

**Annual Report  
Division of Nephrology  
April 1, 2005 - March 31, 2006**

**I HIGHLIGHTS**

We are pleased that this past year marked the opening of our long awaited satellite dialysis unit. The unit is located in the newly acquired Nuns' property adjacent to the hospital which has been renamed Pavilion H. This unit has the capacity for 12 additional dialysis stations. This translates into the ability to accommodate up to 72 new hemodialysis patients. Currently we are running two sessions per day, 6 days per week, and using 9 of the 12 stations. This extra capacity has provided our division with the ability to accommodate our growing end-stage renal disease population.

We continue to operate out of our original dialysis unit in Pavilion G. This unit is running at full capacity using 14 dialysis stations, three sessions per day, 6 days per week. This unit serves all our dialysis patients who are admitted to hospital as well as our more fragile out-patients.

Our peritoneal dialysis program continues to be amongst the largest in Montreal. We currently have 45 patients on this program.

We are pleased to announce funding approval from the government for a pre-dialysis clinic. The Nuns' property will also be the site of this new initiative. With this development, the JGH will cease to be one of the only large end-stage renal disease programs not to offer a pre-dialysis clinic. The clinic will provide the necessary educational, dietary, psychological support to these patients and their families. These programs have been shown to slow the decline of renal function in participants. In addition, the team in the pre-dialysis clinic help patients make the often difficult transition to dialysis therapy.

This period completes the first year that the Division of Nephrology at the JGH has been included as a training site for the McGill Renal Fellowship program. We have already received eight fellows for training and are now full-fledged partners in this process. The feedback from the fellows on the JGH experience has been uniformly positive.

## **II EVALUATION OF THE PAST ACADEMIC YEAR**

### **Clinical Activities:**

Monday - Saturday: 8:00 - 8:30 a.m. Hemodialysis rounds  
Monday - Friday: 8:30 - 12:00 a.m. Inpatient rounds with residents on elective  
1:30 - 4:00 p.m. Renal Clinic  
Tuesday: 8:45 a.m - 3:00 p.m. Dr. M. Lipman - McGill Transplantation  
Clinic  
12:30 - 4:00 p.m. C.A.P.D. Clinic  
Thursday: 11:00 - 11:30 a.m. C.A.P.D. patient meeting  
9:00 - 11:30 Renal Clinic  
13:00-14:00 Nephrology Rounds  
Every 4th Thursday: 1:30 - 4:30 p.m. Hemodialysis patient meeting

CTU Ward attendings: Dr. Lipman (4 weeks), Dr. Frisch (8 weeks)

ICMB: Dr. G. Frisch, Jan-March 2005, May-June 2005

### **Teaching activities**

Core Medicine lecture series.

Dr. D. Bercovitch  
Dr. M. Davidman,  
Dr. M. Lipman  
Dr. G. Frisch

University teaching:

Dr. G. Frisch & Dr. M. Lipman:

Medicine I Physiology: Small group tutorials - Renal  
section - 18 hours/year each.  
Back to Basics Acid-Base - 6 hours/year each.

Dr. M. Lipman:

McGill Renal fellow seminar series.  
Immunobiology of renal transplantation rejection.  
2 hours/year

Dr. M. Davidman:

McGill Anesthesia resident seminar series - Fluids and  
electrolytes, acid-base and renal disease - 3 hours/year

Undergraduate medical student lectures:

Dr. D. Bercovitch, Hypertension, 6 hours

Dr. M. Davidman, Renal failure , 6 hours  
Dr. M. Lipman, Electrolytes, 6 hours.  
Dr. G. Frisch, Electrolytes, 6 hours.

### **Service to Academic Community and other contributions**

#### Dr. Lipman

##### *Appointments*

Associate Physician-in-chief  
Department of Medicine, SMBD-Jewish General Hospital

##### *Committees*

Search and Selection Committee member for Physician-in-chief.  
SMBD-Jewish General Hospital

Policy Committee member  
Department of Medicine, SMBD-Jewish General Hospital

Management Committee member,  
Department of Medicine, SMBD-Jewish General Hospital

Advisory/Executive Committee member  
Department of Medicine, SMBD-Jewish General Hospital

Bed Utilization Committee member  
SMBD-Jewish General Hospital

Space Planning Committee (Chair)  
Department of Medicine, SMBD-Jewish General Hospital

Search and Selection Committee member for Director of Research, LDI  
SMBE-Jewish General Hospital

#### Dr. Frisch

##### *Committees*

McGill Renal Fellowship training committee member.

### **Research Activities**

*Operating grants*

Dr. Lipman

Fujisawa Canada, Inc. 1999-2005  
Quantitative cytokine transcript monitoring in kidney allograft biopsies:  
Effect of treatment of subclinical rejection on long-term graft function and histology.  
\$50 000/ year.

*Personal Support Award*

Dr. Lipman

FRSQ. Chercheur-boursier clinicien senior 2002- 2005

*Clinical Trials*

Dr. Lipman

An opened labeled extension study of the safety of long-term administration of Sirolimus (Rapamycin) in solid organ transplant recipients.  
(Sponsored by Wyeth-Ayerst.)

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Dr. Frisch & Dr. Lipman

An Active Safety Surveillance Plan to Conduct Serologic Testing for Anti-Erythropoietin Antibodies and Prospectively Monitor the Incidence of Pure Red Cell Aplasia (PRCA) in Among Patients Receiving Epoetin Alfa or Another Erythropoietin.  
(Sponsored by Ortho-Biotec.)

Dr. Davidman

AURORA: A study to evaluate use of Rosavustatin in subjects on Regular Hemodialysis; an Assessment of survival and cardiovascular events.  
(Sponsored by Astra-Zeneca.)

*Research Trainees*

Robert Morgan, Ph.D, student, Division of Experimental Medicine.

## **Publications**

Shen Y, Young B, Lipman ML.

Suppression of cell-mediated immune responses by a Fas-immunoglobulin fusion protein. Transplantation 2006; 81: 1041.

Frisch G, Lin J, Rosenstock J, Markowitz G, D'Agati V, Radhadrishnan J, Preddie D, Crew J, Valeri A, Appel G.

Mycophenolate mofetil (MMF) vs. placebo in patients with moderately advanced IgA nephropathy: a double-blind randomized controlled trial.

Nephrology, Dialysis, and Transplantation 2005; 20(10): 2139.

Lipman ML, Shi Y, Shen Y, Lavery P, Aalamian Z, Peters L, Fortier M, Loertscher R. Immune-activation gene profiles in protocol renal allograft biopsies procured from recipients on a tacrolimus-based immunosuppressive regimen.

Am J Transplant 2005; Volume 5, Issue s11: 545.

Cantarovich M, Paraskevas S, Keith D, Lipman M, Mangel R, Fontaine G, Metrakos P, Tchervenkov J.

Differences in pharmacokinetic profiles between long-term kidney/pancreas and non-diabetic kidney transplant patients on tacrolimus and mycophenolate mofetil.

Am J Transplant 2005; Volume 5, Issue s11: 331.

Cantarovich M, Paraskevas S, Keith D, Lipman M, Mangel R, Fontaine G, Metrakos P, Tchervenkov J.

Optimal time points to assess the area-under-the-curve in long-term kidney transplant patients on mycophenolate mofetil and either tacrolimus or cyclosporine microemulsion maintenance immunosuppression.

Am J Transplant 2005; Volume 5, Issue s11: 330.

Cantarovich M, Tchervenkov J, Paraskevas S, Keith D, Horton P, Baran D, Mangel R, Lipman, M Fernandez M, Metrakos P,

Anti-thymocyte globulin induction and delayed introduction of calcineurin inhibitors results in excellent outcomes in renal transplant patients with delayed graft function.

Am J Transplant 2005; Volume 5, Issue s11: 187.

Y Shi, Y Shen, P Lavery, Z Aalamian, L Peters, M Fortier, R Loertscher, M Lipman.

Gene expression in protocol biopsies procured from recipients receiving a tacrolimus-based immunosuppressive regimen.

(Canadian Society of Transplantation, Annual Scientific Meeting 2005, Banff, AB)

Christopoulos S, Dijiana R, Lipman M, Sampalis JS, Thibault D, MacNamara E, Karaplis AC.

Influence of phosphate levels on FGF-23 in hemodialysis patients.

(Endocrine Society, Annual Scientific Meeting 2005, San Diego, CA)

### **III OBJECTIVES AND PRIORITIES**

As noted above, our satellite dialysis unit is currently in operation. The increased capacity offered by this second unit will allow us to provide hemodialysis treatments to our ever-increasing end-stage renal disease population followed at the JGH. In addition, it will permit us to accommodate the temporary transfer of dialysis patients from other institutions who are referred to the JGH for cardiac or vascular surgery, as well as advanced cancer treatments.

As part of our expansion of activities we will be creating a pre-dialysis clinic in order to provide patients with advancing renal failure the best and most integrated care possible. This is a new initiative and one that is long overdue at the JGH.

The Division of Nephrology expects to significantly expand its clinical research activities under the supervision of Dr. Frisch who is completing his Masters degree in Clinical Epidemiology, while Dr. Lipman continues to pursue his fundamental research initiatives through his laboratory at the L.D.I. The division hopes to recruit another nephrologist interested in research within the next one to two years.

Respectfully submitted,

Mark L. Lipman, M.D.  
Chief, Division of Nephrology