DIALYSIS THERAPY IN POLAND

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Dialysis therapy started in Poland in the 1950’s. The first peritoneal dialysis treatment was performed in Warsaw (T. Orlowski, J. Nielubowicz) in 1953, and the first hemodialysis treatment in Poznań (K. Bacczyk, S. Steffen) in 1958. During the first 5-7 years, dialysis therapy was only available for patients with acute renal failure and in a very limited number of units (5,6). The programme of maintenance dialysis therapy in patients with chronic renal failure started in Poland in the late 1960’s. Nevertheless, during 1970’s and 1980’s, development of dialysis in Poland was very poor mainly due to the economic constraints caused by an inefficient economical system in the country. Real progress in this matter was achieved during the last decade, after political and economic liberation in Poland and the whole of Central and Eastern Europe (4,7,8,9). The following paper highlights the changes observed in our region during this period.

Materials and Methods:
All presented data are based on the analysis of the Annual Reports on Renal Replacement Therapy in Poland prepared by the Polish Renal Registry (4). Information shown in these reports was taken from annual surveys covering all issues connected with renal replacement therapy and was collected via special questionnaires from all dialysis and transplant units in Poland.

Results and Discussion:
Progress achieved in dialysis therapy from 1991-2000 is presented in the Table 1.

Incidence and Prevalence
A nearly three-fold increase in the number of new patients starting dialysis therapy each year was achieved during the analyzed period. Nowadays, an incidence rate of 68 pmp is comparable with such countries like the United Kingdom, Finland or Australia (10). Only now can one really call this figure "incidence" and not only "acceptance rate". Also, a three-fold increase in the total cohort of dialysis patients was achieved during the analyzed period. A prevalence rate of 218 pmp is far from the average in Western Europe (1), but is comparable with the average rate in Central and Eastern Europe (9). Progress in incidence and prevalence was caused by the subsequent realization of the successive steps instituted by

### TABLE 1. DIALYSIS THERAPY IN POLAND DURING LAST DECADE

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<tbody>
<tr>
<td><strong>Incidence</strong></td>
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<td>Total</td>
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<td>1264</td>
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<td>1589</td>
<td>1659</td>
<td>2010</td>
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<tr>
<td>PMP</td>
<td></td>
<td>28.6</td>
<td>28.3</td>
<td>32.7</td>
<td>34.8</td>
<td>37.9</td>
<td>41.0</td>
<td>41.1</td>
<td>54.3</td>
<td>67.5</td>
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<tr>
<td><strong>Prevalence</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
<td></td>
<td>2648</td>
<td>3037</td>
<td>3666</td>
<td>4210</td>
<td>4556</td>
<td>4644</td>
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<td>4878</td>
<td>7739</td>
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<tr>
<td>PMP</td>
<td></td>
<td>7.0</td>
<td>7.9</td>
<td>9.6</td>
<td>10.9</td>
<td>12.5</td>
<td>14.1</td>
<td>15.8</td>
<td>17.8</td>
<td>19.9</td>
<td>21.8</td>
</tr>
<tr>
<td>% On PD</td>
<td></td>
<td>1.9</td>
<td>1.2</td>
<td>3.5</td>
<td>5.2</td>
<td>6.6</td>
<td>7.8</td>
<td>9.6</td>
<td>10.6</td>
<td>10.8</td>
<td>11.5</td>
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<tr>
<td><strong>Outcome</strong></td>
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<tr>
<td>Crude annual mortality</td>
<td></td>
<td>19.3</td>
<td>5.8</td>
<td>6.9</td>
<td>10.3</td>
<td>10.5</td>
<td>10.3</td>
<td>19.5</td>
<td>10.8</td>
<td>11.0</td>
<td>11.5</td>
</tr>
<tr>
<td>Transplanted % (PMP)</td>
<td></td>
<td>19.4</td>
<td>8.3</td>
<td>8.7</td>
<td>8.7</td>
<td>8.8</td>
<td>8.9</td>
<td>9.3</td>
<td>13.8</td>
<td>14.0</td>
<td>15.8</td>
</tr>
<tr>
<td>% On EPO</td>
<td></td>
<td>44.1</td>
<td>47.5</td>
<td>59.5</td>
<td>59.3</td>
<td>62.8</td>
<td>62.3</td>
<td>69.6</td>
<td>70.5</td>
<td>81.3</td>
<td>82.2</td>
</tr>
</tbody>
</table>

PD – Peritoneal Dialysis; DT – Dialysis Therapy
% On EPO – Treated with erythropoietin

### Inside...

Dialysis Therapy in Poland.......................................................... 1-2
Inter-Institutional Department of Renal Medicine Department of Nephrology ......................................................... 4
International Conference on Dialysis IV: Advances in ESRD 2002............... 6

Renal Research Institute’s purpose is to improve outcomes in dialysis patients through collaborative research. This paper presents some of events in the dialysis community from a variety of sources and information about our programs. We welcome your input.
Dialysis Therapy in Poland

continued from page 1

the "Programme of the Development of Renal Replacement". This prognosis was prepared by the National Board of Specialists in Nephrology supported by the Polish Society of Nephrology and accepted by the Ministry of Health and Parliamentary Health Commission. As a consequence, each year a certain amount of money was reserved in the budget of the Ministry of Health to cover expenses of the Programme. This kind of policy enabled clinicians to achieve the progress presented in Table 1, as well as saving money and cutting prices. During the last two years, development of non-public dialysis units started in Poland. It is hoped that this development will also cause further progress in the delivery of dialysis therapy in Poland.

Mode of treatment

Data presented in Table 1 show that at the beginning of 1990’s, patient participation in peritoneal dialysis as a renal replacement therapy was very limited. In the following years, a step-by-step method was implemented to increase the number of PD patients. It should be noted that the development of a peritoneal dialysis program is not only quantitative, but also qualitative. Last year, 91% of children and 24% of adults were treated with an automated peritoneal dialysis modality (2,4). Also, as a result of the Programme, modern equipment purchased for a majority of hemodialysis units enabled individualization of hemodialysis therapy and common use of bicarbonate dialysis with such techniques as controlled ultrafiltration, sodium profiling and hemodiafiltration (4,7).

Outcome

Mortality rates in Polish dialysis units are quite low and comparable with those observed in a majority of European countries and Japan. It is significantly lower than in the United States, as well as Pakistan and China. Despite increasing numbers of renal transplants and the view that transplantation is considered the most natural and economical, renal transplantation is still less available in Poland than in many developed countries (table1). (4,7)

Erythropoietin treatment

Erythropoietin treatment is used in Poland in the majority of dialyzed patients (table 1). European (EBPG) and American (DOQI) guidelines and recommendations are followed in the majority of dialysis units. The main goal of the nephrology community at the moment is connected with the wider implementation of erythropoietin in patients with chronic renal failure prior to dialysis treatment (i.e. predialysis period.)

End stage renal disease (ESRD) epidemiology

Data presented in Table 2 and 3 show that a wider availability of dialysis therapy has a great impact on the epidemiology of ESRD. It was observed simultaneously in the primary causes of renal diseases and the age of dialyzed patients. Diabetic nephropathy becomes the second most common cause of ESRD, after primary glomerulonephritis. Situations in this matter in Poland are becoming comparable with the majority of European countries, especially taking into account that 22% of patients starting dialysis in 2000 in Poland were diabetics (1,4,9,10). Also, hypertensive nephropathy is increasing among dialyzed patients. Wide availability of dialysis has also shown an impact on the age of patients treated with this method. Nearly 1/3 of the dialysis population in Poland is patients over 60 years old. This trend is observed widely all over the world and it is the consequence of total population aging.

In conclusion, we are showing satisfactory progress achieved in the delivery of dialysis therapy in Poland, both hemodialysis and peritoneal dialysis, not forgetting about the necessity of further development in this matter. On the other hand, we are fully conscious that the aging of the dialysis population together with increasing numbers of diabetics will cause serious medical and economical problems in the near future.

Acknowledgments:

Authors of this paper would like to express deep thanks to all the members of the National Specialist in Nephrology Board and Polish Renal Registry for their generous help in collecting and analyzing data.

Literature:

New York – Italian Nephrology Collaboration Successful

After approximately 1 year of scientific teamwork, the Renal Research Institute is proud to announce the successful collaboration of nephrology research between Beth Israel Medical Center of New York and San Bartolo Hospital of Vicenza, Italy. The collaboration was initiated through existing relationships and friendships between Renal Research Institute, Beth Israel Medical Center, Albert Einstein Medical of Medicine, and San Bartolo Hospital.

The following items were listed as accomplishments in this unique alliance:

<table>
<thead>
<tr>
<th>Number</th>
<th>Accomplishment</th>
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<tbody>
<tr>
<td>14</td>
<td>Publications printed in international journals or textbooks</td>
</tr>
<tr>
<td>2</td>
<td>Collaborative books prepared</td>
</tr>
<tr>
<td>2</td>
<td>Programs of International Congresses organized in cooperation</td>
</tr>
<tr>
<td>26</td>
<td>Abstracts presented at the 2001 American / International Society of Nephrology (ASN/ISN)</td>
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</table>

The scientific work represented above mainly related to the measurement of morbidity and mortality in ESRD patients, as well as the study and application of new diagnostic tools, new dialysis membranes, newly designed adsorbents, chronic inflammation in ESRD, and other comorbidities by refined biochemical assays.

International Nephrologist Accepts Next RRI Laboratory Director Position

RRI is pleased to announce that Roger Greenwood, MSC, MD, FRCP, Consultant Nephrologist, who is at Stevenage Hospital, Harts, England will be the next Laboratory Director for the Renal Research Institute this summer. Following an interest in the technical aspects of hemodialysis, Dr. Greenwood forged links with industry to establish a Research and Development department attached to the Lister Renal Unit in London. The group has published widely in all aspects of dialysis and general nephrology. Dr. Greenwood’s particular interests include hemodiafiltration, the quantification of dialysis, timing the initiation of dialysis, and overall clinical outcomes. Current research activities include co-coordinator (UK) of the International Dialysis Outcomes and Practice Patterns Study (I-DOPPS) - University of Michigan and also involvement with the Universities of Hertfordshire and Southampton in a National Health Service R&D funded study of the cost effectiveness and quality of provision in satellite units.

Dr Greenwood is Vice Chairman of the Kidney Alliance, Immediate Past President of the British Renal Symposium, and a member of the Audit Standards Sub Committee of the British Renal Association. He is a member of the Expert Reference Group working on the NSF for renal services. Dr Greenwood graduated from the Medical School at the University of Bristol in 1976 after pursuing a career in aeronautical engineering. [In this regard he is well known for his flights of fancy, often fuelled by a tankard or two.]

Through his rotation into 2003, Dr. Greenwood will help coordinate and develop Renal Research Laboratory projects according to his interests.

We sincerely appreciate the enormous contribution George Kaysen, MD, PhD, RRI current Laboratory Director, has made to knowledge and to the development of the Laboratory staff and fellows over the past year. He will return to UC – Davis this summer.

Past RRI Laboratory Directors include:
• Daniel Schneditz, Ph.D., University of Graz
• Frank Gotch, M.D., UCSF
• Claudio Ronco, M.D., Bortolo Hospital, Vicenza
• Nicholas Hoenich, Ph.D., University of Newcastle

RRI is very grateful to these eminent physicians and scientists for their participation and leadership.

Roger Greenwood

Claudio Ronco (left) and Nathan Levin (right), liaisons for US-Italian research collaboration.
First International Course on Hemodialysis Technology

Vicenza, Italy
Ente Fiera
June 19 – 22, 2002

For more information on program material, travel and accommodations, please visit: www.vicenzanephrocourses.com or e-mail: info@vicenzanephrocourses.com

Official language of conference is English.

The Vicenza International Courses are well renowned scientific events held in the city of Andrea Palladio. Starting in 1982, international courses on peritoneal dialysis have been held every three years featuring an outstanding faculty and gathering participants from numerous countries. Starting in 1998, the theme of critical care nephrology has also been covered every three years, leading to the most comprehensive review in the field of intensive care nephrology. The third theme of the Vicenza courses is hemodialysis technology. This course will also be held every three years. This year the course is organized in collaboration with the departments of nephrology of Bergamo and Torino as annual meeting of the Interinstitutional Department of Renal Diseases.

The course on hemodialysis technology is made in strict collaboration with the industry of the field. A series of lectures and panel discussions will be held during the days of the course. Several of the most actual and interesting issues in the field will be debated by world leading experts. The growing interest for training courses and the need for conveying the maximal amount of resources into the educational task of the event convinced us to publish the proceedings of the course but at the same time to minimize the social program and the scientific exhibition. We hope that a large number of delegates will join this important event transforming it into a classic appointment for the experts and physicians wishing to receive an updated information in Hemodialysis Technology.

GENERAL INFORMATION

LANGUAGE: The official language is English

VENUE: The Course will be held at the Congress Center of ENTE FIERA, Via dell'Oreficeria, 36100 Vicenza (Italy), on June 19 trough 22, 2002

REGISTRATION: The deadline for registration is May 30, 2002. The registration fee is 620 EURO ($516.7 + 103.3iva) and includes: congress kit, proceedings, attendance to scientific sessions, coffee breaks, meals during the course, welcome party, gala dinner. Registration after may 30 or on-site registration will be subject to space availability and the registration fee will be 800 Euro (666.6+133.4 iva).

For Information please contact:
Dr. Anna Saccardo, STUDIO SACCARDO, Secretariat of the First International Course On Hemodialysis Technology, Via Bertesina, 394, 36100 – Vicenza – Italy, or e-mail to: info@vicenzanephrocourses.com

TRANSPORTATION: Vicenza is a small city not provided with airport. However, several daily connections are available from Milano, Venice, Verona and Rome. Venice and Verona airports are located 45 minutes from Vicenza. During the course, shuttle buses will be provided from and to selected hotels.

HOTEL ACOMODATION: due to organizational reasons, the course secretariat will not organize hotel accomodation for delegates, but a complete list of available hotels with prices and directions for direct reservation will be provided. The selected hotel will be served by a shuttle bus to and from the congress center.

CLIMATE: in June the weather in Vicenza is generally mild and sunny with occasional showers. The average temperature is 28°C (82°F) max and 15°C (59°F) min.

The course is incorporated in the Continuous Medical Education program and will be given CME credits by the Italian Ministry of Health.
June 19

Opening Ceremony

18:00 Opening Remarks  G. La Greca
18:15 Evolution in HD technology  C. Ronco
19:00 International Vicenza Award
19:15 Concert & Welcome reception

June 20

Session 1: VASCULAR ACCESS

8:00 Practice patterns from DOPPS  R.L. Pisoni
8:20 Vascular access management  K. Konner
8:40 Diagnostic methods for VA  K. Leypoldt
9:00 Temporary Vascular Access  M. Weijmer
9:20 Anticoagulation strategies  G. Remuzzi
10:00 QA and CQI in vascular access  J. P. Bosch
10:20 Discussion
10:40 Coffee Break

Session 2: DIALYSIS MEMBRANES

11:00 Membranes composition and structure  W. Clark
11:15 Methods of sterilization and their effects on membrane performance  G. Gavioli
11:30 Nano-controlled spinning technology  S. Bowry
11:45 Vitamin E coated membrane  F. Galli
12:00 Protein leaking membranes: what’s the rationale?  T. Kunitomo
12:15 Modified TCA membranes  T. Masuda
12:30 Surface Modified AN69ST membrane  M. Atti
12:45 Discussion
13:00 Lunch

Session 3: HEMODIALYZERS

14:00 Flow distribution and cross-filtration  C. Ronco
14:20 Using a dialyzer for a maximum function  K. Leypoldt
14:40 Sterilization procedures and biocompatibility  P. Aljama
15:00 Computerized selection of the right hemodialyzer  P.M. Ghezzi
15:20 Discussion
15:40 Coffee break

Session 4: ADSORBENTS

16:10 Adsorbents: from basic structure to clinical application  C. Ronco
16:30 Biocompatibility of adsorbent systems  N. Hoenich
16:50 Sorbent augmented dialysis systems  J.F. Winchester
17:10 Use of adsorbents in ARF therapy  C. Tetta
17:30 Discussion
18:00 Adjourn

June 21

Session 5: DIALYTIC TECHNIQUES

8:00 Low flux dialysis: Still a role?  N. Hoenich
8:20 HDF and HDF: impact on outcome?  F. Locatelli
8:40 On-line Hemodiafiltration: golden standard or top therapy?  J. P. Bosch
9:00 PFD and HFR hemodiafiltration  C. Tetta
9:20 On Line Hemofiltration: old concept new approach  I. Ledebo
9:40 Discussion
10:00 Coffee Break

Session 6: DIALYSIS MACHINES: MONITORING & BIOFEEDBACK

10:20 Lecture: The ideal hemodialysis machine  H.D. Polaschegg
10:50 Blood Volume Monitoring Systems & Biofeedback  A. Santoro
11:10 Blood temperature monitoring  K.M. Leunissen
11:30 Optimization of convection by TMP monitoring & biofeedback  L. Pedrini
11:45 Potassium profiling in AFB  A. Santoro
12:00 On-line clearance  F.A. Gotch
12:20 Dry Weight determination  N.W. Levin
12:40 Discussion
13:00 Lunch

Session 7: DATA ACQUISITION AND MANAGEMENT

14:00 Computerized data collection  C. Ronco
14:15 Practical approach to data collection in a European dialysis network  J. Hegbrant
14:30 Data management & QA for a HD network  D. Marcelli
14:45 CQI programs for a HD network  J.P. Bosch
15:00 Pre-ESRD & and dialysis programs: The view of the manager  L. Donald
15:20 Discussion
15:40 Coffee Break

Session 8: DIALYSATE QUALITY & COMPOSITION

16:00 Water treatment for hemodialysis  G. Cappelli
16:15 Dialysate purity: a must!  P. Aljama
16:30 On line fluid preparation  G. Lonneman
16:45 Sodium content and profiling  F. Locatelli
17:00 Dialysate/infusate composition and infusion mode in on-line HDF  L. Pedrini
17:15 Dialysate/infusate Ca and Mg  C. Vitale
17:30 Dialysate/infusate buffer modulation  M. Feriani
17:45 Discussion
18:00 Adjourn

June 22

Session 9: CHRONIC INFLAMMATION

8:00 Lecture: Is technology ready for daily dialysis?  U. Buoncristiani
8:30 Chronic Inflammation: An overview  N.W. Levin
8:50 New aspects of Oxidant Stress  F. Galli
9:10 ESRD: a slowly progressive SIRS  C. Ronco
9:30 Oxidative mechanisms in lipoprotein-induced inflammation  A. Sevanian
9:50 Discussion
10:10 Coffee break

Session 10: ANEMIA MANAGEMENT

10:40 EPO therapy today  R.L. Pisoni
11:10 Clinical experience with NESP  F. Locatelli
11:30 Once-per-week EPO admin  A. Albertazzi
11:50 Iron therapy: how and when  A. Santoro
12:10 Carnitine as adjuvant therapy  C. Crepaldi
12:30 EPO treatment and CV system  A. Santoro
12:50 Discussion & Closing remarks  G. La Greca
The 4th International Conference on Dialysis (Advances in ESRD) was held at the Pointe Hilton- Tapatio Cliffs Resort in Phoenix, AZ on January 23-25, 2002. Despite the events of September 11th and their negative impact on travel to conferences nationwide, we were pleased with the overall attendance surpassing 600. Similar conferences experienced anywhere from 30 - 40% attrition in attendance, whereas the 2002 conference only experienced a 25% reduction from 2001. As has been customary, the meeting was initiated by a one-day course on "How to Manage a Dialysis Center" developed especially for fellows, new medical directors, and other renal healthcare professionals. The overall conference emphasis was on new developments and technology punctuated by several debates on major clinical issues. Keynote Speakers were T. Alp Ikizler, MD and Norbert Lameire, MD who spoke on ‘Epidemiology of Vascular Disease’ and ‘Dialysis Adequacy and Outcomes: A European Perspective’, respectively.

An evening program, supported by several corporations presented information on identifying options and solutions to manage common clinical challenges. Entitled "Making the Science Work for You," the unified topics addressed common challenges in dealing with anemia and its relations to cardiovascular disease, secondary hyperparathyroidism, and the role of oral vs. intravenous iron in the treatment of ESRD patients. Overall, the symposium was a success with an enthusiastic response to the program, followed by a very pleasant reception.

The program committee for the 2002 International Conference includes Brian Pereira, MD, Feidhlim Woods, MD, Frank Gotch, MD, John M. Burkart, MD, Jonathan Himmelfarb, MD, John Galla, MD, John Sargent, PhD, Jutta Passlick-Deetjen, MD, J. Michael Lazarus, MD, Robert Provenzano, MD, Claudio Ronco, MD, and David Tigue.

To summarize, it was considered an outstanding educational event with excellent speakers. I would like to thank everyone who contributed to the meeting and I look forward to an equally, if not more successful conference to be held in Miami, FL on January 29-31, 2003.

The proceedings of the 2002 conference were published as a special issue of Blood Purification (Vol. 20. No.1, 2002) and reprinted in a hardcover book entitled 'Advances in End Stage Renal Disease 2002' published by S. Karger AG. For more information on the conference, e-mail conference@rrin.com or visit www.renalresearch.com.

### Breakdown of 2002 Conference Attendees

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<td>Physician</td>
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<tr>
<td>Nephrology Fellows</td>
<td>16%</td>
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<tr>
<td>Industry</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>RN</td>
<td>7%</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>9%</td>
</tr>
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</table>

### 2002 Conference Exhibitors

- Clinical Laboratory: 5%
- Water Treatment: 5%
- Healthcare Finance: 2%
- Clinical Software: 5%
- Dialysis Products: 30%
- Disease Management: 2%
- Pharmaceuticals: 14%
- Dialysis Equipment: 14%
- Pharmacy Distribution: 10%
- Provider: 5%
- Education: 7%
- Journal: 10%

### Top 5 Attending International Countries

- Canada
- Germany
- Korea
- Netherlands
- Austria

### Attending International Countries

- Asia
- Austria
- Belgium
- Brazil
- Canada
- Chile
- Germany
- Ghana
- Italy
- Korea
- Mexico
- Netherlands
- Portugal
- Russia
- Singapore
- Spain
- United Kingdom
Over 600 attend morning sessions in the grand ballroom.

George Kaysen, MD, PhD (session chair), Robert Narins, MD (ASN), and Morrell Avram, MD (session chair) enjoy the morning break.

Pam Frederick (CMS) talks on what physicians should be aware of in their nephrology practices.

T. Alp Ikizler, MD delivers Thursday keynote address on Epidemiology of Vascular Disease.

Norbert Lameire, MD delivers Friday keynote address on the European perspective of dialysis adequacy.

Josephine Briggs, MD (Dir. of KUH) from NIDDK talks on Daily Dialysis.

2 MD’s visiting with Scantibodies Laboratory in the exhibit hall.

Gary Eknoyan, MD (left), chairs session on impact of new K/DOQI guidelines with Bertram Kasiske, MD (middle) and Ron Clark, Esq.

2 Nephrologists discuss data differences presented during worldwide DOPPS session.

Frank Gotch, MD (left) and Andreas Pietratos, MD discuss whether daily short vs. daily long dialysis is preferable and why…
PROMOTIONAL JOB OPPORTUNITIES

February 2002

The following position is available. All qualified and eligible employees interested in being considered for a position may submit a resume with a cover letter indicating position of interest to the attention of Human Resources Manager 207 E. 94th Street, Suite 203, New York, NY 10128 or fax to (646) 672-4121 no later than Wednesday, January 9, 2002. Renal Research Institute is an equal opportunity employer.

BIOMEDICAL RESEARCH SCIENTIST

Experience in installation, evaluation and testing of dialysis (artificial kidney) related electronics, hydraulic equipment, including modification of software and hardware modules. Planning and execution of in vitro and in vivo studies; manuscript preparation; data presentation at meetings; staff development. Strong communication/analytical skills with ability to work independently. Knowledge of data acquisition systems desirable.

Education: Minimum requirement BS Biomedical, Electrical, Electronic or related engineering fields with experience. Graduate degrees preferred.

NURSES NEEDED

RRI has exciting opportunities for qualified registered nurses in the following states: CA, CT, IL, NC and NY. For more detailed information, please e-mail dialysistimes@rriny.com or send resume per the instructions below.

We offer an excellent benefits package. Salary commensurate with experience. For immediate consideration, please send resumes to HR Manager, Renal Research Institute, 207 E. 94th Street, Suite 203, New York, NY 10128, or Fax to (646) 672-4121.

What’s New?

HDCN TO POST RRI CONFERENCE TALKS FROM PHOENIX ON INTERNET

In a combined effort to provide continuing medical education (CME) units and access to Dialysis Times readers, RRI is proud to announce that the Hypertension Dialysis and Contemporary Nephrology website (www.hdcn.com) will be posting specific talks presented at the International Conference on Dialysis in Phoenix, AZ this past January 2002. Each talk, depending on its length, is accredited for up to 1.0 CME credit hours by the University of Minnesota. Selected talks are also configured to yield CEU Nursing Education credits, provided by the Renal Education Association. For more information, please visit www.hdcn or www.renalresearch.com

RRI HIRES CORPORATE DIETITIAN

In an effort to enhance the quality of care and nutritional services and develop the various roles dietitians play in numerous facilities, RRI is proud to announce that Nancy Ginsberg, MSRD from Montefiore Medical Center has accepted the role of Corporate Dietitian. Nancy comes with over 15 years experience in the field of dialysis and kidney related nutrition. During her professional career she has published and presented extensively in the fields of renal nutrition. Her goal is to provide support to the RRI dietitians.

COMMENTARY ANYONE?

As a continuing service to our readers and a venue for their voice, the February 2002 issue marks the initiation of a commentary section to the Dialysis Times bi-monthly publication. Each issue will present community responses and views to articles and research published in Dialysis Times, as well as any relevant industry news you feel deserves comment. We welcome and encourage your letters on any past clinical topics or current industry issues you would like to see addressed by our editorial committee. Please feel free to send any comments to:

• RRI, 207 E. 94th Street, New York, NY 10128, Attn: Dialysis Times
• Email to dialysistimes@rriny.com, or
• Visit www.renalresearch.com

Upcoming Issues...

• Dialysis In Canada
• Impact of Medical Nutritional Therapy Services (MNT) on Renal Care
• From the World of Compliance: Nephrology Update

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