

Kidney Konnections

A publication of the



Bay Area Association of
Kidney Patients

The Bay Area Association of Kidney Patients is an all-volunteer, non-profit, 501(C)3 organization formed to educate and support Bay Area kidney patients. We have Educational Presentations, Support Group Meetings, the *Kidney Konnections* newsletter and a new website, please visit us at

www.baakp.org

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The Charles & Joan Horngren Kidney Education Series:

Chronic Kidney Disease Update by Zina Deretsky

On May 18, 2014, the BAAKP held its 23rd Educational Presentation, the first event of "The Charles & Joan Horngren Kidney Education Series." Toby Gottheiner, MD, our special guest speaker, discussed "Chronic Kidney Disease: Staying One Step Ahead, an Update." Dr. Gottheiner is a practicing nephrologist at Palo Alto Medical Foundation (This series is named after Charles Horngren and is sponsored by the Horngren Family: Mr. Horngren was one of Dr. Gottheiner's patients.) Over 115 people attended this event. BAAKP presents three such events a year; they are free and open to the public.

The more knowledgeable the patient is, Dr. Gottheiner explained, the more empowered he or she is to stay one step ahead of the disease.

Approximately 17% of the US population has CKD (Chronic Kidney Disease). This is equal to 25 million people! A small percentage proceeds to ESRD (End Stage Renal Disease), requiring dialysis and/or transplant. Over four hundred thousand (400,000) patients are on dialysis right now. Earlier detection and prompt treatment can slow the progression to ESRD.

It is unfortunate only 25% of diabetics and hypertensive (high blood pressure) patients (the main causes of CKD), for CKD; far too many coming to the emergency, having no have CKD.

The kidney is a Not only does it filter ter, acid and waste; but (messenger molecules), (which goes to the row to make red blood the final place where vitamin D is activated for muscle, bone and calcium development, and plays a crucial role in blood pressure.



are currently screened patients present late, cy room needing dialy- knowledge that they

multitalented organ. and eliminate salts, wa- also produces hormones including erythropoietin bone, signaling the mar- cells). The kidney is also

There are several ways to measure kidney function. One tool is the measurement of **creatinine**, a product of the breakdown of muscle creatine excreted only in urine. The formula to calculate the **eGFR** (estimated glomerular filtration rate), or the rate of work of the tiny filters in the kidneys called "glomeruli," is based on serum creatinine. Better information, however, can be gleaned from a 24 hour creatinine clearance urine collection test. Additional blood tests, urinalysis, imaging such as ultrasound and kidney biopsy can fill out the picture.

By definition, **CKD is any kidney damage that persists more than 3 months, or if the eGFR is under 60/ml/min, adjusted for surface area, and/or there is albuminuria or proteinuria.**

The most common causes of CKD are diabetes and high blood pressure (accounting for 65%), followed by glomerulonephritis, polycystic kidney disease, obstruction or other causes (such as genetic).

(Continued on page 2)

(Continued Chronic Kidney Disease)

The stages of CKD, according to the NKF (National Kidney Foundation)

Stage	GFR	Action Plan
1	>90	Slow
2	60-89	Estimate the rate of progression
3	30-59	Rx , complications
4	15-29	Renal Replacement Therapy preparation
5	<15	RRT? Dialysis?

The best things to do to manage your renal disease are to know your nephrologist, your lab numbers and trajectory (rate of disease progression), understand the diagnostic tests, ask questions, monitor your blood pressure, and modify your risk factors. By doing all of these, you have a good chance to slow the progression of CKD.

In addition, CKD risk factors can be modified. Attention to blood pressure and diabetes control (keeping Hemoglobin A1C at 6-7%) are your first tasks. Awareness of proteinuria management (salt restriction reduces protein leak); anemia management (smoking cessation; avoidance of anti-inflammatories (such as ibuprofen); management of obesity are also important. It is imperative to avoid sodium phosphate given for colonoscopy, and gadolinium given for MRIs. Obesity can contribute to kidney disease because the large amounts of fatty tissues release inflammatory substances.

Protein restriction for CKD management is controversial; the benefits of protein restriction are short lived and if improperly undertaken, can lead to malnutrition. For diabetics, restricting proteins is challenging; only carbs and saturated fats remain on the menu, which are not helpful for diabetics. Aim for 1 gm protein/kg body weight: for a patient of 160 pounds = 60-70 grams per day. One could use fish and chicken or vegetable protein instead of the red meat. The recommended daily allowance of sodium for the general public is 2300 mg/day (about 1 Tsp of salt). For the CKD and high blood pressure population, it is 1500 mg/day. Salt can elevate the blood pressure and causes protein in the urine. Phosphorus should be reduced because excess phosphorus causes the body to produce more parathyroid hormone, leading to bone disease. Exercise has been shown to have great benefit for blood pressure, mood and weight.

There are a number of complications of CKD.

1. **Anemia** (or low red cell count) (listed as HgB on your lab tests) occurs because the kidneys are not producing the normal red cell stimulating agents. Physicians can treat for anemia with these hormones when needed in the later stages of CKD.

Old Blood Pressure guidelines	New JNC8 guidelines
Must be less than 140/80	Must be less than 140/90
Diabetes: less than 130/80	Over 60: 150/90 allowed
Protein in urine: less than 120/75	Over 80: ??

2. **Hypertension** or high blood pressure is another complication. There are new guidelines for blood pressure maintenance-see chart. Blood pressure is managed not by one drug alone, but usually through a combination of 2 or 3 drugs. It is important to use ACE (ace inhibitor) or ARB (Angiotensin receptor blocker) but not both of them. In African Americans, high blood pressure comes with much higher risk of CKD.

3. **Kidney patients show a higher incidence of cardiac disease.**

4. **Arterial and soft tissue calcification**, is another complication. This is seen more in diabetics and has to do with the calcium/phosphorous balance. Take your phosphorus binders!

5. **Bone disease (osteodystrophy)** and fractures can also occur with CKD. This is due to the with lack of vitamin D and the parathyroid gland becoming more active, producing more PTH hormone, robbing the bones of calcium.

6. **Lipid abnormalities** can also be a CKD complication.

The new guidelines are controversial. Most adult kidney patients over 50 should be treated with a statin.

7. **Depression can also result from CKD.** Screening, awareness, psychotherapy, medication and avoidance of isolation are necessary.

8. **Male and female sexual dysfunctions are complications of CKD.** Even though it is a taboo subject, and rarely discussed,



it has been found more prevalent in the CKD population than in the general public.

What are the best ways to prepare for renal replacement therapy?

It is important to learn about options and develop a life plan in advance. If dialysis is to be done, it is much better to take steps to be prepared by placing a fistula at around a GFR of 15, and by learning about home therapy, than to require a last-minute catheter in the neck. Home Peritoneal dialysis is underutilized in the US compared to Canada and the UK. "Fistula first and catheter last."

When is the right time to begin dialysis?

Symptoms to initiate dialysis include loss of appetite, nausea, vomiting, itching, shortness of breath, restless legs, memory loss/confusion, muscle weakness and weight loss. The older guidelines said to start at 10 GFR for non-diabetics, and 15 GFR for diabetics. However, outcomes are now seen to be better with a late start. New Canadian guidelines say to start at 5 GFR. Older patients should not be rushed into dialysis, as the rate of progression of their kidney disease may be much slower.

Transplant, the preferred form of treatment, is the closest thing to a cure. According to the UNOS (United Network for Organ Sharing) guidelines, you can be listed for a transplant with a GFR of 20 or lower. Living related or unrelated donors can be considered. Being wait listed for a deceased donor is another option, with an average wait of 5 to 7 years. There are the extended criteria donor programs, donor

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Patient Panel by Zina Deretsky

Following Dr. Gottheiner's lecture, we enjoyed words of wisdom from a panel of his patients: Dan Hansen, Eric Fertig, Cindy Johnston and Barbara Fenn.

In 2004, Dan learned he had IGA nephropathy. Dan's kidney transplant was in 2008; his donor was his sister. He noted that her recovery from surgery was a little harder than his. She is doing well now, with normal kidney function. Dan was asked about the effects from his anti-rejection drugs. Dan said he takes Prograf and Cell-CEPT, and doesn't notice any side effects. He said his blood pressure with medication before the transplant was 160/100, now it is below 120/80. He sees a Dermatologist at least once a year to check for skin cancers. Dan remarked that he was never on dialysis and went directly to a transplant.

Eric was born with only one kidney and later, lost the function of his only kidney. In 2008, he received a transplant. However, that transplant was unsuccessful and was in dialysis a year later. He is currently a peritoneal dialysis patient and is on the list for another transplant through UC Davis. Eric cycles his dialysis literally 24 hours a day; on the dialysis cycler at night and 3 exchanges during the day. When he exercises, he occasionally drains the fluids. Eric watches his diet, avoiding dairy products and beans.

Cindy had her transplant a long time ago. She is on "in-center" dialysis and happy about it. Cindy had a cadaveric transplant in 1998 with 5 out of the 6 HLA antibodies matching. She had 16 months of good function, and then her body rejected the kidney for an unknown reason. She has been on the transplant waiting list for 8 years. Barbara is a polycystic kidney patient (PKD), diagnosed accidentally when she was 21. A long-term vegetarian, she takes blood pressure medications.



The Doctor and his patient panel

Questions answered by Dr. Gottheiner

Q: Long Term Effects on Living Donors?

A: Compared with the general population, the health of donors is generally better because they passed many medical tests just to qualify to be a donor.

Q: What age is contraindicated for transplant?

A: There is no absolute age and many in the older group are getting transplanted. In the UK, where Dr. Gottheiner trained in the 1970's, transplants were seldom done for people over the age of 50. But this is no longer the case. Preemptive transplant (before dialysis) with a living donor is a very good option. Data shows that undergoing dialysis for more than 6 months results in an increased

chance of sensitization of the patient making it harder to find a match for a transplant.

Q: Is a BMI (Body Mass Index) of 52 too high for a transplant?

A: Yes, a BMI of less than 35 is required. There is a higher incidence of wound infection and blood clots in patients with extremely high BMI's. This patient might be a good candidate for some form of bariatric surgery to help with weight loss.

Q: What are some of the requirements that a kidney donor must meet?

A: The recipient's insurance covers the donor's testing and surgery. The donation must be voluntary and the potential donor must pass medical and psychological screening. "Do No Harm" is the first responsibility of the medical team towards the donor and the recipient.

Q: What are the early signs of kidney disease?

A: These are things that can be picked up at an annual physical: High blood pressure, protein in urine or foaming urine, urinating more at night, unexplained anemia and swollen ankles.

Q: What are some things to watch for in a CKD diet?

A: In the late stages of CKD, it is important to limit potassium, because high levels can be dangerous. In CKD, stage 4 and 5, limit fresh fruit, bananas, melon, potatoes. Or if you eat potatoes, as one member of the audience shared, boil them for a long time and throw the water out (the potassium comes out this way). You can do a similar thing by slicing fruit very thinly and leaving it in water overnight, then washing the water off. Caution, ACE inhibitors (given for blood pressure control), can increase potassium levels.

Q: Are any herbs or natural remedies known to increase GFR?

A: Buyer beware! These are uncontrolled products with no FDA oversight. No herbs or supplements are known to have any direct benefit. Vitamin D may be helpful to some kidney patients.

Q: What about Acthar therapy?

A: Adrenocorticotrophic hormone (known as Acthar) has been around for 50 to 60 years and was first used to treat childhood asthma. Receptors in the kidney respond to Acthar for certain types of glomerulonephritis. Observational studies have shown that injections of Acthar twice a month can improve a protein leak. A few patients go into complete remission; others show only marginal response. Acthar has received FDA approval for kidney applications, but insurance rarely covers it.

Q: Tell us about shingles outbreaks in transplant patients.

A: Prednisone plus Prograf are two medicines that kidney transplant recipients take and both suppress the immune system. Shingles is a reactivation of the dormant chicken pox virus and is more common in transplant patients. The symptoms are pain and rash. There are antiviral drugs for treatment. The zoster (shingles) vaccine is **not** recommended to transplantees, because it is a live virus. □

A Fight to Live:

From Morbid Obesity to a Living Donor Kidney Transplant.

To paraphrase what the doctor said: "You will have multiple strokes, and then you will die." This was a prediction for Linda Nigma, as she and her husband Tim listened to the Las Vegas nephrologist discuss her case.

For over 6 months, she had been trying to find out what was wrong. Breathing was difficult and walking took all of her energy. The Primary Care Physician at home had said she had obesity, controlled diabetes and asthma.

While in Las Vegas for a business convention, she ended up in a hospital emergency room. The diagnosis that day was morbid obesity, high blood pressure, diabetes, **congestive heart failure, kidney failure**, and not asthma! That attending Doctor's words of doom and gloom served to make her say, "No! Now that I know what is wrong with me, I am not going to die." These doctors could not believe she was in End Stage Renal Disease, ready for dialysis, yet her Primary Care Physician had not even checked her kidney function! After 13 days, she was sent home on hemodialysis.

One thing we haven't mentioned – her weight had reached an all-time high of 446 pounds!

Once home in Pinole, she began the three-times-a-week trip to the hemodialysis center, getting stronger each day. One month later, they traveled to Southern California for a relative's wedding. It was a large family gathering and it was there that Tim's sister, Gail, offered to donate a kidney to Linda.

With that impetus, Linda started the search for a kidney transplant center. At the first one she visited, a doctor took one look and told her, "You will never be eligible to have a kidney transplant." Discouraged, but not defeated, Linda continued on to a second transplant center. During this time, Linda lost a total of 120 pounds and was feeling better every day.

The visit to the second transplant hospital resulted in Linda being added to their transplant list - listed as inactive because of her weight.

Progress!

In the summer of 2008, a full 18 months after becoming aware that she had End Stage Renal Disease and entering dialysis, Linda began to take swimming lessons. Never a swimmer, and even afraid of putting her face in the water, she untiringly progressed, day by day, to swimming a lap, then 2, up to 50 laps on non-dialysis days and 40 laps on dialysis days. As a bonus, her weight continued to drop, but she knew that in order to get a kidney transplant, she had to drop another 40 pounds. However, at this point, those last 40 pounds would not go away.



Linda and Tim Nigma prior to her weight loss

About 18 months after her visit to the second transplant center, Linda tried to reach them to ask them for help with the remaining weight loss. All along, she had experienced infrequent and delayed responses from her transplant coordinator. **She had a living kidney donor and still nothing was happening!** Discouraged, she decided to contact the kidney transplant team at Stanford Hospital and Clinics. After approval from Linda's insurance company, she had an appointment at Stanford!

The tide was turning!

When Linda met with the Stanford Transplant team it was a different reaction! Dr. John Scandling entered the exam room and said, "You must be so frustrated." From then on, it was relatively smooth sailing. She agreed with the kidney transplant surgeon, Dr. Marc Melcher, to have bariatric surgery to help with the remaining weight loss. In fact, she became part of a research study, conducted by Dr. Melcher and Dr. Jim Lau, on bariatric surgery as a way to help obese kidney transplant patients qualify for surgery.

The bariatric surgery was performed shortly thereafter - it was a "sleeve gastrectomy," removing about 75% of the stomach. Her diet became even more restrictive after the surgery, and conflicts with the dialysis diet became apparent. Forging ahead, Linda worked with the dialysis dietician to resolve these disparities. She was not going to let this little problem stand in the way of a transplant!

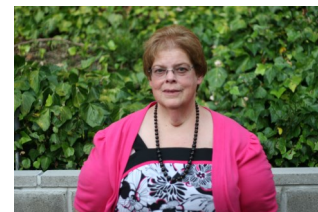
After the loss of 18 pounds the first month after surgery, the Stanford doctors said it was time for the testing of her potential kidney donors. Her sister-in-law Gail was able to complete the tests near her home in Indiana and she received notice 5 months later that she was a match! By that time, Linda's BMI fell below 40, and she was now eligible for surgery!

Things were moving along now!

Linda questioned Dr. Melcher about also removing a layer of extra skin during the transplant surgery. The doctors and staff were especially concerned about the risks of infection. Linda felt confident that there wouldn't be any infection, so much so, that the medical staff thought she was a little too casual about it. However, they did remove about 5 pounds of excess skin during the surgery, and surgeries went well for both Gail and Linda.

Discharged first, Gail planned to stay around because of follow-up appointments. Linda left the hospital a few days later and she and Tim moved into a nearby furnished apartment, as she had to return for follow-up appointments twice a week. More importantly, the medical staff wanted her nearby in case of any complications.

Her donor, Gail, recovered uneventfully and returned to Indiana. Gail writes, "Physically I am no different than prior to surgery...it thrills me to chat with Linda and see...how she continues



Linda Nigma

(Continued on page 7)

BAAKP presents plaque of gratitude to Dr. Toby Gottheiner



Dr. Gottheiner

At the May 18, 2014 Educational Presentation, Ms. Mary Horngren, whose family generously supported this first event of the Charles and Joan Horngren Kidney Education Series, presented a special award to Dr. Toby Gottheiner.

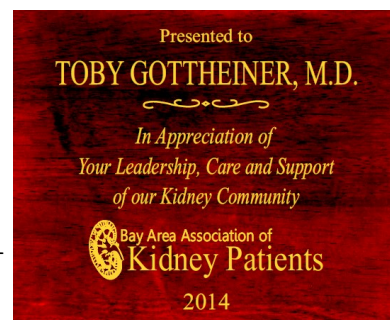
She thanked Dr. Gottheiner by saying, "I want to thank you on behalf of my entire family for the superb care you provided to my Dad, Charles T. Horngren." and

"On behalf of the Bay Area Association of Kidney Patients, which you have championed since its inception, the BAKKP Board, and everyone

here today, we present you with this plaque, which reads:

Toby Gottheiner, MD

In appreciation of your leadership, care, and support of our kidney community. Bay Area Association of Kidney Patients, 2014. Thank you."



Walking can improve kidney patients' lives

reported by Bertha Dickerson

A study published in the Clinical Journal of the American Society of Nephrology, 15 May-2014 gained tremendous attention. The article was entitled Association of Walking with Survival and Renal Replacement Therapy among Patients with CKD Stages 3-5, Che-Yi Chou et al.

The study demonstrated that walking is very beneficial for Chronic Kidney Disease (CKD) patients. Taiwanese researchers studied a large group of older kidney patients for slightly over a year. All the patients were in the third to fifth stages of renal insufficiency. Researchers found that the walkers were less likely to need dialysis or a kidney transplant than non exercisers. Furthermore, walking was shown to prolong the lives of kidney patients.

Walking for as little as 30 minutes once a week was proven to be beneficial. Patients who walked more frequently and longer benefitted even more. Walking has long been known to lower blood pressure, lower blood sugar and aid in weight loss. These are all major CKD risk factors. Walking boost circulation, improves joint health, lowers stress and improves heart health. Kidney patients have a very high incidence of cardiovascular disease.



If a thirty minute walk sounds too daunting at first, you can still reap the benefits of walking by doing 2-15 minute walks or 3-10 minute walks. If this still sounds like too much for you then you can start by going on a very short, manageable walk then slowly increasing the time spent walking. Be certain to check with your doctor first to make certain it is safe for you to exercise.

Maintaining good kidney functioning for as long as possible is a top priority for the CKD patient. Along with a renal friendly diet, taking prescribed medications, regular Nephrologist visits, CKD patients can add regular walks to their lifestyle to prolong the health of their kidneys. □

What to have instead of Potato Salad and Barbecued Sauce-Slathered Chicken?



Summer Barbecues are upon us! With the usual menu, kidney patients may feel left out. Potatoes are notoriously high in Potassium and are not suggested for those of us following a Renal Diet. How about a macaroni salad? In place of the forbidden tomato-based barbecue sauces, try this chicken recipe which can be enjoyed by all!

MACARONI SALAD

Serves 8 with 1/3 cup per serving

Calories 189, Carbohydrates 12 g, Protein 2 g, Fat 2 g, Sodium 111 mg, Potassium 61 mg, Phosphorus 31 mg, and Starch 1.



T= Tablespoon
tsp= teaspoon

2 cups cooked macaroni
1/4 cup chopped celery
2 T chopped green pepper
2 T shredded carrot
2 T minced onion
1/8 tsp pepper
2/3 cup mayonnaise
1/2 tsp sugar
1 T lemon juice

Mix macaroni, celery, green pepper, carrot and onion in salad bowl. In a separate small bowl, blend pepper, mayonnaise, sugar and lemon juice until smooth. Pour over macaroni and vegetables and mix until well coated. Chill.

From "Living Well on Dialysis" A Cookbook for Patients and Their Families, the National Kidney Foundation

SESAME BBQ CHICKEN

Serves 8.

Calories 271, Carbohydrate 4g, protein 31, Total Fat 13 g, Sodium 203 mg, Potassium 256 mg and Phosphorus 219 mg.

2 1/2 to 3 pound fryer, cut up
1/8 c low-salt soy sauce
1/8 cup sherry
2 T sugar
1 tsp ground ginger
1 tsp sesame hot oil
2 T sesame seeds, toasted
2 T oil

Marinate chicken for 1-2 hours in soy sauce, sherry, sugar, ginger and sesame hot oil. Remove from marinade and broil over charcoal or in the oven, basting with marinade and oil. When chicken is done and browned on both sides (about 30 minutes), sprinkle with toasted sesame seeds and serve.

From "The Renal Patient's Guide to Good Eating, 2nd Edition" by Judith A. Curtis

A New Health Insurance Just for Kidney Patients

Early in 2014, Satellite Health Plan, a Medicare Advantage ESRD Special Needs Plan, began offering insurance coverage in Santa Clara County. The plan provides much more than regular insurance: each of its members receives the same coverage as Medicare provides, but it also includes a ESRD *Nurse Care Manager*, a special health care plan that fits the member's lifestyle, a pharmacist who regularly reviews the member's prescriptions for safety, plus, and this is a big plus, vision and dental coverage.

Satellite Health Plan is currently available in Santa Clara County, to those diagnosed with with End Stage Renal Disease (ESRD), or on any method of dialysis, or are considered post-kidney transplant. It will soon be available in other counties. To learn more about becoming a member of Satellite Health Plan go to their website www.satellitehealthplan.com or contact them at 1-888-978-6095.

This newsletter is not intended to take the place of personal medical advice, which should be obtained directly from your Doctor or Medical Professionals.

(Continued Chronic Kidney Disease)

swap programs and ABO incompatible programs..

It is vital to build and use multiple support systems, such as family, friends, caregivers, psychological counselors, your doctors, the AAKP, BAAKP and NKF.

In conclusion, CKD is a chronic long lasting condition that is best treated by a capable and caring team of an informed and educated patient or advocate working with their nephrologist and renal professionals. Most people with CKD are able to live long, healthy and normal lives. It is essential to be fully informed at all stages and develop a Life Plan. **STAY ONE STEP AHEAD.** □



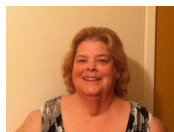
Toby Gottheiner, M.D.
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(Continued A Flight To Live)

to progress...I hope many more people will consider being kidney donors."

Life has also returned to normal for Linda and her husband Tim, and she is working as an independent insurance broker. She admits depression was a problem after the transplant; there were so many changes. She missed her friends at the dialysis center and when visiting the dialysis center, she realized that seeing her, gave them hope for a transplant - someday. Yet it was sad to see those friends tethered to a machine three times a week, just to stay alive. Linda says, "It makes me wonder, wouldn't it be great if there were more people who are as fortunate as I am?"

She knew she wanted to share the story of her kidney journey with others – other patients who might want to give up, so she took a writing class, resulting in the inspirational book referenced below. Writing the forward for the book, Dr. Marc Melcher says, "...despite huge obstacles, after several years of hard work and persistence, she successfully underwent a kidney transplant. The dedication that got her to where she is today is truly remarkable... (especially) the positive attitude she expresses to all those around her." □



Read more of her story in:
Nigma, Linda. *Fight to Live: My Amazing Journey*. S.I.: Authorhouse, 2011.

Thanking our Major Donors!

The BAAKP again wishes to thank our supporters for the success of the recent Fall 2013 Fundraising Campaign. In particular, we wish to recognize our **major donors**:

Stanford Hospital and Clinics
Palo Alto Medical Foundation
Satellite Dialysis
Peninsula Healthcare District
DSI Renal

National Kidney Patient Meeting Seminar Topics Announced

Registration is now open for the AAKP Patient Meeting and Convention to be held from September 26 to 28 at the Flamingo Hotel and Casino in Las Vegas. Organizers have announced the meeting subjects and speakers; some topics of the 30+ sessions include:



Immunosuppressive Drug Update
Preventing the Progression of Kidney Disease
Understanding the Affordable Care Act
Preserving your Kidney Transplant

The American Association of Kidney Patients is celebrating 45 years of Progress in Patient Education and Advocacy. AAKP membership is free at www.aakp.org. Discounted room rentals, airplane tickets and car rentals are available. Dialysis services available too! For more information and to register for this convention go to:

<https://www.aakp.org/community/programs-events/>

Or call 1-800-749-2257

Other Kidney Resources– Check our website at www.baakp.org for more!

American Association of Kidney Patients AAKP

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www.aakp.org

San Francisco Polycystic Kidney Foundation

1-800-PKDCURE

[www.pkdcure.org/
sanfranciscochapter](http://www.pkdcure.org/sanfranciscochapter)

sanfranciscochapter@pkdcure.org

Transplant Recipients International Organization TRIO

2nd Thursday of each month
7:30 pm. El Camino Hospital,
Conference Room G
2500 Grant Road,
Mountain View, CA
(408) 353-2169
www.bayareatrio.org

The National Kidney Foundation

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to make a donation, see back
issues of
our newsletters, and view
videos of our past meetings.
Your help is greatly
appreciated!

Educating and Supporting Bay Area Kidney Patients !

SAVE THESE DATES !

Palo Alto Medical Foundation, 3rd floor
795 El Camino Real, Palo Alto, CA

Educational Presentation (1-4 pm)

- **September 21, 2014**

Support Group Meetings (1-3 pm)

- **August 24, 2014**
- **October 19, 2014**
- **December 14, 2014**

East Bay Support Meeting (1-3pm)

Alta Bates Summit Medical Center
400 Hawthorne Ave., Oakland, CA
(BART station: MacArthur)

- **August 10, 2014**
- **September 7, 2014**
- **November 9, 2014**

Board of Directors' Meetings **1st Tuesday of the month** **At 6:00 pm**

*If you would like to join us in the leadership
of this group, we would love to have your help.*
info@baakp.org (650) 323-2225

Coming on September 21, 2014 The California Pacific Medical Center (CPMC) Kidney Transplant Program

The BAAKP will welcome the California Pacific Medical Center's Kidney and Pancreas Transplant Program to our September Presentation. CPMC conducts approximately 200 kidney transplants per year and was recently recognized by the Scientific Registry of Transplant Recipients as the nation's only hospital with both kidney and liver transplant programs that have higher-than-expected one- and three-year adult patient survival rates. Dr. William Bry, transplant surgeon and Surgical Director of Kidney Transplant Patients will detail the kidney transplant program at CPMC.



Dr. William Bry

Mr. Peter Traub, Community Outreach Coordinator of the Western Pacific Renal Network will be our second speaker and will discuss how the ESRD Western Pacific Renal Network #17 can assist kidney patients with their dialysis and transplant challenges.

Don't miss this FREE event on Sunday, September 21, 2014, from 1 to 4pm at the Palo Alto Medical Foundation, 795 El Camino Real, Palo Alto, CA 94301. There will be refreshments and door prizes too! To reserve your seat, please go to our website at www.baakp.org, or call 650-323-2225.

This event is sponsored by

