



KDIGO Direct

Scope of Work Open for Public Review: KDIGO Controversies Conference on Symptom-Based Complications in Dialysis

The Scope of Work for the KDIGO Controversies Conference on Symptom-Based Complications in Dialysis is now open for public review. KDIGO makes preliminary Scope of Work documents available for public review prior to final planning of any Controversies Conference.

The Scope of Work and feedback form can be found on the [KDIGO Controversies Conference on Symptom-Based Complications in Dialysis website](#). Kindly submit your comments via the feedback form no later than **Monday, September 20**.



This will be the fourth conference in the dialysis series, which seeks to identify the optimal means for the diagnosis, management, and treatment of symptom-based complications in patients undergoing dialysis therapy. In 2018, the first KDIGO dialysis controversies conference, "Dialysis Initiation, Modality Choice, Access, and Prescription," cemented the understanding that choice of dialysis modality plays a central role in an individualized and goal-directed approach to initiating kidney replacement therapy. The second KDIGO dialysis controversies conference, "Blood Pressure and Volume Management in Dialysis," was held in 2019, and addressed the impacts of dialysis modality. The third meeting of the KDIGO dialysis controversies conference series focused on the utility and adoption of home dialysis and was held in 2021.

Dr. Edwina Brown (United Kingdom) and Dr. Raj Mehrotra (United States) will co-chair this conference.

Recent Publications



KDIGO Harmonizing Acute and Chronic Kidney Disease Definition and Classification Controversies Conference Report Now Available

The updated and final version of the [Conference Report from the KDIGO Consensus Conference on Harmonizing Acute and Chronic Kidney Disease Definition and Classification](#) is now available, published in the September issue of *Kidney International*. The report is based on the August 2020 virtual Consensus Conference, co-chaired by Drs. John Kellum (United States), Norbert Lameire (Belgium), Adeera Levin (Canada), and Paul Stevens (United Kingdom).

The purpose of this conference was to review the evidence to date and develop definition, classification, and management recommendations for AKD that are harmonized with the current definitions, classification, and management recommendations for AKI and CKD. The conference also identified the key areas of research required to fully understand the relationships between these entities.

Read the Conference Report in the Resources section of the [Harmonizing Acute and Chronic Kidney Disease Definition and Classification Controversies Conference](#) website.

Upcoming Webinars

Register for the September 3 ISN-KDIGO Webinar: KDIGO Glomerular Diseases Guideline - Part 1

Join the next ISN-KDIGO webinar, "[Glomerular Diseases Guideline – Part 1](#)," on [September 3 at 3:00 PM \(CEST\)](#).

KDIGO Glomerular Diseases Guideline Co-Chair, Dr. Brad Rovin (United States), and

Work Group members, Dr. Heather Reich (Canada), and Dr. Vladimir Tesar (Czech Republic) will discuss recommended approaches to the management of IgA nephropathy (IgAN) and ANCA-associated vasculitis (AAV).

Treatment of IgAN and AAV is rapidly evolving. Trials of several novel therapies for IgAN are underway, and recently completed trials in AAV are questioning the need for high-dose glucocorticoids in disease management. These state-of-the-art discussions will bring the nephrology community up to date on where treatment is currently and where it is likely to go in the near future.

Learn more and register on the [ISN-KDIGO Glomerular Diseases Guideline-Part 1 registration page](#). For additional resources and knowledge on this topic, please visit the [KDIGO Glomerular Diseases Guideline website](#).

Resources and Updates



Listen to the KDIGO Conversations in Nephrology Podcast

Have you listened to [KDIGO Conversations in Nephrology](#), a new podcast designed to support clinicians treating patients with kidney disease? The podcast is now available on the KDIGO Website, Spotify, Google Podcasts, and will soon be available on additional platforms.

The first three episodes of *KDIGO Conversations in Nephrology* are hosted by Dr. Ravi Mehta (United States) and focus on acute kidney injury (AKI).

Point	Counterpoint
Discontinued use of measurement of the glomerular filtration rate (GFR) in the clinical setting.	While GFR is the gold standard for measuring kidney function, it is not practical to measure GFR in most patients. Creatinine-based estimates of GFR (eGFR) are widely used, but they are not accurate, especially in patients with acute kidney injury (AKI) and in patients with advanced CKD. The use of GFR measurement is limited to research settings and to patients with advanced CKD who are being evaluated for kidney transplantation.
KDIGO recommends estimation of creatinine clearance (CrCl) using Cockcroft-Gault (CG) equation.	Both CrCl and eGFR are estimates of kidney function, and both are used to guide medication dosing. The CG equation is based on creatinine clearance, which is a measure of kidney function that is not affected by muscle mass. The MDRD equation is based on eGFR, which is a measure of kidney function that is affected by muscle mass. The use of CrCl is preferred in patients with advanced CKD because it is more accurate than eGFR.
The KDIGO recommendation to base drug dosing on CrCl is based on the fact that the data base for most drugs is based on CrCl.	MDRD-based patients without dialysis. It is not clear that the use of CrCl is the best way to guide drug dosing. The use of eGFR is preferred because it is more accurate than CrCl. The use of CrCl is preferred because it is more accurate than eGFR.
Guidance on the use of CrCl in patients with advanced CKD is based on the fact that the data base for most drugs is based on CrCl.	We agree that patients with advanced CKD and AKI were excluded from the KDIGO trial, and the use of CrCl is preferred in these patients. However, the use of eGFR is preferred because it is more accurate than CrCl. The use of CrCl is preferred because it is more accurate than eGFR.
The inclusion of the KDIGO recommendation to use CrCl in patients with advanced CKD is based on the fact that the data base for most drugs is based on CrCl.	ACCORD did not include many patients with CKD because of the high risk of hypotension. ACCORD had a higher rate of hypotension in patients with CKD compared to patients without CKD. The use of CrCl is preferred because it is more accurate than eGFR.
There is a paucity of data on the use of CrCl in patients with advanced CKD.	In KDIGO, CrCl and eGFR were used to guide drug dosing. The use of CrCl is preferred because it is more accurate than eGFR. The use of eGFR is preferred because it is more accurate than CrCl.
There is a paucity of data on the use of CrCl in patients with advanced CKD.	Explicit data, versus, indirect evidence, and clinical judgment are not different between the two. The use of CrCl is preferred because it is more accurate than eGFR. The use of eGFR is preferred because it is more accurate than CrCl.

KDIGO Blood Pressure Guideline Point-Counterpoint Highlights Key Guideline Controversies

KDIGO seeks to implement its guidelines in part through the creation of guideline tools and resources. The KDIGO 2021 Blood Pressure in CKD Guideline Point-Counterpoint is designed to highlight the most controversial issues in the guideline.

Check out the KDIGO Blood Pressure in CKD Guideline Point-Counterpoint and additional resources on the [KDIGO Blood Pressure in CKD Guideline website](#).



KDIGO Partners with Leader in Digital Education on US CME Courses

KDIGO has joined forces with PlatformQ Health (PQH) to provide dynamic and engaging content designed to improve health outcomes among individuals living with or at risk for chronic kidney disease. Programming will include continuing medical education.

“By translating the latest science into clinical recommendations and observations, we can affect change that can improve the health and quality of life for people with kidney disease,” said KDIGO Chief Executive Officer John Davis. “KDIGO is excited to work with PQH, a leader in digital education and engagement, on developing valuable content and programming.”

KDIGO and PQH will develop and host interactive courses on PQH's virtual learning channels to educate clinicians and patients about chronic kidney disease. Healthcare payers can also take advantage of these training programs to improve outcomes for their members.

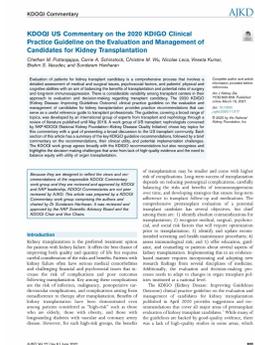
“When it comes to kidney disease, knowledge is power,” said PQH's Chief Executive Officer Robert Rosenbloom. “From preventive measures to new therapies that may slow disease progression, there is much promise for helping those at risk. We are excited to work with KDIGO to help empower clinicians and patients to improve care and outcomes.”

KDIGO in the News



ASN Kidney News: New KDIGO Blood Pressure Guideline Emphasizes Standardized Measurement, Tight Control

When Alfred Cheung, MD, co-chair of the Kidney Disease Improving Global Outcomes (KDIGO) 2021 Clinical Practice Guideline update on the Management of Blood Pressure, and his colleagues were preparing to release their new guideline on blood pressure management in patients with chronic kidney disease (CKD), they knew it might “ruffle some feathers.” [Read more.](#)



AJKD: KDOQI US Commentary on the KDIGO Clinical Practice Guideline on the Evaluation and Management of Candidates for Kidney Transplantation

A work group of US transplant nephrologists convened by NKF-KDOQI chose key topics for this commentary with a goal of presenting a broad discussion to the US transplant community. Each section of this article has a summary of the key KDIGO guideline recommendations, followed by a brief commentary on the recommendations, their clinical utility, and potential implementation challenges. [Read more.](#)

Managing Hypertension in Patients with CKD

Pawel D. Vohra, MD, FACP and Daniel D. Drelich, MD, MS, MPH, FACP, receiving Tomson CRY at
et. Ann Intern Med 2021;175:11-21

A new guideline addresses blood pressure measurement, targets, and medications.

Sponsoring Organization: Kidney Disease: Improving Global Outcomes (KDIGO)

Background

For patients with chronic kidney disease (CKD), adequate blood pressure (BP) control helps prevent adverse cardiovascular events and progression of kidney disease. Although a systolic BP (SBP) goal of <140 mm Hg is well established for limiting CKD progression, evidence for a stricter target (i.e., SBP <120 mm Hg) is more limited. To guide clinicians in caring for patients with hypertension and CKD who are not receiving dialysis, a multidisciplinary group makes 11 core recommendations and 20 practice points.

Key Recommendations

Standardized BP measurement

- BP should be measured using proper preparation, positioning, and technique. Routine office BP measurement, when not performed well, can be inaccurate and patients' hospitalized if not to direct interventions. This standard technique is described in the guideline. (Evidence Grade 1B)

- Ambulatory or home BP measurements can be used to complement standardized office measurements. (Grade 1B)

Lifestyle interventions

NEJM Journal Watch: Managing Hypertension in Patients with CKD

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[Read more.](#)

About KDIGO

KDIGO is a Belgian foundation committed to developing and implementing nephrology guidelines that improve patient outcomes on a global basis. It is an independent, volunteer-led, self-managed charity incorporated in Belgium accountable to the public and the patients it serves.

[Learn More](#)



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