

KDIGO Topics 2023-2024 Discussion Starters

Controversies Conferences

Usually KDIGO does 4-5 of these meetings each year. In 2023, we have scheduled “Women and Kidney Health” for early February and intend to do “Care of the Transplant Recipient” in the second quarter of 2023. Others are not scheduled yet.

Transplant Series

We have only done one Conference on a Transplant Topic. There are opportunities to involve KDIGO more thoroughly in transplant. A series like the one on dialysis topics may illustrate our commitment to transplantation.

Care of the Transplant Recipient

This topic may need to be divided into two Conferences. We have previously agreed that the Guideline on Care of Transplant Recipient should be updated soon. The Conference can help focus on the need for an update to the Guideline developed over 10 years ago. The field has changed considerably since then. This Conference is intended to frame some of the issues the Guideline Update contains. This Conference could include advances in diagnostic and prognostic techniques and tools.

Innovation in Transplantation

Some innovations are covered in other Conference ideas but this topic could be the theme of a Controversies Conference including some of these issues. Or, it could review a range of innovative steps being contemplated or currently used in various aspects of the transplant process. One frequently mentioned prospective innovation is Xenotransplantation. This topic has a lot of interest in the transplant community. Several years ago, this was a major topic but it lost some of its momentum. That momentum may be returning. Possibilities for sub-topics can include stem cell engineering and organoids as well as new perfusion techniques.

Issues in the Use of Deceased Donor Kidneys

Organ donation gets quite a bit of attention; but, there are aspects of the donation process that could be the subject of a KDIGO Conference. Among others, the retrieval process, storage of donated organs, time from retrieval to transplant are scientific topics that could be assessed. Topics could also include from biopsies of donated organs, the discard of organs, use of organs from marginal donors and other issues.

Heart/Kidney Issues (could be a Conferences or Guidelines)

There was a series of Controversies Conferences on this topic in the past five years. However, it is a fast-moving field and another opportunity for KDIGO to continue bringing nephrology and cardiology together. Anti-Coagulants Could be an important topic which was partially covered

in KDIGO's series of Heart/Kidney Controversies Conferences in 2016. Heart Failure and its current status is another topic covered in the series in 2017. However, it is an important and growing issue in nephrology and cardiology.

Dialysis Series

KDIGO held a series of Conferences on dialysis topics. These are other topics that might be worth considering. Dialysis is such a major portion of the nephrology field that it could justify continuing KDIGO's work in this area.

Dialysis in Low and Middle Income Countries

KDIGO held a Conference on CKD in general in these countries. But, dialysis is such an important topic there it is worth considering. The problems these countries have are different and separate from more developed countries approach to dialysis care. And, issues like water availability and suitability and the basic infrastructure and human resources needed for a dialysis program.

Issues in Long-Term Dialysis

It is important to recognize that many patients live with dialysis for many years. Their unique problems could be considered. How long can a person survive on dialysis is an important question that patients frequently ask. What discrete things can be done for long-term hemo and peritoneal dialysis patients. Related issues are Elderly and Frail Patients since a very large percentage of dialysis patients are older and suffer from some challenges that aren't as prevalent among younger patients. Dealing with these issues are important in all dialysis settings and can be considered a growing field that KDIGO can focus more attention on. Another similar topic is Withdrawal from Dialysis. This issue was discussed in our Supportive Care Conference many years ago. However, it continues to be important and something clinicians need help in dealing with. Such a Conference would provide some ideas and guidance for many patients.

Nephrology Issues

A Controversies Conference could usefully deal with challenges to nephrology in general. They are global and significant for the dialysis community as well as all of nephrology. These things are being done and talked about more than in the past. This would be a timely contribution to the field from KDIGO.

Artificial Intelligence in Nephrology Care and Precision Medicine and Machine Learning in Nephrology

Advances in artificial intelligence are growing in all aspects of nephrology. Computerized guidance for all nephrologists is growing and becoming a standard part of care. Defining Precision Medicine and analyzing the uses of Artificial Intelligence would be a great opportunity for KDIGO to remain forward looking and oriented to the challenges the field will face.

Green Nephrology

Environmental issues are everywhere in medicine as well as other fields. Looking at how nephrology and dialysis can have positive rather than negative impact on the environment would be a worthwhile Conference. KDIGO can make a difference and further bring attention to this challenge.

Conference on Singular Issues in Nephrology (1 Conference, 4 unrelated issues)

This Conference would be an experiment in KDIGO's standard format. It is a Conference on four topics not directly linked. All are significant topics that don't lend themselves to an entire Conference. Yet they should be explored and focused on by KDIGO and the community.

These topics could be:

Gout

Kidney Stones

Inflammation

Hyperkalemia

Trying a new format would be difficult, but interesting. How to approach the Conference Report would also be something new. However, new ideas can be tried and evaluated.

Other Suggested Topics from Volunteers

Urinary Proteins

In preparation of the conference, we propose to analyze several datasets and trials to address the questions described in the document. I believe it is useful to present at the conference the results of the analyses in order to stimulate discussions and provide conference attendees with the most up to date information about the use of urinary proteins for diagnosis, prognosis, disease monitoring and drug efficacy assessment. We used this format previously at NKF sponsored conferences with Andy Levey and Lesley Inker where we presented proposals for 30/40% eGFR decline and eGFR slope as trial endpoint. After we have presented the results of these analyses we can hopefully come to a consensus. Of course, we would require support from industry/government to cover statistical analyst's time to address the questions we described in the conference proposal.

Acute Interstitial Nephritis

There is a lot of activity in the AIN area, especially with the immune-checkpoint inhibitors as a cause of AKI/AIN. There are a lot of questions about how to best make the diagnosis and treat the lesion when identified. This conference will focus on three key aspects of clinical management of patients suspected to have AIN: 1. Etiology and clinical diagnostic challenges 2. Histological diagnosis and 3. Prognosis and management.

Communicable Disease

Debate, discuss and issue observations on the unique problems faced by CKD, dialysis and transplant patients living in serious outbreaks of communicable diseases.

CKDu

An epidemic of chronic kidney disease (CKD) is posing a serious public health in some areas of the world. Over the last two decades, Central America has reported as much as a 10-fold increase in the number of cases of people suffering from CKD. Among these cases, there have been reports of a type of CKD whose etiology is not related to traditional risk factors for CKD, such as diabetes and hypertension, and that constitutes what has been defined as "chronic kidney disease of nontraditional causes" (CKDnT), "chronic kidney disease of unknown origin"(CKDu), "Mesoamerican Nephropathy" and many other denominations.

The increased frequency of CKD in some these populations does not seem to be associated with a rise in the frequency of traditional risk factors for kidney disease, but to date, many possible causes of CKDu such as heat stress and recurrent episodes of dehydration amongst many others have been proposed.

The most frequent clinical presentation is a slowly but steadily evolving deterioration in kidney function which begins in the second or third decade of life and involves minimal changes in urinalysis, normal blood pressure, an absence of peripheral edema, and no or low-grade proteinuria. Mild anemia, hypokalemia, and hyperuricemia are common. Renal biopsy samples from patients with CKDnT have shown a pattern of predominant tubulointerstitial damage associated with glomerulosclerosis and, in some cases, signs of glomerular ischemia.

At the moment, there is not a unique clinical consensus definition for this entity. Nevertheless, some important efforts have been made by the Latin American and the Sri Lanka nephrology groups for implementing a definition that would allow public health decisionmakers to know the real impact and dimension of the CKDu epidemic and to plan actions according to the distribution and causes of the disease. Much less advances have been made on the best practices to screen for and treat this entity in different stages of the disease.

Diagnostic Criteria

The topic would be on consensus criteria to assign the most common diagnosis of causes of CKD. "Officially", hypertension is the second most common cause of CKD requiring KRT. However, diagnostic criteria for hypertensive CKD (e.g., UpToDate) are obsolete, as they were developed in the 20th century, well before the current KDIGO CKD concept was born.

In the 20th century, hypertension had to precede kidney insufficiency (usually defined by higher serum creatinine values than those that would lead to a diagnosis of CKD by KDIGO standards) and proteinuria (which occurs later than the current concept of albuminuria >30 mg/g as diagnostic criterion for CKD). If the diagnosis of CKD occurs earlier in time (as per KDIGO instead of as per the outdated criteria outlined e.g., in UpToDate), then hypertension may no longer precede kidney disease, but occurs as a consequence of CKD. Reading the latest ESC CPG on hypertension there is no clear identification of criteria to consider CKD as cause or consequence of CKD.

Another item to diagnose hypertensive nephropathy is that there should be no other obvious cause (besides hypertension) for CKD. However, how “obvious” a cause is will depend on which diagnostic tests were performed.

As a result of these outdated diagnostic criteria, it is likely that hypertensive nephropathy is being over diagnosed. The main problem I see resulting from overdiagnosis is that it conveys the notion that there is no need to do research on causes of CKD since it is clearly established that DM and hypertension account for a majority of cases of CKD.

Guidelines

Updates

These topics have been covered by KDIGO Guidelines. But, several years ago. KDIGO has felt they should be updated.

Two have been approved and are in the process of being organized:

Care of the Transplant Recipient

Acute Kidney Injury

Other Guidelines that may be considered for an update include:

Lipids

Mineral and Bone Disorders (could be preceded by a Conference)

De novo Guidelines

Heart/Kidney

Easily an important aspect of nephrology. No Guidelines have been done on these topics but they are relevant and important.

Dialysis issues

KDIGO has published three Guidelines on transplantation; but, none on dialysis. The Dialysis Series of Controversies Conferences provide many issues that could be Guideline topics.