

To Our CRIC Participants

Welcome to the CRIC Phase III kick-off newsletter!

As you may already know from previous newsletters and from your communication with CRIC Study staff at your site, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH), has extended funding for the CRIC Study for another 5 years! Starting in July, we began a third phase of the study, which gives us the opportunity to offer continued follow-up to our current participants, as well as to welcome 1500 new patients with chronic kidney disease into the study. The investigators and coordinators at the CRIC Study Center where you are followed will be able to provide you with details about the third phase of CRIC. I believe that you will find the changes in your study activities to be minor as our major goals of the study remain the same: to investigate why kidney disease worsens in some individuals and not in others, and to better understand why persons with kidney disease commonly experience heart disease and stroke.

The extension of the study provides an exciting opportunity for us to continue to follow and collect important health information from our dedicated study participants as well as from others who will now have the opportunity to join the study. The success of the CRIC Study comes from your longstanding commitment and participation. My colleagues and I are deeply appreciative of your willingness to continue this important work with us during the years to come.

Warm wishes,



Harold I. Feldman, M.D., M.S.C.E.
Chair, CRIC Steering Committee

CRIC Newsletter Manager:

Melanie Wolman, MPH, CRIC Project Manager

CRIC Newsletter Team:

*Jeanne Charleston, Martha Coleman, Magda Cuevas,
Nancy Jensvold, Liliana Metzger, Arthur Choi*

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On the Web...

<http://www.cristudy.org>

<http://www.kidney.org>

We'd Love to Hear from You!

Do you have a question about the CRIC study or about kidney or heart disease? If so, please let your local CRIC staff know by writing or calling:

Treatment Options for Declining Kidney Function: Kidney Transplantation

In the last CRIC study newsletter, the options of hemodialysis and peritoneal dialysis were discussed. There is another option available to those whose kidney function is declining. This option is kidney transplantation, either from a living donor, or a deceased donor or from “paired donation”. There are many issues to consider when choosing to proceed with the option of transplantation.

Prior to undergoing a living related transplant, there is a great deal of preparation that must be completed. Thorough physical examinations for the donor and the recipient must occur since both patients need to be healthy prior to the surgery. In addition to physical testing, social, psychological, and financial discussions as well as intense education about the surgery will take place to make sure everyone is physically and mentally prepared to proceed.

Tissue typing and blood samples are extremely important to determine how closely the donor and the recipient “match”. Identical twins would be the best possible match, and immediate family members are usually very good potential donors. However, extended family members, friends or co-workers have donated their kidneys as well. During the actual transplant surgery, the recipient’s own kidneys are NOT removed. The new, donated kidney is usually placed in the lower abdomen and the blood vessels and ureter are connected to the patient’s own anatomy (see diagram). Many times, the new kidney begins to work immediately.

The process of testing a donor and recipient may take many months, so this process should ideally begin before the recipient’s kidney failure worsens. If both patients are at their healthiest, recovery is often quicker and easier.

If there are no family members or friends available to donate a kidney, deceased donor transplantation can be another option. The patient needing the transplant undergoes the same physical, social and psychological testing prior to being placed on the transplant list. This deceased donor transplant process has a longer wait period, sometimes 3-5 years, since there are many people needing a kidney and there is a shortage of donors. There are certain qualifications considered when a patient is called for the transplant surgery. These include the closeness of the blood and tissue match, length of time on the waiting list, physical distance between the donor and the recipient and medical urgency. The actual deceased donor transplant surgery is the same as the living related surgery described above.

If living related or deceased donor transplant is not an option, there is a growing trend called “kidney donor chain” (or “paired donation”) where someone who needs a kidney is matched with a stranger who is willing to donate a kidney. To get the new kidney, the patient must find a friend or neighbor who is willing to donate to someone else. Here is an article which illustrates this form of donation:

<http://www.paireddonation.org/>

An important issue surrounding transplantation is that of “rejection”. Every day, our body’s immune system keeps us healthy by automatically fighting germs and diseases. In the case of transplantation however, the transplant patient’s immune system needs

to be “tricked” into thinking the new kidney belongs so it does not fight against it. Rejection is the process where the patient’s immune system sees the donated kidney as a “foreign body” and wants to fight to get rid of it. If the donor-recipient tissue and blood “match” is good, the chances for rejection are lower. All transplant recipients need to take immunosuppression medications for the rest of their lives so that their body does not fight or “reject” the new organ. It is very important for kidney transplant recipients to avoid germs because their immune system will be lowered by these medications. Issues such as the expense of these immunosuppression drugs and their side effects, as well as frequent follow-up doctor visits to monitor the kidney’s function, need to be considered prior to transplantation so that the recipient is well aware of life after the surgery.

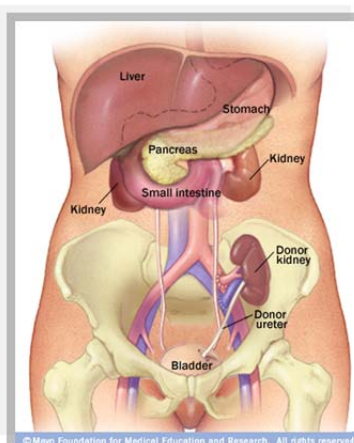
This is a very brief summary regarding options available in transplantation. When someone is told by their doctor that their kidney function is declining, a thorough investigation into which healthcare decision is best should begin.

“Today knowledge has power. It controls access to opportunity and advancement.”

*Peter F. Drucker, (1909 - 2005),
Author and Teacher*

Other kidney transplant resources include:

<http://www.unos.org/>
www.kidney.org/
www.transplantliving.org
www.organdonor.gov
<http://www.kidneytransplantcenters.org/>



During kidney transplant surgery, the donor kidney is placed in your lower abdomen. Blood vessels of the new kidney are attached to blood vessels in the lower part of your abdomen, just above one of your legs. The new kidney's ureter is connected to your bladder. Unless they are causing complications, your own kidneys are left in place.

eGFR & Kidney Function

One of the best tests for measuring kidney function is an estimated Glomerular Filtration Rate (eGFR). The eGFR measures how well your kidneys are filtering waste products from your bloodstream. eGFR values can range from 120 (normal kidney function) to 0 (kidney failure).¹ Measuring eGFR is a useful way for your doctor to diagnose kidney disease.

How is the test done?

The eGFR is calculated based on multiple factors: your creatinine level, age, sex, and race.² Your creatinine level is determined through a blood test. Once the blood test is done, your doctor will be able to determine your eGFR .

Stage of Kidney Disease	eGFR	What it means	Treatments/What to do
1	>=90	Normal kidney function/minimal kidney damage	Observe and manage risk factors
2	60-89	Mild decrease in kidney function	Manage blood pressure and other risk factors
3	30-59	Moderate decrease in kidney function	Manage blood pressure and other risk factors
4	15-29	Severe decrease in kidney function	Plan ahead for dialysis or kidney transplant
5	<15	Kidney failure/End-stage renal disease	Start treatment: dialysis or kidney transplant

What do eGFR results mean?

eGFR values correspond to different levels of kidney function and kidney disease. In general, individuals with an eGFR above 90 have normal kidney function. However, there are some exceptions; some individuals may have an eGFR in the normal range but show other signs of kidney damage, such as protein in the urine. Additionally, eGFR often decreases as people age, so a reduced eGFR may be normal in older individuals. eGFR levels between 89 and 30 suggest mild to moderate kidney disease, while an eGFR below 15 indicates kidney failure.³

What can I do about my eGFR?

Depending on your eGFR, there are a number of lifestyle choices you can make that will help you manage the health of your kidneys. You can't increase your eGFR, but you can help prevent and delay kidney damage by managing risk factors. Managing blood pressure, blood sugar, and maintaining a healthy diet are important for kidney health! Talk to your doctor about what else you can do to keep your kidneys healthy.

¹<http://labtestsonline.org/understanding/analytes/gfr/tab/test>
²<http://www.renal.org/whatwedo/InformationResources/CKDeGUIDE/AbouteGFR.aspx>
³<http://www.renal.org/whatwedo/InformationResources/CKDeGUIDE/CKDstages.aspx>
<http://labtestsonline.org/understanding/analytes/gfr/tab/test>

Tips for Making Recipes Kidney Friendly

Here are some examples of how you can take a typical recipe and modify it to make it “kidney” healthy:



Adapted from a recipe developed by the Modification of Diet in Renal Disease (MDRD) Study - University of Iowa

(Original Recipe)

- 3 cups chopped cooked turkey breast without skin
 - 1/4 cup diced celery
 - 1 cup raw red delicious apples with skin
 - 1/4 cup coarsely chopped pecans
 - 3 tbs. low calorie mayonnaise (Cranberry French Dressing)
 - 1/4 cup jellied cranberry sauce
 - 1/8 tsp. salt
 - 1/8 tsp. paprika
 - 1/8 tsp. dry mustard
 - 1/8 tsp. pepper
 - 1 tbs. vinegar
 - 2 tbs. vegetable oil
- Yield: 4 one-cup servings with 2 tbs. dressing on each serving

Festive Turkey Salad

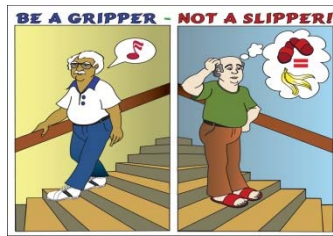
- 1 1/2 cups chopped cooked turkey breast without skin
 - 1 cup diced celery
 - 3 cups raw red delicious apples with skin
 - 1/4 cup coarsely chopped pecans
 - 3 tbs. regular mayonnaise (Cranberry French Dressing)
 - 1/2 cup jellied cranberry sauce
 - 1/8 tsp. paprika
 - 1/8 tsp. dry mustard
 - 1/8 tsp. pepper
 - 1 tbs. vinegar
 - 2 tbs. vegetable oil
- Yield: 6 one-cup servings with 2 tbs. dressing on each serving

(Modified Recipe)

Combine first five ingredients in large bowl. Stir well. Cover and chill thoroughly. Serve with Cranberry French Dressing. Dressing: Combine first four dressing ingredients in small bowl, stirring with a wire whisk until smooth. Gradually add vinegar to cranberry mixture, alternately with oil, beginning and ending with vinegar. Stir well with each addition.

Careful... Don't Fall!

Have you noticed that as you grow older, you become more “teetery”? Physical changes, medical conditions and medications all can make you more prone to fall. If you're over 65, the odds that you will fall this year are about one in three! But you can change those odds and avoid many falls by taking these steps toward fall prevention.



Every 18 seconds, an older adult visits an emergency room because of a fall. In fact, falls are the leading cause of injury and injury-related death among older adults

- Step 1:** Talk to your doctor about fall prevention. Tell your doctor about any medication side effects or physical problems you may have like dizziness, eye problems, or muscle weakness. These could increase your risk of falling.
- Step 2:** Exercise regularly! Walking, water workouts, tai chi (a gentle, slow-moving exercise) and specific strength-building exercises can greatly improve balance. Regular exercise can also help improve muscle tone and strength, as well as aid in the prevention of loss of bone mass and flexibility.
- Step 3:** Wear sensible shoes. Floppy slippers, high heels, and shoes with slick soles can cause you to fall.
- Step 4:** Keep your home well lit. Turn on lights before going into a room or up or down steps at night. Keep rooms well lit so you don't trip over any furniture or other floor items.
- Step 5:** Have regular checkups by an ophthalmologist. Age-related vision diseases can increase the risk of falling. Cataracts and glaucoma alter older people's depth perception, visual clarity, and other vision-related factors, which can impact the ability to safely move around in his or her environment.
- Step 6:** Remove home hazards. Use the following checklist to make certain your home is safe from hazards that could lead to a fall:

- ✓ **KITCHEN** Move items you use often to lower shelves (waist high is best) so you do not have to climb on a stool to reach them. Never use a chair as a step stool. If you must use a step stool, be sure you have something, or someone, to hold onto.
- ✓ **BATHROOM** Beware! Tubs and shower floors can be slippery! Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower. Put grab bars inside the tub or shower and next to the toilet.
- ✓ **BEDROOM** Is the path to the bathroom dark? Put in a night-light so you can see where you're walking. Clear the path of any objects you could possibly trip over.
- ✓ **STAIRS AND STEPS** Always keep objects off of stairs and steps. Make sure no steps are broken or uneven. Check that carpet is firmly attached, or remove carpet and attach non-slip rubber treads to stairs. Keep stairs and steps well lit. Be sure that handrails aren't loose or broken. Lastly... always use them!
- ✓ **FLOORS** Are your floors clear of clutter and cords (like lamp, telephone or extension cords)? Do you have throw rugs? If so, remove them or use double-sided tape or a non-slip backing so rugs don't slip.

Recipe for the Summer: Green Gazpacho

Ingredients: 2 cups coarsely chopped seeded peeled cucumbers
 1 cup chopped romaine lettuce
 1/2 cup coarsely chopped green bell pepper
 1/4 cup coarsely chopped onion
 2 tablespoons olive oil
 2 tablespoons Sherry wine vinegar
 1 tablespoon coarsely chopped fresh cilantro
 1 garlic clove, minced
 1 cup (2 ounces) cubed crustless white bread
 1 1/2 cups water
 1/2 cup thinly sliced romaine lettuce
 1/2 cup fresh crabmeat
 2 tablespoons minced fresh chives
 Additional olive oil

- Preparation:**
1. Puree first 8 ingredients in food processor.
 2. Add bread and let stand until soggy, about 2 minutes.
 3. Puree until smooth.
 4. Mix in 1 1/2 cups water.
 5. Transfer gazpacho to large bowl. Cover and refrigerate at least 2 hours. (Gazpacho can be made up to 2 days ahead. Keep refrigerated.)
 6. Divide gazpacho among 4 bowls.
 7. Place thinly sliced romaine in center of each serving. Sprinkle lettuce with crabmeat and chives, and then drizzle with olive oil.
 8. Serve immediately.

