

KDIGO Guidelines Development: Strengths and Challenges

KDIGO Controversies Conference
Clinical Practice Guidelines: Methodology
October 12, 2007

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Selection of guideline committee/ workgroup members

- 12 – 15 workgroup members; 2 co-chairs
- Workgroup co-chairs identify potential workgroup members with input from KDIGO co-chairs
- Multidisciplinary workgroup members
- International representation

Evidence Review Team

- Tufts-New England Medical Center (Boston)
- Co-director (EBM) Joseph Lau
- Co-director (Nephrology) Katrin Uhlig
- Associate director (EBM) Ethan Balk
- NKF fellows (2)
- Research associate
- Research assistants
- Contributing international methodologists
 - Jonathan Craig (Australia)
 - John Ioannidis (Greece)
 - Jin Ling Tang (Hong Kong)

Selection and prioritization of guideline topics

- Before first workgroup meeting, workgroup co-chairs draft preliminary scope of work
- ERT conducts preliminary literature search
- A series of teleconferences of workgroup co-chairs with ERT to create draft key questions and review criteria
- Topics, key questions, and review criteria discussed and refined at workgroup meetings and teleconferences

Origin of KDIGO methods

- KDIGO uses proven KDOQI methodologies (evolving)
- KDOQI methodologies have been used since 2000, have resulted in 6 KDOQI guidelines and 3 updates
- Supported by the ERT at Tufts-NEMC

Abridged KDIGO guidelines development method

- Follows well-defined and rigorous methods
- Four 1.5 day meetings over 2 years
- Conflict of interest management
- Training of workgroup members in EB methods / CPG development (CME offered)
- Initial key questions formulation
- Literature review
- Summary and grading of evidence
- Drafting guidelines statements
- Grading of recommendations
- Advisory board feedback
- Public review

Dissemination and Implementation

- Published as Kidney International Supplement
- Guidelines are designed to be adopted by different countries according to local needs

Strengths and Challenges of KDIGO

Strengths

1. Best experts in the field (know the issues, involved in research)
2. Multidisciplinary
3. International representation
4. Stable dedicated ERT (efficiency, reproducibility, institutional memory)
5. Rigorous methods, training of WG members and fellows
6. Explicit grading of evidence and recommendations
7. Well funded projects

Challenges

1. Experts hold strong opinions, industry funding, perceived COI
2. Difficult to achieve a balanced representation of all relevant disciplines
3. Difficult to have 10-15 people represent the world, communications across many time zones a challenge
4. Stable dedicated ERT (stale)
5. Resource intensive, takes a lot of time, foreign terminologies
6. Grading of evidence and recommendations an evolving field
7. Choice of guidelines topics dictated by funding source

Current KDIGO Topics

- Hepatitis C (in press)
- Mineral and Bone Disease (3/4 way)
- Kidney Transplantation (1/2 way)

Future Outlook

- Grading of evidence and recommendations is evolving
- Debate on allowable evidence for guidelines
- Novel attempt, we currently know very little about the feasibility or the success of translation or adoption of guidelines across different countries