

#NephJC transcript

Healthcare Social Media Transcript

From: Wed Mar 18 11:00:00 PDT 2015

To: Wed Mar 18 16:00:00 PDT 2015
change time period

What is **#NephJC**? Who were the influencers during this time period? **#NephJC analytics**

Healthcare Conference - Healthcare Tweet Chats - Healthcare Analytics

hswapnil

@kidneydoc101 @Dr_Teacake @swissnephro @KoechKM @NephroMostapha - hope you join us for #NephJC in 2 hours! Warfarin in CKD
Wed Mar 18 11:08:20 PDT 2015

hswapnil

@rsantamariao planning to join us for #nephJc tonight? Warfarin in CKD
Wed Mar 18 11:09:12 PDT 2015

hswapnil

@dvdrry David, planning to join us for #nephJC tonight? Warfarin in CKD
Wed Mar 18 11:12:29 PDT 2015

dvdrry

@hswapnil Sure, hot topic tonight! A #NephJC not to be missed!!
Wed Mar 18 11:45:46 PDT 2015

nephjc

T-60 minutes to next GMT #NephJC Should CKD pts with AFib get warfarin?
<http://t.co/E2khgfJt2u> for details
Wed Mar 18 12:00:05 PDT 2015

nephjc

T -15 minutes - is this thing on? #nephjc
Wed Mar 18 12:45:10 PDT 2015

rabpeel

#nephjc in 4
Wed Mar 18 12:56:13 PDT 2015

- hswapnil** Only 2 minutes left to brush up my best British accent for guest- hosting GMT [#nephjc](#)
Wed Mar 18 12:58:35 PDT 2015
- nephjc** And welcome to another addition of [#nephJC](#), EU/African edition! Your (guest) host is Swapnil Hiremath [@hswapnil](#) standing in for Tom/Fra/Paul
Wed Mar 18 13:00:02 PDT 2015
- nephjc** The article we will chat about [#nephjc](#) is <http://t.co/fDL0BTtVKD> Summary writeup by [@davidbaird86](#) & [@paulphel](#) at <http://t.co/l8B8Gjo9U2>
Wed Mar 18 13:00:25 PDT 2015
- nephjc** Please introduce yourself, any affiliations, and declare any Col (conflicts of interest) [#NephJC](#)
Wed Mar 18 13:00:43 PDT 2015
- hswapnil** Swapnil Hiremath, [#nephJC](#) cofounder and nephrologist [@OttawaHospital](#) & [@uOttawaMed](#) - warfarin deprescriber. No other Col
Wed Mar 18 13:01:11 PDT 2015
- nephjc** Guess its just you and me tonight, Robert [@rabpeel](#)? [#nephjc](#)
Wed Mar 18 13:02:10 PDT 2015
- hswapnil** “[@paulphel](#): Hi [@hswapnil](#) Paul Phelan, nephrologist in Edinburgh.”[#nephJC](#)
Wed Mar 18 13:03:00 PDT 2015
- nephjc** [@hswapnil](#) [@paulphel](#) hey paul, Welcome. Nice write up. Did you see any of those beautiful northern lights? [#nephjc](#)
Wed Mar 18 13:03:37 PDT 2015
- dvdrry** David Arroyo, clinical nephrologist from Spain, very doubtful on anticoag in CKD - no COI [#NephJC](#)
Wed Mar 18 13:03:54 PDT 2015
- rabpeel** [#nephjc](#)
Wed Mar 18 13:03:56 PDT 2015
- nephjc** finally. welcome david and Robert. (nice pics, Robert BTW!) [#nephjc](#)
Wed Mar 18 13:04:23 PDT 2015
- paulphel** [@NephJC](#) [@hswapnil](#) [#nephjc](#) no I've been in the hospital all day practising some serious nephrology!
Wed Mar 18 13:04:24 PDT 2015

- nephjc** We recommend using tchat.io or <http://t.co/S40TvV9956> to capture all the #nephJC conversation. And remember that hashtag its #nephjc
Wed Mar 18 13:04:26 PDT 2015
- doctahir** Hi, Thahir , nephrologist UK. No COI #nephjc
Wed Mar 18 13:04:42 PDT 2015
- nephjc** Ho thahir, thanks for joining in. #nephjc
Wed Mar 18 13:05:10 PDT 2015
- kidney_boy** Joel Topf, One more patient in clinic #nephjc
Wed Mar 18 13:05:30 PDT 2015
- doctahir** Thanks for this topic...very useful one #nephjc
Wed Mar 18 13:05:35 PDT 2015
- nephjc** Ho Joel! nice lob last night #nephjc
Wed Mar 18 13:05:59 PDT 2015
- nephjc** Warfarin is also pitched against statins in the first round of #nephmadness
<http://t.co/OIYTSfXwQO> #nephjc <http://t.co/WqZkWery1u>
Wed Mar 18 13:06:19 PDT 2015
- nephjc** Welcome! "@davidbaird86: @NephJC I'm David, I put the summary up of this weeks article up with Paul." #nephJC
Wed Mar 18 13:06:42 PDT 2015
- nephjc** @NephJC @davidbaird86 don't forget the hashtag David. Nice job! #nephjc
Wed Mar 18 13:06:58 PDT 2015
- doctahir** @rabpeel nice pics..lucky you are living up there #nephjc
Wed Mar 18 13:07:03 PDT 2015
- kidney_boy** Anyone aware of trazodone torsemide interaction? #EMRproblems #nephjc
Wed Mar 18 13:07:16 PDT 2015
- nephjc** & though we are discussing one article on #nephJC, there are more studies cited on <http://t.co/l8B8Gjo9U2>, notably <http://t.co/ELzjmd3ls>
Wed Mar 18 13:07:17 PDT 2015
- nephjc** And <http://t.co/YB3AfbDsUr> from @Fresenius in @JASN_News & <http://t.co/DQXg8cpPBz> (last one prospective, from Italy) #nephjc
Wed Mar 18 13:07:31 PDT 2015

- doctahir** RT @NephJC: Welcome! "@davidbaird86: @NephJC I'm David, I put the summary up of this weeks article up with Paul." #nephJC
Wed Mar 18 13:08:08 PDT 2015
- dvdrry** @NephJC #nephjc Statins vs warfarin! Wow, really tough choice!
Wed Mar 18 13:08:53 PDT 2015
- nephjc** T0 topic is: Do you anticoagulate your CKD patient with AFib? How about ESRD patient with Afib? If so, who manages the INR? #NephJC
Wed Mar 18 13:08:55 PDT 2015
- hswapnil** At @OttawaHospital we have a gr8 thrombosis program monitoring pts on warfarin #nephJC
<https://t.co/85wLiE39kH> (w/ @ESaidenberg @DrKhamisa)
Wed Mar 18 13:09:21 PDT 2015
- hswapnil** QFT "@dvdrry: @NephJC #nephjc Statins vs warfarin! Wow, really tough choice!"
#nephmadness both equally ineffective?
Wed Mar 18 13:09:56 PDT 2015
- doctahir** We still warfarinise HD patients with Afib, Renal unit monitors INR #nephjc
Wed Mar 18 13:10:30 PDT 2015
- dvdrry** T0 Up to now, prescribing warfarin in CKD patients with CHADSVASC of 2 or over, tho doubtfully... INR managed by Hematology #nephjc
Wed Mar 18 13:10:39 PDT 2015
- paulphel** @hswapnil think that may be key. Known INR variability in #ESRD which may be less so in Scandinavian cohorts where warfarin benefit #nephjc
Wed Mar 18 13:10:53 PDT 2015
- nephjc** RT @paulphel: @hswapnil think that may be key. Known INR variability in #ESRD which may be less so in Scandinavian cohorts where warfarin b...
Wed Mar 18 13:11:08 PDT 2015
- rabpeel** wary about warfarin unless valve or visualised thrombus less keen by the day #nephjc
Wed Mar 18 13:11:09 PDT 2015
- hswapnil** I try to not prescribe warfarin in dialysis pts w/ AFib. But usually started on by GP or cardiologist/hospitalist #nephjc
Wed Mar 18 13:11:16 PDT 2015
- paulphel** RT @hswapnil: QFT "@dvdrry: @NephJC #nephjc Statins vs warfarin! Wow, really tough choice!" #nephmadness both equally ineffective?

Wed Mar 18 13:11:24 PDT 2015

nephjc

RT @rabpeel: wary about warfarin unless valve or visualised thrombus less keen by the day #nephjc

Wed Mar 18 13:11:29 PDT 2015

dvdrry

T0 Choice for dialysis patients is discussed in a 1by1 basis, although there is a trend to prescribe less warf #nephjc

Wed Mar 18 13:11:32 PDT 2015

dvdrry

@hswapnil @NephJC Completely disagree (on statins), but that shall be another #NephJC

Wed Mar 18 13:12:11 PDT 2015

nephjc

lot of skepticism here - reluctant use. Lets move on to the data... #nephjc

Wed Mar 18 13:12:20 PDT 2015

nephjc

T1: let's dig into the methods here. Obviously no RCT; but do you like using registry data for this Q? #nephJC

Wed Mar 18 13:12:53 PDT 2015

doctahair

Actually I am against anticoagulation in HD patients, whether its for non-valvular AF or access patency #nephjc

Wed Mar 18 13:12:59 PDT 2015

dvdrry

@hswapnil #nephjc So, withdrawing is even a tougher decision!!

Wed Mar 18 13:13:18 PDT 2015

doctahair

RT @dvdrry: T0 Choice for dialysis patients is discussed in a 1by1 basis, although there is a trend to prescribe less warf #nephjc

Wed Mar 18 13:13:36 PDT 2015

nephjc

RT @doctahair: Actually I am against anticoagulation in HD patients, whether its for non-valvular AF or access patency #nephjc

Wed Mar 18 13:13:57 PDT 2015

nephjc

True. #deprescribing is an active decision RT @dvdrry: @hswapnil #nephjc So, withdrawing is even a tougher decision!!

Wed Mar 18 13:14:27 PDT 2015

paulphel

@dvdrry agree withdrawal can be tricky especially if patient been on it for long time #nephjc

Wed Mar 18 13:14:56 PDT 2015

nephjc

T1: and CHADS2VASC score use is a big part of this study for risk stratification. How useful is it in CKD - and dialysis? #NephJC

- Wed Mar 18 13:14:57 PDT 2015
- dvdrry** T1 If it is the best that we have, lets take observational data... But without forgetting limitations, especially with large cohorts [#nephjc](#)
Wed Mar 18 13:15:16 PDT 2015
- hswapnil** [@paulphel](#) [@dvdrry](#) we withdrew once after GI bleed. Patient died of a stroke a week later. Sobering. [#nephJC](#) tough choices [#catch22](#)
Wed Mar 18 13:16:07 PDT 2015
- rabpeel** [@NephJC](#) chadvasc won't have been validated in 1000s of dialysis patients [#nephjc](#)
Wed Mar 18 13:16:21 PDT 2015
- nephjc** RT [@dvdrry](#): T1 If it is the best that we have, lets take observational data... But without forgetting limitations, especially with large co...
Wed Mar 18 13:16:25 PDT 2015
- paulphel** [@NephJC](#) not validated in ESRD as far as aware. Also HASBLED score include renal disease, older age, INR variability so both scores high [#nephjc](#)
Wed Mar 18 13:16:32 PDT 2015
- doctahair** most of HD pts are hypertensive and some LV dysfunction, so automatically score 2 [#nephjc](#)
Wed Mar 18 13:16:47 PDT 2015
- nephjc** This was how the CHADSVASC score were associated with outcomes overall [#nephJC](#) (supp data figure) <http://t.co/Dz87TQ1Yh4>
Wed Mar 18 13:16:54 PDT 2015
- doctahair** RT [@NephJC](#): T1: and CHADS2VASC score use is a big part of this study for risk stratification. How useful is it in CKD - and dialysis? [#Neph...](#)
Wed Mar 18 13:17:09 PDT 2015
- dvdrry** [@hswapnil](#) [@paulphel](#) [#nephjc](#) Imagine that, and in a clear indicatgion of withdrawing... how about a stroke in a pt without previous bleeding
Wed Mar 18 13:17:11 PDT 2015
- nephjc** See next tweet RT [@doctahair](#): most of HD pts are hypertensive and some LV dysfunction, so automatically score 2 [#nephjc](#)
Wed Mar 18 13:17:27 PDT 2015
- nephjc** And CHADs2Vasc score distribution from supp data. Non-dialysis CKD higher risk than dialysis make sense? [#nephJC](#) <http://t.co/dynM5fH6q4>
Wed Mar 18 13:17:46 PDT 2015

- nephjc** How about HASBLED validity in advanced CKD? & see what they did here: excluded CKD and Labile INR from score! #NephJC <http://t.co/PGE1EOmba>
Wed Mar 18 13:18:12 PDT 2015
- hswapnil** RT @dvdrry: @hswapnil @paulphel #nephjc Imagine that, and in a clear indicatgion of withdrawing... how about a stroke in a pt without prev...
Wed Mar 18 13:18:54 PDT 2015
- rabpeel** what about those with AF just on dialysis? #nephjc
Wed Mar 18 13:19:06 PDT 2015
- nephjc** Distribution of HASBLED from supp data #nephJc Somewhat higher scores in non- dialysis CKD than in dialysis? <http://t.co/S0r6GVV7n0>
Wed Mar 18 13:19:20 PDT 2015
- toaster_pastry** Last night had great discussion on Twitter about anticoagulation with kidney disease and a-fib. Got to apply that today. #nephJC
Wed Mar 18 13:19:22 PDT 2015
- paulphel** @NephJC but dialysis patients have an unmeasured vascular risk that arbitrary scores can't capture #NephJC
Wed Mar 18 13:19:22 PDT 2015
- nephjc** Great point! RT @paulphel: @NephJC but dialysis patients have an unmeasured vascular risk that arbitrary scores can't capture #NephJC
Wed Mar 18 13:19:52 PDT 2015
- julepinter** #nephjc hi Jule. I think study underestimated comorbidity score because data were analysed from prescription files
Wed Mar 18 13:20:05 PDT 2015
- doctahair** RT @NephJC: And CHADs2Vasc score distribution from supp data. Non-dialysis CKD higher risk than dialysis make sense? #nephJC <http://t.co/dy...>
Wed Mar 18 13:20:08 PDT 2015
- nephjc** @JulePinter welcome Jule. Thats a good point - underestimation of Comorbidity. but should be randomly wrong (not biased) I hope #nephjc
Wed Mar 18 13:20:59 PDT 2015
- dvdrry** T1 Probably a wrong risk classification is part of the problem. Dont we need a specific score? <http://t.co/8dzEEo7wo6> #nephjc
Wed Mar 18 13:21:05 PDT 2015
- nephjc** Nice: the R2CHADS MT @dvdrry: T1 Probably a wrong risk classification. Dont we need a specific score? <http://t.co/QDle8k4TdB> #nephjc

Wed Mar 18 13:22:12 PDT 2015

nephjc

T1: last night @methodsmamd & @EWeinhandl suggested marginal structural modelling 4 warfarin use vary across time. Any thoughts? #nephjc

Wed Mar 18 13:22:49 PDT 2015

doctahir

Its a no, no for >75, frail and bedbound #nephjc

Wed Mar 18 13:23:36 PDT 2015

hswapnil

T0: shameless self promotion #1: our SR on AFib prevalence/incidence <http://t.co/gbNvkzddIL> (free access) #nephjc <http://t.co/C6pPfvSBgA>

Wed Mar 18 13:23:38 PDT 2015

paulphel

@NephJC @methodsmamd @EWeinhandl can we have an interpreter Swapnil? ;) #NephJC

Wed Mar 18 13:23:57 PDT 2015

jessicafastball

RT @Toaster_Pastry: Last night had great discussion on Twitter about anticoagulation with kidney disease and a-fib. Got to apply that today...

Wed Mar 18 13:23:59 PDT 2015

nephjc

Agree, everyone? @doctahir: Its a no, no for >75, frail and bedbound #nephjc

Wed Mar 18 13:24:02 PDT 2015

doctahir

@NephJC @methodsmamd @EWeinhandl marginal structural modelling..sounds latin to me #nephjc

Wed Mar 18 13:24:26 PDT 2015

dvdrry

@doctahir #nephjc I assume that your >75 are frankly worse than mine, who are mostly active well-doing pts! Age is just a number!

Wed Mar 18 13:25:16 PDT 2015

paulphel

@NephJC @doctahir Agree. I have to have a very strong reason to use it for A Fib. Valves and VTE is another story. No alternative. #NephJC

Wed Mar 18 13:25:20 PDT 2015

nephjc

@paulphel Yes we do! MSM = Cox proportional hazards + propensity score matching + time-varying covariate adjustment. Sort quasiRCT #nephjc

Wed Mar 18 13:25:25 PDT 2015

rabpeel

@NephJC @doctahir but we don't dialyse the bed bound here in NHS Highland #nephjc

Wed Mar 18 13:26:01 PDT 2015

T2: lets walk through the results. Warning: lots of data, tables hard to interpret. #NephJC

- nephjc** Wed Mar 18 13:26:05 PDT 2015
- dvdrry** RT @hswapnil: T0: shameless self promotion #1: our SR on AFib prevalence/incidence <http://t.co/gbNvkzddIL> (free access) #nephjc <http://t.co...>
Wed Mar 18 13:26:21 PDT 2015
- nephjc** Interesting - anyone know Danish practice? RT @rabpeel: @doctahir but we don't dialyse the bed bound here in NHS Highland #nephjc #nephjc
Wed Mar 18 13:26:35 PDT 2015
- nephjc** T2: results. Figure 1 patient flow. CKD at baseline/followup grouped together 4 outcome (but not table 1!) #NephJC <http://t.co/sKuQD65heh>
Wed Mar 18 13:26:48 PDT 2015
- paulphel** Nice "@NephJC:Yes we do! MSM=Cox proportional hazards + propensity score matching + time-varying covariate adjustment.Sort quasiRCT #nephjc"
Wed Mar 18 13:26:59 PDT 2015
- dvdrry** @rabpeel @NephJC @doctahir #nephjc Touché... If the pt "deserves" dialysis, should we deny other treatments?
Wed Mar 18 13:27:12 PDT 2015
- nephjc** t2: Also CKD status validated only in a very large sample size of110! #nephjc
Wed Mar 18 13:27:23 PDT 2015
- nephjc** RT @dvdrry: @rabpeel @NephJC @doctahir #nephjc Touché... If the pt "deserves" dialysis, should we deny other treatments?
Wed Mar 18 13:27:51 PDT 2015
- nephjc** Table 1: again this is data based on baseline data - not how the data analyzed. Anything stick out for you? #NephJC <http://t.co/MI62ngbBP7>
Wed Mar 18 13:28:11 PDT 2015
- doctahir** @rabpeel @NephJC @doctahir , sometimes its quite difficult if the patient asks for it #nephjc
Wed Mar 18 13:28:16 PDT 2015
- hswapnil** From table 1: RRT patients are younger than CKD - unusual. Is there anything different about the state of Denmark? #NephJC
Wed Mar 18 13:28:46 PDT 2015
- grahamabra** @hswapnil Are you suggesting something is rotten in the state of Denmark? #NephJC
Wed Mar 18 13:29:41 PDT 2015

- nephjc** Also, from table 1; minority of patients received warfarin. Raises questions selection bias issue perhaps? #nephjc
Wed Mar 18 13:29:43 PDT 2015
- rabpeel** @doctahir @NephJC @doctahir explain risk benefit I guess #nephjc
Wed Mar 18 13:29:55 PDT 2015
- doctahir** RT @dvdrry: @rabpeel @NephJC @doctahir #nephjc Touché... If the pt "deserves" dialysis, should we deny other treatments?
Wed Mar 18 13:30:21 PDT 2015
- recuweb** RT @hswapnil: Swapnil Hiremath, #nephJC cofounder and nephrologist @OttawaHospital & @uOttawaMed - warfarin deprescriber. No other Col
Wed Mar 18 13:30:27 PDT 2015
- doctahir** @dvdrry @rabpeel @NephJC @doctahir if there is more harm then we shouldn't #nephjc
Wed Mar 18 13:30:44 PDT 2015
- dvdrry** @NephJC #nephjc Besides, a 15 year inclusion period, there must be some differences in prescription trends...
Wed Mar 18 13:30:51 PDT 2015
- nephjc** @GrahamAbra Hey Graham, welcome back. On lunch break again? #nephjc
Wed Mar 18 13:30:57 PDT 2015
- nephjc** QFT @dvdrry: @NephJC #nephjc Besides, a 15 year inclusion period, there must be some differences in prescription trends...
Wed Mar 18 13:31:28 PDT 2015
- grahamabra** @NephJC Just getting my daily Vitamin K :) #NephJC
Wed Mar 18 13:31:41 PDT 2015
- paulphel** Absolutely "@NephJC: minority of patients received warfarin. Raises questions selection bias issue perhaps? #nephjc"
Wed Mar 18 13:31:48 PDT 2015
- dvdrry** T2 What about that Warfarin+Aspirin 10%? #nephjc
Wed Mar 18 13:32:08 PDT 2015
- nephjc** Table 2: crude rates of stroke and TE by CKD status, warfarin use and CHADSVASC score. #nephJC <http://t.co/K4ZHW20JdS>
Wed Mar 18 13:32:09 PDT 2015

- cazadoreterno** RT @NephJC: Table 2: crude rates of stroke and TE by CKD status, warfarin use and CHADSVASC score. #nephJC <http://t.co/K4ZHW20JdS>
Wed Mar 18 13:32:46 PDT 2015
- hswapnil** T0: shameless self promotion #2: mortality and stroke in dialysis PTs w & w/out AFib #nephJC <http://t.co/Pry6B13Lui>
Wed Mar 18 13:33:10 PDT 2015
- grahamabra** 16% DMII and 53% HTN in ESRD seems very low... Undercapture? #NephJC
Wed Mar 18 13:33:22 PDT 2015
- rabpeel** @dvdrry go the full hog band add clopidogrel #nephjc
Wed Mar 18 13:33:28 PDT 2015
- nephjc** Figure 2b shows similar result: having CKD and being on RRT is not good wrt stroke/TE #NephJC <http://t.co/JRWPOxmu0m>
Wed Mar 18 13:33:49 PDT 2015
- paulphel** @NephJC US data would disagree with this. More stroke (total) with warfarin in some cohorts. Depends which study you read #NephJC
Wed Mar 18 13:34:08 PDT 2015
- dvdrry** @rabpeel #nephjc and ticagrelor!! LOL
Wed Mar 18 13:34:08 PDT 2015
- nephjc** Missing /sarcasm/ tag? RT @rabpeel: @dvdrry go the full hog band add clopidogrel #nephjc
Wed Mar 18 13:34:13 PDT 2015
- nephjc** RT @paulphel: @NephJC US data would disagree with this. More stroke (total) with warfarin in some cohorts. Depends which study you read #Ne...
Wed Mar 18 13:34:44 PDT 2015
- nephjc** Table 3 is Adjusted analysis of stroke/TE in CKD and RRT pts comp 2 nonCKD. All w A fib, all w/out warfarin #NephJC <http://t.co/9R9ruc6U3o>
Wed Mar 18 13:35:00 PDT 2015
- dvdrry** T1 Anyway, how can we consider an early CKD category G3a similar to a CKD G5 not on dialysis? #nephjc
Wed Mar 18 13:35:04 PDT 2015
- paulphel** @GrahamAbra this may be just Scandinavian dialysis patients Graham.US dialysis patients are sicker than Europeans with more diabetes #NephJC
Wed Mar 18 13:35:20 PDT 2015

- nephjc** RT @paulphel: @GrahamAbra this may be just Scandinavian dialysis patients Graham.US dialysis patients are sicker than Europeans with more d...
Wed Mar 18 13:35:49 PDT 2015
- nephjc** QFT @dvdrry: T1 Anyway, how can we consider an early CKD category G3a similar to a CKD G5 not on dialysis? #nephjc
Wed Mar 18 13:36:16 PDT 2015
- grahamabra** @paulphel Good point. That or Seattle Life or Death Panels are still in the picture #NephJC
Wed Mar 18 13:36:40 PDT 2015
- nephjc** Figure 2: the meat of the results. Only CKD/RRT patients w AFib. Referent grp no ASA/warfarin #nephJC <http://t.co/RVmSn31GLn>
Wed Mar 18 13:37:06 PDT 2015
- nephjc** From fig 2 - Clearly ASA + warfarin worse in low risk patients compared to no Rx (makes sense) #nephJC
Wed Mar 18 13:37:31 PDT 2015
- nephjc** Fig 2: among high risk, warfarin superior in all cause mortality in CKD and RRT patients both. #nephJC Everyone buy that result?
Wed Mar 18 13:37:45 PDT 2015
- dvdrry** T3 Note that: ref population is nonCKD pop, not those without aspirin. And: pts could change treatment and CKD status through time #nephjc
Wed Mar 18 13:37:56 PDT 2015
- nephjc** RT @dvdrry: T3 Note that: ref population is nonCKD pop, not those without aspirin. And: pts could change treatment and CKD status through t...
Wed Mar 18 13:38:31 PDT 2015
- sabaghaded** RT @NephJC: Table 3 is Adjusted analysis of stroke/TE in CKD and RRT pts comp 2 nonCKD. All w A fib, all w/out warfarin #NephJC <http://t.co...>
Wed Mar 18 13:38:39 PDT 2015
- julepinter** #nephjc. Illustration indicates that only ckd Patients benefit of warfarin in reduction of fatal stroke/ bleeds.
Wed Mar 18 13:38:53 PDT 2015
- sabaghaded** RT @NephJC: Table 2: crude rates of stroke and TE by CKD status, warfarin use and CHADSVASC score. #nephJC <http://t.co/K4ZHW20JdS>
Wed Mar 18 13:39:06 PDT 2015
- nephjc** @dvdrry exactly why time-varying covariate analysis would make more sense? #nephjc
Wed Mar 18 13:39:08 PDT 2015

- sabaghaded** RT @paulphel: @NephJC US data would disagree with this. More stroke (total) with warfarin in some cohorts. Depends which study you read #Ne...
Wed Mar 18 13:39:11 PDT 2015
- cazadoreterno** RT @NephJC: Fig 2: among high risk, warfarin superior in all cause mortality in CKD and RRT patients both. #nephJc Everyone buy that resul...
Wed Mar 18 13:39:14 PDT 2015
- sabaghaded** RT @NephJC: Missing /sarcasm/ tag? RT @rabpeel: @dvdrry go the full hog band add clopidogrel #nephjc
Wed Mar 18 13:39:16 PDT 2015
- paulphel** Nope "@NephJC: among high risk, warfarin superior in all cause mortality in CKD & RRT patients both #nephJc Everyone buy that result?"
Wed Mar 18 13:39:43 PDT 2015
- sabaghaded** RT @paulphel: @GrahamAbra this may be just Scandinavian dialysis patients Graham.US dialysis patients are sicker than Europeans with more d...
Wed Mar 18 13:39:45 PDT 2015
- nephjc** @JulePinter Benefit mainly in high risk (by CHADS2VASC score) #nephjc
Wed Mar 18 13:39:57 PDT 2015
- sabaghaded** RT @NephJC: QFT @dvdrry: T1 Anyway, how can we consider an early CKD category G3a similar to a CKD G5 not on dialysis? #nephjc
Wed Mar 18 13:39:57 PDT 2015
- sabaghaded** RT @NephJC: Figure 2: the meat of the results. Only CKD/RRT patients w AFib. Referent grp no ASA/warfarin #nephJC <http://t.co/RVmSn31GLn>
Wed Mar 18 13:40:10 PDT 2015
- nephjc** T2: results - confounding by indication? Patients not Rx warfarin quite diff than those given? Why not propensity score matching? #nephJc
Wed Mar 18 13:40:27 PDT 2015
- sabaghaded** RT @NephJC: From fig 2 - Clearly ASA + warfarin worse in low risk patients compared to no Rx (makes sense) #nephJC
Wed Mar 18 13:40:30 PDT 2015
- sabaghaded** RT @NephJC: Fig 2: among high risk, warfarin superior in all cause mortality in CKD and RRT patients both. #nephJc Everyone buy that resul...
Wed Mar 18 13:40:36 PDT 2015

- paulphel** @NephJC at a stretch maybe in a specific well managed Scandinavian population #NephJC
Wed Mar 18 13:40:36 PDT 2015
- nephjc** Overall result (not risk stratified) showing benefit of warfarin in CKD and RRT Figure 2c
#nephJc <http://t.co/e91IYE3yFT>
Wed Mar 18 13:41:01 PDT 2015
- doctahir** @NephJC high risk by CHADS2VASC #nephjc
Wed Mar 18 13:41:05 PDT 2015
- sabaghaded** RT @NephJC: T2: results - confounding by indication? Patients not Rx warfarin quite diff than those given? Why not propensity score matchin...
Wed Mar 18 13:41:35 PDT 2015
- doctahir** RT @NephJC: Fig 2: among high risk, warfarin superior in all cause mortality in CKD and RRT patients both. #nephJc Everyone buy that resul...
Wed Mar 18 13:41:40 PDT 2015
- nephjc** Another bias - some dialysis pts may have rec'd warfarin in unit without prescription - so misclassified #nephJc <http://t.co/Hamx1jm5MY>
Wed Mar 18 13:41:42 PDT 2015
- sabaghaded** RT @paulphel: Nope "@NephJC: among high risk, warfarin superior in all cause mortality in CKD & RRT patients both #nephJc Everyone buy that...
Wed Mar 18 13:41:44 PDT 2015
- sabaghaded** RT @paulphel: @NephJC at a stretch maybe in a specific well managed Scandinavian population #NephJC
Wed Mar 18 13:41:46 PDT 2015
- grahamabra** @paulphel @NephJC Agree. Don't buy it. Particularly in ESRD where CV death was not decreased so why would all-cause death go down? #NephJC
Wed Mar 18 13:42:25 PDT 2015
- sabaghaded** RT @NephJC: Overall result (not risk stratified) showing benefit of warfarin in CKD and RRT Figure 2c #nephJc <http://t.co/e91IYE3yFT>
Wed Mar 18 13:42:41 PDT 2015
- doctahir** RT @NephJC: From fig 2 - Clearly ASA + warfarin worse in low risk patients compared to no Rx (makes sense) #nephJC
Wed Mar 18 13:42:43 PDT 2015
- paulphel** RT @GrahamAbra: @paulphel @NephJC Agree. Don't buy it. Particularly in ESRD where CV death was not decreased so why would all-cause death g...
Wed Mar 18 13:42:43 PDT 2015

- nephjc** So - does everyone agree with benefit of Warfarin in CKD/RRT patients, esp wrt hi-risk? (Paul does not, others?) #nephjc
Wed Mar 18 13:42:44 PDT 2015
- nephjc** RT @GrahamAbra: @paulphel @NephJC Agree. Don't buy it. Particularly in ESRD where CV death was not decreased so why would all-cause death g...
Wed Mar 18 13:42:59 PDT 2015
- sabaghbed** RT @NephJC: Another bias - some dialysis pts may have rec'd warfarin in unit without prescription - so misclassified #nephjc <http://t.co/Ha...>
Wed Mar 18 13:43:02 PDT 2015
- dvdrry** @GrahamAbra @paulphel @NephJC Many confounders, but it does not need that its not true! Maybe CV would too if properly analyzed? #nephjc
Wed Mar 18 13:43:11 PDT 2015
- hswapnil** Some recent Canadian data: warfarin associated with higher bleeding in 1st 30 days in CKD <http://t.co/By6O9TEwTe> in @bmj_latest #NephJC
Wed Mar 18 13:43:28 PDT 2015
- sabaghbed** RT @NephJC: So - does everyone agree with benefit of Warfarin in CKD/RRT patients, esp wrt hi-risk? (Paul does not, others?) #nephjc
Wed Mar 18 13:43:34 PDT 2015
- grahamabra** @NephJC Whoah. Nonprescription warfarin? How about that for a yard sale waiting to happen #NephJC
Wed Mar 18 13:43:58 PDT 2015
- dvdrry** 1. Is high-risk real high-risk? 2. For the time being, yes, more data needed. 3. Very doubtful about lower risk pts @NephJC #nephjc
Wed Mar 18 13:44:08 PDT 2015
- rabpeel** @NephJC still has to be balanced against did benefits frailty falls risk etc... #nephjc
Wed Mar 18 13:44:13 PDT 2015
- nephjc** @GrahamAbra @NephJC I guess Warfarin supplied by hospital/unit and not captured by outpatient script? #nephjc
Wed Mar 18 13:44:37 PDT 2015
- paulphel** @NephJC I'm just not convinced by the data (or lack of it), this included. Add in concerns re calcification & I'm v wary of warfarin #NephJC
Wed Mar 18 13:44:43 PDT 2015

- doctahir** @NephJC My question is how do you stratify as high risk? #nephjc
Wed Mar 18 13:44:56 PDT 2015
- dvdrry** Treatment individualization is a must! @rabpeel @NephJC #nephjc
Wed Mar 18 13:45:12 PDT 2015
- nephjc** :can't disagree: @dvdrry: 1. Is high-risk real? 2. For the time being, yes, more data needed.
3. Very doubtful about lower risk pts #nephjc
Wed Mar 18 13:45:36 PDT 2015
- grahamabra** @NephJC Man, I hope so. Hopefully not OTC rat poison. #NephJC
Wed Mar 18 13:45:43 PDT 2015
- doctahir** RT @rabpeel: @NephJC still has to be balanced against did benefits frailty falls risk etc...
#nephjc
Wed Mar 18 13:46:00 PDT 2015
- nephjc** Calciphylaxis? MT @paulphel: Add in concerns re calcification & I'm v wary of warfarin
#NephJC
Wed Mar 18 13:46:13 PDT 2015
- nephjc** RT @paulphel: @NephJC I'm just not convinced by the data (or lack of it), this included. Add
in concerns re calcification & I'm v wary of w...
Wed Mar 18 13:46:21 PDT 2015
- julepinter** RT @doctahir: @NephJC My question is how do you stratify as high risk? #nephjc
Wed Mar 18 13:46:23 PDT 2015
- nephjc** shared decision making was big last night: <http://t.co/araNupzMBe> #nephJC (h/t
@Toaster_Pastry and @wittykidney) <http://t.co/2EEWtC3QRX>
Wed Mar 18 13:46:38 PDT 2015
- dvdrry** And... not to forget the importance of INR stability, I believe it is a key question to balance
risks and benefits! #nephjc
Wed Mar 18 13:46:46 PDT 2015
- grahamabra** @paulphel @NephJC Agree, in ESRD. Shared decision making around risk benefit of
warfarin for individual patients essential #NephJC
Wed Mar 18 13:46:54 PDT 2015
- paulphel** @doctahir @NephJC exactly.CHADS says high risk of stroke & same HD pt likely to have
high HASBLED score. Need validation in HD #NephJC
Wed Mar 18 13:46:57 PDT 2015

- grahamabra** RT @NephJC: shared decision making was big last night: <http://t.co/araNupzMBe> #nephJC (h/t @Toaster_Pastry and @wittykidney) <http://t.co/2E...>
Wed Mar 18 13:47:09 PDT 2015
- nephjc** RT @dvdrry: And... not to forget the importance of INR stability, I believe it is a key question to balance risks and benefits! #nephjc
Wed Mar 18 13:47:10 PDT 2015
- dvdrry** Not only calciphylaxis! Also vascular calcification.... @NephJC @paulphel #nephjc
Wed Mar 18 13:47:16 PDT 2015
- doctahir** first of all I'm not sure of the validity of CHADS2VASC IN HD patients #nephjc
Wed Mar 18 13:47:25 PDT 2015
- nephjc** INR stability - that was a factor in the Italian NDT study. And Paul, any comments? Didn't you study this? #nephjc
Wed Mar 18 13:47:43 PDT 2015
- nephjc** RT @paulphel: @doctahir @NephJC exactly. CHADS says high risk of stroke & same HD pt likely to have high HASBLED score. Need validation in ...
Wed Mar 18 13:48:04 PDT 2015
- doctahir** lots of data (not RCT though) indicating there is more..... bleeding risk #nephjc
Wed Mar 18 13:48:16 PDT 2015
- nephjc** So now let's move on to T3: what should we do now? What population would be in your #dreamrct? Warfarin or a NOAC such as edoxaban? #NephJC
Wed Mar 18 13:48:17 PDT 2015
- paulphel** @NephJC yes. Calcification in general & obviously the dreaded calciphylaxis. There's a Vit K dialysis RCT ongoing right? #nephjc
Wed Mar 18 13:48:25 PDT 2015
- nephjc** And public service announcement: NOACs (dabigatran Rivaroxaban Apixaban) should not be used in dialysis <http://t.co/ZE6iBzm9iO> #nephjc
Wed Mar 18 13:48:28 PDT 2015
- rabpeel** @dvdrry certainly time in therapeutic range crucial to cost effective ratios vs NOAC because of risk most strokes INR <2 #nephjc
Wed Mar 18 13:49:03 PDT 2015
- dvdrry** Totally unsure about shared decisions on such subjects: pts will do what they think we advise @NephJC @Toaster_Pastry @wittykidney #nephjc
Wed Mar 18 13:49:16 PDT 2015

- nephjc** [#DreamRCT](#) population: obviously only in high risk - ?using RCHADS score perhaps? Equipose to do an RCT in this pop? [#nephjc](#)
Wed Mar 18 13:49:27 PDT 2015
- nephjc** RT [@dvdrry](#): Totally unsure about shared decisions on such subjects: pts will do what they think we advise [@NephJC](#) [@Toaster_Pastry](#) [@wittykid...](#)
Wed Mar 18 13:49:45 PDT 2015
- doctahir** Dabigatran-80% renal clearance, Rivoroxaban- 33% and apixaban 27% [#nephjc](#)
Wed Mar 18 13:49:54 PDT 2015
- doctahir** Im really hesitant to use NOAC in Hd patients [#nephjc](#)
Wed Mar 18 13:50:23 PDT 2015
- dvdrry** T3 Should we first properly assess real risks? (Of stroke, of bleeding...) [#nephjc](#)
Wed Mar 18 13:50:26 PDT 2015
- nephro_sparks** RT [@NephJC](#): Warfarin is also pitched against statins in the first round of [#nephmadness](#) <http://t.co/OIYTSfXwQO> [#nephjc](#) <http://t.co/WqZkWer...>
Wed Mar 18 13:51:06 PDT 2015
- hswapnil** [@paulphel](#) [@NephJC](#) Right, this is one: <https://t.co/JrNtNjvurJ> [#nephJC](#) from [@signindoc](#) team
Wed Mar 18 13:51:10 PDT 2015
- grahamabra** [@NephJC](#) RCT of low dose NOAC vs placebo in high risk ESRD [#NephJC](#) [#dreamrct](#)
Wed Mar 18 13:51:22 PDT 2015
- paulphel** [@NephJC](#) thanks for the mention! we showed in an Irish dialysis cohort swinging variability around median INR [#NephJC](#) <http://t.co/n5f1qFKJb7>
Wed Mar 18 13:51:28 PDT 2015
- nephjc** Agree - [@doctahir](#): Im really hesitant to use NOAC in Hd patients [#nephjc](#)
Wed Mar 18 13:51:43 PDT 2015
- dvdrry** Certainly not the first drugs whose way on dialysis pts started off-label. Otherwise few drugs would get to them! [@NephJC](#) [#nephjc](#)
Wed Mar 18 13:51:44 PDT 2015
- paulphel** RT [@hswapnil](#): [@paulphel](#) [@NephJC](#) Right, this is one: <https://t.co/JrNtNjvurJ> [#nephJC](#) from [@signindoc](#) team
Wed Mar 18 13:52:01 PDT 2015

jmwoods87

RT @NephJC: And public service announcement: NOACs (dabigatran Rivaroxaban Apixaban) should not be used in dialysis <http://t.co/ZE6iBzm9iO> ...

Wed Mar 18 13:52:28 PDT 2015

nephjc

RT @paulphel: @NephJC thanks for the mention! we showed in an Irish dialysis cohort swinging variability around median INR #NephJC <http://t...>

Wed Mar 18 13:52:46 PDT 2015

paulphel

RT @NephJC: INR stability - that was a factor in the Italian NDT study. And Paul, any comments? Didn't you study this? #nephjc

Wed Mar 18 13:52:52 PDT 2015

nephjc

Yes! @dvdrry: T3 Should we first properly assess real risks? (Of stroke, of bleeding...) #nephjc

Wed Mar 18 13:53:00 PDT 2015

doctahair

Dabigatran- I wont go near--80% renal clearance #nephjc

Wed Mar 18 13:53:06 PDT 2015

doctahair

May be Apixaban but still hesitant #nephjc

Wed Mar 18 13:53:20 PDT 2015

signindoc

RT @hswapnil: @paulphel @NephJC Right, this is one: <https://t.co/JrNtNjvurJ> #nephJC from @signindoc team

Wed Mar 18 13:53:55 PDT 2015

nephjc

So would anyone randomize their patient in a #dreamRCT of warfarin in dialysis at all? #nephjc

Wed Mar 18 13:54:01 PDT 2015

doctahair

how about RCHADS score combined with HASBLED score with apixaban or edoxaban..dream RCT #nephjc

Wed Mar 18 13:54:21 PDT 2015

nephjc

RT @GrahamAbra: @NephJC RCT of low dose NOAC vs placebo in high risk ESRD #NephJC #dreamrct

Wed Mar 18 13:54:28 PDT 2015

rabpeel

@NephJC yep #nephjc

Wed Mar 18 13:54:44 PDT 2015

jmwoods87

@dvdrry @NephJC @Toaster_Pastry @wittykidney how can we expect patients to make decisions re this with the data we have #nephjc

Wed Mar 18 13:55:08 PDT 2015

- signindoc** @paulphel @NephJC Yes Rachel Holden is PI (thanks @hswapnil) #nephjc
Wed Mar 18 13:55:18 PDT 2015
- nephjc** @GrahamAbra @NephJC which is your NOAC of choice/ Apixaban? or maybe Edoxaban?
#nephjc
Wed Mar 18 13:55:26 PDT 2015
- nephjc** Last few minutes. Any final thoughts? #nephjc
Wed Mar 18 13:55:35 PDT 2015
- paulphel** Yes I would despite my bias needs to b done MT "@NephJC: would anyone randomize their patient in #dreamRCT of warfarin in dialysis? #nephjc"
Wed Mar 18 13:55:39 PDT 2015
- dvdrry** T3 Warfarin vs placebo in non-dialysis CKD pts at intermediate risk... would it be unethical?
#nephjc #dreamedRCT
Wed Mar 18 13:55:46 PDT 2015
- nephjc** RT @jmwoods87: @dvdrry @NephJC @Toaster_Pastry @wittykidney how can we expect patients to make decisions re this with the data we have #nep...
Wed Mar 18 13:55:47 PDT 2015
- paulphel** Warfarin in CKD guru! @signindoc: @paulphel @NephJC Yes Rachel Holden is PI (thanks @hswapnil) #nephjc"
Wed Mar 18 13:56:24 PDT 2015
- nephjc** RT @paulphel: Yes I would despite my bias needs to b done MT "@NephJC: would anyone randomize their patient in #dreamRCT of warfarin in dia...
Wed Mar 18 13:56:29 PDT 2015
- nephjc** Good Q: RT @dvdrry: T3 Warfarin vs placebo in non-dialysis CKD pts at intermediate risk... would it be unethical? #nephjc #dreamedRCT
Wed Mar 18 13:56:50 PDT 2015
- rabpeel** what about valvular AF , big atria on echo, thrombus on echo? are we still as negative?
#nephjc
Wed Mar 18 13:57:08 PDT 2015
- wittykidney** @doctahair none of the NOAC are indicated for GFR <15, so can't use in dialysis patients
#nephjc
Wed Mar 18 13:57:08 PDT 2015
- dvdrry** Totally agree! Throwing balls out and a little bit of unresponsibility (POV) @jmwoods87 @NephJC @Toaster_Pastry @wittykidney #nephjc

- Wed Mar 18 13:57:18 PDT 2015
- doctahir** @NephJC @GrahamAbra Apixaban!! #nephjc
Wed Mar 18 13:57:30 PDT 2015
- grahamabra** @doctahir @NephJC Apixaban is the only one I've used #NephJC
Wed Mar 18 13:57:56 PDT 2015
- doctahir** @wittykidney @doctahir I agree, that's why I said I am not happy to use #nephjc
Wed Mar 18 13:58:07 PDT 2015
- nephjc** I would use in this pt -> @rabpeel: what about valvular AF , big atria on echo, thrombus on echo? are we still as negative? #nephjc
Wed Mar 18 13:58:12 PDT 2015
- jmwoods87** @NephJC yes, yet to be convinced by NOACs #nephjc
Wed Mar 18 13:58:14 PDT 2015
- sabaghaded** RT @NephJC: :can't disagree: @dvdray: 1. Is high-risk real? 2. For the time being, yes, more data needed. 3. Very doubtful about lower ris...
Wed Mar 18 13:58:16 PDT 2015
- sabaghaded** RT @NephJC: shared decision making was big last night: <http://t.co/araNupzMB> #nephJC (h/t @Toaster_Pastry and @wittykidney) <http://t.co/2E...>
Wed Mar 18 13:58:29 PDT 2015
- dvdray** Shouldn't, not can't... Really NO pt benefits? @wittykidney @doctahir #nephjc
Wed Mar 18 13:58:30 PDT 2015
- nephjc** RT @paulphel: Warfarin in CKD guru! @signindoc: @paulphel @NephJC Yes Rachel Holden is PI (thanks @hswapnil) #nephjc"
Wed Mar 18 13:58:32 PDT 2015
- julepinter** #nephjc shared decision based on applicable risk score specific for this cohort, incl aparent thrombotic & bleeding risk factors
Wed Mar 18 13:58:36 PDT 2015
- doctahir** @NephJC @rabpeel I agree for valvular AF with left atrium >4cmss #nephjc
Wed Mar 18 13:58:48 PDT 2015
- nephjc** RT @JulePinter: #nephjc shared decision based on applicable risk score specific for this cohort, incl aparent thrombotic & bleeding risk fa...
Wed Mar 18 13:59:09 PDT 2015

- sabaghaded** RT @dvdrry: And... not to forget the importance of INR stability, I believe it is a key question to balance risks and benefits! #nephjc
Wed Mar 18 13:59:09 PDT 2015
- nephjc** Thanks everyone for a fantastic chat! Now go fill out your #nephmadness brackets at <http://t.co/OIYTSfXwQO> #NephJC
Wed Mar 18 13:59:30 PDT 2015
- sabaghaded** RT @paulphel: @doctahair @NephJC exactly. CHADS says high risk of stroke & same HD pt likely to have high HASBLED score. Need validation in ...
Wed Mar 18 13:59:45 PDT 2015
- nephjc** Don't forget to sign up for our #nephJC low volume, fun and entertaining mailing list at <http://t.co/5aumn8lmwF>
Wed Mar 18 13:59:47 PDT 2015
- sabaghaded** RT @NephJC: So now let's move on to T3: what should we do now? What population would be in your #dreamrct? Warfarin or a NOAC such as edox...
Wed Mar 18 13:59:56 PDT 2015
- paulphel** @NephJC gotta run. This adds little but may be best we get. Conflicting observational data forcing us to make a call. gr8 job @hswapnil #NephJC
Wed Mar 18 13:59:58 PDT 2015
- sabaghaded** RT @NephJC: And public service announcement: NOACs (dabigatran Rivaroxaban Apixaban) should not be used in dialysis <http://t.co/ZE6iBzm9iO> ...
Wed Mar 18 14:00:05 PDT 2015
- grahamabra** @NephJC @rabpeel Good clinical example of MD judgement. That along w/ a risk/benefit discussion w/ the pt w/ ESRD is what's needed #NephJC
Wed Mar 18 14:00:10 PDT 2015
- nephjc** RT @paulphel: @NephJC gotta run. This adds little but may be best we get. Conflicting observational data forcing us to make a call. gr8 job @hs...
Wed Mar 18 14:00:11 PDT 2015
- nephjc** RT @GrahamAbra: @NephJC @rabpeel Good clinical example of MD judgement. That along w/ a risk/benefit discussion w/ the pt w/ ESRD is what'...
Wed Mar 18 14:00:28 PDT 2015
- sabaghaded** RT @NephJC: #DreamRCT population: obviously only in high risk - ?using RCHADS score perhaps? Equipoise to do an RCT in this pop? #nephjc
Wed Mar 18 14:00:28 PDT 2015

- wittykidney** @jmwoods87 @dvdrry @NephJC @Toaster_Pastry agree can't use SDM in all, but in patients who wish to know risks over benefits #nephjc
Wed Mar 18 14:00:32 PDT 2015
- doctahir** RT @NephJC: And public service announcement: NOACs (dabigatran Rivaroxaban Apixaban) should not be used in dialysis <http://t.co/ZE6iBzm9iO> ...
Wed Mar 18 14:00:45 PDT 2015
- renalpages** RT @NephJC: And public service announcement: NOACs (dabigatran Rivaroxaban Apixaban) should not be used in dialysis <http://t.co/ZE6iBzm9iO> ...
Wed Mar 18 14:00:46 PDT 2015
- signindoc** @JulePinter strongly agree. Although mostly for stopping warfarin in dialysis patients. They are often reluctant to stop. #nephjc
Wed Mar 18 14:00:53 PDT 2015
- sabaghaded** RT @dvdrry: Totally unsure about shared decisions on such subjects: pts will do what they think we advise @NephJC @Toaster_Pastry @wittykid...
Wed Mar 18 14:00:56 PDT 2015
- iakdag16** RT @NephJC: Figure 2: the meat of the results. Only CKD/RRT patients w AFib. Referent grp no ASA/warfarin #nephJC <http://t.co/RVmSn31GLn>
Wed Mar 18 14:01:00 PDT 2015
- nephjc** Again: Don't forget to sign up for our #nephJC low volume, fun and entertaining mailing list at <http://t.co/HHrJs3YpKL>
Wed Mar 18 14:01:16 PDT 2015
- doctahir** Thanks Swapnil for your time. Well done! #nephjc
Wed Mar 18 14:01:24 PDT 2015
- sabaghaded** RT @hswapnil: @paulphel @NephJC Right, this is one: <https://t.co/JrNtNjvurJ> #nephJC from @signindoc team
Wed Mar 18 14:01:30 PDT 2015
- sabaghaded** RT @paulphel: @NephJC yes. Calcification in general & obviously the dreaded calciphylaxis. There's a Vit K dialysis RCT ongoing right? #nep...
Wed Mar 18 14:01:34 PDT 2015
- jmwoods87** @NephJC important area and we really don't yet know the answer #nephjc
Wed Mar 18 14:01:41 PDT 2015
- nephjc** RT @signindoc: @JulePinter strongly agree. Although mostly for stopping warfarin in dialysis patients. They are often reluctant to stop. #n...
Wed Mar 18 14:01:50 PDT 2015

- rabpeel** RT @paulphel: @NephJC yes. Calcification in general & obviously the dreaded calciphylaxis. There's a Vit K dialysis RCT ongoing right? #nep...
Wed Mar 18 14:01:55 PDT 2015
- grahamabra** @doctahir +1 #NephJC
Wed Mar 18 14:01:59 PDT 2015
- sabaghaded** RT @paulphel: @NephJC thanks for the mention! we showed in an Irish dialysis cohort swinging variability around median INR #NephJC [http://t...](#)
Wed Mar 18 14:02:01 PDT 2015
- signindoc** RT @GrahamAbra: @NephJC @rabpeel Good clinical example of MD judgement. That along w/ a risk/benefit discussion w/ the pt w/ ESRD is what'...
Wed Mar 18 14:02:02 PDT 2015
- sabaghaded** RT @NephJC: INR stability - that was a factor in the Italian NDT study. And Paul, any comments? Didn't you study this? #nephjc
Wed Mar 18 14:02:04 PDT 2015
- dvdrry** This one was a great discussion! Hoping for the next one! #nephjc
Wed Mar 18 14:02:05 PDT 2015
- sabaghaded** RT @NephJC: Agree - @doctahir: Im really hesitant to use NOAC in Hd patients #nephjc
Wed Mar 18 14:02:09 PDT 2015
- sabaghaded** RT @NephJC: Yes! @dvdrry: T3 Should we first properly assess real risks? (Of stroke, of bleeding...) #nephjc
Wed Mar 18 14:02:21 PDT 2015
- nephjc** Oft like for most things in Nephrology! @jmwoods87: @NephJC important area and we really don't yet know the answer #nephjc
Wed Mar 18 14:02:23 PDT 2015
- sabaghaded** RT @NephJC: So would anyone randomize their patient in a #dreamRCT of warfarin in dialysis at all? #nephjc
Wed Mar 18 14:02:44 PDT 2015
- nephjc** thanks everyone for joining in! Stay tuned for next #NephJC. Will be in April (skipping March 31st/Apr 1). @hswapnil signing off #nephjc
Wed Mar 18 14:03:10 PDT 2015
- julepinter** #nephjc great Job and great discussion. Thank you @ nephJC @hswapnil
Wed Mar 18 14:03:13 PDT 2015

- sabaghaded** RT @paulphel: Yes I would despite my bias needs to b done MT "@NephJC: would anyone randomize their patient in #dreamRCT of warfarin in dia...
Wed Mar 18 14:04:04 PDT 2015
- sabaghaded** RT @paulphel: Warfarin in CKD guru! @signindoc: @paulphel @NephJC Yes Rachel Holden is PI (thanks @hswapnil) #nephjc"
Wed Mar 18 14:04:42 PDT 2015
- sabaghaded** RT @NephJC: Good Q: RT @dvdrry: T3 Warfarin vs placebo in non-dialysis CKD pts at intermediate risk... would it be unethical? #nephjc #drea...
Wed Mar 18 14:05:09 PDT 2015
- rabpeel** @NephJC @hswapnil great job #nephjc back to #nephmadness oh and #24HrsAE
Wed Mar 18 14:05:23 PDT 2015
- sabaghaded** RT @NephJC: I would use in this pt -> @rabpeel: what about valvular AF , big atria on echo, thrombus on echo? are we still as negative? #ne...
Wed Mar 18 14:05:43 PDT 2015
- nephro_sparks** RT @rabpeel: @NephJC @hswapnil great job #nephjc back to #nephmadness oh and #24HrsAE
Wed Mar 18 14:06:06 PDT 2015
- nephro_sparks** RT @hswapnil: QFT "@dvdrry: @NephJC #nephjc Statins vs warfarin! Wow, really tough choice!" #nephmadness both equally ineffective?
Wed Mar 18 14:06:23 PDT 2015
- sabaghaded** RT @JulePinter: #nephjc shared decision based on applicable risk score specific for this cohort, incl aparent thrombotic & bleeding risk fa...
Wed Mar 18 14:06:40 PDT 2015
- sabaghaded** RT @paulphel: @NephJC gotta run.This adds little but may b best we get.Conflicting observational data forcing us 2 make a call. gr8 job @hs...
Wed Mar 18 14:07:57 PDT 2015
- sabaghaded** RT @NephJC: Last few minutes. Any final thoughts? #nephJc
Wed Mar 18 14:07:59 PDT 2015
- sabaghaded** RT @GrahamAbra: @NephJC @rabpeel Good clinical example of MD judgement. That along w/ a risk/benefit discussion w/ the pt w/ ESRD is what'...
Wed Mar 18 14:09:06 PDT 2015
- sabaghaded** RT @NephJC: Again: Don't forget to sign up for our #nephJC low volume, fun and

- entertaining mailing list at <http://t.co/HHrJs3YpKL>
Wed Mar 18 14:09:52 PDT 2015
- sabaghaded** RT @signindoc: @JulePinter strongly agree. Although mostly for stopping warfarin in dialysis patients. They are often reluctant to stop. #n...
Wed Mar 18 14:10:37 PDT 2015
- sabaghaded** RT @NephJC: Off like for most things in Nephrology! @jmwoods87: @NephJC important area and we really don't yet know the answer #nephjc
Wed Mar 18 14:11:28 PDT 2015
- sabaghaded** RT @NephJC: thanks everyone for joining in! Stay tuned for next #NephJC. Will be in April (skipping March 31st/Apr 1). @hswapnil signing of...
Wed Mar 18 14:12:23 PDT 2015
- wittykidney** @jmwoods87 @dvdrry @NephJC @Toaster_Pastry maybe, but if one look at calculations for statins or VKAs, in fact we r overusing these #nephjc
Wed Mar 18 14:18:25 PDT 2015
- nephjc** #NephJC GMT chat gathering steam. Analytics from @healthhashtags
<http://t.co/iuFfm1TSwH>
Wed Mar 18 14:22:56 PDT 2015
- nephjc** The #NephJC #GMT chat influencers from @healthhashtags <http://t.co/dwnhfwf8y6y>
Wed Mar 18 14:36:31 PDT 2015
- hswapnil** RT @dvdrry: Certainly not the first drugs whose way on dialysis pts started off-label. Otherwise few drugs would get to them! @NephJC #nep...
Wed Mar 18 14:45:06 PDT 2015
- hswapnil** @dvdrry therapeutic nihilism (Renalism) and the fact that RCTs exclude dialysis patients makes this painfully true #NephJC
Wed Mar 18 14:46:05 PDT 2015
- toaster_pastry** @wittykidney @jmwoods87 @dvdrry @nephjc I also mention 75% of strokes related to atrial fibrillation are usually massive (death). #nephjc
Wed Mar 18 14:50:08 PDT 2015
- signindoc** @dvdrry @hswapnil @NephJC Don't even need to get to dialysis to be excluded. Personal experience from bisphosphonate trials. #NephJC
Wed Mar 18 14:52:04 PDT 2015
- dvdrry** RT @signindoc: @dvdrry @hswapnil @NephJC Don't even need to get to dialysis to be excluded. Personal experience from bisphosphonate trials....
Wed Mar 18 14:53:11 PDT 2015

hswapnil

RT @signindoc: @dvdrry @hswapnil @NephJC Don't even need to get to dialysis to be excluded. Personal experience from bisphosphonate trials....

Wed Mar 18 14:59:32 PDT 2015

doctahir

@caioqualunque Didn't see you in #NephJC today?!

Wed Mar 18 15:01:33 PDT 2015

hswapnil

NSAIDs and CKD/AKI article <http://t.co/ZtWV2YONub> via @RonanTKavanagh & @medpagetoday Potential #rheumjc and #NephJC candidate? @psufka

Wed Mar 18 15:16:48 PDT 2015

beaverspharmd

RT @NephJC: Distribution of HASBLED from supp data #nephJc Somewhat higher scores in non- dialysis CKD than in dialysis? <http://t.co/S0r6GV...>

Wed Mar 18 15:29:34 PDT 2015

doctahir

RT @hswapnil: NSAIDs and CKD/AKI article <http://t.co/ZtWV2YONub> via @RonanTKavanagh & @medpagetoday Potential #rheumjc and #NephJC candida...

Wed Mar 18 15:32:08 PDT 2015

psufka

RT @hswapnil: NSAIDs and CKD/AKI article <http://t.co/ZtWV2YONub> via @RonanTKavanagh & @medpagetoday Potential #rheumjc and #NephJC candida...

Wed Mar 18 15:37:56 PDT 2015

imperivita

RT @hswapnil: NSAIDs and CKD/AKI article <http://t.co/ZtWV2YONub> via @RonanTKavanagh & @medpagetoday Potential #rheumjc and #NephJC candida...

Wed Mar 18 15:40:35 PDT 2015