

UK Kidney Research Consortium (UKKRC): A UK infrastructure prioritising, developing and delivering high quality clinical renal research

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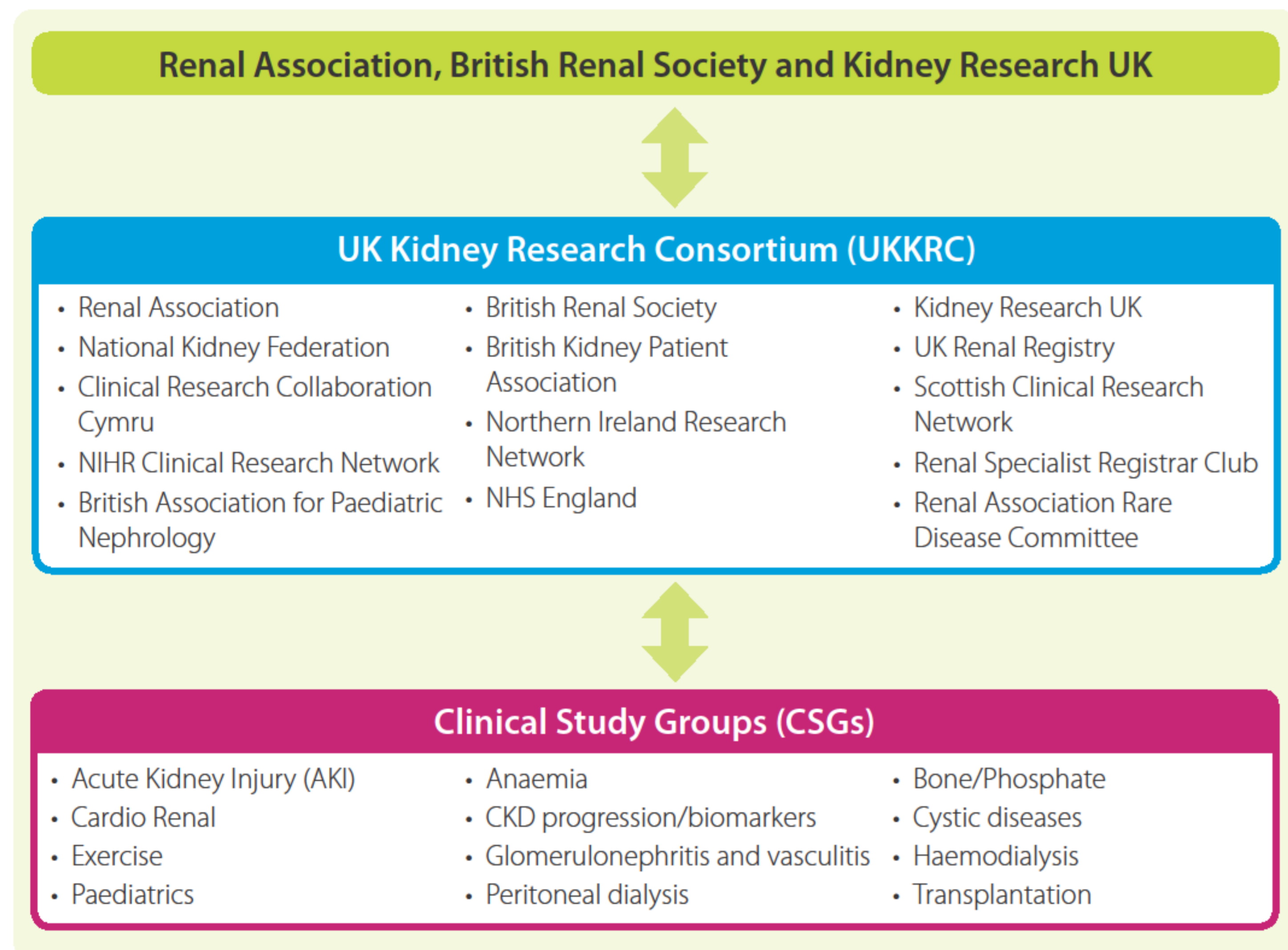
Introduction and aims

Chronic kidney disease is a major public health problem globally. Despite this, there are fewer high-quality, high-impact clinical trials in nephrology than other internal medicine specialties, which has led to large gaps in evidence¹. The UK Kidney Research Consortium (UKKRC) was established in 2007 to facilitate the best research for health in kidney disease in the UK. Fostering both translational research and excellence in kidney research in specific areas as recognised by the renal research community, the UKKRC is hosted by the Renal Association, the British Renal Society and Kidney Research UK with the chair rotating biennially. Secretariat and funding support for the running of the UKKRC is provided by Kidney Research UK.

Methods

The membership and reporting lines of UKKRC are shown in Figure 1. There are 12 core sub-groups called Clinical Study Groups (CSGs – Figure 1) whose aim is to generate a portfolio of clinical studies where there is a clear need for more evidence. They design studies to address these areas which can and should be undertaken in the UK and develop appropriate grant applications. Membership of the CSGs is inclusive with representation from the multi-professional team and wherever possible includes trainees and patients/carers.

Figure 1: Membership and Reporting Structures



In 2010 the Renal Association and the British Association for Paediatric Nephrology published *Rare Kidney Diseases: An Integrated Strategy for Patients in the UK*. This recommended the introduction of Rare Disease Groups (RDGs), development of care pathways and introduction of a UK registry for rare kidney diseases. The RDGs sit alongside the CSGs within UKKRC and fulfil a role in both generation and delivery of portfolio studies.

Industry and UKKRC

The UKKRC provides extra support for the life-sciences industry by identifying areas where there is a clear need for high-quality studies which would best be provided by a collaboration between a CSG (or multiple CSGs) and industry.

Patient, Carer and Public Involvement and Engagement (PCPIE) in UKKRC

PCPIE representation within UKKRC is achieved at multiple levels including patients and carers proposed by Kidney Research UK, and there are also patient/carers representatives within most of the CSGs and RDGs. Both the National Kidney Federation and British Kidney Patient Association (BKPA) are members of UKKRC.

Impact and achievements (2007 – 2014)

The CSGs have developed and successfully funded 13 studies addressing the full translational pathway, to a total value of £13,443,648 (See Figure 2 and Table 1).

UKKRC is thus a unique structure that dovetails with the NIHR Renal Disorders Speciality Group to generate and deliver a portfolio of high-quality renal studies.

Figure 2: 13 Studies developed by CSGs – by Funder

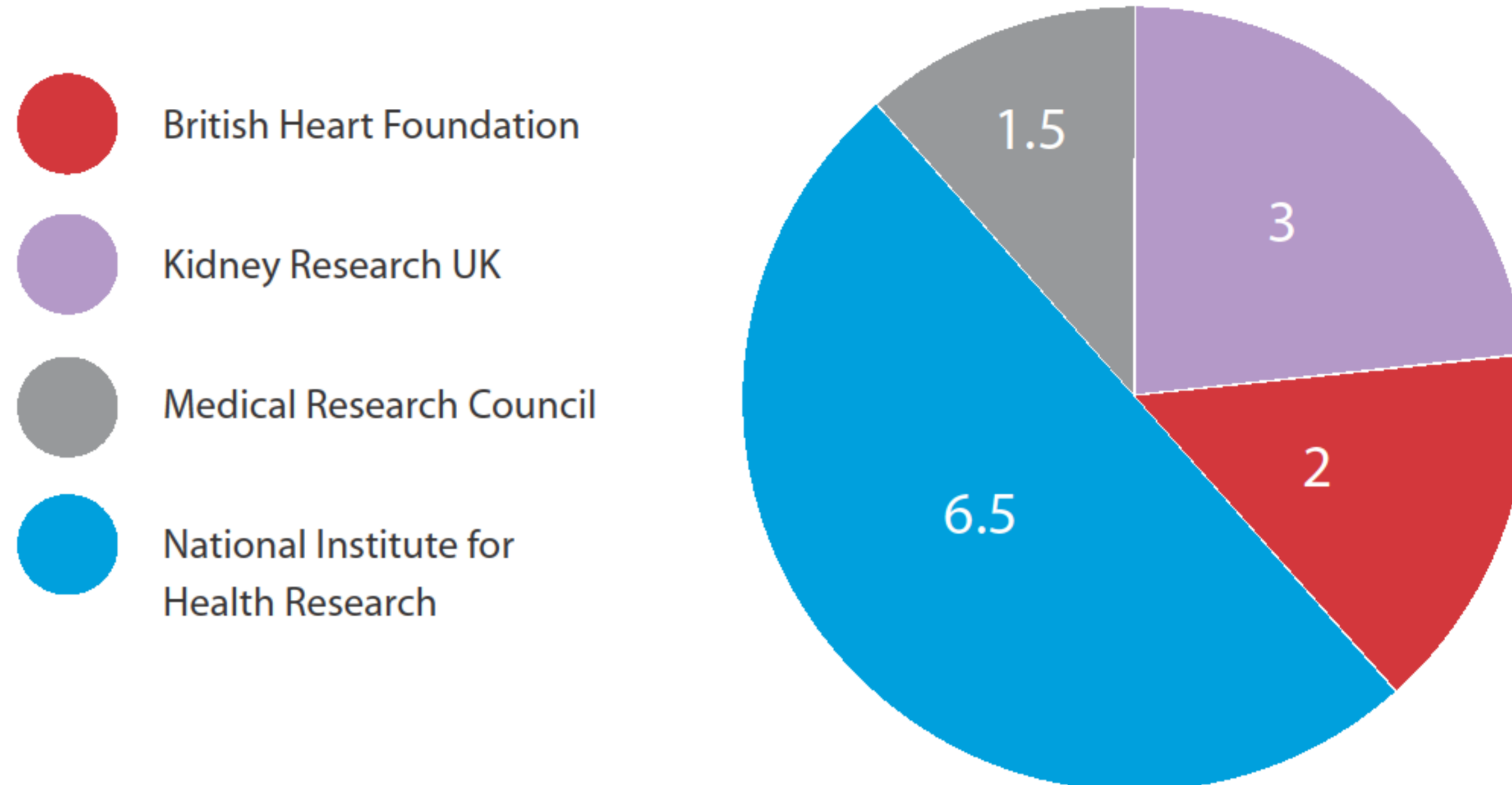


Table 1: Studies developed by CSGs

CSG	STUDY	VALUE
Anaemia	PIVOTAL	£2,500,000
	Iron & Heart	£184,000
Cardio-renal	PD-HF	£251,261
CKD	eGFR-C	£2,033,742
	STOP-ACEi	£1,656,752
Exercise	PEDAL	£2,100,000
Paediatrics	PREDNOS	£734,696
	PREDNOS 2	£823,370
	HOT-KID	£247,487
	3H	£199,938
Peritoneal Dialysis	PDOPPS	£349,989
	PD-CRAFT	£246,722
Transplantation	EMPIRIKAL	£2,115,690

Opportunities

There are always opportunities to work together and we encourage anyone from other disease groups or Principal Investigators (PI) developing large scale bids not yet involved, to get in touch. Advantages of joining a CSG – collaborative support and advice for multi-centre bids, involvement in bids, help with industry – developed bids, expert communication and peer review.

Visit: www.kidneyresearchuk.org/research/ukkrcc

Contact: ukkrcc@kidneyresearchuk.org

Conclusions

The establishment of UKKRC in parallel with the Renal Disorders Speciality Group within the NIHR Clinical Research Network (CRN), has provided a unique structure that optimises the potential of the renal research community in the UK to develop and deliver high-quality multicentre, multidisciplinary clinical studies.

Reference

¹Strippoli GF, Craig JC, Schena FP. The number, quality, and coverage of randomized controlled trials in nephrology. *J Am Soc Nephrol* 2004; 15: 411–419



www.britishrenal.org



www.renal.org



www.kidneyresearchuk.org

