



an NHMRC funded collaboration of the ANZICS* Clinical Trials Group The RENAL Study > and The George Institute for International Health

*The Australian and New Zealand Intensive Care Society



A MAJOR THERAPEUTIC CHALLENGE

Acute Renal Failure (ARF) is one of the biggest therapeutic challenges in acute medicine worldwide. Its effects can be severe and have serious implications for both patient survival and treatment. ARF increases a patient's risk of death four-fold, contributing to an inhospital mortality rate of three deaths for every five patients afflicted. It significantly complicates patient management, resulting in lengthy stays in Intensive Care Units (ICU) and hospitals. In one in seven cases, the condition results in the need for chronic kidney dialysis. In Australia, ARF affects approximately 3,000 ICU patients each year, and five per cent of all ICU patients have or develop acute renal failure. Nationally, ARF is associated with approximately 1,800 deaths per year.

Reducing Mortality from Kidney Failure

OVERCOMING THE CHALLENGE

Previous evidence has suggested that using higher than normal doses of renal replacement therapy improves the survival of patients with kidney failure in ICU, and that the wider adoption of higher doses could save a considerable number of lives. This augmented dosing treatment has not been widely adopted anywhere in the world, but if similar improvements to patient survival were to be demonstrated by the RENAL study, then augmented dosing renal replacement therapy could likely become the standard of treatment in many more countries. It is estimated that, through this treatment, 250-300 Australian lives could be saved per year, with potentially 15,000 lives saved globally.

THE APPROACH

The RENAL¹ Study is a multi-centre, unblinded, randomised, controlled trial of severe acute renal failure management with an augmented versus normal continuous renal replacement therapy (CRRT) regimen in ICU Patients. Candidate patients with acute renal failure are evaluated by the treating clinician as to their suitability for CRRT. With patient consent, the clinician treats the patient with CRRT for at least 72 hours. The study primarily measures the survival of patients at 28 and 90 days following admission to ICU.

The study aims to eventually involve around 1500 patients over a two-year period. Trials are to be conducted at over 30 sites in Australia and New Zealand. The first patients have now been recruited into the study, and results should be available by early in 2008.

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¹RENAL: Randomised Evaluation of Normal versus Augmented Level of renal replacement therapy in ICU