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| **General Information** | * The NIH is running a large, multi-center study across the country that will use new deep phenotyping (‘Omics and other molecular interrogation) and imaging technologies to understand CKD and AKI better than we ever could before. * Participation requires a **kidney biopsy; blood, urine and stool collection, and longitudinal follow-up** (up to 10 years) * That biopsy will not only get all the standard analyses, but also numerous novel tests derived from KPMP technologies (genomics, proteomics, metabolomics, multi-dimensional microscopy) that will ultimately give rise to better clinical diagnostics and treatments. * Your patient will get information about what caused their kidney disease as well as about the underlying health of their kidney. And they will also be contributing to help understand, diagnose, and treat CKD and AKI in the future. |
| **AKI Inclusion/Exclusion Criteria** | |  |  | | --- | --- | | **Inclusion:**   * Baseline eGFR > 45mL/min/1.73m2 * Elevated serum creatinine ≥ 1.5x baseline, * AND one of the following:   + Further serum creatinine increase of 0.3 mg/dL   + Positive kidney injury urine biomarkers (NGAL, Kim1, TIMP2 x IGFBP7)   + Urine microscopy suggestive of ATN | **Exclusion:**   * Age (<18years old) * Inability to provide informed consent (LAR, ventilator dependent) * Glomerular disease (autoimmune disease, dysproteinemia, viral disease) * Kidney transplant * Pregnancy * Increased biopsy complication risk (Chronic anticoagulation, Platelets <100, INR>1.4, Hb <9, aspirin intake within 7 days of biopsy)   Hypotension or BP that cannot be controlled to >160/100mmHg at time of biopsy | |
| **Frequently Asked Questions** | **Why are you interested in doing a research biopsy on patients with AKI?** A lot of people in the hospital develop AKI, but we are often unsure of the cause, what the long-term effect will be, and there are no treatments available other than supportive care. There is uncertainty around the use of biopsy and this study can help establish its utility for AKI. Many of our early AKI biopsies in KPMP are showing that the biopsy findings were (a) not high on the treating team’s suspicions for cause of AKI, and (b) in some cases altering management course.  **Does a patient with sepsis qualify for KPMP?** Yes, so long as they meet the rest of our inclusion criteria. Sepsis is the most common form of AKI and is almost never biopsied so our understanding of the disease is quite limited.  **Can my ICU patient with AKI qualify for the study?** Maybe. Please contact the study investigator to discuss potential ICU patients who may qualify.  **Are KPMP biopsies all clinically indicated biopsies?** Not necessarily, and not usually, but they can be. KPMP attempts to obtain three cores. One core is retained for clinical diagnostics. Two cores are saved for additional research.  **Will my patient still get a biopsy report from my pathologist?** Yes. The clinical pathology report will be the same as for other clinically indicated biopsies.  **Can I refer a patient I would not consider for a clinically indicated biopsy, just by meeting inclusion criteria?** Yes!  **Will my patient be charged by the insurance for participating in the study, or complications related to the biopsy?** No.  **Who will have access to the molecular data?** KPMP data are freely shared with the scientific community, with some provisions related to identifiable genetic information. |
| **Contact** | For more information, go to:[**https://www.kpmp.org/for-clinicians**](https://www.kpmp.org/for-clinicians)  **If you have a potential candidate for study enrollment, please contact:**  **Name** Title [name@email.com](mailto:name@email.com) phone |