

Newsletter

Editorial. O. Bonny

Dear SSN-member,

The SSN is not only a single shot event in December with our annual congress and general assembly. The Board, the commissions and other working groups (representing about 60 members!) are active all year long. They defend and work for your interests and for the health of individuals suffering from kidney disorders. We are currently facing numerous challenges and original solutions are needed. This newsletter aims at diffusing to all members updates on the work of the different committees, on current challenges and also hopes to contribute to know each other. In this perspective, you will read about challenges that the new president of the dialysis commission, PD Dr M. Pruijm is facing. We count on your participation and ask whether you could provide us with a picture and the main characteristics of your center/team, as illustrated in this issue. I would be delighted to hear back from you at: president@swissnephrology.ch.

Best regards.

The big interview PD Dr M. Pruijm, president of the Dialysis Commission (DC), SSN.



Dear Menno, you just took over the presidency of this critical SSN commission from Prof. D. Uehlinger. However, Prof Uehlinger will remain a special delegate within the commission in order to get a soft transition and for the negotiation of the new dialysis contract. How are you sharing the tasks between the two of you?

[Succeeding Dominik Uehlinger as president of the DC is a big honor. Having said this, I am very happy that he remains involved in the DC and remains special delegate. Concerning our collaboration, we have always collaborated in a nice way. I appreciate him a lot as a person. He is not only an expert in dialysis and the Swiss health care system, but also someone with a quick mind, a lot of charisma and a unique sense of humor. We get along well since the start, and I am sure this will not change now that our respective roles have changed. I have taken over the daily leadership of the dialysis commission, whereas Dominik is the first contact for the persons involved in the preparation of a new dialysis contract.](#)

One major task of the commission will be to actively lobby the different stakeholders regarding the dialysis contract. Could you remind us who are the main partners of this contract and what is the respective role of everyone?

[The team that is responsible for the new dialysis contract is composed of representatives from SVK, H+, HSK and CSS. It is important to realize that there are no nephrologists in this team. The SSN is indirectly represented by H+, as H+ defends the interests of hospitals and private dialysis centers.](#)

The dialysis commission will continue to invite H+ and the insurance companies to the first part of every DC meeting, in order to be informed and to be able to provide input for the new contract. The first phase of the preparation of the new contract will be an extensive collection of data concerning the actual costs of a dialysis session. This data collection will take place in a number of randomly selected centers. I therefore invite all my colleagues to stay in touch with their administrators, who may be approached before or instead of the nephrologists.

The present dialysis contract has been effective for several years, what led to the actual renegotiation of the contract?

The wish to revise the actual dialysis contract comes as far as I am aware of from the insurance companies and the Federal Council. Their wish to revise the contract is partly motivated by the reduction in costs of dialysis machines and consumables (filters, tubing,..) since the last contract, and partly by the need to revise the TARMED system. Besides, the new dialysis contract should integrate more points of the Health 2030 program of the federal council (Vision Santé/Gesundheit 2030), and further stimulate the autonomy of the patient.

What is the rough timeline of the preparation of the new contract?

This is difficult to say, but it will take probably one to two years to prepare a new contract.

What are the other duties of the dialysis commission and what are the topics usually treated during the meetings?

The dialysis commission has a multitude of tasks that are summarized in their regulations, which can be found on the website of the SSN. In brief, the DC discusses all relevant topics and questions related to dialysis and other blood purification procedures.

This involves costs, but also quality control (e.g., if a new dialysis center wishes to open, the dialysis commission ensures that care is provided by qualified nephrologists) and quality improvement (stimulate the use of evidence-based techniques, evaluate new techniques).

As President of the Dialysis Commission, you are also part of the Paritätskommission (commission paritaire). Could you tell us what is this body, who are represented there and what are the topics treated in this commission?

The Paritätskommission (PK) includes three representatives from the insurance companies, one from H+, one representative from the dialysis centers and one "care" representative (soins).

All conflicts concerning reimbursement of dialysis costs between SVK and dialysis centers are by decree discussed in this commission. The decisions of the PK should be unanimous, and presidency of the PK changes every year. Personally, I have not participated yet to such a meeting.

Anything you would like to add regarding the activity of the dialysis commission?

Yes! During my presidency, I would like to try to provide more often DC-written recommendations to our fellow nephrologists. For example, we recently discussed the coming interruption in the production of Dialvit®, for many years the most popular vitamin-supplement prescribed by nephrologists. We intend to propose alternatives in the near future in a short communication. I also would like to increase the outreach activities of our commission, in order to demystify renal replacement therapies, and try to stimulate green dialysis.

Many thanks for the work of all members of the commission and for your time.

News:

- Dre S. von Moos, president of the Young Swiss Nephrologist has to step down due to age limit! Many thanks for all the work done and welcome in the mature society!
 - EPA's are in preparation. Prof. Dr. Wuerzner and his team are working hard to get the first 14 EPAs soon. Many thanks to all of you who filled in the survey!
 - Where could you find all the dialysis centers from Switzerland: on OUR [website](#) ! but certainly not on some other biased [websites...](#)
 - UKRAINE: the SSN members and partners have been generous and a check of 30'000CHF was delivered to Direct Relief, an organization working directly on the field with the ERA task force. Many thanks to all donators and to Prof S. Segerer!
 - Open positions within the Board and several commissions will be published soon. Stay tuned!
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Know each other

Institut für Nephrologie, Kantonsspital Baden (KSB). Dr H-R Raetz and colleagues.



Main characteristics (2021):

Standorte: 3 (Baden, Muri, Brugg), with hemodialysis (including limited-care abend-Dialyse) and PD.

Anzahl Dialysen: 17`395 and about 1000 dialysis in the intensive care.

Anzahl PD- Tage: 4`913, aktuell 20 Patienten

Anzahl ambulante Konsultationen: 2`661

Anzahl Konsilien stationär: ca 350

Zahl der betreuten transplantierten Patienten: ca 80

Pecularity: a social and care manager helps patients with social issues and organize transportation.

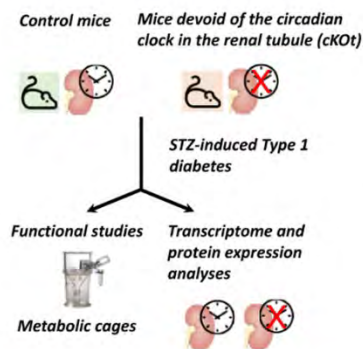
More on....: full text from Hans-Ruedi

Latest from renal research in Switzerland

Dysfunction of the circadian clock in the kidney tubule leads to enhanced kidney gluconeogenesis and exacerbated hyperglycemia in diabetes.

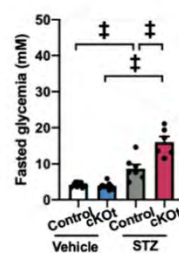


Methods

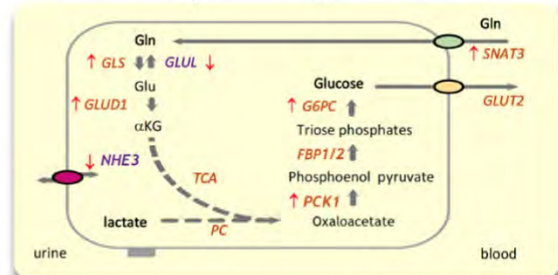


Results

Exacerbated hyperglycemia in diabetic cKOT mice



Both glutamine and common parts of the gluconeogenic pathway are enhanced in the proximal tubule of cKOT mice.



↑ or ↓ indicates increased or decreased expression of the corresponding transcript in kidneys of diabetic cKOT mice, respectively.

Ansermet, et al 2021

CONCLUSION Dysfunction of the intrinsic renal tubule circadian clock aggravates diabetic hyperglycemia via enhancement of renal gluconeogenesis. This highlights the importance of circadian behavior in diabetic patients.

Empagliflozin Changes Urine Supersaturations by Decreasing pH and Increasing Citrate

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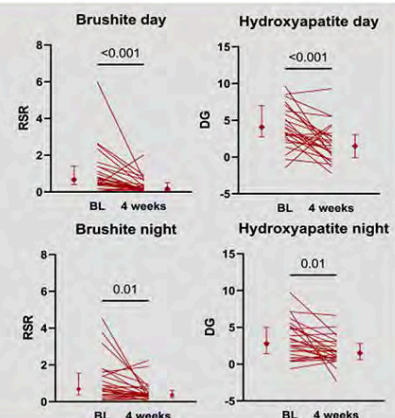
METHODS

Healthy volunteers
placebo N=13 vs. empagliflozin N=27
10 mg/d
4 wks
• Day/night urine collections
• Calculation of relative supersaturation ratios

OUTCOME

Effect of empagliflozin

24h U-citrate +45% at 4 wks (p=0.01)
U-pH day 6.4±0.9 → 5.9±0.9 (p=0.004)
U-pH night 6.0±0.8 → 5.6±0.6 (p=0.02)



Conclusion

SGLT2i may reduce kidney calcium containing stone risk by decreasing the RSR of CaP minerals in healthy subjects. This effect seems to be mediated by increased urine citrate and reduced urine pH.

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