Business Meeting
Acute Kidney Injury Section

Monday 29th September 2014
Centre de Convencions, Internacional de Barcelona, Spain.

07.30-09.30 hrs.
Room B3/B4

Minutes:

Present:
LG Forni (Chair), M Joannidis (Deputy), E Hoste, M Ostermann, YK Martin, W De Coute, V Pettila, AC de Pont, P Honore, H Spapen, H Oudemans, O Joannes-Boyau, M Darmon, M Van Dam, J Prowle, C Ichai.

Welcome & Introduction

ESICM LIVES 2014: Programme Analysis
The AKI section has an excellent representation at the conference with numbers of presentations growing. Abstract numbers were also strong with an obvious improvement in quality although none had been selected for best abstract/poster.

LF communicated that there had been a suggestion that some speakers had refused poster commitments: this was not a specific section issue but he pointed out that theses sessions provide a great experience for the trainee’s. He pointed out that the general feeling of the congress committee was that this action should be discouraged. There was general agreement with this within the room.
ESICM LIVES 2014: PG Course

LF outlined that there were initially 10 courses 2 of which were cancelled. The AKI PG Course was fully subscribed and the feedback was extremely positive. The results of which are below:

34 feedback forms

<table>
<thead>
<tr>
<th></th>
<th>Weak</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course met my needs</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Course matched description as advertised</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Topics covered</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Expertise of speakers</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Will the course change your practice?</td>
<td>-</td>
<td>3</td>
<td>6</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Would you recommend the course?</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>18</td>
<td>11</td>
</tr>
</tbody>
</table>

Was there anything particularly good?

Interactive
Special problems (2x)
Cases (5x)
Clear messages
Pro/con debates between speakers
Drug dosing (4x)
Very good presentations in general
AKI epidemiology (4x)
CRRT and electrolyte disorders (4x)
Expertise of speakers
RRT timing talk (2x)
Membrane talk
Pointing out the limitations to current knowledge and therapies
Nutrition talk

Was there anything particularly bad?

Not all topics covered, i.e. access for dialysis
Speakers of English language should speak slower
Lack of practical sessions

Any other comments or recommendations?

Focus on haemodynamics
Cardio-renal syndrome
Management of acute acid-base disorders, in particular metabolic acidosis in septic shock
More practical sessions
More time for questions and discussions
Paediatric CRRT
Handouts and PDFs of presentations xx
Talk on vitamin and mineral supplementation
More on drug dosing in CRRT and AKI in general, not just antibiotics
Effect of hypoalbuminaemia on medications
Practical sessions “How to individualise RRT prescription”
“How to increase filter life on heparin anticoagulation”
More interactive electronic case discussions
Session on “weaning from RRT”
Very good course
To cover glomerulonephritis

This is extremely positive and should enable a course to run next year for both fiscal and educational reasons. LF has also been approached by the MENN section with consideration of a joint course. A possibility is to make a bid for the summer conference 2016 (perhaps in Austria): this course could focus on the kidney, liver interactions etc. An alternative is that we help support a MEN course but maintain an independent PG course in focused on AKI. Please email if there are any issues regarding this.

AKI Contributions to ESICM Homepage
This has proved difficult and the current model may well be replaced by a journal club type approach. LF will contact the NEXT section to see if any members would be willing to link in with the AKI section.

ESICM LIVES 2015: Berlin
LF pointed out that the first congress committee meeting had already taken place and that October 29th is the first meeting proper. Members were urged to send in potential topics for the sessions these include:

Thematic Sessions
Bench to Bedside
State of the ART
State of the Art sessions
CPD Sessions
Clinical Challenges
Suggestions are requested urgently!

**Prevention of AKI Guidelines update**
MJ updated. Although the current version is too large (i.e.:>4000 words) it should be allowed in ICM. Final updates will have to be made over the next few months and final discussions? In Brussels.

**Research Update : AKI-EPI, PEACE etc.**
EH updated. AKI-EPI is submitted. PEACE has ECCRN/ESICM backing and the question now is which eCRF/Platform is to be used. This will be resolved by the end of October. ESICM will take on advertising as well as linking in to the research active units. The CRF/Protocol will be forwarded by EH to members in order to apply for ethical/R&D approval. The revised dates are at the end of March and April 2015. It is hoped that further studies will then be focused on with the ESICM AKI community.

**Task Force on Renal Recovery:**
MJ reported that a small task force has been instituted with the aim to establish a research agenda focused on renal recovery.

**AOB**
Heleen (HO) made an impassioned plea regarding the AKI textbook: those with outstanding chapters PROMISED to have these done by the end of October (2014 that is!!).

LF thanked all members for coming.

Lui G Forni & M Joannidis