

THE 19TH INTERNATIONAL CONFERENCE ON ADVANCES IN CRITICAL CARE

# CRRT 2014

*Acute Kidney Injury: Controversies, Challenges and Solutions*

Endorsed by the  
INTERNATIONAL SOCIETY OF NEPHROLOGY  
AND ACUTE KIDNEY INJURY NETWORK



MARCH 4-7, 2014  
SAN DIEGO, CALIFORNIA  
MANCHESTER GRAND HYATT

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UC San Diego  
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Mark Your Calendar!  
CRRT 2015  
Feb. 15-19

## Dear Colleague,

Welcome to the **19th International Conference on Advances in Critical Care - CRRT 2014.**

The CRRT Conference continues to provide a comprehensive coverage of the rapidly developing field of Critical Care Nephrology and CRRT. It highlights the recent advances in our understanding of pathophysiology of critical illness, acute kidney injury, emerging strategies in the management of sepsis, multiorgan failure, development and use of biomarkers, technical advances in CRRT and the appropriate utilization of these techniques. This year's program presents **exciting new developments and evidence** for hemodynamic monitoring, fluid management, dialysis timing, and extracorporeal support for critically ill patients. A mix of invited lectures, **controversies, interactive workshops, tutorials**, poster sessions and panel discussions are planned to continue the tradition of multidisciplinary interactions.

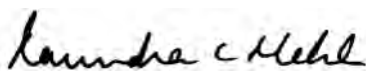
Again this year we are offering a Pre-Conference AKI Symposium titled: **"Changing Paradigms in Acute Kidney Injury: From Mechanism to Management"**. The workshop will provide a comprehensive review of the most recent developments in the field. Topics include, mechanisms, pathways of AKI and its effects on other organs, biomarkers and their applications and the findings from the recent clinical trials. We hope that this course will provide participants an opportunity to interact with experts in the field and emerge with a better understanding of this rapidly evolving area.

### **2014 Conference Topic Highlights:**

- **Meet The Expert Sessions**
- **Organ Dysfunction in the Critically Ill Patient**
- **Raising Awareness of Acute Kidney Injury (AKI)**
- **Controversies in Management of the Critically Ill Patient**
- **Challenges and Controversies in Renal Support & CRRT**
- **Biomarkers for Management of Critically Ill Patients**
- **Special Sessions for Nurses and Allied Personnel**
- **Special Pre Conference Symposium and Workshops**

As always, we hope to provide the right environment to foster learning and mutually beneficial communications and collaborations. We are pleased that you have joined us to share your knowledge and experience as it is through multidisciplinary interactions that we will gain a better understanding of critical illness and it is only through our collective efforts that we will improve the lives of our patients.

On behalf of the organizing committee we are happy to welcome you to San Diego for our Nineteenth Anniversary of the CRRT Conference.



Ravindra L Mehta, MBBS MD DM FACP FRCP(UK)  
Chairman, Organizing Committee

### **ACKNOWLEDGEMENTS of EDUCATIONAL GRANTS**

We would like to offer a very special thank you to the following companies for their educational grant support:

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**Abbvie**  
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### **FELLOWS IN TRAINING SUPPORT**

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# CRRT 2014

Endorsed by



The International Society of Nephrology



Acute Kidney Injury Network

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## IMPORTANT CONFERENCE DATES

On-site Registration Fees Begin	February 18, 2014
Registration Opens - 5:00-8:00pm	Monday, March 3, 2014
Plenary Sessions, Standard Workshops and Focused Symposia	March 4-7, 2014
Poster Mounting, Viewing and Oral Presentations	March 4 & 5, 2014
Pre-Conference AKI Symposium and Elective Workshops	
PW1: Changing Paradigms in Acute Kidney Injury: From Mechanisms to Management	Tuesday March 4, 2014
PW2: Practice Based Learning in CRRT	Tuesday March 4, 2014
HW1: Pediatric Hands-On Workshop	Tuesday March 4, 2014
HW2: Nursing: Ensuring Patient Safety and Quality for RRT in AKI	Tuesday March 4, 2014
HW3: Peritoneal Dialysis	Tuesday March 4, 2014
HW4: Plasma Exchange and Hybrid Techniques	Tuesday March 4, 2014

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It is the policy of the University of California, San Diego School of Medicine to ensure balance, independence, objectivity and scientific rigor. All persons involved in the selection, development and presentation of content are required to disclose any real or apparent conflicts of interest. All conflicts of interest will be resolved prior to an educational activity being delivered to learners through one of the following mechanisms 1) altering the financial relationship with the commercial interest, 2) altering the individual's control over CME content about the products or services of the commercial interest, and/or 3) validating the activity content through independent peer review. All persons are also required to disclose any discussions of off label/unapproved uses of drugs or devices. Persons who refuse or fail to disclose will be disqualified from participating in the CME activity.

## GENERAL INFORMATION

### CONFERENCE DATES AND LOCATION

The inclusive dates for all scientific sessions of the **NINETEENTH INTERNATIONAL CRRT CONFERENCE (CRRT 2014)** are March 4-7, 2014 at the Manchester Grand Hyatt, 1 Market Place, San Diego, CA 92101, Tel: (619) 232-1234.

### REGISTRATION INFORMATION

All participants must register and pay the appropriate fee. **Fee includes** access to all Plenary Sessions, Standard Workshops, Focused Symposia, Exhibit Area, Welcome Reception & Poster Sessions (Tue.), Exhibit Reception (Wed.), CME Accreditation, Conference Syllabus on digital media, two Lunches (Wed. & Thur.), Morning Coffee and all conference coffee breaks. Conference Registration Fee **DOES NOT** include Elective Workshops on Monday or Tuesday. Registration check-in will begin on Monday, March 3, 2014. Poster Viewing will begin on Tuesday evening March 4, 2014.

### REGISTRATION FEES

	<b>On-Site Registration</b> Feb. 18 thru Mar. 7, 2014
Physicians (MD, PhD, etc.)/Industry Personnel/Other <i>With Multimedia Package</i>	\$ 795 \$ 995
Nurses/Dieticians/Pharmacists/Residents*/Fellows* <i>With Multimedia Package</i>	\$ 595 \$ 795

\*with letter of verification from department head

### ELECTIVE SYMPOSIA/WORKSHOP FEES (CME Available)

**TUESDAY - Full Day Electives - 8:00am-5:30pm** (each, include breaks & lunch) **\$270**  
*See pages 6 & 7 for details* (with multimedia package) **\$395**

**PW1: Changing Paradigms in Acute Kidney Injury: From Mechanisms to Management**

**PW2: Practice Based Learning in CRRT: The Science and the Art**

**TUESDAY - Half Day Elective Workshops** (each) **\$100**

*Conference registration required, limited enrollment, includes coffee breaks*

**TUESDAY MORNING - 8:00am-12:30pm** (choose one)

**HW1: Pediatric Hands-On Workshop**

**HW2: Nursing: Ensuring Patient Safety and Quality for RRT in AKI**

**TUESDAY AFTERNOON - 1:30pm-5:30pm** (choose one)

**HW3: Peritoneal Dialysis**

**HW4: Plasma Exchange and Hybrid Techniques**

*See page 5 for Monday's Industry related half-day elective workshop*

### MEET THE EXPERTS BREAKFAST SESSIONS (CME Available) (each) \$40

These breakfast sessions (choose from 2 on Wed. & Thurs.) allow participants to meet and interact with internationally renowned experts in an informal setting over breakfast. This is an excellent opportunity to ask questions, learn how these experts manage patients, get guidance for projects and network.

**SESSION 1 & 2 - Wednesday, March 5 - 7:15-8:15am** (details on page 8)

**SESSION 3 & 4 - Thursday, March 6 - 7:15-8:15am** (details on page 11)

### ONLINE MULTIMEDIA PRESENTATIONS

(with registration) **\$200**

Again in 2014 we will capture **PLENARY SESSIONS** and selected **FOCUSED SYMPOSIA** for post-conference viewing online. Add this package to your registration to review presentations in a state-of-the-art format that includes streaming audio and video, and synchronized slides. Make this purchase now and **SAVE** significantly over post-conference purchase of individual plenary sessions and symposia. Visit the front desk for more details.

**AKI Pre-Conference Symposium & Practice Based Learning in CRRT also available!**

### GUEST FEE

(must accompany registered delegate) **\$185**

Includes: Access to Exhibit Area, Welcome Reception (Tuesday), Exhibit Reception (Wednesday) and two Lunches (Wednesday & Thursday). Guests are not admitted to the General Sessions or Workshops.

### CANCELLATION POLICY

If your registration must be cancelled, your fee, less \$100 U.S. for administrative costs, will be refunded upon your written request. No refunds will be made after **February 1, 2014**. Allow 6-8 weeks for refund.

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## INDUSTRY EVENTS (*Non-CME*)

CME CREDITS DO NOT APPLY TO INDUSTRY EVENTS

### INDUSTRY WORKSHOP

(limited enrollment) **\$100**

**MONDAY, March 3 - Half Day Elective Workshop - 1:30pm-5:30pm**

#### **IND1: GAMBRO Hands-On Physician's Workshop: Practical CRRT - The Nuts and Bolts**

Through case studies, lecture and Prismaflex System hands-on practice, this workshop will provide practical approaches to prescribing and delivering CRRT with Gambro's leading CRRT system.

*Location: Cortez Hill ABC*

### INDUSTRY LUNCHEONS

These hosted luncheons have limited enrollment and RSVPs are required. Regular conference luncheons on Wednesday and Thursday may also be selected and are included with registration.

**WEDNESDAY - 11:45-1:00**

#### **GAMBRO - Symposium Luncheon - Non-CME**

##### **Long-term Dialysis Dependence after AKI: Health Economic Implications?**

Dr. Antoine Schneider and Dr. Sean Bagshaw will present recent evidence that the initial RRT modality prescribed for critically ill AKI patients may be associated improved renal recovery. If initial use of CRRT is associated with improved renal recovery, long-term health economics associated with dialysis dependence could be positively affected.

*Location: Seaport F*

#### **GRIFOLS - Symposium Luncheon - Non-CME**

##### **Issues in Fluid Management in the Critical Care Setting**

Dr. Andrew Shaw and Dr. John Kellum will discuss the spectrum of physiological changes that occur over time in critically ill patients and the physiologic effect of different fluid types that could be administered. The presented concepts will also be discussed in the context of illustrative patient cases. Dr. Lakhmir Chawla will moderate this symposium.

*Location: Seaport H*

**THURSDAY - 12:40-2:00**

#### **ALEXION - Symposium Luncheon - Non-CME**

##### **Advances in the Diagnosis and Management of Systemic and Progressive TMAs**

Systemic TMA is a process of widespread thrombi and inflammation in the small blood vessels of vital organs throughout the body. The multiple thrombi and inflammation occurs throughout the body, affecting the brain, kidneys, heart, organs of the gastrointestinal system, and lungs. The clinical presentation of aHUS can have significant clinical overlap (signs and symptoms) with other diseases, some of which are caused by systemic TMA such as TTP and STEC-HUS.

*Location: Gaslamp AB*

#### **ASTUTE - Symposium Luncheon - Non-CME**

##### **New AKI Biomarkers, a Revolution in Risk Assessment**

Current tools to identify Acute Kidney Injury (AKI) have remained mostly unchanged for decades and have focused primarily on functional renal change. Join this educational symposium to learn about novel AKI biomarkers of early renal stress.

*Location: Balboa ABC*

**AGENDA** Lakhmir Chawla - Chair and Moderator - 5 mins. Introduction  
John Kellum - Latest Findings of Cell Cycle Arrest Biomarkers - 25 mins.  
Andy Shaw - Implications for Management of AKI - 20 mins.  
Alex Zarbock - Practical Cases - 20 mins.  
Q&A 10 mins.

#### **SPECTRAL DIAGNOSTICS - Focus Group Luncheon - Non-CME**

##### **Endotoxin Measurements and Treatment for Endotoxemia: Who, How, What and Why**

Speakers include Dr. Phillip Dellinger, Dr. David Klein and Dr. Gualtiero Guadagni  
Join us for an update on the EUPHRATES trial. In addition, the discussion will explore the potential role of endotoxin as marker, mediator and potential therapeutic target with PMX in other disease states including trauma, AKI, burns, cardiac surgery and others.

*Location: Gaslamp CD*

## SOCIAL ACTIVITIES (*Non-CME*)

*Location: Harbor Ballroom A-F*

**Welcome Reception and Poster Review** Tuesday, March 4, 2014 6:00pm-7:30pm

All attendees are invited to review the CRRT poster presentations including fellows in training and meet the presenters and faculty. This is a great opportunity to pick-up credentials, register on-site, organize your workshops and prepare for the upcoming CRRT meeting. Light appetizers & refreshments will be served.

**Exhibit Reception and Poster Session** Wednesday, March 5, 2014 6:00pm-7:30pm

Meet and interact with CRRT poster presenters while you review the latest in equipment and products. This is a great opportunity to network and meet your colleagues. Light appetizers & refreshments will be served.

# PROGRAM

## MONDAY, MARCH 3

5:00-8:00pm Conference Registration Open - *Harbor Foyer*

*See page 5 for Monday's Industry Workshop*

## TUESDAY, MARCH 4

7:30am Conference Registration Open

### PRE-CONFERENCE AKI SYMPOSIUM - PW1 (CME Available)

#### Changing Paradigms in Acute Kidney Injury: From Mechanisms to Management

*Sponsored by UAB/UCSD O'Brien Center for AKI Research*

*CRRT Conference registration is **NOT** required for this elective symposium.*

Acute Kidney Injury is a rapidly evolving area where several advances have been made in understanding the mechanisms and pathways of AKI and its effects on other organs. Recent identification of biomarkers has provided new tools and techniques to characterize this disorder. This pre-course will provide a comprehensive review of the most recent developments in the field and describe emerging knowledge from basic and translational research applicable to clinical care. See page 8 for full AKI Symposium schedule.

**Location: Hillcrest ABCD**

7:55 am **Opening Remarks** - Ravindra Mehta, MD

#### PLENARY 1 **Molecules, Mechanisms and Targets**

*Co-Chairs: Anupam Agarwal, MD and Bruce Molitoris, MD*

8:00-8:10 **Session Introduction** - Anupam Agarwal, MD

8:10-8:30 **Intracellular Pattern Recognition Receptors and Renal Ischemia** - Dianne McKay, MD

8:30-8:50 **Inflammation, Hypoxemia, Nitric Oxide and ROS Conspire to Injure the Kidney** - Can Ince, PhD

8:50-9:10 **Pyruvic Acid: At the 'Cross Roads' of Cellular Energetics, Inflammation, and Cytoresistance** - Richard Zager, MD

9:10-9:30 **Tubular Changes in the Early Diabetic Kidney-Affecting the Susceptibility to AKI?** - Volker Vallon, MD

9:30-9:50 **Nrf2 Modulation for AKI - Beyond Bardoxylone** - Hamid Rabb, MD

9:50-10:00 **Session Summary** - Bruce Molitoris, MD

10:00-10:15 *Coffee Break*

#### PLENARY 2 **Of Mice and Men: Translational Research in AKI**

*Co-Chairs: Paul Sanders, MD and Mark Okusa, MD*

10:15-10:25 **Session Introduction** - Paul Sanders, MD

10:25-10:45 **Individualizing the Response to Injury: Epigenetics of AKI** - Daniel O'Connor, MD

10:45-11:05 **Hemolytic Uremic Syndrome: An Evolving Disease** - Giuseppe Remuzzi, MD

11:05-11:25 **Attenuating the Immune Response in AKI: The Role of Alkaline Phosphatase** - Peter Pickkers, MD

11:25-11:45 **Renal Hemodynamics and Oxygenation in Sepsis-associated AKI** - Prabhleen Singh, MD

11:45-12:05 **Novel Models of AKI: Lessons from Leptospirosis** - Joseph Vinetz, MD

12:05-12:15 **Session Summary** - Mark Okusa, MD

12:15-1:15 pm *Lunch Hosted by Conference - Laels*

#### PLENARY 3 **Improving Outcomes in AKI: What Should We Focus On?**

*Co-Chairs: Lakhmir S. Chawla, MD and Paul Palevsky, MD*

1:15-1:25 **Session Introduction** - Lakhmir S. Chawla, MD

1:25-1:45 **Clinical Course Following AKI: Recovery vs Progression** - Chris McIntyre, MD

1:45-2:05 **Harmonizing Care Management in AKI** - Glenn Chertow, MD

2:05-2:25 **Focus on lipids: HDL and Its Associated Lipoproteins in Cardiac and Renal Disease** - Peter McCullough, MD

2:25-2:45 **Innovations in Dialysis Care and Delivery** - Claudio Ronco, MD

2:45-3:05 **"Remodeling" the Kidney: The Plasticity of Progenitor and Kidney Cells** - Giuseppe Remuzzi, MD

3:05-3:15 **Session Summary** - Paul Palevsky, MD

3:15-3:30 *Coffee Break*

#### PLENARY 4 **Biomarkers in AKI: Are We Ready for Prime Time?**

*Co-Chairs: Prasad Devarajan, MD and Patrick Murray, MD*

3:30-3:40 **Session Introduction** - Prasad Devarajan, MD

3:40-4:00 **AKI Biomarkers: Barriers and Solutions** - Zoltan Endre, MD

4:00-4:20 **Repair or Progression after AKI: The Role of Biomarkers** - John Kellum, MD

4:20-4:40 **Peri-operative Urinary Biomarkers and its Association with Short and Long Term Mortality** - Chirag Parikh, MD

4:40-5:00 **The Kidney in Liver Disease: Can Biomarkers Help?** - Julia Wendon, MD

5:00-5:20 **Biomarkers in the Management of Cardiorenal Syndrome** - Alan Maisel, MD

5:20-5:30 **Session Summary** - Patrick Murray, MD

5:30 **Adjourn**



**FULL DAY ELECTIVE WORKSHOP (CME Available)**

**PW2 - Practice Based Learning in CRRT: The Science and the Art**

This workshop is designed to provide participants with the knowledge and understanding for decision making for the effective utilization of CRRT to manage critically ill patients. The workshop will utilize case based discussions to illustrate the underlying concepts for application of CRRT. All participants will be provided access to digital media describing the basic concepts of CRRT and will be expected to have reviewed this material prior to the workshop. Delegates will participate in group exercises to apply their learning for the management of complex cases. At the end of this workshop participants will have an improved understanding of how to utilize CRRT for optimizing renal support. A quiz will be administered pre-and post- course for assessment.

The participants will be divided into two teams, one led by Dr. Tolwani and one led by Dr. Cerda. The participants will go through case simulations and role-playing with their assigned team in the morning and then will switch to the other team in the afternoon. This allows all participants to participate in each physician-led group and go through each scenario covering all aspects of CRRT.

**Learning Objectives:**

Describe the underlying concepts of CRRT

Review the process of decision making for choice of CRRT therapy components and their implementation

Utilize the tools provided to manage complex cases with CRRT.

**Faculty:**

David Askenazi, MD

Linda Awdishu, PharmD, MAS

Jorge Cerda, MD

Michael Connor, MD

Noel Gibney, MB FRCP(C)

Stuart L. Goldstein, MD

Patty Graham, RN, MS, CCRN, CS

Luis Juncos, MD

Eileen Lischer, MA, BSN,

RN, CNN

Ravindra L. Mehta, MD

Bruce A. Mueller, PharmD

Catherine Wells, DNP,

ACNP-BC, CNN-NP

**Location: Cortez Hill ABC (split sessions in Torrey Hills AB)**

*Case moderators are underlined*

7:45-8:15 **Opening Remarks and Pre-Test**

Jorge Cerda, MD & Ashita Tolwani, MD

8:15-10:15 **Groups 1 & 2 - CASE 1 The Patient with AKI After Cardiac Surgery: Fundamental Concepts - Adult and Pediatric Patients**

Tolwani, Askenazi, Goldstein, Juncos & Wells

10:15-10:30 *Coffee Break*

10:30-12:00 **Group 1 - CASE 4 The CRRT Patient with Dysnatremia - Juncos, Awdishu, Gibney & Wells**

**Group 2 - CASE 2 The Patient with AKI and Cirrhosis - Cerda & Mueller**

12:00-1:00 *Lunch Hosted by Conference for Workshop Participants - Laels*

1:00 -1:40 **Groups 1 & 2 - CASE 3: Special Applications for CRRT: Toxins and ECMO**

Askenazi, Goldstein & Mueller

1:45-3:15 **Group 1 - CASE 2 The Patient with AKI and Cirrhosis - Cerda & Mueller**

**Group 2 - CASE 4 The CRRT Patient with Dysnatremia - Juncos, Awdishu, Gibney & Wells**

3:15-3:30 *Coffee Break*

3:30-5:00 **Groups 1 & 2 - CASE 5: The Patient with AKI and Sepsis, Nursing and Ethical Issues**

Connor, Awdishu, Graham, Lischer, Mehta & Wells

5:00-5:30 **Post Course Assessment Test / Question and Answer - Cerda & Tolwani**

5:30 **Adjourn**

**HALF DAY ELECTIVE WORKSHOPS (CME Available)**

8:00-12:30 **TUESDAY MORNING (choose one)**

*Pier*

**HW1: Pediatric Hands-On Workshop**

Helen Currier, BSN, RN, CNN, CENP, Jolyn Morgan, RN II, CDN

Theresa Mottes, RN and Alisa Palazzolo, BSN, RN II

*Golden Hill AB*

**HW2: Nursing: Ensuring Patient Safety and Quality for RRT in AKI**

Saima Aslam, MD, Ian Baldwin, RN, PhD, ACCCN, Josée Bouchard, MD

Helen Currier, BSN, RN, CNN, CENP, Thomas A. Golper, MD, Patty Graham, RN, MS, CCRN, CS, Eileen Lischer, MA, BSN, RN, CNN & Catherine Wells, DNP, ACNP-BC, CNN-NP

10:15-10:30 *Coffee Break*

1:30-5:30 **TUESDAY AFTERNOON (choose one)**

*Solana Beach AB*

**HW3: Peritoneal Dialysis**

Steven R. Alexander, MD, Amelia Allsteadt, BSN, RN, CNN, Richard Amerling, MD &

Rajasekara Chakravarthi, MD, DNB (Nephrology)

*Promenade BC*

**HW4: Plasma Exchange and Hybrid Techniques**

Odette Ada, RN, Dinna Cruz MD, Jhun Marquez, RN, Emmett Ratigan MD,

Amber Sanchez, MD & David M. Ward, MD, FRCP

3:15-3:30 *Coffee Break*

6:00-7:30pm **Evening Reception, Posters & Oral Presentations - Harbor Ballroom A-F**

## WEDNESDAY MORNING, MARCH 5

7:00am-4:30pm Conference Registration Open - *Harbor Foyer*

7:00-8:00 *Coffee Served*

### MEET THE EXPERT BREAKFAST SESSIONS - CME Available

7:15-8:15 *(elective sessions, see pg. 4 for details)*

- |             |   |
|-------------|---|
| <i>Cove</i> | <b>Session 1 - How do I Manage Patients with High Risk for AKI in the ICU (ME1)</b><br>Kathleen Liu, MD and Andrew Shaw, MD         |
| <i>Pier</i> | <b>Session 2 - How do I Assess and Follow Up Patients After an Episode of AKI (ME2)</b><br>Glenn Chertow, MD and Chris McIntyre, MD |

### STANDARD WORKSHOPS - GROUP 1 (CME Available for All)

Open to all participants - applicable to physicians, nurses and allied personnel

**Codes:** C= Core workshop, I = Intermediate, A = Advanced, N= Nurses, AP = nurses & allied personnel  
Workshops presented in a series are marked with a "1" for a primary discussion and "2" for a more complex or advanced discussion in the topic. Series workshops 1 and 2 can be taken subsequently (following each other) or independently (e.g. workshop 1 can be taken without taking workshop 2 and vice versa).

#### Workshop Tracks

A: Biomarkers; B: CRRT Technique; C: Critical Care Topics ; D: Organ Support ; E: Nursing Issues;  
F: Dialysis techniques and Pediatric applications; G: Optimizing Renal Support

8:30-10:00am **GROUP 1 - SIMULTANEOUS STANDARD WORKSHOPS** *(choose one)*

- |                        |  |
|------------------------|--|
| <i>Golden Hill AB</i>  | <b>A01 Using Kidney Biomarkers for AKI 1: Risk Assessment, Diagnosis and Staging (C, N, AP)</b><br>Practical issues for use of kidney biomarkers for assessing risk and for early recognition and interventions in AKI.<br>Zoltan Endre, MD, PhD, Stuart L. Goldstein, MD, Patrick T. Murray, MD   |
| <i>Torrey Hills AB</i> | <b>B02 Strategies for Optimizing the CRRT Circuit (C, N, AP)</b><br>Case based discussions on best practices to maintain circuits for CRRT focusing on the Access, Anticoagulation and Monitoring. Citrate anticoagulation.<br>David Askenazi, MD, Oliver Joannes-Boyau, MD, Luis Juncos, MD   |
| <i>Promenade A</i>     | <b>C03 Vexing Problems in ICU Patients 1: Acid Base and Electrolyte, Sedation, Resistant Infections, C-diff, the Obese Patient (C, N, AP)</b><br>Case based discussions for adjustments in drug dosing, renal support and monitoring of complex ICU patients with comorbidities and drug resistant infections.<br>Bradley Dixon, MD, Miet Schetz, MD, PhD                      |
| <i>Solana Beach AB</i> | <b>D04 Managing Patients with AKI and Liver Failure 1: Pathophysiology, Differential Diagnosis, Therapy, Use of RRT, Liver Support, Strategies for Bridge to Transplant (C, N, AP)</b><br>Pathophysiology of AKI in setting of acute and chronic hepatic failure and management strategies for differential diagnosis and therapy.<br>Geoffrey Fleming, MD, Heather Patton, MD |
| <i>Promenade B</i>     | <b>E05 Challenges in Critical Care Nephrology Nursing 1: Patient Assessment, Preparation, Therapy and Monitoring (C, N, AP)</b><br>Principles and best practices for nursing assessment, preparation & monitoring of patients undergoing RRT.<br>Ian Baldwin, RN, PhD, ACCCN, Helen Currier, BSN, RN, CNN, CENP, Patty Graham, RN, MS, CCRN, CS                                |
| <i>Bankers Hill</i>    | <b>F06 Renal Support in the ICU with IHD, PIRRT, PD, Hybrid Devices (A)</b><br>Comparisons of operational characteristics including anticoagulation, membranes, solutions and flows and approaches for ongoing and future research.<br>Richard Amerling, MD, Emmanuel Burdmann, MD, PhD, Rajasekara Chakravarthi, MD   |
| <i>Ocean Beach</i>     | <b>G07 Preventing and Managing Complications of Dialysis: Circulatory Stress, Intradialytic Hypotension, Fluid and Electrolytes (C, N)</b><br>Case based discussions of related complications in ICU patients.<br>Amelia Allsteadt, BSN, RN, CNN, Nitin Kolhe, MD, Marlies Ostermann, MD   |

### CONCURRENT FOCUSED SYMPOSIA (CME Available for All)

These focused symposia are offered in 3 categories (3 sessions in each category) on Wednesday and Thursday and run concurrently with the Standard Workshops. Sessions can be taken as a group (3) or independently. Selections made during online registration process.

8:30-10:00am **SESSION 1** *(choose one)*

- |   |   |
|---|---|
| <b>Fluid Assessment and Management in Critically Ill - Session 1 of 3 (FS1, FS4, FS7)</b> |   |
| <i>Cortez Hill</i>  | <b>FS1 Assessment of Fluid Responsiveness, Hemodynamic Monitoring and Targets</b><br>Can Ince, PhD, Kianoush Kashani, MD, Monty Mythen, MB BS, FRCA, MD, FFI        |
| <b>Economics of Acute Kidney Injury - Session 1 of 3 (FS2, FS5, FS8)</b>                  |   |
| <i>Hillcrest AB</i>   | <b>FS2 Methodology</b><br>Glenn Chertow, MD, William L. Macias, MD, PhD,<br>Andrew D. Shaw, MB FRCA FCCM FFICM  |
| <b>Research Design and Conduct - Session 1 of 3 (FS3, FS6, FS9)</b>                       |   |
| <i>Hillcrest CD</i>   | <b>FS3 Basic and Translational Science Models: Relevant for AKI, Resources, Tools and Techniques</b><br>Bruce A. Molitoris, MD, Paul Sanders, MD, Volker Vallon, MD |

10:00-10:15am *Coffee Break*

## STANDARD WORKSHOPS - GROUP 2 (CME Available for All)

10:15-11:45am	<b>GROUP 2 - SIMULTANEOUS STANDARD WORKSHOPS</b> (choose one)	
<b>A08</b>	<b>Using Kidney Biomarkers for AKI 2: Differential Diagnosis, Interventions and Prognosis (C, N, AP)</b>	
<i>Golden Hill AB</i>	Strategies for the effective use of kidney biomarkers for managing patients with AKI to guide interventions and predict outcomes. Prasad Devarajan, MD, Kent Doi, MD, Edward Siew, MD	
<b>B09</b>	<b>CRRT for the Experienced User 1 (I, N, AP)</b>	
<i>Torrey Hills AB</i>	Interactive case based discussions on dose adjustments, monitoring for adequacy, modality changes. William R. Clark, MD, Rolando Claude, MD, FASN, Claudio Ronco, MD	
<b>C10</b>	<b>Critical Care Management: Nutrition Assessment and Delivery (I, N, AP)</b>	
<i>Promenade A</i>	Pathophysiology of malnutrition in critically ill patients. Principles of nutritional assessment and support and adjustments for RRT. Michael Joannidis, MD, Peter Pickkers, MD, PhD	
<b>D11</b>	<b>Managing Patients with Sepsis 1 : Pathophysiology, Diagnosis, Assessment, Resuscitation, Drug Management, Techniques for Disease Modification, Organ Support and Renal Protection (C, N, AP)</b>	
<i>Solana Beach AB</i>	Case based discussions on pathophysiology of sepsis, rationale and strategies for fluid and vasopressor use for resuscitation and supportive therapy with the sepsis bundle. Rajit Basu, MD, Patrick M. Honoré, MD, PhD, Miet Schetz, MD, PhD	
<b>E12</b>	<b>Challenges in Critical Care Nephrology Nursing 2: Combined CRRT with ECMO, Pheresis, Sorbents, Operating Room (I, N, AP)</b>	
<i>Promenade B</i>	Techniques, applications, monitoring and practical issues for implementation. Ian Baldwin, RN, PhD, ACCCN, Eileen Lischer, MA, BSN, RN, CNN, Alisa Palazzolo, BSN, RN II	
<b>F13</b>	<b>Pediatric Dialysis Techniques 1: Patient Assessment, Prescription, Dosing, Delivery, Implementation and Monitoring (I, N, AP)</b>	
<i>Bankers Hill</i>	Technique requirement and application for use in children excluding neonates. Covering epidemiology of pediatric acute kidney injury, and a focus on the pediatric CRRT prescription (anticoagulation, fluid composition, modality, and nutrition provision), as well as outcome in pediatric CRRT. Theresa Mottes, RN, Scott Sutherland, MD, Jordan M. Symons, MD	
<b>G14</b>	<b>Starting and Stopping RRT for AKI: Principles and Practice (A)</b>	
<i>Ocean Beach</i>	Principles of determining when to start and stop RRT. Case based discussion of various approaches. Etienne Macedo, MD, PhD, Ravindra L. Mehta, MBBS, MD, DM, FACP	

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10:15-11:45am	<b>SESSION 2</b> (choose one)	
<b>FS4</b>	<b>Fluid Assessment and Management in Critically Ill - Session 2 of 3 (FS1, FS4, FS7)</b>	
<i>Cortez Hill</i>	<b>Fluids and Solutions Crystalloids, Colloids and Blood Products: When and How to Use</b> Matthias Jacob, MD, John Prowle, MA MSc MD MRCP FFICM, Andrew D. Shaw, MB FRCA FCCM FFICM	
<b>FS5</b>	<b>Economics of Acute Kidney Injury - Session 2 of 3 (FS2, FS5, FS8)</b>	
<i>Hillcrest AB</i>	<b>Diagnosis, Prognosis and Therapy</b> Lakhmir S. Chawla, MD, John A. Kellum, MD, William L. Macias, MD, PhD	
<b>FS6</b>	<b>Research Design and Conduct - Session 2 of 3 (FS3, FS6, FS9)</b>	
<i>Hillcrest CD</i>	<b>Clinical Research: Design Issues for Observational Studies, Prevention and Interventional Trials. Analysis of Large Data Sets, Where to Find Information</b> Zoltan Endre, MD, PhD, Vivek Jha, MD, Chirag Parikh, MD, PhD	

11:45am-1:00pm **Conference Lunch - Marina Courtyard**  
**Industry Luncheons (RSVP required)**  
 See page 5 for Industry Luncheon descriptions and locations

## SESSION I: PATIENT CHARACTERISTICS (CME Available - All Sessions)

*Location: Harbor Ballroom GHI (all Plenary Sessions)*

1:10-3:45	<b>Plenary 1 - MINI-SYMPOSIA</b> <i>Organ Dysfunction in the Critically Ill Patient: Emerging Concepts</i>	4:15-6:30	<b>Plenary 2 - MINI-SYMPOSIA</b> <i>Acute Kidney Injury (AKI): Pathophysiology</i>
<i>Co-Chairs:</i>	William L. Macias, MD, PhD Prasad Devarajan MD	<i>Co-Chairs:</i>	Bruce Molitoris, MD Chris McIntyre, MD
1:10-1:15	<b>Opening Remarks</b> Ravindra L Mehta, MD, FACP	4:15-4:30	<b>Subclinical AKI: A New Entity</b> Claudio Ronco, MD
1:15-1:30	<b>Human Adaptations to Hypoxia: Lessons for Critical Illness</b> Monty Mythen, MD	4:30-4:45	<b>The Rising Tide of AKI - Epidemic or Hype?</b> Edward Siew, MD
1:30-1:45	<b>Prospects for a Vascular Therapy in Sepsis</b> Samir Parikh, MD	4:45-5:00	<b>Consequences of Hypoxia in AKI</b> Kent Doi, MD
1:45-2:00	<b>Pathophysiology of Critical Illness: The Role of Glycocalyx</b> Matthias Jacob, MD	5:00-5:15	<b>Community-acquired AKI in Tropical Countries</b> Vivek Jha, MD
2:00-2:15	<b>Critical Care “Normality”: Individualized Versus Protocolized Care</b> Julia Wendon, MD	5:15-5:30	<b>Atypical HUS and AKI</b> Bradley Dixon, MD
2:15-2:30	<b>Modulating the Human Innate Response: The “Iceman Cometh”</b> Peter Pickkers, MD	5:30-5:50	<b>The Furosemide Stress Test: A Means to Evaluate Incipient AKI?</b> Lakhmir Chawla, MD
2:30-2:45	<b>Spleen the Forgotten Organ in Critical Illness</b> Mark Okusa, MD	5:50-6:00	<b>Panel Discussion</b> <i>Moderator: Noel Gibney, MD</i>
2:45-3:00	<b>Acute Lung injury and ARDS: What's New?</b> Kathleen Liu, MD, PhD, MAS	6:00	<b>Adjourn</b>
3:00-3:25	<b>SPECIAL LECTURE</b> <b>ISN "0 by 25" A Human Rights Case for Health Equity: Acute Kidney Failure in Poor Countries Should No Longer be a Death Sentence</b> Giuseppe Remuzzi, MD	6:00-7:30	<b>EXHIBIT RECEPTION, POSTERS &amp; ORAL PRESENTATIONS</b> <i>Harbor Ballroom A-F</i>
3:25-3:45	<b>Panel Discussion</b> <i>Moderator: John Kellum MD</i>		
3:45-4:15	<i>Coffee Break</i>		





## THURSDAY MORNING, MARCH 6

7:00am-4:30pm Conference Registration Open - *Harbor Foyer*

7:00-8:00 *Coffee Served*

### MEET THE EXPERT BREAKFAST SESSIONS - CME Available

7:15-8:15 *(elective sessions, see pg. 4 for details)*

- Cove* **Session 3 - How I Assess Patients in the ICU and My Approach to Oliguria (ME3)**  
John Kellum, MD and Marlies Ostermann, MD
- Pier* **Session 4 - How I Use the KDIGO AKI Guidelines to Manage Patients (ME4)**  
Paul Palevsky, MD and Claudio Ronco, MD

### STANDARD WORKSHOPS - GROUP 3 (CME Available for All)

- 8:00-9:30am **GROUP 3 - SIMULTANEOUS STANDARD WORKSHOPS** *(choose one)*
- Golden Hill AB* **A15 Optimal Care for AKI: The 5 R Approach (C, N, AP)**  
This workshop will describe the urgent need for educating care givers, patients and the lay public on the devastating effects of AKI. Strategies and tools for risk assessment, recognition response, rehabilitation and referral for AKI will be discussed.  
Jorge Cerda, MD, FACP, FASN, Stuart L. Goldstein, MD, Andrew Lewington, MD
- Torrey Hills AB* **B16 CRRT for the Experienced User 2: Solutions, Fluid Removal Fluid Balance, Monitoring (A)**  
Interactive case based discussion on strategies for fluid management in CRRT to achieve patient driven outcomes for fluid, electrolyte and acid base balance.  
Matthias Jacob, MD, Ravindra L. Mehta, MBBS, MD, DM, FACP  
John Prowle, MA MSc MD MRCP FFICM
- Promenade A* **C17 Drug Induced Kidney Injury in the ICU: Mechanisms, Susceptibility, Diagnosis, Management Strategies (A, N)**  
Causes and consequences of drug induced nephrotoxicity, factors contributing to toxicity, strategies for preventing and managing toxicity. Utilization of dialysis techniques for drug removal  
Rajit Basu, MD, Linda Awdishu, PharmD MAS, Michael Joannidis MD
- Solana Beach AB* **D18 Managing Heart Failure and Cardio-Renal Syndrome: Pathophysiology, Diagnosis, Drug Management, Ultrafiltration, Renal Support and RRT for Patients with Ventricular Assist Devices and Artificial Hearts (A, N)**  
Technical considerations, practical application and results of different methods to treat heart failure and cardio-renal syndrome including ultrafiltration techniques.  
Dinna Cruz, MD, MPH, Peter A. McCullough, MD, MPH
- Promenade B* **E19 Patient Centered Care: Enhancing Communications and Care Delivery (C, N, AP)**  
Taking good care of patients requires communication and understanding of patient and loved ones' needs. This workshop will discuss the principles and practice of patient centered care utilizing case studies.  
Steven R. Alexander, MD, Patty Graham, RN, MS, CCRN, CS, Jolyn Morgan, RN II, CDN
- Bankers Hill* **F20 Pediatric Dialysis Techniques 2: CRRT in the Newborn, ECMO, Combination Therapies, Drug Dosing, Transitions (C, N, AP)**  
Pathophysiology and management of metabolic disorders, neonatal AKI and intoxications with CRRT.  
David Askenazi, MD, Geoffrey Fleming, MD
- Ocean Beach* **G21 Ethical Issues in the ICU: Withdrawing & Withholding Renal Support for AKI (C, N, AP)**  
Factors influencing decisions for withholding and withdrawing dialysis in the management of critically ill patients. General principles for ethical decisions and how an approach can be developed to manage patients requiring dialysis.  
Rolando Claure, MD, FASN, Noel Gibney, MB FRCP(C)

### CONCURRENT FOCUSED SYMPOSIA (CME Available for All)

These focused symposia are offered in 3 categories (3 sessions in each category) on Wednesday and Thursday and run concurrently with the Standard Workshops. Sessions can be taken as a group (3) or independently. Selections made during online registration process.

- 8:00-9:30am **SESSION 3** *(choose one)*
- Cortez Hill* **FS7 Fluid Assessment and Management in Critically Ill - Session 3 of 3 (FS1, FS4, FS7)**  
**Vasopressors and Inotropes and Combinations with Fluid**  
Patrick D. Brophy, MD, MHCDS, Phil Dellinger, MD, Miet Schetz, MD, PhD
- Hillcrest AB* **FS8 Economics of Acute Kidney Injury - Session 3 of 3 (FS2, FS5, FS8)**  
**Economics of Devices and Support Techniques**  
Sean Bagshaw, MD, MSc, FRCPC, Nitin Kolhe, MD, Antoine Schneider, MD
- Hillcrest CD* **FS9 Research Design and Conduct - Session 2 of 3 (FS3, FS6, FS9)**  
**Nursing and Pharmacy Research: Asking the right questions looking for data, setting up the study, funding issues, data analysis and presentation**  
Ian Baldwin, RN, PhD, ACCCN, Bruce A. Mueller, PharmD

9:30-9:45

*Coffee Break*

# THURSDAY MORNING/AFTERNOON, MARCH 6

## SESSION II: CONTROVERSIES IN CRITICAL CARE NEPHROLOGY

9:45-12:30	<b>Plenary 3 - MINI-SYMPOSIA</b> <i>Tribal Customs in Critical Care Nephrology: Why We Do What We Do</i>	<i>Part 2</i>	<i>At Risk for AKI: What Should We Do?</i>
<i>Co-Chair:</i>	Claudio Ronco, MD John Prowle, MD	10:40-10:55	<b>ACE/ARB's: Stop or Continue?</b> Chirag Parikh, MD, PhD
<i>Part 1</i>	<b>FLUID Management Strategies for Resuscitation and Hemodynamic Support Recommendations From ADQI 12</b>	10:55-11:10	<b>Focus on Hydration</b> Paul Palevsky, MD
9:45-9:55	<b>Assessment of Plasma Volume</b> Bruce Molitoris, MD	11:10-11:25	<b>Prevention of AKI in Sepsis</b> Michael Joannidis, MD
9:55-10:05	<b>Diagnostics for Vascular Health</b> Can Ince, PhD	11:25-11:40	<b>Non-Traumatic Rhabdomyolysis</b> Patrick M. Honoré, MD, PhD
10:05-10:15	<b>What Type of Fluid to Give?</b> Patrick Murray, MD	11:40-11:55	<b>Statins for AKI: Friend or Foe?</b> Peter McCullough, MD
10:15-10:25	<b>When and How to Give Fluid</b> Ravindra L. Mehta, MD	11:55-12:15	<b>SPECIAL LECTURE</b> <b>Lessons from Surviving Sepsis Campaign Guidelines</b> Phil Dellinger, MD
10:25-10:40	<b>Fluid Mobilization</b> Marlies Ostermann, MD	12:15-12:30	<b>Panel Discussion</b> <i>Moderator:</i> Andrew D. Shaw, MB FRCA
		12:30-12:40	<b>Top Abstract Awards</b>

12:40-2:00 *Conference Lunch - Marina Courtyard*  
*Industry Luncheons (RSVP required)*  
*See page 5 for Industry Luncheon descriptions and locations*

## SESSION III: EMERGING CONCEPTS IN AKI AND RRT

2:00-3:30	<b>Plenary 4</b> <b>MINI-SYMPOSIA</b> <i>Targeting Renal Recovery: Report From the Roundtable</i>	4:00-6:00	<b>Plenary 5</b> <b>MINI-SYMPOSIA</b> <i>Challenges and Controversies in Renal Support and CRRT</i>
<i>Co-Chairs:</i>	Li Yang, MD Dinna Cruz, MD	<i>Co-Chairs:</i>	Stuart Goldstein, MD Miet Schetz, MD
2:00-2:15	<b>Epidemiology of Renal Recovery: What do We Know?</b> Sean Bagshaw, MD	4:00-4:15	<b>Circulatory Stress During Dialysis: Contributor to Endotoxemia?</b> Chris McIntyre, MD
2:15-2:30	<b>Biology of Renal Recovery: Molecules, Mechanism and Pathways</b> Mark Okusa, MD	4:15-4:30	<b>Can We Use Biomarkers to Refine RRT?</b> Dinna Cruz, MD
2:30-2:45	<b>Enhancing Recovery After AKI: Targets and Interventions</b> Kathleen Liu, MD	4:30-4:45	<b>Time, Timing and Timeliness: Changing Paradigms for RRT</b> Ravindra L Mehta, MD
2:45-3:00	<b>The Economics of Renal Recovery</b> Andrew D. Shaw, MB FRCA	4:45-5:00	<b>Intradialytic Hypotension: The Holy Grail for RRT</b> Nitin Kolhe, MD
3:00-3:15	<b>Management of the AKI Survivor: It Takes a Village</b> Chris McIntyre, MD	5:00-5:15	<b>Peritoneal Dialysis: An Alternate CRRT for AKI?</b> Rajasekara Chakravarthi, MD, DNB
3:15-3:30	<b>Long Term Outcomes After Renal Epithelial Cell Cycle Arrest</b> Lakhmir S. Chawla, MD	5:15-5:30	<b>Assessing the Impact of AKI on Convalescent Renal Function at Hospital Discharge</b> John Prowle, MD
3:30-4:00	<b>Panel Discussion</b> <i>Moderator:</i> Peter McCullough, MD	5:30-5:45	<b>Adapting to Adversity: Drug Shortages in CRRT</b> Ashita Tolwani, MD
3:30-4:00	<i>Coffee Break</i>	5:45-6:00	<b>KIDMO - Kidney Interventions During Membrane Oxygenation</b> Geoffrey Fleming, MD
		6:00	<b>Adjourn - Free Evening</b>

## FRIDAY MORNING, MARCH 7

7:00am-1:00pm Conference Registration Open - *Harbor Foyer*

7:00-8:00am *Coffee Served*

### SESSION IV: IMPROVING OUTCOMES IN AKI

7:30-10:15	<b>Plenary 6</b> <b>MINI SYMPOSIA</b> <i>Raising Awareness of AKI</i>	8:30-8:45	<b>eResearch and Big Data:</b> <b>Why Personalized Medicine is</b> <b>“Made For” AKI</b> John Kellum, MD
<i>Co-Chairs:</i>	Jorge Cerda, MD Paul Palevsky, MD	8:45-9:00	<b>How do We Improve Global AKI</b> <b>Medical Education</b> Andrew Lewington, MD
7:30-7:45	<b>Using EMR Data to Identify and</b> <b>Predict AKI Events</b> Scott Sutherland, MD	9:00-10:15	<b>The Changing Face of AKI:</b> <b>Snapshots from Around the World</b> Australia - Zoltan Endre, MD Brazil - Emmanuel Burdmann, MD India - Vivek Jha, MD UK - Marlies Ostermann, MD Europe - Oliver Joannes-Boyau, MD China - Li Yang, MD Japan - Kent Doi, MD
7:45-8:00	<b>Drug Induced Kidney Injury:</b> <b>Lessons from the O’Brien Center</b> <b>DIRECT Study</b> Linda Awdishu, PharmD, MAS		
8:00-8:15	<b>Predicting AKI in the ICU</b> Etienne Macedo, MD		
8:15-8:30	<b>Biomarkers in AKI:</b> <b>Ready for Prime Time?</b> Kianoush Kashani, MD	10:15-10:45	<i>Coffee Break</i>

### SESSION V: FUTURE TRENDS IN CRRT AND CRITICAL CARE

10:45-1:00	<b>Plenary 7</b> <b>MINI SYMPOSIA</b> <i>Emerging Strategies in AKI and</i> <i>Extracorporeal Support</i>	4. <b>STARRT Trial Timing of</b> <b>Dialysis</b> Sean Bagshaw, MD
<i>Co-Chairs:</i>	Andrew Lewington, MD Vivek Jha, MD	5. <b>Abbvie Trial for Post Op AKI</b> Samina Khan, MD
10:45-12:30	<b>Update from Ongoing and</b> <b>Late Breaking Trials</b> (see website for presenter list) (approx. 10 minutes each)	6. <b>Thrasos Trial for Post Cardiac</b> <b>Surgery AKI</b> James A. Tumlin, MD
	1. <b>Polymixin Binding Filter for</b> <b>Sepsis: EUPHRATES Trial</b> Phil Dellinger, MD	7. <b>Topaz Trial</b> John A. Kellum, MD
	2. <b>ZS-9 Trial</b> Bhupinder Singh, MD	12:30-12:55 <b>Critical Care Nephrology:</b> <b>Literature Review</b> Noel Gibney, MD
	3. <b>Stem Cells for AKI:</b> <b>Allocure Trial</b> Robert Brenner, MD	12:55-1:00 <b>Closing Remarks</b> Ravindra L. Mehta, MD, FACP <i>Chairman</i>
		1:00 <b>Conference Adjourns</b>

*Mark Your Calendar Now for 2015!!*

# CRRT 2015

February 16-20

*San Diego, California*

*Manchester Grand Hyatt*



# ORAL PRESENTATIONS AND POSTER LIST

## CME CREDIT DOES NOT APPLY FOR POSTER SESSIONS

Posters are listed with lead authors only, see abstract in the conference syllabus or actual posters for complete author list. Viewing of all posters: **Tues. 6:00-7:30pm & Wed. 6:00-7:30pm.**

## Special Sessions - Oral Presentations

**Tuesday March 4, 6:00-7:30pm Harbor Ballroom A-F**

Session A	Session B	Session C
<b>EPI and Outcomes</b>	<b>Basic Research in AKI</b>	<b>RRT Technique Characteristics and RRT Targeted Applications</b>
<i>Co-Chairs:</i> Patrick Murray and Josee Bouchard	<i>Co-Chairs:</i> Samir Parikh and Roland Blantz	<i>Co-Chairs:</i> Marlies Ostermann and Kianoush Kashani
11. Braun, Andrea*	36. Peng, Zhiyong	53. Walther, Carl*
15. Botdorf, Joshua*	34. Pottumarthi, Prasad	57. Grover, Vanya*
27. Balderas Juarez, J*	37. Gomez, Hernando	58. Chebib, Fouad
5. Venegas Justiniano, J*	52. Cantaluppi, Vincenzo	56. Zanella, Monica
6. Schetz, Miet	38. Askenazi, David	60. Iacovella, Gina*
13. Patil, Neha	45. Wen, Xiaoyan	63. Carlsson, Ola
7. Schetz, Miet	48. van Elsas, Andrea	64. Saxena, Anil
22. Powell, T Clark	44. Wen, Xiaoyan	65. Vega, Molly
16. Sileanu, Florentina	49. Won Min, Hwang	66. Vincenzo. Cantaluppi
12. Askenazi, David	77. Zhang, Jicheng	84. Guru, Pramod
* denotes Fellow		

**Wednesday March 5, 6:00-7:30pm Harbor Ballroom A-F**

Session A	Session B	Session C
<b>EPI and Outcomes</b>	<b>Clinical Research in AKI</b>	<b>New Technology RRT Research &amp; Nursing Issues</b>
<i>Co-Chairs:</i> Emmanuel Burdmann and Sean Bagshaw	<i>Co-Chairs:</i> Michael Joannidis and Chirag Parikh	<i>Co-Chairs:</i> Ian Baldwin Luis Juncos
18. Bransi, Myriam	33. Cheungpasitporn, Wisit*	73. Parekkadan, Biju
20. Maccariello, Elizabeth	42. Kaddourah, Ahmad*	72. Oh, Joon Seok
24. Sevag, Demirjian	43. Parr, Sharidan*	69. Garzotto, Francesco
17. Li, Zhang	29. Solomon, Richard	68. Ludes, Scott
28. Vazquez-Rangel, Armando	40. Zarbock, Alexander	30. Sakai, Masahito*
26. Quercia, Alessandro	46. Goldstein, Stuart	79. Lewis, Susan*
23. Powell, T Clark	51. Neyra, Javier*	83. Murugan, Raghavan
8. Wijewickrama, Eranga	32. Akrawinhawong, Krittaphoom*	85. McCarthy, Paul
21. Rege, Tanvi	47. Yamashita, Tetsushi*	86. Benfield, C Brett (NAP)
25. De La Garza, Keila	71. Stevenson, Emma*	89. McMillan, Cynthia (NAP)
* denotes Fellow		

## Epidemiology & Outcomes from AKI

1. *Withdrawn*

2. *Withdrawn*

3. **Morbidity and Mortality Multicenter Behavior of Acute Kidney Injury. Two Decades Follow-up**  
Nadienka Rodríguez Ramos

4. **Acute Kidney Injury According to "RIFLE" Criteria on Patients Admitted in Intensive Care Unit.**  
Nadienka Rodríguez Ramos

5. **Clinical and Epidemiological features in patients with Acute Kidney Injury in a Critical Care Unit in Lima-Peru**  
Joanna Yanissa Venegas Justiniano

6. **eGFR versus Creatinine Clearance for Evaluation of Recovery from AKI**  
Miet Schetz

7. **Recovery from AKI Assessed by KDIGO Criteria**  
Miet Schetz

8. **Acute Kidney Injury in a Medical Intensive Care Setting; Single Unit Experience**  
Eranga Wijewickrama

9. *Withdrawn*

10. *Withdrawn*

11. **Vascular Surgery Kidney Injury Prediction Score (vsKIPS): A Multivariate Derivation Cohort**  
Andrea Braun

12. **Urine Biomarkers Predict Acute Kidney Injury (AKI) , Bronchopulmonary Dysplasia (BPD) and Mortality in Very Low Birth Weight (VLBW) Infants**  
David Askenazi

13. **Incidence, Risk Factors and Outcome of Acute Kidney Injury in Very Low Birth Weight Infants**  
Neha Patil

14. **Association between Acute Kidney Injury and Bronchopulmonary Dysplasia in Very Low Birth Weight Infants**  
Neha Patil

15. **Clinician Failure to Document Acute Kidney Injury in the Intensive Care Unit**  
Joshua Botdorf

16. **Acute Kidney Injury in "Low-Risk" Patients in Intensive Care**  
Florentina Sileanu

17. **Risk Factors for Acute Kidney Injury in the Lushan earthquake victims**  
Zhang Li

18. **Concordance of pRIFLE Criteria for Identification of Acute Kidney Injury in Pediatric Patients Following Cardiopulmonary Bypass Cardiac Surgery**  
Myriam Bransi

19. **Epidemiology of Acute Kidney Injury Following Cardiopulmonary Bypass in Pediatric Cardiac Surgery Patients**  
Myriam Bransi

20. **Prognostic Value of Dysnatremia in Patients in Need of Renal Replacement Therapy in intensive care units**  
Elizabeth Maccariello

21. **Acute Kidney Injury in the Intensive Care Unit of an Inner City Teaching Hospital**  
Tanvi Rege



**22. Characteristics of Patients with Community-Acquired Acute Kidney Injury**  
T Clark Powell

**23. Acute Kidney Injury - A Tale of Two Medical Centers**  
T Clark Powell

**24. Incidence of Acute Kidney Injury Following Left Ventricular Device Implantation: Cleveland Clinic Experience**  
Demirjian Sevag

**25. Continuous Renal Replacement in Pediatric Patients with Acute and Acute-on-chronic Liver Failure**  
Keila De La Garza

**26. Retrospective Analysis of AKI Incidence and Dialysis Modality in Patients with Multiple Myeloma (MM): Impact on Outcome and Residual Renal Function**  
Alessandro Quercia

**27. Comparison of Absolute vs Relative Increases in Creatinine to Define Acute Kidney Injury**  
Joana Balderas Juarez

**28. Mexican Survey on Current Practices in Acute Kidney Injury in Critically Ill Patients: From the AKIMEX Collaborative Group**  
Armando Vazquez-Rangel

## Research in AKI

**29. Survival Advantage for High Dose Bicarbonate in CKD Patients Undergoing Angiography: the BOSS trial**  
Richard Solomon

**30. Efficacy of Continuous Haemodiafiltration Using a Polymethylmethacrylate Membrane Haemofilter (PMMA-CHDF) in the Treatment of Septic Shock and Acute Respiratory Distress Syndrome (ARDS)**  
Masahito Sakai

**31. Renal Biomarker Levels in a Child Presenting with Newly Diagnosed Acute Lymphoblastic Leukemia and AKI Secondary to Tumor Lysis Syndrome**  
Richard Hackbarth

**32. Subclinical And Clinical Contrast-Induced Acute Kidney Injury: Results From The ENCINO Study**  
Krittapoom Akrawintha Wong

**33. Actual Versus Ideal Body Weight For Acute Kidney Injury Diagnosis In Critically Ill Patients**  
Wisit Cheungpasitporn

**34. Change in Intra-Renal Oxygenation by BOLD MRI as Early Marker of Iodinated Contrast Induced AKI (CIAKI)**  
Prasad Pottumarthi

**35. Withdrawn**

**36. Cell Cycle Arrest Biomarkers Predict Acute Kidney Injury and Survival in Septic Rats**  
Zhiyong Peng

**37. AMP-protein kinase activation may protect against sepsis-induced acute kidney injury (AKI) through mechanisms other than energy regulation**  
Hernando Gomez

**38. Genetic Polymorphisms of Heme-oxygenase 1 (HO-1) may Impact on Acute Kidney Injury (AKI), Bronchopulmonary Dysplasia (BPD) and Mortality in Very Low Birth Weight (VLBW) Infants**  
David Askenazi

**39. Comparison of Sustained Hemodiafiltration (SHDF) with Continuous Venovenous Hemodiafiltration (CVVHDF) for the Treatment of Critically Ill Patients with Acute Kidney Injury**  
Masanori Abe

**40. Urinary TIMP-2 and IGFBP7 as early biomarkers of acute kidney injury and renal recovery following cardiac surgery**  
Alexander Zarbock

**41. The PAKI (Pediatric Acute Kidney Injury) Registry**  
Francesco Garzotto

**42. Kidney Injury Molecule-1 (KIM-1) Is the Best Urinary Biomarker to Detect Cardiorenal Syndrome In Children with Systolic Left Ventricular Dysfunction**  
Ahmad Kaddourah

**43. Urinary L-FABP Predicts Poor Outcomes in Critically Ill Patients With Early AKI**  
Sharidan Parr

**44. Cell-cycle arrest as a mechanism for sepsis-associated acute kidney injury**  
Xiaoyan Wen

**45. Effects of T-Cell Immune Modulator AB103 on Experimental Sepsis-induced Acute Kidney Injury**  
Xiaoyan Wen

**46. Urinary NGAL is Elevated in Hospitalized Cystic Fibrosis Patients with Recent and Increased Tobramycin Exposure**  
Stuart Goldstein

**47. Performance of Urine TIMP-2 in An Adult Mixed Intensive Care Unit**  
Tetsushi Yamashita

**48. Recombinant Alkaline Phosphatase Modulates Inflammation and Injury in Two Rat Models of AKI.**  
Andrea van Elsas

**49. Transgenic Mice With High Endogenous Omega-3 Fatty Acid Are Protected From Ischemia- Reperfusion-induced Acute Kidney Injury**  
Hwang Won Min

**50. Withdrawn**

**51. Hyperchloremia and Mortality Outcomes in Critically ill Septic Patients**  
Javier Neyra

**52. Quorum Sensing (QS) Molecules Released by Gram Negative Bacteria induce tubular injury interacting with lipopolysaccharide (LPS): a new potential mechanism of sepsis-associated AKI**  
Vincenzo Cantaluppi

## RRT Technique Characteristics

**53. Determining Filtration Fraction for Continuous Veno-Venous Hemofiltration with Replacement Fluid Prefilter Dilution**  
Carl Walther

**54. The role of Combination of Continuous Veno-venous Hemofiltration and Hemoperfusion in Hyperlipidemia-induced Severe Acute Pancreatitis with two patients**  
Han Zhang

**55. Automated Total Fluid Management by Aquarius SW 6.02.07**  
Jean-michel Lannoy

**56. Neonatal Acute Kidney Injury Treated with Continuous Renal Replacement Therapy by a Dedicated Miniaturized Technology (CAR-PEDIEM)**

Monica Zanella

**57. Arteriovenous Access Use in End Stage Renal Disease Patients Receiving Continuous Renal Replacement Therapy**

Vanya Grover

**58. You make my blood run cold: Thermal loss of warmed replacement fluids during CRRT**

Fouad Chebib

**59. Piperacillin-Tazobactam Concentrations in an In-Vitro Model of CVVH: Their Drastic Reduction and an Innovative Modality of Administration to Obtain Costant Serum Levels.**

Michele Ferrannini

## **RRT Applications and Targeted Interventions**

**60. Using High Bicarbonate Concentration Replacement Solution in CVVH is Associated with Higher Mortality: a Retrospective Cohort Study**

Gina Iacovella

**61. Seven cases of refractory Kawasaki disease treated with plasma exchange therapy**

Mariko Sawada

**62. Therapeutic Plasma Exchange in Pediatric Fulminant Liver Failure**

Amy Arrington

**63. The Use of a Phosphate-Containing Dialysis Fluid Reduces Episodes of Hypophosphatemia in CRRT Patients**

Ola Carlsson

**64. 'Locking' Untunneled Central Venous Catheters in Critically Ill ICU patients on RRT to Prevent CRBSI**

Anil Saxena

**65. Critically Ill Pediatric Patients on Continuous Renal Replacement Therapy Fail to Meet Nutrition Goals after Therapy Initiation**

Molly Vega

**66. Protective Effect of Coupled Plasma-Filtration Adsorption (CPFA) on Bile-associated Cast Nephropathy and Tubular Injury through Direct Adsorption of Bilirubin and Liver-type Fatty Acid Binding Protein**

Cantaluppi Vincenzo

## **New Technology**

**67. Continuous veno-venous hemofiltration treatment for severe acute myocarditis mainly manifesting in ventricular tachycardia**

Xinli Cao

**68. Use of Molecular Adsorbent Recirculating System (MARS) Therapy in children.**

Scott Ludes

**69. New technology for: CRRT, Plasma Exchange and Blood Exchange in Infants**

Francesco Garzotto

**70. Withdrawn**

**71. AKI Electronic Alert**

Emma Stevenson

**72. Comparison of central venous pressure with cardiac output measured by non-invasive cardiac output monitoring in patients with continuous renal replacement therapy**

Joong Seok Oh

**73. Extracorporeal Mesenchymal Stromal Cell Therapy for Critical Care**

Biju Parekkadan

**74. Improvement of the 5L ACCUSOL CLEAR-FLEX Product Design for a Safe and User-friendly CRRT Therapy**

Damien Valkeners

## **RRT Research**

**75. The Effect of On-Line Hemodiafiltration On Dry Weight Adjustment In Intradialytic Hypotensive Prone Patients : Comparative Study Between Conventional Hemodialysis and On-Line Hemodiafiltration**

Sun Woo Kang

**76. Low 25-Hydroxyvitamin D Level at Continuous Renal Replacement Therapy Initiation Predicts In-Hospital Mortality**

Kyung Don Yoo

**77. Effects of a Novel Adsorbent on Septic Rats: in Vitro and in Vivo Study**

Jicheng Zhang

**78. Effect of On-line Hemodiafiltration on Dry Weight Adjustment in Intradialytic Hypotension-prone Patients: Comparative Study of Conventional Hemodialysis and On-line Hemodiafiltration**

Sunwoo Kang

**79. Comparison of Drug Dosing Equations for Continuous Renal Replacement Therapy (CRRT)**

Susan Lewis

**80. Withdrawn**

**81. Effective combination therapy of Polymyxin-B direct hemoperfusion and recombinant thrombomodulin for septic shock accompanied by disseminated intravascular coagulation: a historical controlled trial**

Yamato Masafumi

**82. Withdrawn**

**83. Timing of Renal Replacement Therapy and Mortality in Critically Ill Patients**

Raghavan Murugan

**84. Poor Outcomes With RVAD plus CRRT**

Pramod Guru

**85. In Vitro Clearance of Antiepileptic Medications via Continuous Venovenous Hemofiltration**

Paul McCarthy

**86. Using Lean Thinking to Reduce Waste in Continuous Renal Replacement Therapy in a Large Academic Medical Center**

C Brett Benfield

## **Nursing Issues**

**87. Focus Directed Re-Education**

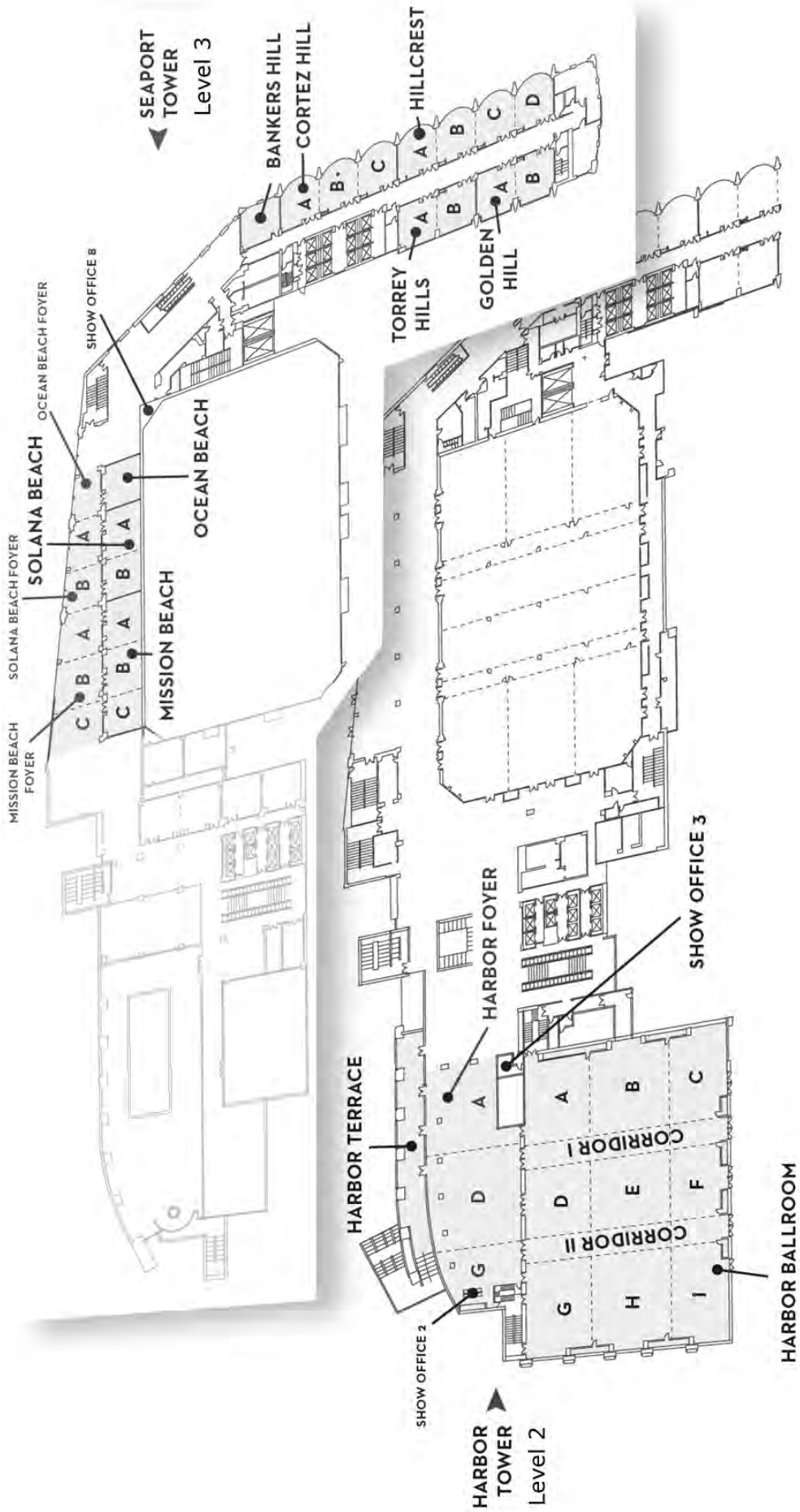
Alejandra Briseno

**88. Implementing CRRT on a Neurocritical Care Unit**

Danielle Jaskulski

**89. Providing Optimal Tx Continuity through a Comprehensive Continuous Renal Replacement Therapy Nursing Education Program**

Cynthia McMillan



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**ACKNOWLEDGEMENT of EXHIBITORS**

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**19th International Conference on Advances in Critical Care**

**CRRT 2014**

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