @gratefull080504 11 days ago  
Nice write up by @Nair\_Sanj on tonight's #nephJC chat! I have reviewed the article a couple of times + will share my perspective on this article It will be an interesting chat for sure #NephJC


 **Divya Bajpai**  @divyaa24 11 days ago  
@SaynaNorouzi @NephJC @NSMCIternship @hswapnil @kidney\_boy @Nair\_Sanj @Slatts\_1 @BCM\_InternalMed @ASNKidney @BCMKidneyHealth @NephBCM Great video @SaynaNorouzi #NephJC


 **Nephrology Jrnl Club** @NephJC 11 days ago  
@jeevsmd Thank you for joining us #NephJC


 **Ralph Nader** @Ralph\_\_Nader 11 days ago  
RT @NephJC: Tonight and Tomorrow, #NephJC tackles the The PIVOTAL Trial - <https://t.co/9h0yKEIsfN> <https://t.co/pdSYb1Ffwr>

 **Divya Bajpai**  @divyaa24 11 days ago  
@arvindcanchi @Nair\_Sanj Requesting all Indian #Nephtwitter to join today's chat. #NephJC

 **Verner** @werner02 11 days ago  
RT @NephJC: Tonight and Tomorrow, #NephJC tackles the The PIVOTAL Trial - <https://t.co/9h0yKEIsfN> <https://t.co/pdSYb1Ffwr>

 **Joel Topf, MD FACP** @kidney\_boy 11 days ago  
@hswapnil I've turned making foolish comments about non-inferiority trials into performance art. I will not stand down. #NephJC

 **Kevin J. Fowler** @gratefull080504 11 days ago  
@hswapnil : what the dialysis funding by @Fresenius ? #nephJC

 **Pravir** @Proximal\_Baxi 11 days ago  
Is it 9 PM EST yet??? :) looking forward to today's discussion! #nephjc



**Nephrology Jrnl Club @NephJC**

11 days ago

Hello everyone! Welcome to tonight's discussion #nephjc



**Nephrology Jrnl Club @NephJC**

11 days ago

I'm Sayna Norouzi (@saynanorouzi) and I'll be your host tonight as we discuss this paper. I am currently a nephrology fellow @BCMkidney. #nephjc



**Nephrology Jrnl Club @NephJC**

11 days ago

Please introduce yourself (even if you're just lurking and following along) and declare any Conflicts of Interests. Don't forget to use the hashtag #NephJC.



**Mya Htwe Nge @mhtwenge**

11 days ago

Hello. This is Mya from Myanmar 🇇🇵 no COI #nephjc



**Bhavnish (Buck MD) @Buck1486**

11 days ago

Hello #NephJC. As usual...glad to be here! Introducing my cat to a new one tonight and looking up this article. Eager to see what everyone has to say. @NSMCInternship



**Justin Davis @jbda19**

11 days ago

@NephJC Hi! Justin #NSMC intern. As Murphy's law would have it, I'm really interested in this paper and naturally that means work is rather busy right now. I'll try to chip in when I can. #NephJC



**Joel Topf, MD FACP @kidney\_boy**

11 days ago

Joel here. Clinical nephrologists. COI: I grew up in the trenches of the anemia wars. I don't like to talk about it and keep to myself. Co-founder #NephJC



**Nephrology Jrnl Club @NephJC**

11 days ago

For anyone new or in need of a quick refresher, here is the quick guide on "How to #NephJC" <https://t.co/QVyWFmXoUZ>



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@gratefull080504 @Fresenius no. Study done in UK - the iron formulation is venofer, sold by Vifor Fresenius #NephJC

**Beje Thomas** @bthomas215

11 days ago

Hey everyone NSMC alum Beje Thomas, a transplanter in DC no COI #nephjc

**Larissa Krüger** @nephron\_andon

11 days ago

@NephJC Hi! Larissa from UConn here, no COI #NSMC excited to be a part of the discussion tonight #NephJC

**Amy Barton Pai PharmD MHI** @nephpharm

11 days ago

@NephJC Amy Pai PharmD No COI #NephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

Swapnil Hiremath, nephron from @OttawaHospital Pic by @jrpeltzer Col: big iron fan ever since I presented DRIVE in local JC as a fellow #NephJC <https://t.co/PokXaeOsBT>**Nephrology Jrnl Club** @NephJC

11 days ago

A particular welcome to any #NSMC interns joining in tonight (@NSMCInternship) #NephJC

**Pravir** @Proximal\_Baxi

11 days ago

Pravir, Chicago (rush), no COI. #NephJC

**Bloodman** @Bloodman

11 days ago

@bloodman here! Only COI is I love iron. And I have never done a JC before 😎 #NephJC

**Dave White** @kidneywarrior

11 days ago

Dave White checking in from beautiful downtown Washington DC - eyeing the minibar in my room. COI Amgen, CareDx, Proteon Therapeutics #NephJC <https://t.co/hZZ2Hj7QVT>**Rajesh rajan** @rajeshrajan79

11 days ago

Hi everyone. Rajesh Rajan. Small town nephrologist. No COI #nephjc

**Khaled Shawwa** @khaledshawwa

11 days ago

Khaled Shawwa, Nephrology fellow, Rochester, MN. No COI #nephJC



**Nimra Sarfaraz @DrNimraS**

11 days ago

lurking tonight, checking in from dallas, no COI #nephjc

**Daniel Coyne @DrDanMO**

11 days ago

Dan at Washington University, DRIVE trial lead investigator #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@Bloodman woohoo - welcome to #NephJC. We have someone who knows a bit about the blood making process tonight #nephjc

**Derian Lai @GlomeruLai**

11 days ago

Derian Lai. IM resident. No COI. #NephJC

**Anitha Vijayan @VijayanMD**

11 days ago

Hi everyone. Anitha Vijayan, nephrologist at @WUNephrology Only COI @DrDanMO's colleague:-)#NephJC

**Mario Funes MD @MarioFunesMD**

11 days ago

Hello. I'm Mario Funes. IM resident in New Brunswick NJ. #NSMC intern 2019. No COI. #NephJC

**Alex M 🇲🇪 @NephroGuy**

11 days ago

Hello!!! Alex from Mexico. I will try my best to don't make foolish comments about non inferiority trials. #NephJC

**Cynthia Wang @ccxjwang**

11 days ago

Hi everyone! Cynthia Wang, 4th year medical student @wustlmed. Participating again in #nephJC as part of a #SoMe elective mentored by @Maximal\_Change. Looking forward to discussing this important clinical trial! #nephJC

**Sam Krishnamoorthy @beans\_sam**

11 days ago

#nephjc Sam, nephrologist! Hey @rajeshrajan79



**Kevin J. Fowler** @gratefull080504

11 days ago

#nephjc @gratefull080504 checking in from Chicago tonight COI: Protalix Retrophin, Hansa Biopharma; @CareDx Gilead Bayer #nephJC



**Samaya** @TarSamMD

11 days ago

Hi everyone Samaya from @BCMKidneyHealth in houston no COI other than often prescribing IV iron for our patients #NSMC #nephjc



**Vineet Behera** @BeheraVineet

11 days ago

#NephJC hi..this is vineet..from mumbai india..#nsmc intern..no coi



**Ng Jia Hwei** @jjahweing

11 days ago

@NephJC Hi, Jia Ng from Philadelphia. #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

Ironman in the house! (for a toast, not a roast) RT @DrDanMO: Dan at Washington University, DRIVE trial lead investigator #NephJC



**James Novak** @JamesNovakNeph

11 days ago

@NephJC James Novak, @HFNephrology TPD and NSMC intern 2018, no COI, except that I worked with Tony Besarab for many years, long after he published the Normal Hematocrit Trial in 1998. #NephJC



**Gates Colbert, MD** @DoctorGates

11 days ago

Dallas Nephrologist. IV iron prescriber. No COI. #nephjc



**Eric Au** @ericau

11 days ago

@NephJC Hi, Eric here nephrologist from Sydney. no COI. #NSMC intern #NephJC



**Michelle Rheault** @rheault\_m

11 days ago

@NephJC Hi. Michelle here. Ped Neph. COI in bio. Also-I introduced a weekly iron protocol when I took over as medical director of our Peds unit. #nephjc

**Sarah Melville** @sarahkmels

11 days ago



Hi Sarah Melville, clinical research associate; no COI; thanks Dr. @DrDanMO for your @AJKDonline post re: TREAT for background reading - admirable writing too. Lurking tonight; #NSMC #NephJC

**Beje Thomas** @bthomas215

11 days ago



Wow it's popping tonight #nephjc

**Hector Madariaga** @HecmagsMD

11 days ago



Hi, everyone!. Hector Madariaga, from Cambridge, MA. No conflicts of interest. #NephJC

**Vandana Dua Niyyar** @vandyniyyar

11 days ago



@NephJC @vandyniyyar here. No COI. #NephJC Looking forward to a great discussion

**WU in STL Nephrology** @WUNephrology

11 days ago



On a plane and lurking while eating @SouthwestAir fritos #NephJC @NephJC

**Anshul Bhalla** @BhallaAnshul

11 days ago



Anshul, TxNeph Fellow, no COI. #NSMC intern 2019 #NephJC

**Luis Perez** @Lmipz

11 days ago



University of Illinois Nutrition PhD student here. No COI. Mostly lurking tonight, as I just finished teaching statistics and still getting caught up! #nephjc

**Sri Lekha Tummalapalli, MD, MBA** @LTummalapalli

11 days ago



Hi everyone! Sri Lekha Tummalapalli, UCSF nephrology. Interested how we can apply these results balancing protocols with individualized care to improve anemia management. #nephjc

**Joel Topf, MD FACP** @kidney\_boy

11 days ago



@DrDanMO You can't recast the study with that type of post hoc analysis. Evolve was an RCT of drug or placebo. Since the CKD-BMD strategy was the same for both groups more calcium added with cinacalcet, possibly to its detriment. Lots of problems. #NephJC

**Scherly Leon, MD @SLeonMD**

11 days ago

Scherly Leon, nephrologist in NYC. No COI. Hello all. #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@rajeshrajan79 Welcome to #NephJC

**Kevin J. Fowler @gratefull080504**

11 days ago

@hswapnil : Difficult to believe that there is not an association between the pharma company + dialysis provide Vertically integrated business model #nephJC

**Aisha Shaikh @aishaikh**

11 days ago

Hi! Aisha from NYC, no COI #NephJC

**Marvin Gonzalez @MarvinGonzlez16**

11 days ago

Marvin Gonzalez, No COI. #NephJC #NSMC2019

**Nephrology Jrnl Club @NephJC**

11 days ago

We will be discussing "Intravenous Iron in Patients Undergoing Maintenance Hemodialysis: The Proactive IV irOn Therapy in haemodiALysis patients (PIVOTAL) trial" from NEJM. This was one of the "High Impact Clinical Trials" presented at ASN 2018 #NephJC.

**Jennie Lin, MD MTR @jenniejlin**

11 days ago

Hello - physician-scientist based out of Chicago, but lurking tonight from a long noncoding RNA conference in Canada. 🇨🇦 No COI. #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@nephpharm @NephJC Welcome to #NephJC Amy!

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

RT @NephJC: For anyone new or in need of a quick refresher, here is the quick guide on "How to #NephJC" <https://t.co/QVyWFmXoUZ>**Harish Seethapathy @BetterCallSeeth**

11 days ago

Hi everyone. Harish, Renal Fellow @MGHKidneys. #NSMC Intern. No COI. #NephJC

**Kate Robson** @nephrologista

11 days ago

Hi all. Kate Robson, nephrologist in Melbourne. No COI #nephjc

**rajeev raghavan** @jeevsmd

11 days ago

Rajeev Raghavan from HoustonTX. No COI. Former Lurker. #NephJC

**Michelle Rheault** @rheault\_m

11 days ago

@kidneywarrior Tempting. That minibar looks iron free though. #nephjc

**Madhuri Ramakrishnan** @madmagicdoc

11 days ago

Madhuri Ramakrishnan, nephrology fellow, no COI. Excited to be part of this discussion! #NSMC #NephJC

**Angel Cesar Ortiz** @AngelCesarOrtiz

11 days ago

Hi everyone! Angel Ortiz from Mexico. Last #NephJC as a Nephrology fellow. #NSMC advisor. No COI. Loved this HCT last #KidneyWk

**Nephrology Jrnl Club** @NephJC

11 days ago

Here is a great visual abstract done by @Stones\_\_ #nephjc <https://t.co/wi1PiFcoSP>**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@rheault\_m @NephJC You had me at 'Weekly iron' #NephJC <https://t.co/h0rF2IGUD6>**Divya Bajpai** 🇮🇳 @divyaa24

11 days ago

Hi Divya here nephrologist from Mumbai. No Coi#NSMC #NephJC

**Joel Topf, MD FACP** @kidney\_boy

11 days ago

@rheault\_m @kidneywarrior I'm voting for #TeamMiniBar #NephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@WUNephrology @SouthwestAir @NephJC Tim, is that you? #NephJc

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@Lmipz Welcome to #NephJC



**Arunkumar @Arunkr\_Dr**

11 days ago

Hi all!! Arunkumar from India. No COI.#NSMC2019 #NephJC



**Nephrology Jrnl Club @NephJC**

11 days ago

And a very nice infographic by @Slatts\_1 #nephjc <https://t.co/e9N7GFLJPQ>



**Tiffany Caza @Tiff\_Caza**

11 days ago

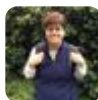
@NephJC Hi! I'm Tiff. No COI. Looking forward to tonight's discussion! Love the infographic, visual abstract, and animated video. You guys rock! #nephJC



**Nikhil Shah @dr\_nikhilshah**

11 days ago

Nikhil Shah, Clinical Nephrologist @UAlberta @UAlbertaNeph no COI. #NephJC



**Peggy Benda @mmduscio**

11 days ago

Lurking No COI, #NephJC



**Sarah Melville @sarahkmels**

11 days ago

RT @NephJC: And a very nice infographic by @Slatts\_1 #nephjc <https://t.co/e9N7GFLJPQ>



**Hector Madariaga @HecmagsMD**

11 days ago

@hswapnil @DrDanMO @DrDanMO is the real Ironman, not the other one... #Nephjc <https://t.co/LpK2RtiLCL>



**Tejas Patel @GenNextMD**

11 days ago

@hswapnil @rheault\_m @NephJC #hemochromatosis #NephJC



**Hector Madariaga @HecmagsMD**

11 days ago










@TarSamMD @BCMKidneyHealth Hi Samaya, hope you are doing well #NephJC



**Valentina Baez @ValenBaezS**

11 days ago

#nephjc Valentina Baez IM resident from @MedStarHealth no COI

- 
-  **Divya Bajpai**  @divyaa24 11 days ago  
@rheault\_m @NephJC Our majority of pts are also on weekly iron. rest on once /2 to 3 weeks #NephJC
- 
-  **Swapnil Hiremath, MD, MPH** @hswapnil 11 days ago  
@madmagicdoc Welcome to #NephJC
- 
-  **Sapna Shah** @nephshah 11 days ago  
Hi everyone, Sapna here from NY. Lurking tonight! #NephJC
- 
-  **Swapnil Hiremath, MD, MPH** @hswapnil 11 days ago  
RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc  
<https://t.co/wi1PiFcoSP>
- 
-  **Ng Jia Hwei** @jiahweing 11 days ago  
RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc  
<https://t.co/wi1PiFcoSP>
- 
-  **Abhilash Koratala** @KoraAbhi 11 days ago  
#NephJC Abhilash #NSMC intern. No COI.
- 
-  **Swapnil Hiremath, MD, MPH** @hswapnil 11 days ago  
RT @NephJC: And a very nice infographic by @Slatts\_1 #nephjc  
<https://t.co/e9N7GFLJPQ>
- 
-  **Arshad Ali** @docarshadali 11 days ago  
Hi! Arshad Ali Clinical nephrology Michigan, No COI #NephJC
- 
-  **Vighnesh Walavalkar** @vighnesh\_w 11 days ago  
@NephJC Hi Vighnesh here from Redwood City, CA. No COI #nephJC #NSMC
- 
-  **Sarah Melville** @sarahkmels 11 days ago  
RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc  
<https://t.co/wi1PiFcoSP>





**Nephrology Jrnl Club @NephJC**

11 days ago

Without further ado...let us move onto T0 and the background #NephJC



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@ValenBaezS @MedStarHealth Welcome to #NephJC



**Joel Topf, MD FACP @kidney\_boy**

11 days ago

@DrDanMO that's what's so beautiful about PIVOT (And DRIVE) is it tested the strategy not the drug. #NephJC



**Pravir @Proximal\_Baxi**

11 days ago

Great visual abstract and summary for tonight's #NephJC



**Daniel Coyne @DrDanMO**

11 days ago

#NephJC



**Yasar Caliskan @yasar\_caliskan**

11 days ago

@NephJC Hi @yasar\_caliskan fro St Louis is here. no COI. #NSMC #NephJC



**Tomas Guerrero @DrTomasGuerrero**

11 days ago

#NephJC Tomas Guerrero, PGY2 at The Ohio State University. Looking forward for any excuse to eat more red meat.



**Arshad Ali @docarshadali**

11 days ago

RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc

<https://t.co/wi1PiFcoSP>



**Kevin J. Fowler @gratefull080504**

11 days ago

#nephjc Amazing number of new faces



**Brian Stotter, MD @StotterMD**

11 days ago

Sorry I'm late! Brian Stotter, nephrology fellow at Boston Children's. No COI. Lurking tonight. #NephJC





**Daniel Coyne @DrDanMO**

11 days ago

@kidney\_boy They tested the drugs too. Both sink or swim together. #NephJC



**Valentina Baez @ValenBaezS**

11 days ago

RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc  
<https://t.co/wi1PiFcoSP>



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@DrTomasGuerrero Welcome to #NephJC!



**Verner @werner02**

11 days ago

#NephJC I'm Verner from Mexico City #NSMC Intern. No COI.



**Krystahl Andújar, MD @Krystahllopathy**

11 days ago

Hi! Krystahl here, going to be lurking tonight. No COI. #nephjc



**Tomas Guerrero @DrTomasGuerrero**

11 days ago

Just in case I needed to clarify, no COI. #nephjc



**Eric Au @ericau**

11 days ago

@NephJC #nephJC



**Adam @apapi**

11 days ago

Adam, Calgary neph fellow. COI is I'm currently working on my grand rounds on anemia this week. Also working on updating provincial anemia protocol with other fellows based on PIVOTAL results #NephJC



**Sarah Melville @sarahkmels**

11 days ago

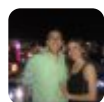
@werner02 Hi #NSMC pod-mate! #NephJC



**Beje Thomas @bthomas215**

11 days ago

Shout out to NSMC interns in the house tonight #nephjc

**Jeremie Lever @JeremieLever**

11 days ago

Hello! MD/PhD student at UAB, no COI #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@apapi Welcome to #NephJC Adam!

**Alex M 🇮🇹 @NephroGuy**

11 days ago

@apapi Way to go! #NephJC

**Tejas Patel @GenNextMD**

11 days ago

RT @JeremieLever: Hello! MD/PhD student at UAB, no COI #NephJC

**Ankur Gupta @ankurparth**

11 days ago

@NephJC Nephro fellow, The Ottawa Hospital@#nephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@JeremieLever Thanks for joining in #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago

T0: The most appropriate intravenous iron-replacement regimen in adults undergoing dialysis is unknown, which has resulted in different local, national, and international recommendations and practices #NephJC

**Bhavnish (Buck MD) @Buck1486**

11 days ago

Thrilled to see so many people from all over the world. #NSMC #nephjc

**Nephrology Jrnl Club @NephJC**

11 days ago

And now... T1 and the methods #NephJC.

**Hector Madariaga @HecmagsMD**

11 days ago

#Nephjc



**Nikhil Shah** @dr\_nikhilshah

11 days ago

Have seen too many complicated anemia protocols for EPO, Iron - hope this chat will clarify a few pathways. #nephjc <https://t.co/vMuivs9sIV>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@VijayanMD @WUNephrology @SouthwestAir @NephJC ooh @HumphreysLab He's forgiven then! #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T1: The aim of this study was to assess noninferiority, safety and efficacy of a high-dose regimen of intravenous iron administered proactively, as compared with a low-dose regimen of intravenous iron administered reactively in a HD population #NephJC



**Sarah Melville** @sarahkmels

11 days ago

@bthomas215 Shout out for your great transplant chapters in the Neph clinical bible too, thanks, ;) #NephJC



**Alex M** 🇮🇹 @NephroGuy

11 days ago

@NephJC After #drive, I stopped having a limit because I never reached 1000 #NephJC



**Hector Madariaga** @HecmagsMD

11 days ago

#Nephjc



**Sarah Melville** @sarahkmels

11 days ago

RT @dr\_nikhilshah: Have seen too many complicated anemia protocols for EPO, Iron - hope this chat will clarify a few pathways. #nephjc [http...](http://)



**Kevin J. Fowler** @gratefull080504

11 days ago

@NephJC : Why is the case ? #nephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T1: This prospective, randomized, open label, blinded end-point, 14 controlled trial at 50 sites in the United Kingdom #NephJC

**Brian Stotter, MD** @StotterMD

11 days ago

@NephJC Usually we don't replete if ferritin &gt; 800 #nephJC

**Eric Au** @ericau

11 days ago

@dr\_nikhilshah That does look like a complicated protocol.. hopefully this study will help simplify things. #NephJC

**Nephrology Jrnl Club** @NephJC

11 days ago

T1: Adults with ESRD on HD less than 12 months prior to screening visit, had a ferritin concentration of less than 400 µg/lit and a transferrin saturation of less than 30%, and who were receiving an ESA were eligible to participate #NephJC

<https://t.co/sBgGBIPVx3>

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

#NephJC twitter poll

**Mya Htwe Nge** @mhtwenge

11 days ago

@NephJC #nephjc Which strategies do you mostly use? <https://t.co/IMIX4fZaC5>**Kevin J. Fowler** @gratefull080504

11 days ago

A1: The study was also sponsored by @Fresenius too #nephJC

**Sarah Melville** @sarahkmels

11 days ago

@nephron\_andon @bthomas215 ^ #NephJC ;)

**Nephrology Jrnl Club** @NephJC

11 days ago

T1: Any iron therapy that had been prescribed previously was discontinued at the screening visit #NephJC

**Arunkumar** @Arunkr\_Dr


11 days ago


@NephJC In most instances we avoid i.v. iron if ferritin is &gt; 800 in our place. If the Tsat is low we give low doses of i.v. iron till a ferritin of 1000. #NephJC


**Michelle Rheault** @rheault\_m


11 days ago


@NephJC T0: We start with 1mg/kg/wk. vary from 0.5-1.5 based on labs. #nephjc


 **Nephrology Jrnl Club @NephJC** 11 days ago  
T1: Randomization was stratified according to vascular access, diagnosed diabetes and duration of hemodialysis treatment (<5 months vs. ≥5 months). #NephJC


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@gratefull080504 @NephJC Concern with high iron: infections, inflammation etc Lots of moving parts: can increase Hgb with more EPO too #NephJC


 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@mhtwenge @NephJC I use an adhoc mixture of repletion and maintenance #NephJC


 **Alex M 🇲🇪 @NephroGuy** 11 days ago  
@mhtwenge @NephJC We mostly used 1 #nephjc


 **Jonathan Nelson @JWNdothelium** 11 days ago  
Hello, Jonathan Nelson Senior Research Associate at OHSU. No COI. #NephJC


 **Justin Davis @jbda19** 11 days ago  
@NephJC Depends on their ferritin and t sats. Highest would be 100mg weekly (~400 month) #nephjc


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @NephJC: T1: Adults with ESRD on HD less than 12 months prior to screening visit, had a ferritin concentration of less than 400 µg/lit a...


 **Brian Stotter, MD @StotterMD** 11 days ago  
@mhtwenge @NephJC We usually do a course of Ferrlecit (ferric gluconate) 1.5 mg/kg IV with HD x 10 doses #NephJC


 **Mya Htwe Nge @mhtwenge** 11 days ago  
RT @kidney\_boy: @mhtwenge @NephJC I use an adhoc mixture of repletion and maintenance #NephJC


 **James Novak @JamesNovakNeph** 11 days ago  
@NephJC I've never quite understood the reluctance to give IV iron. Hemosiderosis is very unlikely, and some animal data actually show less propensity to uncontrolled infection with iron infusion. #NephJC


 **Natasha N. Dave @NatashaNDave** 11 days ago  
@NephJC Hi everyone, Natasha a Nephrologist from Houston, no COI.. will be lurking 😎 #NephJC


 **Nephrology Jrnl Club @NephJC** 11 days ago  
T1: Proactive, high dose IV iron arm: #nephJC In total 400 mg divided equally over two hemodialysis sessions Ferritin  $\leq 700$ : 200 mg during each of the first two dialysis sessions Ferritin  $>700$  and/or transferrin saturation  $\geq 40\%$ : withhold dose


 **Eric Au @ericau** 11 days ago  
@mhtwenge @NephJC A maintenance strategy with extra iron if the patient has really low ferritin #NephJC

 **James Novak @JamesNovakNeph** 11 days ago  
@NephJC 1200 was the DRIVE cutoff. #NephJC

 **Divya Bajpai 🇮🇳 @divyaa24** 11 days ago  
@NephJC Most of our patients are on catheters, we blame the inflammation for high ferritin. Continue iron if no evidence of active infection despite ferritin if tsat low #NephJC

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@JWNdothelium Welcome to #NephJC

 **Tejas Patel @GenNextMD** 11 days ago  
@hswapnil 600 #NephJc - likely I am on conservative side...

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @JamesNovakNeph: @NephJC I've never quite understood the reluctance to give IV iron. Hemosiderosis is very unlikely, and some animal dat...



**Kenar Jhaveri @kdjhaveri**  
Joining in late #NephJC no Coi.

11 days ago



**Gates Colbert, MD @DoctorGates**  
@NephJC I thought this was a great setup between the groups. Mimicked real world situations we face of what TSAT/Ferritin to treat. Not an ideal RCT that is difficult to replicate #NephJC

11 days ago



**Nephrology Jrnl Club @NephJC**  
T1: Primary endpoint was the composite of nonfatal myocardial infarction, nonfatal stroke, hospitalization for heart failure, or death from any cause, assessed in a time-to-first-event analysis #NephJC

11 days ago



**Sarah Melville @sarahkmels**  
RT @NephJC: T1: Adults with ESRD on HD less than 12 months prior to screening visit, had a ferritin concentration of less than 400 µg/lit a...

11 days ago



**Angel Cesar Ortiz @AngelCesarOrtiz**  
Love this #NephJC with poll question! What about your protocol @nefrocmnlr #NephJC

11 days ago



**Nephrology Jrnl Club @NephJC**  
T1: Secondary and tertiary outcomes #NephJC <https://t.co/f1SL2FoM6q>

11 days ago



**Sarah Melville @sarahkmels**  
RT @hswapnil: #NephJC twitter poll <https://t.co/BJJRqhmLq3>

11 days ago




**James Novak @JamesNovakNeph**  
@hswapnil @gratefull080504 @NephJC The big question from CHOIR, CREATE, and TREAT was whether it was the high EPO dose or the high Hb that was causing harm. Difficult to untangle. #NephJC


11 days ago





**Divya Bajpai 🇮🇳 @divyaa24**  
@JamesNovakNeph @NephJC What about the extra cost burden if its not really needed? Here patients pay from their pockets #NephJC


11 days ago


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@kidney\_boy @mhtwenge @NephJC We give 62.5 to 125 mg per month of ferric gluconate maintenance Ceilings vary from 1200 (me) to 500 (most others) IMO too low #NephJC


 **Kenar Jhaveri @kdjhaveri** 11 days ago  
RT @NephJC: Here is a great visual abstract done by @Stones\_\_ #nephjc <https://t.co/wi1PiFcoSP>


 **Nephrology Jrnl Club @NephJC** 11 days ago  
T1: This study was sponsored by Vifor Fresenius (Ferrinject + Venofer) via KidneyResearch UK @Kidney\_Research #Nephjc


 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@NephJC I hate non-fatal MI as an outcome in a dialysis population. #EveryTroponinIsHigh ISeeNSTEMIEverywhere #NephJC

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @JamesNovakNeph: @hswapnil @gratefull080504 @NephJC The big question from CHOIR, CREATE, and TREAT was whether it was the high EPO dose...

 **Angel Cesar Ortiz @AngelCesarOrtiz** 11 days ago  
RT @NephJC: T1: Proactive, high dose IV iron arm: #nephJC In total 400 mg divided equally over two hemodialysis sessions Ferritin  $\leq$ 700: 200...

 **Nephrology Jrnl Club @NephJC** 11 days ago  
T1: Any concerns or thoughts about methods? #NephJC

 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@JamesNovakNeph @hswapnil @gratefull080504 @NephJC Spoiler:L it was the Epo #NephJC

 **Alex M 🇲🇪 @NephroGuy** 11 days ago  
@divyaa24 @JamesNovakNeph @NephJC I think that is much cheaper to use that approach because you will save money on the ESA. There was a poster in ASN presented by @drjajs about it #NephJC





**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@divyaa24 @JamesNovakNeph @NephJC Well, if less iron, need to give more EPO?  
Cost one way or the other #NephJC



**Bhavnish (Buck MD)** @Buck1486

11 days ago

@JamesNovakNeph @NephJC Yes. No difference in infection rates between the two groups in this study either. #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@divyaa24 @JamesNovakNeph @NephJC Almost everywhere, a lot of iron is way cheaper than the ESA you are avoiding (by reducing or stopping the ESA).#NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

@kidney\_boy @JamesNovakNeph @hswapnil @gratefull080504 and you know that we both meant ESA! Don't @ us bro #NephJC



**Jefferson T.** @TRIOZZIJL

11 days ago

@NephJC Interesting that heart failure hospitalization was a secondary outcome; as there is increasing evidence for IV iron in this patient population, such as the FAIR-HF trial DOI: 10.1056/NEJMoa090835 #NephJC



**Mya Htwe Nge** @mhtwenge

11 days ago

@NephJC #nephjc Different guidelines different cutoff Depend on local  
<https://t.co/Zl0lCv6H2U>



**Alex M** 🇲🇪 @NephroGuy

11 days ago

@NephJC Strong methodology and very reproducible IMO, although not blinded #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

On to T2 and the results. #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@kidney\_boy @NephJC Ahem. End point adjudication committee was there, and blinded Followed strict objective criteria #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago

T2: The trial was conducted from November 2013 to June 2018 #NephJC

**Tomas Guerrero @DrTomasGuerrero**

11 days ago

@kidney\_boy @NephJC Is non-fatal MI only defined as elevated troponin? I would assume they would pair that with clinical suspicion as well #nephjc

**Dave White @kidneywarrior**

11 days ago

Very curious as to how much patient perspective plays a role in dosing - how often are your decisions influenced by patient input? #NephJC

**Vineet Behera @BeheraVineet**

11 days ago

#NephJC we avoid iron if ferritin &gt; 800.. If iron deficient give.. 10 doses of iv iron sucrose @hswapnil @NephJC

**Ankit Sakhuja, MBBS FACP FASN @ansakhuja**

11 days ago

Ankit Sakhuja, no COI, just lurking tonight #nephJC #NSMC

**Eric Au @ericau**

11 days ago

@divyaa24 @JamesNovakNeph @NephJC just curious - how does the cost of iron compare with EPO? and what do patients do if they cannot afford iron or EPO? Interesting to see how the study findings might apply to less well-resourced settings #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago

T2: The prevalence of cardiovascular disease was 29.6% in the high-dose group and 28.2% in the low-dose group. #NephJC <https://t.co/1w0dFg8Ouv>**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@mhtwenge @NephJC Which usually indicated people are reading the tea leaves differently #NephJC

**Kevin J. Fowler @gratefull080504**

11 days ago

#nephjc Many people raise suspicion when pharma sponsors a study Is that same level of scrutiny applied here when a LDO (Fresenius) is the sponsor of the study? What is the unstated objective of this study? #nephJC



**Angel Cesar Ortiz** @AngelCesarOrtiz

11 days ago

RT @JamesNovakNeph: @NephJC I've never quite understood the reluctance to give IV iron. Hemosiderosis is very unlikely, and some animal dat...



**Sarah Melville** @sarahkmels

11 days ago

@JWNdothelium sweet, Hi, am a clinical research associate too, ;) #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

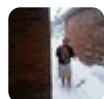
@kidney\_boy @NephJC Check out the criteria for Dx in the supplement. I think they are rather rigorous. #NephJC



**Sri Lekha Tummalapalli, MD, MBA** @LTummalapalli

11 days ago

RT @mhtwenge: @NephJC #nephjc Different guidelines different cutoff Depend on local <https://t.co/Zl0lCv6H2U>



**Adam** @apapi

11 days ago

@dr\_nikhilshah how about this? #NephJC <https://t.co/SQqufmzxgn>



**Dave White** @kidneywarrior

11 days ago

RT @ericau: @divyaa24 @JamesNovakNeph @NephJC just curious - how does the cost of iron compare with EPO? and what do patients do if they ca...



**James Novak** @JamesNovakNeph

11 days ago

@kidney\_boy @hswapnil @gratefull080504 @NephJC Hard to say, assuming you exclude naturally-occurring high Hb. #NephJC



**Arunkumar** @Arunkr\_Dr

11 days ago

@divyaa24 @JamesNovakNeph @NephJC Iron sucrose is available free of cost in our setup and is relatively cheap outside. The problem arises when we have to give shots of high dose of ferric carboxymaltose which is costly (2k for 500mg)!!! #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@hswapnil @kidney\_boy @mhtwenge @NephJC That is less than the iron used in the Reactive iron arm of PIVOTAL! #NephJC

**Kevin J. Fowler** @gratefull080504

11 days ago

@ericau : Great minds think alike !! #nephJC

**Joel Topf, MD FACP** @kidney\_boy

11 days ago

In dialysis if a patient complains of fatigue, feeling cold, restless leg I always give a round of iron regardless of what the labs show. #NephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@kidneywarrior Not sure The quality of life &amp; anemia link in this range of Hgb is very weak What do you think? #NephJC

**Tejas Patel** @GenNextMD

11 days ago

@JamesNovakNeph @NephJC Yes I recall - that's a bit too high esp in non research setting...#NephJc Now a days algorithm by LDO has been 'ironed out' which at times is convenient..

**Priya John** @DrPriya3110

11 days ago

Hello everyone.Priya nephrologist from Hyderabad.Looking forward to Insights and discussion of pivotal .No COI.#NephJC

**Nephrology Jrnl Club** @NephJC

11 days ago

T2: Excluding patients who died or received a transplant, follow-up was incomplete for 162 patients (14.8%) in the high-dose group and for 175 (16.7%) in the low-dose group. The median follow-up was 2.1 years, with a maximum follow-up of 4.4 years. #NephJC <https://t.co/3ZtklfS54z>**Jefferson T.** @TRIOZZIJL

11 days ago

@NephJC "There were no significant differences between the two groups except for smoking status (P=0.03) and the hemoglobin level (P=0.04)" 🙄🙄🙄 #NephJC

**Daniel Coyne** @DrDanMO

11 days ago

@JamesNovakNeph @hswapnil @gratefull080504 @NephJC Don't need to untangle if you avoid both.... #NephJC

**Divya Bajpai**  @divyaa24

11 days ago



@hswapnil @JamesNovakNeph @NephJC We tend to cut down on both epo and iron once hb targets r met. (around 10 -10.5) and titrate to lowest possible dose for both #nephjc

**Vineet Behera** @BeheraVineet

11 days ago



@hswapnil @divyaa24 @JamesNovakNeph @NephJC #NephJC @hswapnil @divyaa24 @Proximal\_Baxi Totally agree sir.. more epo works out more costly..so as cost cutting measure..most centres prefer give more iron

**Nephrology Jrnl Club** @NephJC

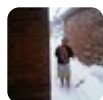
11 days ago



T2: The cumulative doses of IV iron were greater in the high dose group; at 1-year patients in the high dose group received a median of 2000 mg (95% confidence interval, 1900 to 2100) more iron than the patients in the low dose group. #NephJC <https://t.co/9DBLIL4gX0>

**Adam** @apapi

11 days ago



@NephJC #nephjc our centre doesn't measure, we only use Tsat cutoff (>0.4)

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago



@DrDanMO @kidney\_boy @mhtwenge @NephJC Agree. So lots of catch up iron used So looking forward to changing our protocols @brownpa79 #NephJC

**rajeev raghavan** @jeevsmid

11 days ago



our center does 50 mg IV Fe weekly if TSAT20-40% & ferritin 200 - 700. should we give 100mg weekly? #nephjc

**Vineet Behera** @BeheraVineet

11 days ago




RT @mhtwenge: @NephJC #nephjc Different guidelines different cutoff Depend on local <https://t.co/ZlOlCv6H2U>


**Nephrology Jrnl Club** @NephJC


11 days ago





T2: The median monthly dose of iron was 264 mg (interquartile range, 200 to 336) in the high-dose group and 145 mg (interquartile range, 100 to 190) in the low-dose group; the median difference in the monthly iron dose was 121 mg (95% CI, 114 to 129). #NephJC


 **Michelle Rheault @rheault\_m** 11 days ago  
@kidneywarrior Great point Dave. I probably don't discuss anemia management in much detail with patients once they start HD. Just happy not to get shots or take oral iron anymore. I'll do better. #nephjc


 **Alex M 🇲🇪 @NephroGuy** 11 days ago  
@kidney\_boy Very nice pearl thanks! #NephJC


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@DrPriya3110 Welcome to #NephJc


 **Ojo Olalekan Ezekiel @dlekanajo1** 11 days ago  
@NephJC Hi, Lekan Ojo a Nephrologist from Nigeria. No COI. Looking forward to a robust discussion. #NephJC

 **Anitha Vijayan @VijayanMD** 11 days ago  
@Arunkr\_Dr @divyaa24 @JamesNovakNeph @NephJC If iron sucrose is free why would you want to give carboxymaltose? #NephJC

 **Aakash Shingada @aakashshingada** 11 days ago  
Hi, Aakash from India (finally back in Mumbai!). Checking in, on the way to an exam. Really excited about the topic, Will join the discussion tonight @ 9PM IST. #NEPHJC

 **Amy Barton Pai PharmD MHI @nephpharm** 11 days ago  
@ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Iron is far cheaper but some generics outside the US have been associated with poor response or increase adverse effects. All IV Fe formulations are suspensions of carbohydrate coated iron oxide nanoparticles the FDA classifies as complex drugs #NephJC

 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@NephroGuy forgot craves ice as another indication for for a trial of iron #NephJC

 **Abdelazem Hassan @EGYPTMEZO** 11 days ago  
RT @BeheraVineet: #NephJC we avoid iron if ferritin > 800.. If iron deficient give.. 10 doses of iv iron sucrose @hswapnil @NephJC



**Gates Colbert, MD** @DoctorGates

11 days ago

@kidney\_boy Are you treating the patient or the nephrologist? Feedback from the patients? #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T2: Ferritin and TSAT both increased more rapidly in the high-dose group #NephJC  
<https://t.co/TaA6gkEMTn>



**James Novak** @JamesNovakNeph

11 days ago

@divyaa24 @NephJC Some IV iron is relatively cheap, such as low molecular weight iron dextran (InFED), which can be given as a single, 1-g dose. #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@DrTomasGuerrero @kidney\_boy @NephJC The criteria are in the NEJM supplement. #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@TRIOZZIJL @NephJC Commenting on p values in table 1 is a statistical sin Don't look at them Reporting them is bad enough #NephJC



**Cynthia Wang** @ccxjwang

11 days ago

@NephJC Overall I think the methodology was very strong and logical. I was wondering why the primary outcome was a composite of different events (nonfatal MI, nonfatal stroke, hospitalization for heart failure, or death) vs. separating them into different outcomes? #NephJC



**Arunkumar** @Arunkr\_Dr

11 days ago

@VijayanMD @divyaa24 @JamesNovakNeph @NephJC It is only for admitted patients.. For outpatients we dont provide injectables #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T2: The median monthly ESA dose was 19.4% lower in patients on the high dose regimen (29,757 IU per month; interquartile range, 18,673 to 48,833) than in patients receiving the low-dose regimen (38,805 IU per month; interquartile range, 24,377 to 60,620) #NephJC  
<https://t.co/GH5OYhB6LR>





**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

Yes! #NephJc



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

RT @NephJC: T2: The median monthly dose of iron was 264 mg (interquartile range, 200 to 336) in the high-dose group and 145 mg (interquarti...



**Kevin J. Fowler** @gratefull080504

11 days ago

#nephjc Where is the discussion on quality of life with these #dialysis patients? They are 62 years old + what is their chance of receiving a kidney transplant in a rationed healthcare system? #NephJC



**Divya Bajpai** 🇮🇳 @divyaa24

11 days ago

@BeheraVineet @hswapnil @JamesNovakNeph @NephJC @Proximal\_Baxi And sometimes the hb doesnt comeup and we end up giving higher dose of both iron and epo. Better to titrate to lowest possible dose for both rather than a tradeoff #NephJC



**Raymond Hsu** @DrRaymondHsu

11 days ago

@ccxjwang @NephJC for power. would need way more patients if separate primary outcomes #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T2: Increase in Hb occurred in both groups, however it was more rapid in the high dose group. #NephJC <https://t.co/63M7vOYJGO>



**David Ellison** @dhekidney

11 days ago

@NephJC David Ellison lurking #nephjc



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

RT @ccxjwang: Hi everyone! Cynthia Wang, 4th year medical student @wustlmed. Participating again in #nephJC as part of a #SoMe elective men...





**Sarah Melville** @sarahkmels


11 days ago


RT @mhtwenge: @NephJC #nephjc Different guidelines different cutoff Depend on local <https://t.co/Zl0lCv6H2U>





 **Daniel Coyne @DrDanMO** 11 days ago  
@NephJC The differences were smaller after the 1st year. After than reactive got ~165 mg/month, and Proactive got ~ 200 mg/month. As the ferritins are stable then, those are the AVG iron losses per month in UK dialysis pts. #NephJC


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@kidney\_boy @NephroGuy Love the RLS iron use Remember substantia nigra is black from the iron content, right? #NephJC


 **Nikhil Shah @dr\_nikhilshah** 11 days ago  
@apapi Hey Adam, are you working with @UAlbertaNeph fellows for the provincial protocol? Ready for #EPIC Go Live? #NephJC


 **Cynthia Wang @ccxjwang** 11 days ago  
@DrRaymondHsu @NephJC Got it, makes sense! #NephJC

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@dlekanojo1 @NephJC Welcome to #NephJC

 **Kevin J. Fowler @gratefull080504** 11 days ago  
It is very clear that #dialysis patients were not consulted on the design of this trial because quality of life measurements are absent #nephJC

 **Alex M 🇲🇪 @NephroGuy** 11 days ago  
@JamesNovakNeph @divyaa24 @NephJC What about allergic reactions? Is that really a thing? Never seen or heard about one and is widely used in Mexico #NephJC

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @nephpharm: @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Iron is far cheaper but some generics outside the US have been asso...

 **Anitha Vijayan @VijayanMD** 11 days ago  
@kidney\_boy Really? No lab parameters at all? #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago



T2: With respect to the primary endpoints, a primary end point event occurred in 29.3% (320 patients) in the high dose group versus 32.3% (338 patients) in the low dose group (hazard ratio, 0.85; 95% CI, 0.73 to 1.00;  $P < 0.001$  for noninferiority;  $P = 0.04$  for superiority) #NephJC <https://t.co/ZfGGtBE1X>

**Kenar Jhaveri @kdjhaveri**

11 days ago



RT @NephJC: T2: The median monthly ESA dose was 19.4% lower in patients on the high dose regimen (29,757 IU per month; interquartile range,...

**Bhavnish (Buck MD) @Buck1486**

11 days ago



@DoctorGates @kidney\_boy Look at the difference in blood transfusion needs. To me this equates to demand burden on blood banks, less allo-sensitization for patients and better chances of finding a kidney transplant. #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago



@nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC What do you think about the safety of iron preps? IMO Venofer safer than ferrlecit What about others? #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago



T2: The effect of high dose IV iron on the primary endpoint was consistent across the subgroup analysis #NephJC <https://t.co/4yIqMv4fM6>

**Verner @werner02**

11 days ago



RT @NephJC: T2: The median monthly ESA dose was 19.4% lower in patients on the high dose regimen (29,757 IU per month; interquartile range,...

**Amy Barton Pai PharmD MHI @nephpharm**

11 days ago



@NephJC It's not clear in the manuscript but they were "loaded" with 600 mg (200 mg x 3) at study onset #NephJC <https://t.co/PhUDliAJix>

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago



RT @NephJC: T2: Ferritin and TSAT both increased more rapidly in the high-dose group #NephJC <https://t.co/TaA6gkEMTn>



**Sri Lekha Tummalapalli, MD, MBA @LTummalapalli**

11 days ago

@hswapnil @kidney\_boy @NephroGuy Wonder if any patients have ever become hyponatremic from pica from iron deficiency #nephjc



**Tejas Patel @GenNextMD**

11 days ago

@ccxjwang @NephJC That allows the N in each are to be reasonable otherwise the difference is hard to discern with individual end points esp when events are going to be small.. #nephJC



**Beje Thomas @bthomas215**

11 days ago

But didn't the H/H in the even out between the two groups #nephjc



**Bloodman @Bloodman**

11 days ago

@hswapnil @kidney\_boy @NephroGuy Yes I always ask my patients about pica and RLS. Plus have seen itching respond to iron #NephJC



**Mya Htwe Nge @mhtwenge**

11 days ago

Would like to know your Practice... How frequently measure iron study? Time interval from last dose ? Here is many limitations for us.. #nephjc



**Kevin J. Fowler @gratefull080504**

11 days ago

Isn't the US bundle influencing the decision to use lower ESA does? It is not just about cardio risk ? #nephJC



**Verner @werner02**

11 days ago

RT @NephJC: T2: Increase in Hb occurred in both groups, however it was more rapid in the high dose group. #NephJC <https://t.co/63M7vOYJGO>



**Nephrology Jrnl Club @NephJC**

11 days ago

T2: There were 246 deaths in the high dose group (22.5% of patients) and 269 (25.7%) in the low dose iron group #NephJC <https://t.co/ncZyny6AjU>



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

RT @NephJC: T2: The median monthly ESA dose was 19.4% lower in patients on the high dose regimen (29,757 IU per month; interquartile range,...

**Daniel Coyne @DrDanMO**

11 days ago

@NephJC Notice neither arm really gets to their ferritin limit. The median ferritin will usually be ~100-150 lower than the limit you choose. #NephJC

**Joel Topf, MD FACP @kidney\_boy**

11 days ago

@LTummalapalli @hswapnil @NephroGuy its hard to make salty ice cubes #NephJC

**Bhavnish (Buck MD) @Buck1486**

11 days ago

@NephroGuy @JamesNovakNeph @divyaa24 @NephJC I have seen allergic reactions to Iron dextran. Actually happened last week on a patient I was taking care of. #NephJC . That's why we prefer ferric gluconate.

**Adam @apapi**

11 days ago

@dr\_nikhilshah @UAlbertaNeph yes we are! I'm just letting them finish they royal college first before we get deep into it! #nephjc. we are not epic ready, you guys have to test it first!

**Tomas Guerrero @DrTomasGuerrero**

11 days ago

What about race? UK study, ~80% white. If I recall correctly, a lot of the drama with EPO was that we were artificially increasing Hg in races that didn't need it #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago

T2: Death and a composite of MI stroke, or hospitalization for heart failure as recurrent events occurred at a rate of 19.4 events/100 patient-years in the high-dose group, vs 24.6 events/100 patient-years in the low-dose group (rate ratio, 0.77; 95% CI, 0.66 to 0.92) #NephJC <https://t.co/ovV2GWtefG>

**James Novak @JamesNovakNeph**

11 days ago

@NephroGuy @divyaa24 @NephJC Anaphylactoid reactions do occur, about the same % in most of the formulations, except for high molecular weight iron dextran (Dexferrum), withdrawn from the market. #NephJC

**Anitha Vijayan @VijayanMD**

11 days ago

@NephroGuy @JamesNovakNeph @divyaa24 @NephJC Always give test dose for iron dextran to test for allergy. It's real #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@gratefull080504 You are saying the NHS is a rationed system? I don't know - but perhaps join the chat tomorrow at 3 pm Eastern #NephJC



**Bloodman** @Bloodman

11 days ago

@hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC No data anyone iron safer than the other. The bad actor was HMW iron Dextran which is thankfully gone away #NephJC



**Alex M** 🇮🇹 @NephroGuy

11 days ago

@dr\_nikhilshah @apapi @UAlbertaNeph We need that in Ontario too @hswapnil #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

RT @NephJC: T2: Increase in Hb occurred in both groups, however it was more rapid in the high dose group. #NephJC <https://t.co/63M7vOYJGO>



**Daniel Coyne** @DrDanMO

11 days ago

@VijayanMD @kidney\_boy We have hard outcomes and you want surrogates? We don't need no stinkin' surrogates! ;-) #NephJC



**Claudia William, MD** @DrCSWilliam

11 days ago

RT @kidney\_boy: In dialysis if a patient complains of fatigue, feeling cold, restless leg I always give a round of iron regardless of what...



**Amy Barton Pai PharmD MHI** @nephpharm

11 days ago

@hswapnil @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Physicochemical characteristics of iron sucrose and SFGC are pretty similar. Less carbohydrate coating less immunogenicity #NephJC



**Verner** @werner02

11 days ago

RT @NephJC: T2: Death and a composite of MI stroke, or hospitalization for heart failure as recurrent events occurred at a rate of 19.4 eve...



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

RT @DrDanMO: @VijayanMD @kidney\_boy We have hard outcomes and you want surrogates? We don't need no stinkin' surrogates! ;-) #NephJC



**James Novak** @JamesNovakNeph

11 days ago

@VijayanMD @NephroGuy @divyaa24 @NephJC Response to the test dose doesn't predict response to the therapeutic dose. But our pharmacy policy still requires it. #NephJC



**Divya Bajpai** 🇮🇳 @divyaa24

11 days ago

@JamesNovakNeph @NephroGuy @NephJC Seen ractions with both iron dextran and sucrose. #itsReal #NephJC



**Michelle Rheault** @rheault\_m

11 days ago

@NephroGuy @JamesNovakNeph @divyaa24 @NephJC Haven't seen allergy to iron. I remember the days of giving a test dose. #nephjc



**Nephrology Jrnl Club** @NephJC

11 days ago

Amazing discussion so far! So many great comments! #nephjc



**Alex M** 🇲🇪 @NephroGuy

11 days ago

@Buck1486 @DoctorGates @kidney\_boy IV iron improves quality of life in HF patients #NephJC



**Arunkumar** @Arunkr\_Dr

11 days ago

@Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC Among the newer iron preparations, have seen allergic reactions with ferric carboxymaltose in 2 patients in the last one year. None with iron isomaltoside (yet). #NephJC



**Sapna Shah** @nephshah

11 days ago

@Buck1486 @DoctorGates @kidney\_boy As a transplant fellow we've had quite a few cases of late of patients needing to undergo liver biopsy for abnormal LFTs and finding very impressive iron deposition. #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@gratefull080504 See this #NephJC <https://t.co/pwLpYw9Yi0>

**Daniel Coyne @DrDanMO**

11 days ago

@hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph  
@NephJC Is this evidence based? #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago

T2: There were no significant differences between QoL scores (EQ-5D quality-of-life health index or the Kidney Disease Quality of Life overall score) between the two groups #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

RT @DrDanMO: @NephJC Notice neither arm really gets to their ferritin limit. The median ferritin will usually be ~100-150 lower than the li...

**Sri Lekha Tummalapalli, MD, MBA @LTummalapalli**

11 days ago

@gratefull080504 Yes, after the change to the PPS there was a substantial drop in ESA use. CHOIR results also around this time. #NephJC <https://t.co/s2ROEGj2J2>

**Nephrology Jrnl Club @NephJC**

11 days ago

T2: There were more vascular access thrombosis in the high-dose group 262 patients (24.0%) than in the low dose: 218 (20.8%) #NephJC

**Daniel Coyne @DrDanMO**

11 days ago

@nephpharm @NephJC They were given 600 mg the 1st month if randomized into the proactive arm. #NephJC

**Eric Au @ericau**

11 days ago

@hswapnil @gratefull080504 Ye they seem to have measured QoL but not sure if they reported those results in the paper? #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@DrTomasGuerrero Really? Didn't know - do you have a citation? #NephJC

**Nimra Sarfaraz @DrNimraS**

11 days ago

RT @JamesNovakNeph: @VijayanMD @NephroGuy @divyaa24 @NephJC Response to the test dose doesn't predict response to the therapeutic dose. But...





**Kevin J. Fowler** @gratefull080504

11 days ago

@hswapnil : I was aware of this quality of life instrument and it is very poor measurement of quality of life #nephJC



**Alex M** 🇮🇹 @NephroGuy

11 days ago

@Arunkr\_Dr @Buck1486 @JamesNovakNeph @divyaa24 @NephJC I have only seen hypotension, but it wasn't an allergic reaction, nor a HD patient. #NephJC



**Harish Seethapathy** @BetterCallSeeth

11 days ago

@Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC Curious. Allergic reaction or infusion reaction? @Buck1486 #NephJC



**Nimra Sarfaraz** @DrNimraS

11 days ago

RT @VijayanMD: @NephroGuy @JamesNovakNeph @divyaa24 @NephJC Always give test dose for iron dextran to test for allergy. It's real #NephJC



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

RT @nephshah: @Buck1486 @DoctorGates @kidney\_boy As a transplant fellow we've had quite a few cases of late of patients needing to undergo...



**Tejas Patel** @GenNextMD

11 days ago

@hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC That's hard...hard to find head to head study and source of funding complicates the reported study finding #NephJC U may be referring to this ADR study.. <https://t.co/nZQ6UerSd4>



**Nephrology Jrnl Club** @NephJC

11 days ago

T2: Hospitalization for any cause and infection were similar in the two groups; the rate of all episodes of infection was 63.3 events/100 patient years in the high dose group vs 69.4 events/100 patient years in the low dose group (rate ratio, 0.91; 95% CI, 0.79 to 1.05). #NephJC



**Verner** @werner02

11 days ago

RT @NephJC: T2: There were more vascular access thrombosis in the high-dose group 262 patients (24.0%) than in the low dose: 218 (20.8%)...





**Nimra Sarfaraz** @DrNimraS

11 days ago

RT @Buck1486: @NephroGuy @JamesNovakNeph @divyaa24 @NephJC I have seen allergic reactions to Iron dextran. Actually happened last week on a...



**Bloodman** @Bloodman

11 days ago

@Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC The reactions to iron are mostly complement mediated pseudo - anaphylaxis and not true allergies. Auerbach has measured tryptase in over 300 reaction and none were raised <https://t.co/b3QtymBQ2S> #NephJc



**Nephrology Jrnl Club** @NephJC

11 days ago

T2: Infection was the most common non-cardiovascular cause of death with similar rates in both groups #NephJC



**Nimra Sarfaraz** @DrNimraS

11 days ago

RT @kidney\_boy: In dialysis if a patient complains of fatigue, feeling cold, restless leg I always give a round of iron regardless of what...



**Daniel Coyne** @DrDanMO

11 days ago

@gratefull080504 And yet mortality fell as ESA doses went down, and after the bundle.... #NephJC



**Alex M** 🇮🇹 @NephroGuy

11 days ago

RT @Bloodman: @Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC The reactions to iron are mostly complement mediated pseudo - anaphyl...



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Have had bad experience with feromoxytol (likely iron dose related) We also get slightly more reactions with ferric gluconate than we did in past with iron sucrose #NephJC



**Eric Au** @ericau

11 days ago

@nephshah @Buck1486 @DoctorGates @kidney\_boy Did these patients have high ferritin levels too? #NephJC

**Adam @apapi**

11 days ago



@nephshah @Buck1486 @DoctorGates @kidney\_boy #nephjc I wonder about this too, I know several older MRI studies showing lots of iron deposition with high ferritin ESRD patients. Does the 2 year follow-up of this study miss more long term liver tox?

**Nephrology Jrnl Club @NephJC**

11 days ago



T2: Any final comments or thoughts on the results? #NephJC <https://t.co/SflgRI9B0g>

**Joel Topf, MD FACP @kidney\_boy**

11 days ago



I love when experts from other specialties in medicine join #NephJC Great perspectives. It takes a village to tear apart a paper.

**Tomas Guerrero @DrTomasGuerrero**

11 days ago



@hswapnil <https://t.co/c02iFR3Lq7>. "Compared to controls, stroke cases were more likely to be African-American and had a greater prevalence of diabetes", learned it on my hematology service, but haven't looked into it thoroughly. #NephJC

**Nephrology Jrnl Club @NephJC**

11 days ago



Onto T3 and the discussion #NephJC

**Kevin J. Fowler @gratefull080504**

11 days ago



@LTummalapalli : I really question the true intentions of this study 1) Patients were not include in design 2) absence of quality of life measurement 3) Sponsored by Fresenius My question again is what is the unstated objective of this study? #NephJC

**Vineet Behera @BeheraVineet**

11 days ago



@JamesNovakNeph @NephroGuy @divyaa24 @NephJC #NephJC I too have seen allergic reactions to iron sucrose. Not seen iron dextran.. Never seen with iron carboxy maltose @hswapnil

**Amy Barton Pai PharmD MHI @nephpharm**

11 days ago



@gratefull080504 @hswapnil The authors also stated they had missing QOL data (pg 457) so can't really interpret. #NephJC



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

RT @NephJC: T2: There were no significant differences between QoL scores (EQ-5D quality-of-life health index or the Kidney Disease Quality...



**Arunkumar** @Arunkr\_Dr

11 days ago

@NephroGuy @Buck1486 @DoctorGates @kidney\_boy FAIR, CONFIRM and EFFECT trials showed benefits with iv iron in heart failure #NephJC



**Anitha Vijayan** @VijayanMD

11 days ago

@hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Very bad experience with ferumoxytol. FDA reported at least 18 deaths a while ago. Not worth the risk. #NephJC



**Verner** @werner02

11 days ago

RT @NephJC: T2: Hospitalization for any cause and infection were similar in the two groups; the rate of all episodes of infection was 63.3...



**Bloodman** @Bloodman

11 days ago

@nephshah @Buck1486 @DoctorGates @kidney\_boy But was the iron quantitative? Iron stains not at all predictive of liver iron stores. We also have been doing a lot of T2\* MRI to measure iron levels #NephJc



**Bhavnish (Buck MD)** @Buck1486

11 days ago

@BetterCallSeeth @NephroGuy @JamesNovakNeph @divyaa24 @NephJC It was an allergic reaction to the test dose. The full dose was not given subsequently. #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@GenNextMD @hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC This is a tough study to accept. The rate of anaphylaxis is crazy low, and if a pt got premedicated with solumedrol before the IV iron, the criteria captured it as an anaphylactic event.... #NephJC



**Eric Au** @ericau

11 days ago

@mhtwenge Usually every 2 months on dialysis. Looks like for this study they measured every month to guide iron therapy. #NephJC



**Kevin J. Fowler** @gratefull080504  
@hswapnil Yes I am @hswapnil #NephJC

11 days ago



**Cynthia Wang** @ccxjwang  
@NephJC Very reassuring! Are there any studies that have actually demonstrated increased infection risk in those receiving IV iron or this mostly a theoretical / conceptual fear? Learned about the infectious risk of IV iron in med school but it seems the data for that is lacking! #NephJC

11 days ago



**Alex M** 🇮🇹 @NephroGuy  
RT @Arunkr\_Dr: @NephroGuy @Buck1486 @DoctorGates @kidney\_boy FAIR, CONFIRM and EFFECT trials showed benefits with iv iron in heart failure...

11 days ago



**Sarah Melville** @sarahkmels  
@gratefull080504 ooh, yes, good point, that would have been good & considerate #PatientEngagement #NephJC

11 days ago



**Larissa Krüger** @nephron\_andon  
@NephJC Asking for a friend - how reliable is a p for superiority if the study was designed as non inferiority? #NephJC I read @hswapnil link about non inferiority, but I'm still confused about this one

11 days ago



**Joel Topf, MD FACP** @kidney\_boy  
RT @DrDanMO: @gratefull080504 And yet mortality fell as ESA doses went down, and after the bundle.... #NephJC

11 days ago



**Swapnil Hiremath, MD, MPH** @hswapnil  
@DrDanMO @GenNextMD @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC That was the one from <https://t.co/5V1X5GxhiQ> #NephJC <https://t.co/A1KO76mtHw>

11 days ago



**Amy Barton Pai PharmD MHI** @nephpharm  
@NephJC I think the very low iron dosing initially in the reactive group and no change in the proactive group complicates findings... ie reactive very underdosed #NephJC

11 days ago



**Kevin J. Fowler** @gratefull080504

11 days ago

@DrDanMO : Can you comment on quality of life ? #nephJC



**Angel Cesar Ortiz** @AngelCesarOrtiz

11 days ago

@divyaa24 @JamesNovakNeph @NephroGuy @NephJC What iron IV presentation you use in India? @divyaa24 #NephJC



**Alex M** 🇲🇪 @NephroGuy

11 days ago

@nephshah @Buck1486 @DoctorGates @kidney\_boy Were those patients chronically transfused or on high dose IV iron? #NephJC



**Mya Htwe Nge** @mhtwenge

11 days ago

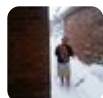
@BeheraVineet @JamesNovakNeph @NephroGuy @divyaa24 @NephJC @hswapnil If so ... test dose needed in all...? #nephjc <https://t.co/KiECDgd0tD>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>



**Adam** @apapi

11 days ago

@NephJC so what is the groups thoughts on iron with active infection? my understanding is in vitro bugs like iron, but how does this translate clinically? which infections do people hold iron? #nephjc



**Bloodman** @Bloodman

11 days ago

@GenNextMD @hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC This is not a good study as w explain in this editorial <https://t.co/kH59eKbz4H>. #NephJc



**Nephrology Jrnl Club** @NephJC

11 days ago

T3: This trial concluded that use of a high-dose/proactive IV iron regimen was superior to low-dose intravenous iron regimen administered reactively #NephJC

**Jefferson T. @TRIOZZIJL**

11 days ago



@ccxjwang @NephJC I was taught that the increased risk of infection with IV iron is theoretical; but if a patient has active infection or sepsis then definitely never administer. Don't know the data behind this, though. #NephJC

**Kevin J. Fowler @gratefull080504**

11 days ago



@nephpharm : The QOL instruments utilized were very poor measurements of QOL #NephJC

**Arunkumar @Arunkr\_Dr**

11 days ago



@AngelCesarOrtiz @divyaa24 @JamesNovakNeph @NephroGuy @NephJC Iron sucrose in most instances. Carboxymaltose and isomaltoside at times. cost n dosing dependent!! #NephJC

**Alex M 🌸🇲🇪 @NephroGuy**

11 days ago



@NephJC Whats the biological plausibility here? #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago



RT @VijayanMD: @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Very bad experience with ferumoxytol...

**Daniel Coyne @DrDanMO**

11 days ago



@VijayanMD @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC They have done 15 min infusions exclusively now and H2H against ferric carboxymaltose. The reactions rates were the same. I think the evidence now says with 15 min infusions, these agents have comparable reactions rates. #NephJC

**Harini Sarathy @hurryknee**

11 days ago




Harini here from San Francisco. Lurking and following from the dinner table. No COI #NephJC


**Gates Colbert, MD @DoctorGates**

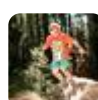
11 days ago





@VijayanMD @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Our hospital has iron sucrose IV on formulary. Great experience, no issues - so far! Price is reasonable, especially compared to inpatient ESA use. #NephJC


 **Nephrology Jrnl Club @NephJC** 11 days ago  
T3: Patients in the pro-active arm had fewer transfusions, lower ESA doses and less transfusions #NephJC


 **Angel Cesar Ortiz @AngelCesarOrtiz** 11 days ago  
RT @ericau: @divyaa24 @JamesNovakNeph @NephJC just curious - how does the cost of iron compare with EPO? and what do patients do if they ca...


 **Bloodman @Bloodman** 11 days ago  
@VijayanMD @hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Much less reactions with giving it over 15 minutes - I have given over 700 1020 mg doses without major incidence (collecting the data for publication) #NephJc

 **Sri Lekha Tummalapalli, MD, MBA @LTummalapalli** 11 days ago  
@gratefull080504 I think it's a good point. Bias is inherent in publication, which may be compounded by the funding source. It's our responsibility as investigators, peer reviewers, and readers to mitigate bias and assess validity. #NephJC

 **Sayna Norouzi @SaynaNorouzi** 11 days ago  
RT @kidney\_boy: I love when experts from other specialties in medicine join #NephJC Great perspectives. It takes a village to tear apart a...

 **Vineet Behera @BeheraVineet** 11 days ago  
@Bloodman @Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC #NephJC @kidney\_boy @DrDanMO @hswapnil Any experience of using..safer preparations in dialysis pt..like Iron carboxy maltose Ferric maltoside Ferrumoxytol

 **Arunkumar @Arunkr\_Dr** 11 days ago  
@NephroGuy @NephJC Probably secondary to the iron deficiency rather than iron dose administered. Iron deficiency reported to be associated with thrombosis right?? #NephJC

 **Anitha Vijayan @VijayanMD** 11 days ago  
@DrDanMO @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Still not going to use it when I have other options. #NephJC





**Amy Barton Pai PharmD MHI** @nephpharm

11 days ago

@VijayanMD @hswapnil @Bloodman @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC Ferumoxytol has a very large branched carbohydrate coating, even their patent showed adverse rxns in animals, clinical trials excluded all pts with multiple allergies #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@NephroGuy @NephJC More rapid Hgb rise? Higher Hgb = more vascular events even in the infamous 1998 RCT (with EPO) #NephJC



**Kevin J. Fowler** @gratefull080504

11 days ago

Now this is good news Fewer transfusions fewer antibodies better chance to have a #kidneytransplant This is a patient centered benefit #nephJC



**Jefferson T.** @TRIOZZIJL

11 days ago

@Arunkr\_Dr @NephroGuy @NephJC Or may be explained if the high-dose proactive group had more instances of access, then more likely to have complications #NephJC



**Sarah Melville** @sarahkmels

11 days ago

RT @NephroGuy: @Buck1486 @DoctorGates @kidney\_boy IV iron improves quality of life in HF patients #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@hswapnil @nephron\_andon @NephJC This is a great illustrative figure! #NephJC



**James Novak** @JamesNovakNeph

11 days ago

@DoctorGates @VijayanMD @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @NephJC We keep changing our outpatient IV iron formulation due to manufacturer shortages. They used to blame shortages on the hurricane in Puerto Rico, but that explanation is getting a bit long in the tooth...#NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

T3: One more question; what do you think about the median follow up of 2.1 years? #nephjc

**Kevin J. Fowler** @gratefull080504

11 days ago

I am having that oft repeated out of body experience when I feel like I am tweeting to myself .... again #nephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@DrDanMO @nephron\_andon @NephJC Source: <https://t.co/uEBHVQ76k1> Excellent review #NephJc

**Sarah Melville** @sarahkmels

11 days ago

RT @kidney\_boy: I love when experts from other specialties in medicine join #NephJC Great perspectives. It takes a village to tear apart a...

**Vineet Behera** @BeheraVineet

11 days ago

@Bloodman @Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC @kidney\_boy @DrDanMO @hswapnil #NephJC @Arunkr\_Dr Common iron preparations <https://t.co/pQUIjWJk38>

**Kevin J. Fowler** @gratefull080504

11 days ago

QOL anyone???? #nephJC

**Tomas Guerrero** @DrTomasGuerrero

11 days ago

@JamesNovakNeph @DoctorGates @VijayanMD @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @NephJC #NephJC With all the shortages we've had to deal with, there has been a hurricane in Puerto Rico since like 2010.

**Angel Cesar Ortiz** @AngelCesarOrtiz

11 days ago

RT @hswapnil: @nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@NephJC They got lot of events So fine with me #NephJC

**Alex M** 🇲🇪 @NephroGuy

11 days ago



RT @BeheraVineet: @Bloodman @Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC @kidney\_boy @DrDanMO @hswapnil #NephJC @Arunkr\_Dr Comm...

**Sarah Melville** @sarahkmels

11 days ago



RT @Bloodman: @Buck1486 @NephroGuy @JamesNovakNeph @divyaa24 @NephJC The reactions to iron are mostly complement mediated pseudo - anaphyl...

**Nephrology Jrnl Club** @NephJC

11 days ago



RT @hswapnil: @nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>

**James Novak** @JamesNovakNeph

11 days ago



@Arunkr\_Dr @NephroGuy @NephJC Iron deficiency is associated with thrombocytosis, so could explain access thrombosis. Doubtful that vascular access would be used more or less often in HD patients; HD is still 3x/week, irrespective of when or how often iron is administered. #NephJC

**Sapna Shah** @nephshah

11 days ago



@Buck1486 @DoctorGates @kidney\_boy Nearly all had "normal" ferritin levels at the time of evaluation (200-800) but in our region the wait time is 8-10 years so it's likely that many would have had prolonged iron exposure. None were very highly sensitized so I don't believe they had many transfusions. #NephJC

**L. Parker Gregg** @LParkerGregg1

11 days ago



Hey guys joining really late tonight bc I have family visiting from out of town. Great discussion as always! #NephJC

**Alex M** 🇲🇪 @NephroGuy

11 days ago



RT @hswapnil: @DrDanMO @nephron\_andon @NephJC Source: <https://t.co/uEBHVQ76k1> Excellent review #NephJc

**Verner** @werner02

11 days ago



RT @JamesNovakNeph: @Arunkr\_Dr @NephroGuy @NephJC Iron deficiency is associated with thrombocytosis, so could explain access thrombosis. Do...



**Vineet Behera** @BeheraVineet

11 days ago

RT @hswapnil: @DrDanMO @nephron\_andon @NephJC Source:  
<https://t.co/uEBHVQ76k1> Excellent review #NephJc



**Eric Au** @ericau

11 days ago

@TRIOZZIJL @Arunkr\_Dr @NephroGuy @NephJC Hm is the iron given with dialysis sessions? Then it shouldn't lead to higher instances of access if given at the end of dialysis. #NephJC



**Amy Barton Pai PharmD MHI** @nephpharm

11 days ago

@NephJC It's short but I have a bigger issue with the protocol amendments changing dosing in the reactive arm while proactive remains unchanged . Also the ferritin inclusion and cutoffs don't represent US HD.USRDS #NephJC <https://t.co/rJfDIPLe9e>



**Kevin J. Fowler** @gratefull080504

11 days ago

#nephjc The cynic in me says that this trial was designed as a counter strategy to the future new class of ESAs



**Nephrology Jrnl Club** @NephJC

11 days ago

T3: Any other thoughts on benefits and strengths? #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@gratefull080504 QoL anemia link in that Hgb range is very weak, if at all present Sorry See <https://t.co/tPriu8dAKx> #Nephjc



**Vineet Behera** @BeheraVineet

11 days ago

@JamesNovakNeph @DoctorGates @VijayanMD @hswapnil @Bloodman @nephpharm @ericau @kidneywarrior @divyaa24 @NephJC Agree..same problem here too.. have to change iron prep as per availability #NephJC



**Nimra Sarfaraz** @DrNimraS

11 days ago

RT @hswapnil: @nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>



**Arunkumar @Arunkr\_Dr**

11 days ago

@JamesNovakNeph @NephroGuy @NephJC Thrombocytosis and increased viscosity of microcytic RBCs affecting the flow pattern #NephJC



**Bhavnish (Buck MD) @Buck1486**

11 days ago

As an interventional neph enthusiast, I have to admit, the prevalence of dialysis catheters in both cohorts was troubling. #nephjc



**Nephrology Jrnl Club @NephJC**

11 days ago

T3: Limitations as noted by the authors include #NephJC -Single country -Open-label nature; may have biased transfusion -Limited QoL data



**Kevin J. Fowler @gratefull080504**

11 days ago

Thank you for sharing your experience @DrDanMO ! #nephJC



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@nephpharm @NephJC Well, maybe US ferritin patterns are wrong then? #NephJC



**Joel Topf, MD FACP @kidney\_boy**

11 days ago

@gratefull080504 @LTummalapalli Doesn't look like Fresenius designed the study, wrote the article, or had access to the data. Feels like a clean case sponsorship. Do you see otherwise? I think the unstated objective = the stated objective. #NephJC  
<https://t.co/l5QByqS6ln>



**Hector Madariaga @HecmagsMD**

11 days ago

@TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Joel Topf, MD FACP @kidney\_boy**

11 days ago

RT @nephpharm: @gratefull080504 @hswapnil The authors also stated they had missing QOL data (pg 457) so can't really interpret. #NephJC



**Adam @apapi**

11 days ago

@gratefull080504 with HIF stabilizers, everyone will have lower hepcidin, absorb oral iron better and have more effective erythropoiesis! #nephjc (no COI)



**Beje Thomas** @bthomas215

11 days ago

2 years is not a long time, but in dialysis the morbidity and mortality is high so that could require shorter follow up times #nephjc



**Vineet Behera** @BeheraVineet

11 days ago

@ericau @TRIOZZIJL @Arunkr\_Dr @NephroGuy @NephJC #NephJC In our hd pt..we give it at end of dialysis..prevent access issues



**Sarah Melville** @sarahkmels

11 days ago

RT @Arunkr\_Dr: @NephroGuy @Buck1486 @DoctorGates @kidney\_boy FAIR, CONFIRM and EFFECT trials showed benefits with iv iron in heart failure...



**Nephrology Jrnl Club** @NephJC

11 days ago

RT @kidney\_boy: @gratefull080504 @LTummalapalli Doesn't look like Fresenius designed the study, wrote the article, or had access to the dat...



**Alex M** 🇮🇹 @NephroGuy

11 days ago

RT @kidney\_boy: @gratefull080504 @LTummalapalli Doesn't look like Fresenius designed the study, wrote the article, or had access to the dat...



**Alex M** 🇮🇹 @NephroGuy

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Tiffany Caza** @Tiff\_Caza

11 days ago

@NephJC Is there a value in monitoring hepcidin levels too? #NephJC



**Vineet Behera** @BeheraVineet

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@Buck1486 Pretty common in UK (and Canada) High Transplant and PD rates = lower AVF rates among other things Look at survival? Does that compare with US stats? #NephJC



**Amy Barton Pai PharmD MHI @nephpharm**

11 days ago

@hswapnil @NephJC As an iron conservative clinician I would agree, I don't think we should abandon ferritin upper limits... #NephJC



**Nephrology Jrnl Club @NephJC**

11 days ago

T3: Any other limitations? #NephJC



**Dave White @kidneywarrior**

11 days ago

@JamesNovakNeph @DoctorGates @VijayanMD @hswapnil @Bloodman @nephpharm @ericau @divyaa24 @NephJC That is bogus! Patients should know about this - we're paying the bills #nephJC



**Beje Thomas @bthomas215**

11 days ago

In transplant prefer to check and give irin over ESA as long as not in DGF #nephjc



**Justin Davis @jbda19**

11 days ago

@NephJC My question has always been is there any benefit to a similar aggressive iron protocol in those not on an ESA? We see people correct their Hb often without an ESA if they're deficient so is there any benefit to being proactive in iron replacement? #NephJC



**Aakash Shingada @aakashshingada**

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Anshul Bhalla @BhallaAnshul**

11 days ago

@JamesNovakNeph @NephJC Interesting. Do you follow the upper limits of iron? Also curious if they are evidence based. Why not Tsat>50 or Ferritin >1500 if more iron can be good #NephJC



**Tejas Patel @GenNextMD**

11 days ago

ESA vs IV Iron- both have drawbacks and need to choose less toxic Rx depending on the circumstances..active infection may favor former? Data available that ESA safer in infection state? #NephJC



**Kevin J. Fowler** @gratefull080504

11 days ago



@kidney\_boy : Considering the US renal system is governed by a duopoly I will always be questioning the true intentions when power is that concentrated + innovation has been minimal for a half a century #NephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago



@LTummalapalli @gratefull080504 And it made sense Improving patient survival = good thing surely? #NephJc

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago



RT @kidney\_boy: @gratefull080504 @LTummalapalli Doesn't look like Fresenius designed the study, wrote the article, or had access to the dat...

**Sarah Melville** @sarahkmels

11 days ago



RT @Bloodman: @GenNextMD @hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC This is not a good study as w explai...

**James Novak** @JamesNovakNeph

11 days ago



@apapi @gratefull080504 I am a big fan of the HIF-PHIs. Just when we think we've got it all figured out, the HIF-PHIs will allow us to decrease doses of both ESA and IV iron. #NephJC

**Daniel Coyne** @DrDanMO

11 days ago



@apapi @gratefull080504 I am not sure this is true. HIF activators should help, but IV iron won't go away in my opinion. Also, what's the safety profile of HIF activators vs IV iron? #NephJC

**Verner** @werner02

11 days ago



RT @hswapnil: @nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>

**Nephrology Jnl Club** @NephJC

11 days ago



RT @LTummalapalli: @gratefull080504 Yes, after the change to the PPS there was a substantial drop in ESA use. CHOIR results also around thi...



**Raymond Hsu @DrRaymondHsu**

11 days ago

@nephpharm @hswapnil @NephJC Perhaps the next study should be to test upper ferritin threshold. most frustrating cases are those with ferritin >~800s but low Hg #Nephjc



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@apapi @gratefull080504 Show me the data Lot of claims Early days #NephJc



**Sam Krishnamoorthy @beans\_sam**

11 days ago

RT @hswapnil: @nephron\_andon @NephJC It will be the first case, below Legit #NephJc <https://t.co/jiyNkivEYP>



**Bloodman @Bloodman**

11 days ago

One thing I wonder is at these levels and with concurrent inflammation what are the body irons stores in this situation? I suspect if I has a ferritin of 500 I would have a lot more iron stores than dialysis patient at 500 #NephJC



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@nephpharm @NephJC Why? You don't like lower CV events? #NephJC



**Nephrology Jrnl Club @NephJC**

11 days ago

T3: How do you envisage these results will change your clinical practice? #NephJC



**Arunkumar @Arunkr\_Dr**

11 days ago

What would be the role of oral iron supplementation #NephJC



**Samaya @TarSamMD**

11 days ago

@DrRaymondHsu @nephpharm @hswapnil @NephJC Many of our patients in the county have ferritins >800 do we or should we still give iv iron? How high is too high? #NephJC #NSMC



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

@jbda19 @NephJC Of course Iron before epo #NephJc



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

@hswapnil @apapi @gratefull080504 I prefer to wait for these drugs to be approved and for us to know the results of the CV safety trials before spinning conspiracy theories #NephJC



**Adam** @apapi

11 days ago

@hswapnil @gratefull080504 I agree completely! Should have put #sarcasm #nephjc



**Saurin Patel, MD** @SPatel\_md

11 days ago

No question the most valuable corner of Twitter is #medtwitter . Ex: tonight's #nephJC which I randomly stumbled upon thanks to following @LParkerGregg1 and @DoctorGates If only this counted as CME



**Benil Hafeeq** @hafeeq\_benil

11 days ago

RT @mhtwenge: @NephJC #nephjc Different guidelines different cutoff Depend on local <https://t.co/Zl0lCv6H2U>



**Sarah Melville** @sarahkmels

11 days ago

RT @LTummalapalli: @gratefull080504 I think it's a good point. Bias is inherent in publication, which may be compounded by the funding sou...



**Eric Au** @ericau

11 days ago

@jbda19 @NephJC Generally would make sure iron levels were adequate before starting ESA, but then I wonder what level of ferritin we would consider adequate/replete with the results of this trial. ferritin of 700? #NephJC



**Benil Hafeeq** @hafeeq\_benil

11 days ago

RT @dr\_nikhilshah: Have seen too many complicated anemia protocols for EPO, Iron - hope this chat will clarify a few pathways. #nephjc [http...](http://)



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

RT @DrDanMO: @apapi @gratefull080504 I am not sure this is true. HIF activators should help, but IV iron won't go away in my opinion. Also,...



**Tomas Guerrero** @DrTomasGuerrero

11 days ago

@DrRaymondHsu @nephpharm @hswapnil @NephJC Would be interesting to know the reticulocyte index average for responders vs non responders. #NephJC



**James Novak** @JamesNovakNeph

11 days ago

@BhallaAnshul @NephJC Ceiling determined by the DRIVE study, which is the best evidence we have so far, as @DrDanMO can tell you. #NephJC



**NESOT Conference** @NESOTDodoma

11 days ago

RT @kidney\_boy: I do not think it is a coincidence that the first (and only?) positive RCT in dialysis patients was designed by nephrologis...



**Tiffany Caza** @Tiff\_Caza

11 days ago

@NephJC Any risk of iron overload long term with the high dose group? Could longer follow up help? #NephJC



**Bloodman** @Bloodman

11 days ago

@Arunkr\_Dr Suspect would not be absorbed well give the information and total daily absorption is capped at 10mg or so and given the iron requirements may not be enough #NephJc



**Harini Sarathy** @hurryknee

11 days ago

RT @kidney\_boy: I love when experts from other specialties in medicine join #NephJC Great perspectives. It takes a village to tear apart a...



**Kevin J. Fowler** @gratefull080504

11 days ago


@hswapnil : Show me the data on how this study is improving the quality of life of #dialysis patients I am absolutely dumbfounded that no one on this #nephJC can't see the possibility that Fresenius has an agenda + it is not about improving patient QOL with this study #nephJC





**Vineet Behera** @BeheraVineet


11 days ago


@NephJC I think the safety of iv iron.. And less fear of giving high doses with respect to side effects #NephJC @hswapnil


 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@SPatel\_md @LParkerGregg1 @DoctorGates Honest question, do you have a hard time meeting the CME goals for your states licensing requirements? Would you jump through hoops to get an hour of CME if #NephJC offered it?


 **Eric Au @ericau** 11 days ago  
@GenNextMD I thought ESA would also be less effective in active infection with Epo resistance. Maybe better to avoid both iron and Epo until the infection is treated? #NephJC


 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @DrRaymondHsu: @nephpharm @hswapnil @NephJC Perhaps the next study should be to test upper ferritin threshold. most frustrating cases a...

 **Gates Colbert, MD @DoctorGates** 11 days ago  
@kidney\_boy @gratefull080504 @LTummalapalli Remember that this trial started in 2013, likely designed in 2011-2012. A lot of these impact factors you mention are more contemporary. #NephJC

 **Sarah Melville @sarahkmels** 11 days ago  
RT @hswapnil: @gratefull080504 QoL anemia link in that Hgb range is very weak, if at all present Sorry See <https://t.co/tPriu8dAKx> #NephJC

 **Tejas Patel @GenNextMD** 11 days ago  
@ericau @jbda19 @NephJC Can't wait to get hepcidin replace ferritin though it has its own drawbacks as ferritin is sooo not ideal (IMO) #NephJC

 **Nephrology Jrnl Club @NephJC** 11 days ago  
Please reply. This is a possibility that #NephJC could pursue

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
@DrRaymondHsu @nephpharm @NephJC Didn't they also do well with more iron in DRIVE? #nephJC <https://t.co/C2bSQ3atag> cc @DrDanMO



**Arunkumar @Arunkr\_Dr**

11 days ago

@Bloodman Can we do away with oral iron therapy in dialysis population then??  
#NephJC



**Amy Barton Pai PharmD MHI @nephpharm**

11 days ago

@hswapnil @NephJC Because protocol dosing was changed so many times in the reactive vs proactive group- are they comparable or where they under dosed until participating sites expressed their concerns? #NephJC Also US dosing generally more aggressive load/maintenance repeat



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

RT @Bloodman: One thing I wonder is at these levels and with concurrent inflammation what are the body irons stores in this situation? I su...



**James Novak @JamesNovakNeph**

11 days ago

@kidney\_boy @hswapnil @apapi @gratefull080504 I've seen some of the data, anyway, when we were involved in Fibrogen's roxadustat study. It's compelling, but naturally not ironclad. #NephJC



**Dr. Ray Bignall @DrRayMD**

11 days ago

RT @LTummalapalli: @gratefull080504 Yes, after the change to the PPS there was a substantial drop in ESA use. CHOIR results also around thi...



**Nephrology Jrnl Club @NephJC**

11 days ago

Final five minutes; Take-home points? #NephJC



**Alex M 🇮🇹 @NephroGuy**

11 days ago

RT @hswapnil: @DrRaymondHsu @nephpharm @NephJC Didn't they also do well with more iron in DRIVE? #nephJC <https://t.co/C2bSQ3atag> cc @DrDanMO



**Bhavnish (Buck MD) @Buck1486**

11 days ago

@Arunkr\_Dr Considering that ESRD is by itself an inflammatory state, implying high hepcidin level and decreased mobilization from GI tract. One would think it is minimal. We avoid it in my institution. #NephJC... However this study suggests otherwise. <https://t.co/Z7ypMheqBR>



**Kevin J. Fowler** @gratefull080504

11 days ago

@DrDanMO : I don't have the data nor your professional experience However when power is concentrated such as with the LDOs, it is natural to question intentions of organizations with so much power #nephJC



**Sarah Melville** @sarahkmels

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Nephrology Jrnl Club** @NephJC

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@JamesNovakNeph @BhallaAnshul @NephJC @DrDanMO Doesn't tsat correlate better with hemochromatosis risk? Maybe use that as an upper limit rather than ferritin #NephJc



**James Novak** @JamesNovakNeph

11 days ago

@Arunkr\_Dr @Bloodman Oral iron isn't well absorbed. Used to be attributed to urea or ammonia oxidizing Fe and preventing absorption, now attributed to hepcidin blocking ferroportin. #NephJC



**Bhavnish (Buck MD)** @Buck1486

11 days ago

@ericau @GenNextMD That would be what I would do as a clinician #NephJC



**Verner** @werner02

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Daniel Coyne** @DrDanMO

11 days ago

@Bloodman You just finished a study saying the patients with higher iron stores give better, but the F >500 worries you Hemochromatosis is grams and grams more iron higher. If the ferritin is stable in the population from 12 to 36 months, then hte iron stores are on average stable. #NephJC



**Kate Robson** @nephrologista

11 days ago



@GenNextMD @ericau @jbda19 @NephJC Agree not ideal. Any refs re using hepcidin in our pts tho? Last one I know of (in KDIGO guidelines) didn't support: Tessitore N, Girelli D, Campostrini N et al. Hepcidin is not useful as a biomarker for iron needs in HD pts NDT 2010; 25: 3996–4002. #nephjc

**Vineet Behera** @BeheraVineet

11 days ago



@ericau @GenNextMD That seems a good strategy..#NephJC

**Kevin J. Fowler** @gratefull080504

11 days ago



@kidney\_boy : Me too but I am flabbergasted that no one is questioning the true intentions of the study. If you apply scrutiny to pharma it must be applied equally with the LDOs #nephJC

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago



@Arunkr\_Dr @Bloodman And all the calcium based binders we use + our patients pill burden We don't use Po iron at all here #NephJC

**Daniel Coyne** @DrDanMO

11 days ago



@DrRaymondHsu @nephpharm @hswapnil @NephJC <long sigh> #NephJC

**Vineet Behera** @BeheraVineet

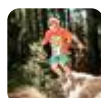
11 days ago



RT @nephrologista: @GenNextMD @ericau @jbda19 @NephJC Agree not ideal. Any refs re using hepcidin in our pts tho? Last one I know of (in KD...

**Bloodman** @Bloodman

11 days ago



@hswapnil @JamesNovakNeph @BhallaAnshul @NephJC @DrDanMO I would agree - clinical when I am referred patients with high ferritins the sat is a key test - normal or up and I worry about iron overload #NephJc

**Sri Lekha Tummalapalli, MD, MBA** @LTummalapalli

11 days ago



Great chat, learned a lot! But can someone summarize for me: Lower limit: Tsat, Ferritin  
Upper limit: Tsat, Ferritin #nephjc

**Nephrology Jrnl Club @NephJC**

11 days ago



RT @hswapnil: @DrRaymondHsu @nephpharm @NephJC Didn't they also do well with more iron in DRIVE? #nephJC <https://t.co/C2bSQ3atag> cc @DrDanMO

**Vineet Behera @BeheraVineet**

11 days ago



@DrDanMO @Bloodman Has anyone seen a case of hemochromatosis in dialysis pt.. @hswapnil @DrDanMO @Buck1486 #NephJC

**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago



@gratefull080504 Sure What's your point? Fresenius has manipulated the study? We should use less iron and more epo then? Really? #NephJC

**Tejas Patel @GenNextMD**

11 days ago



@nephrologista @ericau @jbda19 @NephJC Agree not prime time yet #NephJC

**Adam @apapi**

11 days ago



@hswapnil @JamesNovakNeph @BhallaAnshul @NephJC @DrDanMO spent some time looking for data around that, figure someone will ask at my rounds, I know ferritin correlates better than Tsat when it comes to liver iron deposition in ESKD(makes sense as its the storage molecule), but also read that hemochromatosis is unheard w/Tsat<0.5 #NephJC

**James Novak @JamesNovakNeph**

11 days ago



@hswapnil @BhallaAnshul @NephJC @DrDanMO High TSAT is used to diagnose both hereditary hemochromatosis and transfusion hemosiderosis, but really, both TSAT and ferritin are problematic tests, and the gold standard to diagnose iron overload is liver biopsy. #NephJC

**Joel Topf, MD FACP @kidney\_boy**

11 days ago



@gratefull080504 All we have been doing for the last hour is tearing the paper apart from every angle. How would we go about analyzing their true intentions? #NephJC

**Bhavnish (Buck MD) @Buck1486**

11 days ago



@hswapnil You have a point. Our PD population is nowhere near that in Canada. We are making a push for it though. #nephJC



**Sayna Norouzi** @SaynaNorouzi

11 days ago

RT @jeevsmd: our center does 50 mg IV Fe weekly if TSAT20-40% & ferritin 200 - 700. should we give 100mg weekly? #nephjc



**Nephrology Jrnl Club** @NephJC

11 days ago

Thanks for joining us tonight and for contributing to the discussion. #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@nephpharm @NephJC Right: so are we (load/maintenance cycle) Makes more sense to me to give higher maintenance (Eg 400 mg a month) #NephJC



**Daniel Coyne** @DrDanMO

11 days ago

@hswapnil @DrRaymondHsu @nephpharm @NephJC Less SAE's in the IV iron arm. No differences in infections in the arms. Ferritin did not predict responsiveness - just as good if F was 501 vs 1199 ng/ml #NephJC



**Nephrology Jrnl Club** @NephJC

11 days ago

Please also sign up for our weekly newsletter at <https://t.co/5aumn8lmwF> #NephJC



**Bloodman** @Bloodman

11 days ago

@BeheraVineet @DrDanMO @hswapnil @Buck1486 To clarify I was agreeing that in a dialysis patient a high ferritin is not indicative of iron overload because inflammation the relationship between ferritin and body iron stores falls apart. #NephJC



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

RT @DrDanMO: @hswapnil @DrRaymondHsu @nephpharm @NephJC Less SAE's in the IV iron arm. No differences in infections in the arms. Ferritin d...



**Nephrology Jrnl Club** @NephJC

11 days ago


Looking for some #NephJC swag? Order it here <https://t.co/eTUrZYjJeY>





**Matt Sparks** @Nephro\_Sparks


11 days ago


Reporting for duty. What did I miss? #nephjc


 **Nephrology Jrnl Club @NephJC** 11 days ago  
RT @jeevsmid: our center does 50 mg IV Fe weekly if TSAT20-40% & ferritin 200 - 700. should we give 100mg weekly? #nephjc


 **Madhu Singh @thinkalot** 11 days ago  
RT @kidney\_boy: In dialysis if a patient complains of fatigue, feeling cold, restless leg I always give a round of iron regardless of what...


 **Eric Au @ericau** 11 days ago  
@NephJC Thanks for hosting! Lots of interesting discussion #NephJC


 **James Novak @JamesNovakNeph** 11 days ago  
@NephJC I don't know that ESAs are toxic. High ESA doses to target lofty hemoglobins in the setting of ESA hyporesponsiveness are toxic. But a whiff of ESA that brings a Hb of 8 up to 11 in a sensitive patient? Probably OK. #NephJC

 **Swapnil Hiremath, MD, MPH @hswapnil** 11 days ago  
RT @Bloodman: @BeheraVineet @DrDanMO @hswapnil @Buck1486 To clarify I was agreeing that in a dialysis patient a high ferritin is not indica...

 **Joel Topf, MD FACP @kidney\_boy** 11 days ago  
@Nephro\_Sparks Mostly just Coyne schooling us while Swap screamed about non-inferiority design and Kevin wanted more QoL data. So a normal Tuesday night. #NephJC

 **L. Parker Gregg @LParkerGregg1** 11 days ago  
RT @JamesNovakNeph: @NephJC I don't know that ESAs are toxic. High ESA doses to target lofty hemoglobins in the setting of ESA hyporesponsi...

 **Kevin J. Fowler @gratefull080504** 11 days ago  
@hswapnil : This is my position: Provide the same level of scrutiny with a pharma company as you would another organization. In this case an LDO. #nephJC

 **Nephrology Jrnl Club @NephJC** 11 days ago  
Great discussion! Thank you everyone. I learned a lot; I hope you did too. Thank you and good night! #NephJC



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

RT @DrDanMO: @hswapnil @DrRaymondHsu @nephpharm @NephJC Less SAE's in the IV iron arm. No differences in infections in the arms. Ferritin d...



**Raymond Hsu** @DrRaymondHsu

11 days ago

@DrDanMO @nephpharm @hswapnil @NephJC Sorry @DrDanMo! did not know DRIVE data well. Will start overriding the HD unit protocol then. #NephJC <https://t.co/8TXQOtFt8F>



**Mya Htwe Nge** @mhtwenge

11 days ago

@Nephro\_Sparks Great iron day....#nephjc



**Sam Krishnamoorthy** @beans\_sam

11 days ago

RT @HecmagsMD: @TRIOZZIJL @ccxjwang @NephJC Here's a nice review on that topic on the @RenalFellowNtwk #Nephjc <https://t.co/vFluLeM31l>



**Joel Topf, MD FACP** @kidney\_boy

11 days ago

Final thoughts: To me this study further confirms the ESA are toxic hypothesis from the CHOIR CREATE TREAT BESERAB tetrad. It also puts another arrow in the iron is scary. Clean win for patients. #NephJC (Accidentally tweeted from wrong account, sorry)



**Bloodman** @Bloodman

11 days ago

@mhtwenge @Nephro\_Sparks In my world it's always a great iron day #NephJc



**Hector Madariaga** @HecmagsMD

11 days ago

@kidney\_boy @Nephro\_Sparks The IRONY... if you know what I mean :) #NephJC



**Adam** @apapi

11 days ago

@hswapnil @JamesNovakNeph @BhallaAnshul @NephJC @DrDanMO #nephjc for what it's worth, as QI when our centre stopped checking ferritin in dialysis patients, of the patients with high ferritin, most also would have had Tsat > 0.4 and therefore had iron held, haven't seen the numbers myself though #nephjc



**Alex M** 🇲🇪 @NephroGuy

11 days ago

RT @kidney\_boy: Final thoughts: To me this study further confirms the ESA are toxic hypothesis from the CHOIR CREATE TREAT BESERAB tetrad....



**Daniel Coyne** @DrDanMO

11 days ago

@JamesNovakNeph @hswapnil @BhallaAnshul @NephJC IV iron products are taken up into the RES of the liver and spleen, and if you biopsy after giving a gram of IV iron, you will see a lot of iron, but the relationship of liver iron content to TOTAL body iron is very different than in hemochromatosis. #NephJC



**L. Parker Gregg** @LParkerGregg1

11 days ago

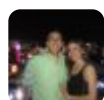
RT @kidney\_boy: Final thoughts: To me this study further confirms the ESA are toxic hypothesis from the CHOIR CREATE TREAT BESERAB tetrad....



**Kevin J. Fowler** @gratefull080504

11 days ago

@kidney\_boy : Joel I think there are some very positive elements of the trial but I do not think patients were consulted in the design of the trial If they were, I think QOL would have been considered with greater depth #nephJC



**Jeremie Lever** @JeremieLever

11 days ago

Is there a place for measuring catalytic iron in addition to ferritin and Tsat in hemodialysis patients with anemia? #NephJC @hswapnil @kidney\_boy



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@gratefull080504 Yes Remember you didn't like it when we did it with REPRISE? <https://t.co/27OWiPIZ03> #NephJC



**Verner** @werner02

11 days ago

Sometimes we under estimate Iron treatment, I have seen it in Hospitals with no Nephrologists here in my country. There they prefer EPO. But as we know, Iron is better before EPO. Are we having new better limits for Iron?. Nice discussion of PIVOTAL #NephJC



**Sarah Melville** @sarahkmels

11 days ago

@SPatel\_md @LParkerGregg1 @DoctorGates specifically, #nephtwitter & #cardiotwitter ;) #NephJC



**Vineet Behera @BeheraVineet**  
Thankyou for the great discussion #NephJC

11 days ago



**Daniel Coyne @DrDanMO**  
@apapi @hswapnil @JamesNovakNeph @BhallaAnshul @NephJC I am not surprised. A ferritin limit blocks you from giving IV iron to someone with severe inflammation and a high ferritin and low TSAT, but many not so inflamed patients only get a high ferritin when their iron stores and TSAT are fine.. #NephJC

11 days ago



**Nephrology Jrnl Club @NephJC**  
@BeheraVineet Thank you for joining us #nephjc

11 days ago



**Sarah Melville @sarahkmels**  
RT @hswapnil: @DrRaymondHsu @nephpharm @NephJC Didn't they also do well with more iron in DRIVE? #nephJC <https://t.co/C2bSQ3atag> cc @DrDanMO

11 days ago



**Sarah Melville @sarahkmels**  
RT @NephJC: Please reply. This is a possibility that #NephJC could pursue <https://t.co/pphumaG2ph>

11 days ago



**Eric Au @ericau**  
@gratefull080504 @kidney\_boy Agree it would always be nice to include more #patientinvolvement and QoL. But they did report on most of the core outcomes identified in SONG-HD like CVD, vascular access, mortality which were also important to patients. #NephJC

11 days ago



**Swapnil Hiremath, MD, MPH @hswapnil**  
@gratefull080504 At same time This study was run at arms length by investigators I respect Protocol explicit, changes properly documented Hard outcomes (unlike REPRISE) I find your counterfactual somewhat implausible Sorry #NephJC

11 days ago



**Swapnil Hiremath, MD, MPH @hswapnil**  
RT @JamesNovakNeph: @NephJC I don't know that ESAs are toxic. High ESA doses to target lofty hemoglobins in the setting of ESA hyporesponsi...

11 days ago





**Kevin J. Fowler @gratefull080504**

11 days ago

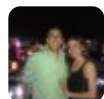
@hswapnil: Without a doubt I will leave you with this question Do you think patients living on #dialysis were consulted on this trial? I think there are very good points with this trial. However, The authors acknowledge that QOL was a gap #nephJC



**Daniel Coyne @DrDanMO**

11 days ago

Did anyone notice PIVOTAL never referenced any DRIVE publication? #NephJC



**Jeremie Lever @JeremieLever**

11 days ago

@NephJC et al Thank you all for an awesome learning experience! #NephJC is such a cool thing! It moves fast but offers unrivaled #SoMe access to master clinicians! Love it



**Kevin J. Fowler @gratefull080504**

11 days ago

@hswapnil : I see it differently as we sometimes do but that doesn't take away from the fact that I like you personally I bid you a good evening + peace until we chat again #nephJC



**Sarah Melville @sarahkmels**

11 days ago

RT @gratefull080504: @hswapnil : This is my position: Provide the same level of scrutiny with a pharma company as you would another orga...



**Sarah Melville @sarahkmels**

11 days ago

@NephJC yes, thank you, ;) #NephJC



**Sarah Melville @sarahkmels**

11 days ago

RT @kidney\_boy: Final thoughts: To me this study further confirms the ESA are toxic hypothesis from the CHOIR CREATE TREAT BESERAB tetrad....



**Daniel Coyne @DrDanMO**

11 days ago

@hswapnil @CharlieTomson @DavidWheeler2 Let's not. It's about the science, and this was a well designed study answering a question that was even more important than we knew. And now patients can benefit. #NephJC



**Swapnil Hiremath, MD, MPH @hswapnil**

11 days ago

still recovering #nephjc



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

Thanks for hosting Sayna and for joining us tonight @drdanmo and @bloodman - and also all the new faces! #nephjc



**Adam** @apapi

11 days ago

first #nephJC was a blast! v. cool to discuss this with the author of DRIVE @DrDanMO, my rounds will be so much more legit now!



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

The numbers: 608 Tweets. 114 Participants. 2,160,897 Impressions. February 25th 2019. More #NephJC 📊 here <https://t.co/zbC0JuyDHp> via @symplur



**Sarah Melville** @sarahkmels

11 days ago

RT @DrDanMO: Did anyone notice PIVOTAL never referenced any DRIVE publication? #NephJC



**Harini Sarathy** @hurryknee

11 days ago

This is exactly what has been an obstacle in adopting PIVOTAL trial into my clinical practice. #NephJC



**Sarah Melville** @sarahkmels

11 days ago

RT @hurryknee: This is exactly what has been an obstacle in adopting PIVOTAL trial into my clinical practice. #NephJC <https://t.co/XXxRZXcd...>



**Matt Sparks** @Nephro\_Sparks

11 days ago

Loving the new #NephJC Apple news feed 👉 <https://t.co/SnOrzgZUIs>  
<https://t.co/NNpsJavv10>



**Verner** @werner02

11 days ago

Talking about Iron Dosing in CKD #NephJC Article Night Discussion  
<https://t.co/04qkWwNI9J>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@nephpharm @NephJC also: on protocol change: these are not uncommon - and changes explicit and reasonable - do you agree? #NephJC <https://t.co/cP8bUHX1m3>

**John Montford, MD** @JohnRMontford

11 days ago



Hi #NephJC no coi. Just started iv iron load on HD patient today finishing up abx for line sepsis (line out now). No response to lots of ESA. Hgb 7s Tsat 4% Ferritin 30. Rx: IV iron load and reduce ESA. PIVOTAL makes me feel better about this. 👍

**Margaret S. Chisolm, MD** @whole\_patients

11 days ago



RT @kidney\_boy: @SPatel\_md @LParkerGregg1 @DoctorGates Honest question, do you have a hard time meeting the CME goals for your states licen...

**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago



@kidsbeansdoc @gratefull080504 indeed - though as @ericau pointed out, the outcomes incl here rated high by @song\_initiative and anemia-QOL link weak, despite what Lance Armstrong and the 1998 trial claimed <https://t.co/tPriu8dAKx> #NephJC <https://t.co/C6scfGFJBS>

**Nephrology Jnl Club** @NephJC

11 days ago



RT @apapi: first #nephJC was a blast! v. cool to discuss this with the author of DRIVE @DrDanMO, my rounds will be so much more legit now!

**Ricky Turgeon PharmD** @Ricky\_Turgeon

11 days ago



RT @Bloodman: @hswapnil @nephpharm @ericau @kidneywarrior @divyaa24 @JamesNovakNeph @NephJC No data anyone iron safer than the other. The b...

**Kevin J. Fowler** @gratefull080504

11 days ago



@kidsbeansdoc : I stand by my statements Perhaps you may want to research the statements recently made by @AdamCMMi He expressed his dissatisfaction on the state of #kidneycare in the US #NephJC

**Kevin J. Fowler** @gratefull080504

11 days ago



@hswapnil : Fair point #nephJC

**Sayna Norouzi** @SaynaNorouzi

11 days ago



@JeremieLever Thank you for joining #nephjc tonight! I hope you liked it.

**Sayna Norouzi** @SaynaNorouzi

11 days ago



@apapi @NephJC @DrDanMO Thank you for joining #nephjc!



**Sayna Norouzi** @SaynaNorouzi

11 days ago

@DrDanMO Thank you very much for joining #nephjc tonight. Your comments were amazing. I'm gonna go back and read them one more time now.



**J S Kumar** @docchennai

11 days ago

@NephJC I am Dr.Kumar from Chennai India #nephJC



**Vasundhara Raghavan** @Vasuragh

11 days ago

RT @NephJC: And a very nice infographic by @Slatts\_1 #nephjc  
<https://t.co/e9N7GFLJPQ>



**Daniel Opazo D.** @daniel\_opazo

11 days ago

RT @kidney\_boy: Final thoughts: To me this study further confirms the ESA are toxic hypothesis from the CHOIR CREATE TREAT BESERAB tetrad....



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

RT @Nephro\_Sparks: Loving the new #NephJC Apple news feed 👉  
<https://t.co/SnOrzgZUIs> <https://t.co/NNpsJavv10>



**Sayna Norouzi** @SaynaNorouzi

11 days ago

@ValenBaezS @MedStarHealth Thanks for joining #nephjc! I hope you liked it.



**Jeremie Lever** @JeremieLever

11 days ago

Here's the reference covered in #nephjc <https://t.co/k7yREEk5Wm>



**Swapnil Hiremath, MD, MPH** @hswapnil

11 days ago

@nephpharm @NephJC So let's embrace it! 200 mg x 2 once a month FTW #NephJC  
Everyone gets iron! <https://t.co/DQepakjOoC>



**Dave White** @kidneywarrior

11 days ago

@Vasuragh Thanks - ratio is an issue but I thank you for your consideration and concern #NephJC




Alex M 🇲🇪 @NephroGuy

11 days ago

RT @hswapnil: @nephpharm @NephJC So let's embrace it! 200 mg x 2 once a month FTW #NephJC Everyone gets iron! <https://t.co/DQepakjOoC>

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