

KidneyTalk[®]

Fall/Winter 2020

by Renal Support Network

Helping to educate and motivate people
living with chronic kidney disease.

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**ORIGINAL MEDICARE VS.
MEDICARE ADVANTAGE PLANS**

**A RECIPE FOR
SUCCESS**

The Impact of
Home Therapies
on the Renal Diet

**10 TIPS
TO MAINTAIN LONG-
TERM HEALTH AFTER
KIDNEY TRANSPLANT**

1st Place
Winning Essay

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KidneyTalk Magazine (formerly Live&Give) is a program of Renal Support Network (RSN). The magazine's articles are written by people who have kidney disease and by healthcare professionals. Those with kidney disease share their knowledge and experiences about living a full life in spite of their disease. KidneyTalk™ Magazine subscriptions are offered at no charge to people who have kidney disease and their families. Join RSN at RSNhope.org to subscribe.





Distanced but Not Disconnected

By Lori Hartwell
Web ID: 4033

These are unprecedented times. I have been safe at home since the beginning of March. Yes, I go out to see the doctor and have my lab visits, and I stroll around the neighborhood, but other than that my home has become my sanctuary.

I work from home, as does my husband. We have four dogs, a cat, and a parrot named Johnny. We have lots of fun with them. Just when we feel the world is on the brink, Johnny soothes us as he happily chirps away. It's helpful to have pets. But times are hard, and we all need to figure out new ways to communicate to meet our needs.

I often hear the term "lock down," but this phrase upsets me because there are so many ways of connecting with the people we care about. We have so many things we can do.

If someone told me a year ago that I would be Zooming almost every day, I would have accused them of being crazy. One silver lining of the COVID-19 virus is how it has forced us to learn new technology and adapt to our situations. So many people who would never have thought of connecting online prior to the virus outbreak now do so with ease.

For example, RSN offers Zoom classes that range from exercising to exploring creativity. I'd love to meet you at one of our online classes! You can connect with us in other

ways too, such as joining our various support groups. It is so much fun for me to see your smiling faces on my computer screen.

Sadly, my husband recently lost his father. We now hold a regularly scheduled online happy hour with his mom and other family members as a way to stay connected. My husband's family reunions normally take place quite a distance away so it has been difficult to get there every year. This year it took place online, and we were so glad we could attend.

My husband and I also took an online comedy class to give us a reason to laugh. We devoted five Sunday afternoons to the class. We tested our material on each other, which made for some interesting dinnertime entertainment! No, we will not be giving any performances, but we sure did laugh.

I have also taken this time to work on my mixed-media art techniques. I think my talents are improving and that makes me feel good. There are so many YouTube videos to watch

and social media groups to join to find like-minded people. I took one class that taught how to collage napkins into your art. If anyone had told me I would be trading napkins with others I would have thought they were cuckoo. It is so much fun to get the mail now, in anticipation of the delivery of more collage materials.

Another benefit is how we have become closer to our neighbors. Back when toilet paper was hard to find, I scored and was able to get 96 rolls. I shared some with my neighbors who, in exchange, brought us eggs and fresh bread from the bakery. We now have front porch soirees as we sit six feet apart to chat. One neighbor is a musician, and she often plays on her front porch. Live music is the best. I am cooking more now, too, and I share recipes with a few friends. Everyone likes to talk about food!

The entertainment industry is doing its part, too. I am so grateful to them for providing countless hours of good

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Lori Hartwell is the Founder and President of Renal Support Network (RSN) and the host of *KidneyTalk™* Podcast Radio. Lori was diagnosed with kidney disease at the age of two. In 1993 she founded RSN to instill "health, happiness and hope" into the lives of those affected by chronic kidney disease. Lori is also the author of the inspirational book *Chronically Happy: Joyful Living in Spite of Chronic Illness* and is a four-time kidney transplant recipient.



Eat, Wink & Thrive

1st Place Winning Essay
By Kristin Brunstein

Web ID: 5030



Picture it: Auburn, Alabama 2018, in a veterinary student's mobile home. Five vet students, laptops open, piles of books and notes on the floor and table. Caffeine flowing like an IV drip. Bags of snacks, fast food, and takeout ready to be consumed in the long hours of study ahead. That was my life... until early August 2019.

My chronic kidney disease (CKD) diagnosis came as I was just beginning my third year of veterinary school. I was home in Illinois and missed the first week of school, as my doctor would not release me to return to school in Alabama until my kidney biopsy results were in and a medical plan was in place. My life as I knew it felt like it stopped on a dime. There were tears, prayers, and life adjustments to be made, including my diet.

My mom. Just as she was there when I needed a kiss to my scraped knee when I was in elementary school, she was there to help me with my new kidney diet lifestyle. But this time, I wiped her eyes and told her everything would be okay. It had to be. It has to be. I have wanted to be a vet my entire life. While my world

was rocked by my diagnosis, I would not let it alter my course.

“A strong woman looks a challenge dead in the eye and gives it a wink.”

Gina Carey said, “A strong woman looks a challenge dead in the eye and gives it a wink.” And as such, two strong women winked and made the 650-mile journey back to Alabama. Mom drove as I listened to recorded classes to catch up. Once in Auburn, my feet hit the ground running. Mom began the search for my kidney diet. She signed up on several kidney websites for recipes. As she became proficient with sodium and potassium quantities and alias names, we tried recipes.

When I think back to my diet transformation, it was as much a mindset change as an actual diet change. Prior to my diagnosis, food was important to me, of course, but more thought went into what sounded good and was easy to get. In today's world of boxed, processed, drive-thru and delivery, it was easy to put eating on autopilot.

Searching for recipes I liked, getting into the habit of actually shopping for food, and taking time to cook all took an adjustment period. But you know what? It has been a wonderful life-changing experience. I appreciate food more now than I ever did. That sounds silly; we all appreciate food. But now I definitely appreciate the quality and freshness of food.

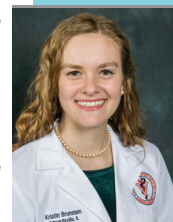
Food is sustenance. Food is life. Food is synergistic. My spice cabinet is full. It is amazing the combinations I can make with spices to create a flavorful dish. Zucchini fries are the new French fries. Crunchy, aromatic sliced red, green, and yellow peppers take the place of chips. I'll take a homemade kidney-friendly BBQ turkey cup any day to a take-out sandwich.

Do I have an occasional cheat day? Yes. Are there foods I miss? You bet; RIP boxed mac-n-cheese and Roma's pizza. But honestly, cheat days are not as exciting as they were in the beginning. The sodium that emanates from typical food is astounding, making it less palatable now, and it actually makes me feel a little wonky when I eat it.

Not to say that I do not enjoy a slice of my favorite pizza from time to time, but I really do not miss it. Truth be told, I FEEL happier and healthier on my kidney-friendly diet. I feel empowered knowing exactly what I am putting into my body.

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Kristin Brunstein was diagnosed with Stage 3B kidney disease caused by FSGS in 2019. She is in her final year of veterinary school at Auburn University College of Veterinary Medicine. In addition to being a full time veterinary student, Kristin makes bandanas and bow ties for animals and donates a portion of the profits to animal cancer research.





**FRESENIUS
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Managing your kidney diet



Know your nutrition

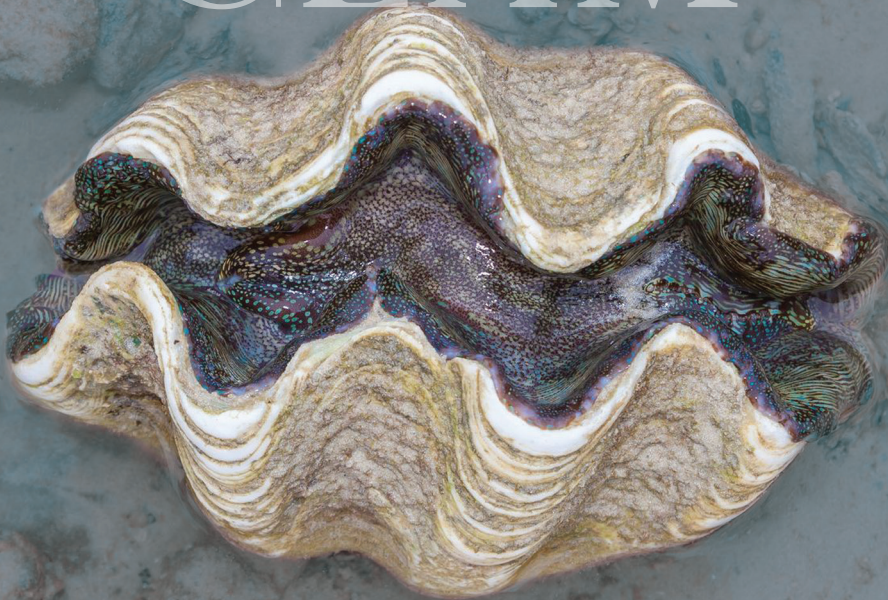
When you have kidney disease, what you eat and drink—and how much—can affect your health and how you feel. Fresenius Kidney Care offers resources and recipes that can help you feel your best on a kidney-friendly diet and live your life to the fullest.

Check out our recipes at [FreseniusKidneyCare.com/Recipes](https://www.freseniuskidneycare.com/Recipes)



 **Thrive On**

happy as a CLAM



2nd Place Winning Essay
By Elizabeth Howard Usher

Web ID: 5031

The idiom "as happy as a clam" seems a bit strange to me since a mollusk would not be perceived as having any emotions. I wondered why a clam was used in this simile. However, I have done some research which I will divulge later. The word "happy"

more appetizing and interesting. First of all, I set the proverbial culinary scene by employing many of my senses to enhance the meal. As a high school dramatics coach, I have studied David Belasco, a talented playwright, director, producer, and

"I have learned to have a happy experience of kidney-friendly foods that I can eat, and be happy doing it."

comes from the Middle English word for lucky, and I guess if one is happy, one IS lucky. A happy food experience for me before my kidneys failed would have been at a Red Lobster restaurant with a bowl of decadent lobster bisque, a salad heaped in ranch dressing, a lobster tail dipped in butter, and a loaded baked potato. Yet now I am eating to protect my health, and I have learned to give myself a delicious meal with some accoutrements: I have had a happy food experience many times on the kidney diet, and I have thrived because I create visual and auditory drama to make my meals

set designer on Broadway in the first part of the twentieth century. He decorated the sets to resemble a swank Fifth Avenue apartment by bringing in expensive Persian rugs, a Steinway piano, Chippendale furniture, and Tiffany chandeliers to give authenticity to the play. It made the theatre experience much more vivid, special, and memorable.

Likewise, I use my dining room as a place to eat since its minor glamour involves a cherrywood table and chairs, a china cabinet, and a bureau on which sit antique candelabra

lamps casting a glow. Across from the head of the table is a credenza with two matching faux Ming blue and white porcelain lantern jars framing the weeping pear tree's branches outside the window. Eating in this atmosphere makes any meal more special as I take on personalities of various characters from novels, plays, and films. Using my imagination is part of the overall happy experience of eating.

Secondly, to create more ambience around my meal, I bring in a CD player to serenade me as I ingest the food; perhaps I would listen to Dvorak's "New World Symphony" or Orff's "Carmina Burana" or even the Beatles' greatest hits. I love the drama around creating a perfect location to eat a healthy kidney diet as well as choosing a musical work to complement it, giving an extra layer of appreciation for a happy experience while eating.

Lastly, the kidney diet may not be an epicure's delight, but with herbs, spices, and a touch of Mrs. Dash's salt-free seasoning, the looks, the smells, and the tastes of added flavors help any meal improve. I like to cook skinless, boneless chicken breast basted with olive oil and dusted with sage, paprika, garlic powder, and pepper as the main entree. It would be accompanied by

petite red potatoes, green asparagus with a slice of tomato atop lettuce, garnished with crumbled cauliflower.

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Elizabeth Howard Usher is a retired High School English and Middle School teacher in Lakewood, Ohio. She was named Teacher of the Year in 1984 and Educator of the Year in 1998. She is named in both *Who's Who in American Teachers* and *Who's Who in American Women*. She has been on dialysis since July of 2010. In her spare time she enjoys cartooning, oil painting, playing the violin, and writing short stories and poems.



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Cooking with a Renal Twist

3rd Place Winning Essay
By Makeisha West

Web ID: 5032

"No, you can't be serious," I uttered, as my doctor informed me of the news. I was officially diagnosed with renal failure.

I always had a love affair with food and southern seasonings. I grew up in the South, and down here we love salt. I was taught to cook by my grandparents and my mother at an early age. No one ever discussed the importance of healthy eating, and watching my weight never was a concern, since the flavor of food (not calories) was most valued. My entire lifestyle had to change. I had to learn how to monitor my liquid intake, use fresh herbs and spices, and take binders daily.

As you can guess, the hardest adjustment was the intake of liquids. With some simple changes, I was able to take control and conquer this difficulty.

Most people on a renal diet are limited to only one liter (32 oz) of liquid a day. Keep in mind, liquids are in every food and must be measured. I decided to use smaller cups when preparing beverages. I chose smaller

pieces of fruit. My big triumph was grapes! I froze them and ate them slowly throughout the day to quench my thirst. I also like to chew on crushed ice. I've learned that smaller pieces of fruit, frozen grapes, and crushed ice all satisfy my thirst.



My so-called 'horrible life change' developed me into a smaller body and a homemade chef. Who knew?

Exercise is an important factor in eliminating some of the daily fluids. Sweating allows me to replace that lost fluid with more fluid intake. I had to watch out for salt

because it can absorb fluids in food, which count toward my daily intake. This makes it harder for my body to release the extra fluid weight when undergoing hemodialysis.

Having to adjust to a low salt intake, I discovered how to use herbs and spices to season my food instead.

When I started incorporating fresh ingredients into my cooking, it was a huge step toward eliminating unnecessary sodium and liquids. I learned that the fresher the ingredients, the better my food tastes. I learned about different types of parsley, fresh garlic, fresh ginger, and fresh basil leaves. Freshness is the key. If paired with the correct dish, fresh herbs and spices bring out bold flavors in any meal. I realized I can make my food have amazing flavors without putting my health in jeopardy.

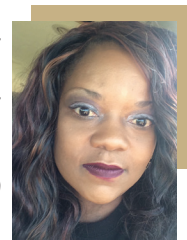
My final challenge was understanding binders. Binders are pills that soak up phosphorus in food. Healthy, functioning kidneys remove the excess phosphorus automatically. When the kidneys no longer function, binders must be taken with every meal and snack. Your doctor will determine how many binders you need by looking at your bloodwork. I've been instructed not to take them either before or after my meal; binders must be taken with food during the meal. Some medical professionals may direct otherwise, but this approach works really well for me.

I have been a dialysis patient for 16 years. In 2005, when I began dialysis, I weighed 315 pounds. I currently weigh 145 pounds. My so-called 'horrible life change' developed me into a smaller body and a homemade chef. Who knew?

Now, it's your turn! One of my favorite recipes is Chicken Alfredo. It's simple, and amazingly delicious! Try it!

Learn how to measure your food liquids and use smaller cups when drinking beverages. Seek out farmer's markets and vendors with fresh produce and herbs to create tasty meals. Take your binders everywhere you go, as you never know when you may decide to indulge in a good meal. Let's enjoy food and life on a renal diet! Bon Appétit!

Makeisha West has been on dialysis for 15 years. Her passions include cooking and exercise. In 2016, she started feeding 25 senior citizens in her community monthly. She cooks for her parents four times a week as well. She calls it #cookingwithlove. Makeisha walks up to 10 miles weekly.



Makeish's Chicken Alfredo

(8 Servings)

Ingredients

- 4 large chicken breasts
- 4 cups heavy whipping cream
- 8 ounces unsalted butter
- 1/3 cup fresh, diced parsley
- 1 1/2 cups grated Parmesan cheese
- 1 teaspoon garlic powder
- 1 box penne noodles, cooked according to package instructions

Instructions

1. Boil chicken breasts until done, then cut into cubes.
2. In a saucepan, cook garlic powder and unsalted butter over medium heat. Add the cream once the garlic becomes fragrant.
3. When the butter and cream become combined and bubbly, add in the Parmesan cheese and quickly whisk. Turn up the heat slightly and continue to whisk. The sauce will thicken.
4. In a large bowl combine cooked pasta, chicken, and alfredo sauce. Stir well, and garnish with fresh parsley. Season with salt and pepper if desired.

Nutrition Per Serving

Total Fat	46.73 g
Saturated Fat	27.39 g
Trans Fat	.164 g
Cholesterol	220 mg
Sugars	1.72 g
Sodium	440 mg
Carbohydrates	18.86 g
Protein	37.23 g
Phosphorus	399 mg
Potassium	351 mg
Dietary Fiber	.7 g
Calcium	233 mg

See Recipe disclaimer on page 31

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KIDNEY DIET HERO

4th Place Winning Essay
By Joseph Hardison

Web ID: 5033

I was a southern boy growing up in North Carolina, so food is just a part of my heritage. Every Sunday after church all the family would meet at a relative's house for a huge meal. Country ham, fried chicken, collards, boiled potatoes, and all the desserts one hungry boy could dream of. And oh, did I ever enjoy those Sunday dinners!

At this point in my life I could do anything. Apart from my regular job, I served on the board of directors of the chamber of commerce, as an EMT on the rescue squad, and as a part-time teacher at the local community college. Also a veteran, and a single father of a wild playful little boy. Yes, I was the hero of the day. On any day for that matter. "Faster than a speeding bullet, more powerful than a locomotive, able to leap tall buildings with a single bound, it's a bird, it's a plane, no it's . . ." I thought nothing could tear me down. Things have a way of changing when you think you have life in control.

Slowly and insidiously I began to falter. After many appointments it came down to announcing my kidneys

had failed. FSGS was the bandit that was stealing my life. Soon I received a transplant from my brother, but with all that there were the lifestyle changes, medicine, and especially the new diet. But this transplant lasted for over 27 years. Somewhat of a record. I wanted to be the poster child of transplant successes.

It comes down to choices as a word to replace restrictions.

But fate began working on me again. I was extremely compliant about my medicines and doctor appointments, but slowly my replacement part was wearing out. Inevitably I knew I was going back on dialysis. And with dialysis comes the diet restrictions. Watch your potassium. Watch your phosphorus. And by all means watch

the sodium and fluid restriction. It comes down to *choices* as a word to replace *restrictions*. You can decide not to dialyze and that brings up another limit. The limit on life; about two months or less without it. Or you can decide to choose life and make good choices.

Learning to read labels was a big education. All the surprising places to hide the sodium. I believe the food industry is killing Americans slowly with all the sodium and additives. Just ask any dietician and I believe they will agree.

Eliminating prepared food and canned foods wasn't all that hard. I just went back to my roots. Fresh is best so I choose fresh over canned. And what do you know? It works. I keep the sodium as low as possible and truthfully, even my family doesn't miss it. As a matter of fact, we have noticed that we are more taste conscious of food with too much salt. We just don't eat it.

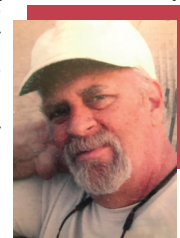
My phosphorus is well-controlled with my binders. I have realized that trying to always eat a healthy amount of meat and fish keeps my albumin at the proper level without over-doing my meal with the phosphorus-laden foods.

I now only consume brewed iced tea or water, adapting well to life without soft drinks. I truly thought this would be a challenge, but I was able to lay those down without a problem. I have really not missed those sugary drinks at all.

Now remember, I'm still that good old country boy at heart that loves tomatoes, potatoes, melons, and

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Joseph (Joe) Hardison has been a kidney patient for 30 years. He developed kidney failure in October 1989 and by December he was blessed with a kidney from his half-brother. During that time, came the announcement that Joe and his wife Pat were going to have a child. This was discovered at Pat's ObGyn appointment on the one-year anniversary of Joe's transplant. His transplant lasted 27 years and now Joe's nephew Erickson who cannot donate directly to him, will participate in the swap-match program.



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- ✓ Enable shared decision making



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The free **CKD&Me** app is a tool designed to enhance patient education when it is time to consider treatment options. It may help you have more effective and connected treatment planning conversations at future appointments.

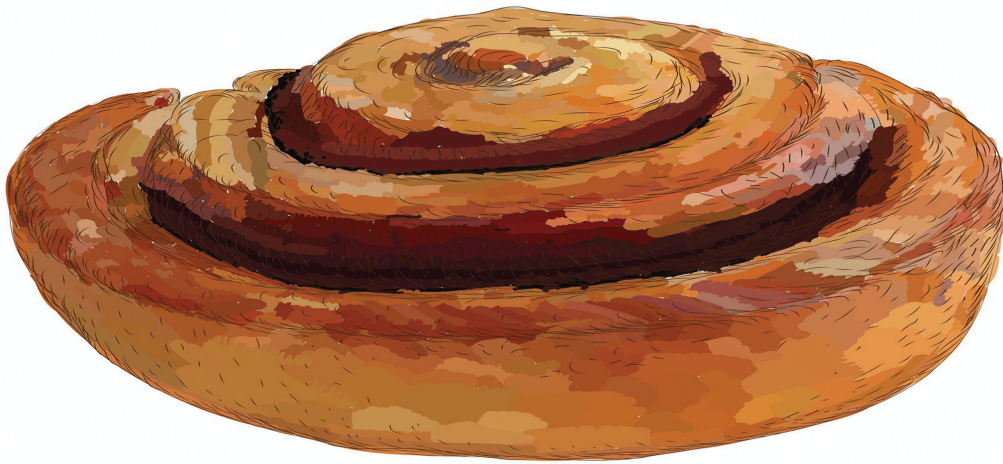


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So Long, Mrs. Freshley's



President's Pick Essay
By Mike Gothard

Web ID: 5034

I was diagnosed with chronic kidney disease (CKD) 38 years ago when I was 18. Back then the extent of the instructions regarding my diet consisted of a single rule: Don't eat salt. And many variations on that rule: Don't eat any salt. Don't use salt. Avoid all salt. If a food contains salt, don't eat it. If a food tastes good, it probably contains salt; therefore, don't eat it.

I immediately threw out all my food and bought dozens of boxes of Melba toast. If you've never eaten Melba toast, simply imagine what a piece of

from our yard. As I was donning goggles and grabbing my chainsaw, I also grabbed my favorite snack, a Mrs. Freshley's Jumbo Honey Bun. After all, the manly art of chopping down trees requires manly energy. I dropped the wrapper in the kitchen trash can and closed the cabinet door.

Three hours later I emerged from my freshly deforested front lawn feeling a sense of accomplishment and feeling a little hungry. I grabbed another Mrs. Freshley's Jumbo Honey Bun. Enter my daughter.

Shannon single-handedly changed the course of history with a simple but loving, "No."

stale cardboard might taste like and then lament the fact that Melba toast isn't even this good on its best day. This new CKD diet lasted about two weeks. After all, I was young, otherwise healthy, and bullet-proof. Years later, after I was married and had kids, I had to remove a large tree toppled by Tropical Storm Hanna

"Dad, you already had one of those today."

"I know, sweetheart, but Dad's been doing manly work and I've worked up a manly appetite."

She simply said with all the affectionate daughterly love she could

muster, "That's disgusting." And there were two Mrs. Freshley's Jumbo Honey Bun wrappers in the trash can.

About ten o'clock that night, I was working at the kitchen table when I noticed I was hungry again. My daughter was in the next room. I thought, "If she finds out I'm eating another Mrs. Freshley's Jumbo Honey Bun, it's not going to be a good thing." So, I cautiously tiptoed to the counter, quietly opened the wrapper, and silently placed the wrapper in the trash can. Now there were three wrappers in the trash can. So, I ever so gently relocated two of the three wrappers to the bottom of the trash can. Back to one wrapper on top of the trash in the trash can. What a great idea!

"Daaaaaaaaaaaaaad!" my daughter yelled.

Fast forward to today. A lot of time has come and gone. My kidneys finally gave up the fight and I've been on peritoneal dialysis for three years. Unfortunately, a lot of Mrs. Freshley's Jumbo Honey Bun wrappers have come and gone over the years as well. However, what my kids, my wife, my doctors, and my willpower couldn't accomplish, my clinic dietician, Shannon, has single-handedly accomplished.

Shannon convinced me to give up Mrs. Freshley's Jumbo Honey Buns. I'm still not sure how she did it. She didn't coerce me. She didn't use magic or voodoo. She didn't threaten me.

The other day she and the social worker scheduled an in-home visit; but not just a, "Hi, how you doing?" visit. Shannon opened my refrigerator and she opened every cabinet and she examined every food item; every box, every wrapper, every container, everything. And, yes, she discovered a single Mrs. Freshley's Jumbo Honey Bun in one of the cabinets.

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Mike Gothard has had CKD for 38 years and has been on peritoneal dialysis for the past three years. He is a photographer and owns/operates Beaufort Photography Co. on the Crystal Coast of NC. He plays Magic the Gathering and collects vintage fountain pens and James Bond related autographs.



What science can do

Chronic kidney disease

Chronic kidney disease is a progressive disease with no cure. At AstraZeneca, we are investigating ways to effectively manage life-threatening complications of chronic kidney disease, and ways to modify the progression of the disease itself.





Original Medicare vs. Medicare Advantage Plans

How Do I Decide?

By Lori Hartwell

Web ID: 4034

Medicare (Part A and Part B) is a federal health insurance program created in 1965 for people ages 65 and over, regardless of income, medical history, or health status. The program was expanded in 1972 to cover people who have End Stage Renal Disease (ESRD) or a long-term disability.

Medicare Advantage Plans

Medicare Advantage (MA) plans were first signed into law in 1997. These plans are sometimes referred to as "Part C." Private companies approved by Medicare offer MA plans. If you join an MA plan you are still covered by Medicare. You will see several

advertisements and a lot of marketing efforts to try and recruit you into an MA plan.

Part "C" Medicare offers you another way to get your Medicare Part A and Part B benefits. Most MA plans also offer prescription drug coverage under Part D, and they can offer services not covered by Medicare.

Those with Medicare due to a diagnosis of ESRD will become eligible to enroll in MA plans beginning January 1, 2021. Congress had previously excluded people with ESRD because of concerns about inadequate provider network

coverage. Note: If you or your spouse had an MA plan prior to an ESRD diagnosis, you would be eligible.

MA plans are required by law to include all the benefits of Medicare Parts A and B.

Provider Networks

A plan contracts with a list of doctors, hospitals, and other health care providers to provide medical care to its members. This is known as a provider network.

For example, if a person with ESRD needs a surgeon to perform a vascular access repair procedure

to receive dialysis, they will have fewer choices under an MA plan than if they had opted for “fee for service” Medicare. This is because the surgeon must be in the plan’s provider network. This can sometimes cause a delay in care or require traveling farther to have the procedure done. This also comes into play when someone requires dialysis because they must go to a center that is in their network. It also affects those who are listed for a kidney transplant.

Since chronic kidney disease (CKD) requires a lifetime of ongoing care, another thing to consider is that a provider can change its network, and you may be required to see a new doctor or be assigned to a new dialysis or transplant facility. This can cause issues with the continuity of care you receive, and you will need to get to know your new team, just as they will have to get to know you. In the kidney world, your team can become like family due to the nature of the frequency of care you get over long periods of time. For me, having spent 12 years on dialysis (from ages 12 to 24), my dialysis healthcare team was like family. In fact, I had more renal care professionals at my wedding than relatives from my own family.

MA Plans are attractive because they can offer additional services like dental, vision, and hearing care. These plans can also offer prescription drug coverage, transportation, and gym memberships. The benefits you receive are determined by the specific MA plan. These plans often require only a copay, and may not require you to have a secondary payer for the 20% that Medicare doesn’t cover. They also have limits on out-of-pocket spending.

Another benefit that an MA plan will offer is care coordination. Once you sign up with a plan, a managed care coordinator will reach out to you. Their goal is to provide education and communicate with physicians, discharge planners, and others to help manage your care. They process referrals and request authorization for services.

Another goal of an MA plan is to capture data related to healthcare utilization to try to keep costs down. This may come into play if two treatment options are available. The treatment that is more cost effective will be the preferred pathway of care, even if your doctor thinks otherwise. And MA plans often reduce the amounts paid to healthcare providers.

MA plans are paid an annual fee for each patient that is on their plan, and they take responsibility for overseeing all care. If you do your own dialysis at home, or are transplanted with no complications that require a hospital visit or an additional surgery, this is the ideal scenario for more profitable care. Your health and well-being will now become the central focus to prevent additional costs of care. You may find that you will be sent home from a hospital stay sooner than what feels comfortable to you.

The Decision Is Yours

The Medicare Advantage open enrollment period is October 15 through December 7 each year. During this time you can switch from one Medicare Advantage plan to a different one, or you can switch from a Medicare Advantage plan back to Original Medicare.

There is no perfect scenario. To make an informed choice it is best to know your options.

Lori Hartwell, a pioneer in kidney care advocacy, is the founder and president of the Renal Support Network. After requiring dialysis at age 2 in 1968, she is now doing well with her 4th kidney transplant, after having spent thirteen years on dialysis. Hartwell works to help her peers navigate care and remain hopeful. She serves on the National Renal Quality Forum and participates in many workgroups and coalitions to provide the patient perspective. She is the Patient Voice Editor of the *Clinical Journal of the American Society of Nephrology*. She was the past editor of the medical journal *Contemporary Dialysis & Nephrology* and of the lay journal *For Patients Only*.



Here are some questions you should ask before considering an MA plan:

- Will I be able to see my current doctors?
- Will I need a referral to see a specialist?
- What will be my out-of-pocket costs, deductibles, and copays?
- Will my hospital, transplant center, and dialysis facility be in-network?
- Are routine exams covered?
- What additional benefits are available?
- How many miles away from my home is a network considered as adequate?
- Can I travel? What are the restrictions?
- What happens if I have to go to an emergency room or see a doctor that is not in-network?
- How robust is the plan’s network of doctors? How long will I have to wait for a referral, or to see an in-network healthcare provider?
- What prescription drugs are covered, and are my drugs on the list?
- Does the plan include my local pharmacy, or will I get medications through the mail?
- How will the quality of the MA program be measured?
- How long will it take to appeal a denial of medical coverage or route of care?
- If I am not happy with my MA plan, when can I switch back to Original Medicare?

a recipe for Success

The Impact of Home Therapies on the Renal Diet

By Jessica Braxton, RD, LD

Web ID: 4035

"Isn't it better to focus on what we *can* have, rather than what we can't?"

That's advice I share with my patients all the time. While it can be a challenging mindset to adopt, especially for patients on dialysis, I find this statement helps patients keep a positive outlook when it comes to maintaining a healthy renal diet. Mastering a renal diet is an important part of treating chronic kidney disease (CKD) or end stage renal disease (ESRD), and while diets for individual patients are tailored, home dialysis patients often enjoy a diet with more flexibility.

While a normal kidney works 24 hours a day to clean blood, dialysis patients have their blood cleaned only when they receive dialysis. In-clinic patients are typically dialyzing about 12 hours a week, while home patients typically dialyze more frequently at home, based on their prescription. When dialysis treatments are performed more frequently, it can free the patient from certain restrictions in their diet.

There can be more freedom in the renal diet for home dialysis patients if there are no other health issues and if the patient completes their dialysis as prescribed. There are three common dietary benefits for patients using home dialysis.

Potassium Intake Increase

Potassium, an important mineral that helps regulate heart rhythm, is not limited for many home patients. For in-center patients, it is a common challenge to keep potassium levels balanced. For home dialysis patients, due to increased time dialyzing, patients can generally increase the amount of potassium that they eat. For those who can enjoy more potassium, I recommend that they incorporate foods such as potatoes, sweet potatoes, tomatoes, bananas, avocados, and orange juice. But keep in mind, it is important for patients to stay in close contact with their doctors and dietitians to adjust their diet when needed.

Protein Intake Increase

Protein creates a waste called urea, and for many in-center patients with ESRD, the body has trouble removing urea. For home patients, more frequent dialysis treatments typically allow for more protein intake, as the body removes urea more often. Home dialysis patients may be allowed to enjoy more red meat, poultry, and fish. As always, it is important for each patient to follow their doctor and dietitian's recommendations.

Eating at Home

Home dialysis also gives patients more flexibility with their schedules and that can positively impact the diet.

Continued on page 22



Jessica Braxton, RD, LD, is the Lead Dietitian of the South Georgia Region at Fresenius Kidney Care. In this role, she supports the delivery of excellent nutritional care to patients by providing direction, guidance, and assistance to facility dietitians in the South Georgia region. Jessica also serves as the Chair of the Nutrition Service Advisory Board for Home Therapies for Fresenius Medical Care North America.

This toasted strudel is the perfect twist on pumpkin pie, with the pumpkin filling wrapped in crispy phyllo dough.

Serves 8 (1 serving = 1 slice)

Ingredients

1 1/2 cups canned pumpkin, sodium-free, unsweetened
1/8 teaspoon grated nutmeg
1 teaspoon pure vanilla extract
4 tablespoons sugar, divided
1 1/2 teaspoons ground cinnamon, divided
1/2 stick (4 tablespoons) unsalted butter, melted
12 sheets phyllo dough (if frozen, follow package directions for defrosting)

Directions

1. Position the oven rack in the middle of the oven. Preheat the oven to 375° F.
2. In a medium-sized bowl, combine the canned pumpkin, nutmeg, vanilla extract, 2 tablespoons of sugar, and 1/2 teaspoon of cinnamon until well mixed.
3. Using a pastry brush, coat the bottom of a non-stick medium-size sheet tray with a small amount of the melted butter.
4. On a clean work surface, lay down a single sheet of phyllo dough and brush it with some of the butter. Create a stack of buttered phyllo sheets, brushing every other phyllo sheet with butter. (Be sure to save a little melted butter to brush the top of the rolled filled strudel, so go lightly when brushing

in between layers.) NOTE: Keep remaining phyllo dough sheets covered with plastic wrap until ready for use, so they do not dry out.

5. Once all 12 sheets are used, spoon the mixture evenly along one of the long edges of the stack. Roll from the filled end to the unfilled end, making sure the seam side faces down.
6. Transfer the roll to the greased sheet tray seam side down and brush with the remaining butter.
7. In a small bowl, mix the remaining 2 tablespoons of sugar and 1 teaspoon of cinnamon. Sprinkle it over the top and sides of the strudel.
8. Bake on the middle rack until lightly toasted or golden brown, about 12–15 minutes.
9. Remove the tray from the oven and allow the toasted strudel to rest for 5–10 minutes to allow the center to settle before slicing. Use a sharp knife to cut the roll into 8 pieces. Serve.

Nutrition Per Serving

Calories	180 cal	Carbohydrates	25 g
Total Fat	8 g	Protein	3 g
Saturated Fat	4 g	Phosphorus	39 mg
Trans Fat	0 g	Potassium	119 mg
Cholesterol	16 mg	Dietary Fiber	2.0 g
Sodium	141 mg	Calcium	19 mg

See Recipe disclaimer on page 31



Pumpkin Strudel

Sugar and spice and everything nice for a holiday dessert

10 TIPS

TO MAINTAIN LONG-TERM HEALTH AFTER KIDNEY TRANSPLANT

by Ashley Pearce, RN, BSN, CCTC

Receiving a kidney transplant is receiving a second chance at life, or even a third or fourth. But that doesn't mean the work is done. A common misconception is that a transplant is a cure or fix-all. The reality, however, is that a kidney transplant is just another treatment option. So, while the days of dialysis may be over, patients must remain vigilant as they learn their new daily regimen in order to maintain long-term success with their new gift.

Here are 10 tips for transplant recipients:

1 **Mind the Meds:** One of the most important responsibilities a patient will have after receiving a transplant is following the complex medication regimen prescribed. Taking immunosuppressant medications will be required for the rest of the patient's life (or the life of the transplanted organ) and will reduce the chance of rejecting the transplanted organ. Medications must be taken at the same time each day to ensure a stable level of medication is maintained.

2 **Don't Skip Regular Labs:** Another lifelong commitment will be routine lab work to assess how well the kidney is functioning, and to detect early indications of organ rejection. In addition to monitoring transplant health, routine labs help monitor medication levels to ensure they remain stable. COVID-19 has inspired transplant-specific in-home lab services like RemoTraC (<http://caredx.com/remotrac>) that make getting regular labs, including AlloSure surveillance testing, easier than ever.

3 **Attend Scheduled Appointments:** Routine clinic visits with the transplant team can help detect transplant complications. It's important to bring an updated list of medications to each clinic visit, as well as to ask questions and clarify concerns. Many doctors now offer telemedicine visits that make regular check-ins easier than ever.

4 **Keep It Clean:** The immunosuppression medications that prevent rejection also lower the body's ability to fight infection. Hand hygiene is the number one most important way to prevent infection. Fever, flu-like symptoms, difficulty urinating, foul smelling and cloudy urine, wounds that will not heal, and white pouches in the mouth are a few signs of infection and should be reported to the transplant team.

5 **Drink:** It is essential to stay well-hydrated following a successful kidney transplant. Ten to twelve cups of fluid is generally adequate, with half of that fluid as water. Be aware that some fluids can cause dehydration, such as caffeinated drinks.

6 **Eat Well:** Maintaining a healthy diet after transplant is beneficial. After a transplant, there are less dietary restrictions than while on dialysis and prior to transplant. Consuming a heart healthy diet is often recommended by transplant teams. A transplant dietitian is a helpful resource after transplant and can assist with individual nutritional requirements. Some foods may be restricted due to medication interactions.

7 **Monitor Glucose:** Hyperglycemia or high blood sugar can occur after a transplant due to the prescribed steroids and anti-rejection medications. Kidney transplant recipients are at risk for developing post-transplant diabetes mellitus which can increase the risk of infections, cardiovascular complications, and organ rejection. Glucose levels are monitored, and oral medications or insulin may be prescribed to maintain healthy glucose levels and prevent damage to the transplanted organ.

8 **Screen for Cancer:** People who have received an organ transplant are at an increased risk of developing cancer due to the immunosuppression medications taken to prevent rejection. Prostate and skin cancer screenings, colonoscopies, mammograms, and PAP smears should be completed as recommended based on age and medical history, to increase the likelihood of detecting cancer in the early stage. If a cancer diagnosis is confirmed, the transplant team should be notified immediately as medication adjustments may be necessary to prevent injury to the transplant.

9 **Step Up Those Steps:** Once a patient recovers from transplant surgery, regular exercise is highly recommended. Exercise improves physical health, strengthens the heart and cardiovascular system, lowers blood pressure, increases energy, improves sleep, and helps to maintain healthy weight. Low impact options include walking, bicycling, and swimming.

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10 Health Apps: Staying on top of so many tasks may seem daunting. However, there are many tools that help keep track of critical health metrics which can be downloaded onto any smart phone. Health apps, such as AlloCare—a comprehensive free app designed for kidney transplant recipients—gives reminders to take medications on time, tracks fluids, steps, weight, blood pressure, and mood, and even helps with scheduling the next lab draw. Find more information at caredx.com/allocare, or simply download the app.

It can be easy to become complacent over time, but it is vital for transplant recipients to stay compliant with the daily medication regimen for the life of the transplant.

If you currently have a transplant, do not skip medication doses, do not stop taking the medications, and do not self-adjust the dosage. Maintain a good relationship with your transplant team and always attend scheduled lab and clinic appointments. Being aware of what you need to do to take care of your new kidney will cause it to thrive!

Ashley Pearce is a Registered Nurse who spent 7 years as a Transplant Coordinator in Oklahoma. She is currently a Customer Experience Manager at CareDx, a leading precision medicine company that is 100% focused on transplant care.



SHARE YOUR SPARE



RSN's "Share Your Spare" campaign brings awareness to the public about their kidneys and how to keep them healthy, kidney disease treatment options, deceased organ donation and the option of living donation.

Learn more at
RSNhope.org/ShareYourSpare

RICE PILAF

Baked in a Pumpkin

Judith Beto, PhD, RDN



Web ID: 4037

This is a great way to wow your family or guests. When you bring this photo-worthy dish to a holiday gathering, no one will guess that it's also kidney-friendly. You can also just make the pilaf and serve it in a casserole dish. The cranberries add holiday color and are low in potassium too!

Serves 8 (Serving size approximately 2/3 cup each)

Ingredients

- 1 raw pumpkin – about 3-5 lbs.
- 3 cups cooked rice (prepared without salt)
- 2 small onions, diced
- 2 stalks celery, diced (or customize with peppers, zucchini, okra, or other vegetables)
- 2 carrots, peeled and diced
- 2 cloves garlic, chopped
- 2 tbsp canola oil
- 1 cup dried or fresh cranberries

Fresh herbs of your choice (parsley, cilantro, basil) or dried herbs, black pepper

Instructions

You can prepare both the pumpkin shell and the rice pilaf ahead of time and store separately in the refrigerator until it's time to put it in the oven.

Pumpkin Shell Preparation

1. To prepare the pumpkin shell, carefully cut off the top of pumpkin. Make sure it will fit snugly when placed back on the pumpkin. Set aside.
2. Clean out inside of pumpkin to

create an empty shell. Discard the seeds and inside material.

3. Put whole pumpkin on a foil lined cookie sheet or baking pan. (If making ahead, store the pumpkin shell in the refrigerator.)

Filling Preparation

1. NOTE: If you have a large pumpkin, you may need to double the ingredients for the rice pilaf.
2. To make the pilaf filling, prepare the rice if not already made. Set aside.
3. Sauté all of the vegetables (onion, celery, carrots, garlic) in the canola oil in a saucepan until they are soft.
4. Stir in the rice, seasonings, and cranberries.

To Bake

1. Preheat oven to 350 degrees.
2. Gently spoon rice pilaf into the empty pumpkin shell and replace top of pumpkin to cover. If you are not using a pumpkin, place in casserole dish.
3. Bake for about 60 minutes, or until the pumpkin shell pierces easily with a fork or knife. If using a casserole dish, cover and bake for only 30 minutes, or until heated through.

4. Let cool for at least 15 minutes.
5. Serve warm or at room temperature by scooping servings out of the pumpkin shell with a large serving spoon.
6. For more fun, slice through the pumpkin to create 8 to 12 wedges. Serve a wedge alongside the pilaf. The pumpkin will be soft, but firm. Eat only the flesh of the pumpkin and discard the tough skin.

Nutrient Analysis per serving

(Rice Pilaf = 2/3 cup filling and 1/8 pumpkin shell flesh)

Calories	460
Protein	5 g
Fat	15 g
Carbohydrate	80 g
Sodium	40 m
Potassium	426 mg
	(110 just pumpkin)
Calcium	75 mg
Phosphorus	110 mg
Cholesterol	0 mg

See Recipe disclaimer on page 31

Judith (Judy) Beto, PhD, RDN, was the first editor of the *Journal of Renal Nutrition*. She is a research consultant for the Div. of Nephrology and Hypertension at the Loyola University Healthcare System and an Associate Research Editor for the *Journal of the Academy of Nutrition and Dietetics*.





WAVE GOODBYE TO SURGERY FOR AV FISTULA CREATION*

The WavelinQ™ EndoAVF System is a non-surgical AV fistula creation procedure that can help to reduce surgical scarring and minimize arm disfigurement compared to traditional AV fistula surgery.

If you are currently on dialysis or planning to start dialysis soon, ask your physician if the WavelinQ™ EndoAVF System is right for you. To learn more, visit www.bardpv.com/WavelinQ-Patient-Info

WavelinQ™
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"WavelinQ" EndoAVF System is an alternative to surgical AVF creation. Patients may still require surgical AVF creation in the course of their ESRD treatment. The WavelinQ™ EndoAVF System should not be used in patients who have known central venous stenosis or upper extremity venous occlusion on the same side as the planned AVF creation, who have a known allergy or reaction to any drugs, or who have known adverse reactions to moderate sedation and/or anesthesia. The WavelinQ™ EndoAVF System is indicated for the creation of an arteriovenous fistula (AVF) using concomitant ulnar artery and ulnar vein or concomitant radial artery and radial vein in patients with minimum artery and vein diameters of 2.0 mm at the fistula creation site who have chronic kidney disease and need hemodialysis.

Please consult product labels and instructions for use for indications, contraindications, hazards, warnings and precautions.

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Distanced but not Disconnected *Continued from page 3*

TV. Just when we think we have seen all the good serial shows another one pops up that is better than the one before. And there is no shortage of awesome podcasts available; we have a few favorites that we listen to regularly. And we have watched some amazing concerts online. Previously, whenever we attended a live performance, I'd stress out about walking the long distance to find a restroom. Now all I do is click on my computer from the comfort of my own home. It's not the same but it does have its advantages.

Still, I long for the day when we can again sit together in a crowded restaurant listening to the clanking of pans, ordering margaritas, and hearing the sizzle of hot fajitas arriving at our table. And it will be wonderful to go to a mall without worrying about wearing a mask and staying six feet apart from others.

In the meantime, I am going to keep looking for ways to connect with people, to learn something new, and enjoy the slower pace of life.

Kidney Diet Hero *Continued from page 10*

bananas... but here again are choices, and this time it is portion size. Oh yes, I could eat a lot of all these foods, but I have found that keeping the portions to the recommended limits does give me at least a taste of the foods I love. A small taste is enough to satisfy me until my next opportunity. I don't have to overdo it.

The challenges on the kidney diet are just what we make them. Options and choices are available to help us have a long, happy life. Even though we may not be superheroes, we can still be a hero for so many who still depend on us. No, I am not faster than a speeding bullet and certainly not as powerful as a locomotive, and not even close to leaping a tall building with a single bound, but I am making good choices to be there for those that love me.

A Recipe for Success *Continued from page 16*

They may have more time for meal planning and the ability to eat meals in the comfort of their own home. This can be particularly empowering for patients when it comes to enjoying celebrations around the holidays.

It is important for dietitians to continue to find alternatives for all patients in order to accommodate what they love to eat. Dietitians help patients modify recipes and find ways to incorporate favorite foods, specifically around holidays. For example, at Thanksgiving, my patients have loved making a kidney-friendly pumpkin strudel in place of a pumpkin pie. I encourage all dialysis patients to stay in close contact with their care teams when it comes to creating the best renal diet for a healthy life.

Happy as a Clam *Continued from page 6*

A fruit salad of cranberries, blueberries, and pineapple chunks with a dab of sugar-free whipped cream would be my dessert. The Crayola colors delight the eyes and palate with a carnival of gastronomic pleasure. I have learned to have a happy experience of kidney-friendly foods that I can eat, and be happy doing it.

In conclusion, creating the atmosphere of beauty and enjoyable music lets me use my imagination while I daydream about exotic scenarios. Both my kidneys and I are as happy as a clam... at high tide. Yes, that's the whole simile, meaning that clam diggers cannot find the clams as easily if the shelled creatures are under the water. As a would-be actress and sometimes-cook, I have learned to appreciate my dramatic repasts, and, yes, I am a food detective finding out what I can or cannot eat. I am as happy as a clam eating for my kidney health, and I am thriving.

Eat, Wink & Thrive *Continued from page 4*

I am blessed that my family made the diet change with me. My dad is a diabetic who needed a change in diet himself, but my diagnosis was the catalyst. Mom and I are always swapping recipes. When I travel home for a break, there is no "my food" and "their food." Kidney-friendly at the Brunstein house is the norm for anyone and everyone who dines with us.

And remember that wink of strength? I enjoy the challenge of introducing my kidney-friendly foods to my study partners. Picture it: Auburn, Alabama 2020, in a veterinary student's mobile home. Five vet students, laptops open, piles of books and notes on the floor and table. Fruit smoothies and water flowing like an IV drip. Fresh pepper strips, strawberries, and unsalted pretzels to munch. "Hey Kristin, do you have any more of those turkey meatball gyros you make?" I just smile...and wink.

So Long, Mrs. Freshley's *Continued from page 12*

She looked at me with her very pleasant smile, tilted her head ever so slightly, and shaking her long blond hair simply said, "No."

I responded, "But what about..."

"No," she gently restated.
"But they're not as bad as..."
"No."
"But..."
"No."

And so, Mrs. Freshley's Jumbo Honey Buns are now a thing of the past; the past 38 years but the past nevertheless.

However, tucked back in the recesses of one of my cabinets lays a stale, aging Mrs. Freshley's Jumbo Honey Bun.

I keep it there to remind me of the past. And I keep it there to remind me of Shannon, the best clinic dietician the kidney world has ever known. For Shannon single-handedly changed the course of history with a simple but loving, "No."

Now if you'll excuse me, I'm off to the market to pick up a box of Melba toast.

How did she do that?



“Fewer procedures to fix my fistula means I have more time to spend with my grandson.”

Paul, Bicycle Mechanic (Kevin, Junior Cyclist)

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Lutonix™ 035

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Lutonix AV Clinical Trial, data on file. Number of patients = 285. Number of reinterventions performed to maintain AV fistula function at 6 and 12 months were 44 and 115, respectively, in the Lutonix™ 035 DCB arm versus 64 and 138 in the standard balloon arm. At 6 and 12 months, the Lutonix™ 035 DCB arm required 31.3% and 16.7% fewer reinterventions, respectively, compared to treatment with a standard balloon. The Lutonix™ 035 DCB should not be used: in patients with known hypersensitivity to paclitaxel or related compounds; in patients who cannot receive recommended blood thinning therapy; in women who are breastfeeding; in men intending to father children; where the device cannot be completely inflated; or where the delivery system cannot be properly placed. Please consult product labels and instructions for indications, contraindications, hazards, warnings, and precautions. Models for illustrative purposes only. Actor portrayal.

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RENAL SUPPORT NETWORK'S

HOPE WEEK

November 10 - 14, 2020 • 10:00am-2:00pm PT

RSN's 27th Annual Patient Education Meeting is now virtual!
Join us for five educational and hope-filled days.

For 27 years RSN has presented the Annual Patient Education meeting at no charge to people who have kidney disease and their families. This year the meeting is a national, virtual event and we have expanded to five days. Each day will focus on a specific disease or treatment. Speakers will include healthcare professionals and people who have learned to live and thrive in spite of having kidney disease. Join us!

Tuesday, Nov. 10
Focus on Chronic Kidney Disease

Entertainment by Carla Ulbrich, The Singing Patient
How to Understand Kidney Stones and What You Can Do to Prevent Them
Delaying the Progression of Kidney Disease
The CKD Diet - What to Know Based on New Science
How to Get the Most out of Your Telehealth Visit



Wednesday, Nov. 11
Focus on Dialysis

Tim Atkin's Inspiring Story
Stop the Itching
The Ins and Out of Home Dialysis
How to Get the Most out of Your Doctor Visit
Innovations in Dialysis Care

Thursday, Nov. 12
Focus on Kidney Transplantation

Mandy Trolinger's Inspiring Journey
Advancements in Kidney Transplantation
Getting Listed for a Kidney: What You Need to Do and Know
The Psychosocial Issues of Kidney Transplantation
Weight Loss and Kidney Transplants



Friday, Nov. 13
Focus on All Stages of Care

Entertainment by Carla Ulbrich, The Singing Patient
How to Work Through Stress and Anxiety
Understanding Medicare and Medicare Advantage Plans
Public Policy and Kidney Disease for 2021
Answers to Questions You Were Afraid to Ask



Saturday, Nov. 14
Focus on Parents & Children

Preparing Your Child to Transition into Adulthood
Top Medical Issues for Youth with Kidney Disease
10 Things to Help Your Child Adjust to Dialysis
How to Maintain a Balanced Family Environment

There are no fees to attend but registration is required. Learn more and see full agenda at RSNhope.org.

A login link will be sent prior to the meeting date. Topics and speakers are subject to change.



FOR KIDNEY TRANSPLANT PATIENTS



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with an owner's manual.

But it does come
with its own app.

Kerry L., kidney transplant recipient

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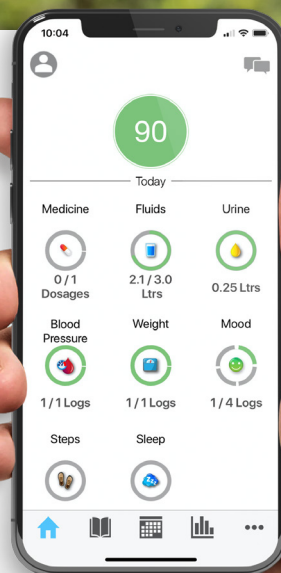
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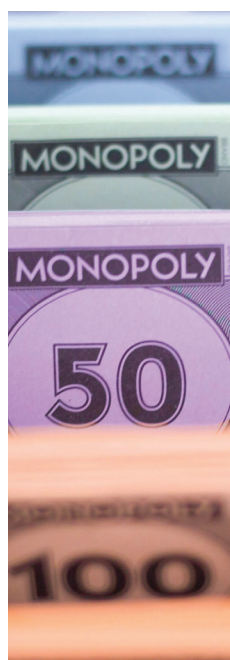


**RSN's 22nd Annual
Renal Teen Prom**
Sunday, January 17, 2021

GAME Night

Virtual Event For Young People
ages 14-24 Who Have Kidney Disease

GAMES, MUSIC, FRIENDS & FUN



There are no fees to attend, but registration is required by January 4, 2021. Learn more at RSNhope.org/Prom

For the past 21 years, RSN has hosted an annual prom at no charge to teens who have kidney disease. RSN founder Lori Hartwell was on dialysis from age 12-24 and doesn't want her peers to miss this special event. One friend can make a difference!



HONOR the JOURNEY



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GAMES**



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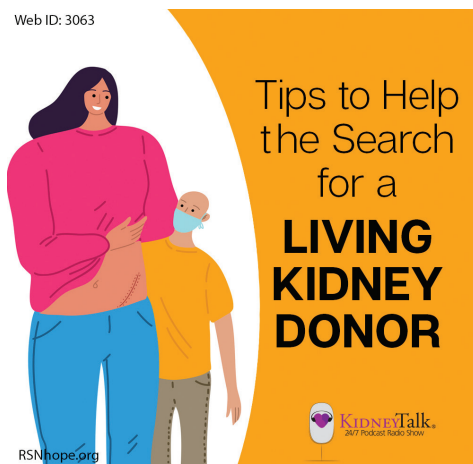
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Listen in to these inspiring shows:

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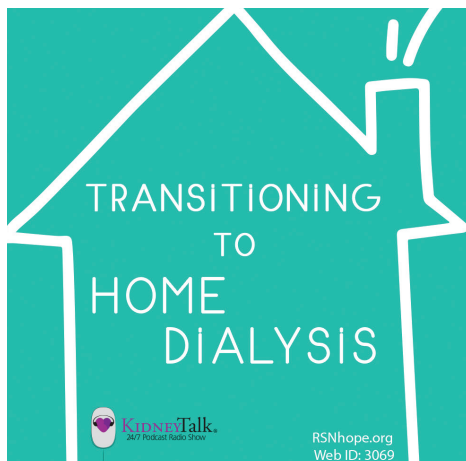
With Karol Franks
Web ID 3063



With Michael Kraus, MD
Web ID 3068



With John Butler
Web ID 3065



With Michelle Pace, RN
Web ID 3069



With Rafael Villicana, MD
Web ID 3041



With Rachel Wright
Web ID 3018

Join us for our upcoming **Virtual Events**
Learn more at RSNhope.org/events

Halloween BINGO



Sunday, October 18, 2020
2:00pm PT

2 bingo cards \$20,
4 bingo cards \$30
6 bingo cards \$40,
10 bingo cards \$50

Best Costume and Bingo Prizes!



Cool Classics for the Holidays

Featuring Ruslan Biryukov, Cello & Frank Fetta, Piano

Sunday, December 26, 2020 2:00pm PT

Join RSN for a Holiday concert premiere.

Make New Friends & Learn New Things in RSN's Online Support Groups!

RSN's online meet-ups are offered at no charge to people who have kidney disease and their families. Join us for kidney diet recipes, cooking tips, kidney disease support groups, and more. Registration is required. Sign up online today!

UPCOMING MEETINGS INCLUDE:

- **Twice Monthly Support Group**
- **Monthly Understand Treatment Options Webinar**
- **30-Minute Fitness: Light Stretching and Exercises with a Certified Personal Trainer**
- **Get Creative: Share Your Favorite Crafts/Hobbies**



Sign up today,
there are no fees!
Learn more and register at
[RSNhope.org/events/
rsn-zoom-room-meetings](https://RSNhope.org/events/rsn-zoom-room-meetings)

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contributions to provide
hope to people
with **kidney disease**.
We appreciate your help!

Use this form to make a
donation to RSN and/or sign
up to receive KidneyTalk®
in the mail or the RenAlert
E-Newsletter, or both!

JOIN RSN - THERE ARE NO FEES

☐ Yes! I would like to receive a free subscription to KidneyTalk® Magazine.

☐ Yes! E-mail me RSN's RenAlert electronic update.

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Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ ☐ home ☐ work ☐ cell

Please check all that apply:

☐ Patient: ☐ Transplant ☐ PD ☐ Hemo ☐ Other _____

☐ Family Member ☐ Administrator ☐ Physician ☐ Nurse

☐ Dietitian ☐ Social Worker ☐ Technician ☐ Company Rep ☐ Other _____

CONTRIBUTE TO RSN - ALL DONATIONS ARE TAX-DEDUCTIBLE. THANK YOU!

Your gift, no matter the amount, helps RSN continue to offer our life-enriching programs at no charge to people whose lives have been affected by chronic kidney disease.

START A PERSONAL FUNDRAISER Create your own fundraising page for RSN today. It's easy to get started, and we'll give you all the support and tools you'll need to make your fundraiser a success. Learn more at RSNhope.org/fundraiser

CONSIDER A TRIBUTE DONATION Make a donation in honor of an organ donor, a transplant anniversary or as a holiday or birthday gift. Use space below/right for tribute details and the form above for your address. You will receive a receipt and note with details of your tribute that you can share.

DONATE ONLINE AT RSNHOPE.ORG Click Contribute in top menu bar

DONATE BY PHONE, BY MAIL Use form below and see contact information above

DONATE VIA PAYPAL to donation@RSNhope.org

Method of Payment for contributions:

☐ Check or Money Order (payable to Renal Support Network)

Credit Card: ☐ Visa ☐ Mastercard ☐ Amex *RSN accepts all major credit cards*

Donation charge to card \$ _____ Billing Zip _____

Card#: _____ Exp. Date: ____ / ____

Cardholder Name: _____

Signature: _____

(To receive a receipt, please use form above to give us your address.)

About RSN

Lori Hartwell founded Renal Support Network (RSN) in 1993 to empower people who have kidney disease to become knowledgeable about their illness, proactive in their care, hopeful about their future and to make friendships that last a lifetime.

KidneyTalk

READ KIDNEYTALK® ONLINE

Current issue, printable version, articles, and archives can be found at: www.RSNhope.org

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If you have a change of address
or other information,
please contact us.

☐ Tribute Donation Details:

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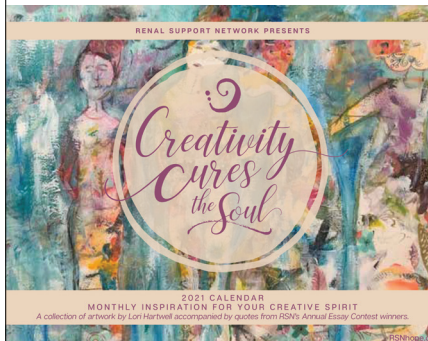


Recipe Disclaimer: Due to variations in ingredients, the nutritional analyses should be used as a guideline only. A renal dietitian reviews all recipes, but we cannot assure that all values are accurate. Remember to consult a renal care provider with respect to any specific questions or concerns you may have regarding proper renal nutrition or before making any changes in your renal diet.

COVID-19

get information at
RSNhope.org/coronavirus-covid-19-information
and the latest updates at
cdc.gov/coronavirus/2019-ncov

Pre-order your 2021 calendar



Learn more at
RSNhope.org/Donate

KIDNEY CARE ADVOCACY

Get involved and make a difference!

Learn more about RSN's advocacy program and "take action" to support current legislation at RSNhope.org/Advocacy.

KIDNEY CARE MATTERS

According to the latest U.S. Renal Data System Report, more than 660,000 Americans are being treated for kidney failure, also called End-Stage Renal Disease (ESRD). Of these, 468,000 are on dialysis and more than 193,000 have a functioning kidney transplant. Each year 100,000 people are newly diagnosed with stage 5 chronic kidney disease (CKD) which is the same as ESRD. About 30 million U.S. adults are estimated to have CKD and most are undiagnosed. Over 103,000 people in the U.S. are waiting for a kidney transplant.

Our online advocacy portal provides information on current legislation that is on the table regarding kidney care and how to add your voice to help get bills passed.



Service to those affected by chronic kidney disease

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