Acute Kidney Injury

National Clinical Guideline Centre

Minutes
4th Guideline Development Group Meeting

Date and Time: ***7th December 2011, 10:30 – 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)
David Milford (DM)
Marlies Ostermann (MO)
Sue Shaw (SS)

Apologies: Nicholas Palmer (NP)

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

In attendance:

NICE Staff: Sarah Dunsdon (SD)

Expert Advisor: Dr Mark Downes (MDw)

Observer: Emily Young (Health and Work Development Unit Coordinator, RCP)

Minutes

1. **Introductions and apologies**. MT welcomed everyone to the meeting and introduced Dr Mark Downes an expert advisor on radiology. Apologies were received from NP. MT then invited everyone to declare their interests. MT declared a personal non pecuniary interest: he has attended an unpaid advisory board run by Sunquest International in November 2011. FL declared that the following have verbally offered funding towards World Kidney Day next March 2012. Shire £10,000, Fresenius £3,000, Amgen £5,000, Baxter £5,000, Transplant 2013 (a group set up to promote leadership of organ donation and transplantation in Parliament and other relevant

institutions and facilitate communication and consensus within the transplant community in order to support the implementation of the Organ Donation Taskforce's recommendations) £1,000. MDw declared a personal pecuniary interest: he has received sponsorship from GE Healthcare to attend meetings (payments were in line with ABPI). CL a non personal pecuniary interest: he was paid honorarium by otsuka pharmaceuticals who make tolvaptan (used for SIADH). This was for chairing the hyponatraemia academy. He put has put the money into the hospital's fellows' fund.

There were no changes to any of the other 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.

The minutes of GDG 3 were agreed as an accurate reflection of the meeting, there were no matters arising.

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. The list was sent out with the GDG papers.

2. **Update on the health economic plan:** RH presented an update on the health economic plan. The GDG discussed the models proposed. It was generally agreed that the model was a good starting point and is indeed a good representation of what happens and suggested some minor changes. RH suggested that further discussions should be done within a subgroup and asked the GDG for volunteers. He also asked everyone to send their comments back by the 12th of December. AL suggested that the guideline should adopt the more up to date terminology CI-AKI rather than CIN. The GDG agreed.

3. **Presentation on types of contrast media and contrast induced nephropathy:** MDw gave an introductory presentation on types of contrast media and contrast induced nephropathy. Having a black ethnic origin was mentioned as a possible risk factor. SL asked if this group of patients should be given special consideration to comply with NICE's equalities policy. The GDG agreed that the evidence on this was not conclusive and that they hadn't come across it. They thought the increased risk was probably more likely due to other underlying risk factors specific to this group of patients.

4. **Contrast induced nephropathy- NAC+0.9% saline vs. 0.9% saline:** CB presented the results of this review. She explained there are many variables within the studies which will make it difficult to interpret the results of the meta-analysis. It was decided that the Baker study should be excluded as it was not comparing like with like. AL suggested trying to subgroup in to elective versus emergency surgery. Mortality at 6 months was considered to be least important for decision making for this particular question and should be lowest in the table. This is because patients may have died from other causes by then rather than CIN itself. There was a discussion on whether studies using ioxaglate should be excluded on the basis that this media is not used in the UK. It was agreed that there was no evidence to suggest it is better or worse than any other media therefore there's no need to exclude these studies.

5. **Contrast induced nephropathy - NAC+0.45% saline vs. 0.45% saline** IY presented the results of this review. The GDG decided that there was no need to review 1 year mortality as an outcome. MDw suggested subgroup analyses based on intra-arterial vs intravenous and to see if it would be possible to subgroup by dose: >300 ml higher dose, <300 ml lower dose.

6. **Questions on prevention of deterioration- update:** The GDG discussed and agreed the clinical questions on prevention of deterioration. These are still subject to prioritisation once the full list of questions is finalised**.**

7. **Questions on risk factors for AKI- update:** SF explained that reviewing all risk factors for AKI in children and adults to develop a risk stratification algorithm will be a very broad review which may not be possible within the timeframe of the guideline. She also explained that even if the GDG can

develop a tool it will need to be validated in patients and this is outside the remit of the guideline and therefore they should consider if this would be the best use of their time considering there are many more clinical questions to cover. The GDG agreed the latter approach would be better. They suggested the following tools: Cincinnati, Toronto, Cleaveland

8. **Refining clinical questions for upcoming reviews:** A group discussion was held to refine the clinical questions on 'track and trigger', serum creatinine in diagnosis and timing of referral to nephrologist.

9. **Any other business**: SF said that the chapters will be on claromentis in the near future for the subgroups will work in them and she will email to let everyone know. MT closed the meeting and thanked everyone for attending.

Date, time and venue of the next meeting
Friday 20th January 2012, NCGC Boardroom, 180 Great Portland Street, London