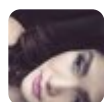


#NephJC Transcript

Healthcare social media transcript of the #NephJC hashtag.

Wed, February 27th 2019, 9:30AM – Wed, February 27th 2019, 12:30PM (America/Toronto).

See #NephJC Influencers/Analytics.



mcamd @mcamd

10 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...



EVER OLIVIE CIPRIANO @DREVEROLIVIE

10 days ago

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



+972598215140 @86abe5ccc09e468

10 days ago

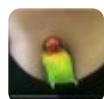
@NephJC hello. Sami , pediatric nephrologist from Palestine, no COI, just lurking #NephJC



DidemTurgut @didemturgut_

10 days ago

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



nephroVIP @nephroVIP

10 days ago

Kidney wurde soeben publiziert! <https://t.co/LU0ivVH8ep> Vielen Dank an @puffyka81 @Monia1420 @GefrKamnitzer #nephjc #nephrology



Krithika Mohan @krithicism

10 days ago

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



Sanjeev Nair @Nair_Sanj

10 days ago

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



Aakash Shingada @aakashshingada

10 days ago

RT @divyaa24: Asian #NephJC On IV iron use in hemodialysis starts in 90 minutes. I will be hosting tonight. Cant wait for a thrilling discu...



Krithika Mohan @krithicism

10 days ago

Hi, Krithika here, nephrology fellow in Hyderabad, no COI #NephJC #NSMC2019



Nephrology Jrnl Club @NephJC

10 days ago

Good evening everyone! It's 09:00PM which means it is time for the Asian #NephJC. Welcome to tonight's discussion.



Nephrology Jrnl Club @NephJC

10 days ago

I'm Divya Bajpai (@divyaa24) and I'll be your host tonight as we discuss this paper. I'm a nephrologist in KEM Hospital Mumbai. We manage both acute and maintenance HD adultd and pediatric patients. No Coi #NSMC faculty #NephJC.



Sanjeev Nair @Nair_Sanj

10 days ago

Calling all Indian #Nephtwittron to join in today's #NephJC on the practice changing PIVOTAL study



Nephrology Jrnl Club @NephJC

10 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



Aakash Shingada @aakashshingada

10 days ago

RT @NephJC: I'm Divya Bajpai (@divyaa24) and I'll be your host tonight as we discuss this paper. I'm a nephrologist in KEM Hospital Mumbai....



Nephrology Jrnl Club @NephJC

10 days ago

The dilemma to be solved tonight "Intravenous Iron in Patients Undergoing Maintenance Haemodialysis: The Proactive IV irOn Therapy in haemodiALysis patients (PIVOTAL) trial" #NephJC <https://t.co/P1u2RYgMe7>



Mya Htwe Nge @mhtwenge

10 days ago

@NephJC #nephjc hi, Mya from Myanmar 🇲🇲, no COI



Aakash Shingada @aakashshingada

10 days ago

Aakash Shingada, from Mumbai. Strong supporter of IV iron #NephJC



Krishna K Agrawal @agrawalkris

10 days ago

Hi this is Krishna from Kathmandu. No coi.#nephjc @NephJC



Vineet Behera @BeheraVineet

10 days ago

Hi all.. i am vineet behera..from mumbai.. no coi.. #NephJC @divyaa24



Aakash Shingada @aakashshingada

10 days ago

RT @NephJC: The dilemma to be solved tonight “Intravenous Iron in Patients Undergoing Maintenance Haemodialysis: The Proactive IV irOn Ther...



Nephrology Jrnl Club @NephJC

10 days ago

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



Nephrology Jrnl Club @NephJC

10 days ago

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



Krithika Mohan @krithicism

10 days ago

RT @Nair_Sanj: Calling all Indian #Nephtwitron to join in today's #NephJC on the practice changing PIVOTAL study



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Sanjeev Nair, Nephrologist, Chennai. No Cols #nephJC



Aakash Shingada @aakashshingada

10 days ago

@NephJC Nice graphic @Slatts_1 #NephJC

**Anupama Y J** @anupamayj

10 days ago

@NephJC @divyaa24 Hi. I am Dr anupama from Shimoga. Lurking #nephjc

**Nephrology Jrnl Club** @NephJC

10 days ago

The paper we will be discussing tonight is "Intravenous Iron in Patients Undergoing Maintenance Hemodialysis: the 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

**Sanjeev Nair** @Nair_Sanj

10 days ago

@mhtwenge @NephJC Hi Mya..must be late there no? #NephJC

**Nephrology Jrnl Club** @NephJC

10 days ago

Don't have time to sift through the entire paper and supplementary material? Check out the excellent summary by @nair_sanj #NephJC <https://t.co/ZkXY0QTN3J>

**Krithika Mohan** @krithicism

10 days ago

RT @NephJC: The dilemma to be solved tonight "Intravenous Iron in Patients Undergoing Maintenance Haemodialysis: The Proactive IV irOn Ther...

**Aakash Shingada** @aakashshingada

10 days ago

@Nair_Sanj @NephJC Rocking Summary Boss! #NephJC

**Mya Htwe Nge** @mhtwenge

10 days ago

@Nair_Sanj @NephJC Here is 10 pm #nephjc

**Sanjeev Nair** @Nair_Sanj


10 days ago


@aakashshingada Iron does make u stronger #WeakPuns #Ironman #NephJC


**Krithika Mohan** @krithicism


10 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/HwaZDRoKaI>


 **Nephrology Jrnl Club @NephJC** 10 days ago
Also, check out the amazing visual abstract by Sinead Stoneman (@Stones___ #NephJC <https://t.co/uprUir4cde>


 **Vineet Behera @BeheraVineet** 10 days ago
#NephJC lv iron preparations commonly used in hd.. @divyaa24 @aakashshingada @mhtwenge @Nair_Sanj <https://t.co/WzYO2PBFQ2>


 **Nephrology Jrnl Club @NephJC** 10 days ago
Without further ado...let us move onto T0 and the background #NephJC


 **Aakash Shingada @aakashshingada** 10 days ago
@86abe5ccc09e468 @NephJC Hey Sami.. So glad you could join us today! would love to get to know ur experiences #NephJC

 **Krithika Mohan @krithicism** 10 days ago
RT @NephJC: Don't have time to sift through the entire paper and supplementary material? Check out the excellent summary by @nair_sanj #Nep...

 **Sanjeev Nair @Nair_Sanj** 10 days ago
RT @NephJC: The paper we will be discussing tonight is "Intravenous Iron in Patients Undergoing Maintenance Hemodialysis: the The Proactive..."

 **Nephrology Jrnl Club @NephJC** 10 days ago
@BeheraVineet @divyaa24 @aakashshingada @mhtwenge @Nair_Sanj nice #nephjc

 **Nephrology Jrnl Club @NephJC** 10 days ago
T0a: Anemia is the bane of many a HD unit. ESA use was initially aggressive aiming for high Hb targets: later studies emerged regarding the safety of intensive ESA treatment as higher Hb levels were associated with increased stroke and MI risk #NephJC

 **Sanjeev Nair @Nair_Sanj** 10 days ago
RT @NephJC: Don't have time to sift through the entire paper and supplementary material? Check out the excellent summary by @nair_sanj #Nep...



Krithika Mohan @krithicism

10 days ago

RT @NephJC: Also, check out the amazing visual abstract by Sinead Stoneman (@Stones__ #NephJC <https://t.co/uprUir4cde>)



Nephrology Jrnl Club @NephJC

10 days ago

T0b: For more on this fascinating story, check out the "Normalisation of Haemoglobin story" in NephMadness 2016 #NephJC <https://t.co/nwDYJtLIWI>



Aakash Shingada @aakashshingada

10 days ago

@anupamayj @NephJC @divyaa24 So glad you could join us tonight maam! #NephJC



Amit Langote @LangoteAmit

10 days ago

I #nephjc



Nephrology Jrnl Club @NephJC

10 days ago

T0e: 2012 KDIGO guideline recommends considering iron therapy if transferrin saturation (TSAT) levels are $\leq 30\%$ and serum ferritin levels are $\leq 500 \mu\text{g/L}$ #NephJC



Lovy @drlovygaur

10 days ago

RT @BeheraVineet: #NephJC Iv iron preparations commonly used in hd.. @divyaa24 @aakashshingada @mhtwenge @Nair_Sanj <https://t.co/WzYO2PBFQ2>



Krithika Mohan @krithicism

10 days ago

RT @BeheraVineet: #NephJC Iv iron preparations commonly used in hd.. @divyaa24 @aakashshingada @mhtwenge @Nair_Sanj <https://t.co/WzYO2PBFQ2>



Amit Langote @LangoteAmit

10 days ago

Hi all. Happy to join back #nephjc



Jim Moriarty @HotKidneyAction

10 days ago

RT @toates_19: #NephJC European running tonight at 8pm GMT will discuss the PIVOTAL trial; conducted in the UK and funded by @Kidney_Resear...



Arunkumar @Arunkr_Dr

10 days ago

Hi.. Arunkumar from Delhi. No COI. #NephJC


Nephrology Jrnl Club @NephJC

10 days ago

T0f: There is limited clinical evidence to support the use of upper limits for iron targets; the recommendations to discontinue IV iron in patients with ferritin 500 µg/L was based on the potential for worsening inflammation #NephJC


Aakash Shingada @aakashshingada

10 days ago

RT @BeheraVineet: #NephJC Iv iron preparations commonly used in hd.. @divyaa24 @aakashshingada @mhtwenge @Nair_Sanj <https://t.co/WzYO2PBFQ2>


Renal Association @RenalAssoc

10 days ago

RT @toates_19: #NephJC European running tonight at 8pm GMT will discuss the PIVOTAL trial; conducted in the UK and funded by @Kidney_Resear...


Nephrology Jrnl Club @NephJC

10 days ago

T0g: The DRIVE (Dialysis Patients' Response to IV Iron with Elevated Ferritin) study suggested that even in patients with serum ferritin levels in excess of 500 µg/L, IV iron may reduce ESA requirements & increase haemoglobin <https://t.co/nAz3IGieAZ> #NephJC


Lovy @drlovygaur

10 days ago

Hi.. this is Lovy from Delhi.. No COIs #NephJC


Daniel Opazo D. @daniel_opazo

10 days ago

RT @Arunkr_Dr: @NephJC In most instances we avoid i.v. iron if ferritin is > 800 in our place. If the Tsat is low we give low doses of i.v....


Aakash Shingada @aakashshingada

10 days ago

@NephJC @Stones__ Truly a beautiful @Stones__ #visualabstract #nephjc.


Mya Htwe Nge @mhtwenge

10 days ago

@NephJC #NephJC not only KDIGO..... <https://t.co/cDFIXIQiO8>


Nephrology Jrnl Club @NephJC

10 days ago

T0i: What is your typical maintenance iron regime? #nephjc < 100 mg a month ~100 mg a month ~ 200 mg a month ~ 400 mg a month

**Krithika Mohan** @krithicism

10 days ago

RT @NephJC: T0g: The DRIVE (Dialysis Patients' Response to IV Iron with Elevated Ferritin) study suggested that even in patients with serum...

**Aakash Shingada** @aakashshingada

10 days ago

@LangoteAmit HI!!! how are you sir? #NephJC

**Amit Langote** @LangoteAmit

10 days ago

400 mg a month #nephjc

**Aakash Shingada** @aakashshingada

10 days ago

@NephJC 400 a month #NephJC

**Mya Htwe Nge** @mhtwenge

10 days ago

@NephJC #nephjc mostly 200; sometimes 400

**Amit Langote** @LangoteAmit

10 days ago

@aakashshingada you are the boss.. No sir here .. #nephjc

**Sanjeev Nair** @Nair_Sanj

10 days ago

@drlovygaur Hi Lovy..good to see #NSMCInterns in the mix..Rocking start by the way to ur internship #NephJC

**Nephrology Jnl Club** @NephJC

10 days ago

T0k: What is your ferritin cutoff for stopping iron (no infection)? #nephjc - Stop at > 500 - stop at > 700/800 - Stop at > 1200 - Never stop 'ironman'

**Lovy** @drlovygaur












10 days ago

RT @mhtwenge: @NephJC #NephJC not only KDIGO..... <https://t.co/cDFIXiQiO8>

**Krithika Mohan** @krithicism

10 days ago

@NephJC 200 a month #NephJC

-
-  **Priya John @DrPriya3110** 10 days ago
Hi all!!am priya nephrologist from Hyderabad.#NephJC
-
-  **Amit Langote @LangoteAmit** 10 days ago
@NephJC more than 1000 #nephjc
-
-  **Sanjeev Nair @Nair_Sanj** 10 days ago
@NephJC Not may..does and quite emphatically. #NephJC
-
-  **Mya Htwe Nge @mhtwenge** 10 days ago
@NephJC #nephjc 1200
-
-  **Vineet Behera @BeheraVineet** 10 days ago
@NephJC 200 mg a month.. #NephJC
-
-  **Aakash Shingada @aakashshingada** 10 days ago
@NephJC As a fellow, used to be scared to give iron at ferritin of >~700-800. Was surprised to see bosses prescribe IV iron even at those levels.. And these patients did respond.. Changed my outlook and approach #NephJC
-
-  **Sanjeev Nair @Nair_Sanj** 10 days ago
@mhtwenge @NephJC I suspect all of these will change post PIVOTAL #NephJC
-
-  **Nephrology Jrnl Club @NephJC** 10 days ago
T0I: Do you focus more on Tsats versus Ferritin? #nephjc
-
-  **Amit Langote @LangoteAmit** 10 days ago
#NephJC
-
-  **Nephrology Jrnl Club @NephJC** 10 days ago
@Nair_Sanj @mhtwenge So rare in nephrology, practice changing trial #NephJC
-
-  **Vineet Behera @BeheraVineet** 10 days ago
@NephJC Stop iv iron at ferritin of 800.. @Nair_Sanj @aakashshingada #nephjc



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC 400MG/month. I suspect this is practice all across India.. #NephJC



Mya Htwe Nge @mhtwenge

10 days ago

@NephJC #nephjc Tsat



Nephrology Jrnl Club @NephJC

10 days ago

@aakashshingada Sometimes its also good to follow eminence based medicine #nephJC



Amit Langote @LangoteAmit

10 days ago

@NephJC On T sat , as Ferritin is raised in many inflammatory conditions #nephjc



DrUtkarsh Deshmukh @DrUtkarsh15Aug

10 days ago

Hello This is Dr Utkarsh Deshmukh Kolkata #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Used to be 500..will go up to 800 now on #NephJC



Aakash Shingada @aakashshingada

10 days ago

@NephJC just mentioned this in a prev tweet.. used to stop at high ferritins. Now I only see TSATs and stop at > ~35% #NephJC



Vineet Behera @BeheraVineet

10 days ago

@Nair_Sanj @mhtwenge @NephJC Yes.. the cut offs may get higher.. the safety profile of iv iron too may be better..#NephJC



Amit Langote @LangoteAmit

10 days ago


@DrUtkarsh15Aug Welcome to @NephJC #nephjc



Nephrology Jrnl Club @NephJC

10 days ago

T0m: Which iron preparations do you use? #nephjc

-
-  **Priya John @DrPriya3110** 10 days ago
@NephJC More than 700..wouldn't dare to give iron.#nephjc
-
-  **Arunkumar @Arunkr_Dr** 10 days ago
@NephJC Stop at 800 if normal tsat and 1000 if low tsat... #NephJC
-
-  **Sanjeev Nair @Nair_Sanj** 10 days ago
@NephJC Tsats ... used to target >30..We'll need trials to figure out a safe upper limit now #NephJC
-
-  **Aakash Shingada @aakashshingada** 10 days ago
@NephJC Sucrose, Carboxymaltose, Isomaltoside(not so much) #NephJC
-
-  **Amit Langote @LangoteAmit** 10 days ago
@DrPriya3110 @NephJC Iron sucrose , ferric carboxymaltose #nephjc
-
-  **Nephrology Jrnl Club @NephJC** 10 days ago
@Nair_Sanj loved your line " The ferritin floor has been mistaken as the ceiling" in summary #nephJC
-
-  **Krithika Mohan @krithicism** 10 days ago
@NephJC Mostly iron sucrose #NephJC
-
-  **Aakash Shingada @aakashshingada** 10 days ago
@DrUtkarsh15Aug Hi Utkarsh. Welcome back to #NephJC . What do they do at Kolkata? Which iron formulations preferred, Ferritin / Tsat cutoffs?
-
-  **Amit Langote @LangoteAmit** 10 days ago
@Nair_Sanj @NephJC Upto 40 is proven safe now . i target upto 40% T sat #nephjc
-
-  **Vineet Behera @BeheraVineet** 10 days ago
@NephJC We use.. iron sucrose in most patients..for regular iv iron post hd Have also used iron carboxy maltose Very less experience with iron dextran #NephJC



Aakash Shingada @aakashshingada

10 days ago

RT @Arunkr_Dr: @NephJC Stop at 800 if normal tsat and 1000 if low tsat... #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Iron sucrose and Ferric carboxymaltose.. limited by availability in Institutional pharmacy #NephJC



Amit Langote @LangoteAmit

10 days ago

RT @NephJC: @Nair_Sanj loved your line " The ferritin floor has been mistaken as the ceiling" in summary #nephJC



Aakash Shingada @aakashshingada

10 days ago

RT @NephJC: @Nair_Sanj loved your line " The ferritin floor has been mistaken as the ceiling" in summary #nephJC



Mya Htwe Nge @mhtwenge

10 days ago

@aakashshingada @NephJC #NephJC sucrose only



Nephrology Jrnl Club @NephJC

10 days ago

Nice discussion so far. Now moving to the methods #NephJC



Krithika Mohan @krithicism

10 days ago

RT @NephJC: @Nair_Sanj loved your line " The ferritin floor has been mistaken as the ceiling" in summary #nephJC



Nephrology Jrnl Club @NephJC

10 days ago

T1a: This prospective, randomized, open label, blinded end-point, controlled trial at 50 sites in the UK, aimed to assess noninferiority, safety & efficacy of a high-dose IV iron administered proactively, versus low-dose IV iron administered reactively in MHD #NephJC <https://t.co/bkvlG1t8KK>



Amit Langote @LangoteAmit

10 days ago

@NephJC Guess, the choice is more driven by local availability than specific preference of a molecule #nephjc

Nephrology Jnl Club @NephJC

10 days ago



T1b: Adults with ESRD on HD less than 12 months prior to screening visit, had a ferritin concentration of less than 400 µg/litre and a transferrin saturation of less than 30%, and who were receiving an ESA were eligible to participate #NephJC
<https://t.co/5EtoDnpH95>

zorba @khannaa

10 days ago



RT @NephJC: T0a: Anemia is the bane of many a HD unit. ESA use was initially aggressive aiming for high Hb targets: later studies emerged r...

Mya Htwe Nge @mhtwenge

10 days ago



@LangoteAmit @Nair_Sanj @NephJC #NephJC yes, agree <https://t.co/Q7eAT6oD5I>

Aakash Shingada @aakashshingada

10 days ago



@LangoteAmit @NephJC and money! #NephJC

Nephrology Jnl Club @NephJC

10 days ago



T1e: Proactive, high dose IV iron arm: •Ferritin ≤700 µg/litre: 200 mg during each of the first two dialysis sessions •Ferritin >700 µg per liter and/or transferrin saturation ≥40%: withhold dose #NephJC

Krithika Mohan @krithicism

10 days ago



RT @mhtwenge: @LangoteAmit @Nair_Sanj @NephJC #NephJC yes, agree
<https://t.co/Q7eAT6oD5I>

Vineet Behera @BeheraVineet

10 days ago



@NephJC What is the experience with.. Iron isomaltoside Ferrumoxytol Few preparations available..i think.. Anyone has experience ?? @divyaa24 @aakashshingada @LangoteAmit @krithicism @agrawalkris @drlovygaur @Nair_Sanj #NephJC

Nephrology Jnl Club @NephJC

10 days ago



T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc <https://t.co/luS4IDeguN>



Aakash Shingada @aakashshingada

10 days ago

@NephJC any experience with Ret Hb, Percent hypochromic RBCs? They change early with treatment. @divyaa24 @Arunkr_Dr @LangoteAmit #askrenal #NephJC



Trasplante Hospital de los Valles Quito @TrasplanteValle

10 days ago

RT @mhtwenge: @LangoteAmit @Nair_Sanj @NephJC #NephJC yes, agree
<https://t.co/Q7eAT6oD5l>



Nephrology Jrnl Club @NephJC

10 days ago

@BeheraVineet @divyaa24 @aakashshingada @LangoteAmit @krithicism
@agrawalkris @drlovygaur @Nair_Sanj Never used ferrumoxytol but higher rates of reaction reported #nephJC



Krithika Mohan @krithicism

10 days ago

RT @NephJC: T1b: Adults with ESRD on HD less than 12 months prior to screening visit, had a ferritin concentration of less than 400 µg/litr...



Nephrology Jrnl Club @NephJC

10 days ago

T1g: 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



Vineet Behera @BeheraVineet

10 days ago

RT @mhtwenge: @LangoteAmit @Nair_Sanj @NephJC #NephJC yes, agree
<https://t.co/Q7eAT6oD5l>



Aakash Shingada @aakashshingada

10 days ago

@BeheraVineet @NephJC @divyaa24 @LangoteAmit @krithicism @agrawalkris
@drlovygaur @Nair_Sanj have seen isomaltoside been prescribed. Never used it myself. #NephJC



Arunkumar @Arunkr_Dr

10 days ago

@BeheraVineet @NephJC @divyaa24 @aakashshingada @LangoteAmit @krithicism
@agrawalkris @drlovygaur @Nair_Sanj We have used iron isomaltoside... Similar to FCM. No added benefits i guess. #NephJC

**Nephrology Jrnl Club** @NephJC

10 days ago

T1h: Secondary and tertiary outcomes #NephJC <https://t.co/KUp1Wujr8J>**Nephrology Jrnl Club** @NephJC

10 days ago

T1i: Any concerns or thoughts about methods? #NephJC

**Nephrology Jrnl Club** @NephJC

10 days ago

T1j: Trial was funded by Kidney Research UK, which was supported by an unrestricted grant from Vifor Fresenius Medical Care Renal Pharma (which had no input into the trial design or the data collection or analysis) #nephjc

**Sanjeev Nair** @Nair_Sanj

10 days ago

@mhtwenge @LangoteAmit @NephJC Dont think even this represents a fixed upper limit.. just the recommended range to target. The question is if a higher iron level is ok and can decrease ESA use which would u prefer..Iron/ESA? #nephJC

**Arunkumar** @Arunkr_Dr

10 days ago

@aakashshingada @NephJC @divyaa24 @LangoteAmit Never used them. Are they available freely?? #NephJC

**Garima Aggarwal** @gag_aggarwal

10 days ago

Garima Aggarwal, Nephrologist from New Delhi. Joining in a bit late, sorry about that, just finished clinic. No COI, except I am an iron believer #NephJC #AsianNephJC

**Sanjeev Nair** @Nair_Sanj

10 days ago

@BeheraVineet @NephJC @divyaa24 @aakashshingada @LangoteAmit @krithicism @agrawalkris @drlovygaur Nope #nephJC

**Krithika Mohan** @krithicism

10 days ago

@BeheraVineet @NephJC @divyaa24 @aakashshingada @LangoteAmit @agrawalkris @drlovygaur @Nair_Sanj Have never used #NephJC

**Nephrology Jrnl Club** @NephJC

10 days ago

@Nair_Sanj @mhtwenge @LangoteAmit But whether we can trade off one for another, i feel we should probably target minimum optimum dose of both in combination #NephJC



Nephrology Jrnl Club @NephJC
@gag_aggarwal hi garima #NephJC

10 days ago



Krithika Mohan @krithicism
RT @NephJC: T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc
<https://t.co/luS4IDeguN>

10 days ago



Mya Htwe Nge @mhtwenge
@NephJC @BeheraVineet @divyaa24 @aakashshingada @LangoteAmit @krithicism
@agrawalkris @drlovygaur @Nair_Sanj Need test dose in all iron formulations ??
#NephJC Experience in only sucrose <https://t.co/HhLt7AikQ>

10 days ago



Sanjeev Nair @Nair_Sanj
@NephJC Nice table #NephJC

10 days ago



Nephrology Jrnl Club @NephJC
On to T2 and the results. #NephJC

10 days ago



Garima Aggarwal @gag_aggarwal
@aakashshingada @BeheraVineet @NephJC @divyaa24 @LangoteAmit @krithicism
@agrawalkris @drlovygaur @Nair_Sanj My personal experience was increased
reactions, so stopped #NephJc

10 days ago



Aakash Shingada @aakashshingada
@gag_aggarwal hi!! never be sorry about joining #Nephjc even if its at 9:59! :). what cut
offs do you use for IV iron? #NephJC

10 days ago



Pablo Gabilán @Pablo_Gabilan
RT @NephJC: T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc
<https://t.co/luS4IDeguN>

10 days ago



Nephrology Jrnl Club @NephJC
@Nair_Sanj all credit to @SaynaNorouzi for the table #nephJC

10 days ago



Garima Aggarwal @gag_aggarwal

10 days ago

RT @NephJC: T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc
<https://t.co/luS4IDeguN>



Nephrology Jrnl Club @NephJC

10 days ago

T2a: Table 1 shows baseline characteristics. Prevalence of cardiovascular disease was 29.6% in the high-dose group and 28.2% in the low-dose group. #NephJC
<https://t.co/RPRIQVDGxw>



Vineet Behera @BeheraVineet

10 days ago

@aakashshingada @NephJC @divyaa24 @Arunkr_Dr @LangoteAmit Not available easily.. But as you say..they are very sensitive #nephjc #askrenal @aakashshingada
<https://t.co/fbHkoFoZxO>



Nephrology Jrnl Club @NephJC

10 days ago

T2b: Use of medications at baseline in the two groups #NephJC <https://t.co/fdl0cHDC6f>



Krithika Mohan @krithicism

10 days ago

RT @NephJC: T1h: Secondary and tertiary outcomes #NephJC <https://t.co/KUp1Wujr8J>



Sayna Norouzi @SaynaNorouzi

10 days ago

RT @NephJC: T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc
<https://t.co/luS4IDeguN>



Nephrology Jrnl Club @NephJC

10 days ago

T2c: 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/MX7jasRaf3>



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Wondering if we'd get IRB clearance here if we'd proposed this study. The study itself is quite elegantly done no? #NephJC



Garima Aggarwal @gag_aggarwal

10 days ago

@aakashshingada TSAT < 20%, don't really follow the Ferritin, it's invariably high due to inflammation in most of our patients #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

@Nair_Sanj I think we will get as there is no final word on dose yet #nephJC



Krishna K Agrawal @agrawalkris

10 days ago

Has anyone gone through japanese dialysis guidelines. #nephjc



Amit Langote @LangoteAmit

10 days ago

@Nair_Sanj @NephJC @aakashshingada @gag_aggarwal Any reason why IRB would object to the approval here ? #nephjc



Nephrology Jrnl Club @NephJC

10 days ago

T2d: 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 lowdose group. #NephJC
<https://t.co/pegQ5B0XZk>



Vineet Behera @BeheraVineet

10 days ago

@mhtwenge @NephJC @divyaa24 @aakashshingada @LangoteAmit @krithicism @agrawalkris @drlovygaur @Nair_Sanj Test dose not needed in most preparations..needed in iron dextran #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@gag_aggarwal Hi Gugu...Also in training to be an #Ironman triathlete? #NephJC



Amit Langote @LangoteAmit

10 days ago

@agrawalkris I have not , Anything interesting you would like to share with us in context of this topic ? #nephjc



Nephrology Jrnl Club @NephJC

10 days ago

T2e: The median monthly dose of iron was 264 mg (interquartile range, 200; 336) in the high-dose group and 145 mg (interquartile range, 100; 190) in the low-dose group; median difference in the monthly iron dose was 121 mg (95% CI, 114; 129). #NephJC

**Krithika Mohan** @krithicism

10 days ago

RT @NephJC: T2a: Table 1 shows baseline characteristics. Prevalence of cardiovascular disease was 29.6% in the high-dose group and 28.2% in...

**Nephrology Jrnl Club** @NephJC

10 days ago

@Agrawalkris please elaborate about whats different in Japan #nephJC

**Sanjeev Nair** @Nair_Sanj

10 days ago

RT @mhtwenge: @NephJC @BeheraVineet @divyaa24 @aakashshingada @LangoteAmit @krithicism @Agrawalkris @drlovygaur @Nair_Sanj Need test dose i...

**Biswajit Mishra** @Biswaji47579040

10 days ago

Hi, Biswajit from chennai #NephJC

**Krithika Mohan** @krithicism

10 days ago

RT @BeheraVineet: @aakashshingada @NephJC @divyaa24 @Arunkr_Dr @LangoteAmit Not available easily.. But as you say..they are very sensitive...

**Nephrology Jrnl Club** @NephJC

10 days ago

T2f: Ferritin and TSATS both increased more rapidly in the high-dose group #NephJC
<https://t.co/JW3VjDUF8U>

**Nephrology Jrnl Club** @NephJC

10 days ago

@Biswaji47579040 hi welcome to #NephJC

**Nephrology Jrnl Club** @NephJC

10 days ago

T2g: 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/PndIsCswFP>

**Amit Langote** @LangoteAmit

10 days ago

@Biswaji47579040 Welcome to @NephJC. Glad yu could join #nephjc



Garima Aggarwal @gag_aggarwal

10 days ago

@Nair_Sanj Haha how I wish ! the only iron I can manage right now is IV ;) #NephJc



Aakash Shingada @aakashshingada

10 days ago

@Biswaji47579040 hi! Welcome to #nephjc. Do share your experiences with us!



Anupama Y J @anupamayj

10 days ago

@NephJC Would it have been better to exclude the first three months after dialysis initiation? Usually that is the period when many dialysis patients have adverse outcomes till they 'settle' into dialysis routine. That could influence outcome. #nephJC



Nephrology Jrnl Club @NephJC

10 days ago

T2h: Increase in Hb occurred in both groups, however it was more rapid in the high dose group. #NephJC <https://t.co/hhRLTVTgP1>



Arunkumar @Arunkr_Dr

10 days ago

@NephJC Ease of application apart from availability and cost factor for getting ferritin done. Ferritin has ifs and buts (inflammation!!). Tsat we can take a uniform cut off of 25% #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

@anupamayj Yes the effects of uremia is also more and most of them here are on catheters #nephJC



Krithika Mohan @krithicism

10 days ago

RT @NephJC: T2h: Increase in Hb occurred in both groups, however it was more rapid in the high dose group. #NephJC <https://t.co/hhRLTVTgP1>



Amit Langote @LangoteAmit

10 days ago

@NephJC T2h - the clinical results were as expected in each arm #nephjc



Aakash Shingada @aakashshingada

10 days ago

@Arunkr_Dr @NephJC whats the avg ferritins of ur patients in the HD unit.. I find most of pts with very high levels? #NephJC



Vineet Behera @BeheraVineet

10 days ago

@anupamayj @NephJC #NephJC agree with you..



Nephrology Jrnl Club @NephJC

10 days ago

T2i: 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; P<0.001 for noninferiority; P = 0.04 for superiority) #NephJC <https://t.co/fTQv4aWrcm>



Nephrology Jrnl Club @NephJC

10 days ago

@aakashshingada @Arunkr_Dr 500 to 1000, higher with those with catheters #nephJC



Arunkumar @Arunkr_Dr

10 days ago

@aakashshingada @NephJC Around 500.. Some patients are over 1000 where we get stuck whether to give iv iron and end up with oral iron supplementation #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

T2j: Non-inferior and superior is not a paradox, see <https://t.co/XgbiA801vh> for more; will be first option in figure below #NephJC <https://t.co/tlXKjUkrOP>



Garima Aggarwal @gag_aggarwal

10 days ago

RT @NephJC: T0l: Do you focus more on Tsats versus Ferritin? #nephjc



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

RT @NephJC: T2j: Non-inferior and superior is not a paradox, see <https://t.co/XgbiA801vh> for more; will be first option in figure below #Ne...



Nephrology Jrnl Club @NephJC

10 days ago

T2k: The effect of high dose IV iron on the primary endpoint was consistent across the subgroup analysis #NephJC <https://t.co/LBuAakoIL8>



Krithika Mohan @krithicism

10 days ago

@aakashshingada @Arunkr_Dr @NephJC Agree with Divya #NephJC



Amit Langote @LangoteAmit

10 days ago

@BeheraVineet @anupamayj @NephJC about 500 Ferritin on average #nephjc



Nephrology Jrnl Club @NephJC

10 days ago

T2l: 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/Dkovy3xu1m>



Vineet Behera @BeheraVineet

10 days ago

@Arunkr_Dr @NephJC #NephJC tsat surely.. ferritin is influenced by inflammation..



Arunkumar @Arunkr_Dr

10 days ago

@NephJC @aakashshingada We dont have many with catheters as maintenance HD is done only as a part of employee health scheme or close to transplantation. May explain the slightly lower ferritin in our place. #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

T2m: The rate of MI (fatal or non-fatal), stroke (fatal or non-fatal) and hospitalisation for heart failure was lower in the high-dose group (hazard ratio, 0.80; 95% CI, 0.64 to 1.00) #NephJC



Aakash Shingada @aakashshingada

10 days ago

@NephJC @Arunkr_Dr exactly, same with us #NephJC



Krithika Mohan @krithicism

10 days ago

RT @NephJC: T2j: Non-inferior and superior is not a paradox, see <https://t.co/XgbiA801vh> for more; will be first option in figure below #Ne...



Harshal Joshi @drharshaljoshi

10 days ago


@NephJC Dr Harshal Joshi , Vadodara, Gujarat, India #NephJC





Aakash Shingada @aakashshingada


10 days ago


@NephJC Any idea, if we can derive the number needed to treat from these values? #NephJC


 **Nephrology Jrnl Club @NephJC** 10 days ago
@Arunkr_Dr @aakashshingada So all your patients get initiated with AVF? thats a dream come true #NephJC


 **Amit Langote @LangoteAmit** 10 days ago
@drharshaljoshi Welcome to @NephJC . Glad you could join the discussion. #nephjc


 **Nephrology Jrnl Club @NephJC** 10 days ago
T2n: The rates of individual components of MI and hospitalisation for heart failure were also lower among patients in the high dose group. Rate of stroke was similar in both groups #NephJC

 **Krishna K Agrawal @agrawalkris** 10 days ago
@NephJC Sorry for the bad network. The guidelines are not updated after 2009. But they found increased bacteremia with IV iron if given with high ferritin. Has pivotal looked into it. #NephJC

 **Nephrology Jrnl Club @NephJC** 10 days ago
T2o: Death and a composite of MI stroke, or hospitalisation 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/8QWoSbX8Rz>

 **Aakash Shingada @aakashshingada** 10 days ago
@NephJC This wasn't surprising at all.. More due to lower ESA doses??? #NephJC

 **Aakash Shingada @aakashshingada** 10 days ago
@drharshaljoshi @NephJC Hey! Welcome to #nephjc.. please share ur experience.. Would love to learn!

 **Arunkumar @Arunkr_Dr** 10 days ago
@NephJC @aakashshingada that would be a never ever event!!! Initiation is with catheter is over 60-70%.. By the time they are inducted in our unit they usually have an AVF is what i meant.. #NephJC

Nephrology Jrnl Club @NephJC

10 days ago



T2p: Patients in the high-dose group were less likely to receive blood transfusions (hazard ratio, 0.79; 95% CI, 0.65 to 0.95). #NephJC <https://t.co/AldtVsmVj7>

Sanjeev Nair @Nair_Sanj

10 days ago



@Agrawalkris @NephJC Yes...and didnt find such an increase compared to a lower iron dose #NephJC

Krithika Mohan @krithicism

10 days ago



RT @NephJC: T2o: Death and a composite of MI stroke, or hospitalisation for heart failure as recurrent events occurred at a rate of 19.4 ev...

Aakash Shingada @aakashshingada

10 days ago



@NephJC @Arunkr_Dr that's like japan. >90% initiating with AVF! #nephjc.

Nephrology Jrnl Club @NephJC

10 days ago



T2: Infection was the most common non cardiovascular cause of death with similar rates in both groups #NephJC <https://t.co/THTzBaRuou>

Lovy @drlovygaur

10 days ago



@NephJC I think it wud be difficult to ignore any of them. This paper concluded that ferritin was the only parameter which showed a significant albeit weak corrln with hepatic iron depstn (by SQUID) in HD pt. Risk is already elevated with levels > 340 <https://t.co/xm60Tu7OIJ...> #NephJC <https://t.co/NFdKRDGcMN>

Swapnil Hiremath, MD, MPH @hswapnil

10 days ago



@Nair_Sanj @Agrawalkris @NephJC Yup. No increase in infections with more iron Not in PIVOTAL, not in DRIVE Need to exclude patients with active infection first though #NephJC

Nephrology Jrnl Club @NephJC

10 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

Amit Langote @LangoteAmit

10 days ago



@NephJC absoles iron as the cause of sepsis, doesnt it ? #nephjc

Nephrology Jrnl Club @NephJC

10 days ago



T2: Hospitalisation 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

Amit Langote @LangoteAmit

10 days ago



RT @hswapnil: @Nair_Sanj @agrawalkris @NephJC Yup. No increase in infections with more iron Not in PIVOTAL, not in DRIVE Need to exclude pa...

Nephrology Jrnl Club @NephJC

10 days ago



T2: Serious adverse events occurred in 709 patients (64.9%) in the high-dose group and in 671 (64.0%) in the low-dose group. The rates analysed by MedDRA system organ class were generally similar in both groups #NephJC <https://t.co/piMbmFsaha>

Sanjeev Nair @Nair_Sanj

10 days ago



@aakashshingada @NephJC Likely but higher iron was also supposed to be associated with higher oxidative stress and atherothrombosis remember? Is PIVOTAL powered enough to put that to rest? And is the follow up long enough? What say @hswapnil #nephJC

Garima Aggarwal @gag_aggarwal

10 days ago



@Arunkr_Dr @NephJC @aakashshingada Yes even many charitable HD centres in my city don't take in patients for regular HD unless they have an AVF, so practically a 100% AVF rate. Hmmm should do a ferritin study at one of these #NephJC

Priya John @DrPriya3110

10 days ago



RT @drlovygaur: @NephJC I think it wud be difficult to ignore any of them. This paper concluded that ferritin was the only parameter which s...

Aakash Shingada @aakashshingada

10 days ago



RT @hswapnil: @Nair_Sanj @agrawalkris @NephJC Yup. No increase in infections with more iron Not in PIVOTAL, not in DRIVE Need to exclude pa...

Nephrology Jrnl Club @NephJC

10 days ago



Yes, Is there any good quality evidence for iron having role in infections ? #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

RT @hswapnil: @Nair_Sanj @agrawalkris @NephJC Yup. No increase in infections with more iron Not in PIVOTAL, not in DRIVE Need to exclude pa...



Krithika Mohan @krithicism

10 days ago

RT @NephJC: T2: Infection was the most common non cardiovascular cause of death with similar rates in both groups #NephJC <https://t.co/THTz...>



Vineet Behera @BeheraVineet

10 days ago

@agrawalkris @NephJC It was previously considered tht high iv iron causes more infection..but few trials n last few yrs hv proven tht ther s no increased risk @divyaa24 @aakashshingada @Nair_Sanj @mhtwenge #nephjc <https://t.co/D1qavMnmYL>



Lovy @drlovygaur

10 days ago

@NephJC Can this be attributed to Fenton's reaction that iron is infamous for.. free radicals —> endothelial damage —> thrombosis #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

@gag_aggarwal @Arunkr_Dr @aakashshingada More than 60 - 70% of our pts get initiated on Catheter. They take 1 or 2 months to get AVF #sad #nephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@LangoteAmit @NephJC They excluded pts with active infection..thats the caveat with high iron doses..need to be careful to choose the right pts and stop iron if infections present #NephJC



Garima Aggarwal @gag_aggarwal

10 days ago

@LangoteAmit @NephJC But also lv iron should not be given if patient is already in sepsis / catheter related infection / any infection, right ? #NephJC



Vineet Behera @BeheraVineet

10 days ago

RT @drlovygaur: @NephJC I think it wud be difficult to ignore any of them.This paper concluded that ferritin was the only parameter which s...

Aakash Shingada @aakashshingada

10 days ago



@LangoteAmit @NephJC nt sure.. the doses between 2 groups were not VERY different.. Bith got iron.. cannot absolve iron as a promoter of sepsis yet.. Just a thought..#NephJC

Nephrology Jrnl Club @NephJC

10 days ago



T2: Any final comments or thoughts on the results? #NephJC

Amit Langote @LangoteAmit

10 days ago



@NephJC Any reason that should happen ? Does more iron cause more thrombophlebitis --> more thrombosis ? #nephjc

Amit Langote @LangoteAmit

10 days ago



@drlovygaur @NephJC Exactly what i was thinking !! #nephjc

Mya Htwe Nge @mhtwenge

10 days ago



@hswapnil @Nair_Sanj @agrawalkris @NephJC #NephJC Clinical practice guidelines on iron therapy: A critical evaluation <https://t.co/w9m12XyjVJ>
<https://t.co/r2rDsSnmSo>

Aakash Shingada @aakashshingada

10 days ago



@drlovygaur @NephJC IV iron also promotes thrombocytosis? #NephJC

Garima Aggarwal @gag_aggarwal

10 days ago



@NephJC Was this statistically significant ? #NephJC

Amit Langote @LangoteAmit

10 days ago



RT @BeheraVineet: @agrawalkris @NephJC It was previously considered tht high iv iron causes more infection..but few trials n last few yrs h...

Nephrology Jrnl Club @NephJC

10 days ago



Onto T3 and the discussion #NephJC



Arunkumar @Arunkr_Dr

10 days ago

@NephJC Maintenance therapy may not increase risk of infections.. More with bolus therapy <https://t.co/licbazHlIc> #NephJC



Garima Aggarwal @gag_aggarwal

10 days ago

@NephJC @Arunkr_Dr @aakashshingada Same #Sad #NephJc



Vineet Behera @BeheraVineet

10 days ago

@gag_aggarwal @Arunkr_Dr @NephJC @aakashshingada All presenting first time with uremic symptoms start with catheters..abt 40 - 50%.. But all ckd on followup who progres to esrd generally hv catheters #nephjc



Nephrology Jrnl Club @NephJC

10 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



Nephrology Jrnl Club @NephJC

10 days ago

T3: Patients in the pro-active arm had fewer transfusions, lower ESA doses and less transfusions #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@BeheraVineet @agrawalkris @NephJC @divyaa24 @aakashshingada @mhtwenge Analysis driven largely by DRIVE #nephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

@Nair_Sanj @aakashshingada @NephJC Oxidative stress = Mumbo jumbo 😊 #NephJC



Lovy @drlovygaur

10 days ago

@aakashshingada @NephJC Well anemia curiously has an association with thrombocytosis.. logically iron should curtail that factor.. not sure though #NephJC



Krithika Mohan @krithicism

10 days ago

RT @mhtwenge: @hswapnil @Nair_Sanj @agrawalkris @NephJC #NephJC Clinical practice guidelines on iron therapy: A critical evaluation <https://t.co/...>



Arunkumar @Arunkr_Dr

10 days ago

@drlovygaur @NephJC Thrombocytosis and altered flow patterns due to increased viscosity of microcytic cells may explain the risk #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

T3: Of note, the incidence of infection did not differ significantly between the two groups; this is important given suggestion that higher doses of IV iron might promote bacterial growth. I dont know of any good evidence for same. Do you? #NephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

@LangoteAmit @NephJC Higher Hgb = more viscosity? Also see in normal Hct trial (1998) with higher Hgb from epo #NephJC



Amit Langote @LangoteAmit

10 days ago

@NephJC Was this not a non-inferiority trial ? #NephJC



Krithika Mohan @krithicism

10 days ago

@BeheraVineet @gag_aggarwal @Arunkr_Dr @NephJC @aakashshingada I think you meant fistulas #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

T3: High dose IV iron resulted in a significantly lower risk of death or major non-fatal cardiovascular events. As we discussing endothelial damage and oxidative stress, how to explain this?#NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Interesting that Hb caught up with the High iron grp due to the higher ESA dosing. Basically find a safe balance between the 2 options #nephJC
<https://t.co/oH6Uwqxbm7>



Arunkumar @Arunkr_Dr

10 days ago

@drlovygaur @aakashshingada @NephJC Whereas normal iron levels are required to prevent thrombocytosis by inhibiting thrombopoiesis, a minimum amount of iron is required to maintain platelet production... from <https://t.co/oJS4S3I6JK> #NephJC

**Lovy @drlovygaur**

10 days ago

RT @Arunkr_Dr: @drlovygaur @aakashshingada @NephJC Whereas normal iron levels are required to prevent thrombocytosis by inhibiting thrombop...

**Harshal Joshi @drharshaljoshi**

10 days ago

@gag_aggarwal @NephJC @Arunkr_Dr @aakashshingada My aim for ckd pts is to get done AV fistula and vaccinate all early stage ckd.. proactively counsel for this.. hope It works in future.. right now.. 70-80% initiated on HD with Cath.. #sad #NephJC

**Amit Langote @LangoteAmit**

10 days ago

@hswapnil @NephJC But the other group also achieved similar Hb, then why the difference in access thrombosis ? #NephJC

**Nephrology Jrnl Club @NephJC**

10 days ago

What do you think of followup of 2.1 yrs ? 1. too short 2. too long 3. its never just right (blame it) #NephJC

**Sanjeev Nair @Nair_Sanj**

10 days ago

@hswapnil @LangoteAmit @NephJC But the mean Hb levels didnt really cross 12 even in the High dose grp.. #NephJC

**Krishna K Agrawal @agrawalkris**

10 days ago

How do you administer IV iron. Through hd circuit or after hd via peripheral vein and how do you dissolve sucrofer #nephJC

**Garima Aggarwal @gag_aggarwal**


10 days ago


@NephJC I think two years for an anemia study is decent #NephJc


**Vineet Behera @BeheraVineet**


10 days ago


@NephJC I think we need to differentiate this.. High maintenance dose of iron may not predispose to infection.. But In active ongoing infection..iron still needs to be avoided #nephjc @hswapnil @aakashshingada @mhtwenge @drlovygaur <https://t.co/13wy00c2TK>


 **Sanjeev Nair** @Nair_Sanj 10 days ago
RT @NephJC: T3: This trial concluded that use of a high-dose/proactive IV iron regimen was superior to low-dose intravenous iron regimen ad...


 **Garima Aggarwal** @gag_aggarwal 10 days ago
@drharshaljoshi @NephJC @Arunkr_Dr @aakashshingada Amen ! #NephJc

 **Arvind Canchi** 🇮🇳 @arvindcanchi 10 days ago
@Arunkr_Dr @drlovygaur @aakashshingada @NephJC Hi folks, joining late today. This man whose statue has revelry recently made headlines has a connection with the #nephjc subject being discussed today. <https://t.co/JPRdZzeCrt> <https://t.co/VTr9GfMJcE>


 **Amit Langote** @LangoteAmit 10 days ago
@NephJC Good enough for sepsis outcome, not sure if enough for Cardiovascular outcomes #NephJC

 **Aakash Shingada** @aakashshingada 10 days ago
@gag_aggarwal @NephJC They had enough number of events.. So I think this duration was fair #NephJC

 **Krithika Mohan** @krithicism 10 days ago
@LangoteAmit @hswapnil @NephJC Dose related ? #NephJC

 **Nephrology Jrnl Club** @NephJC 10 days ago
T3: Strengths include a large sample size Limitations as noted by the authors include #NephJC •Single country •Open-label nature; may have biased transfusion •Limited QoL data

 **Priya John** @DrPriya3110 10 days ago
RT @mhtwenge: @NephJC #NephJC not only KDIGO..... <https://t.co/cDFIXiQiO8>

 **Arunkumar** @Arunkr_Dr 10 days ago
@arvindcanchi @drlovygaur @aakashshingada @NephJC The Iron Man of India #NephJC



Krithika Mohan @krithicism
@NephJC Good enough #NephJC

10 days ago



Amit Langote @LangoteAmit
@agrawalkris Through the venous return line of the HD circuit #NephJC

10 days ago



Aakash Shingada @aakashshingada
@Nair_Sanj @hswapnil @LangoteAmit @NephJC Lot of talk on iron causing thrombocytosis, any data comparing it in the 2 grps? #NephJC

10 days ago



Vineet Behera @BeheraVineet
@agrawalkris Dialysis pt..most have access issues.. Give post hd..hd circuit #nephjc

10 days ago



Nephrology Jrnl Club @NephJC
T3: Any other limitations? #NephJC

10 days ago



Nephrology Jrnl Club @NephJC
T3: Given the variable practices between centres, would like to see additional data on iron dosing #NephJC

10 days ago



Amit Langote @LangoteAmit
@NephJC For this trial, is single country trial a true limitation ? Just asking ? #NephJC

10 days ago



Krithika Mohan @krithicism
@agrawalkris HD circuit #NephJC

10 days ago




Vineet Behera @BeheraVineet
@aakashshingada @gag_aggarwal @NephJC Yes..2 years for an anemia study is surely good #nephjc


10 days ago





Lovy @drlovygaur
@NephJC I wud say its nvr rite while on one hand anemia corrctn is expected to occur over a couple of weeks, its always difficult to ascertain its contribtion to CV events considering the co-existence of umpteen contributing factors and the time lag and ofcourse the asymp events #NephJC


10 days ago


 **Nephrology Jrnl Club @NephJC** 10 days ago
@LangoteAmit majority of pts 80% were caucasians. will there be any ethnic variations in this ? #NephJC


 **Priya John @DrPriya3110** 10 days ago
RT @NephJC: T1f: Reactive, Low-Dose Intravenous Iron Arm #nephjc
<https://t.co/luS4IDeguN>


 **Harshal Joshi @drharshaljoshi** 10 days ago
@NephJC Plz share your experience : what's the usual maintenance EPO dose of most of your pts?? #NephJC


 **Nephrology Jrnl Club @NephJC** 10 days ago
@drlovygaur If you plan a similar trial what will be your followup? #NephJC

 **Dr Mukesh Rulaniya @RulaniyaDr** 10 days ago
RT @mhtwenge: @NephJC @BeheraVineet @divyaa24 @aakashshingada @LangoteAmit @krithicism @agrawalkris @drlovygaur @Nair_Sanj Need test dose i...

 **Nephrology Jrnl Club @NephJC** 10 days ago
T3: Final few minutes: take home points. How do you envisage these results will change your clinical practice? #NephJC

 **Vineet Behera @BeheraVineet** 10 days ago
@NephJC #nephjc.. Agree.. they also hv multi ethnic population.. So agree wth u.. Tht is it truly a limitation ? #nephjc

 **Sevda Hassan @SevdaHassan** 10 days ago
RT @_Dr_MK: Get your supper and your support on 🇬🇧🇬🇧🇬🇧 for #NephJC TONIGHT at 8pm! @DavidCWheeler2 @BertPower @AlisonLBrown @IgAN_JBarrat...

 **Nephrology Jrnl Club @NephJC** 10 days ago
Thanks to @nair_sanj for the summary and (@Stones__) for the VA. #NephJC



Krishna K Agrawal @agrawalkris

10 days ago

@drharshaljoshi @NephJC In my study it was mean dose of about 5000 unit of epoetin Alfa per week. But 48 percent were not on EPO due to financial reasons #NephJC



Sanjeev Nair @Nair_Sanj

10 days ago

@NephJC Given the cost differences in India use higher iron dosing to decrease ESA doses. Just take cre to monitor for infections #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

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



Vineet Behera @BeheraVineet

10 days ago

@NephJC #NephJC .. Even different iron preparations may hv different effects



Amit Langote @LangoteAmit

10 days ago

@NephJC @Nair_Sanj @Stones__ Great Summary @Nair_Sanj And nice VA @Stones__ #NephJC



Nephrology Jrnl Club @NephJC

10 days ago

For further such exciting chats, Please also sign up for our weekly newsletter at <https://t.co/5aumn8lmwF> #NephJC



Aakash Shingada @aakashshingada

10 days ago

@NephJC I will now be able to back practice with RCT data.. Proves what a lot of us believed in. #NephJC



Vineet Behera @BeheraVineet

10 days ago

@Nair_Sanj @NephJC #NephJC totally agree with you..most indian centres giv high iron..to cut down epo cost



Nephrology Jrnl Club @NephJC

10 days ago

There is another exciting chat coming up at 8pm GMT by @Slatts_1 Until next time... thank you and good night! #NephJC



Lovy @drlovygaur

10 days ago

@NephJC May be an extended follow up of say 5 yrs.. but just a random number..
#NephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

@LangoteAmit @NephJC Faster Hgb rise? Speculative #NephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

RT @BeheraVineet: @NephJC I think we need to differentiate this.. High maintenance dose of iron may not predispose to infection.. But In...



Krishna K Agrawal @agrawalkris

10 days ago

@NephJC Strong believer of IV iron. Can't say officially but we are giving IV iron till ferritin 1000. Follow tsats #NephJC



Vineet Behera @BeheraVineet

10 days ago

@NephJC Thankyou @divyaa24 for the nice jc n discussion #nephjc



Krithika Mohan @krithicism

10 days ago

@NephJC More iron and less ESA, wouldnt let ferritin scare me #NephJC



Jeremie Lever @JeremieLever

10 days ago

@hswapnil @LangoteAmit @NephJC A basic/translational science explanation would be that iron can directly cause increased endothelial inflammation and damage and therefore increasing likelihood of thrombosis. I don't believe this was directly measured in the study #nephjc



Amit Langote @LangoteAmit

10 days ago

@BeheraVineet @Nair_Sanj @NephJC We are forced to adapt economy driven practices , glad atleast this one stands correct #NephJC



Amit Langote @LangoteAmit

10 days ago

Yes, However, we have not yet found the safe ceiling for ferritin #NephJC



Vineet Behera @BeheraVineet

10 days ago

@drlovygaur @NephJC #NephJC A long follow up surely improves the efficacy and authenticity.. But it also increases the dropouts.. Nd may not be feasible in our setup



Amit Langote @LangoteAmit

10 days ago

@JeremieLever @hswapnil @NephJC Would high dose or high levels of iron matter ? #NephJC



Krithika Mohan @krithicism

10 days ago

Thanks for today's discussion @divyaa24 #NephJC



Zami_ontweet @DrZamu13

10 days ago

@NephJC #NephJC here in La Paz 🇧🇴 we use this <https://t.co/1j1gpV2y3A>



Lovy @drlovygaur

10 days ago

Its been one of the best NephJCs that I have attended.. Thank u @divyaa24 #NephJC



Vineet Behera @BeheraVineet

10 days ago

@NephJC More faith in iv iron.. Upto higher ferritin Less fear of risk of infection #nephjc



Krithika Mohan @krithicism

10 days ago

@DrZamu13 @NephJC Guessing sucrose ?#NephJC



Amit Langote @LangoteAmit

10 days ago

Great chat tonight. Please dont hesitate to hit the follow button and continue the discussion even beyond hours #NephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

RT @krithicism: @NephJC More iron and less ESA, wouldnt let ferritin scare me #NephJC



Hector Madariaga @HecmagsMD

10 days ago

Great #NephJC's chats in 🇺🇸 and 🇮🇳 about the #PIVOTAL trial. One more chat to go in 🇬🇧! 🙌 #medtwitter



Divya Bajpai 🇮🇳 @divyaa24

10 days ago

@drlovygaur Glad to have u @drlovygaur Thanks for your contribution #NephJC



Swapnil Hiremath, MD, MPH @hswapnil

10 days ago

@LangoteAmit There is no ceiling #NephJc <https://t.co/aMV9PIDHvU>



Amit Langote @LangoteAmit

10 days ago

If anyone in India is awake at 1.30 am tonight, you can join the European chat on the same topic with @toates_19 to get another perspective #NephJC



Zami_ontweet @DrZamu13

10 days ago

RT @krithicism: @NephJC More iron and less ESA, wouldnt let ferritin scare me #NephJC



Amit Langote @LangoteAmit

10 days ago

@hswapnil Until another trial crashes that belief #NephJC <https://t.co/ols2MHkv0u>



Amit Langote @LangoteAmit

10 days ago

RT @HecmagsMD: Great #NephJC's chats in 🇺🇸 and 🇮🇳 about the #PIVOTAL trial. One more chat to go in 🇬🇧! 🙌 #medtwitter



D.Khaled Elzorkany @elzorkanyegypt

10 days ago

RT @aakashshingada: @NephJC 400 a month #NephJC



Hector Madariaga @HecmagsMD

10 days ago

Did you miss #Nephjc last night? Here is the wrap up! #PIVOTAL trial - The ESA Empire Explodes <https://t.co/Wus2mvBHVH> via @wakelet



Amit Langote @LangoteAmit

10 days ago







@NephJC Not sure if iron metabolism if affected by race #NephJC




Laura Clark @Nephron77

10 days ago

RT @toates_19: #NephJC European running tonight at 8pm GMT will discuss the PIVOTAL trial; conducted in the UK and funded by @Kidney_Resear...

-
-  **Zoran Paunic** @unicipa 10 days ago
@Admiral95120311 @NephJC hi Zoran Paunic, nephrologist from Belgrade, Serbia here. If TSAT < 20%, then 400 to 600 mg first month, otherwise 100 to 400 mg monthly dependent of TSAT and ferritin level #NephJC
-
-  **Zami_ontweet** @DrZamu13 10 days ago
RT @toates_19: #NephJC European running tonight at 8pm GMT will discuss the PIVOTAL trial; conducted in the UK and funded by @Kidney_Resear...
-
-  **Zoran Paunic** @unicipa 10 days ago
@Admiral95120311 @NephJC oops, I'm a little late 😊 #nephJC
-
-  **Garima Aggarwal** @gag_aggarwal 10 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>
-
-  **PKD Charity UK** @PKDCharity 10 days ago
RT @_Dr_MK: Get your supper and your support on 🇬🇧🇬🇧🇬🇧 for #NephJC TONIGHT at 8pm! @DavidCWheeler2 @BertPower @AlisonLBrown @IgAN_JBarrat...
-
-  **Garima Aggarwal** @gag_aggarwal 10 days ago
@NephJC I am almost exclusively using Ferric carboxymaltose now, due to ease of administration, less volume of infusion, have not faced any reactions with it #NephJC

Showing 1 to 338 of 338 entries

 #NephJC content from Twitter.

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100,000 Tweets

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