NHS
National Institute for Health and Clinical Excellence

Acute Kidney Injury

National Clinical Guideline Centre

1st Guideline Development Group Meeting

Date and Time: ***14th September 2011, 10:00 – 16:00***

Place: *NCGC Boardroom, 180 Great Portland Street, London*

GDG Present:

Mark Thomas (Chair) (MT)
Annette Davies (AD)
Anne Dawnay (ADw)
Mark Devonald (MD)
Coral Hulse (CH)
Chris Laing (CL)
Andrew Lewington (AL)
Fiona Loud (FL)
Marlies Ostermann (MO)
Nicholas Palmer (NP) (Present for agenda items 1-7 only)
Sue Shaw (SS)

NCGC Present:

Joanna Ashe (JA)
Caroline Blaine (CB)
Saoussen Ftouh (SF)
Ralph Hughes (RH)
Sue Latchem (SL)
Izaba Younis (IY)

Apologies: David Milford (DM)

In attendance:

NICE Staff:
Sarah Dunsdon (SD)
Barbara Meredith (BM)
(Present for agenda items 1-7 only)

Observers:
Lee Yee Chong (LYC) (Present for agenda item 11 only)
Jen Layden (JL)
(Present for agenda item 11 only)

Minutes

1. **Introductions and apologies**. MT welcomed everyone to the meeting and invited all to briefly introduce themselves. David Milford had sent his apologies for the meeting.

2. **General introduction.** MT explained that anyone who hadn't completed and returned the acceptance, availability and contact details forms needed to do so as soon as possible and return them to SF.

3. **Introduction to the NCGC and role of the GDG:** SL introduced the National Clinical guideline Centre (NCGC) and how the GDG will be working with the technical team during the guideline development process. Followed by an explanation of the declarations of interest (DOI) policy,

highlighting the importance for transparency. MT asked everyone around the table to declare their interest verbally. SF explained that that GDG members would be asked to update their DOIs at every meeting if there were any changes. She also asked that they complete a DOI form and send it to her so that the NCGC can keep an accurate and up to date record of all the declarations.

MT: declared a Personal pecuniary interest: he has been paid expenses to attend the following meetings: Amgen Darbepoetin 20060163 trial investigator meeting in October 2010 and SHARP trial results meeting (Oxford SHARP group, sponsored by MSD) in November 2010. He declared a non-personal pecuniary interest: he or his department have had or will have trials from: Amgen Darbepoetin 20060163 trial – a trial of Epoetin therapy in chronic kidney disease. Vifor FIND CKD trial (a trial of iron therapy in chronic kidney disease). An NIHR trial of Mycophenolate mofetil in glomerulonephritis (GLOMY). The DOPPS study (Dialysis Outcomes and Practice Patterns Study) supported by research grants from Amgen (since 1996), Kyowa Hakko Kirin (since 1999, in Japan), Genzyme (since 2009), Abbott (since 2009), and Baxter (since 2011) without restrictions on publications. He also declared personal non-pecuniary interests: he has published in the field. He is also a member of the Renal Association.

AD: declared a personal non-pecuniary interest: she has published the following in the last year: Davies A and Bench S (2011) The patient with an acute kidney injury in Critical Care Nursing: Learning from Practice (editors Bench S and Brown K) Blackwell Publishing
She has also presented the following in the last year: Davies A (2011) Management of AKI – practical aspects (invited speaker) at Renal Association / British Renal Society Conference June 2011

MD: declared a personal pecuniary interest: he has received sponsorship from Janssen to attend an international nephrology conference in 2011 and is due to receive further sponsorship to attend another later this year. He declared a non-personal pecuniary interest: the unit in which he works has received funding from Amgen and MSD to pay part of the salary of a research nurse involved in multicentre studies funded by these companies. He also declared a personal non-pecuniary interest: he is lead author for local AKI guidelines and chairs the local AKI group. He leads a research group which has developed an electronic AKI alert system, which uses specific definitions of AKI. This alert has been published in abstract form and has been adapted for use in other hospitals. He is a member of the UK Renal Association, the American Society of Nephrology and the International Society of Nephrology. He is deputy chair of the NUH Drugs and Therapeutics Committee. He has published in the field of AKI and has a number of manuscripts in preparation which relate to clinical and basic scientific aspects of AKI.

ADw: declared a personal pecuniary interest: she lectured on AKI at the invitation of the American Association for Clinical Chemistry (AACC) in July 2011 for which her travel and hotel expenses were reimbursed. At that meeting she agreed to make a Webinar on AKI in 2012, updating the lecture lab alerts to changes in creatinine, novel biomarkers. She declared a personal non-pecuniary interest: she is a member of the Renal Association, the Royal College of Pathologists and the Association for Clinical Biochemistry. She is the lab scientist member for the North Central London and the London AKI networks. She is a collaborator on projects looking at novel AKI markers not included in this guideline but necessarily involving serum creatinine.

CH: declared a personal non-pecuniary interest: assessment tool in use that she has introduced to Leighton Hospital (the Kidney HOUR Tool). It is an assessment and response tool based on AKIN and RIFLE classifications for AKI.

CL: declared a personal pecuniary interest: prior sponsorship by Otska pharmaceutical for educational events on SINDH. He also declared non pecuniary interests: guideline development locally (NCL AKI network), local audit (London JCH) and ongoing clinical research on AKI. 1) remote ischaemic preconditioning after cardiac surgery (NIHR funded) and 2) remote ischaemic preconditioning to prevent AKI after coronary angiography.

AL: declared personal pecuniary interest: received £500 from Amgen towards

travel/accommodation/registration at American Society of Nephrology conference October 2010. £500 from Roche towards travel/accommodation/registration at American Society of Nephrology conference October 2010. Baxter-consultancy on continuous renal replacement therapy-Berlin, Germany September 2011. He also declared non-personal pecuniary interest: Renal Department Research for a Roche funded anaemia trial – Micera, Amgen funded anaemia trial – Extend, Roche funded research trial – GloMY, LifeCycle Pharma funded research trial – LCP.

FL: declared a personal pecuniary interest; NIHR funded CKM (Conservative Kidney Management) OPPS – patient advisor (fee and travel expenses) ongoing. HF funded Closing the Gap (Patient education CKD in Primary Care) - patient and service team leader (fee and travel expenses) ongoing. City University Kidney Research Education Initiative funded by British Kidney Patients Association (fee and travel expenses) ongoing. She has received expenses for speaking from a patient viewpoint to the following: a group of salespeople at an internal meeting for Amgen on what it is like to be a kidney patient (June 2011) and a group of patients and staff at Basildon renal unit at the invitation of Baxter to welcome the opening of the new unit on World Kidney Day (March 2011)

MO: declared personal pecuniary interests: she has received lecture fees from Pfizer and Gilead. She has also received sponsorship from Amgen to attend the American Society of Nephrology meeting in the USA. She also declared non-personal pecuniary interests: she has received sponsorship from Bioporto to undertake research in the field of biomarkers for acute kidney injury. She has taken part in commercial research projects sponsored by Eli Lilly. She has received an educational grant from Fresenius to undertake research in the field of citrate based renal replacement therapy.

NP: declared that he has no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

SS: declared a personal pecuniary interest: she is a member of the Renal Pharmacy Group committee. This group receives sponsorship for conferences and study days from a number of pharmaceutical companies.

NCGC Staff: SL, SF, JA, CB, IY and RH declared that they knew of no personal pecuniary interest, personal family interest, non-personal pecuniary interest and personal non-pecuniary interest.

No actions were taken following these declarations and none of the GDG members withdrew as this was an introductory meeting and therefore no evidence or recommendations were to be discussed.

4. **Relationship with NICE and the Guideline Development Process**: SD presented an overview of NICE, the collaborating centres and the NICE guideline development process. She also highlighted that as a public sector; NICE has a duty to make sure that its guidelines are in compliance with the Equalities Act. Therefore, NICE uses 'equality impact assessment' to make sure its consideration of equalities issues is rigorous and transparent. Finally, SD gave the GDG contact details for the NICE communications team and asked the GDG to direct any enquiries about the guideline to them.

5. **Role of patient / carer members:** BM gave an overview of the Patient and Public Involvement Programme (PPIP) at NICE, the importance of lay members' involvement in the development process and how the PPIP team can assist and advise on different aspects of NICE guideline development. She highlighted the website 'health talk online'. She mentioned that there was nothing specific on AKI but there is qualitative information on renal patients. The website does provide valuable insight into views of patients and carers. She recommended that the GDG have a browse through it.

6. **Overview of the AKI guideline development process:** SF informed the GDG that she will not be

giving this presentation as most of it has been covered in items 3 and 4. She will incorporate some of it in to her presentation for the following day.

7. **Using health economic evidence in guideline development:** RH explained how health economic evidence is incorporated within NICE guideline development and illustrated some concepts that will be used in the cost-effectiveness analyses. The GDG were informed that they will be required to focus on 2 or 3 priority areas for health economic analysis and these will be discussed in the 3rd GDG meeting scheduled for October. Prioritisation of these areas will help him develop an economic plan which he will need to submit to NICE in 3 months time. The GDG was then split into 3 groups and were given a short practical exercise on health economics decision modelling to work through.

8. **Outline of the scope:** MT gave a summary of the scope for the guideline. The GDG were reminded that all areas stated in the scope must be covered in the guideline and that it was no longer possible to make any changes to the clinical areas to be covered. FL mentioned that the CKD quality standards refer to the AKI guideline.

9. **Definition of AKI:** MT summarised the comments on the claromentis discussion forum. The GDG discussed the various definitions of AKI. The group agreed to define AKI as a 50% rise in serum creatinine and to come back to this discussion after the KDIGO guideline has been published in November. The GDG will then also discuss the 26 µmol rise and what is meant by baseline value.

10. **Introduction to clinical questions and outcomes**: SF gave a presentation on how to write a research question in PICO format (population, intervention, comparison and outcome) and on how to define each element of the question. She also highlighted the importance of forming the review questions clearly and how best to chose outcomes.

11. **Group Session, refining the clinical questions**: A group discussion was held to refine the protocols for the clinical questions (see AKI clinical questions_15092011). JL and LYC were invited to take part in the discussion on acetylcysteine and/or intravenous fluids in the prevention contrast-induced nephropathy as this may link in to the iv fluid therapy guideline they are currently working on.

12. **Any other business**: There was no other business to discuss

Date, time and venue of the next meeting
Thursday 15 September 2011, NCGC Boardroom, 180 Great Portland Street