Chronic kidney disease: assessment and management

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5pm on 19th March 2021. Email: ChronicKidneyDisease@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. The recommendations in this guideline were developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication. See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons of Glasgow
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Dr Richard Hull, Honorary Secretary with the aid of experts within the field
Type	[office use only]

Comment number	**Document** **[guideline, evidence review A, B, C etc., methods or other (please specify which)]**	**Page number** Or **'general'** for comments on whole document	**Line number** Or **'general'** for comments on whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.

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Example 1	Guideline	16	45	We are concerned that this recommendation may imply that ……..
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because ……
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact……..
Example 4	Guideline	37	16	This rationale states that…
Example 5	Evidence review C	57	32	There is evidence that …
Example 6	Methods	34	10	The inclusion criteria …
Example 7	Algorithm	General	General	The algorithm seems to imply that …
1	Guideline	General	General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments. The College welcomes this update on guidance on Chronic Kidney disease, its assessment and management. While comments were not requested on text in the shaded areas, it should be pointed out that many clinicians do not recognise that creatinine levels are related to muscle bulk and most levels are measured without patients being advised to avoid meat in the previous 12 hours. (page 6, 6-14) This is an important message.
2	Guideline	9-	18	Recommendations 1.1.20 to 1.1.25 There are resource implications to the advice: “Offer testing for CKD using eGFR creatinine and ACR to adults with any of 18 the following risk factors: • Diabetes. • Hypertension. • Acute kidney injury” etc. Our reviewer considers there needs to be more clarity on when this testing should take place in relation to AKI. If ACR is tested at the time AKI is first identified, there may be false positives because albuminuria is a non-specific feature of febrile illness. There may also be false elevation of ACR in someone who has acutely deteriorating

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				kidney function because the urine creatinine concentration is lower than would be expected at steady state because of deteriorating GFR and urine creatinine concentration is the denominator. If the intention is to screen patients who have had AKI for evidence of CKD then the utility is likely to be optimal in the convalescent period not at any time after AKI diagnosed.
3	Guideline	10	5 and 21	Multi system disease should include Systemic Sclerosis and its variants. The presence or possibility of renal disease and its monitoring is often omitted.
4	Guideline	11	4	Recommendation 1.1.25 "Monitor adults, children and young people for the development or progression of CKD for at least 3 years after acute kidney injury (longer for people with acute kidney injury stage 3) even if eGFR has returned to baseline." The utility of this is uncertain and I disagree with the committee that "the recommendations are in line with current practice, so no additional resources should be needed." This paper suggests the health gain from this recommendation will be negligible: https://pubmed.ncbi.nlm.nih.gov/28391314/
5	Guideline	53	26	While this recommendation has been in the document since 2014, management of gout and hyperuricaemia has changed and this needs to be considered in the main document. Titration of serum urate to urate-lowering drugs is now the norm and needs to be discussed (UK and European guidance on management of Gout).There is some early evidence that prolonged untreated hyperuricaemia may lead to significant Coronary Heart Disease.
6				
7				

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.

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- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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