

Facts:

- CKD affects 1 in 10 people globally, or more than 800 million people. It is projected to be the 5th most common cause of death by 2040.
- The number of people worldwide receiving dialysis or kidney transplantation is projected to rise from 3.8 million in 2020 to 5.4 million in 2030.
- Dialysis and kidney transplantation are two of the most expensive therapies available and are estimated to cost over \$1 billion each year in Australia.

Project Cycle:

2023-Ongoing

Partners:

The George Institute, Australia

Supporters:

The George Institute for Global Health National Health and Medical Research Council (NHMRC),

Principal Investigator:

Dr Sradha Kotwal Prof Hiddo Lambers Heerspink

Contact:

Australia

To find out more about this project and its principal investigators or The George Institute please contact contact Tina Wall +61 410 411 983 or twall@georgeinstitute.org.au

Background:

- Chronic kidney disease (CKD) is associated with increased risks of early death, heart disease, and poorer quality of life.
- CKD progresses to kidney failure. Individuals who experience kidney failure either die or require dialysis or kidney transplantation.
- Current treatments do not entirely remove the risk of kidney failure in people with CKD. To improve outcomes for people with CKD, it is crucial to find the best combination of treatments that can slow the disease's progression.

<u>Aims:</u>

• CAPTIVATE aims to find the best treatment, or combination of treatments, that slow the progression of CKD so that fewer people develop kidney failure.

Methods:

- CAPTIVATE is an international, multi-centre, phase III, adaptive, platform, randomised controlled trial.
- The platform trial design allows many treatment-related questions to be answered within a common trial set-up. The trial is 'adaptive', providing the flexibility to add new treatments or remove those that are not working. This design is more efficient and will reduce the time required for patients to receive effective treatments.
- Participants with CKD can participate in more than one treatment at the same time or at different times. Participants receive each study treatment for two years.

Impact:

- CAPTIVATE is the first investigator-initiated platform trial in CKD. The project will identify the best treatments for CKD more quickly than with traditional trial designs, thus saving time and money.
- Slowing the progression of CKD will lead to a reduced risk of cardiac events, improved quality-of-life and lead to fewer people with kidney failure. This will reduce the burden on health systems, minimise heathcare costs and enhance overall public health.

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