



#NephJC Transcript


Healthcare social media transcript of the #NephJC hashtag.


Wed, January 16th 2019, 2:00PM – Wed, January 16th 2019, 5:00PM (America/Toronto).


See #NephJC Influencers/Analytics.


 **Nephrology Jrnl Club @NephJC** 2 days ago
T-1 hour til 3rd iteration of #NephJC this week. Hopefully we can follow on from the resounding success of the first Asian #NephJC


 **Swapnil Hiremath, MD, MPH @hswapnil** 2 days ago
RT @NephJC: T-1 hour til 3rd iteration of #NephJC this week. Hopefully we can follow on from the resounding success of the first Asian #Nep...

 **Sunil Badve @Badves** 2 days ago
RT @hswapnil: These are the trials we need! Also HiLo <https://t.co/e9zJyEtugX>
#NephJC <https://t.co/0G0VxmQTGG>

 **Hadeer Mostafa ❤️ @dodmostafa22** 2 days ago
#NewProfilePic #NephJC <https://t.co/Jime1TNGQI>

 **Garima Aggarwal @gag_aggarwal** 2 days ago
RT @aakashshingada: The numbers: 333 Tweets. 53 Participants. 9-10pm January 16th 2019 IST. first #AsianNephJC More #NephJC 🇮🇳 here <https://...>

 **Garima Aggarwal @gag_aggarwal** 2 days ago
RT @MayuriTrivedi80: Excellent summary easy to remember #NephJC
<https://t.co/RA1yRIwVF3>

 **Nephrology Jrnl Club @NephJC** 2 days ago
Welcome to tonight's #NephJC where we look at the JDAVID trial: alfacalcidol on cardiovascular outcomes in patients on maintenance dialysis without secondary hyperparathyroidism #NephJC <https://t.co/qYJZv6KcPq>



Nikhil Shah @dr_nikhilshah

2 days ago

RT @NephJC: Welcome to tonight's #NephJC where we look at the JDAVID trial: alfacalcidol on cardiovascular outcomes in patients on maintena...



Nephrology Jrnl Club @NephJC

2 days ago

I am Sinead Stoneman, @Stones__, a nephrology SpR working in Dublin, recent #NSMC graduate, and your host tonight. Welcome. #NephJC



Vicki Sandys @VickiSandys1

2 days ago

Vicki Sandys, Irish nephrology trainee, lurking on vitamin D pre night call. No COI. #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

Please introduce yourself (even if you're lurking) and declare any COIs. Don't forget the hashtag #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@VickiSandys1 Great to have you @VickiSandys1 #NephJC



Carlo Alfieri @carlo_alfieri

2 days ago

@NephJC Good Evening, I am Carlo Alfieri, nephrologist in Milan. #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

Routine housekeeping out of the way first: We recommend you use native client in browser <https://t.co/1SZrrvB3Yf> Tweetdeck. Tchat will truncate tweets at 140 #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@carlo_alfieri Welcome @carlo_alfieri #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

Check out the amazing guide to the values of our #NephJC community put together by @Nephro_Sparks and @SLeonMD - useful to newcomers and old hacks alike <https://t.co/b3Y4ALHhH3> <https://t.co/tA6ymVcts9>

**Tess Harris @Elektra**

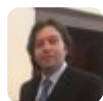
2 days ago

#nephjc Evening all. Tess from London. #ADPKD patient etc. No COI.

**Szymon Brzóska @brzoskos**

2 days ago

@NephJC Good evening, Szymon Brzosko, nephrologist from Poland/ Bialystok, no Col related to today's topic #NephJC

**Fra Ian @caioqualunque**

2 days ago

Francesco Iannuzzella, Italian Nephrologist, no COI #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

The paper we will be discussing is from December's @JAMA_current 'Effect of Oral Alfacalcidol on Clinical Outcomes in Patients Without Secondary Hyperparathyroidism Receiving Maintenance Hemodialysis The J-DAVID Randomized Clinical Trial'

<https://t.co/sTICHJ8KUZ> #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

@Elektra Welcome @Elektra #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

@brzoskos Welcome @brzoskos #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

@caioqualunque Welcome @caioqualunque #NephJC

**Clara Day @ClaraDay13**

2 days ago

Clara Day #NephJC consultant Birmingham. COI went thru a phase where refused to read any paper mentioning vitamin d In the title. Replaced criteria for this chat. Mainly lurking as trying to deal with renal no deal brexit. Don't ask... 🙄

**Nephrology Jrnl Club @NephJC**

2 days ago

Abbreviations for this chat: VDRAs: Vitamin D receptor activators CVD: Cardiovascular disease CKD: Chronic kidney disease PTH: parathyroid hormone J-DAVID: Japan Dialysis Active Vitamin D JSDT: Japanese Society for Dialysis Therapy #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

Welcome @ClaraDay13 - sounds stressful! Glad to have you join us #NephJC



Alex Hamilton @_ajhamilton

2 days ago

Alex Hamilton, CL in Bristol Sorry I'm late - finishing cooking dinner! #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@_ajhamilton Welcome @_ajhamilton, great to have you #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

If you haven't read it already, there's a really fantastic summary of this paper by @aakashshingada at <https://t.co/fyt0okUOLs> #NephJC



Wei Ling Lau, MD FASN @Kidneys1st

2 days ago

Hello from southern California where we're having unusually rainy weather. Col: studied active vitamin D agents during fellowship and am not quite ready to give up on them. #nephjc <https://t.co/LILSploJtP>



Nephrology Jrnl Club @NephJC

2 days ago

@Kidneys1st Great to have you @Kidneys1st #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

.@aakashshingada was also behind the beautiful Visual Abstract #NephJC <https://t.co/yeM6CzLIGI>



Dr MK #NephrologistOnICU @_Dr_MK

2 days ago

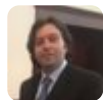
@NephJC Afternoon from #CostaRica! Lurking again for this #nephjc, cos that's what holidays are for... #VivaNephJC <https://t.co/0waRkdi9fV>



Nephrology Jrnl Club @NephJC

2 days ago

T0A: We are always looking for ways to modify CVD outcomes in patients with CKD, as there is a clear association between CKD and CVD. CKD-mineral bone disease is a non-traditional CVD risk factor. How can we modify it? #NephJC



Fra Ian @caioqualunque

2 days ago

@ClaraDay13 Throughout our carrier, We all have experienced the no-vitamin D phase... I am not sure, but I hope there will never be an #Italexit phase #nephjc



Nephrology Jrnl Club @NephJC

2 days ago

T0B: There are cohort/experimental studies to guide our management of patient in this regard, with suggestion being that lower mortality was associated with VDRAs use no matter what the PTH level. #NephJC



Hector Madariaga, MD @HecmagsMD

2 days ago

Hello, everyone. Hector Madariaga, from #PatriotsNation Cambridge, MA. No COI. I will be lurking today #Nephjc



Clara Day @ClaraDay13

2 days ago

@caioqualunque I hope so for your sake...politicians. Sigh #nephjc.



Nephrology Jrnl Club @NephJC

2 days ago

@_Dr_MK Wow, delighted you could join us @_Dr_MK #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@HecmagsMD Welcome @HecmagsMD #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T0C: PRIMO trial: Double Blind Placebo Controlled Trial. Effect of Paricalcitol on LV mass over 48 wk in CKD 3/4 patients: No difference in LV mass index change between 2 groups, greater reduction of PTH, risk of hypercalcemia in paricalcitol group <https://t.co/8mht2vSrtc> #NephJC



Laura Slattery @Slatts_1

2 days ago

@NephJC Laura, Nephrology trainee from Ireland. Mostly lurking as I'm spinning a urine #NephJC



Sarah Gleeson @sarah_gleeson_

2 days ago

Hi, Sarah here, renal trainee. No COI #NephJC



Carlo Alfieri @carlo_alfieri

2 days ago

@NephJC Exactly. I would like to stress, as for the most issues of #CKDMBD the absence of strong prospective randomized trials with a well done design #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@Slatts_1 Welcome @Slatts_1, impressed by the multitasking! #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T0D: OPERA trial - Double blind RCT, Paricalcitol in CKD3-5 pts with LVH. No difference in change in LV mass index compared to placebo but significantly reduced PTH <https://t.co/INCyhfCaL> #NephJC



Tulun Sokit @tulunsokit

2 days ago

From Malaysia - suffering Insomnia no COI #NephJC



Hector Madariaga, MD @HecmagsMD

2 days ago

@_Dr_MK @NephJC Awesome. Enjoy!!! Is that a Coati? #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

@sarah_gleeson_ Welcome @sarah_gleeson_ , great to have you #NephJC



D.Khaled Elzorkany @elzorkanyegypt

2 days ago

RT @edgarvlermamd: Vitamin D Basics from @RenalFellowNtwk #Nephpearls #NephJC 🇮🇳 👉 <https://t.co/JXARB4h3PH> <https://t.co/4eLwhwZWqT>



Nephrology Jrnl Club @NephJC

2 days ago

@tulunsokit Welcome @tulunsokit #NephJC



D.Khaled Elzorkany @elzorkanyegypt

2 days ago

RT @edgarvlermamd: Vitamin D analogs #CKDMBD #Nephpearls #NephSecrets #NephJC <https://t.co/ZX6NzjY6nW>



D.Khaled Elzorkany @elzorkanyegypt

2 days ago

RT @edgarvlermamd: Vitamin D analogs #Nephpearls #NephSecrets #NephJC IN <https://t.co/LCqjNBJMp>

Nephrology Jrnl Club @NephJC

2 days ago



T0E: The current KDIGO recommendation is to maintain PTH 2x – 9x the upper limit of the assay. This is different to the Japanese guideline used in the study. Thoughts? #NephJC <https://t.co/BBYTCj1IMc>

D.Khaled Elzorkany @elzorkanyegypt

2 days ago



RT @edgarvlermamd: Vitamin D supplementation in Stages 3-4 CKD Update ca. 2018 ✨ 25(OH)D < 15 should be treated irrespective of PTH ✨ 25(...

D.Khaled Elzorkany @elzorkanyegypt

2 days ago



RT @edgarvlermamd: Vitamin D related outcomes most relevant to #CKD MBD Guidelines ca. 2018 #Nephpearls #NephJC ☐☐ <https://t.co/XLHBNSvWg9...>

D.Khaled Elzorkany @elzorkanyegypt

2 days ago



RT @edgarvlermamd: J-DAVID JP : Among patients on hemodialysis without SHPT, PO alfacalcidol DID NOT reduce the risk of a composite outcom...

Sarah Gleeson @sarah_gleeson_

2 days ago



@_ajhamilton Me too #nephjc

D.Khaled Elzorkany @elzorkanyegypt

2 days ago



RT @edgarvlermamd: Vitamin D supplementation in Stages 3-4 CKD Update ca. 2018 ✨ 25(OH)D < 15 should be treated irrespective of PTH ✨ 25(...

Nephrology Jrnl Club @NephJC

2 days ago



T0F: Considering the lack of strong evidence, what role does active vitamin D play in your daily practice? Prescribing in patients with SHPT would seem logical. Do you use active vitamin D for CVD risk reduction? #NephJC

D.Khaled Elzorkany @elzorkanyegypt

2 days ago



RT @edgarvlermamd: Updates in the assessment of PTH in Stage 3-5 CKD (Not On Dialysis) from @goKDIGO #NephJC IN #Nephpearls #KidneyWk 2017...

Paddy Mark @drpaddymark

2 days ago



@NephJC @Slatts_1 hi will lurk! #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

@drpaddymark @Slatts_1 Welcome @drpaddymark #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

T0G: What is your threshold for starting active vitamin D or a VDRA? Do all patients get it, or only if PTH elevated? What's your PTH target? #NephJC

**Alex Hamilton @_ajhamilton**

2 days ago

@NephJC Do not use Vit D for CVD risk... #NephJC

**Carlo Alfieri @carlo_alfieri**

2 days ago

@NephJC in fact. This is the first point to get in face (well explained also in the article): japanese population is not european population, as characteristics and as guidelines! #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

RT @carlo_alfieri: @NephJC in fact. This is the first point to get in face (well explained also in the article): japanese population is not...

**Nephrology Jrnl Club @NephJC**

2 days ago

T0H: A lot of us (including myself) might initially doubt the rationale of even conducting this trial in patients were normal/2x normal PTH. What are your thoughts? #NephJC

**D.Khaled Elzorkany @elzorkanyegypt**

2 days ago

RT @edgarvlermamd: GOLDFARB: Don't screen for Vitamin D unless BMD is low CKD #AUA17 us #Nephpearls #NephJC <https://t.co/kwDzKqmAnx>**Wei Ling Lau, MD FASN @Kidneys1st**

2 days ago

@_ajhamilton @NephJC Not enough human data to justify prescribing #vitaminDagonists for CVD risk reduction; though animal and in vitro studies suggest a mechanistic rationale #nephjc

**Tulun Sokit @tulunsokit**

2 days ago

There was always a suggestion that low vitamin D levels were associated with increase in mortality for dialysis patients. <https://t.co/kF3468ixRT> #NephJC

Joshua Waitzman @Jwaitz

2 days ago



@NephJC I think the current KDIGO update (2017) actually got rid of all references to target PTHs, and just suggests treatment for severe and progressive hyperPTH. Really requires watching trends more than responding to a single value. #NephJC

Alex Hamilton @_ajhamilton

2 days ago



@Kidneys1st @NephJC Is the mechanism clear in animal/in vitro studies? #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



RT @Jwaitz: @NephJC I think the current KDIGO update (2017) actually got rid of all references to target PTHs, and just suggests treatment...

Nephrology Jrnl Club @NephJC

2 days ago



Excellent discussion – we will move on to T1 (methods) shortly #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



@Jwaitz Welcome @Jwaitz , always a pleasure to have you join us #NephJC

Dr MK #NephrologistOnICU @_Dr_MK

2 days ago



@HecmagsMD @NephJC Yes it is! And here is a Capuchin monkey #nephjcSafari #nephjc <https://t.co/Z2ZVg4Q7KP>

Alex Hamilton @_ajhamilton

2 days ago



@NephJC Worried about dynamic bone disease... #NephJC

Sarah Gleeson @sarah_gleeson_

2 days ago



@NephJC Not used for that reason but it's always there as a potential extra benefit #NephJC

Joshua Waitzman @Jwaitz

2 days ago



@NephJC Thanks! But I'm really just here for the pictures of @_Dr_MK 's vacation. #NephJC

Tulun Sokit @tulunsokit

2 days ago



However the CV and pleiotrophic effects were never proved in any studies #nephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1A: This was a prospective, randomised open-label with blinded end point (PROBE) clinical trial looking at alfacalcidol 0.5µg versus no VDRA on cardiovascular events in patients receiving maintenance haemodialysis without secondary hyperparathyroidism over 48 months. #NephJC



Alex Hamilton @_ajhamilton
@NephJC *adynamic #NephJC

2 days ago

Nephrology Jrnl Club @NephJC

2 days ago



T1B: Both groups were asked to avoid other VDRA's but could receive them if needed according to the Japanese Society for Dialysis Therapy Guidelines. Dose reduction, modification or temporary cessation was allowed (Dose range of alfacalcidol 0.25 to 7 mcg/wk) #NephJC



Joshua Waitzman @Jwaitz

2 days ago

@_ajhamilton @NephJC Would so love protocol bone biopsies as part of one of these trials, but I don't think anyone would sign up for that. #NephJC



Clara Day @ClaraDay13

2 days ago

@Jwaitz @NephJC PTH silly assay. Moves around with a sneeze #nephjc



Fra Ian @caioqualunque

2 days ago

@tulunsokit I am a VDRA's believer, but allow me to play devil's advocate: association is not causation #nephjc



Laura Slattery @Slatts_1

2 days ago

RT @Jwaitz: @NephJC I think the current KDIGO update (2017) actually got rid of all references to target PTHs, and just suggests treatment...

Nephrology Jrnl Club @NephJC

2 days ago



T1C: As per JSDT Clinical Practice Guidelines: PO4 3.5-6.0 mg/dL (1.13–1.93 mmol/L) CcCa 8.4-10.0 mg/dL (2.1–2.5 mmol/L). The guideline was revised during trial target range of intact PTH: initially 60 - 180 pg/mL and later between 60 - 240 pg/mL in the 2012 version. #NephJC



Dr MK #NephrologistOnICU @_Dr_MK

2 days ago

@Jwaitz @NephJC 😊😊😊 #nephjc is all about getting a well rounded education...
<https://t.co/JzZm8kGlvf>



Nephrology Jrnl Club @NephJC

2 days ago

T1D: It was conducted over a 2.5 year period 2008 – 2011 in 207 dialysis centres in Japan. Ca/PO4 checked twice month; PTH every three months. #NephJC



Carlo Alfieri @carlo_alfieri

2 days ago

@_Dr_MK @Jwaitz @NephJC nice photo :))) #NephJC



Szymon Brzósko @brzoskos

2 days ago

@NephJC No, no place so far for CVD risk reduction in my practice ... #NephJC use it for SHPT and try to follow @goKDIGO thresholds for PTH



Nephrology Jrnl Club @NephJC

2 days ago

T1E: 1:1 randomization was stratified by block according to age (<65 years vs ≥65 years), sex, years receiving dialysis (<5 years vs ≥5 years), underlying renal disease (diabetic nephropathy vs other), and history of CVD (yes vs no). #NephJC



Carlo Alfieri @carlo_alfieri

2 days ago

@brzoskos @NephJC @goKDIGO are we sure that the potential benefits of VDRAs are not related to the effects on PTH and mineral metabolism parameters....?? #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T1F: The participants were aged 20-80 years, receiving hemodialysis; whose serum calcium was ≤ 10.0 mg/dL, phosphate was ≤ 6.0 mg/dL, and intact PTH level was ≤ 180 pg/mL; and who were not taking any VDRAs at randomization. #NephJC
<https://t.co/erh6tITlpB>



Wei Ling Lau, MD FASN @Kidneys1st

2 days ago

@_ajhamilton @NephJC Stuff like upregulating klotho and osteopontin in CKD mice with phosphate-induced arterial medial calcification <https://t.co/mvUuvwElvN> #nephjc
<https://t.co/INWKHmwJHW>

Nephrology Jrnl Club @NephJC

2 days ago



T1G: Dose reduction or cessation of study drug was allowed in intervention group when hyperphosphataemia and hypercalcaemia did not respond to dietary changes, or dose adjustment of PO4 binders #NephJC

Joshua Waitzman @Jwaitz

2 days ago



@NephJC I wonder if this is a place where Cardiac CT or CT Coronary Angiography could have been useful in randomizing patients with subclinical ASCVD. Although I figure almost all our patients have something on those tests. #NephJC

Thomas Hiemstra @Thomas_Hiemstra

2 days ago



@NephJC So VDRA given here for CV risk reduction rather than biochemical control of PTH #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1H: If PTH level exceeded the recommended limit, a switch from oral alfacalcidol to another oral or intravenous VDRA was allowed. #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1I: For the control group, dropout from the assigned treatment was defined as treatment with any VDRA for more than 12 consecutive weeks. #NephJC

Szymon Brzósko @brzoskos

2 days ago



@NephJC In practice in #Poland still alfacalcidol is the most common form of vitD, and unfortunately commonly used in CKD 3-5 “just as vitamin” in a dose 0.25ug (don’t ask why) ... and usually it is continued in CKD 5D, ... #NephJC

Carlo Alfieri @carlo_alfieri

2 days ago



@NephJC this is another limit. The levels of Japanese PTH are significantly lower than ours. It could explain the absence of differences between the two groups. #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1J: Primary outcome: Incidence and recurrence of fatal and nonfatal cardiovascular events, Secondary outcome: All-cause death, date of death, cause of death. #NephJC
<https://t.co/BKo73NuPNd>

**Nephrology Jrnl Club @NephJC**

2 days ago

T1K: Thoughts on outcome measures? #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

T1L: Three analytic sets: a full analysis set, a per-protocol analysis set, and a modified per-protocol analysis set. difference between per-protocol & modified per-protocol was that in the latter, group C in the intervention arm was not excluded from the analysis. #NephJC <https://t.co/R8dOtIbTOJ>

**Alex Hamilton @_ajhamilton**

2 days ago

@NephJC composite primary outcome 😊😊😊 #NephJC

**Joshua Waitzman @Jwaitz**

2 days ago

@brzoskos @NephJC It's not like we in the US (or people anywhere for that matter) have RCT-level evidence that doing things our way is life-saving. #NephJC

**Wei Ling Lau, MD FASN @Kidneys1st**

2 days ago

@brzoskos @NephJC Interesting! So patients are placed on it as a vitamin regardless of bone/mineral parameters? #nephjc

**Silvi Shah, MD, MS @silvishah**

2 days ago

Hi this is Silvi - Transplant nephrologist from UCincy. Joining late. #nephJC

**Tulun Sokit @tulunsokit**

2 days ago

@carlo_alfieri @NephJC Often wondered why the Japanese set lower limits #NephJC

**Szymon Brzósko @brzoskos**

2 days ago

@NephJC We have 2. pharma programmes (reimbursement) @NFZ_Centrala for iv paricalcitol and cinacalcet with threshold iPTH>500 in HD pts but not PD !!! - no reasonable explanation for that! #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

@Jwaitz That's a very interesting question. It would be interesting to see what coronary calcification scores a dialysis population would have. At a recent talk someone wondered would we ever use calcium scores pretransplant evaluation #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1M: Funding - The study was funded by the Kidney Foundation of Japan, which received funding to conduct the trial from Chugai pharmaceuticals, the manufacturer of alfacalcidol. #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



@silvishah Welcome @silvishah , great to have you #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1N: What do you think of the methods? Is open label and allowing other VDRA and cinacalcet to be used a problem? Target PTH was same in both arms too #NephJC

Thomas Hiemstra @Thomas_Hiemstra

2 days ago



@NephJC Combination of atherosclerotic and non-atherosclerotic CV endpoints - for this intervention probably reasonable. #NephJC

Dr MK #NephrologistOnICU @_Dr_MK

2 days ago



@LucyCarter6 @HecmagsMD @NephJC Welcome to #NephJC Lucy! Here is my blurry picture of a very cute curled up sloth, to encourage you to discuss vitamin D with us... (and visit #CostaRica) <https://t.co/fxxHB4r8AN>

Tulun Sokit @tulunsokit

2 days ago



@Jwaitz @brzoskos @NephJC Is the VDRA used as an antiproteinuric agent in those CKD patients perhaps? We do not recommend VDRA except in CKD VD #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T1O: Too much contamination? Variable dose of Vitamin D – could lack of effect be because of a dose dependency of Active Vitamin D? #NephJC

Szymon Brzósko @brzoskos

2 days ago



@Kidneys1st @NephJC Specially in pre ESRD phase - yes, ... unfortunately it is common (didn't studied it, but personal observations - a few outpatient clinics, many dialysis clinics across the country etc) #NephJC more attention paid when on RRT and PTH



Dr MK #NephrologistOnICU @_Dr_MK

2 days ago

@LucyCarter6 @HecmagsMD @NephJC 😊 Come on in! You're in the right place! Just search #nephjc to join the chat!



Nephrology Jrnl Club @NephJC

2 days ago

Moving on to T2 results soon #NephJC



Alex Hamilton @_ajhamilton

2 days ago

@NephJC Lots discontinued treatment in both groups... ~1/3 #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

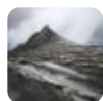
T2A: 1289 patients were screened and 976 patients enrolled and randomized from 108 dialysis centres. 964 were included in analysis (488 in the intervention group and 476 in the control group). There was significant dropout in both the intervention and control groups. #NephJC <https://t.co/EIJzbrploO>



Joshua Waitzman @Jwaitz

2 days ago

@NephJC #NephJC <https://t.co/oJt4klrnSk>



Tulun Sokit @tulunsokit

2 days ago

@NephJC Targets of PTH suppression usually based on observational data and the U shaped curve. The 2 fallacies are to assume that PTH suppression corresponds to calcification reduction and we know the targets for PTH #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T2B: Let's take a closer look at the patients recruited. Median age 65 yrs, most patients receiving calcium-containing PO4 binders and 5-6 % patients on cinacalcet in each group #NephJC <https://t.co/3exLgkGYgx>



Nephrology Jrnl Club @NephJC

2 days ago

T2C: 30% were on furosemide (so presumably had residual function) #NephJC



Szymon Brzósko @brzoskos

2 days ago

@tulunsokit @Jwaitz @NephJC No, no I don't think so ... I am saying even about older ppl w eGFR <45, atherosclerosis, hypertension, proteinuria <1g ... #NephJC



Wei Ling Lau, MD FASN @Kidneys1st

2 days ago

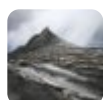
@NephJC I think we haven't figured out how to individualize dosing of #vitaminDagonists Kind of like the bardoxolone story. Body size matters #nephjc



Nephrology Jrnl Club @NephJC

2 days ago

T2D: The primary outcome occurred in 103 patients (21%) in the intervention group and 85 patients (18%) in the control group (absolute difference, 3% [95% CI, -1.75% to 8.24%]; hazard ratio, 1.25 [95% CI, 0.94-1.67]; P = .13). Surprised? #NephJC <https://t.co/X1DX06qj9O>



Tulun Sokit @tulunsokit

2 days ago

@Kidneys1st @NephJC Bone mass matters more probably #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T2E: There was no significant difference between the intervention and control group in the secondary outcome of all-cause death (18.2% vs 16.8%, respectively; hazard ratio, 1.12 [95% CI, 0.83- 1.52]; P = .46) #NephJC <https://t.co/K0jF2aPrY1>



Alex Hamilton @_ajhamilton

2 days ago

@NephJC To pee out the hypercalcaemia? ☐#NephJC



Szymon Brzóska @brzoskos

2 days ago

@NephJC Quite different (high) dialysate Ca content I would say comparing to practices here #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T2F: The table summarizes the composite and individual cardiovascular events that occurred. The number of SAEs was similar between the groups. #NephJC <https://t.co/HoW9QIH41F>



Nephrology Jrnl Club @NephJC

2 days ago

T2G: What happened to calcium, PO4 and PTH during the trial? Since this was an open label a lot of changes were made, as can be seen here: #NephJC <https://t.co/iYYpzMGdoq>

**Nephrology Jrnl Club @NephJC**

2 days ago

T2H: One might wonder why the biochemical parameters not change despite a drug versus no drug comparison? The answer is seen below: #NephJC
<https://t.co/erLjePEdSG>

**Wei Ling Lau, MD FASN @Kidneys1st**

2 days ago

@NephJC Any difference in mean serum calcium between groups? #nephjc

**Joshua Waitzman @Jwaitz**

2 days ago

@NephJC I know we're not supposed to read into $p > 0.05$, but this really does look like suggestion of harm. Would have been helpful to have the trial fully enrolled to fully answer this Q (as has been said in prior NephJCs) #NephJC

**Clara Day @ClaraDay13**

2 days ago

@NephJC Gosh that's a lot of strokes #nephjc

**Alex Hamilton @_ajhamilton**

2 days ago

@NephJC relatively few bone fractures #NephJC

**Carlo Alfieri @carlo_alfieri**

2 days ago

@NephJC honestly speaking not surprised. For 2 reasons: 1) we do not know native vitamin D status of those patients 2) I think that IN DIALYSIS patients, #vitamind should be used only in #CKDMBD control. Different might be in early CKD stages #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

T2I: Any other thoughts on results? #NephJC

**Nephrology Jrnl Club @NephJC**

2 days ago

RT @carlo_alfieri: @NephJC honestly speaking not surprised. For 2 reasons: 1) we do not know native vitamin D status of those patients 2)...

**Tulun Sokit @tulunsokit**

2 days ago

@carlo_alfieri @NephJC Could higher Calcium levels might cause more calcification and as a result this graph? #NephJC <https://t.co/kUyAO4tptu>



Joshua Waitzman @Jwaitz

2 days ago

@NephJC Also surprised? By a negative trial in dialysis patients? #NephJC
<https://t.co/hrt7JydRuD>



Clara Day @ClaraDay13

2 days ago

@NephJC so 20% cinacalcet in patients with PTH less than 2x upper limit?? #NephJC
astonishing



Carlo Alfieri @carlo_alfieri

2 days ago

@NephJC dCa is higher than usual. In addition I would like to have an analysis also of
the single type of cardiovascular events. F.I. stroke was significantly more present in
treated patients #NephJC



Szymon Brzóska @brzoskos

2 days ago

@Kidneys1st @NephJC It was my immediate thought - if stroke might be related to
hypercalcemia ... #nephjc but seems not so much different between groups



Nephrology Jrnl Club @NephJC

2 days ago

T3A: The trial showed that in patients without secondary hyperparathyroidism receiving
maintenance hemodialysis, oral alfacalcidol compared with usual care did not reduce
the risk of significant cardiovascular events. #NephJC



Joshua Waitzman @Jwaitz

2 days ago

@tulunsokit @carlo_alfieri @NephJC Do they say if physicians altered the dialysis bath
used in their patients as part of those modifications? #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T3B: The study has a signal of potential harm rather than benefit of VDRA's in patients
without elevated serum intact PTH levels. The occurrence of stroke was twice as high
in the intervention group than the control group (28 vs 14). #NephJC



Thomas Hiemstra @Thomas_Hiemstra

2 days ago

@NephJC HR's are not even in the direction of benefit. Perhaps this is driven by 1-a
hydroxylated compounds' known propensity to promote vascular calcification, but this is
speculation #NephJC

Nephrology Jrnl Club @NephJC

2 days ago



T3C: What do you think of the trial, the results? There were some significant limitations – Underpowered Trial Unblinded Study Contamination of study groups Caution in extrapolating to non Japanese pts Study data can't be extrapolated to pts with true SHPT #NephJC

Tulun Sokit @tulunsokit

2 days ago



RT @NephJC: T3B: The study has a signal of potential harm rather than benefit of VDRA in patients without elevated serum intact PTH levels...

Alex Hamilton @_ajhamilton

2 days ago



@NephJC #NephJC <https://t.co/Nn8Jdob3E1>

Nephrology Jrnl Club @NephJC

2 days ago



T3D: This was not a trial of different PTH targets, it was a trial of alfacalcidol versus placebo (most of whom did receive another VDRA) at PTH levels where most of us would not use either active vitamin D or a VDRA. #NephJC

Joshua Waitzman @Jwaitz

2 days ago



@NephJC Seems like a pretty good list to me. #NephJC

Thomas Hiemstra @Thomas_Hiemstra

2 days ago



@NephJC The important point is that there is no evidence of benefit from this trial. Perhaps too small to establish whether there is harm #NephJC

Szymon Brzóska @brzoskos

2 days ago




@carlo_alfieri @NephJC Yes, why to think it will be CVD game changer in ESRD if no effect in general population <https://t.co/LO5E5tbHpl> #NephJC


Nephrology Jrnl Club @NephJC


2 days ago





T3F: Rx of HD patients with normal PTH has been said to promote adynamic bone disease, subsequently increasing risk of vascular calcification & adverse cardiovascular outcomes. No adverse effect on cardiovascular outcomes was seen in this study #NephJC


 **Nephrology Jrnl Club @NephJC** 2 days ago
T3E: What does this trial truly show? VDRA's have been promoted for improving cardiovascular health, immune function and other pleiotropic effects. This study does not support this practice. #NephJC


 **Tulun Sokit @tulunsokit** 2 days ago
@NephJC Moral of the study - Do not use VDRA except for SHPT & (probably) don't overuse it even when treating SHPT #NephJC


 **Nephrology Jrnl Club @NephJC** 2 days ago
T3G: Does this study change your practice? Do you, or will you, treat your CKD-D patients with VDRA in the setting of normal PTH to address CVD risk? #NephJC


 **Thomas Hiemstra @Thomas_Hiemstra** 2 days ago
@carlo_alfieri @NephJC But there is no evidence that CKD-MBD 'control' improves outcomes. We should in fact move away from target based treatment and focus on meaningful clinical outcomes #NephJC

 **Wei Ling Lau, MD FASN @Kidneys1st** 2 days ago
@NephJC Patient selection issues! Are we targeting the right subsets? Common lament with "negative" trials. We sound like a broken record #nephjc

 **Nephrology Jrnl Club @NephJC** 2 days ago
T3H: Does this open the door for a trial of active vitamin D, or a VDRA's at higher levels of PTH? #NephJC

 **Tulun Sokit @tulunsokit** 2 days ago
@Kidneys1st @NephJC And do we even know what the targets are ? #NephJC

 **Nephrology Jrnl Club @NephJC** 2 days ago
T3I: Do we need a trial of differing PTH targets (using calcimimetics or VDRA's and other drugs to achieve the PTH)? Can we isolate the drug effect from any PTH effect? #NephJC

 **Zoran Paunic @unicipa** 2 days ago
@NephJC Strokes? #NephJC



Szymon Brzóska @brzoskos

2 days ago

@NephJC I acknowledge this findings and this strengthen my perception to not increase drug and finance burden in this population #NephJC by futile therapies



Nephrology Jrnl Club @NephJC

2 days ago

T3I:: Do we need a trial of differing PTH targets (using calcimimetics or VDRA's and other drugs to achieve the PTH)? Can we isolate the drug effect from any PTH effect? #NephJC



Wei Ling Lau, MD FASN @Kidneys1st

2 days ago

@NephJC Heck yeah! #justkidding Not with the data we have to date #nephjc <https://t.co/5ZJQkb1kRH>



Carlo Alfieri @carlo_alfieri

2 days ago

@NephJC the trial shows that probably we should use VDRA's only to control #CKDMBD at least in HD. But: maybe with a longer follow up the results might be potentiated... do not forget that cinacalcet was prescribed in lot patients I would verify those results also in Europe #NephJC



Tulun Sokit @tulunsokit

2 days ago

@NephJC Is suppression of PTH what we should be looking at or ALP levels and other indicators of bone health? Are we looking in the wrong direction? #nephJC



Thomas Hiemstra @Thomas_Hiemstra

2 days ago

@NephJC Well I'm not sure I agree. There was no evidence of benefit, but the direction of the effect was towards higher CV events with alfacalcidol. If it was a larger trial, who knows... #NephJC



Szymon Brzóska @brzoskos

2 days ago

@Kidneys1st @NephJC Neither me :) #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

T4D: Last few minutes left. What are your take home points? Final thoughts/comments? #NephJC



Thomas Hiemstra @Thomas_Hiemstra
@NephJC Let's start with a trial of phosphate targets #NephJC

2 days ago



Tulun Sokit @tulunsokit
Does anyone use Vitamin D3 in dialysis patients for pleiotropic effects? #NephJC

2 days ago



Joshua Waitzman @Jwaitz
@NephJC Probably a trial of calcimimetic-first v. activated vit D analog-first in an algorithm designed by some smart people would be very helpful. It'd be nice to have bone, CVD and and all-cause mortality data. #NephJC

2 days ago



Dr MK #NephrologistOnICU @_Dr_MK
@rabpeel Settle in for a cold winters night #nephjc chat @rabpeel

2 days ago



Carlo Alfieri @carlo_alfieri
@tulunsokit good question! #NephJC

2 days ago



Alex Hamilton @_ajhamilton
@ClaraDay13 @NephJC Wonder what the PTH was before the calcimimetic was started or the parathyroids were removed #NephJC

2 days ago



Joshua Waitzman @Jwaitz
@Thomas_Hiemstra @NephJC .@DukeKidney is on it with the HiLo trial! #NephJC
<https://t.co/wPOvxiAYa8>

2 days ago



Nephrology Jrnl Club @NephJC
Last few minutes left. What are your take home points? Final thoughts/comments?
#NephJC

2 days ago



Thomas Hiemstra @Thomas_Hiemstra
There is no evidence of benefit in patients with mild parathyroid disease with alfacalcidol. This tells us little about severe disease, or whether there might be differential effects with other VDRA's. #NephJC

2 days ago



Szymon Brzóska @brzoskos

2 days ago

@carlo_alfieri @NephJC .. I would say, shows that we shouldn't use VDRA's when no high PTH in HD population ;) #NephJC



Clara Day @ClaraDay13

2 days ago

Here is my vit d story of week. Gp email asking if ok to supply vit d replacement to pregnant tx patient as perinatal mental health team think she has severe anxiety. Apparently this is a thing. Didn't improve my faith in vit d #NephJC



Alex Hamilton @_ajhamilton

2 days ago

@tulunsokit #NephJC <https://t.co/EHfSfo7zqt>



Carlo Alfieri @carlo_alfieri

2 days ago

@brzoskos @NephJC ahahah yeah sure :) #NephJC



Thomas Hiemstra @Thomas_Hiemstra

2 days ago

The trial did not test whether controlling PTH affects outcomes #NephJC



Wei Ling Lau, MD FASN @Kidneys1st

2 days ago

@NephJC CKD mice fare well with vitamin D agonists dosed for weight. Less vascular calcification. Rats given excess vitamin D doses get vascular calcification. That is all, you're welcome #clearasmud #nephjc <https://t.co/U1u1XAE5Z0>



Joshua Waitzman @Jwaitz

2 days ago

@Thomas_Hiemstra @NephJC @DukeKidney Apparently saying @DukeKidney is like shining the bat-signal for @Nephro_Sparks #NephJC



Joshua Waitzman @Jwaitz

2 days ago

@Kidneys1st @NephJC Better to be a mouse with kidney disease than a rat with kidney disease. But where does being a human with kidney disease fit in? #NephJC



Dr MK #NephrologistOnICU @_Dr_MK

2 days ago

@Jwaitz @NephJC What else? #nephjc <https://t.co/EdcndLdqyu>

**Nephrology Jrnl Club @NephJC**

2 days ago

That's a wrap. Thanks to all for joining me tonight and a huge thank you to @aakashshingada for his help tonight, amazing VA and summary, and resounding success with first Asian #NephJC

**Wei Ling Lau, MD FASN @Kidneys1st**

2 days ago

@Jwaitz @NephJC Oh don't get me wrong - the rats with kidney disease given moderate doses of vitamin D did well too #rodentsrule #nephjc

**Thomas Hiemstra @Thomas_Hiemstra**

2 days ago

Effect of giving high dose cholecalciferol should be answered by the @SIMPLIFIE_D trial #NephJC . Phosphate targets being tackled by <https://t.co/hhuEeMkYBQ> and <https://t.co/L0D8yyDmyk>

**Nephrology Jrnl Club @NephJC**

2 days ago

If you haven't, please sign up for our weekly newsletter <https://t.co/5aumn8qL85> #NephJC

**Alex Hamilton @_ajhamilton**

2 days ago

@NephJC @aakashshingada fab hosting @Stones__ and great work @aakashshingada #NephJC

**Carlo Alfieri @carlo_alfieri**

2 days ago

@NephJC @aakashshingada thank you very very much everybody. it was a #NephJC interesting. Listen you soon. Goodnight ;)

**Dr MK #NephrologistOnICU @_Dr_MK**

2 days ago

@ClaraDay13 ☐☐♀ #nephjc there's a lot of dangerous / frightening vit D rhetoric out there..

**Joshua Waitzman @Jwaitz**

2 days ago

@NephJC @aakashshingada Thanks for letting us crash your Asian #NephJC party! Happy new year!

**Nephrology Jrnl Club @NephJC**

2 days ago

Do you like to have some #NephJC swag? Order it here <https://t.co/eTUrZY27Qo>



Szymon Brzósko @brzoskos

2 days ago

@_Dr_MK @Jwaitz @NephJC :) nice, my comment in in my phone #NephJC
<https://t.co/oCb6Wd4jCw>



Sinead Stoneman @Stones__

2 days ago

@_ajhamilton @NephJC @aakashshingada Thank you #NephJC



Thomas Hiemstra @Thomas_Hiemstra

2 days ago

@Elektra @NephJC Probably reasonable to treat severe hyperparathyroidism and severe hyperphosphataemia. For everything else, participate in #trials 😊 #NephJC



Nephrology Jrnl Club @NephJC

2 days ago

Thanks again, goodnight all #NephJC



Sarah Gleeson @sarah_gleeson_

2 days ago

thanks everyone, great #nephjc and thanks @Stones__ for hosting. Great job as usual!



Tess Harris @Elektra

2 days ago

RT @Thomas_Hiemstra: @Elektra @NephJC Probably reasonable to treat severe hyperparathyroidism and severe hyperphosphataemia. For everything...



Szymon Brzósko @brzoskos

2 days ago

@NephJC Thanks, great discussion, superb moderation #NephJC



Alex Hamilton @_ajhamilton

2 days ago

@NephJC @aakashshingada Now I've got to wash up #NephJC



URO_Tweet @TweetUro

2 days ago

RT @arvindcanchi: Given the lower prevalence of high PTH in our #CKD pts are we over treating these pts with vitamin D? #nephjc



Thomas Hiemstra @Thomas_Hiemstra

2 days ago

@Jwaitz @NephJC @DukeKidney @Nephro_Sparks Other trials are available
@Jwaitz <https://t.co/hhuEeM3ndg> #NephJC



Paddy Mark @drpaddymark

2 days ago

RT @Thomas_Hiemstra: @Elektra @NephJC Probably reasonable to treat severe hyperparathyroidism and severe hyperphosphataemia. For everything...



Swapnil Hiremath, MD, MPH @hswapnil

2 days ago

RT @Thomas_Hiemstra: Effect of giving high dose cholecalciferol should be answered by the @SIMPLIFIE_D trial #NephJC . Phosphate targets be...



madree @madrees007

2 days ago

RT @edgarvlermamd: J-DAVID JP : Among patients on hemodialysis without SHPT, PO alfacalcidol DID NOT reduce the risk of a composite outcom...



□ **MIP MILLENIAL** @netozv94

2 days ago

RT @edgarvlermamd: Vitamin D analogs #CKDMBD #Nephpearls #NephSecrets #NephJC <https://t.co/ZX6NzjY6nW>




Rajesh Boorgu @rboorgu1

2 days ago

@NephJC @aakashshingada Hi Raj Boorgu here community nephrologist looking forward to tonight's #NephJC

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