

# #NephJC transcript

## Healthcare Social Media Transcript

**From:** Tue May 26 17:00:00 PDT 2015  
**To:** Tue May 26 20:00:00 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

- kidney\_boy** .@Surgeon\_General can you join us for our journal club on peritoneal dialysis for heart failure? #NephJC background @ <http://t.co/EKIKevtuX6>  
Tue May 26 17:18:19 PDT 2015
- nephjc** T-30 minutes to #nephjc The Italian summer continues! <http://t.co/nDEPiGoIB4>  
Tue May 26 17:27:56 PDT 2015
- hswapnil** RT @NephJC: T-30 minutes to #nephjc The Italian summer continues!  
<http://t.co/nDEPiGoIB4>  
Tue May 26 17:37:05 PDT 2015
- hswapnil** @PdDoctors hey, can you join us for #nephJC chat at 9 tonight? PD in CHF. Would love your input - check <http://t.co/mdbcb89ov5> for details  
Tue May 26 17:38:14 PDT 2015
- nephjc** RT @kidney\_boy: .@Surgeon\_General can you join us for our journal club on peritoneal dialysis for heart failure? #NephJC background @ <http://t.co/EKIKevtuX6>  
Tue May 26 17:49:19 PDT 2015
- nephjc** T-5 minutes to #nephJC. Is this twitter thing on? #nephjc  
Tue May 26 17:55:37 PDT 2015
- kidney\_boy** @Toaster\_Pastry we are doing CHF treatment with PD in #NephJC in 5 minutes. Would

love you to join. And RT?  
Tue May 26 17:56:59 PDT 2015

**kidney\_boy** are we going to do the SR or cohort study first? #nephjc  
Tue May 26 17:59:24 PDT 2015

**nephjc** @kidney\_boy cohort. Bertoli from 2014 #nephjc  
Tue May 26 17:59:46 PDT 2015

**nephjc** Welcome to the 27th edition of #NephJC. Your host tonight will be Swapnil Hiremath @hswapnil. Check <http://t.co/ngV6TNPkjh> for details  
Tue May 26 18:00:00 PDT 2015

**kidney\_boy** @NephJC knives are sharpened #nephjc  
Tue May 26 18:00:13 PDT 2015

**nephjc** We are discussing two articles tonight, both from Italy (again!) <http://t.co/2sn3aaug4g> & <http://t.co/vHelQI2fYP> #nephJC  
Tue May 26 18:00:19 PDT 2015

**nephjc** Nice job by Paul Phelan @paulphel in writing the summary post on <http://t.co/ngV6TNPkjh> #nephjc  
Tue May 26 18:00:35 PDT 2015

**nephjc** We recommend using a client such as tchat.io or <http://t.co/rFoH4MVMzu> & enter #nephjc to help capture entire convo.  
Tue May 26 18:00:55 PDT 2015

**nephjc** Please introduce yourself and state any #CoI, real or perceived. Lurkers welcome, feel free to wave hello! #NephJC  
Tue May 26 18:01:09 PDT 2015

**gerimedjc** RT @NephJC: Welcome to the 27th edition of #NephJC. Your host tonight will be Swapnil Hiremath @hswapnil. Check <http://t.co/ngV6TNPkjh> for ...  
Tue May 26 18:01:21 PDT 2015

**kidney\_boy** Joel Topf, nephrologist from Detroit. #nephjc  
Tue May 26 18:01:27 PDT 2015

**grahamabra** Awwwww, Italian again! ;) #NephJC  
Tue May 26 18:01:30 PDT 2015

**hswapnil** Swapnil Hiremath, nephrologist at @uOttawaMed & @OttawaHospital #nephJC cofounder. No CoI, will tweet personal opinions from this acct

Tue May 26 18:01:35 PDT 2015

**nephjc**

Ho Joel and Graham!. Dr Abra still in hospital? (you know we love the Italian data....)  
#nephjc

Tue May 26 18:02:09 PDT 2015

**kidney\_boy**

Hey Graham! #nephjc

Tue May 26 18:02:17 PDT 2015

**camilla\_wong**

Lurking #NephJC and loving it. No conflicts of interest to declare. @NephJC

Tue May 26 18:02:26 PDT 2015

**grahamabra**

Hi All, nephrologist and work for @satellitehealth #NephJC

Tue May 26 18:02:50 PDT 2015

**kidney\_md**

Paras Dedhia, Neph fellow Univ of Cincinnati, OH, no COI #nephJC

Tue May 26 18:02:55 PDT 2015

**nephjc**

@camilla\_wong Thanks Camilla. any insight welcome. And thanks for all the RTs from @gerimedJC #nephjc

Tue May 26 18:03:01 PDT 2015

**nephjc**

Paras, glad to see you back! keep those #nephpearls coming! #nephjc

Tue May 26 18:03:23 PDT 2015

**kidney\_boy**

@kidney\_md paras, you graduate this year? #nephjc

Tue May 26 18:03:28 PDT 2015

**nephjc**

Remember - a core purpose of #nephJC is to grow your network, so hit follow! (Another reason for lurkers to step out) <http://t.co/zv4kYVRotC>

Tue May 26 18:03:39 PDT 2015

**hekmagsmd**

Hector Madariaga, Nephrology Fellow. SUNY Upstate. I will be in & out. Doing a couple of transplant consults. No COI #nephjc

Tue May 26 18:03:49 PDT 2015

**wittykidney**

Malvinder Parmar, nephrologist, no COI #nephjc

Tue May 26 18:04:03 PDT 2015

**dr\_nikhilshah**

#nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF  
<http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>

Tue May 26 18:04:06 PDT 2015

- nephjc** @HekmagsMD Ho Hector! - you must be almost done? and Nikhil! #nephjc  
Tue May 26 18:04:22 PDT 2015
- christosargyrop** Christos Argyropoulos, Nephrologist Univ of New Mexico #nephjc  
Tue May 26 18:04:22 PDT 2015
- dr\_nikhilshah** Nikhil Shah Nephrology Fellow at Univ of Alberta, Edmonton Canada! Now on Home Dialysis Therapies Fellowship!! Full CoI! :) #nephjc  
Tue May 26 18:04:43 PDT 2015
- nephjc** Ho Mal and Christos, nice to see you guys back.. #nephjc  
Tue May 26 18:04:44 PDT 2015
- nephjc** Keep talking, topics to come shortly #nephjc  
Tue May 26 18:04:46 PDT 2015
- kidney\_boy** @dr\_nikhilshah somehow this makes more sense than WAK for ESRD dialysis #nephjc  
Tue May 26 18:05:04 PDT 2015
- anakinramd** Fernanda, medical student from Mexico, no COI, just lurking #nephjc  
Tue May 26 18:05:05 PDT 2015
- kidney\_boy** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>  
Tue May 26 18:05:20 PDT 2015
- nephjc** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>  
Tue May 26 18:05:23 PDT 2015
- hekmagsmd** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx w/ wearable kidney for SCUF for CHF <http://t.co/itRfDYHgvO> <http://t.co/ljbThr48SM>  
Tue May 26 18:05:33 PDT 2015
- nephjc** @AnakinraMD welcome back, Fernanda. Nice to see you come back #nephjc  
Tue May 26 18:05:44 PDT 2015
- kiwiskinz** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>  
Tue May 26 18:05:48 PDT 2015
- cabreraerdr** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>

Tue May 26 18:06:00 PDT 2015

**dr\_nikhilshah**

@kidney\_boy @dr\_nikhilshah I agree!! Nice slow PD! Gently does it. #nephjc  
Tue May 26 18:06:02 PDT 2015

**nephjc**

@kiwiskiNZ - how are things down under? #nephjc  
Tue May 26 18:06:25 PDT 2015

**kidney\_boy**

@dr\_nikhilshah though I think I would prefer a single icodextrin exchange #nephjc  
Tue May 26 18:07:04 PDT 2015

**nephjc**

RT @dr\_nikhilshah: @kidney\_boy @dr\_nikhilshah I agree!! Nice slow PD! Gently does it.  
#nephjc  
Tue May 26 18:07:30 PDT 2015

**nephjc**

T0: what's Ur approach to refractory congestive heart failure (CHF)? #NephJC (1) ultrafiltration, (2) look for excuse to HD (3) more lasix!  
Tue May 26 18:07:34 PDT 2015

**dr\_nikhilshah**

RT @kidney\_boy: @dr\_nikhilshah though I think I would prefer a single icodextrin exchange #nephjc  
Tue May 26 18:07:39 PDT 2015

**kidney\_md**

Determinants of ultrafiltration in PD #nephPearls #NephJC <http://t.co/NO2Zk87mN7>  
Tue May 26 18:07:41 PDT 2015

**nephjc**

T0: what is the highest dose of diuretics you have used in this setting before labelling as resistant/refractory? #nephjc  
Tue May 26 18:08:05 PDT 2015

**hswapnil**

T0: highest dose used in CHF: 250 mg lasix bid (#ILoveLasix) #nephjc  
Tue May 26 18:08:28 PDT 2015

**grahamabra**

Appropriate diuretic dosing, frequency, and choice is step one #NephJC  
Tue May 26 18:08:31 PDT 2015

**kidney\_boy**

T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:08:38 PDT 2015

**nephjc**

RT @GrahamAbra: Appropriate diuretic dosing, frequency, and choice is step one #NephJC  
Tue May 26 18:08:52 PDT 2015

- grahamabra** BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:08:54 PDT 2015
- rossnesbit** Nephrologist at UT Knoxville. No Col. Will be in and out. #nephjc  
Tue May 26 18:08:59 PDT 2015
- nephjc** RT @kidney\_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:09:02 PDT 2015
- kidney\_boy** Says the fat man RT @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:18 PDT 2015
- nephjc** Fat Man rules? @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:18 PDT 2015
- wittykidney** @NephJC more Lasix ➡ Develops Azotemia ➡ Start RRT #nephjc  
Tue May 26 18:09:25 PDT 2015
- grahamabra** @NephJC Always #NephJC  
Tue May 26 18:09:29 PDT 2015
- nephjc** @RossNesbit Ross, welcome to NephJC, your debut? #nephjc  
Tue May 26 18:09:36 PDT 2015
- kidney\_boy** RT @wittykidney: @NephJC more Lasix ➡ Develops Azotemia ➡ Start RRT #nephjc  
Tue May 26 18:09:48 PDT 2015
- hekmagsmd** T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:09:50 PDT 2015
- nephjc** RT @GrahamAbra: BUN + Age = Lasix Dose #NephJC  
Tue May 26 18:09:55 PDT 2015
- hekmagsmd** RT @kidney\_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:09:56 PDT 2015
- christosargyrop** T0: realistically it is hemodynamic +diuretic optimization (sequential nephron blockade) followed by mechanical H2O removal #nephjc  
Tue May 26 18:10:08 PDT 2015

- nephjc** T0: Any other options? LVAD and milrinone of course, Has anyone tried PD in refractory CHF? #NephJC  
Tue May 26 18:10:11 PDT 2015
- kidney\_boy** QFT RT @HekmagsMD: T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:10:22 PDT 2015
- nephjc** RT @HekmagsMD: T0: each time I see these consults, pt have bad combination of diuretics. #nephjc  
Tue May 26 18:10:42 PDT 2015
- wittykidney** @HekmagsMD What is a bad combination of diuretics? #nephjc  
Tue May 26 18:10:43 PDT 2015
- christosargyrop** @NephJC T0 20mg/hr #nephjc  
Tue May 26 18:11:07 PDT 2015
- nephjc** @kidney\_boy @HekmagsMD So what is your preferred diuretic combo? Lasix + metolazone + spironolactone? #nephjc  
Tue May 26 18:11:14 PDT 2015
- kidney\_boy** We use RRT and IUF for severe cases. Haven't tried PD, but will be more likely to now. #nephjc  
Tue May 26 18:11:18 PDT 2015
- grahamabra** LVAD an increasing option as devices and evidence for them improves #NephJC  
Tue May 26 18:11:33 PDT 2015
- dr\_nikhilshah** T0- Most of the cardiologists are itching to put the patient on IHD/CRRT after 24 hours of Diuretic challenge. #nephjc  
Tue May 26 18:11:42 PDT 2015
- hswapnil** T0: does anyone still use ultrafiltration after this? <http://t.co/Xkdb7bzadC> More adverse effects #nephjc. <http://t.co/fveeqjgtUT>  
Tue May 26 18:11:46 PDT 2015
- nephjc** QFT @GrahamAbra: LVAD an increasing option as devices and evidence for them improves #NephJC  
Tue May 26 18:11:59 PDT 2015
- kidney\_boy** Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc  
Tue May 26 18:12:01 PDT 2015

**nephjc**

RT @ChristosArgyrop: T0: realistically it is hemodynamic +diuretic optimization (sequential nephron blockade) followed by mechanical H2O re...

Tue May 26 18:12:12 PDT 2015

**wittykidney**

t0 - other things for Refractory CHF I published in 1998 #nephjc <http://t.co/Y4aH8yObBR>

Tue May 26 18:12:14 PDT 2015

**grahamabra**

@kidney\_boy Hammer down #NephJC

Tue May 26 18:12:18 PDT 2015

**rossnesbit**

Never believed in diuretic gtt before arrived here. Bumex (Max 0.5mg/hr) with 5% alb (20/hr) for serum alb < 3.5, amazing response.#nephJC

Tue May 26 18:12:22 PDT 2015

**christosargyrop**

@NephJC Not in the US but yes I have #nephjc

Tue May 26 18:12:33 PDT 2015

**nephjc**

Yes, N-CPAP (push vs pull) @wittykidney: t0 - other things for Refractory CHF I published in 1998 #nephjc <http://t.co/kDkQ1EajG2>

Tue May 26 18:12:51 PDT 2015

**nephjc**

RT @kidney\_boy: Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc

Tue May 26 18:13:20 PDT 2015

**dr\_nikhilshah**

T0 - Always evaluate Salt intake! We are frequently surprised at the amount that goes in! #nephjc

Tue May 26 18:13:25 PDT 2015

**rossnesbit**

Did similar nephron bomb at Vandy. Never worked. I really believe diuretic delivery (or lack thereof) is playing a major role. #NephJC

Tue May 26 18:13:32 PDT 2015

**amcj1**

@HekmagsMD what's a bad combination of diuretics? #NephJC

Tue May 26 18:13:37 PDT 2015

**kidney\_boy**

That CHF solutions machine said you could UF through a PICC, total disaster, lots of clots, never worked right for us. #nephjc

Tue May 26 18:13:47 PDT 2015

**davidkleehammer**

RT @dr\_nikhilshah: T0 - Always evaluate Salt intake! We are frequently surprised at the amount that goes in! #nephjc

Tue May 26 18:13:48 PDT 2015



- nephjc** RT @kidney\_boy: That CHF solutions machine said you could UF through a PICC, total disaster, lots of clots, never worked right for us. #nep...  
Tue May 26 18:14:25 PDT 2015
- grahamabra** LVAD = The best Rx I've ever seen for cardiorenal AKI/CKD #NephJC  
Tue May 26 18:14:29 PDT 2015
- wittykidney** @NephJC @kidney\_boy the most important ? Is now when but how to use these agents, not used correctly often #nephjc  
Tue May 26 18:14:32 PDT 2015
- fayazg99** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>  
Tue May 26 18:14:44 PDT 2015
- nephjc** RT @GrahamAbra: LVAD = The best Rx I've ever seen for cardiorenal AKI/CKD #NephJC  
Tue May 26 18:15:03 PDT 2015
- nephjc** For T1: lets start with study 1, Bertoli et al <http://t.co/2sn3aaug4g> Retrospective cohort of 48 puts from 10 Italian centres #NephJC  
Tue May 26 18:15:06 PDT 2015
- kidney\_md** Ultrafiltration (UF): controlled volume removal and "isotonic filtrate" compared to diuretics: hypotonic #NephJC  
Tue May 26 18:15:08 PDT 2015
- nephjc** T1: from table 1, mostly NYHA III/IV, all on lasix, mean 140 mg, EF 30%, GFR 21. Anything else stand out? #nephjc <http://t.co/GmJA8U69ws>  
Tue May 26 18:15:23 PDT 2015
- hekmagsmd** @wittykidney I've seen pts receiving Lasix + Bumex. I typically recommend a thiazide (metolazone) + Lasix &/or Spironolactone(RALES) #nephjc  
Tue May 26 18:15:28 PDT 2015
- dr\_nikhilshah** @GrahamAbra LVAD not without its own set of comorbidities. Have seen really bad Drive Line infections now! #nephjc  
Tue May 26 18:15:37 PDT 2015
- camilla\_wong** @NephJC Re-visit goals of care, often! #NephJC  
Tue May 26 18:15:57 PDT 2015
- hekmagsmd** Yes! Much better! RT @NephJC: @kidney\_boy @HekmagsMD So what is your preferred diuretic combo? Lasix + metolazone + spironolactone? #nephjc  
Tue May 26 18:16:15 PDT 2015

- grahamabra** @dr\_nikhilshah No doubt, LVADs not a cure all, benefits and risks as with all therapy #NephJC  
Tue May 26 18:16:26 PDT 2015
- nephjc** True, well spoken, like a Geriatrician! (whom we can all learn from) RT @camilla\_wong: @NephJC Re-visit goals of care, often! #NephJC  
Tue May 26 18:16:34 PDT 2015
- kidney\_boy** YES! RT @camilla\_wong: @NephJC Re-visit goals of care, often! #NephJC  
Tue May 26 18:16:42 PDT 2015
- hekmagsmd** RT @kidney\_boy: Lasix 80 q6h and metolazone 10 bid, and spiro 50 bid #nephjc  
Tue May 26 18:16:45 PDT 2015
- hswapnil** RT @NephJC: T1: from table 1, mostly NYHA III/IV, all on lasix, mean 140 mg, EF 30%, GFR 21. Anything else stand out? #nephjc <http://t.co/G...>  
Tue May 26 18:16:54 PDT 2015
- kidney\_boy** Cohort study is a rescue population. Challenging group. But no controls. #NephJC  
Tue May 26 18:17:02 PDT 2015
- wittykidney** @HekmagsMD important is to tell staff which of these to give first, thiazides or agents working on DT first and then Loop #nephjc  
Tue May 26 18:17:06 PDT 2015
- hswapnil** @NephJC low ICD/CRT use? #NephJC  
Tue May 26 18:17:11 PDT 2015
- nephjc** Knives are out indeed! RT @kidney\_boy: Cohort study is a rescue population. Challenging group. But no controls. #NephJC  
Tue May 26 18:17:35 PDT 2015
- wittykidney** Albumin levels for diuretic efficacy are important as well #nephjc  
Tue May 26 18:17:36 PDT 2015
- kidney\_boy** Reading the intro to the cohort study it is like CARESS-HF never happened. #NephJC <http://t.co/JnZ9OizeyB> <http://t.co/LKQUBumQEV>  
Tue May 26 18:17:38 PDT 2015
- grahamabra** They don't give the fraction on intravenous inotropes #NephJC  
Tue May 26 18:17:46 PDT 2015
- @camilla\_wong @NephJC I agree! A lot of these patients are so sick #nephjc

- hekmagsmd** Tue May 26 18:17:55 PDT 2015
- nephjc** RT @GrahamAbra: They don't give the fraction on intravenous inotropes #NephJC  
Tue May 26 18:17:57 PDT 2015
- christosargyrop** @NephJC the impella is a less invasive device option #nephjc  
Tue May 26 18:18:10 PDT 2015
- hekmagsmd** RT @wittykidney: @HekmagsMD important is to tell staff which of these to give first, thiazides or agents working on DT first and then Loop ...  
Tue May 26 18:18:38 PDT 2015
- nephjc** T1: Optimistic background; No Inotrope data, low ICD use, no controls. Still let's look at results #nephjc  
Tue May 26 18:18:56 PDT 2015
- nephjc** T1: 30/48 patients had a single extraneal at night; 13 did NIPD alone and the rest had regular CCPD #NephJC  
Tue May 26 18:19:00 PDT 2015
- nephjc** T1: results: good symptomatic improvement by NYHA class with peritoneal ultrafiltration in CHF #nephjc <http://t.co/N7UiSbn1KM>  
Tue May 26 18:19:13 PDT 2015
- kidney\_md** @kidney\_md Fluid removal BY CRRT- attenuate the neurohormonal activation characteristic of diuretic use #nephJC <http://t.co/ETC6Er9h0h>  
Tue May 26 18:19:39 PDT 2015
- christosargyrop** @hswapnil #nephjc This was run by cardiologists who craved for quickies. Guess what quickies are accompanied by side effects  
Tue May 26 18:19:42 PDT 2015
- nephjc** Good point. Have you found it useful in practice? @wittykidney: Albumin levels for diuretic efficacy are important as well #nephjc  
Tue May 26 18:19:47 PDT 2015
- kidney\_boy** @wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important. #nephjc  
Tue May 26 18:19:50 PDT 2015
- nephjc** T1: results contd. improvement in echo parameters also. Are we impressed by this? #nephjc <http://t.co/820efWanRD>  
Tue May 26 18:20:20 PDT 2015

- nephjc** RT @ChristosArgyrop: @hswapnil #nephjc This was run by cardiologists who craved for quickies. Guess what quickies are accompanied by side e...  
Tue May 26 18:20:42 PDT 2015
- wittykidney** @kidney\_boy @HekmagsMD I find giving mento lazing 30-45' before Lasix is more effective and always use this way #nephjc  
Tue May 26 18:20:51 PDT 2015
- kidney\_boy** 39 men and 9 women? What is going on here? #NephJC  
Tue May 26 18:20:51 PDT 2015
- kidney\_boy** Why do we get survival data out to 3 years and NYHA CHF class only out to 12 months? #NephJC <http://t.co/tbUcCe6ISx>  
Tue May 26 18:20:58 PDT 2015
- kidney\_boy** No comment on the CHF class of the 15% who died. keeping each bar at 100% is deceptive, #NephJC  
Tue May 26 18:21:03 PDT 2015
- nephjc** T1: lastly, less hospitalization (before - after comparison) #nephjc <http://t.co/teldm8P9SG>  
Tue May 26 18:21:07 PDT 2015
- hekmagsmd** RT @kidney\_boy: @wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important. #nephjc  
Tue May 26 18:21:23 PDT 2015
- nephjc** Good Q: @kidney\_boy: Why do we get survival data out to 3 years and NYHA CHF class only out to 12 months? #NephJC <http://t.co/iakG7xw7fV>  
Tue May 26 18:21:23 PDT 2015
- kidney\_boy** Impressive hospitalization data, but how did they calculate hospital days for the 15% who died? #NephJC <http://t.co/eZxFqWadxS>  
Tue May 26 18:21:51 PDT 2015
- wittykidney** @NephJC Echo parameters are dependent on Volume status, you dry the patient by whatever means will improve These. #nephjc  
Tue May 26 18:21:57 PDT 2015
- nephjc** some selection bias? retrospective, perhaps men preferentially get Rx? @kidney\_boy: 39 men and 9 women? What is going on here? #NephJC  
Tue May 26 18:22:15 PDT 2015
- rossnesbit** @wittykidney @kidney\_boy @HekmagsMD Same here. Just have to get it in before the loop from my standpoint. #NephJC

Tue May 26 18:22:19 PDT 2015

**nephjc**

RT @wittykidney: @NephJC Echo parameters are dependent on Volume status, you dry the patient by whatever means will improve These. #nephjc

Tue May 26 18:22:27 PDT 2015

**kidney\_boy**

@wittykidney @NephJC and if you let the sickest 15% die, the remainder's echo components will improve. #nephjc

Tue May 26 18:22:36 PDT 2015

**nephjc**

T1: survival not too bad for CHF NYHA III/IV 18/48 switched to full dose PD, 3 to HD #nephjc <http://t.co/wx1YBiaow2>

Tue May 26 18:22:41 PDT 2015

**grahamabra**

Survival rate actually seems on the high side for such a sick cohort #NephJC

Tue May 26 18:23:12 PDT 2015

**nephjc**

RT @kidney\_boy: @wittykidney @HekmagsMD metolazone has a half life of really long (I've read 72 hours) timing not so important. #nephjc

Tue May 26 18:23:17 PDT 2015

**nephjc**

Agree. Too good perhaps? (selection bias again) RT @GrahamAbra: Survival rate actually seems on the high side for such a sick cohort #NephJC

Tue May 26 18:23:45 PDT 2015

**grahamabra**

In original LVAD study only ~8% of very advanced CHF patients on med rx alive at 2 years. 60% in this study :/ #NephJC

Tue May 26 18:24:17 PDT 2015

**hswapnil**

T1: with before-after, huge caveats - selection bias, regression to mean, Hawthorne effect. Take with #pinchofsalt #nephjc

Tue May 26 18:24:17 PDT 2015

**kidney\_boy**

The study provides both the 2-year mortality & 2-year survival rate. Why? Worried about the walking dead? #NephJC <http://t.co/NIHnzFotAb>

Tue May 26 18:24:51 PDT 2015

**nephjc**

#nephjc <https://t.co/8G2Y8BW6tj>

Tue May 26 18:24:59 PDT 2015

**christosargyrop**

@NephJC Look at the urine volume #nephjc

Tue May 26 18:25:13 PDT 2015

@GrahamAbra and no deaths in the first 6 months!! wow! hardy men! #nephjc

- dr\_nikhilshah** Tue May 26 18:25:59 PDT 2015
- nephjc** @ChristosArgyrop @NephJC Hmm - did it go up significantly? #nephjc  
Tue May 26 18:26:06 PDT 2015
- nephjc** RT @dr\_nikhilshah: @GrahamAbra and no deaths in the first 6 months!! wow! hardy men!  
#nephjc  
Tue May 26 18:26:15 PDT 2015
- hekmagsmd** RT @kidney\_boy: The study provides both the 2-year mortality & 2-year survival rate.  
Why? Worried about the walking dead? #NephJC [http://t...](#)  
Tue May 26 18:26:33 PDT 2015
- grahamabra** @dr\_nikhilshah These guys are looking like a carefully selected cohort for success  
#NephJC  
Tue May 26 18:26:56 PDT 2015
- nephjc** RT @kidney\_boy: The study provides both the 2-year mortality & 2-year survival rate.  
Why? Worried about the walking dead? #NephJC [http://t...](#)  
Tue May 26 18:27:05 PDT 2015
- jameshorowitzmd** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF  
for CHF [http://t.co/6xRm5rczeS](#) [http://t.co/zcU36akSFW](#)  
Tue May 26 18:27:08 PDT 2015
- nephjc** QFT @GrahamAbra: @dr\_nikhilshah These guys are looking like a carefully selected  
cohort for success #NephJC  
Tue May 26 18:27:20 PDT 2015
- nephjc** Before drawing firm conclusions, let's talk about study 2, Viglino et al  
[http://t.co/vHelQI2fYP](#) #nephjc  
Tue May 26 18:27:30 PDT 2015
- christosargyrop** @NephJC These patients may had been 'diuretic resistant' but on average they were not  
oliguric. Different from what we see in the US #nephjc  
Tue May 26 18:27:43 PDT 2015
- kidney\_md** Loop diuretics -Diuretic therapy #nephJC [http://t.co/9ZxfS0DKwd](#) [http://t.co/x6UXjayizw](#)  
Tue May 26 18:27:46 PDT 2015
- nephjc** RT @kidney\_md: Loop diuretics -Diuretic therapy #nephJC [http://t.co/9ZxfS0DKwd](#)  
[http://t.co/x6UXjayizw](#)  
Tue May 26 18:28:01 PDT 2015

- grahamabra** @ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC  
Tue May 26 18:28:20 PDT 2015
- nephjc** good point: MT @ChristosArgyrop may had been 'diuretic resistant" but on average not oliguric. Different from what we see in the US #nephjc  
Tue May 26 18:28:40 PDT 2015
- kidney\_boy** RT @GrahamAbra: @ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC  
Tue May 26 18:29:05 PDT 2015
- hswapnil** RT @NephJC: Before drawing firm conclusions, let's talk about study 2, Viglino et al <http://t.co/vHelQI2fYP> #nephjc  
Tue May 26 18:29:18 PDT 2015
- kidney\_md** @kidney\_md dose of continuous IV diuretics #nephJC #nephPearls  
<http://t.co/9ZxfS0DKwd> <http://t.co/37ICsYjRAZ>  
Tue May 26 18:29:21 PDT 2015
- kidney\_boy** @GrahamAbra @ChristosArgyrop @NephJC agreed, not a cohort I would be rushing to put on extracorporeal therapy #nephjc  
Tue May 26 18:29:37 PDT 2015
- nephjc** T2: no RCTs, so this systematic review included 14 observational studies (incl Bertoli from T1) #nephjc <http://t.co/lSzACcdufc>  
Tue May 26 18:29:39 PDT 2015
- christosargyrop** @NephJC Moderate improvement in EF tracking moderate improvement in EDP #nephjc  
Tue May 26 18:29:49 PDT 2015
- nephjc** RT @GrahamAbra: @ChristosArgyrop @NephJC Agree. "Making good urine" would be in the cards note for this crew #NephJC  
Tue May 26 18:30:06 PDT 2015
- christosargyrop** @kidney\_boy #nephjc Risk of death not constant. Makes sense  
Tue May 26 18:30:51 PDT 2015
- rossnesbit** @NephJC @ChristosArgyrop Companion French study in same PDI issue re: hospital stays with OD/CHF put mean diuretic use at 500-600 #nephjc  
Tue May 26 18:30:52 PDT 2015
- nephjc** T2: 14 studies, no US study though. Wonder why? (1 Canadian, 1 Japanese, rest all European) #nephjc

Tue May 26 18:31:19 PDT 2015

**nephjc**

T2: table 2, mean GFR varied from 10 to 49. Mixing apples and oranges? #nephjc  
<http://t.co/SpRNdasemq>

Tue May 26 18:31:36 PDT 2015

**dr\_nikhilshah**

T2 - does anyone see a change in BNP after starting PD -UF. Could it be important? #nephjc

Tue May 26 18:31:38 PDT 2015

**grahamabra**

@NephJC #reimbursement #NephJC

Tue May 26 18:31:41 PDT 2015

**nephjc**

RT @kidney\_boy: @GrahamAbra @ChristosArgyrop @NephJC agreed, not a cohort I would be rushing to put on extracorporeal therapy #nephjc

Tue May 26 18:31:48 PDT 2015

**nephjc**

RT @ChristosArgyrop: @NephJC Moderate improvement in EF tracking moderate improvement in EDP #nephjc

Tue May 26 18:31:50 PDT 2015

**nephjc**

Nice catch: #NephJC <https://t.co/dU8svlw4IF>

Tue May 26 18:32:08 PDT 2015

**kidney\_boy**

@ChristosArgyrop doesn't make sense to me. Explain. #nephjc

Tue May 26 18:32:09 PDT 2015

**dannymcg**

RT @kidney\_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc

Tue May 26 18:32:18 PDT 2015

**edgarvlermamd**

@GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC  
<http://t.co/lvIINfXVoC>

Tue May 26 18:32:40 PDT 2015

**nephjc**

RT @GrahamAbra: @NephJC #reimbursement #NephJC

Tue May 26 18:32:44 PDT 2015

**kidney\_boy**

@ChristosArgyrop 46% + 56% = 102% how did that happen #nephjc

Tue May 26 18:32:48 PDT 2015

**kidney\_boy**

ho Edgar! #nephjc

Tue May 26 18:33:01 PDT 2015



- christosargyrop** @kidney\_boy Well the numbers add up to 100, so no worries about STEM skills among the Pls #nephjc  
Tue May 26 18:33:09 PDT 2015
- nephjc** RT @edgarvlermamd: @GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC <http://t.co/lvllNfXVoC>  
Tue May 26 18:33:13 PDT 2015
- kidney\_md** Additional data on NYHA/rehospitalization <http://t.co/Xc4KMMDe8s> #nephJC <http://t.co/MgT98vChp5>  
Tue May 26 18:33:28 PDT 2015
- dr\_nikhilshah** RT @edgarvlermamd: @GrahamAbra Love the HOUSE OF GOD Reference: 7th Law #NephJC <http://t.co/lvllNfXVoC>  
Tue May 26 18:34:04 PDT 2015
- nephjc** @NephJC: T2: table 3: mostly NYHA III/IV but EF varied from 28 to 56%. Isn't that important? Anything else? <http://t.co/2D7pt81Jav> #nephjc  
Tue May 26 18:34:19 PDT 2015
- grahamabra** Big variability in eGFR #NephJC  
Tue May 26 18:34:41 PDT 2015
- nephjc** T2: so GFR 20-50, EF 28 - 56%, again doesn't look like the typical refractory, diuretic resistant CHF population here #nephjc  
Tue May 26 18:35:11 PDT 2015
- dr\_nikhilshah** @GrahamAbra Probably quite deconditioned patients with worsening muscle mass? #nephjc  
Tue May 26 18:35:34 PDT 2015
- grahamabra** @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC  
Tue May 26 18:35:59 PDT 2015
- nephjc** RT @GrahamAbra: @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC  
Tue May 26 18:36:13 PDT 2015
- christosargyrop** @NephJC #nephjc Differences in trigger happiness and ability to pay through the ESRD programs. 2o is difficult in the US(↓ transplatability)  
Tue May 26 18:36:22 PDT 2015

- nephjc** RT @ChristosArgyrop: @NephJC #nephjc Differences in trigger happiness and ability to pay through the ESRD programs. 2o is difficult in the ...  
Tue May 26 18:36:34 PDT 2015
- grahamabra** @dr\_nikhilshah Good pont, possible but probably still higher renal function than US "diuretic refractory" its #NephJC  
Tue May 26 18:36:43 PDT 2015
- nephjc** T2: table 4: details on PD : mostly 1-2 exchanges except for one notable exception (<http://t.co/IEI9oNsmbh>) #NephJC <http://t.co/zZvwinvQu7>  
Tue May 26 18:36:58 PDT 2015
- hekmagsmd** RT @GrahamAbra: @NephJC Totally agree, very hard to believe eGFR >30 ml/min are diuretic refractory #NephJC  
Tue May 26 18:37:41 PDT 2015
- nephro\_sparks** Im here #nephjc  
Tue May 26 18:37:45 PDT 2015
- christosargyrop** @kidney\_boy #nephjc STEM training stopped before rounding rules. Or the sentence was written by two separate ppl who both rounded upwards  
Tue May 26 18:38:05 PDT 2015
- dr\_nikhilshah** RT @Nephro\_Sparks: Im here #nephjc  
Tue May 26 18:38:16 PDT 2015
- kidney\_md** @NephJC Sodium removal & PD modalities: no differences with optimal prescription of icodextrin.<http://t.co/SsXsc3e8bV> #nephJC  
Tue May 26 18:38:27 PDT 2015
- nephro\_sparks** was deep in a presentation I was working on #nephjc  
Tue May 26 18:38:33 PDT 2015
- nephjc** T2: On that note, what do you think of Na content in PD effluent of 130-150 vs 50-100 mmol/L in urine? (as pointed out by @paulphel) #nephjc  
Tue May 26 18:38:38 PDT 2015
- kidney\_boy** table 2. three studies did not report gender breakdown? Really? Shouldn't that disqualify a study? #nephjc  
Tue May 26 18:38:39 PDT 2015
- nephjc** @Nephro\_Sparks Ho Matt. Welcome to the land of living #nephjc  
Tue May 26 18:38:52 PDT 2015

- nephro\_sparks** someone get me up to speed [#nephjc](#)  
Tue May 26 18:39:12 PDT 2015
- kidney\_boy** Hey Matt. Okay guys, Matt is here, we can start now. [#nephjc](#)  
Tue May 26 18:39:14 PDT 2015
- grahamabra** [@NephJC](#) [@paulphel](#) Know you're hyponatremia rx [#Lasix](#) [#NephJC](#)  
Tue May 26 18:39:14 PDT 2015
- nephjc** RT [@kidney\\_md](#): [@NephJC](#) Sodium removal & PD modalities: no differences with optimal prescription of icodextrin.<http://t.co/SsXsc3e8bV> [#nephJC](#)  
Tue May 26 18:39:23 PDT 2015
- kidney\_md** [@NephJC](#) better Na removal with CAPD compared to APD and with Icodextrin  
<http://t.co/H58E6lvihu> [#nephJC](#)  
Tue May 26 18:39:59 PDT 2015
- grahamabra** [@kidney\\_boy](#) Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review of same [#NephJC](#)  
Tue May 26 18:40:26 PDT 2015
- nephjc** [@Nephro\\_Sparks](#) We are on second study (SR) here. Surrounded by disbelievers with knives out. It's skeptic days at [#nephJC](#) tonight  
Tue May 26 18:40:28 PDT 2015
- nephjc** T2: overall outcomes - mostly significant changes in weight, NYHA, hospitalization  
[#nephjc](#) <http://t.co/c45GqMiNBJ>  
Tue May 26 18:41:00 PDT 2015
- nephro\_sparks** [@GrahamAbra](#) [@kidney\\_boy](#) ok. I'm up to speed. sounds like a session at ASN [#nephjc](#)  
Tue May 26 18:41:15 PDT 2015
- kidney\_boy** [@NephJC](#) [@paulphel](#) CHF Solutions and IUF also had high Na content of UF but this did not improve outcomes. [#nephjc](#)  
Tue May 26 18:41:18 PDT 2015
- kidney\_boy** LOL RT [@GrahamAbra](#): Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review of same [#NephJC](#)  
Tue May 26 18:41:56 PDT 2015
- hekmagsmd** RT [@kidney\\_md](#): [@NephJC](#) better Na removal with CAPD compared to APD and with Icodextrin <http://t.co/k0waoK6zJ7> [#nephJC](#) [#nephjc](#)  
Tue May 26 18:42:01 PDT 2015

- nephro\_sparks** RT @GrahamAbra: Appropriate diuretic dosing, frequency, and choice is step one #NephJC  
Tue May 26 18:42:08 PDT 2015
- hswapnil** @kidney\_boy it's OK..they report all data (maybe abstracts?). Did not do meta-analysis which would have been problematic #NephJC  
Tue May 26 18:42:10 PDT 2015
- nephjc** RT @kidney\_boy: LOL RT @GrahamAbra: Oh good. Matt - Italians have done a retrospective highly selected cohort and backed it up with review ...  
Tue May 26 18:42:25 PDT 2015
- nephjc** RT @kidney\_boy: @NephJC @paulphel CHF Solutions and IUF also had high Na content of UF but this did not improve outcomes. #nephjc  
Tue May 26 18:42:34 PDT 2015
- nephjc** T2: tables 6 & 7: changes in echo and GFR. Mixed results #NephJC  
<http://t.co/g1Hb7ZrfST>  
Tue May 26 18:42:45 PDT 2015
- christosargyrop** @kidney\_boy #nephjc the differences are in the rates of UF removal. Esp if one is pulling Na fast hypotension may ebsur2  
Tue May 26 18:42:50 PDT 2015
- nephjc** T2: some survival curves Uncontrolled data. Hard to interpret Any takers? #nephjc  
<http://t.co/wQRpqnfi9w>  
Tue May 26 18:42:54 PDT 2015
- grahamabra** @kidney\_boy @NephJC @paulphel What was I reading about hypertonic saline in CHF... #NephJC  
Tue May 26 18:43:11 PDT 2015
- kidney\_md** @NephJC <http://t.co/40ikACOSPT> detailed analysis on sodium removal #nephJC  
<http://t.co/fusQdoA6iV>  
Tue May 26 18:43:40 PDT 2015
- nephro\_sparks** @NephJC nice colors though \$\$\$ #nephjc  
Tue May 26 18:43:42 PDT 2015
- nephjc** That was #NephMADness..this is #nephjc RT @GrahamAbra: @kidney\_boy @paulphel What was I reading about hypertonic saline in CHF... #NephJC  
Tue May 26 18:43:55 PDT 2015
- kidney\_boy** @GrahamAbra @NephJC @paulphel What is it with Italians and CHF data? #nephjc  
Tue May 26 18:43:57 PDT 2015

- grahamabra** @NephJC @kidney\_boy @paulphel Sorry, Sorry. Mixing my social media #NephJC  
Tue May 26 18:44:23 PDT 2015
- nephjc** T2: (more colour) some practical results - can PD so harm? Peritonitis outcomes figure 2  
#nephjc <http://t.co/pTqyiqf2YL>  
Tue May 26 18:44:35 PDT 2015
- christosargyrop** @NephJC #nephjc Well I see a pattern of improving or not worsening. But the table is misleading one needs a RE metaanalysis for this  
Tue May 26 18:44:48 PDT 2015
- nephjc** #nephJC <https://t.co/AZPqL02Uh4>  
Tue May 26 18:44:58 PDT 2015
- grahamabra** @NephJC What's with the clumping of survival groups #DataFishing #NephJC  
Tue May 26 18:45:03 PDT 2015
- nephjc** @RossNesbit don't forget the hashtag #nephjc  
Tue May 26 18:45:09 PDT 2015
- jeffsparks** RT @kidney\_boy: Hey Matt. Okay guys, Matt is here, we can start now. #nephjc  
Tue May 26 18:45:17 PDT 2015
- nephjc** #NephJC <https://t.co/UGVQhIRDTJ>  
Tue May 26 18:45:19 PDT 2015
- nephjc** @ChristosArgyrop Do you really want a meta-analysis? Heterogenous data, not sure a quantitative synthesis will help... #nephjc  
Tue May 26 18:46:32 PDT 2015
- christosargyrop** @NephJC #nephjc The average rate is too low but there are outliers. I guess the rate may be explained by the infrequent exchanges  
Tue May 26 18:46:56 PDT 2015
- hswapnil** RT @NephJC: T2: (more colour) some practical results - can PD so harm? Peritonitis outcomes figure 2 #nephjc <http://t.co/pTqyiqf2YL>  
Tue May 26 18:47:33 PDT 2015
- wittykidney** ICO by sodium seiving may worsen hyponatremia. Did they provide this data? #nephjc  
Tue May 26 18:47:57 PDT 2015
- @NephJC @ChristosArgyrop Nah, I think we have a proof of feasibility, time for PD vs Not

- grahamabra** in diuretic refractory CHF #NephJC  
Tue May 26 18:48:15 PDT 2015
- christosargyrop** @GrahamAbra #nephjc I would not have used excel. But the clustering is there suggesting heterogeneity  
Tue May 26 18:48:32 PDT 2015
- nephjc** . @RossNesbit says PD lowers K, so would use more ACEi and ARB in this population (could also achieve with lasix +metolazone?) #nephjc  
Tue May 26 18:48:51 PDT 2015
- kidney\_md** Effect of dialysate tonicity and UF volume <http://t.co/Xc4KMMDe8s> #nephPearls #nephJC  
<http://t.co/T3zrD2ehg5>  
Tue May 26 18:48:57 PDT 2015
- nephjc** So let's move on to T3: what will you do next? - wait for an RCT (hint #DreamRCT idea) - start doing PD in select patients #NephJC  
Tue May 26 18:49:14 PDT 2015
- nephjc** RT @GrahamAbra: @NephJC @ChristosArgyrop Nah, I think we have a proof of feasibility, time for PD vs Not in diuretic refractory CHF #NephJC  
Tue May 26 18:49:28 PDT 2015
- dr\_nikhilshah** @NephJC #nephjc Also would depend on who follows them - Heart Failure clinic or PD Unit - coz they are not ESRD. Training And F/u imp!  
Tue May 26 18:49:36 PDT 2015
- anakinramd** RT @kidney\_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 18:49:37 PDT 2015
- christosargyrop** @NephJC #Nephjc I am a quantitative person and this is precisely the setting where a flexible random effects meta should be done  
Tue May 26 18:49:48 PDT 2015
- nephjc** good point, they did not provide this data: @wittykidney: ICO by sodium seiving may worsen hyponatremia. Did they provide this data? #nephjc  
Tue May 26 18:50:09 PDT 2015
- grahamabra** @ChristosArgyrop @NephJC That sounds like fun :) #NephJC  
Tue May 26 18:50:20 PDT 2015
- nephjc** RT @dr\_nikhilshah: @NephJC #nephjc Also would depend on who follows them - Heart Failure clinic or PD Unit - coz they are not ESRD. Trainin...  
Tue May 26 18:50:24 PDT 2015

**kidney\_boy**

#DreamRCT RT @GrahamAbra: I think we have a proof of feasibility, time for PD vs Not in diuretic refractory CHF #NephJC  
Tue May 26 18:50:28 PDT 2015

**grahamabra**

@NephJC @dr\_nikhilshah @NephJC Logistical nightmare - I don't want to be credentialing cards in the HD unit #NephJC  
Tue May 26 18:50:59 PDT 2015

**christosargyrop**

@NephJC #nephjc Baxter tried to run such an international study when I was a fellow. The study never happened  
Tue May 26 18:51:08 PDT 2015

**nephjc**

What no Bayesian? ;-) RT @ChristosArgyrop I am a quantitative person and this is where a flexible random effects meta should be done #nephjc  
Tue May 26 18:51:23 PDT 2015

**kidney\_boy**

@NephJC @wittykidney Really, hyponatremia? These people are dining of heart failure. Keep your eye on the ball, can they breathe? #nephjc  
Tue May 26 18:51:34 PDT 2015

**dr\_nikhilshah**

RT @GrahamAbra: @NephJC @dr\_nikhilshah @NephJC Logistical nightmare - I don't want to be credentialing cards in the HD unit #NephJC  
Tue May 26 18:51:42 PDT 2015

**hswapnil**

RT @NephJC: So let's move on to T3: what will you do next? - wait for an RCT (hint #DreamRCT idea) - start doing PD in select patients #Ne...  
Tue May 26 18:51:47 PDT 2015

**grahamabra**

@ChristosArgyrop @NephJC Any idea why? #NephJC  
Tue May 26 18:51:57 PDT 2015

**christosargyrop**

@NephJC #nephjc The practical problem for us in the US is the eternal question: who is paying. Cant really label these pts as ESRF  
Tue May 26 18:52:09 PDT 2015

**wittykidney**

RT @kidney\_boy: @NephJC @wittykidney Really, hyponatremia? These people are dining of heart failure. Keep your eye on the ball, can they br...  
Tue May 26 18:52:22 PDT 2015

**nephjc**

T3: if you do plan to use PD, what criteria will you use? - diuretic resistance? - others? What practical hurdles do you anticipate? #nephjc  
Tue May 26 18:52:22 PDT 2015

- grahamabra** MT @ChristosArgyrop @NephJC #nephjc practical problem in the US is the eternal question: who is paying. Cant really label these pts as ESRF  
Tue May 26 18:53:03 PDT 2015
- hswapnil** @kidney\_boy @wittykidney maybe cause hyponatremia, then use an aquaretic #justkidding #NephJC  
Tue May 26 18:53:41 PDT 2015
- dr\_nikhilshah** T3 - Canada logistics - A patient long way from a center has to move to city for LVAD etc, PD - UF with may not be a bad idea here! #nephjc  
Tue May 26 18:53:46 PDT 2015
- kidney\_boy** T3, I would use recurrent admissions for heart failure as evidence of failing medical management as indication. #nephjc  
Tue May 26 18:53:57 PDT 2015
- grahamabra** @NephJC Diuretic resistance as defined by maximal @kidney\_boy dosing #NephJC  
Tue May 26 18:54:01 PDT 2015
- wittykidney** @kidney\_boy @NephJC but serum sodium is an important prognostic factor in these blood purification 2013 doi:10,1159/0003511202 #nephjc  
Tue May 26 18:54:11 PDT 2015
- nephjc** RT @GrahamAbra: MT @ChristosArgyrop @NephJC #nephjc practical problem in the US is the eternal question: who is paying. Cant really label t...  
Tue May 26 18:54:12 PDT 2015
- nephjc** RT @kidney\_boy: T3, I would use recurrent admissions for heart failure as evidence of failing medical management as indication. #nephjc  
Tue May 26 18:54:23 PDT 2015
- kidney\_md** @NephJC @wittykidney Hyponatremia in peritoneal dialysis:single center #NephJC <http://t.co/y7QltYCpRE>  
Tue May 26 18:54:30 PDT 2015
- nephjc** RT @dr\_nikhilshah: T3 - Canada logistics - A patient long way from a center has to move to city for LVAD etc, PD - UF with may not be a bad...  
Tue May 26 18:54:33 PDT 2015
- nephjc** RT @GrahamAbra: @NephJC Diuretic resistance as defined by maximal @kidney\_boy dosing #NephJC  
Tue May 26 18:54:52 PDT 2015
- nephjc** RT @wittykidney: @kidney\_boy @NephJC but serum sodium is an important prognostic factor in these blood purification 2013 doi:10,1159/0003511...  
Tue May 26 18:54:52 PDT 2015



Tue May 26 18:55:05 PDT 2015

**nephjc**

Lat 5 minutes, final thoughts? No one convinced of data...RCT would be nice. #nephjc  
Tue May 26 18:56:02 PDT 2015

**christosargyrop**

@kidney\_boy #nephjc One word of caution: be4 doing anything consult w your cardiologists about possible change in transplant status  
Tue May 26 18:56:03 PDT 2015

**hekmagsmd**

RT @ChristosArgyrop: @kidney\_boy #nephjc One word of caution: be4 doing anything consult w your cardiologists about possible change in tran...  
Tue May 26 18:56:39 PDT 2015

**kidney\_boy**

My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc  
Tue May 26 18:56:53 PDT 2015

**dr\_nikhilshah**

T4 - when would you put a PD catheter, How would you put it (perc or lap), complicitn of proc, starting PD volume if needed stat? #nephjc  
Tue May 26 18:57:08 PDT 2015

**grahamabra**

@wittykidney @kidney\_boy @NephJC True but rx'ing the Na has never been shown to improve the outcome #NephJC  
Tue May 26 18:57:11 PDT 2015

**nephjc**

RT @kidney\_boy: My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc  
Tue May 26 18:57:31 PDT 2015

**christosargyrop**

RT @kidney\_boy: My thought is that in patients with poorly managed heart failure it is worth a try. Better than HD. #nephjc  
Tue May 26 18:57:35 PDT 2015

**wittykidney**

@kidney\_boy then SLED guys will be after you  
Tue May 26 18:58:01 PDT 2015

**nephjc**

RT @dr\_nikhilshah: T4 - when would you put a PD catheter, How would you put it (perc or lap), complicitn of proc, starting PD volume if need...  
Tue May 26 18:58:26 PDT 2015

**grahamabra**

@kidney\_boy I imagine it's quite tricky to catch a diuretic resistant patient w/ enough time for PD logistics to be put in place #NephJC  
Tue May 26 18:58:42 PDT 2015

- nephjc** @dr\_nikhilshah I guess one can start with low volumes, clearance less important than UF? #nephjc  
Tue May 26 18:58:59 PDT 2015
- grahamabra** @kidney\_boy Perhaps why cohorts so selected in these studies - you need the lead time #NephJC  
Tue May 26 18:59:02 PDT 2015
- kidney\_boy** @GrahamAbra we have an urgent start PD program in place. These would be perfect for that. #nephjc  
Tue May 26 18:59:24 PDT 2015
- christosargyrop** #nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 18:59:25 PDT 2015
- grahamabra** @ChristosArgyrop PD vs LVAD in diuretic resistance #NephJC  
Tue May 26 18:59:55 PDT 2015
- grahamabra** @kidney\_boy Agree #NephJC  
Tue May 26 19:00:10 PDT 2015
- dr\_nikhilshah** RT @NephJC: @dr\_nikhilshah I guess one can start with low volumes, clearance less important than UF? #nephjc  
Tue May 26 19:00:15 PDT 2015
- nephjc** RT @ChristosArgyrop: #nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 19:00:15 PDT 2015
- hekmagsmd** RT @ChristosArgyrop: #nephjc With respects to feasibility, I would engage NHLBI, NIDDK and industry to fund a RCT. Likely cheaper than VAD  
Tue May 26 19:00:34 PDT 2015
- nephjc** @GrahamAbra @kidney\_boy Perhaps Nephrologists should do these/  
<http://t.co/A9skUfLOIQ> #NephWorkforce #NephForward #nephjc  
Tue May 26 19:00:48 PDT 2015
- dr\_nikhilshah** @kidney\_boy @GrahamAbra Does your Urgent PD start put in Perc PD caths or LapSx #nephjc  
Tue May 26 19:01:07 PDT 2015
- nephjc** Excellent point! @GrahamAbra: @kidney\_boy Perhaps why cohorts so selected in these studies - you need the lead time #NephJC  
Tue May 26 19:01:16 PDT 2015

- grahamabra** @NephJC @kidney\_boy Another case for interventional nephrology #NephJC  
Tue May 26 19:01:19 PDT 2015
- kidney\_boy** @dr\_nikhilshah @kidney\_boy @GrahamAbra we do Lap PD placement #nephjc  
Tue May 26 19:01:30 PDT 2015
- nephjc** Awesome chat...time to wind down #nephjc  
Tue May 26 19:01:46 PDT 2015
- nephjc** Also, if you haven't already, sign up for our low volume mailing list at <http://t.co/5aumn8lmwF> #NephJC to remain updated for the latest  
Tue May 26 19:01:50 PDT 2015
- nephjc** Reminder: the EU/African #NephJC chat will be tomorrow at 8 pm GMT, 3 pm EDT  
Tue May 26 19:02:02 PDT 2015
- dr\_nikhilshah** RT @NephJC: @GrahamAbra @kidney\_boy Perhaps Nephrologists should do these/  
<http://t.co/A9skUfLOIQ> #NephWorkforce #NephForward #nephjc  
Tue May 26 19:02:05 PDT 2015
- grahamabra** @NephJC Strong work - thanks for hosting #NephJC  
Tue May 26 19:02:18 PDT 2015
- kidney\_md** @NephJC @GrahamAbra @kidney\_boy Percutaneous CAPD catheter insertion by a nephrologist- Seldinger tech <http://t.co/mCx CzUgnYC> #nephJC  
Tue May 26 19:02:25 PDT 2015
- nephjc** And go read this awesome book and get ready for the July #NephJC #bookclub  
<http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:02:30 PDT 2015
- kidney\_md** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub  
<http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:02:48 PDT 2015
- happymebookclub** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub  
<http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:02:53 PDT 2015
- kidney\_boy** great job @HSwapnil #nephjc  
Tue May 26 19:02:56 PDT 2015

- kidney\_boy** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub <http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:03:25 PDT 2015
- dr\_nikhilshah** Thank you for a great chat! Good night! #nephjc  
Tue May 26 19:03:31 PDT 2015
- nephro\_sparks** RT @dr\_nikhilshah: Thank you for a great chat! Good night! #nephjc  
Tue May 26 19:04:56 PDT 2015
- nephro\_sparks** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub <http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:05:01 PDT 2015
- hswapnil** RT @GrahamAbra: @ChristosArgyrop PD vs LVAD in diuretic resistance #NephJC  
Tue May 26 19:05:32 PDT 2015
- hekmagsmd** RT @kidney\_md: @NephJC @GrahamAbra @kidney\_boy Percutaneous CAPD catheter insertion by a nephrologist- Seldinger tech <http://t.co/mCx CzUgnY...>  
Tue May 26 19:05:43 PDT 2015
- eminfocus** RT @kidney\_boy: T0: They're not refractory until nephrology says they are refractory. I could diurese a cactus. #nephjc  
Tue May 26 19:13:40 PDT 2015
- gerimedjc** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub <http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:23:56 PDT 2015
- jatigert** RT @dr\_nikhilshah: #nephjc #vicenza The first person Rx with wearable kidney for SCUF for CHF <http://t.co/6xRm5rczeS> <http://t.co/zcU36akSFW>  
Tue May 26 19:42:45 PDT 2015
- pearsonjeffrey** RT @NephJC: And go read this awesome book and get ready for the July #NephJC #bookclub <http://t.co/XwYPGkwVeS> <http://t.co/ozg7HK45Gk>  
Tue May 26 19:44:10 PDT 2015
- nephjc** Stats for tonight's #nephjc chat Not bad for a pure nephrology topic.  
<http://t.co/oXbYloD5wJ>  
Tue May 26 19:59:21 PDT 2015
- hswapnil** RT @NephJC: Stats for tonight's #nephjc chat Not bad for a pure nephrology topic.  
<http://t.co/oXbYloD5wJ>  
Tue May 26 19:59:45 PDT 2015

