

## "KDIGO Recommendations Make the Argument"

How KDIGO publications and activities can help you improve local healthcare

David Wheeler KDIGO Co Chair

### The KDIGO Mission

Improving the care and outcomes of kidney disease patients worldwide through the development and implementation of clinical practice guidelines.



## KDIGO's Action Agenda

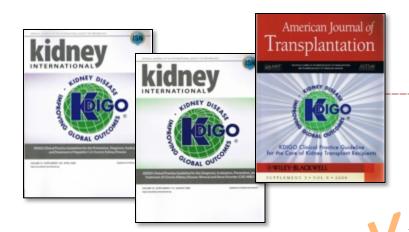
- To translate scientific advances into useful and practical clinical practice recommendations.
- To make these recommendations available to clinicians around the world.
- To develop recommendations taking into account cultural, economic, language, regulatory and environmental issues.
- To adapt, simplify, prioritize and highlight recommendations to make them usable to clinicians in their everyday clinical practice



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### **Published KDIGO Guidelines**



Hepatitis C April 2008

Mineral Bone Disorder July 2009

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Glomerulonephritis June 2012
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Blood Pressure in CKD November 2012

Diagnosis and Management of CKD January 2013

Lipid Management November 2013

### ISI Web of Knowledge™

### Journal Citation Reports®



**2014 JCR Science Edition** 

#### **MARKED JOURNAL LIST**

Sorted by: Impact Factor

Abbreviated Journal Title	ISSN	2014 Total Cites	Impact Factor	5-Year Impact Factor	Immediacy Index	2014 Articles	Cited Half-life	Eigenfactor® Score	Article Influence® Score
EUR UROL	0302-2838	21495	13.938	11.260	4.978	228	4.6	0.06113	3.540
KIDNEY INT SUPPL	2157-1724	691	10.435	7.533	0.000	20	2.2	0.00472	3.297
J AM SOC NEPHROL	1046-6673	32059	9.343	9.621	2.108	260	8.3	0.05942	3.376
KIDNEY INT	0085-2538	37913	8.563	7.891	2.812	245	9.5	0.05526	2.699
NAT REV NEPHROL	1759-5061	2345	8.542	7.789	1.623	53	3.1	0.01271	2.763
AM J KIDNEY DIS	0272-6386	19397	5.900	5.555	1.949	197	9.1	0.03315	1.863
NAT REV UROL	1759-4812	1405	4.840	4.759	1.109	55	3.2	0.00746	1.662
CLIN J AM SOC NEPHRO	1555-9041	10854	4.613	5.466	1.016	244	4.5	0.04195	1.878
J UROLOGY	0022-5347	46523	4.471	4.101	1.131	458	9.6	0.06601	1.268
CURR OPIN NEPHROL HY	1062-4821	2971	3.862	3.682	0.489	90	5.7	0.00784	1.196
NEPHROL DIAL TRANSPL	0931-0509	22479	3.577	3.457	1.096	332	6.6	0.04807	1.055
PROSTATE	0270-4137	7447	3.565	3.474	0.752	161	6.8	0.01370	0.942

Source: Thompson Reuters



## How are KDIGO Guidelines developed?

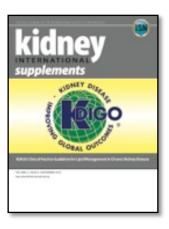
- Rigorous, transparent and unbiased process for identifying relevant clinical trials, observational studies, meta-analyses and systematic reviews.
- Expert workgroup work with evidence review team to develop and grade clinical practice recommendations for given clinical scenarios.
- Published in international clinical journals and online at www.kdigo.org



### Making best use of KDIGO Guidelines

### What can we achieve by Guideline dissemination?

- Help busy clinicians make the best clinical decisions
- Improve outcomes for your patients
- Increase your patients' access to healthcare
- Streamline efficiency of healthcare delivery

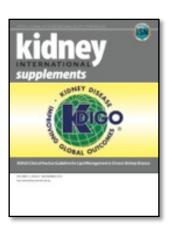




## Making best use of KDIGO Guidelines

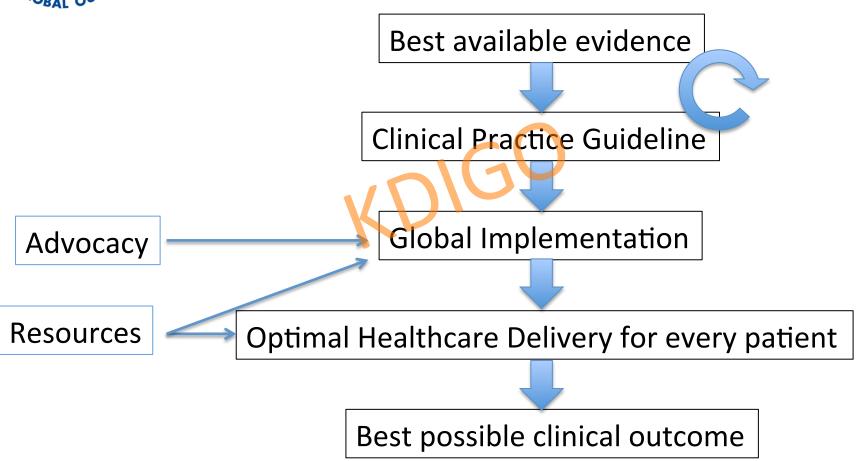
### With whom can you share KDIGO Guidelines?

- Colleagues
- Patients
- Health policy makers
- Payers
- Administrators
- Regulatory Authorities





## Improving Healthcare through implementation of clinical science





### **Controversies Conferences**

### 2015:

- Diabetes and CKD
- Fabry Disease
- Complement-Mediated Kidney Diseases
- Gitelman Syndrome

### 2014:

- ADPKD
- Iron Management in CKD
- ADTKD
- Nephropathic Cystinosis

### 2013:

- CKD-MBD: Back to the Future
- Supportive Care

### 2012:

· Diabetic Kidney Disease

#### 2011:

 Novel Techniques & Innovation in Blood Purification

#### 2010:

- Cardiovascular Disease in CKD
- Drug Prescribing in CKD: Initiative for Improved Dosing

#### 2009:

- Definition, Classification, and Prognosis in CKD
- Blood Pressure in CKD Stage 5D

### 2007:

- Člinical Practice Guidelines: Methodology and Transparency
- Coordination of Clinical Practice Guidelines for Anaemia in CKD

#### 2006:

- CKD as a Global Public Health Problem
- Care of the Transplant Recipient

#### 2005:

 Definition, Evaluation & Classification of Renal Osteodystrophy

### 2004:

Definition & Classification of CKD



## **Controversies Conferences**

- Bring together recognized experts to use collective judgment and knowledge questions:
  - "What Do We Know?"
  - "What Can We Do With What We Know?"
  - "What Don't We Know?"
- Conference reports contain information that can be used by advocacy efforts.



## **Controversies conference reports**

				Persistent albuminuria categories Description and range				
				<b>A</b> 1	A2	А3		
				Normal to mildly increased	Moderately increased	Severely increased		
		K	<30 mg/g <3 mg/mmol	30–300 mg/g 3–30 mg/mmol	>300 mg/g >30 mg/mmol			
(2	G1	Normal or high	≥90		Monitor	Refer*		
1.73 m <sup>2</sup> ige	G2	Mildly decreased	60–89		Monitor	Refer*		
egories (ml/scription an	G3a	Mildly to moderately decreased	45–59	Monitor	Monitor	Refer		
	G3b	Moderately to severely decreased	30–44	Monitor	Monitor	Refer		
	G4	Severely decreased	15–29	Refer*	Refer*	Refer		
GFR	G5 Kidney failure		<15	Refer	Refer	Refer		

## **Controversies conference reports**

http://www.kidney-international.org

meeting report

© 2015 International Society of Nephrology

# Autosomal-dominant polycystic kidney disease (ADPKD): executive summary from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference

Arlene B. Chapman<sup>1</sup>, Olivier Devuyst<sup>2</sup>, Kai-Uwe Eckardt<sup>3</sup>, Ron T. Gansevoort<sup>4</sup>, Tess Harris<sup>5</sup>, Shigeo Horie<sup>6</sup>, Bertram L. Kasiske<sup>7</sup>, Dwight Odland<sup>8</sup>, York Pei<sup>9</sup>, Ronald D. Perrone<sup>10</sup>, Yves Pirson<sup>11</sup>, Robert W. Schrier<sup>12</sup>, Roser Torra<sup>13</sup>, Vicente E. Torres<sup>14</sup>, Terry Watnick<sup>15</sup> and David C. Wheeler<sup>16</sup> for Conference Participants<sup>17</sup>

Kidney Int. 2015 Mar 18. doi: 10.1038/ki.2015.59. [Epub ahead of print]





## You Are Part of the KDIGO Global Network



## 900 Volunteers



Global problems – local solutions



### **KDIGO Global Network**

### The Global Network helps KDIGO to:

- Communicate with the kidney community and health policy makers around the world.
- Disseminate KDIGO guidelines and conference reports to policy makers.
- Incorporate education on KDIGO Guidelines into local symposia.
- Analyze local health care environments to learn how best to use KDIGO recommendations to influence policy decisions.



## What is KDIGO doing next?

- New Guidelines
- Guideline updates
- Living Guidelines
- Comprehensive database of RCTs
- Controversies Conferences
- Computerised tools
- Implementation activities



## **New in 2015: Living Donor Guideline**



Evidence Review Center for this guideline is the AHRQ Center at the University of Minnesota. This guideline is being written in collaboration with The Transplantation Society (TTS). It will cover the care, selection, risk assessment and prognosis of the living kidney donor.

### TTS Representatives

Patricia Adams *USA* 

Lorenzo Gallon USA

### **Guideline Co-Chairs**

Amit Garg Canada

Krista Lentine USA

### **Work Group Members**

Josefina Alberu

Mexico

Mohamed Bakr

Egypt

Josep Campistol

Spain

Cathy Garvey

USA

Sandeep Gularia

India

Andrew Levey

USA

Philip K. T. Li

Hong Kong

Jose Osmar Medina-Pestana

Brazil

**Dorry Segev** 

USA

Faissal Shaheen

Saudi Arabia

Sandra Taler

USA

Kazunari Tanabe

Japan

Linda Wright

Canada

Martin Zeier

Germany

### **Coming Soon: Transplant Candidate Guideline**

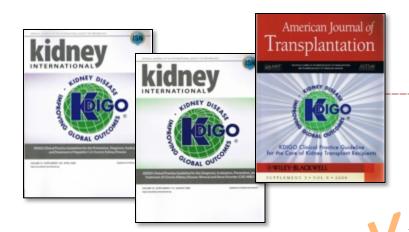
KDIGO's next new guideline, tentatively entitled "KDIGO Clinical Practice Guideline for the Evaluation and Management of Candidates for Kidney Transplantation", will focus on selection of kidney transplant recipients.



KDIGO will work again with The Transplantation Society (TTS) on this original guideline, continuing the collaborative relationship forged during development of the KDIGO Guideline on The Evaluation and Follow Up Care of Living Kidney Donors.



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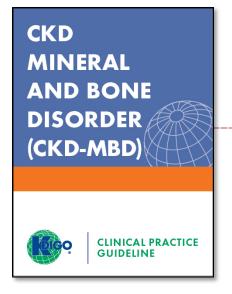
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### **Guideline Updates in Progress**

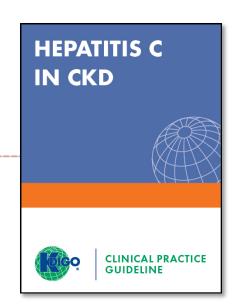


Co-chair: Mary Leonard, USA

Co-chair: Markus Ketteler, Germany

Co-chair: Michel Jadoul, Belgium

**Co-chair: Paul Martin, USA** 





### **Diabetes & CKD Conference**

*2015* 

- Addressed issues pertinent to the management of diabetes in the context of CKD.
- Co-chairs: Vlado Perkovic,
  Australia & Per-Henrik Groop,
  Finland
  - Date: February 5-8, 2015
  - Location: Vancouver, Canada



### Rare Kidney Diseases Conference Series

The Rare Kidney Diseases Conference Series will focus on six rare diseases and culminate in a major Controversies Conference in early 2016. The series will frame new questions, explore treatment options, and help shape the global research agenda.

### Rare Kidney Diseases Conference Series Topics:

- Autosomal Dominant Tubulointerstitial Kidney Disease (ADTKD)
- Autosomal Dominant Polycystic Kidney Disease (ADPKD)
- Nephropathic Cystinosis
- Fabry Disease
- Complement-Mediated Kidney Diseases
- Gitelman Syndrome





## **Common Elements in Uncommon Kidney Diseases**

2016

- This meeting will focus on clinical issues common to all rare kidney conditions such as referral, genetic counseling, centers of excellence, progression from pediatric to adult care, and registries.
- Co-Chairs: Olivier Devuyst,
   Switzerland & Lisa Guay-Woodford,
   USA
- Date: April 2016



### **Challenges in Clinical Trials in Nephrology**

*2016* 

- Will bring together sponsors, scientists, trialists and patients to debate and discuss controversial issues related to trial design and the impact of trials on patient care.
- Co-chairs: Colin Baigent, England and John McMurray, Scotland
- Topics will include:
  - Reasons for the failures of RCTs in nephrology
  - Optimal clinical trial design
  - Relevant clinical endpoints
  - The role of trial consortia
  - Secondary analysis and meta-analysis trials
  - Innovations that reduce the cost of clinical trials
  - The use of registries to capture endpoints



### **Total Care in the transition from Stage 4-5**

December 2016

- Dataset assembled and analyzed by the CKD Prognosis
- Co-chairs: Brenda Hemmelgarn, Canada and Kai-Uwe Eckardt, Germany
- The conference will address why many patients in Stage 4 do not receive kidney replacement therapy.
  - If they die, what do they die of?
  - As they progress how are major co-morbidities managed?
  - How often is supportive care used?
  - How does care in Stage 4 determine outcomes in Stage 5?
  - How are patients and families involved in care?
  - How are the treatment needs of patients at both stages handled to maximize outcomes?



### 2015 Clinical Practice Conferences



**February 9** – Mumbai, India 4<sup>th</sup> Annual Mumbai Nephrology Summit

February 10 – Calabar, Nigeria 27th Annual Nigerian Association of Nephrology General Meeting and Scientific Conference

**February 24-27** – Cairo, Egypt 33rd Annual ESNT Conference

June 5-7 – Nagoya, Japan 58th Japanese Society of Nephrology Meeting

**September 15-19** – St. Petersburg, Russia Renal Week 2015 in collaboration with the Russian Dialysis Society

September 17-19 – Daegu, Korea
7th Asia Pacific Chapter Meeting of International
Society for Peritoneal Dialysis, in collaboration with the
Korean Society of Nephrology



## **Expert Roundtables**

A gathering of local, regional or international KDIGO experts. They discuss specific questions or topics presented by a KDIGO corporate partner.

### Topics can include:

- Reimbursement policies and challenges
- Regulatory issues
- Regional practice patterns
- Physician education needs
- Value of KDIGO clinical recommendations
- Competitive environment



Expert Roundtables can be sponsored. They are sometimes held in conjunction with country or regional congresses, or can be stand alone events.



### Now available for iPad & iPhone



Download the KDIGO Clinical Practice **G**uidelines for Kidney Disease app today. Access the complete library of KDIGO guidelines on your iPad & *iPhone* for free.



## **Summary**



- KDIGO translates high quality evidence into clinical practice recommendations.
- Controversies conferences highlight gaps in knowledge and highlight areas where research is needed.
- KDIGO publications can be used to influence those who developed healthcare policy.
- KDIGO activities can provide opportunities to engage policy makers.
- KDIGO wants to learn from its implementation efforts to become more effective in its mission.

## **FOLLOW KDIGO**



www.kdigo.org





@goKDIGO



@goKDIGO



## Examples of KDIGO Recommendations You Can Use to Influence Policy Decisions

- KDIGO Guideline recommendations on specific treatments:
  - Anemia, target Hbg levels
  - Bone and Mineral Disorders, the nomenclature itself
  - Lipids Management, use and keep patients on statins
  - Blood Pressure, lower levels improve CVD risk
- KDIGO Controversies Conference recommendations:
  - Stages of CKD, based on eGFR
  - "Heat Map" of risk of progression based on eGFR and Albuminuria to Creatinine Ratio
  - Appropriate iron therapy in anemia management
  - Diabetes with CKD means more than glucose management