President’s Message

Dear members, colleagues and friends,

It was with great pleasure that we welcomed over 2200 delegates to Prague for the 37th international EDTNA/ERCA Conference. We had delegates from Asia-Pacific region, Australia, Canada and the United States. This diverse representation of countries is indicative of the international scope of the EDTNA/ERCA.

The Conference opened performed by the Band of the Castle Guards and Police of the Czech Republic. The primary duties of the Band include musical accompaniment at all state ceremonies at the Prague Castle, primary state visits and initial audiences with ambassadors. We decided on an exciting topic for the opening guest lecture of the Conference. We are all experts in the human renal care field, but know very little about renal disease in animals. We tried to broaden our knowledge and invited Dr. Maradová to talk about renal care in the animal kingdom.

During the Welcome party which followed the Opening Ceremony everybody enjoyed typical Czech food, hospitality as well as meeting old friends and making new ones. The Prague Conference Centre offers a glorious view of the old city which all the delegates and industry partners were able to enjoy.

More than 50 invited guest speakers by EDTNA/ERCA and various industries made time in their busy schedules to join us and share with delegates latest research developments and knowledge.

Over the three Conference days, up to 5 parallel scientific sessions were held with simultaneous translation in the main hall. Martin Gerrish has done an outstanding job as the Scientific Programme Committee Chair and has delivered a top quality education programme. Over 100 abstract presentations, nearly 100 posters, and various industry symposia gave to delegates an overview of the current trends and future developments in renal care. The CKD Interest Group organized four special education sessions and launched the CKD handbook stages 4 & 5.

On behalf of the EDTNA/ERCA, I would like to thank our industry partners for their kind support and enthusiasm. We were really pleased with the size of this year’s exhibition and with the excellent industry sessions organized by Gambro, Shire, Genzyme, Baxter, Sandoz and Fresenius Medical Care. For the first year we have divided the exhibition area into international and local categories- Czech village where local industry presented their products, services and developments. B. Braun was the leading exhibitor in the Czech village.

A further acknowledgement goes to our silver sponsors (Bristol-Myers Squibb & Sandoz), gold sponsors (Fresenius Medical Care & Shire) and diamond sponsor (Gambro). Without this level of collaboration and support the Conference would not have been such a great success.

The Association has continued with some excellent projects over the year and some of them were launched at the Prague Conference. Recommendations for prevention of venous needle dislodgement and the e-learning module on vascular access are now accessible on the EDTNA/ERCA website.

I would also like to take this opportunity to thank the Executive Committee, Conference Department, Franta Lopot & Local Organization Committee, all the volunteers and all those who have contributed to the organization of this Conference. It has been a privilege to work alongside such enthusiastic colleagues and an honour to have the support of so many dedicated volunteers. Despite the hard work we have enjoyed working for EDTNA/ERCA and its members.

I sincerely hope we were able to please our members, delegates, guest speakers and industry partners. We are now about to start all over again with the planning of the Hamburg Conference. The evaluation forms which we are analyzing will give us a good idea of your expectations for next year. Please make sure you will be there with us! I look forward to seeing everyone again next year in Hamburg for yet another successful EDTNA/ERCA Conference.

Best wishes,

Jitka Pancírová

EDTNA/ERCA President 2006-2009

E-mail: pancirova@volny.cz

Improving the quality of renal care in Europe: building a bridge between theory and practice was the theme of the 37th EDTNA/ERCA international conference held in the beautiful city of Prague, in September 2008. More than 2200 delegates attended from countries throughout Europe, Asia, Australia, USA and worldwide. The plenary lecture was delivered by Prof Gerard London, President of ERA-EDTA, on improving the quality of renal care in Europe through the control of cardiovascular risks.

Following on from last year’s successful seminar the CKD Interest Group, supported by Bristol-Myers Squibb, Roche UK and Syner-Med, developed the topic focussing on the patient’s journey through CKD stages 4 & 5.

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Jitka Pancírová, EDTNA/ERCA President 2006-2009

E-mail: pancirova@volny.cz

The Band of the Castle Guards and Police of the Czech Republic has opened the Conference

Jitka Pancírová, EDTNA/ERCA President & Anki Davidson, Director Branding & Market Communication, Gambro, representing diamond sponsor at the Conference

Scientific Programme Committee Chair speaks about EDTNA/ERCA Conference in Prague

Inside

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• 38th EDTNA/ERCA International Conference in Hamburg • Get involved! Greece and Santander/Spain reports

• Journal of Renal Care directory • The 4th Questionnaire & Newsletter Evaluation

...and much more!
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Italian Alessandra Zampieron – Italy
Portuguese Maria Teresa Ramalhal – Portugal
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Editor Letter

Dear colleagues and friends,

Time goes by so quickly and this is already the last issue of 2008. The comments and suggestions that you have sent to me have been collected and will be implemented in the 1st issue of 2009.

I have received 220 auto-evaluation of knowledge questionnaires. All of those that have answered 80% of the questions correctly will receive the Certificate during the month of January. Send me your answers to this last questionnaire of 2008 as soon as possible!

On the last page, I have added a few questions in order to gather more opinions and suggestions with the intention of improving this publication. When you send your fax or letter with the completed questionnaire answers, I would appreciate it if you could also send me your opinions regarding these questions.

Thank you very much for your participation and collaboration.

Maria Cruz Casal
Newsletter Editor
mcruzcasal@iber telecom.com

page 1 .../

Guest speakers included Karen Jenkins, Dr Michelle Webb, Nicola Thomas, Ray Trevitt, Lisa Burnapp, Fliss Murtagh and Sharon Benton. The Conference saw the launch of the second EDTNA/ERCA CKD handbook: ‘Managing Stages 4-5 CKD – a guide to clinical practice’, edited by Karen Jenkins and Althea Mahon. EDTNA/ERCA is grateful for all the hard work which went into producing these excellent informative handbooks which are an excellent resource for our members.

Nurith Blumenthal and the Psychosocial Interest Group arranged a workshop offering practical tools for dealing with the dying renal patient and their families. Lynne Halamish led interactive exercises allowing participants to explore their own feelings about death and introduced tools for assisting patients and their families in coping with death.

The Education & Research Board, led by John Sedgewick, presented their newly developed E-learning programme. EDTNA/ERCA is grateful for all the work which has gone into this project and encourages members to participate in this exciting flexible approach to continuous professional development. The Education & Research Board also held two workshops offering approaches to patient education. The first was designed to explain the importance of promoting self-management in patients with CKD, with guest speaker Nicola Thomas. The second showed examples of how patient empowerment can be achieved in professional clinical practice. Tony Goovaerts presented his experience of a successful home haemodialysis service, and Deepa Kariyawasam on ways to promote patient empowerment related to nutritional issues. The EB&RB also organised two popular sessions on maintaining patient safety with regard to vascular access in haemodialysis, and launched the EDTNA/ERCA recommendations for prevention of venous needle dislodgement, sponsored by RedSense Medical, with guest speakers Hans-Dietrich Polaschegg, Dr Paul Rylande from the UK renal patient safety agency, Waltraud Kuntzle and Jean Pierre van Waeleghem.

The Nutrition Interest Group held a workshop on phosphate control aimed at all health care professionals to achieve competency in phosphate management, run by Ione Ashurst, Hamish Dobbie, Cordelia Ashwanden, Anne Marie Visser and Liz Lindley, sponsored by Shire.

The industry exhibition area was lively and interesting this year with both established and new companies’ products on display. EDTNA/ERCA was pleased to collaborate in 4 corporate education sessions. Shire were involved in a session on the challenges, treatment and adherence when managing mineral and bone disorders in patients receiving dialysis; Genzyme, on the importance of phosphorus management in bone and mineral disorders in CKD patients; Baxter on minimising infections in ESRD; and Fresenius Medical Care on ensuring quality and safety in dialysis care. Sandoz held a satellite symposium on ESA biosimilars. Gambo satellite symposium on innovation in renal care was held just before the Opening Ceremony. A session on modifiable practice patterns associated with better outcomes for haemodialysis patients (DOPPS) was organised in conjunction with Arbor Research, and sponsored by Amgen. EDTNA/ERCA is grateful for all the support we receive from our industry partners to achieve the aims of our organisation. A session was organised in association with KDIGO with Dr Michel Jadoul presenting the Hepatitis C clinical practice guidelines, and input from Jean Yves De Vos & Liz Lindley.

The Greek members, who continue to be the largest national group of delegates at the Conference, held a workshop in the Greek language in association with HENNA arranged by Anastasia Laskari and P Tsougia, on haemofiltration & dialfiltration techniques.

EDTNA/ERCA was honoured to have many distinguished international guest speakers including Jutta Ballhorn and Hedi Lukerath speaking about quality management & quality improvement; Geraldine Biddle, President of the World Foundation for Renal Care, speaking about the future direction of nephrology nursing; Lisa Burnapp, on living kidney donor transplantation; Jean Yves De Vos on closed luer lock access devices; Menno Koistra on nocturnal haemodialysis; Ingrid Ledebo presenting the results of the international dialysis survey; Liz Lindley on individualising dialysate; Georgia Thanas on promoting patient adherence; Franta Lopot on citric acid concentrate; James Tattersall on predicting patient’s response to EPO; & Prof Sylvie Sulkova-Dusilova on a new technique to evaluate microcirculation in renal patients. Sessions on peritoneal dialysis were arranged by Aase Riemann, with guest speakers Ronald Visser, Susan Rogers, Dr Olof Heimbürger, and Dr Watske Smit. Waltraud Kuntzle & Alois Gorke facilitated 3 sessions on infection control with guest speakers Robin Koeck on MRSA, and Rolf Nystrand on water quality. Cordelia Ashwanden organised a workshop on publication & presentation skills. Presentations were also given in sessions by 50 delegates from Europe and worldwide, and there were 90 stimulating posters on display.

EDTNA/ERCA is grateful to Czech-In, the Conference Department; and for the time given by all our speakers, volunteers & delegates who participated in the excellent conference in Prague, helping to improve the quality of renal care in Europe, by building bridges between theory and practice.

Martin Gerrish MSc RN
EDTNA/ERCA Scientific Programme Committee Chair
Last September the 37th EDTNA/ERCA International Conference took place in Prague. Spain ranked fourth in countries attendance rates, 12 abstracts were accepted as communications, 4 as oral presentations, 1 poster session with a short oral presentation and 9 posters.

María Sarriá, Esther Díaz, Rosa Escofet and Maricel Julve received an award for the best manuscript “Nephrology nurse reviews about living donor kidney transplant” submitted by María Sarriá.

In addition, two other authors obtained certificates of merit. “Communicating bad news and interview for donation: A New Challenge for nurse professionals” as an oral presentation by Itziar Martínez and “Hypertension management: lifestyle interventions in a transcultural context,” presented by Tai Mooi Ho Wong in poster format.

The industry sponsored 4 scholarships that were award to the following:

- Baxter Scholarship “Facing shortage for organ transplantation through a collaborative european action: the DOPKI” Authors: David Uriuñuela, S. Martín, Beatriz Dominguez-Gil and Rafael Matesanz.
- Angen Scholarship “Communicating bad news and interview for donation: A New Challenge for nurse professionals” Authors: Carmen Segovia, Itziar Martínez, Manuel Serrano, Beatriz Dominguez-Gil and Rafael Matesanz.
- Hospal Scholarship “Aerobic exercise versus progressive resistance training during hemodialysis” Authors: Eva Segura and Ana Martí i Monró.
- Janssen Cilag Scholarship “Study of renal transplant patients using the SF-36 and the end stage renal disease Symptom Check-list.rearch network on transplantation” Author: Asunción López.

I appreciate your assistance and I encourage you to keep working because we have many things to say in the world of nephrology. Thanks for your support and remember: you can count on me.

Ana María Gómez Romero
EDTNA/ERCA Key Member for Spain

The Belgian EDTNA/ERCA members at the 2008 EDTNA/ERCA Prague Conference

112 of the 180 Belgian EDTNA/ERCA members were present at the 37th Annual EDTNA/ERCA Conference at Prague this year. Four of the Belgian abstracts were chosen for presentation. We had this year 2 oral presentations and 2 posters sessions with a short oral presentation.

Antoine de Cubber and Eric Oria both had an oral presentation of their abstract. Antoine spoke about: “Effective removal of uraemic solutes by different convective strategies.” And Eric had a presentation entitled: “Renal nursing profiles in haemodialysis units.”

Maarten Walravens en Stefaan Claus both had a poster with a short oral presentation. Maarten had a poster entitled: “Quality of life in patients with chronic kidney diseases, and after transplantation: influence of treatment management on quality of life.” And Stefaan talked to us about: Initiation of renal replacement therapy in acute kidney injury patients with severe lactic acidosis. As Co – Chair of this short oral session I can ensure you that they both did very well.

The national industry: Baxter Renal Belux; Janssen-Cilag; Roche; Gambro en Bellco-Sorin provided for all four of them a National Award. With those Awards all four of them can attend, for free, the 38th EDTNA/ERCA Conference in Hamburg from the 5th until the 8th of September 2009. The Awards do cover the inscription of the Conference as well as the trip to and stay in Hamburg organised by the National ORPADT organisations.

Congratulations to the winners and a sincere thank you for our generous sponsors.

Michel Roden
EDTNA/ERCA Key Member for Belgium
Binocrit® effectively maintains haemoglobin in patients switched from epoetin alfa

**Study week**

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**Haemoglobin (g/dL)**

- **Binocrit®**
- **Epoetin alfa**

**Part I (Binocrit® or comparator)**

**Part II (Binocrit® only)**

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*The comparator epoetin alfa is Eprex®/Erypo®.

**Screening/baseline period**

- 4
- 8
- 12
- 16
- 20
- 24
- 28
- 32
- 36
- 40
- 44
- 48
- 52
- 56

**Hypertension**

- Patients with hypertension should be treated with adequate antihypertensive therapy and have their blood pressure monitored and controlled. Use with caution in patients with poorly controlled hypertension.

**Thrombotic/vascular events**

- Shunt thromboses may occur, especially in patients who have a tendency to thrombosis. Regularly monitor platelet count during the first 8 weeks of therapy. In order to check platelet response to Binocrit®, maintenance phase should be used. For patients with a tendency to thrombosis or association with other erythropoietin therapy, Binocrit® can be used as a possible alternative drug. Thrombotic/vascular events, Hypersensitivity reactions. PRCA has been reported in association with other erythropoietin therapy. Uncontrolled hypertension. Patients who cannot receive other erythropoietin.

**Hypersensitivity**

- Hypersensitivity to the active substance or to any of the excipients. Monitor blood levels of ciclosporin and adjust its dose accordingly. No clinical data available. Studies in animals have shown that ciclosporin absorption is decreased when administered together with other therapeutic agents. Monitor ciclosporin levels in patients switched from ciclosporin.und kreideartigem oder speckartigem Schuhwerk.

**Legal Category**

- Medicinal product subject to restricted medical prescription.

**Marketing Authorisation Holder**

- Sandoz GmbH, Biochemiestr. 10, A-6250 Krems, Austria. Further information is available from Sandoz International GmbH, Industriestrasse 25, 9307 Akle, Switzerland. Additional information may be obtained from your local Sandoz office.

**Date of last revision**

New opportunities in the treatment of renal anaemia: Binocrit®, the first ESA biosimilar

The European Medicines Agency (EMA) has approved Binocrit®, an erythropoietin stimulating agent (ESA), for indications including the treatment of anaemia associated with chronic renal failure, under its biosimilar guidelines. The EMEA approval of Binocrit® provides healthcare providers and patients with increased treatment choices. The Sandoz Satellite Symposium at the 37th EDTNA/ERCA, in Prague, 6–9 September 2008 focused on the impact of ESA biosimilars from a nurse perspective.

Dr Karsten Roth, Germany

Dr Karsten Roth is the Clinical Development Leader for Binocrit® at Sandoz.

Dr Karsten Roth presented data from a large, double-blind, randomised, multi-centre clinical trial (n=478), showing that Binocrit®, an ESA approved via the EMEA biosimilar pathway, was as effective as epoetin alfa, in maintaining haemoglobin levels (see slide), and had a similar safety profile.*1,2

Dr Roth went onto say that this trial suggested it was possible to switch patients from epoetin alfa to Binocrit, at the same dose and maintain haemoglobin levels.

*Comparator Eprex®/Erypo® (Ortho Biotech)

What are biosimilar medicines?

A biosimilar medicine is a new version of a biopharmaceutical product which comes onto the market when the patent protection of the reference biopharmaceutical product no longer applies. Biosimilar medicines contain a protein which is the active pharmaceutical ingredient. These proteins are manufactured by recombinant DNA technology (where a gene is inserted into the host cell to stimulate the production of the protein).

The European Medicines Agency (EMA) & European Commission established a regulatory-approval process with stringent quality, safety and efficacy standards which a biosimilar must meet to obtain approval.

Understanding the clinical evidence: introduction of ESA, Binocrit®

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Treating renal anaemia with ESA biosimilars: key questions for nurses

Lesley Bennett, United Kingdom

Lesley Bennett is a senior anaemia and patient support nurse at the Oxford Kidney Unit, Oxford UK. She was a founder member and the first president of the Anaemia Nurse Specialist Association and is an anaemia consultant for the EDTNA/ERCA.

Why do nurses need to understand biosimilar pharmaceuticals?

‘Nurses are key information providers and advocates for patients.’ Lesley Bennett

Patients and their families often rely on nurses for information about treatments. In this respect, nurses need to understand more about biosimilar medicines, how they are approved by the EMEA, and how they compare to existing products.

Guide for renal nursing specialists: understanding the EMEA biosimilar-approval process

Ruth Dalton is an anaemia nurse from Århus University Hospital in Denmark with extensive experience in the areas of haemodialysis and anaemia.

‘I see this satellite symposium as a way of becoming more familiar with biosimilar ESA’s as I believe that one day we’ll need them.’ Ruth Dalton

Ruth Dalton explained that the rigorous EMEA biosimilar regulatory pathway means that biosimilar medicines:

• are manufactured to the same exacting standards as existing ESA’s
• are subject to comprehensive state-of-the-art testing at all stages of the manufacturing process to ensure quality
• have demonstrated an equivalent efficacy and safety profile compared with the comparator reference product in clinical studies
• are subject to the same rigorous drug safety standards as other biopharmaceuticals

Given such stringent testing Ruth believes that biosimilar ESA’s, provide an important opportunity for patients, doctors and payors

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Fagerström Test Nicotine Dependency Assessment

How can you tell if your patient is a smoker? This test assesses the degree of nicotine dependence on a scale of 0 to 10 points.

1. How much time goes by between the time you wake up and your first cigarette?
   - Up to 5 minutes ......................... 3 points
   - 6 to 30 minutes ....................... 2 points
   - 31 to 60 minutes ..................... 1 point
   - More than 60 minutes ............ 0 points

2. Is it difficult for you to not smoke in places where it is prohibited?
   - Yes .......................................... 1 point
   - No ........................................... 0 points

3. Which cigarette would be the most difficult for you to give up?
   - The first one of the day .............. 1 point
   - Any other one .................. 0 points

4. How many cigarettes do you smoke a day?
   - Less than 10 ............................. 0 points
   - Between 11 and 20 ............... 1 point
   - Between 21 and 30 ............... 2 points
   - More than 30 ........................ 3 points

5. Do you smoke more during the first hours after having woken up?
   - Yes .......................................... 1 point
   - No ........................................... 0 points

6. Do you smoke even though you are ill or need to be in bed?
   - Yes .......................................... 1 point
   - No ........................................... 0 points

TOTAL ................................................. points

Fagerström Scoring

0-2: Slight dependency; you don’t smoke a lot, and only in special situations. In spite of this, you should quit smoking as soon as possible. In this stage, the smoker can manage to quit smoking by simply using their own willpower.

3-5: Moderate dependency, it is recommended that you use some sort of aid to be able to quit smoking.

6-7: High dependency, it is recommended that you begin a treatment program to be able to quit smoking.

8-10: High dependency, see point above.

E-Learning Update

Many of you will know that the Education & Research Board (E&RB) on E-Learning was officially launched during our conference in Prague. We were very pleased with many of the positive comments that we received as well as some suggestions on how we can further develop our E-Learning for the future. E-Learning is here to stay in the Association as we continue to look for creative and flexible approaches to providing opportunities for learning for our members.

The module on Vascular Access is now ‘live’ on the EDTNA/ERCA home page so please go onto the module and work your way through this at your own pace. This is the wonderful thing about E-Learning YOU can decide the pace of your own learning and build this around your daily life. When you complete the module and the short pieces of work as part of the module assessment you will receive a certificate in recognition for your successful completion of the module which will detail the module undertaken as well as the number of EDTNA/ERCA Learning hours / credits attached to this module.

As we now move forward towards the end of 2008 and into 2009 the work of the E&RB will focus upon evaluation of the first module developed. We have built into the module an online assessment form which we need you to complete as this will provide the ‘team’ with important feedback. A number of other modules are currently being considered for development and we are working closely with potential sponsors to support our work.

As new modules are being developed you will be informed and kept updated. The E&RB are always keen to involve our members in the association in the E-Learning development work and we would be pleased to hear from any volunteers who may wish to support us. We are particularly keen to draw upon your clinical expertise in the module development - you may wish to be part of the writing & development team, or you may wish to be a reviewer and assessor for the module prior to its launch or you may see you’re self as an editor of a module. – let me know if you want to be involved in the exciting project by emailing me at jsedgewick@btopenworld.com. We look forward to hearing from our members in the coming months.

John Sedgewick
Chair – Education & Research Board EDTNA/ERCA

CKD (4-5) a Guide to Clinical Practice

The second CKD book, is an initiative of the CKD interest group focusing on stages 4-5 CKD, with an overview of all treatment options, the management of complications of CKD such as bone disease, diabetes, anaemia and chapters on patient education and the psychological effects of CKD.

Together books 1 and 2 provide a comprehensive guide to caring for patients with all stages of CKD.

Book 2 is currently available in English and due to be translated into Spanish, Czech, Greek and Hebrew.

Thank you to all the authors, Althea Mahon for assisting me with the editing and Maria Cruz Casal for co-ordinating the translations.

Karen Jenkins
Editor & CKD IG Chair

Journal of Renal Care Table of Contents

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Dear colleagues:

In April of 1991 we held the Seminar of the EDTNA/ERCA in Santander. Now, and 18 years later, we will again celebrate this seminar with the same enthusiasm and energy.

We are preparing a program under the title of Science, Art and Spirit, Fundamentals of Nursing; we hope that you will find it interesting as we consider these to be the essence of our profession. Nursing is the art of caring, therefore this knowledge is necessary, only in this way can we provide security to our patients.

The seminar will be held the 23, 24 and 25 of April 2009. We hope that you will be there with us to learn and share experiences.

We’re waiting for you!

Magdalena Gándara
Updating Knowledge and Practices Self evaluation Quiz

This Quiz has been developed by the EDTNA/ERCA Multidisciplinary team.

Objective:
• Invite you to participate actively within EDTNA/ERCA Newsletter’s publication
• Evaluate your knowledge and practice through this Quiz
• Get a Certificate of “Continuous Education / Accreditation of Knowledge” that can be of good value to your curriculum

How this will work?
• Circle the answer you consider to be correct
• Fill in the Box with your data
• Make copy of this sheet
• Send it by Fax or Mail to the Newsletter Editor

Questionnaire

1. Creatinine is not a good marker for CKD as a 50% loss of kidney function occurs before evidence of elevated levels. Which of the following is another cause of elevated creatinine levels?
   a. High meat content diets
   b. People with large muscular mass
   c. Ageing process, kidney function declines by 10% per decade from age 40
   d. All of the above

2. Leukopenia can be due to which of the follow?
   a. Leukaemia
   b. Inflammatory disease (allergy or rheumatoid arthritis)
   c. Liver and spleen diseases
   d. All of the above

3. Which of the following describes CAPD (Continuous Ambulatory PD)?
   a. Manual Exchanges (usually 4 during a 24 hours period)
   b. Common use of 1.5 – 2.5 liter bags but can be 3L
   c. Nigh device available if fifth exchange needed
   d. All of the above

4. Which of the following is true about Parathyroid Hormone (PTH)?
   a. It is produced by the thyroid gland.
   b. It rises progressively with declining kidney function
   c. It decreases progressively with declining kidney function
   d. None of the above

5. Which of the following causes abnormal urine odour?
   a. An infection
   b. Eating certain foods like asparagus
   c. Presence of excess ketones in the blood
   d. All of the above

6. Which of the following is the recommended adjustment of insulin for patient with declining renal function and eGFR 10-50ml/min?
   a. Reduce to 75% of baseline dose
   b. Reduce by as much as 50%
   c. Reduce by as much as 25%
   d. No dose adjustment required

7. Leukocytosis is associated with which of the following?
   a. Systemic lupus
   b. Liver and spleen diseases
   c. Bone marrow failure
   d. Leukaemia

8. Which of the following is the normal range of creatinine for an adult?
   a. Less than 0,6 mg/dL
   b. 0,6 – 1,2 mg/dL
   c. 2,0 – 7,0 mg/dL
   d. 2,4 – 4,1 mg/dL

9. What are the principals of Haemodialysis?
   a. Diffusion and Osmosis
   b. Ultrafiltration
   c. Convection
   d. All of the above

10. Immediately after the transplant which of the following is necessary care for the surgical wound?
    a. Monitor drainage from wound drain hourly for first 24 to 48 hours
    b. Check wound sight for bleeding or infection
    c. Check the wound every 2 days
    d. A and B are correct

Answer / Self Evaluation Form

From ....................................................... Name .................................................................
EDTNA/ERCA Membership Number ............................... Address ..................................................

Email: ....................................................................................................................... ........................................

I want to get the Certificate (circle your choice): YES ........... NO ............

1. a b c d  6. a b c d
2. a b c d  7. a b c d
3. a b c d  8. a b c d
4. a b c d  9. a b c d
5. a b c d  10. a b c d

You will get the correct answers to this Quiz in the next News issue

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Answers for Updating Knowledge and Practices Quiz (Newsletter 3)
1. d  2. b  3. d  4. d  5. b

Newsletter evaluation after one year of the new format.
Your comments and suggestions are welcome and appreciated

- Do you like the new format of the Newsletter? YES NO
- The Newsletter’s objective is to keep you up to date with Association’s activities, but we have also tried to include short educational pieces. Do you think this is a good idea? YES NO
- Do you think it is a good idea that EDTNA/ERCA makes an economic effort to produce a printed version of the publica? YES NO
- Do you think that only having the Newsletter available on the Web would be sufficient? YES NO
- How would you like to receive 4 informative emails per year instead of the printed Newsletter? YES NO
- Do you think that it would be an alternative that is more economical but equally effective? YES NO
- What other concrete suggestions do you have to improve the Newsletter?

NEWS

NOTE: The opinions and articles expressed in the Newsletter do not necessarily reflect EDTNA/ERCA, they are the sole responsibility of the author.-