2017 ERBP Annual Report

Jonathan G Fox – ERBP Chair
Evi V Nagler – ERBP Vice-Chair
Aims

• ERBP (http://www.european-renal-best-practice.org/) the official ERA-EDTA European nephrological guidance body has been active in the production of guidelines and has provided guidance on different aspects of care in nephrology related topics

• The prime mission of ERBP is to improve the lives of people with kidney disease in a sustainable way, by communicating knowledge in a format that stimulates its use in clinical practice in Europe

• In practice:
  • Producing clinical practice guidelines and guidance statements
  • Collaborating with the ERA-EDTA WGs on specific topics
  • Mapping the gaps in knowledge
  • Disseminating the documents in a transparent (publicly and freely available) and understandable way (e.g. translations)
Advisory Board members

- In 2017, ERBP consisted of 22 Advisory Board members
- In November 2017, a new Advisory Board member was elected:
  - Sevcan A. Bakkaloglu (paediatric nephrologist)
2017 Projects

• ERBP continued to work on the vascular access guideline
• In the framework of this guideline, several other supporting documents have been produced (see publications following)
• A new project was started on Hyperkalaemia
• A joint project of ERBP and Descartes Working Group commenced, namely Obesity in transplantation
doi: 10.1093/ndt/gfx288
Advance Access publication 3 November 2017

Composing a new song for trials: the Standardized Outcomes in Nephrology (SONG) initiative

Allison Tong¹², Jonathan C. Craig¹², Evi V. Nagler³⁴ and Wim Van Biesen³⁴,
for the SONG Executive Committee and the European Renal Best Practice Advisory Board*¹

¹Sydney School of Public Health, University of Sydney, Sydney, NSW, Australia, ²Centre for Kidney Research, Children’s Hospital at Westmead, Sydney, NSW, Australia, ³Renal Division, Ghent University Hospital, Ghent, Belgium and ⁴European Renal Best Practice, London, UK

Correspondence and offprint requests to: Allison Tong: E-mail: allison.tong@sydney.edu.au
*¹A complete list of the members of the SONG Executive Committee and European Renal Best Practice Advisory Board is provided in the Acknowledgements section.

Effect of renin–angiotensin–aldosterone system blockade in adults with diabetes mellitus and advanced chronic kidney disease not on dialysis: a systematic review and meta-analysis

Ionut Nistor1,2, Johan De Sutter3, Christiane Drechsler2,4, David Goldsmith5, Maria Jose Soler6, Charles Tomson7, Andrezj Wiecek8, Mihaela-Dora Donciu1, Davide Bolignano2,9, Wim Van Biesen10 and Adrian Covic1

1Nephrology Department, Gr. T. Popa University of Medicine and Pharmacy, Iasi, Romania, 2ERBP Methods Support Team, Ghent University Hospital, Ghent, Belgium, 3Maria Middelares Ziekenhuis, Ghent, Belgium, 4Division of Nephrology, University Hospital Würzburg and Comprehensive Heart Failure Center, Würzburg, Germany, 5Renal and Transplantation Department, Guy’s Hospital, London, UK,
6Department of Nephrology, Hospital del Mar, Barcelona, Spain, Institut Hospital del Mar of Medical Research (IMIM), Barcelona, Spain,
7Department of Renal Medicine, Freeman Hospital, Newcastle upon Tyne, UK, 8Department of Nephrology, Transplantation and Internal Medicine, Medical University of Silesia, Katowice, Poland, 9Institute of Clinical Physiology, National Council of Research, Reggio Calabria, Italy and 10Renal Division, Ghent University Hospital, Ghent, Belgium

https://academic.oup.com/ndt/article-abstract/33/1/12/3917042
Optimal timing for vascular access creation

Tamara K. Jemcov¹,², Wim Van Biesen³

¹Department of Nephrology, Clinical Hospital Centre Zemun, Belgrade - Serbia
²School of Medicine, University of Belgrade, Belgrade - Serbia
³Renal Division, Ghent University Hospital, Ghent - Belgium

Disclosures

Financial support: The data presented in the paper are the result of a systematic search performed in the framework of European Renal Best Practice (ERBP). European Renal Best Practice is supported by an unrestricted financial grant from European Renal Association/European Dialysis and Transplantation Association.

Conflict of interest: None of the authors has financial interest related to this study to disclose.

http://journals.sagepub.com/doi/full/10.5301/jva.5000685
Clinical Practice Guideline on management of older patients with chronic kidney disease stage 3b or higher (eGFR<45 mL/min/1.73 m²): a summary document from the European Renal Best Practice Group

Ken Farrington¹, Adrian Covic², Ionut Nistor², Filippo Aucella³, Naomi Clyne⁴, Leen De Vos⁵, Andrew Findlay⁶, Denis Fouque⁶, Tomasz Grodzicki⁷, Osasuyi Iyasere⁸, Kitty J. Jager⁹, Hanneke Joosten¹⁰, Juan Florencio Macias¹¹, Andrew Mooney¹², Evi Nagler⁵, Dorothea Nitsch¹³, Maarten Taal¹⁴, James Tattersall¹², Marijke Stryckers⁴, Dieneke van Asselt¹⁵, Nele Van den Noortgate¹⁶, Sabine van der Veer¹⁷ and Wim van Biesen⁸

¹Renal Unit, Lister Hospital, Stevenage, Hertfordshire, UK, ²Clinic of Nephrology, C. I. Parhon University Hospital, Gr T. Popa, University of Medicine and Pharmacy, Iasi, Romania, ³Nephrology and Dialysis Unit at the Research Hospital ‘Casa Sollievo della Sofferenza’, San Giovanni Rotondo, Italy, ⁴Skåne University Hospital, Lund, Sweden, ⁵Department of Nephrology, Ghent University Hospital, Ghent, Belgium, ⁶Division of Nephrology, Université de Lyon, UCLL, INSERM, Centre Hospitalier Lyon Sud, Pierre Bénite, France, ⁷Department of Internal Medicine and Geriatrics, University Hospital of Krakow, Poland, ⁸Renal Unit, Leicester Royal Infirmary, Leicester, UK, ⁹Department of Medical Informatics, Amsterdam Medical Center, Amsterdam, The Netherlands, ¹⁰Department of Internal Medicine, Maastricht University Medical Centre, Maastricht, The Netherlands, ¹¹Faculty of Medicine, University of Salamanca, Salamanca, Spain, ¹²Renal Unit, St James's University Hospital, Leeds Teaching Hospitals NHS Trust, Leeds, UK, ¹³London School of Hygiene & Tropical Medicine, London, United Kingdom, ¹⁴Centre for Nephrology, Royal Free Hospital, University College London Medical School, London, UK, ¹⁵Department of Renal Medicine, Royal Derby Hospital, Derby, UK Division of Medical Sciences and Graduate Entry Medicine, University of Nottingham, Nottingham, UK, ¹⁶Department of Geriatric Medicine of the Radboud University Medical Center, Nijmegen, The Netherlands, ¹⁷Department of Geriatric Medicine, Ghent University Hospital, Ghent, Belgium and ¹⁸Centre for Health Informatics, University of Manchester, Manchester, UK

https://academic.oup.com/ndt/article/32/1/9/2931168
Translated into 21 different languages with the help of the national societies

NDT Perspectives

Considerations on glycaemic control in older and/or frail individuals with diabetes and advanced kidney disease

Nicolae Mircea Panduru1,2,3,*, Ionut Nistor4,5,*, Per-Henrik Groop2,3,6,7, Wim Van Biesen4, Ken Farrington8,9 and Adrian Covic5

12nd Clinical Department, Diabetes, Nutrition and Metabolic Diseases Chair, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania, 3Folkhälsoans Institute of Genetics, Folkhälsoans Research Center, Biomedicum Helsinki, Helsinki, Finland, 7Research Program Unit, Diabetes and Obesity, University of Helsinki, Helsinki, Finland, 4ERBP, Ghent University Hospital, Ghent, Belgium, 6Nephrology Department, Gr. T. Popa University of Medicine and Pharmacy, Iasi, Romania, 8Abdominal Center Nephrology, University of Helsinki and Helsinki University Hospital, Helsinki, Finland, 9Baker IDI Heart and Diabetes Institute, Melbourne, Victoria, Australia, 6Renal Unit, Lister Hospital, Stevenage, UK and 7Centre for Clinical and Health Services Research, University of Herts, Hatfield, UK

Publications 2017

Dialysis modality choice in elderly patients with end-stage renal disease: a narrative review of the available evidence

Liviu Segall1, Ionuț Nistor1,2, Wim Van Biesen2,3, Edwina A. Brown4, James G. Heat5, Elizabeth Lindley6, Ken Farrington7,8 and Adrian Covic1

1Department of Nephrology, Dr. C. I. Parhon Hospital, University of Medicine and Pharmacy Gr. T. Popa, Iași, Romania, 2European Renal Best Practice (ERBP), Ghent University Hospital, Ghent, Belgium, 3Renal Division, Ghent University Hospital, Ghent, Belgium, 4Imperial College Renal and Transplant Centre, Hammersmith Hospital, London, UK, 5Department of Nephrology B. Herlev Hospital, University of Copenhagen, Herlev, Denmark, 6Department of Renal Medicine, Leeds Teaching Hospitals NHS Trust, Leeds, UK, 7Renal Unit, Lister Hospital, Stevenage, UK and 8Department of Postgraduate Medicine, University of Hertfordshire, Hatfield, Hertfordshire, UK

https://academic.oup.com/ndt/article/30/2/310/2337520
Guía de práctica clínica sobre el diagnóstico y tratamiento de la hiponatremia

Coce Spasovski, Raymond Vanholder, Bruno Alollió, Djillali Annane, Steve Ball, Daniel Bichet, Guy Decaux, Wiebe Fenske, Ewout J. Hoorn, Carole Ichai, Michael Joannaidis, Alain Soupart, Robert Zietse, Maria Haller, Sabine van der Veer, Wim van Biesen, Evi Nagler, Liliana Gonzalez-Espinoza, Alberto Ortiz, y Hyponatraemia Guideline Development Group

a State University Hospital Skopje, Skopje, Macedonia
b Ghent University Hospital, Ghent, Bélgica
c Würzburg University Hospital, Würzburg, Alemania
d Raymond Poincaré Hospital, University of Versailles Saint Quentin, París, Francia
e Newcastle Hospitals, Newcastle University, Newcastle, Reino Unido
f St George’s Hospital, London, Reino Unido
g Erasmus University Hospital, Rotterdam, Bélgica
h Ersasmus Medical Centre, Rotterdam, Países Bajos
i Nice University Hospital, Niza, Francia
j Innsbruck University Hospital, Innsbruck, Austria
k KH Elisabethinen, Linz, Austria
l Amsteram Medical Centre, Amsteram, Países Bajos
m IIS-Fundación Jiménez Díaz, Facultad de Medicina, Universidad Autónoma de Madrid; Fundación Renal dr. Álvarez de Toledo-IRSN y REDINREN, Madrid, España

Involvement with other organisations

• EMA
  • December 2017: successful renewal of ERBP’s place on ‘the EMA list of eligible organisations to be contacted for involvement in EMA activities as appropriate.’
  • Link to EMA consultations to be put on ERBP website

• KDIGO
  • ERBP continues to maintain contact with KDIGO leadership to explore various opportunities for collaboration
Future plans and changes

• In view of the new logo and in order to accomplish its mission to communicate “knowledge in a format that stimulates its use in clinical practice in Europe”, ERBP is working on a new website:
  • Main focus up until now: producing content
  • Aim now: create awareness of the content
  • New, more modern look
  • Adapted to all devices
  • More intuitive

• In parallel, there will be changes in software/platforms ERBP uses (i.e. EPPI Reviewer, Magic) with the purpose of moving from guideline development in isolation to linking in with the evidence eco-system (http://magicproject.org/research-and-tools/the-evidence-ecosystem/)
Summary

• Active turnover of Advisory Board in place
• Two guidelines started in 2017, and 1 more ongoing
• Good publication record continues
• 2017 financial balance of ERBP was in line with the approved budget
• 2018 plans for new website and software/platforms for the guideline development process