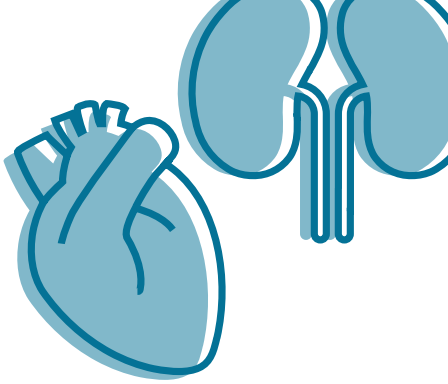

SCD-Related Cardiopulmonary and Kidney Disease

What it covers

- Evidence-based treatment guidelines for sickle cell disease complications that affect the heart, lungs, and kidneys.

Why it matters

- SCD affects multiple organs that require patients to seek care from doctors that specialize in treating complications of the heart, lungs, and kidneys. It is important for these specialists to work closely with hematologists or SCD doctors to provide coordinated care for patients with SCD.

> Doctors treating patients with SCD need to know the landscape of scientific evidence that exists for screening and treating complications of the heart, lungs, and kidneys and involve patients in the shared decision-making process.

> Developing treatment guidelines based on current scientific evidence and identifying the gaps helps the community determine what additional research needs to be done to improve the lives of patients with SCD.

Who it affects

- **Hematologists and other specialists:** Doctors will have access to guidelines that are based on the best available scientific evidence to improve their understanding of how to look for and treat complications of the heart, lungs, and kidneys, and make shared-decisions with patients.
- **SCD patients:** Their physicians will have more information and evidence-based guidance so that they can have informed discussions with patients to make the best testing and treatment decisions.
- **Policymakers:** Policymakers will be informed of the knowledge gaps that exist in SCD evidence so they can direct research funding to fill in the gaps. In this regard, these guidelines may help shape policy.

What are the highlights

- **Hypertension:** The negative impact of hypertension on patient outcomes, particularly for African American individuals, means that a blood pressure goal of ≤130/80 mm Hg is the appropriate target to achieve in adults with sickle cell disease.
- **Screening:** Patients with SCD who do not show any symptoms should not be routinely screened for pulmonary hypertension, abnormal lung function or sleep disorders. However, providers should carefully evaluate patients with SCD for signs and symptoms of cardiopulmonary disease that could suggest the need for diagnostic testing.
- **Kidney Transplant:** Patients with SCD experiencing End-Stage Renal Disease or advanced chronic kidney disease requiring dialysis should not be excluded from consideration for kidney transplantation.

Total number of panel recommendations: 13

REFERENCE
Liem RI, Lanzkron S, Coates TD, et al. American Society of Hematology 2019 guidelines for sickle cell disease: cardiopulmonary and kidney disease. Blood Adv. 2019; 3(23):3867-3897.

For more information on the 2019-2020 ASH Clinical Practice Guidelines on Sickle Cell Disease, **visit www.hematology.org/SCDguidelines.**

The American Society of Hematology (ASH) (*www.hematology.org*) is the world's largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 60 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.