**Disclosures**

Laboratory and clinical research support from industry for research related to transplant and vascular access

Any research related findings or non FDA approved products will be disclosed prior to discussion

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**New Concepts**

**OUR PATIENTS**

Diversity in presentation with ESKD

1. 14 year old Congenital cause of kidney damage, CKD non-dialysis has living donor for transplant, active – wants to be a teacher, right handed
2. 26 year old GN, failed PD with temporary CVC, has potential living donors, actively working during day, R hand dominant
3. 48 year old DM, HTN, A. fib., obese. Copes poorly and non-adherent to medical management and presented needing to urgently start HD, works in outdoor maintenance, L handed
4. 64 year old HTN, PCKD, ESKD 7 years., R handed. Jehovah witness. Sudden loss of RC-AVF (left)
5. 77 year old Frail, DM, CAD, PVD, urgently started dialysis, with CVC, lives alone, R handed
6. 88 year old Palliative patient and very frail but still enjoys time with family

**ESKD Life-Plan**

Within ESKD, a patient is anticipated to have a continuum of therapies to help optimize their life - their ESKD Life-Plan

2 ESKD Patients

- similar ESKD Life-Plans?
- similar access plan?

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**More Than An Update: A “Refresh” of the VA Guidelines**

**A Fresh Start Just Ahead**

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**The New KDOQI Guidelines for Vascular Access**

Surendra Shenoy M.D., Ph.D.
Professor of Surgery
Washington University in Saint Louis, School of medicine,
Barnes Jewish Hospital
45th Veith Symposium
Saturday November 17th, 2018
Focus on a Patient’s “Life-Plan” to determine a Patient’s Dialysis Access Needs
Planning for access for various modalities of renal replacement in the context of ESKD ‘Life –Plan”

How?…..P-L-A-N
• Patient
• Life-Plan
• Access
• Needs

A Peek at Some Changes in the KDOQI Vascular Access Guidelines 2018
• Content: Reflects integration of new or clarification of older evidence with change in philosophy of a more patient-focused approach to vascular access choice and care
  • Before creation/insertion
  • At time of creation/insertion
  • After creation/insertion
• Process: Changes in guideline development and presentation
  • Evidence, Rigor, Format

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Steal  Aneurysms  Novel AV-access creations
NKF-KDOQI Scope Development Team

Scope of Work Development

- Nephrology: Charmaine Lok (Chair)
- Surgery: Suren Shenoy (Vice-Chair)
- Interventional: Alex Yevzlin (Vice-Chair)

Workgroup Members

- Nephrology:
  - Michael Allon
  - Timmy Lee
  - Charmaine Lok
  - Louise Molit
- Surgery:
  - Brad Asif
  - Janet Graham
  - Cindy Roberts
- Interventional:
  - Ken Abreo
  - Ani Asif
  - Dheeraj Rajan
  - Tushar Vaccharajani
  - Alex Yevzlin
- Allied Health & Epidemiology:
  - Marc Glickman
  - Thomas Huber
  - Suren Shenoy
- Pediatric Nephrology:
  - Rudy Valentini

Evidence Review Team

- Timothy J. Wilt, MD, MPH
- Nancy Greer, PhD
- Michelle Brasure, PhD, MSPH
- Areef Ishani, MD, M.C.R.
- Yelena Slinin, MD, M.Sc.

Minnesota Evidence Review Team: Minneapolis VA Health Care System
University of Minnesota Schools of Medicine
University of Minnesota School of Public Health

NKF-KDOQI Editorial Team

- Tom Huber
- Timmy Lee
- Charmaine Lok

Timelines

Summary: KDOQI Vascular Access Update 2018

- Process and content update
  - New evidence, rigorous and sophisticated guidelines process
- New philosophy: Patient focused, evidence based
  - Right access for the right patient at the right time for the right reasons
  - P-L-A-N: Patient Life-Plan first then
  - Access needs
  - Creation plan, contingency plan, succession plan
- Content change based on new evidence in all phases of VA management – pre-creation, creation, post creation (or insertion for CVC)
- Multidisciplinary engagement, multi-society input
- Supports and encourages frequent evidence and guidelines review and iterative changes/updates
- Please provide your comments during external review period!