



NATIONAL KIDNEY  
FOUNDATION®

## 2024 PATIENT SYMPOSIUM



**APRIL 23–APRIL 25**

**8:30AM–9:30AM** VIA ZOOM WEBINAR

**TUESDAY** [kidney.zoom.us/s/86519766446](https://kidney.zoom.us/j/86519766446)

**WEDNESDAY** [kidney.zoom.us/s/86519766446](https://kidney.zoom.us/j/86519766446)

**THURSDAY** [kidney.zoom.us/s/86519766446](https://kidney.zoom.us/j/86519766446)

**APRIL 28**

**1:00PM–5:00PM** IN-PERSON

**Holiday Inn South Independence, Ohio**

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# THANK YOU

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## VENDORS



## SCHEDULE OF EVENTS

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### VIRTUAL BREAKOUT SESSION AGENDA FOR APRIL 23-25

- **April 23, 8:30am-9:30am Xenotransplantation** – Dr. Becca Esker and Dr. Karen Kahlil
  - Zoom Webinar Link Access: [kidney.zoom.us/j/86519766446](https://kidney.zoom.us/j/86519766446)
- **April 24, 8:30am-9:30am Primary Hyperoxaluria Type 1** – Kim Bischel
  - Zoom Webinar Link Access: [kidney.zoom.us/j/86519766446](https://kidney.zoom.us/j/86519766446)
- **April 25, 8:30am-9:30am Women's Health and Chronic Kidney Disease** – Dr. Silvi Shah
  - Zoom Webinar Link Access: [kidney.zoom.us/j/86519766446](https://kidney.zoom.us/j/86519766446)

### IN-PERSON BREAKOUT SESSION AGENDA FOR APRIL 28

**12:30pm–1:00pm** Visit sponsor/vendor tables, grab giveaways and grab **FREE LUNCH!**

**1:00pm WELCOME** by Dr. Rupesh Raina, Patient Symposium Event Chairman

**1:10pm–2:00pm** (First All-Group Session)

**Topic:** Health Literacy

**Presenter:** MaryAnn Horst Nicolay, M.Ed., NDTR

**2:00pm–2:10pm BREAK**

**2:10pm–3:00pm** Breakout Topics (Participants Select 1 of 3 Options)

- 1. Gout and Kidney Disease** — Dr. David Mandel and Kimberly Serota
- 2. Kidney Transplant and Living Donation** — Dr. Joshua Augustine
- 3. Dialysis Home Modalities** — Dr. Laura Provenzano

**3:00pm–3:10pm BREAK**

**3:10pm–4:00pm** (Second All-Group Session)

**Topic:** Hypertension and Chronic Kidney Disease

**Presenter:** Dr. Paul Kovach

**4:00pm–4:10pm BREAK**

**4:10–5:00pm** (Third All-Group Session)

**Topic:** Diet/Nutrition/Wellness and Chronic Kidney Disease

**Presenter:** Kristin Bame, MS, RDN and Lisa Sibits, PT

## MEDICAL ADVISORY BOARD

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This event would not have been possible without our Medical Advisory Board and Patient Symposium Committee Members!

**Kristin Bame**

University Hospitals

**Tim Krachko**

Cleveland Clinic Transplant

**Dr. Nishigandha Pradhan**

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University Hospitals Transplant Institute

## NATIONAL KIDNEY FOUNDATION OF NORTHERN OHIO PATIENT SYMPOSIUM COMMITTEE

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**Chrissie Delvalle**

**Michelle Lard**

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**Andrew Linder**

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**Andrew Feit**

**Emily Linder**

**Cal Templeton**



The National Kidney Foundation is revolutionizing the fight to save lives by eliminating preventable kidney disease, accelerating innovation for the dignity of the patient experience, and dismantling structural inequities in kidney care, dialysis and transplantation.

By supporting the National Kidney Foundation, you directly influence and positively impact the lives of those at risk for kidney disease, those living with chronic kidney disease, and those who care for and about them.

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## KIDNEY DISEASE IS A MAJOR PUBLIC HEALTH ISSUE

- 1 in 3 American adults in the U.S. are at risk for kidney disease.
- 1 in 7 American adults has kidney disease -- and most don't know it
- High blood pressure and diabetes are the two leading causes of kidney disease.
- Of 118,000 Americans on the waiting list for a lifesaving organ transplant, more than 96,000 need a kidney.
- Fewer than 25,000 people receive a kidney each year.
- There are 500,000 Americans receiving dialysis.
- There are 200,000 transplant patients.



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## KIDNEY DISEASE LOCALLY

The Northern Ohio territory is comprised of 32 counties with a population base of 5.2 million people. When the national statistics are applied to our local population, the need for patient support and community education programs is undeniable. In Northern Ohio:

- **An estimated 1.73 million people are at-risk of kidney disease.**
- **An estimated 742,000 people have kidney disease and 90% of them are undiagnosed.**

## LEADERSHIP

ANNA TZINIZ

*Thank you*

Thank you on behalf of the National Kidney Foundation for your unwavering support and dedication.



This past year, we have been able to advance our mission to prevent kidney disease, improve the lives of those living with kidney conditions, and promote kidney health for all: from groundbreaking equity and transplantation initiatives to community outreach programs. For example, last year we updated our mission statement to directly call out systemic issues in kidney health and to ensure combatting inequities is more clearly in focus. This is a key milestone in the history of NKF and I am proud of the NKF for embracing our role in health equity. Here is the new mission statement: The National Kidney Foundation is revolutionizing the fight to save lives by eliminating preventable kidney disease, accelerating innovation for the dignity of the patient experience, and dismantling structural inequities in kidney care, dialysis, and transplantation.

NKF has been able to fund cutting edge technologies, through our Innovation Fund, that promise to revolutionize the diagnosis and treatment of kidney diseases. Our patient support programs continued to grow, offering an informational lifeline to those navigating the complexities of kidney health. We also launched our comprehensive Transplants For All® initiative, and expand our reach through innovative digital platforms, ensuring that our resources and guidance are accessible to individuals across the nation.

NKF has also influenced positive policy changes that address the needs of kidney patients and their families. With your continued partnership, we are confident in NKF's ability to create lasting change and improve the lives of countless individuals affected by kidney disease. Your support fuels our determination to pursue a future where kidney health is prioritized, and every individual has the opportunity to lead a full and vibrant life.

Gratefully,

*Anna Tziniz*

**Anna Tziniz**

NKF Ohio Executive Director



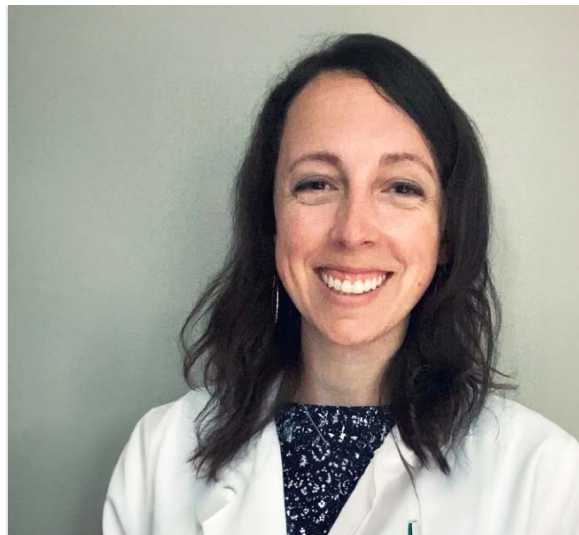
# LEADERSHIP

## PATIENT SYMPOSIUM LEADERSHIP



### DR. RUPESH RAINA, MD.

Our Virtual Patient Symposium is led by event Chairman, **Dr. Rupesh Raina, MD**. Dr. Raina is an Adult-Pediatric Kidney Disease/Hypertension Nephrologist at Akron Children's Hospital, Akron Nephrology Associates at Akron General Medical Center, Cleveland Clinic Foundation at Medina and MetroHealth Department of Nephrology. He is also Associate Professor at NEOMED Medical University and Council Member for Faculty of Internal Medicine Council at NEOMED, Research Director at AGMC, Associate Program Director of Internal Medicine, and works in partnership with Americare Kidney Institute. Dr. Raina is the Pediatric Education Chair for the International Society of Nephrology. Additionally, Dr. Raina serves on both the local National Kidney Foundation Board of Advisors and the Medical Advisory Board.



### CHRISTINA DELVALLE, MSSA, LISW, CCTSW

For the past five and a half years, **Chrissie Delvalle** has worked as a Kidney Transplant Social Worker for the Cleveland Clinic Transplant Center. Gaining connection to the NKF in 2019, Chrissie has proudly served on multiple NKF planning committees (BABG, Patient Symposium) and three years ago joined the NKF Medical Advisory Board. Prior to joining the Kidney Transplant team, Chrissie worked on the renal floor at Cleveland Clinic Hillcrest Hospital. She is a Certified Clinical Transplant Social Worker and is a Licensed Independent Social Worker. Chrissie has a master's degree from Case Western Reserve in social work and an undergraduate degree in psychology from Ithaca College. Growing up in Cleveland Heights close to the hospitals Chrissie developed a strong understanding that a person's physical health and mental health are much intertwined. Through her work, Chrissie found that she is passionate about truly understanding a person to better connect to them and serve them

## OUR SPEAKERS

### VIRTUAL & IN-PERSON BREAKOUT SESSION



**Kristin Bame** is a registered dietitian who worked in dialysis for 15 years, caring for adults and children on home and hemodialysis. She is not currently working clinically in order to spend more time with her children and family, but her passion for renal nutrition remains. She enjoys keeping up with the latest information on nutrition and is grateful to serve on the Medical Advisory Board as it allows her to continue to serve the renal community and renal patients. She spends the majority of her time caring for her three kids who are all under the age of five!



**MaryAnn Horst Nicolay, M.Ed., NDTR**, has years of experience working with people who have chronic health conditions. Using her background in health education and community outreach, adult learning and development, and health literacy, she has helped people through innovative educational programs and materials. Her work has been recognized by Crain's Cleveland Business, the American, Ohio and Cleveland Dietetic Associations, the Hispanic Senior Center and El Centro de Servicios Sociales, and the Diabetes Association of Greater Cleveland. MaryAnn is a Registered Dietetic Technician and received her Master's Degree in Adult Learning and Development from Cleveland State University. She is the immediate president of Ohio Health Literacy Partners.



**Rebecca Esker** is the Associate Director of Research for the Transplant Institute and Department of Surgery at NYU Langone Health. In this role, she oversees research operations and clinical trials across both departments. Prior to transitioning to this role, Rebecca practiced for several years as an Abdominal Transplant Clinical Pharmacist caring for kidney, liver, and pancreas transplant patients. She completed her PGY1 Pharmacy Residency Program at Intermountain Medical Center in Salt Lake City, Utah and received her Doctorate of Pharmacy from Drake University in Des Moines, Iowa.



**Karen Khalil** is currently the Xenotransplant Project Manager at the NYU Langone Health. Karen earned her bachelors and doctorate of pharmacy from Northeastern University and subsequently went on to complete a PGY1 Pharmacy Residency Program at Lahey Hospital & Medical Center, where her interest in Solid Organ Transplant began. She then completed a PGY2 in Solid Organ Transplant at University of Illinois at Chicago and joined the NYU Langone Health Transplant Team in 2018 where she managed kidney, liver, and pancreas transplant recipients for 4 years. In her current role as the Xenotransplant Project Manager, Karen is facilitating and overseeing the ongoing xenotransplant and decedent research within the Transplant Institute.



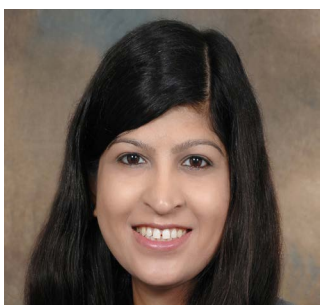
## VIRTUAL & IN-PERSON BREAKOUT SESSION



**Kim Bischel**, with over 25 years of nursing experience, serves as a Patient Education Liaison for Alnylam Pharmaceuticals. Her role involves educating patients, families, and caregivers through various channels, including one-on-one engagements and community outreach. Previously, she worked at the Cleveland Clinic Foundation, focusing on rare diseases. Outside of work, Kim enjoys traveling and spending time with her children and pets.



**Dr. Laura Provenzano**, originally from Argentina, completed her medical training in the United States. She is a staff nephrologist at the Cleveland Clinic, also serving as a medical director of a Home Dialysis unit. Dr. Provenzano's expertise lies in nephrology and hypertension, with a focus on home dialysis patients.



**Dr. Silvi Shah** is a tenured associate professor and physician-scientist in Nephrology at the University of Cincinnati. Her research focuses on women's health, including pregnancy and cardiovascular health in kidney disease. She has received recognition for her work, including a Career Development Award from the National Institutes of Health.



**Josie Cooper** directs the Alliance for Gout Awareness, a nonprofit dedicated to raising awareness and empowering gout patients. With experience in communications and political campaigns, Cooper brings strategic insight to patient advocacy. She currently resides in Washington, D.C.

## OUR SPEAKERS



**Dr. David Mandel**, retired since February 2024, provided care to rheumatic disease patients in Northeast Ohio for over 40 years. He contributed significantly to research trials and authored numerous articles on arthritis and osteoporosis treatments. Dr. Mandel was a key figure in advocating for arthritis patients through organizations like the Ohio Association of Rheumatology.



**Joshua Augustine MD** is the Associate Professor of Medicine at Cleveland Clinic Lerner College of Medicine. Dr. Augustine was born and raised in Bay City, Michigan and attended The School Up North for undergraduate and medical school, then trained in Chicago before moving to Cleveland. He currently serve as the Medical Director of Kidney Transplantation at Cleveland Clinic. As a transplant nephrologist, he has practiced clinical transplant nephrology for nearly twenty years. He enjoys patient care, especially helping to guide a patient with kidney failure to transplantation.



**Dr. Paul Kovach** grew up in Macedonia Ohio and attended Walsh Jesuit High School. He went to college at Notre Dame and returned for medical school at Case Western Reserve University. He then went to St Louis to Washington University for residency and fellowship. He has been in Columbus since 2006 and most of his family is still in Cleveland. He has 3 sons and enjoys running and paddle boarding in his spare time.



**Lisa Sibits, PT**, Lisa graduated from Ohio University with a Bachelor's degree in Psychology in 2002 and a Master's degree in PT in 2004. She has worked at the Cleveland Clinic since 2004 in the outpatient setting, treating adult patients with neurologic and orthopedic injuries and conditions and also worked at University Hospitals Acute Rehab Hospital from 2017-2022. Outside of work, she spends her time with her husband, Scott, 3 children (Camryn 14, Brayden 12, Carter 10) and dog Harper (2). She strives for a healthy lifestyle, is an active wellness and fitness enthusiast, who works out regularly and runs at least one half-marathon a year.

# ALLIANCE FOR Gout Awareness

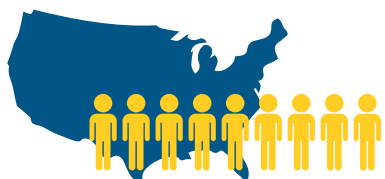
**The Alliance for Gout Awareness** works to reduce stigma and empower patients by improving public understanding of gout. Members collaborate in developing educational material and support resources.

By heightening public awareness and addressing common misconceptions, the Alliance for Gout Awareness emboldens patients to acknowledge the disease's impact and to seek the treatment they need.

## Gout: At a Glance



Gout, **a form of arthritis**, is caused by a buildup of uric acid in the body. The condition leads to **sudden, intense pain and swollen joints** that may become **red and hot**.



**Gout** affects more than **9 million Americans**.



AGA encourages patients with gout to **seek treatment** to manage their gout successfully.

## Members

Alliance for Patient Access • American Association of Kidney Patients • American Kidney Fund  
American Podiatric Medical Association • Arthritis Foundation  
Fundación Puertorriqueña de Enfermedades Reumáticas • Global Healthy Living Foundation  
Gout Education Society • Gout Support Group of America • HealthyWomen • Infusion Access Foundation  
Lupus & Allied Diseases Association • National Infusion Center Association • National Kidney Foundation  
• Rheumatology Nurses Society • U.S. Pain Foundation



@GoutAlliance



Alliance for Gout Awareness



GoutAlliance.org



## Overcoming Financial Hardship in Chronic Kidney Disease

by Dr. Michelle Hawkins

Chronic Kidney Disease (CKD) casts a wide shadow over life, affecting both health and finances. Drawing from my experience as a double kidney transplant recipient, I understand the importance of managing finances effectively in the face of CKD. Here, I aim to provide insights to help navigate the financial challenges associated with CKD care.

### OUR AUTHORS

#### UNDERSTANDING YOUR FINANCIAL LANDSCAPE:

Begin by assessing your CKD stage and considering your ability to work. Explore disability coverage options and create a spending plan that includes robust health insurance with prescription coverage. Ask yourself crucial questions to establish your financial plan:

1. Will you opt for Medicare Advantage Plan C or traditional Medicare with Part D for medication coverage? Sometimes Medicare B can cover medications like immunosuppression.
  2. Do you have copay responsibilities, or do you need to find a patient assistance plan for kidney medicine?
  3. Can your doctor provide samples to bridge the gap until you secure a plan for purchasing your drugs?
  4. Will reaching out to the medication manufacturer yield any available assistance programs?
3. The Patient Advocate Foundation offers a National Financial Resource Directory.
  4. Explore health equity funds for vulnerable individuals through resources like copays.org.
  5. The American Kidney Fund provides financial assistance programs for health insurance premiums, prescription medications, and transportation costs. Their website also lists programs offered by drug companies for medication access.

#### UNDERSTANDING DIALYSIS PAYMENT STRUCTURE:

For End Stage Renal Disease (ESRD), understanding Medicare coverage is essential:

- Medicare Part B covers 80% of dialysis treatment/training after the yearly deductible. Medicaid may cover the remaining 20%.
- Medicare Supplemental Insurance policies (Medigap) vary in coverage, while Medicare Advantage Plans (Part C) may cover some or all of the 20%.
- Certified dialysis facilities ensure that supplies are a covered benefit.

#### UTILIZING AVAILABLE RESOURCES:

Leverage additional resources to ease financial burdens:

1. Social workers can assist in finding coverage for medicine and may direct you to financial grants.
2. Consider switching to generic medications if certain drugs are too expensive, but never stop taking necessary medications.

#### EMBRACING SUPPORT AND RESOURCES:

Remember, you're not alone in this journey. By asking the right questions and seeking support from knowledgeable professionals, you'll find abundant resources available to assist in managing your finances. Best of luck on your journey ahead!



## Do You Know Your Kidney Numbers?

by Coretha Jones

Kidney diseases rank among the leading causes of death in the United States, yet many are unaware of their kidney health status. With an estimated 1 in 7 adults affected by Chronic Kidney Disease (CKD), it's essential to prioritize regular discussions about kidney health with your healthcare provider.

Your kidneys, each approximately 5 inches long and situated on either side of your spine near your waist, play a vital role in filtering waste from your blood. Monitoring their function through routine tests is critical for maintaining overall health.

### KEY TESTS FOR KIDNEY HEALTH

Blood Urea Nitrogen (BUN) and Serum Creatinine levels, measured via a blood test, indicate kidney function. Persistently high levels over three months may signal kidney damage.

The Estimated Glomerular Filtration Rate (eGFR) estimates kidney filtration efficiency:

- **eGFR > 90: Normal range**
- **eGFR 60-89: Early stage kidney disease**
- **eGFR 15-59: Indicates kidney disease**
- **eGFR below 15: Suggests kidney failure**
- **The Urine Albumin-to-Creatinine Ratio Test (UACR) measures urinary protein levels, with 30 or greater indicating potential kidney disease.**
- **Steps for Maintaining Healthy Kidneys:**
  - **Regularly monitor eGFR levels, especially if you have diabetes or high blood pressure.**
  - **Manage blood sugar and blood pressure levels to prevent further kidney damage.**
  - **Discuss medications with your healthcare provider to safeguard against kidney harm.**
  - **Stay hydrated and maintain a balanced diet.**
  - **Quit smoking to reduce kidney damage risk.**
  - **If diagnosed with kidney damage, seek specialized care from a kidney specialist.**

### CONCLUSION:

Understanding your kidney numbers empowers you to take proactive steps in preserving kidney health. By working closely with your healthcare provider, adopting healthy lifestyle habits, and adhering to medical advice, you can safeguard your kidneys from further damage and promote overall well-being. Let's prioritize kidney health and ensure our kidneys remain healthy for years to come!



## How does a kidney transplant impact a patient's overall health, lifestyle, and well-being?

by

**A. Jittirat, B. Ruch,  
K. Zhao, H. Yerneni,  
K. Balabhadrapatruni,  
P. Chotai, and  
Z. Stewart Lewis**

Kidney failure presents a critical medical challenge with either dialysis or transplant as treatment options. Dialysis, while life-saving, entails burdensome procedures and potential complications. Conversely, kidney transplant offers transformative benefits for patients' overall health, lifestyle, and well-being.

**Overall Health:** Kidney transplant restores kidney function, eliminating the need for dialysis. This results in improved overall health, increased energy levels, and enhanced participation in daily activities. Compared to dialysis, kidney transplant recipients have a higher life expectancy and reduced risks of heart attack and stroke.

**Dietary Freedom:** Dialysis often requires strict dietary restrictions, causing fatigue and frustration. Post-transplant, patients enjoy more dietary freedom, alleviating the burden of food restrictions and low phosphorus diets.

**Lifestyle Enhancement:** Freed from the constraints of dialysis schedules, transplant recipients experience newfound independence and flexibility. No longer tied to dialysis machines, they can pursue daily activities and travel without interruption. This leads to improved emotional well-being, increased social engagement, and enhanced quality of life.

However, kidney transplant entails lifelong medical care and immunosuppressive medications to prevent rejection. While the number of medications may decrease over time, some carry risks such as cancer development. Patients must adhere to a healthy lifestyle and continue medical care with family physicians. This includes cancer screenings and vaccinations to protect themselves and loved ones.

In conclusion, a kidney transplant may profoundly impact patients' lives, offering freedom from dialysis and a renewed sense of well-being. While challenges persist, the benefits far outweigh the risks, enabling recipients to embrace life to the fullest. With proper care and adherence to medical advice, kidney transplant recipients can enjoy a better quality of life and bid farewell to the constraints of dialysis.



# Learn About Primary Hyperoxaluria Type 1

Primary hyperoxaluria type 1 (PH1) is a rare, inherited disease that causes the overproduction of oxalate

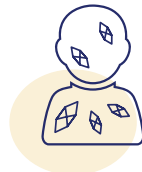


## What are the common signs of PH1?

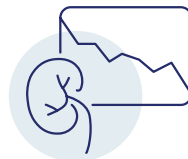
Although kidney stones are the most common, and often the first sign of PH1, not all people with PH1 will have stones. When you have PH1, your kidneys are at risk for damage even if you are not getting stones. In fact, PH1 may present in a number of ways, including but not limited to:



Crystal deposits in the kidneys known as nephrocalcinosis



Crystal deposits in other organs including the eyes, bones, skin, heart, and central nervous system



Kidney Failure



Failure to thrive in babies

Having one of these signs or symptoms does not necessarily mean that you or a loved one have PH1. Your doctor is your most important source of information if you ever have questions about your health.

Visit [TakeOnPh1.com](https://TakeOnPh1.com) to Learn More



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## Eplets: A New Approach to Prolonging Kidney Lifespan

by **Glenna Frey**

A kidney transplant, whether from a deceased or living donor, typically lasts around 10 to 20 years due to antibodies that gradually attack the kidney. Despite a perfect or compatible match, the kidney's lifespan is limited, even with immunosuppressants. However, a newer approach, high-resolution eplet matching, offers potential improvements.

### UNDERSTANDING EPLET MATCHING:

Human Leukocyte Antigen (HLA) tissue typing traditionally matches donors with recipients. However, eplet matching examines specific components of the HLA. Comparing eplets between donors and recipients reveals a more precise match, potentially leading to longer kidney survival. Eplet matching is particularly beneficial for children and young adults.

### BENEFITS OF EPLET MATCHING:

Higher likelihood of finding a better-matched kidney.

Reduced risk of antibody-related kidney damage, rejection, and kidney failure.

Lower doses of transplant drugs with fewer side effects.

Potential for lifelong kidney function with only one transplant.

Considerations and Questions:

### WHILE PROMISING, EPLET MATCHING HAS LIMITATIONS:

Limited human studies and no long-term data.

Higher cost and longer process, unsuitable for deceased donor transplants.

Uncertainty regarding predicting immune response and availability at transplant centers.

Patients should inquire about eplet matching availability at their transplant center and understand its benefits in their specific situation. Questions to ask include whether eplet matching is provided and potential alternatives if not available locally.

### CONCLUSION:

High-resolution eplet matching has the potential to revolutionize organ transplants, offering longer-lasting kidneys and reducing the need for multiple transplants. Patients in need of kidney transplants or considering living donation should inquire about eplet matching to explore this promising option.



## Grateful for the Gift of Life

by Kara Steele

On a scorching July 2, 1999, Kandy Takas found herself shivering despite the 100-degree heat. Rushed to the hospital, she received the shocking diagnosis of zero kidney function due to end-stage IgA nephropathy.

Placed on dialysis and the transplant waiting list, Kandy awaited a life-saving call, equipped only with a pager in those pre-cell phone days. Then, on October 8, 2000, as she strolled through the mall, her pager beeped. Rushing to a payphone, she almost missed the call when her son accidentally hung up the phone. Frantically redialing, she was scolded by her coordinator for her apparent lack of urgency. But the call was real: a kidney was available.

After over a year on dialysis, Kandy received her transplant on October 9, 2000, just before her 34th birthday. It was the ultimate gift, allowing her to return home to her son, John, and resume a full life.

Since then, Kandy and John have embraced an active lifestyle, enjoying hiking, biking, and more. Yet, Kandy remains grateful, knowing her freedom and joy are thanks to an unknown donor from Maryland. Though she's written to them, the reply has yet to come—a testament to the complexities of gratitude mingled with another's grief.

Inspired by his mother's journey, John became an organ donor himself, recognizing the transformative impact of generosity. Kandy, too, volunteers for Life Connection of Ohio, a nonprofit dedicated to organ donation, hoping to spread awareness and honor the gift that saved her life.



In the span of 23 years since her transplant, Kandy's greatest joy remains being present for her son's life. Theirs is a story of

resilience, gratitude, and the profound impact of one person's decision to donate—an act that reverberates through generations, transforming sorrow into hope. To learn more about organ donation and join the life-saving cause, visit [lifeconnection.org](https://lifeconnection.org)



If you have kidney disease, it's important to make good choices to support your health and wellness.

Some of these choices include going to all your dialysis treatments, getting vaccines that are recommended by your doctor or healthcare provider, following instructions for eating healthy and drinking enough fluids, exercising, and being actively involved in your care.

Sometimes things that are going on in your life, your physical and mental health, environment, support systems, and money, can make it harder to make good choices. You might feel overwhelmed. If you do, it is important to talk to your healthcare team for help.

There are also organizations that educate and help patients with kidney disease live healthier lives. One of the best places to start is with IPRO ESRD Network 9, which works with people in Ohio, Indiana, and Kentucky. The Network has many resources available to help you overcome the biggest barriers to health and wellness that we often see in the community. The Network also hosts peer support programs and patient group meetings to put you at the center of your care.

**Get connected to resources that can help support your physical, mental, and spiritual well-being at the links here:**

### Resources

- **Healthy Living Bingo:** A fun way to learn about all the factors that affect your health with kidney disease. [esrd.ipro.org/patients-family/patient-education/healthy-living-bingo/](https://esrd.ipro.org/patients-family/patient-education/healthy-living-bingo/)
- **Working Through Your Feelings:** A brochure to help those struggling with anxiety on dialysis English Spanish
- **What Type of Care do I Need?:** A table that explains where to go for care when you have an issue English Spanish
- **Neighborhood Navigator:** A resource tool that provides contact information to local organizations that could help with issues like lack of housing, food or financial issues. <https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html>

### Mobile Applications

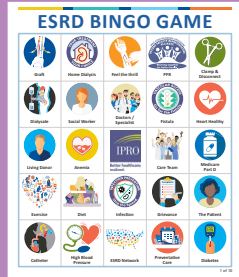
- **Kidney Transplant Compare:** A mobile application that educates you about transplantation and lets you compare centers in your area to find the best center for you! [esrd.ipro.org/kidney-transplant-compare/](https://esrd.ipro.org/kidney-transplant-compare/)  
[youtu.be/VpPyKJ\\_26o0?si=nA2ACeOyXeTO8O4t](https://youtu.be/VpPyKJ_26o0?si=nA2ACeOyXeTO8O4t)
- **ESRD Emergency Mobile Hub:** A resource tool that connects you with up-to-date information to help you be prepared for an emergency in your location and stay safe during an emergency. [esrd.ipro.org/emergency-management/esrd-emergency-hub/](https://esrd.ipro.org/emergency-management/esrd-emergency-hub/)  
[youtu.be/hyA\\_KPaSN8I?si=1lDgTVmhbt4PrsGg](https://youtu.be/hyA_KPaSN8I?si=1lDgTVmhbt4PrsGg)

### Get Involved

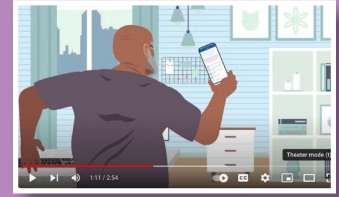
- Patient Facility Representative Alliance Manual [esrd.ipro.org/wp-content/uploads/2023/10/ESRD-PFRA-Manual-2023\\_v3-508c.pdf](https://esrd.ipro.org/wp-content/uploads/2023/10/ESRD-PFRA-Manual-2023_v3-508c.pdf)
- Because Your Voice Matters [esrdncc.org/globalassets/patients/qapimeetingprep508.pdf](https://esrdncc.org/globalassets/patients/qapimeetingprep508.pdf)



## HEALTHY LIVING BINGO



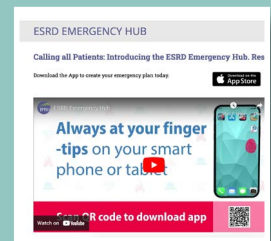
## KIDNEY TRANSPLANT COMPARE



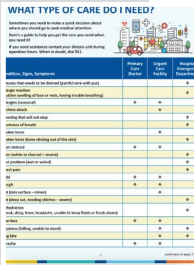
## WORKING THROUGH YOUR FEELINGS



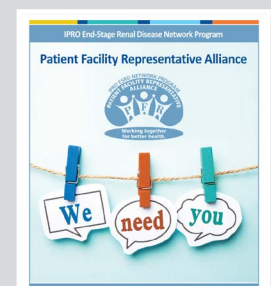
## ESRD EMERGENCY MOBILE HUB



## WHAT TYPE OF CARE DO I NEED?



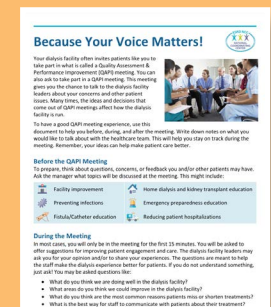
## PATIENT FACILITY REPRESENTATIVE ALLIANCE MANUAL



## NEIGHBORHOOD NAVIGATOR



## BECAUSE YOUR VOICE MATTERS





## Hypertension in Children: A Danger to Future Kidney and Heart Health

**by Dr. Amy Bobrowski**

Before the mid-1970s, blood pressure (BP) was seldom measured in children, and hypertension in children was only identified in severe cases, usually associated with underlying health conditions. However, the establishment of normal BP ranges for children revealed that hypertension, previously considered an adult issue, can manifest in childhood. Primary or Essential Hypertension, with unclear causes but likely involving genetic, hormonal, and environmental factors, can emerge early in life.

Risk factors for childhood hypertension include obesity, family history, preterm birth, and certain medications. Unfortunately, hypertensive children are likely to become hypertensive adults, facing risks such as heart and kidney damage and stroke.

Detecting hypertension in children is crucial. Diagnosis is based on BP measurements over multiple visits, considering age, gender, and height percentiles. For children 13 and older, cutoffs are set at 120/80 for “elevated BP” and 130/90 for “hypertension.”

Treatment depends on severity. Lifestyle changes like the DASH diet and increased physical activity are initial steps. If hypertension persists, antihypertensive medications, safe for children, may be prescribed.

While confronting hypertension in young individuals may be challenging, early intervention is essential to prevent long-term complications. Regular monitoring and appropriate management can safeguard the health of children and extend their quality of life.

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### RESOURCES:

Age-based Pediatric Blood Pressure Reference Charts (To easily see cut off normal BP values by age)

<https://www.bcm.edu/bodycomplab/BPappZjs/BPvAgeAPPz.html>

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### REFERENCES:

Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. *Pediatrics* 2017; 140(3):e20171904.

Falkner B, Gidding SG, Baker-Smith CM et al. Pediatric Primary Hypertension: An Underrecognized Condition: A Scientific Statement from the American Heart Association. *Hypertension* 2023; 80:e101-e111.





## Update on the Diagnosis and Management of IgA Nephropathy

by Dr. Raed Bou-Matar

IgA nephropathy (IgAN) is a prevalent kidney disease globally, known as the leading cause of glomerulonephritis in the United States, typically affecting adolescents and young adults but can occur at any age.

In IgAN, Immunoglobulin A (IgA) proteins, intended to protect against bacteria, infiltrate the kidneys, leading to inflammation and damage to kidney filters.

Symptoms vary, including visible blood in urine or detected through microscopic examination, swelling, elevated blood pressure, and abnormal kidney function tests.

Diagnosis involves a kidney biopsy performed by a nephrologist or radiologist under anesthesia, with minimal risk of complications such as bleeding.

While no permanent cure exists, treatment focuses on managing symptoms and slowing disease progression. ACE inhibitors and ARBs are recommended to control blood pressure and improve urine protein levels. SGLT2 inhibitors are also used in adults but not yet approved for children. A low-salt diet is beneficial alongside medication.

In severe cases, immunosuppressive medications are prescribed, despite potential side effects like weight gain and elevated blood sugar and pressure. A recently FDA-approved steroid, budesonide (Tarpeyo), targets the small intestine with potentially fewer side effects.

### FOR ADVANCED CASES, DIALYSIS OR KIDNEY TRANSPLANTATION MAY BE NECESSARY.

Ongoing research explores new therapies targeting the immune system to halt or slow disease progression. Additionally, studies investigate the role of the gut microbiome in IgAN development, exploring whether diet, probiotics, or medications altering gut bacteria may influence disease progression.

## REFERENCES

1. Lin, J, Hu, FB & Curhan, GC. Associations of diet with albuminuria and kidney function decline. Clinical journal of the American Society of Nephrology: CJASN 5, 836 (2010).
2. Wyatt, RJ & Julian, BA. IgA nephropathy. New England Journal of Medicine 368, 2402-2414
3. Warady, BA et al. Predictors of rapid progression of glomerular and nonglomerular kidney disease in children and adolescents: the chronic kidney disease in children (CKiD) cohort. American Journal of Kidney Diseases 65, 878-888 (2015).
4. Selewski, DT et al. Clinical characteristics and treatment patterns of children and adults with IgA nephropathy or IgA vasculitis: findings from the CureGN study. Kidney international reports 3, 1373-1384 (2018).
5. Rovin, BH et al. KDIGO 2021 clinical practice guideline for the management of glomerular diseases. Kidney international 100, S1-S276 (2021).
6. Caster, DJ et al. Clinicopathological Characteristics of Adult IgA Nephropathy in the United States. Kidney International Reports 8, 1792-1800 (2023).



NATIONAL KIDNEY  
FOUNDATION®

# VOLUNTEERS NEEDED

There are many ways to **use your passion to help others:**



**Advocate for change:** Help influence public health policy.



**Join a movement:** Help plan or implement local events.



**Create healthier communities:** Lend your professional expertise to advance kidney health.



**Spread the word:** Help raise funds, open doors, or be a kidney health ambassadors.

There's an opportunity for everyone. **Find one right for you:**

**KIDNEY.ORG/VOLUNTEER**

QUESTIONS? [volunteers@kidney.org](mailto:volunteers@kidney.org)





## Ambulatory Blood Pressure Testing for Patients with Chronic Kidney Disease

by **Lisa Metz**

Ambulatory Blood Pressure Testing for Patients with Chronic Kidney Disease.

Nearly half of adults, approximately 108 million individuals, suffer from high blood pressure, while over 37 million may have chronic kidney disease. Although kidney disease isn't reversible, early detection and treatment of high blood pressure can slow its progression and prevent severe complications like stroke, heart attack, and premature death.

Blood pressure measures the force of blood against vessel walls. Elevated blood pressure, defined as readings above 120/80 mm Hg, indicates increased risk. Ambulatory blood pressure monitoring (ABPM) offers a more accurate assessment than clinic measurements, providing continuous readings over 24 hours. This method is suitable for individuals as young as six years old.

During a clinic visit, a properly sized blood pressure cuff is fitted onto the non-dominant arm. The cuff, connected to a small monitor, remains on for 24 hours, automatically checking blood pressure every 20-30 minutes during the day and less frequently at night. Patients are advised to maintain their usual activities, avoiding strenuous exercise and water exposure while wearing the monitor.

At night, the cuff remains in place while the strap is removed and placed nearby. After 24 hours, the monitor is turned off, the cuff removed, and both returned to the provider. Minor discomforts like arm soreness or skin irritation may occur but typically resolve on their own.

High blood pressure significantly impacts individuals with chronic kidney disease, exacerbating the risk of kidney and heart disease progression. ABPM offers a noninvasive means of accurately detecting hypertension, facilitating better management and improved health outcomes.

### REFERENCES

1. High Blood Pressure & Kidney Disease; NIDDK National Institutes of Health (NIH) [niddk.nih.gov](https://niddk.nih.gov)
2. Velasquez,M; Beddhu,S; Raj, D "ABPM in CKD: Ready for Prime Time?" Kidney International 2016 July1 (2) 94-104.
3. Cohen, D; Yonghong, H; Townsend, R: "Ambulatory Blood Pressure in Chronic Kidney Disease." Current Hypertension Report 2013 Jun; 15(3): 160-6



## Clinical Trials for End Stage Renal Disease

By Dr. Rupesh Raina

End-stage renal disease (ESRD) necessitates renal replacement therapy like dialysis or kidney transplantation for survival. Clinical trials in ESRD explore treatment efficacy, patient outcomes, quality of life, and potential interventions. Here's a summary of notable trials:

### HEMO STUDY (HEMODIALYSIS):

Compared different dialysis doses to determine their impact on patient survival and morbidity. Higher doses didn't significantly improve outcomes, challenging prevailing notions and emphasizing other factors' importance.

### FHN STUDY (FREQUENT HEMODIALYSIS NETWORK):

Investigated whether more frequent hemodialysis sessions improved clinical outcomes compared to conventional thrice-weekly sessions. While it didn't notably enhance overall quality of life, certain secondary outcomes like left ventricular mass and blood pressure control showed improvement.

### DCOR STUDY (DIALYSIS CLINICAL OUTCOMES REVISITED):

Explored the impact of hemodialysis versus peritoneal dialysis on clinical outcomes and quality of life. Peritoneal dialysis showed better preservation of residual renal function and lower hospitalization rates but no significant difference in patient survival.

### CHOIR STUDY (CORRECTION OF HEMOGLOBIN AND OUTCOMES IN RENAL INSUFFICIENCY):

Examined optimal hemoglobin targets in anemic ESRD patients receiving erythropoiesis-stimulating agents (ESAs). Targeting higher hemoglobin levels led to increased cardiovascular events and mortality, shifting the management paradigm towards individualized targets and judicious ESA use.

### IDEAL STUDY (INITIATING DIALYSIS EARLY AND LATE):

Compared early versus late initiation of dialysis in advanced chronic kidney disease (CKD) and ESRD patients. Found no significant differences in outcomes, challenging the belief that earlier dialysis initiation improves prognosis.

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***These trials have significantly influenced ESRD management, informing guidelines and treatment decisions to optimize patient outcomes and quality of life.***



## Understanding Hypertension

by Sunny Parmar

Chances are you've heard of high blood pressure in a family member or friend or you may have it yourself. If so, you're definitely not alone. Nearly half of Americans have high blood pressure, or as doctors call it, hypertension. Those with kidney disease are much more likely to have it. So what is it and why does it matter?

### WHAT IT IS

Think of the human body like a living town. All the buildings connect to roads which start from a highway then narrow to small streets. Vehicles drive on such roads in order to provide the necessary supplies to keep all the buildings alive and functioning. In the body, roads take the form of soft hollow tubes called blood vessels, ranging from large to small. These vessels supply blood to every part of the body to keep it alive and well. What's different is that pressure pushes blood through these tubes. Unfortunately, too much pressure over time slowly damages both the soft vessels and organs, which can include

the heart, brain, and kidney. This may lead to a higher risk of heart attacks, strokes, and kidney injury.

What is considered too high of a blood pressure? When measured, the top number is called the "systolic" pressure and the bottom the "diastolic" pressure. The goal numbers to have are less than 130 over 80.

Realize that random doctor's office visits don't accurately reflect true numbers. Something as minor as the stress of seeing the doctor can make the numbers seem higher than they usually are. Actually, the best way to measure blood pressure is in the comfort of your own home. See the graphic for details on how to do this correctly. Record these numbers and show them to your doctor—if they're elevated, then you can talk about the right treatment.

### WHAT YOU CAN DO

The truth is, you have some power to lower blood pressure. If you are overweight, weight loss will make a real difference. The right diet is essential: limit salt intake to less than 2.3 grams per day and eat more fruits and vegetables. Exercise for at least 30 minutes per day. If you smoke cigarettes, aim to quit. Medications are effective, which your doctor can tell you more about. These may have different side effects, though, so it's best to maximize healthy habits.

Ultimately, work closely with your doctor to manage hypertension. (Note that if your blood pressure is unexpectedly high, there are rare causes which your doctor can look

into, if needed.) By following these steps, you will have done your best to control hypertension, so that you may keep your blood vessels and the body they supply as healthy as a thriving community!

### RESOURCES:

[kidney.org/atoz/content/hbcauses](https://www.kidney.org/atoz/content/hbcauses)

[kidney.org/atoz/content/hbptreat](https://www.kidney.org/atoz/content/hbptreat)

[heart.org/en/health-topics/high-blood-pressure/find-high-blood-pressure-tools--resources/blood-pressure-fact-sheets](https://www.heart.org/en/health-topics/high-blood-pressure/find-high-blood-pressure-tools--resources/blood-pressure-fact-sheets)

[stridebp.org/home-pdf/](https://www.stridebp.org/home-pdf/)

### SOURCES:

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Kidney Tests. Retrieved from [cdc.gov/kidneydisease/publications-resources/kidney-tests.html](https://www.cdc.gov/kidneydisease/publications-resources/kidney-tests.html) Centers for Disease Control and Prevention.

Prevention and Risk Factors. Retrieved from [cdc.gov/kidneydisease/prevention-risk.html](https://www.cdc.gov/kidneydisease/prevention-risk.html) National Kidney Foundation.

What is Kidney Atrophy. Retrieved from [kidney.org/atoz/content/what-kidney-atrophy](https://www.kidney.org/atoz/content/what-kidney-atrophy).







## APOL1 Mediated Kidney Disease in Blacks, What Patients and Family Members Need to Know

by Dr. Itunu Owoyemi

In the United States, African Americans are about four times more likely than White Americans to develop kidney failure (USRDS data). While socioeconomic factors contribute to this difference, recent discoveries suggest inherited abnormalities may also play a role.

### APOL1 MUTATION: A BRIEF OVERVIEW

In 2010, researchers found that some individuals carry an abnormal form of the Apolipoprotein L1 (APOL1) protein, leading to APOL1 mediated kidney disease (AMKD). This abnormality arises from genetic alterations in people with recent ancestry from Sub Saharan Africa, who developed variants of the APOL1 gene to combat

African Sleeping sickness caused by trypanosome parasites transmitted by tsetse flies. These genetic variants are inherited from both parents and are prevalent in individuals identifying as African, African American, Black Caribbean, or Latino from South or Central America. Approximately 13% of African Americans in the US carry these APOL1 variants from both parents.

The presence of APOL1 variants accelerates kidney damage in about one-third of individuals with AMKD, hastening the progression to kidney failure and dialysis. While diabetes is the leading cause of kidney failure, individuals of recent African ancestry without diabetes may experience faster kidney damage due to AMKD, akin to riding a high-speed train to dialysis.

### KIDNEY DAMAGE MECHANISM

Kidney damage in AMKD primarily occurs due to immune system activation, leading to the release of signaling chemicals that impair the kidney's ability to filter waste materials. This abnormal protein leakage indicates kidney disease, with individuals experiencing accelerated kidney damage compared to those without AMKD.

### REMAINING QUESTIONS AND TESTING CONSIDERATIONS

Many questions regarding APOL1 variants and AMKD remain unanswered. Scientists are

investigating why only a fraction of individuals with the variant develop the disease and exploring testing methods and potential treatments. Genetic counseling is crucial before testing, providing support, advocacy groups, and information on available clinical studies. Ongoing research aims to determine preventive measures and test medications to halt kidney damage in individuals with AMKD. Discuss testing options and potential participation in clinical studies with your healthcare provider.

### REFERENCES

1. Giulio Genovese et al. Association of Trypanolytic ApoL1 Variants with Kidney Disease in African Americans. *Science* 329,841-845(2010). DOI:10.1126/science.1193032
2. Genovese G, Friedman DJ, Pollak MR. APOL1 variants and kidney disease in people of recent African ancestry. *Nat Rev Nephrol*. 2013 Apr;9(4):240-4. doi: 10.1038/nrneph.2013.34. Epub 2013 Feb 26. PMID: 23438974.
3. APOL1-Mediated Kidney Disease (AMKD) | National Kidney Foundation
4. National Society of Genetic Counsellors NSGC
5. About the AMPLITUDE clinical research study and FAQs | USA - Patient (amplitudestudy.com)





## MY **TAKEAWAYS** FROM TODAY'S PROGRAM

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## MY GOALS AND **NEXT STEPS**

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## NATIONAL RESOURCES:



Get help navigating the challenges of kidney disease, organ donation and transplantation. Toll-free

**855.NKF.CARES (1.855.653.2273)**

**[nkfcares@kidney.org](mailto:nkfcares@kidney.org)**



You're Not Alone! Talk to someone who's been there. Speak with a trained peer mentor who can share their experiences about dialysis program leads to a conversation that can save a life. Whether you need a kidney or are considering donation, let us help you start the conversation. **[kidney.org/transplantation/livingdonors](https://www.kidney.org/transplantation/livingdonors)**



Join our network of advocates to make a difference for kidney patients. You can influence public policy relating to kidney health, organ donation, and transplantation through simple activities like emailing, calling, or tweeting your legislators. For more information: **[advocacy.kidney.org](https://advocacy.kidney.org)**



**[voices.kidney.org](https://voices.kidney.org)**

### The Sound of Change.

Change starts with you. A nationwide community of people affected by kidney disease is coming together to create change and you can help. Join Voices for Kidney Health, a community of patient and health professional advocates working with elected officials and public leaders to create big solutions to help everyone facing the challenges of kidney disease.

- ★ Protect living donors
- ★ Expand access to home dialysis
- ★ Advance healthcare equity
- ★ Spur investment in prevention and research

## NORTHERN OHIO COMMUNITY RESOURCES:

### AFFORDABLE COMPUTERS AND INTERNET:

PCs for People provides affordable computers and low-cost internet to eligible individuals and nonprofits.

**216-930-5741. [pcsforpeople.org/ohio/](https://pcsforpeople.org/ohio/)**

### BEREAVEMENT SERVICES:

Hospice of the Western Reserve provides support groups, education, training, individual grief support, and crisis response. Main line: 800-707-8922. Grief Services:

**216-486-6838. [hospicewr.org/](https://hospicewr.org/)**

### COMMUNITY AGENCIES:

Cuyahoga Job and Family Services provides access to jobs, benefits, and community services. Services include Medicaid, food, cash, job, and childcare assistance.

**216-881-5554. [cjfs.cuyahogacounty.us/](https://cjfs.cuyahogacounty.us/)**

Step Forward: supplies assistance for Covid-19, Head Start, energy bills, and personal and professional development for individuals and families.

**216-696-9077. [stepforwardtoday.org/](https://stepforwardtoday.org/)**

Western Reserve Area Agency on Aging provides support services for older adults, persons with disabilities, and caregivers; ombudsman, PASSPORT, Cares Act, assisted living waivers, and helps with nutrition and food security.

**216-621-0303. 800-626-7277. [areaagingsolutions.org](https://areaagingsolutions.org)**

### FOOD SERVICES:

Hunger Network of Cleveland provides food and linkages to vital services for the hungry.

**216-619-8155. [hungernetwork.org/](https://hungernetwork.org/). email: [Help@HungerNetwork.org](mailto:Help@HungerNetwork.org).**

Greater Cleveland Foodbank supplies hunger relief, community food distribution, and connects clients to other non-profits for housing, healthcare, and employment needs.

**216.738.2265 [greaterclevelandfoodbank.org/](https://greaterclevelandfoodbank.org/)**

Akron-Canton Regional Foodbank provides food and essential items to members of hunger-relief programs in Carroll, Holmes, Medina, Portage, Stark, Summit, Tuscarawas, and Wayne. **330-535-6900. email: [info@acrfb.org](mailto:info@acrfb.org)**  
**[acrfb.orgakroncantonfoodbank.org/](https://acrfb.orgakroncantonfoodbank.org/)**

### HEALTH AND HUMAN RESOURCES:

\*Care Alliance Health Center provides high-quality, comprehensive medical and dental care, patient advocacy, and related services regardless of the ability to pay.

**216-535-9100. [carealliance.org/](https://carealliance.org/)**

United Way 211 addresses immediate needs of those in crisis and long-term solutions to break the cycle of poverty. Dial 2-1-1. **211oh.org/ <https://unitedwaycleveland.org/>**

### HOUSING SERVICES:

The City Mission provides basic needs, critical recovery resources, and homeless shelters.

**216-431-3510. [thecitymission.org/](https://thecitymission.org/)**

Cuyahoga Metropolitan Housing Authority (CMHA) provides eligible low-income individuals and families quality, safe, affordable housing in Cuyahoga County.

**216-348-5000. [cmha.net/](https://cmha.net/)**

### KIDNEY PATIENT SERVICES:

American Kidney Fund provides financial assistance, kidney screenings, education, clinical research, advocacy, and Kidney Action Day for communities. Kidney Helpline:

**866-300-2900. [kidneyfund.org/](https://kidneyfund.org/)**

Beacon Charitable Pharmacy supplies prescription medication assistance and education for residents of Carroll and Stark counties.

**330-445-1087. [beaconpharmacy.org/](https://beaconpharmacy.org/)**

Kidney Foundation of Ohio helps with medication, transportation, insulin, emergency grants, education, medical alert bands, and community programs.

**216-771-2700. [kfohio.org/](https://kfohio.org/) email: [info@kfohio.org](mailto:info@kfohio.org)**

LEGAL SERVICE: Legal Aid Society of Cleveland provides legal services at no cost to low-income clients in Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties. English:

**216-687-1900. Spanish: 216-586-3190. [lasclv.org](https://lasclv.org)**

### MENTAL HEALTH SERVICES

NAMI Ohio provides advocacy, education, support, crisis intervention, and help for families. Linkages to Ohio regions.

**1-800-686-2646. [namiohio.org/](https://namiohio.org/) email: [namiohio@namiohio.org](mailto:namiohio@namiohio.org)**

### SUICIDE PREVENTION LIFELINE

provides 24/7 free and confidential support.

**800-273-TALK (8255). [suicidepreventionlifeline.org/](https://suicidepreventionlifeline.org/)**

### TRANSPORTATION SERVICES

Wings Flights of Hope helps people in need of free air transportation for medical and humanitarian purposes.

**866-61-WINGS (94647). [wingsflight.org/](https://wingsflight.org/)**

### UTILITIES ASSISTANCE

Cleveland Department of Water offers discounted rates through Water Affordability and Homestead Discount.

**216-881-8247. [clevelandwater.com/customer-service/water-rates/discount-programs](https://clevelandwater.com/customer-service/water-rates/discount-programs)**



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## NKF PEERS

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## FREE PROGRAMS



## ONLINE COMMUNITIES

Connect with many



## MORE INFORMATION

855.653.2273

## UPCOMING EVENTS:



### KIDNEY WALK

We are excited to be walking together once again for the 2024 Cleveland Kidney Walk on Sunday, June 9 at 8:30am at the Great Lakes Science Center in Cleveland Ohio and we hope you walk with us! By participating in the Northeast Ohio Kidney Walk you'll let others know they're not alone. Together, we'll come together with a common purpose and walk for those who can't. Caring knows no distance; one simple step can change a life. Register for FREE today! [kidneywalk.org/cleveland](https://kidneywalk.org/cleveland)

Are you located in Northwest Ohio? Then join us for our 2024 Toledo Kidney Walk on DATE TBD at the University of Toledo – Centennial Mall. 2801 Bancroft St., Toledo, OH 43606. You can register for this event for FREE here! [kidneywalk.org/toledo](https://kidneywalk.org/toledo)



### GOLF CLASSIC

The 2024 NKF Konica Minolta Golf Classic will be on Wednesday, July 24, 2024, at Firestone Country Club. Are you a golfer or are you interested in getting together a foursome or know a company that would be interested in sponsoring this incredible tournament? Then please contact our Development Manager, **Maddi Snyder** at **440.985.0114** or [madalynne.snyder@kidney.org](mailto:madalynne.snyder@kidney.org)



### KOMEDY FOR KIDNEYS

Do you like comedy and supporting a good cause? Then join us for our Komedie for Kidneys event on Thursday, November 7th at Pickwick and Frolic in Downtown Cleveland from 6:30pm-9:30pm. For this event, you can socialize in a fun setting with industry leaders, medical champions, legislative pioneers, and community advocates, while raising awareness about kidney health. We will be having delicious food and drinks available as well as fun entertainment and a raffle with high end items! We are honoring folks in the Northern OH Kidney Community with the Tedd Wiley Volunteer in Leadership Award and NKF's Advocacy in Action Award. After the mission part of our event, we will be ending the night with a comedy show that'll make you laugh your kidney's off! We are going to be featuring some of Cleveland's top comedians. If you're interested in purchasing tickets or being a sponsor of this program, please reach out to our Development Manager, **Maddi Snyder** at **440.985.0114** or [madalynne.snyder@kidney.org](mailto:madalynne.snyder@kidney.org)





# KIDNEY EQUITY FOR ALL™



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MARCH  
is National  
Kidney Month!

## Kidney Equity is Health Equity

Health disparities continue to plague the most underserved populations. The National Kidney Foundation is committed to improving outcomes for ALL kidney patients, regardless of race, ethnicity, gender, sexual identity, and socio-economic status.



**March is National Kidney Month!**  
No better time to sign our petition at:

**KidneyEquityForAll.org**





National Kidney Foundation

# Accelerating Patient-Focused Cures and Treatments

The NKF Innovation Fund is a groundbreaking new initiative designed to accelerate the development of transformative kidney disease treatments and get them to patients faster.

This “Venture Philanthropy” fund invests in early-stage companies that are developing AI-driven approaches to slowing the progression of kidney disease, making dialysis portable, and rehabilitating deceased donor kidneys to improve transplant outcomes.



## Benefits to Companies

An investment by the NKF Innovation Fund not only speeds product development, but also helps companies attract private capital. In less than 2 years, one of the Fund’s portfolio companies has already been acquired, and others have generated additional capital ranging from 5 to 10 times NKF’s investment.



## Benefits to Donors

Donors to the NKF Innovation Fund receive much more than a tax deduction. They benefit from the knowledge that their contributions may change the course of kidney disease and that any returns generated by the Fund will be reinvested in other promising companies.

LEARN MORE AT

**[kidney.org/innovationfund](https://kidney.org/innovationfund)**



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# 2024 PATIENT SYMPOSIUM



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National Kidney Foundation of Northern Ohio  
PO Box 40544  
Bay Village, OH 44140