



Colleagues Connect

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Managing Patients with Chronic Kidney Disease **By: Christine Hsu, MD, MS**

Adapted from the KDIGO 2012 Clinical Practice Guidelines

Nephrologists frequently meet new patients well after they have had chronic kidney disease (CKD) for years and are often the first to tell someone that they have kidney disease. However, there are several important advantages to referring patients to nephrology earlier. Most importantly, early compared to late referral to nephrology is associated with decreased patient mortality (11% vs 23% (p<0.0001)) and decreased 1-year mortality (13% vs. 29% (p=0.028)). Other benefits include less emergency dialysis, more choice in treatment options, reduced hospital stays, and better management of comorbidities. On the other hand, late referral is associated with more sequelae of CKD, including more anemia, bone disease, severe hypertension and fluid overload, delayed referral for kidney transplant, and worse psychosocial adjustment for patients.

Part of the reason that patients are referred late is that the standard test for kidney function, creatinine, is flawed. By the time the serum creatinine is abnormal, kidney function can be significantly impaired.

The Kidney Disease Improving Global Outcomes (KDIGO) clinical practice guidelines recommend referring patients with CKD to nephrology for the following indications:

- Acute kidney injury or abrupt sustained fall in glomerular filtration rate (GFR)
- GFR <30ml/min/1.73m2
- A consistent finding of significant albuminuria (albumin to creatinine ratio (ACR) of ≥300mg/g (or albumin excretion rate of ≥ 300mg/24 hours, which is approximately equivalent to protein creatinine ratio (PCR) ≥ 500mg/g or protein excretion rate of ≥500mg/24 hours
- Progression of CKD
- Urinary red cell casts, RBC > 20 per high power field, sustained and not readily explained
- CKD and hypertension refractory to treatment with 4 or more antihypertensive agents
- Persistent abnormalities of serum potassium
- Recurrent or extensive nephrolithiasis
- Hereditary kidney disease

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New Polyclinic Specialty Physicians



Christine Hsu, MD, MS - Nephrology

Location: The Polyclinic Madison Center **Phone:** 206.860.5575

Board Certification: American Board of Internal Medicine; Subspecialty Board of Nephrology

Education: Dr. Hsu received her medical degree from Saint George's University and a master of science degree from the University of Washington. She completed a medicine and pediatrics residency at Albany Medical Center in Albany, N.Y.; a pediatric nephrology fellowship at Seattle Children's and the University of Washington in Seattle, Wash.; and a nephrology fellowship at the University of Washington in Seattle, Wash.



Jack Stigler, DO - Neurology/Electrodiagnostic Medicine

Location: The Polyclinic Madison Center **Phone:** 206.860.5576

Board Certification: American Board of Psychiatry and Neurology; American Board of Electrodiagnostic Medicine

Education: Dr. Stigler received his doctor of osteopathic medicine degree from Kirksville College of Osteopathic Medicine in Kirksville, Mo., completed his internship at Eastmoreland Hospital in Portland, Ore. and his neurology residency at the University of California, in San Diego, Calif.



Ryan Hudson MD, RMSK – Sports & Performance Medicine

Location: The Polyclinic Northgate Meridian and The Polyclinic Downtown **Phone:** 206.860.5584

Board Certification: American Board Family Medicine; Certificate of Qualification in Sports Medicine; ARDMS Registered Musculoskeletal Ultrasound Sonographer

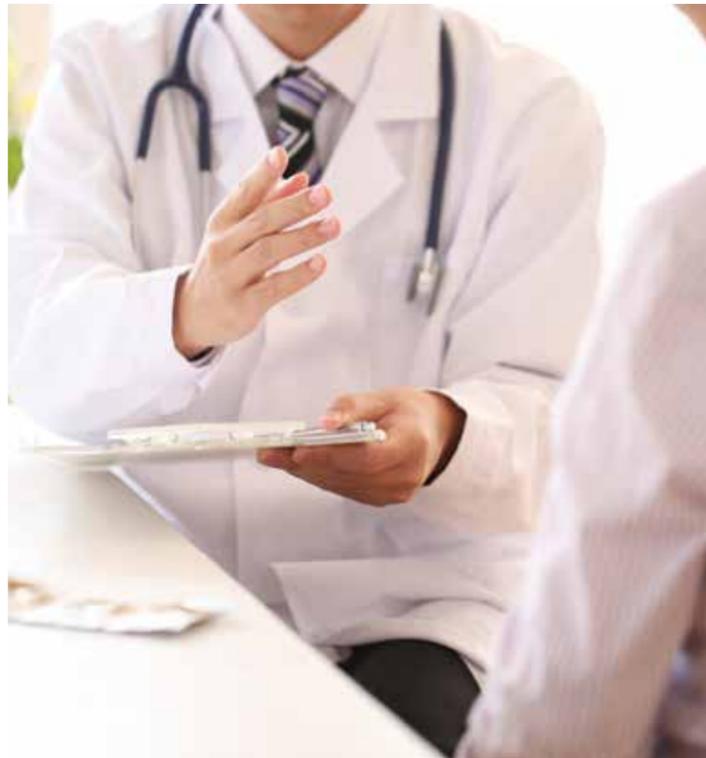
Education: Dr. Hudson earned his medical degree at Case Western Reserve University School of Medicine in Cleveland, Ohio. He completed his family medicine residency, also receiving an area of concentration certificate for sports medicine, at the University of Washington in Seattle. Dr. Hudson also completed a sports medicine fellowship at O'Connor Hospital Stanford Affiliate Program in San Jose, Calif.

MANAGING PATIENTS WITH CHRONIC KIDNEY DISEASE *continued...*

For patients with progressive CKD in whom the risk of kidney failure requiring dialysis is 10-20% or higher within one year, the recommendation is for timely referral to nephrology. This can be calculated online at <http://kidneyfailure.com>, and is based on age, gender, GFR, and ACR.



Christine Hsu, MD, MS, recently joined The Polyclinic Nephrology Department. She is available for patient consultations and referrals at **206.860.5575**. Dr. Hsu covers all areas of nephrology and has a special practice interest in working with patients transitioning from pediatric to adult renal care.



Laboratory Services Open to Referring Providers

The Polyclinic provides comprehensive lab services for our patients as well as patients affiliated with other health care groups in the region at multiple locations across Seattle including Broadway, Downtown, Madison Center, and Northgate Meridian. Our flagship location – Madison Center – has a full-size, CLIA high-complexity, fully automated lab with state-of-the-art instrumentation. The lab specializes in clinical chemistry and immunology, hematology, coagulation, urinalysis, microscopy, and pathology.

We offer courier services with multiple sample pick-ups, consultation services, auto-faxing of lab reports, and Saturday hours. For more information, please contact Larry Arakelyan, Director of Laboratory Services, at **206.860.5425** or Larry.Arakelyan@polyclinic.com.



Breast Cancer Risk Factors

By: Mikki Seagren, DO

The incidence of breast cancer in Washington state was estimated to be 138.3 per 100,000. This puts our state above the national average and consistently among a group of states with the highest known incidence of breast cancer. There are a limited number of risk factors that can be modified to lower the risk of developing breast cancer. Therefore, regular screening mammography to detect breast cancer at its earliest, most treatable stages remains the best strategy to reduce mortality.

Breast Density Notification Legislation has been passed in numerous states, such as Oregon and California. In these states, women who have dense breast tissue on mammogram are sent a letter of notification. There is proposed legislation in the state of Washington (Senate Bill 50-40) which if passed will mean women in our state will receive a similar notification letter if they have dense breast tissue. These letters vary by state, but typically include language stating dense breast tissue can hide small abnormalities, may increase the risk of breast cancer, recommend supplemental screening, and inform patients to contact their physician.

In Washington state, 75% of women ages 40 and older reported having a mammogram within the past two years. Approximately 50% of these women will have breast tissue that is classified by the interpreting radiologist as either heterogeneously dense or extremely dense. This means half of your patients should receive this letter.

Why is this important?

Cancer risk: Compared to average breast density, women with heterogeneously dense breast tissue have 1.2 times greater risk and those with extremely dense breast tissue will have 2.1 times greater risk.

Masking effect: Mammogram sensitivity is diminished by dense breast tissue. Sensitivity can be decreased 7% in heterogeneously dense breast tissue and 13% in extremely dense breast tissue.

What does this mean?

Patients with dense breast tissue on mammogram should receive a breast cancer risk assessment. This should be performed by a physician with experience selecting and interpreting breast cancer risk models or can be performed by a cancer risk assessment program. Patients with a lifetime risk >20% or 10-year risk >5% should receive annual breast MRI in addition to mammography.

What can you do for your patients?

1. At The Polyclinic Hereditary Cancer Risk Clinic we can answer the questions your patients may have about their mammogram findings. We will assess their individual risk for breast cancer and make the appropriate recommendations for individualized screening and risk reduction strategies. Patients found to be high risk should have supplemental screening, in addition to annual mammograms.
2. The Polyclinic Breast Imaging Center utilizes tomosynthesis for both screening and diagnostic mammograms. We also offer breast MRI and have the ability to perform MR-guided breast biopsies. (It is recommended that breast MR should only be done in facilities able to perform the MR guided breast biopsy if indicated.)



Dr. Mikki Seagren is available for consultations and referrals at **206.860.2223**. She specializes in the surgical treatment of breast cancer including mastectomy, lumpectomy, sentinel lymph node and axillary lymph node dissection, oncoplastic breast conservation, and total nipple-sparing mastectomy.