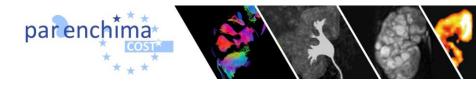


Working group 3 update

Anna Caroli & Nick Selby WG3 leads







WG3 – working group overview

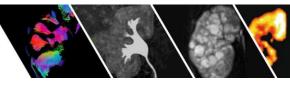
WG3: aims to join up clinical sites working on renal MRI

WG3 leads: Anna Caroli & Nick Selby

WG3 participants: n=85 people from 46 clinical/research centres/SMEs from Europe and beyond

Overall objective: demonstrate biological validity and clinical utility of renal MRI biomarkers; pave the way for clinical use of renal MRI by providing stronger evidence for their use in patients

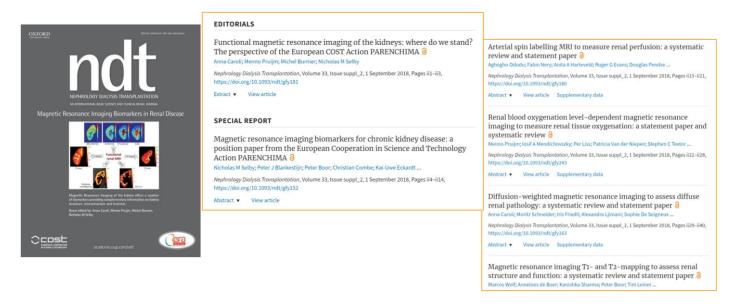




WG3 achievements

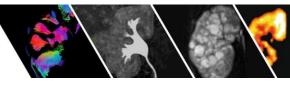
Last year: series of papers on MRI biomarkers in renal disease

(NDT special issue, September 2018 - https://academic.oup.com/ndt/issue/33/suppl_2)



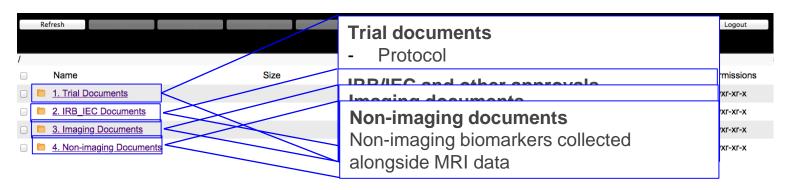
We increased the awareness within the nephrology community about potential of renal MRI





Clinical study document repository

Collection of documents about ongoing/completed clinical studies involving renal MRI **Designed to speed up the set up of future multicentre clinical studies**



- Upload of documents is voluntary and not compulsory
- Documents do not need to be translated
- Fixed naming convention proposed to make the repository searchable: Country_Disease_Study_YY.MM.DD.V.VV_DocumentName







Study documentation repository

The repository is hosted on cloud

The repository is not public - access restricted to PARENCHIMA members willing to contribute/access

* Get in touch with repository coordinator to access the repository *

Contacts

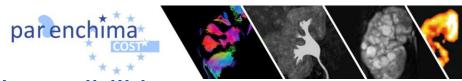
Repository coordinator: Kristina Holm (Antaros Medical, SE)

kristina.holm@antarosmedical.com

Technical support: Marcos Wolf (Medical University of Vienna, AT)

wolf.marcos@gmail.com





Multicentre studies – barriers and possibilities

Major barriers to multicentre studies:

Standard MRI protocols needed → WG1 recommendations

Substantial funding required for large scale studies

Difficult to obtain funding that extends beyond single countries

Possible approaches

- Multinational grant funding
- Multicentre studies performed and funded within single countries
- Single center
- Modular approaches (co-ordinated approach for combining data from separate studies with similar designs)





Multicentre studies – possible approaches

Multinational	Multicentre, within countries	Single centre
- RESPECT (IT/ES/DE/DK/UK; MRI standardisation to improve CKD management)	- <u>Swiss efforts</u> (Geneve/Bern/Friburg; DWI in CKD)	Several ongoing clinical studies (on ADPKD, transplant, CKD, etc.)
- <u>UMCG-MHH project</u> (diagnostic potential of renal graft MRI for post-transplant complications)	- <u>UKRIN efforts</u> (standardisation; CKD clinical study)	

Not successful so far

Successful, potentially scalable

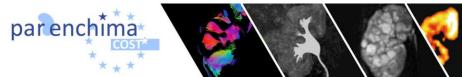
Successful, potentially scalable

PARENCHIMA progress review: "... overcome the problem of large-scale clinical studies... (by) ...setting up national studies with national funders in a similar way to analyze the data of different countries together"

WG1 delivered recommendation papers → standard MRI protocols are now available Study repository in place → easier study set up

Re-discuss modular approaches to overcome multicentre clinical study funding issues:

- Obtain funding and perform national-scale studies adopting similar study design and MRI protocols
- Pool data to generate larger evidence



Next step: inventory of ongoing clinical studies

List of ongoing clinical studies

- both national and international
- Study title, Disease area, Timeline, Funding agency, Contact person
 - -> to coordinate the efforts and avoid possible overlap/competition
 - -> useful for planning complementary research
 - -> as a basis for creating possibly larger pooled cohorts in the future

^{*} Start-off the list during the WG3 break-out session *



WG3 task forces

ADPKD task force

joins up WG3 participants working on MRI in ADPKD

Lead: Andrea Remuzzi (Bergamo, Italy)

Aim: Share expertise and secure funding to further validate MRI biomarkers in ADPKD

Transplantation task force

joins up WG3 participants working on MRI in renal transplantation

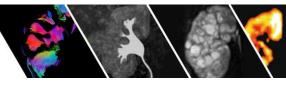
<u>Leads</u>: Cyril Moers/Ronald Borra (Groeningen, The Netherlands)

Aims: - Promote collaboration in the field of renal allograft MRI

- Share retrospective data to explore the diagnostic potential of MRI for post-transplant complications
- Promote applications for assessing predictive and diagnostic potential of MRI sequences for pretransplant (ex vivo) organ assessment and detecting and characterising post-transplant complications.

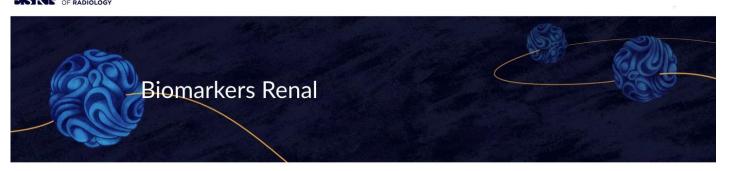
^{*} Task forces update during the WG3 break out session *





ESR biomarker inventory

https://www.myesr.org/research/biomarkers-inventory/biomarkers-renal



ENAL	MRI technique	Description of MRI technique	Pathophysiological process informed by MRI biomarker	Biomarker measured	Units of measurement
	Volumetry	measured from T1- and/or T2-weighted structural images	Key measure in patients with ADPKD but may also be important in CKD	TKV Height-adjusted TKV Cortical volume Total cyst volume in ADPKD	mL mL/m mL mL
101	Diffusion	True diffusion (D), pseudo-diffusion	Changes in renal micro- structure, oedema, or changes in	ADC Tile diffusion (D) Pudo-diffusion (D*) Puying fraction (F)	mm ² /s mm ² /s mm ² /s

Which renal MRI biomarkers to recommend for clinical trials?

* we'll try and reach a consensus in the WG3 session *

This table was taken from the PARENCHIMA position paper



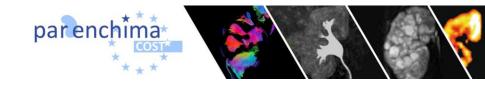


Break out WG3 session (16.30-18.30)

- Update from WG3 task forces (ADPKD/transplantation)

Progress summary, Short term objectives, Timeline Anything to ask for (data/expertise)?

- Inventory of active clinical studies undertaken by COST members
- Discussion of proposed grants/funding strategies
- Discussion of EIBALL statement of renal MRI biomarkers to recommend for clinical trials



Acknowledgement

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