

Acute Disease Quality Initiative

ADQI was started in response to concerns about the quality of care delivered to patients with **Acute Kidney Injury (AKI)** based on published data demonstrating that AKI is associated with an unacceptably high mortality, and there is a wide practice variation in its diagnosis and management worldwide.

In order to address these issues, ADQI has adopted an evidence-based methodology to develop consensus-based recommendations for managing patients with AKI. The key goal of the ADQI process is to ultimately provide evidence-based guidelines for the management of AKI. Consequently, we have initiated a series of conferences under the auspices of the **Acute Disease Quality Initiative**.

ADQI aims at establishing an evidence-based appraisal and set of consensus recommendations to standardize care and direct further research. The results of previous consensus conferences are available on-line at www.adqi.net.

Endpoints for Acute Kidney Injury trials:

The ADQI 31 conference is focused on **Endpoints for Clinical Trials in Acute Kidney Injury (AKI)**. AKI is a commonly encountered clinical condition triggered by various causes and associated with increased mortality. Despite recent advances in supportive care, survivors from an episode of AKI not only have an increased risk of premature death, but also risk of developing chronic kidney disease (CKD) and progression to end stage kidney disease (ESKD). Currently, no specific therapy exists for preventing or treating AKI other than mitigating further injury and supportive care. To address this unmet need, novel therapeutic interventions derived from and targeting underlying pathophysiology have to be developed. It follows that new and well-designed clinical trials with appropriate endpoints must be designed and adopted to confirm or refute the efficacy of such new interventions. During the ADQI 31, we will discuss predictive and prognostic enrichment strategies for patient selection, as well as suitable primary and secondary endpoints for different clinical trial designs to evaluate novel interventions and improve the outcomes of patients at high risk for AKI or with established AKI.

Lui Forni, John Kellum, Claudio Ronco and Alex Zarbock



Acute Disease Quality Initiative

**A process towards developing
Consensus and Guidelines for
Planning and Performing AKI trials**

www.ADQI.net

**The Regina Palace Hotel,
Stresa, Italy**

25th to 28th October 2023

Co-Organizers of the 2023 31st ADQI Conference include:

- The Surrey Peri-Operative, Anaesthesia & Critical Care Collaborative Research Group
- University of Pittsburgh
- Westphalian Wilhelm's University of Münster
- The International Renal Research institute Vicenza

Organizers' contacts:

Lui G Forni, PhD, MB, JFICMI

University of Surrey

Guildford, UK

Tel +44 1483 402724

Email: luiforni@nhs.net

John Kellum, MD

University of Pittsburgh

Pittsburgh, USA

E-Mail: kellum@pitt.edu

Claudio Ronco, MD

International Renal Research Institute of
Vicenza (IRRIV Foundation)

University of Padova

San Bortolo Hospital Vicenza – Italy

Email: cronco@goldnet.it

Alexander Zarbock, MD, PhD

University Hospital Münster

Münster, Germany

Tel: +49 251 83-44017

Email: zarbock@uni-muenster.de

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European Organization Support

New Progress Service srl

dr.ssa Anna Saccardo +39 3401607312

admin@npsevents.com nps@cgn.legalmail.it

CONFERENCE STRUCTURE

The 31st ADQI conference will utilize the same format and methodology employed previously an iterative process of debate and consensus building using modified Delphi principles (www.adqi.net). Specifically, recommendations will be evidence-based and consensus driven.

The 4 groups will have prepared their topic ahead of the meeting, and will now develop their manuscript and presentations during the course of the meeting. Prior to the conference, participants will be organized into small groups and will systematically gather the evidence in the literature on each topic. Each sub-group will be responsible for defining the specific questions that will be addressed for each topic and presenting key evidence to the group.

The specific objectives for this conference are:

- ❖ *To develop a series of consensus statements on endpoints for clinical trials in acute kidney injury. This methodology includes:*
 - Pre-conference evidence abstraction
 - Identification of key questions, clarify points of consensus and controversy
 - Assessment of the available evidence and identify areas where evidence is lacking
 - Plenary sessions to present evidence appraisal
 - Iterative refining of recommendations
 - Design a research agenda at several levels – conceptual, programmatic & individual study designs
 - Draft summary statements for each topic
 - External peer review of statements

- ❖ *The primary focus of this meeting will be on providing recommendations for clinical practice and future research. Specific topics will include:*
 - Group 1: Patient enrichment strategies
 - Group 2: Prevention and attenuation studies
 - Group 3: Treatment studies
 - Group 4: Study designs other than RCT ...

PROGRAM

Wednesday 25th October

Afternoon: Arrival of delegates and hotel check-in
17:30 Welcome and Introductions (Organizers)
Methodology and “Ground Rules” (Forni)
18:00 Plenary I: Group Chairs (20 min/group)
Updates on pre-conference progress
19:30 Dinner

Thursday 26th October

7:00 Breakfast
8:00 Plenary I: Group Chairs (20 min/group)
Updates on pre-conference progress
09:30 Breakout Session 1 (Questions)
11:00 Coffee break
11:30 Plenary II (Question definition & controversies)
13:30 Lunch
14:00 Breakout Session 2 (statement drafts)
16:30 Plenary III (Discuss consensus statements)
18:30 Adjourn
18:45 Bus departure for social event

Friday 27th October

7:00 Breakfast
8:00 Breakout Session III (Figures and tables)
10:00 Coffee break
10:30 Plenary IV (Figures and tables)
13:00 Lunch
13:30 Breakout session 4 (final statements)
16:00 Discuss final consensus statements
17:50 Closing comments and next steps
18:00 Adjourn
18:15 Bus departure for social event

Saturday 28th October

7:00 Breakfast
8:00 Departure

FACULTY

Organizers/Chairs

Lui Forni (UK)
John Kellum (USA)
Alexander Zarbock (Germany)
Claudio Ronco (Italy)

Faculty Invitation List

Ayse Akcan Arikan (USA)
Sean Bagshaw (Canada)
Samira Bell (UK)
Rinaldo Bellomo (Australia)
Caroline Calfee (USA)
Mink Chawla (USA)
Dana Fuhrman (USA)
Stu Goldstein (USA)
Hiddo Heerspink (Netherlands)
Michael Joannidis (Austria)
Jay Koyner (USA)
Kathleen Liu (USA)
Melanie Meersch (Germany)
Ravi Mehta (USA)
Pat Murray (Ireland)
Mitra Nadim (USA)
Marlies Ostermann (UK)
Neesh Pannu (Canada)
Thiago Ries (Brazil)
Nick Selby (UK)
Nattachai Srisawat (Thailand)
George Tomlinson (USA)
Fernando Zampieri (Brazil)