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Biomarker Utilization in AKI

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Functional and damage biomarkers have complemented the consensus definitions that have advanced modern approaches to the syndrome of AKI. The advent of damage biomarkers has highlighted deficiencies in the functional definition of AKI and demonstrated the potential utility of damage biomarkers in both early diagnosis and prognosis. Nevertheless, damage biomarkers presently remain restricted in implementation for these aims.

Consequently, this lecture will explore four questions: Is creatinine useful in AKI and if so when? How do damage and other functional biomarkers help? Why are damage biomarkers not more widely implemented? What will future versus present utilization look like?

In answering these questions, attendees will learn when creatinine based measurements of kidney function are unreliable and when they are useful, particularly during AKI. They will understand novel uses of other functional markers in AKI risk stratification. They will learn that the AKI phenotype is a syndrome and learn about the phenotype, subphenotype and endotype classification system in AKI. For example classification by cause is now regarded as a subphenotype of AKI and ideally classified using the mnemonic "LIION".

Attendees will learn about the strengths and limitations of functional and specific and non-specific damage biomarkers in understanding how this evolving classification will guide specific treatment for specific subphenotypes in AKI.