

Planning Meeting for the Drug Development Tool for Kidney Disease (DDT-KD) Consortium

NIDDK Investments in CKD and AKI

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NIH Mission



“Science in pursuit of ***fundamental knowledge*** about the nature and behavior of living systems...”



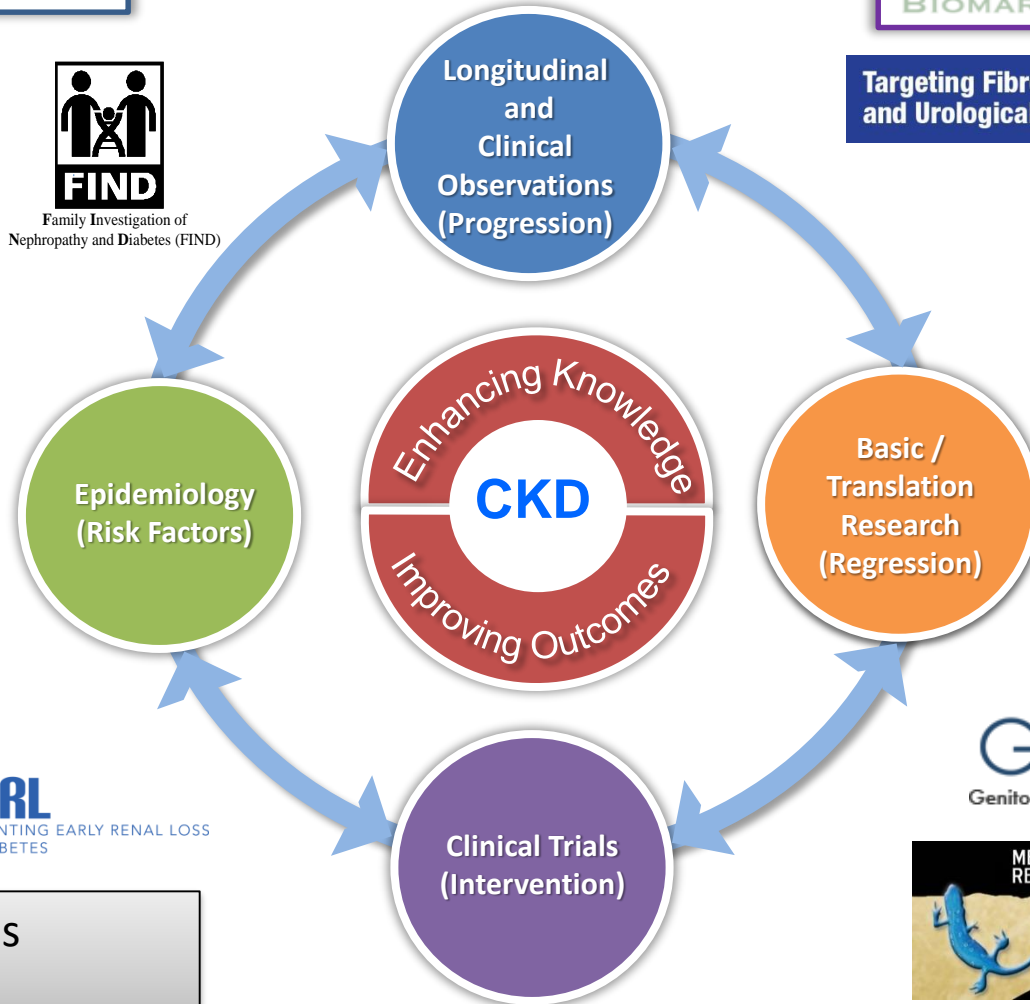
“...and the ***application of that knowledge*** to extend healthy life and reduce the burdens of illness and disability.”



NIDDK Investments in CKD



Targeting Fibrosis in Kidney, Bone Marrow, and Urological Diseases



Family Investigation of Nephropathy and Diabetes (FIND)



UNITED STATES RENAL DATA SYSTEM



PERL PREVENTING EARLY RENAL LOSS IN DIABETES

CKD Pilot Trials Consortium

NIDDK Investments in CKD Research

- Longitudinal cohort studies: CRIC, CKiD
- CKD Pilot Trials Consortium
 - COMBINE: Effect of 2 drugs that reduce Phos on CKD
 - BASE: Effect of sodium bicarbonate on CKD
 - TARGUT: Effect pre-biotic on CKD
- Large Clinical Trials
 - PERL: Effect of allopurinol on Type 1 DN
 - PIECES: Effect of EHR intervention to enhance CKD care
- CKD Biocon Consortium, Fibrosis consortium
 - Facilitate biomarker discovery and validation

NIDDK Investments in AKI Research

- Longitudinal cohort study: ASSESS AKI
- Vagus nerve stimulation
- Basic studies
 - GUDMAP
- CKD Biocon Consortium, Fibrosis Consortium
 - Facilitate biomarker discovery and validation
- Large Studies
 - ATN Trial

Using Health Information Technology to Identify and Manage CKD Populations

October 22 - 23, 2015

John Edward Porter Neuroscience
Research Center (PNRC II)
Building 35A, Room 620, NIH Campus, Bethesda, MD

Meeting objectives:

- Identify pragmatic solutions for using existing health IT systems to improve CKD population management
- Develop a repository to aggregate shared strategies and resources to facilitate CKD PHM efforts

More information and registration:

<http://www.niddk.nih.gov/news/events-calendar/Pages/ckd-populations-2015.aspx>

Proposed Kidney Manhattan Project

- Absolute/relative paucity of AKI/CKD therapeutics
- Genetics, epidemiology, and animal model approaches validated only two targets (ApoL1 and FGF23)
- 40+ yr history: Kidney biopsy unlikely to change care
- **Need human tissue**
 - AKI
 - CKD
- **Need methods to conquer heterogeneity**
 - Kidney is anatomically complex; many cell types
 - Omic approaches challenging

Furosemide Stress Test and Biomarker Predictions

Progression to AKI Stage 3

Progression to AKI Stage 3 or Death

Biomarker	AUC±SEM	<i>P</i> Value for Biomarker Alone	<i>P</i> Value Compared With FST alone	AUC of Biomarker and FST±SEM	<i>P</i> Value for Biomarker and FST Compared With FST Alone	AUC±SEM	<i>P</i> Value for Biomarker Alone	<i>P</i> Value Compared With FST alone	AUC of Biomarker and FST±SEM	<i>P</i> Value for Biomarker and FST Compared With FST Alone
FST (2-hr UOP)	0.87±0.05	<0.001	NA	NA	NA	0.81±0.06	<0.0001	NA	NA	NA
Urine NGAL	0.65±0.06	0.04	0.002	0.84±0.05	0.10	0.69±0.06	0.006	0.07	0.82±0.06	0.89
Urine IL-18	0.65±0.07	0.04	0.009	0.85±0.05	0.89	0.63±0.07	0.07	0.009	0.82±0.06	0.87
Urine KIM-1	0.63±0.06	0.07	0.007	0.86±0.05	0.79	0.64±0.06	0.04	0.04	0.82±0.06	0.81
Uromodulin	0.54±0.07	0.54	0.002	0.85±0.05	0.94	0.54±0.07	0.58	0.004	0.85±0.06	0.31
Urine IGFBP-7	0.62±0.09	0.20	<0.001	0.88±0.05	0.57	0.65±0.08	0.07	0.19	0.79±0.08	0.80
Urine TIMP-2	0.70±0.08	0.03	0.02	0.83±0.06	0.20	0.66±0.08	0.06	0.18	0.80±0.08	0.75
Urine IGFBP-7×TIMP-2	0.69±0.08	0.04	0.01	0.90±0.06	0.35	0.68±0.08	0.03	0.27	0.78±0.08	0.93
Urine Creatinine	0.48±0.08	0.77	<0.001	0.84±0.06	0.85	0.54±0.07	0.56	0.007	0.83±0.06	0.23
Urine ACR	0.56±0.07	0.45	0.002	0.84±0.06	0.32	0.50±0.07	0.96	0.002	0.82±0.06	0.32
FeNa	0.51±0.07	0.92	<0.001	0.83±0.06	0.47	0.49±0.07	0.84	0.009	0.80±0.06	0.31
Plasma NGAL	0.75±0.08	0.007	0.10	0.86±0.07	0.53	0.69±0.08	0.03	0.27	0.80±0.08	0.76



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