

Acute Kidney Injury**National Clinical Guideline Centre****Minutes****6th Guideline Development Group Meeting**

Date and Time: *6th March 2012, 10:30 – 16:00*

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

GDG Present:

Mark Thomas (Chair) (MT)	David Milford (DM)
Annette Davies (AD)	Marlies Ostermann (MO)
Anne Dawnay (ADw)	Nicholas Palmer (NP)
Mark Devonald (MD)	Sue Shaw (SS)
Coral Hulse (CH)	
Chris Laing (CL)	
Andrew Lewington (AL)	

Apologies: Fiona Loud (FL)

NCGC Present:

- 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 Lyda Jadresic (LJ) (present for items 1- 3 only)

Minutes

- 1. Introductions and apologies.** MT welcomed everyone to the meeting and introduced Dr Lyda Jadresic, a Consultant Paediatrician who is an expert advisor to the GDG. Apologies were received from FL.

LJ did not have any interests to declare. AL declared a personal pecuniary interest: he is an adviser to AM Pharma on clinical phase 1 trial for alkaline phosphatase as a drug therapy for AKI.

CL and MO declared a non personal pecuniary interest: They are joint organisers of the launch of the London acute kidney injury network which has received sponsorship from Gambro, Fresenius, Baxter, Amgen and Gilead Sciences to cover venue costs. Fees were paid directly to the Welcome

collection which hosted the event. No speaker, delegate or organiser fees were paid.

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 GDG5 were agreed as an accurate reflection of the meeting.

2. **Clinical and cost effectiveness evidence on timing of Renal Replacement Therapy (RRT):** IY presented the results of the review on timing of renal replacement therapy. The definitions used for timing varied between studies. Therefore, both RCTs and prospective cohort studies were included in this review to obtain a broader range of evidence on which the GDG could base their recommendation. RH presented the health economics considerations for this question. The GDG formulated a draft recommendation.
3. **Update on risk assessment questions:** The GDG discussed the protocol for the question on risk assessment tools. CB gave an overview of the evidence that had been retrieved so far.
4. **Clinical evidence on methods of prevention of deterioration:** SF presented an updated list of clinical questions for this key area of the scope. The GDG agreed the changes. CB presented the clinical evidence from this review. RH explained the challenges of developing a health economics model for this question. The GDG agreed and decided that this question would no longer be a priority for health economic modelling. RH will update the economic plan accordingly.
5. **Update on the CI-AKI health economics model-** RH presented methods for the CI-AKI model which had been updated further to the discussion with the GDG at the previous meeting. Further changes were suggested regarding the stages of CKD which RH will include in the final model.
6. **Protocols for upcoming reviews:** There was insufficient time to cover this item.
7. **Any other business:** MT closed the meeting and thanked everyone for attending.

Date, time and venue of the next meeting

Tuesday 22nd of May 2012, NCGC Boardroom, 180 Great Portland Street, London