



ISPD Asian Chapter Newsletter

International Society for Peritoneal Dialysis (ISPD)

Volume 7, Issue 3; December 2009

Upcoming ISPD Events and Meetings

13th Congress of the ISPD

Mexico City, Mexico

July 23-26, 2010

Abstract Submission: March 16, 2010

Website: <http://ispd2010mexico.org/>



Other Upcoming Meetings

30th Annual Dialysis Conference

16th International Symposium on Hemodialysis

21st Annual Symposium on Pediatric Dialysis

Seattle, Washington

March 7-9, 2010

Website: <http://som.missouri.edu/dialysis/>



From the Editorial Office

Dear All,

Welcome back to those who attended the Asian Chapter Meeting in Beijing this October. The program was terrific and well received by the participants.

In this issue, we are delighted to have Dr. K.S. Nayak from India to discuss his experience promoting PD in India. You are most welcome to distribute this newsletter electronically or in printed form to your colleagues or other people interested. If you or your colleagues would like to receive this newsletter directly from our editorial office, please send your e-mail address to: administration@multi-med.com



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To our industry partners:

The editorial office welcomes your assistance in distributing this newsletter in electronic or printed form to the dialysis community. If you are interested in sending scientific messages through the newsletter, please contact the editor at:

ccszeto@cuhk.edu.hk

Sincerely,

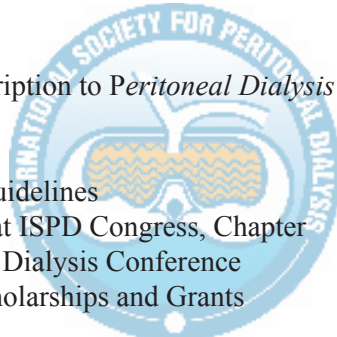
Dr. Cheuk-Chun Szeto
Editor, Asian Chapter Newsletter
International Society for Peritoneal Dialysis
c/o Department of Medicine & Therapeutics
The Chinese University of Hong Kong
Prince of Wales Hospital

News from the ISPD

Join the ISPD!

Membership benefits of the International Society for Peritoneal Dialysis include:

- Print and/or online subscription to *Peritoneal Dialysis International*
- Receipt of PD News
- Online access to ISPD Guidelines
- Special registration fees at ISPD Congress, Chapter Meetings and the Annual Dialysis Conference
- Application for ISPD Scholarships and Grants



**Join today at
www.ispd.org**

Asian Chapter Scholarship

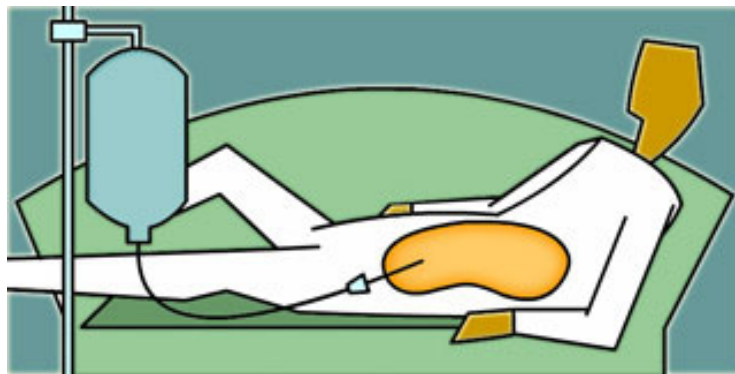
This scholarship supports up to 3 months of training in clinical PD for doctors and nurses from Asia. Application deadlines occur twice each year in June and December. The next deadline is December 31, 2009. Details and application procedures can be found under the Regional Chapters – Asian Chapter, on the ISPD website.

Literature Update on Peritoneal Dialysis – May to August 2009

CAPD versus automated PD

Two recent studies that compared the survival of patients treated with CAPD and automated PD (APD) are thought-provoking. In the first study, analyses were carried out using data from the United States Renal Data System on 66,381 incident patients on chronic PD from 1996 to 2004. Adjusted for demographic, clinical, laboratory and dialysis facility characteristics, the risks for death and technique failure were substantially reduced when patients in the 2002-2004 period were compared with those from the 1996-1998 period. Most importantly, the risk improvements for CAPD and automated PD were similar. Under intent-to-treat, time-dependent, and as-treated analysis, there was no difference in risk for death or in technique failure between the two modalities.

In the second study, 87 APD and 562 CAPD patients were selected at 3 months after start of dialysis from a prospective



multicenter cohort study in incident dialysis patients (NECOSAD). Both intention-to-treat and as-treated analyses found no difference in the overall mortality and technique failure for APD compared with CAPD in incident dialysis patients.

Mehrotra R, Chiu YW, Kalantar-Zadeh K, Vonesh E. The outcomes of continuous ambulatory and automated peritoneal dialysis are similar. *Kidney Int* 2009; 76: 97-107.

Michels WM, Verduijn M, Boeschoten EW, Dekker FW, Krediet RT; NECOSAD Study Group. Similar survival on automated peritoneal dialysis and continuous ambulatory peritoneal dialysis in a large prospective cohort. *Clin J Am Soc Nephrol* 2009; 4: 943-949.

Comment: These two studies, one from the USA and the other from Europe, one retrospective and the other prospective, carry essentially the same message: the choice of PD modality should depend on practicability and patient preference.

Peritoneal transport: What's new?

Two recent studies on clinical peritoneal transport cast doubt on some of our long-standing beliefs. First, it is often recommended that peritoneal equilibration test (PET) should be performed when a patient is euvolemic because fluid overload would affect the result of PET. Two investigators reviewed data from 211 consecutive patients who had a standard PET and a simultaneous multifrequency bioimpedance test to determine the fluid status. PET ultrafiltration volume, surprisingly, was actually not affected by extracellular fluid volume overload or hyperglycemia.

It is also commonly believed that peritoneal transport of small solute is related to survival of PD patients. In a retrospective study, 192 incident PD patients were evaluated for the ability of peritoneal protein clearance. In addition to dialysate-to-plasma creatinine ratio, peritoneal protein clearance positively correlated with age, presence of peripheral vascular disease, and urine volume, while it correlated negatively with serum albumin. On multivariate analysis, independent predictors of

mortality were age, comorbidity grade, and peritoneal protein clearance, while dialysate-to-plasma creatinine ratio did not appear in the final model.

Davenport A, Willicombe MK. Hydration status does not influence peritoneal equilibration test ultrafiltration volumes. *Clin J Am Soc Nephrol* 2009; 4: 1207-1212.

Perl J, Huckvale K, Chellar M, John B, Davies SJ. Peritoneal protein clearance and not peritoneal membrane transport status predicts survival in a contemporary cohort of peritoneal dialysis patients. *Clin J Am Soc Nephrol* 2009; 4: 1201-1206.

Comment: Although both papers have limited study design, they have potentially important relevance to practical applications: we may not have to wait until a patient is completely edema-free before performing PET, and it may be worthwhile to incorporate assessment of peritoneal protein clearance (which is not all that complicated) into the routine PET.

Invited Article



Promoting PD in India

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Current Status of PD in India

In India, Peritoneal Dialysis was initiated in the early 1990s by a handful of 'PD enthusiasts' who were unsure whether the therapy would gain ground due to wide-spread skepticism due to issues of cost, prevalent perception of a poor sense of hygiene, and lack of medical personnel with 'hands-on' PD training. From about 4-5 centers in the 90s, the country now has in excess of 300 PD centers recruiting patients on a regular basis.

"We are aggressively introducing the internet and mobile telephones as a way to get the patient and the PD unit in close liaison"

There are presently about 7,000 patients on Chronic PD in India, in comparison to about 35,000 on Chronic Hemodialysis, with a PD penetration rate of 18%. Most of these patients are concentrated in the Southern and Northern parts of the country with the West preferring Hemodialysis due to highly subsidized costs for this modality of treatment and the East lacking good medical infrastructure. Approximately less than 200 patients are on APD (2.8%). Diabetic Nephropathy is the most common cause of ESRD in patients initiating PD (about 35%) in most centers with 'High-Average' transporters being the predominant membrane characteristic on PET unlike in neighboring China where 'Low-Average' transporters are in the majority. This may have an impact on PD 'technique survival', cardiac co-morbidity and adequacy leading to higher 'drop-out' rates in Indian patients. The drop-out rate is also probably partly contributable to malnutrition in our patients due to factors such as the need to limit salt and fluid intake, higher protein losses in the PD effluent, and further compounded by the strict vegetarianism in various forms practiced by the Hindus and Jain communities. PD drop-out is the major 'bottle neck' for the growth of PD numbers apart from poor PD penetration rate.

What is being done?

Currently the onus is on the health care professionals to 'educate' the government agencies that PD is the better option for Renal Replacement Therapy for many considerations, not the least of which being lower cost per patient. This was not the case a decade back when PD cost approximately twice as much as Hemodialysis due to PD fluids being available only by import. Presently, local manufacturing by three companies has brought down the cost of a 2-Liter PD bag to less than \$4.50 USD bringing the monthly cost of 3 exchanges of PD to less than \$400.00 USD per month and putting it on par or even slightly less than Hemodialysis. The cost of 'generic' erythropoietin (EPO) is also reasonable: 4000 units costing about \$15.00 USD with most patients managing with \$60.00 USD per month for EPO.

"A 'PD First' policy is ideal for the Indian ESRD patient both as a 'Bridge to Renal Transplant' and as the initial Renal Replacement Therapy."

PD in India has grown since the last decade, facilitated by the educational initiatives by the nephrology community in setting up the Peritoneal Dialysis Society of India (PDSI) in 1997 with Annual meetings, publishing a dedicated journal for PD, and the hosting of the 2nd ACM-ISPD Meeting in Hyderabad

in 2005. The Delhi High Court has also recently ordered the government to treat HD and PD on an equal basis.

In addition, at our Center at Global Hospital, we are aggressively introducing the internet and mobile telephones as a way to get the patient and the PD unit in close liaison, which should result in better management of patient PD complications, especially peritonitis and exit site infections.

What still needs to be done?

In India, compulsory training in PD during the Nephrology Fellowships, and inclusion of questions on PD in the theory and practical examinations of the National Board of Examinations (NBE) in Nephrology (DNB) should be enforced. It is unlikely that Nephrologists will practice PD unless there is a firm foundation of skills and techniques created in them.

To address the high PD drop-out in improving patient outcomes and numbers, 'Centers of Excellence' have to be developed in each region of the country which can train nurses and doctors in all aspects of holistic care of the PD patient and equip them to initiate good sized, quality PD programs in their 'home' settings. PD programs that have at least 25 patients under follow-up fare much better than smaller ones in achieving good patient outcomes.

Establishment of a PD Registry will improve outcomes, as has been the experience in other countries. The process in this direction has been initiated and needs support from all PD practitioners.

Higher usage of biocompatible solutions and the PD Cycler will also bring more patients into the ambit of PD.

Finally, and most importantly, a 'PD First' policy is ideal for the Indian ESRD patient both as a 'Bridge to Renal Transplant' and as the initial Renal Replacement Therapy. This will bring down the cost of PD fluid further due to the dynamics of large scale commodity manufacturing and increased PD penetration rate. This will also open up neighboring regions as export markets for less expensive PD fluids from India, as is already happening in Thailand.

The Hong Kong experience, and more recently the ongoing Thailand success story, should inspire India to emulate these examples of successful 'PD First' initiatives. A marginal increase in PD penetration rate to about 35% and a reasonable reduction in PD drop-outs can spur the PD numbers easily above 20,000 patients in the next couple of years in India. This growth, along with that of China, will help to bring the Global PD scenario out of 'recession'!

Breaking News

Successful Applicants for Asian Chapter Scholarship

<i>Applicant</i>	<i>Title</i>	<i>From</i>	<i>Trainer</i>	<i>Training institute</i>
Men Sam Oul	Dr.	Cambodia	KS Nayak	Global Hospital, Hyderabad, India
Oeun Chanthy	Nurse	Cambodia	KS Nayak	Global Hospital, Hyderabad, India
Ashwinikumar Aiyangar	Dr.	India	KS Nayak	Global Hospital, Hyderabad, India
Yun Li	Dr.	China	R Dwarakanathan	Royal Brisbane & Women's Hospital, Australia
Konnur Abhijit Madhav	Dr.	India	A Gupta	Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India

5th Asian Chapter Meeting Announced

The 5th Asian Chapter Meeting
October 6-8, 2011
Dusit Resort, Pattaya, Thailand



13th ISPD Congress Abstract Deadline Extended



13th Congress
International Society for
Peritoneal Dialysis



Centro Banamex, México City / July 23 - 26
"Advancing the science of PD care"



Online abstract submission
Open

Online Registration
Open

Abstract Submission Deadline
February 25, 2010

Author Notification of Abstract Acceptance
March 25, 2010

Early Registration Deadline
April 2, 2010

Late Breaking Abstract Submission Deadline
April 2, 2010

Hotel Reservation Deadline
May 30, 2010

Late Registration Deadline
June 18, 2010

PD Courses
July 23, 2010

13th. Congress ISPD
July 24 - 26, 2010