

Acute Kidney Injury

National Clinical Guideline Centre

Minutes

3rd Guideline Development Group Meeting

Date and Time: ***20th October 2011, 10:00 – 16:00***

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

GDG Present:

Mark Thomas (Chair) (MT)	Fiona Loud (FL) (Present for afternoon sessions only)
Annette Davies (AD)	David Milford (DM)
Anne Dawnay (ADw)	Marlies Ostermann (MO)
Mark Devonald (MD)	Sue Shaw (SS)
Coral Hulse (CH)	
Chris Laing (CL)	
Andrew Lewington (AL)	

Apologies: Nicholas Palmer (NP)

NCGC Present:

Joanna Ashe (JA)
Caroline Blaine (CB)
Saoussen Ftouh (SF)
Ralph Hughes (RH)
Sue Latchem (SL)
Izaba Younis (IY)
Kate Kelley (KK) (Present for agenda item 4 only)

In attendance:

NICE Staff: Sarah Dunsdon (SD)

Observers: Vanessa Nunes (Present for agenda item 4 only)

Minutes

- 1. Introductions and apologies.** MT welcomed everyone to the meeting. Apologies were received from NP. MT then invited everyone to declare their interests. There were no changes in any of the GDG members' and NCGC staff's DOIs since the last meeting. No actions were taken following these declarations and none of the GDG members withdrew during discussion. MT explained that the GDG will be divided into subgroups for writing up the chapters of the

guideline and there will be one lead from the GDG and one from the technical team. SF will circulate the list once it has been finalised.

2. **Prioritising questions for economic analysis:** RH gave a presentation in which he explained how different priorities need to be assigned to the clinical questions based on whether economic modelling is required or not. The GDG discussed and agreed which clinical questions should be prioritised and each question was given a high, medium or low priority.
3. **Contrast induced nephropathy- update:** CB presented a table detailing characteristics of all the studies identified so far. The GDG discussed which ones should be included and which should be excluded. The evidence review will be presented at the following meeting in December where the GDG will be supported by an expert advisor on radiology.
4. **Supporting the GDG to make recommendations:** KK presented a summary of evidence table being trialled at the NCGC which encompasses all the summary statistics on which the GDG would base their decision making and explained how to interpret the evidence when making recommendations.
5. **Clinical and cost effectiveness of loop diuretics** CB and RH presented the results of the clinical and health economic review on pharmacological management of AKI using loop diuretics. The GDG discussed the evidence and drafted recommendations. Some of the LETR was drafted in the previous meeting. Those assigned the chapter will expand on it and circulate it to the rest of the GDG at a later stage

Clinical and cost effectiveness low dose dopamine: CB and RH presented the results of the clinical and health economic review on pharmacological management of AKI using low dose dopamine. The GDG discussed the evidence and drafted recommendations. The LETR will be drafted by the subgroup assigned to the chapter and circulated to the rest of the GDG at a later stage.

6. **Clinical and cost effectiveness relief of urological obstruction:** CB and RH presented the results of the clinical and health economic review on relief of urological obstruction. No clinical evidence on this question was found. Basic calculations comparing the additional costs of a 24/7, a 8/5 or an 8/7 (hours/days) service were presented. The GDG drafted a consensus recommendation based on this review question.
7. **Risk factors for AKI literature search:** JA gave a presentation on types of prognosis questions. The GDG discussed which type is most appropriate to answer the clinical question on risk factors for AKI. It was decided that a strategy to stratify the risks for AKI would be helpful. SF suggested that the team would look into this and feed back to the GDG on whether it would be possible. She mentioned that in the meantime she will start a thread on the forum for the GDG to list the most important risk factors for AKI.
8. **Minimally important differences:** there was insufficient time to cover this item.
9. **Group Session: refining clinical questions:** A group discussion was held to refine the clinical questions on diagnosis of AKI using urinalysis and prevention of deterioration.
10. **Any other business:** There was no other business to discuss. MT closed the meeting and thanked everyone for attending.

Date, time and venue of the next meeting

Wednesday 7th December 2011, NCGC Boardroom, 180 Great Portland Street, London