

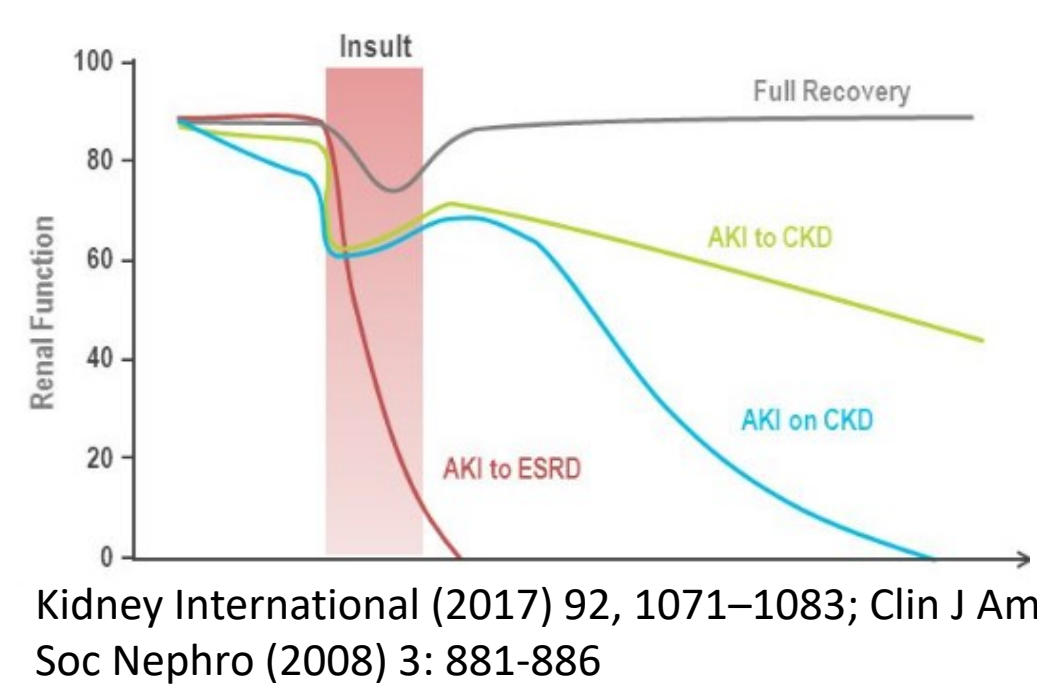
Biomarkers for Predicting Progression to Chronic Kidney Disease after Acute Kidney Injury

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Introduction

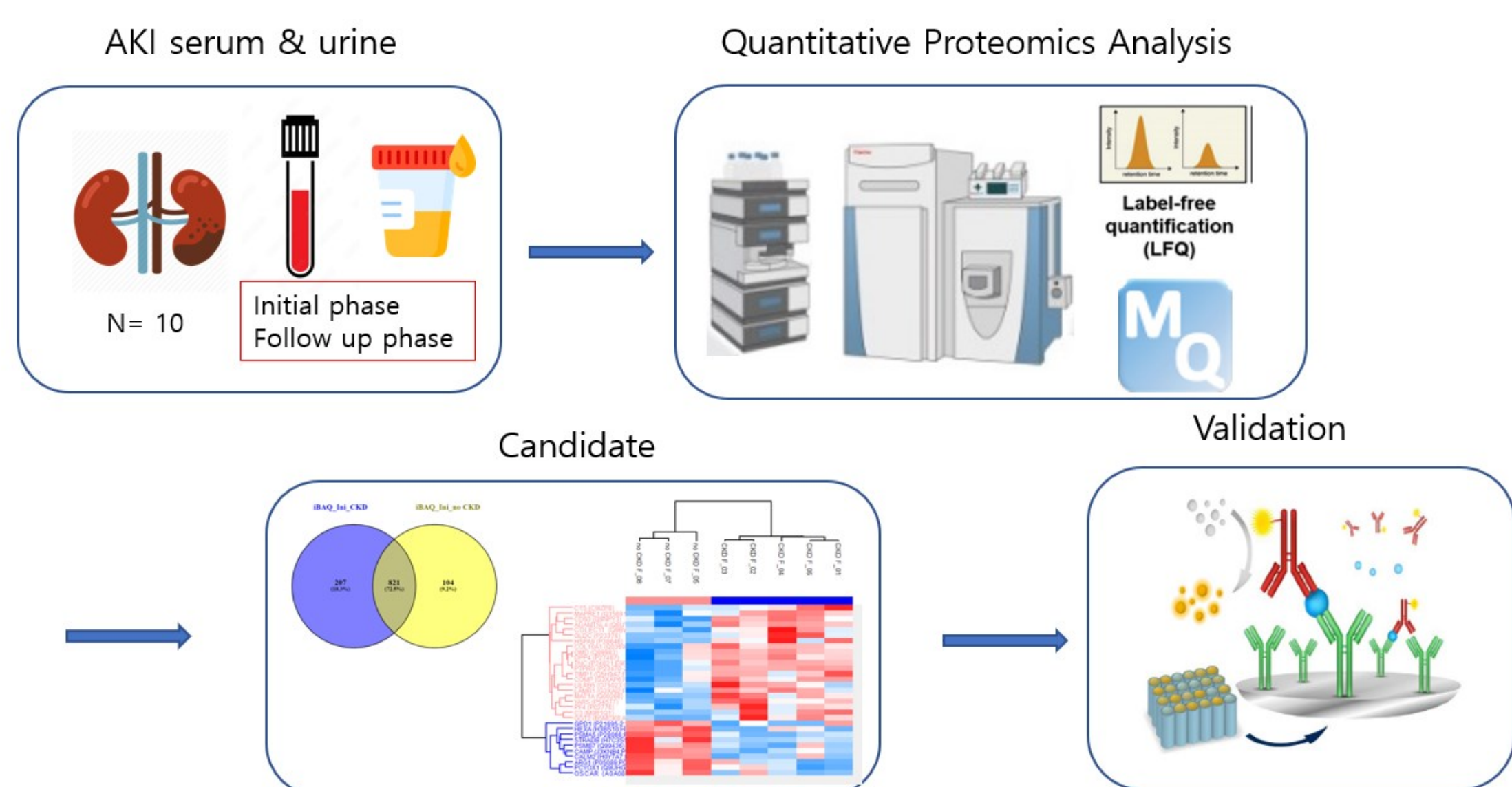
- AKI is common in hospitalized patients
- Associate with progression of CKD (2-70%)
- Previous biomarker
 - ✓ inflammation (TNFR1/2, suPAR)
 - ✓ fibrosis (PIINP, MMP9)
 - ✓ injury (KIM-1, NGAL, IL-18, EGF)
- Lack of data for pediatric patients**



Methods and Materials

- 10 patients from SNUCH AKI cohort (n=807)
- Inclusion
 - Cause of AKI: Ischemic damage (cardiac surgery or hypoxia)
 - 6 progressed to CKD (CKD group)
 - 4 maintained normal kidney function (no CKD group)
 - Follow up period >2 years after AKI

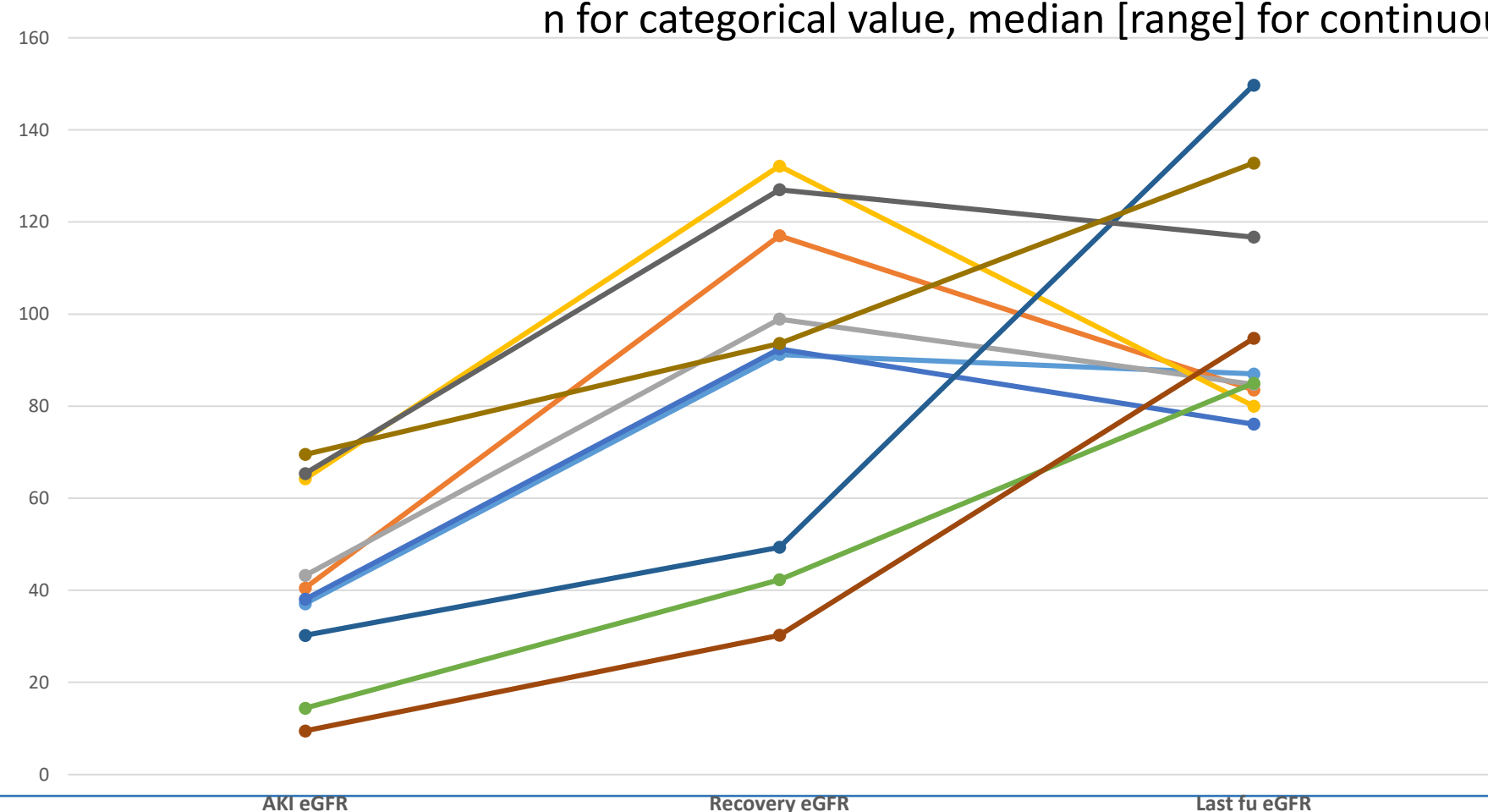
Workflow to discover biomarkers



Comparison between two groups

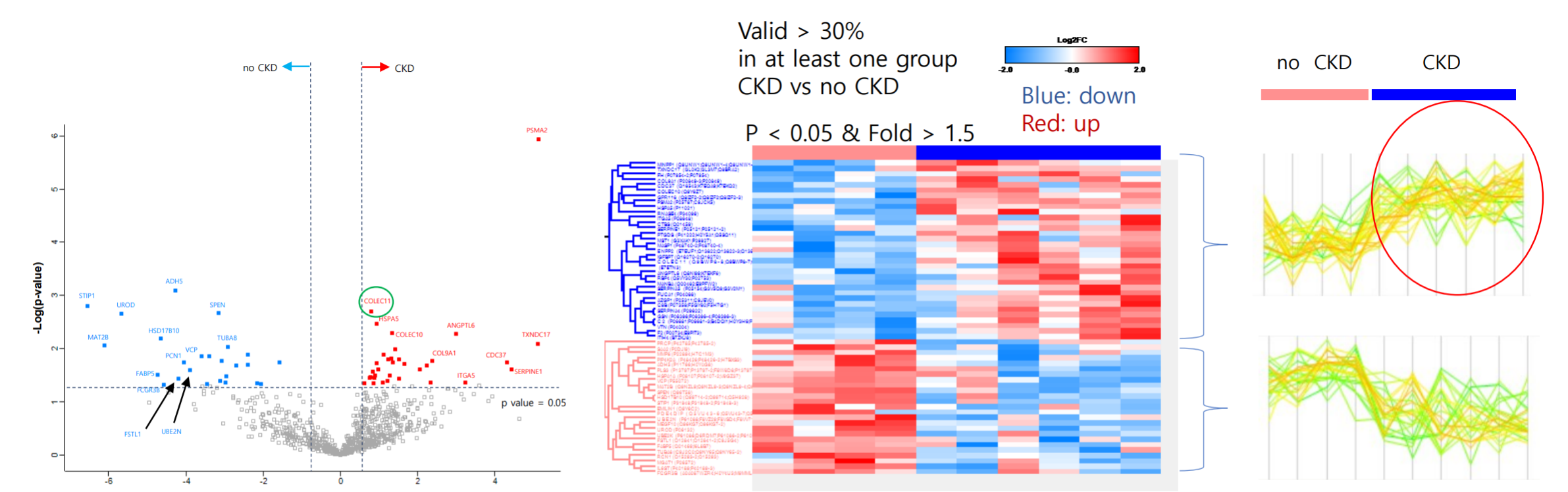
	CKD	No CKD	P value
M:F	4:2	1:2	0.524
Age at AKI	0.05 [0.00-9.70]	6.95 [0.00-15.90]	0.610
AKI stage			0.743
Stage 1	3	1	
Stage 2	1	2	
Stage 3	2	1	
FU period	4.56 [3.24-5.40]	4.50 [2.17-5.47]	1.000
eGFR at AKI	39.29 [14.41-64.22]	47.79 [9.46-69.51]	0.914
eGFR at recovery	95.67 [42.29-132.16]	71.49 [30.25-127.00]	0.610
eGFR at FU	84.13 [76.09-87.00]	124.75 [94.74-149.71]	0.010

n for categorical value, median [range] for continuous value

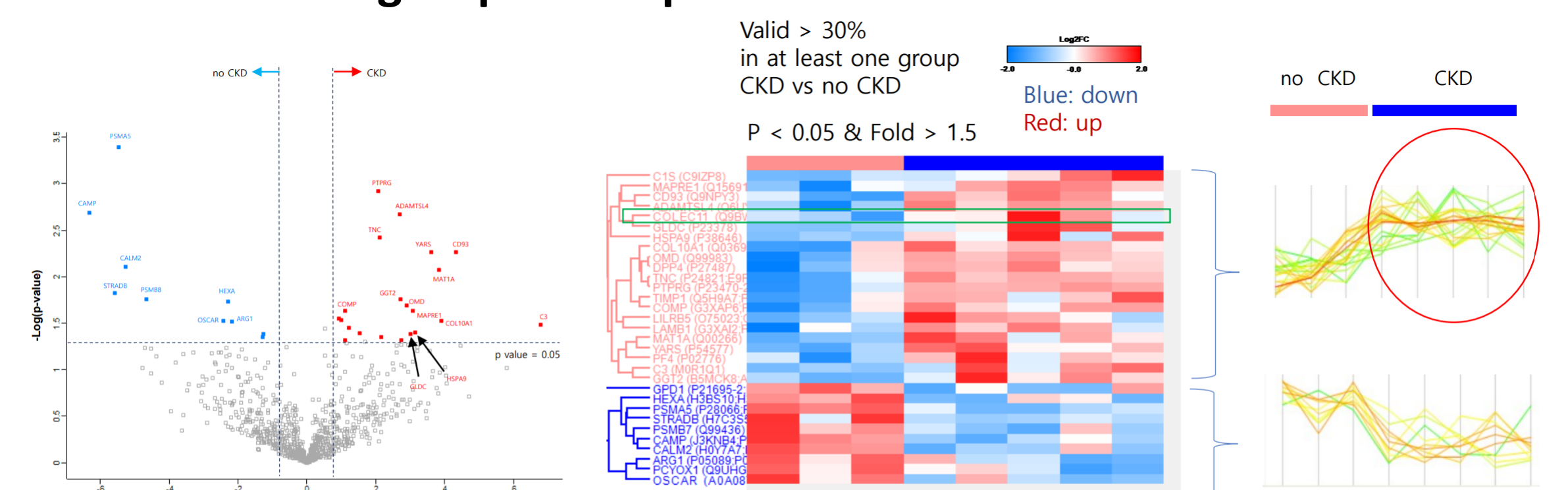


Results

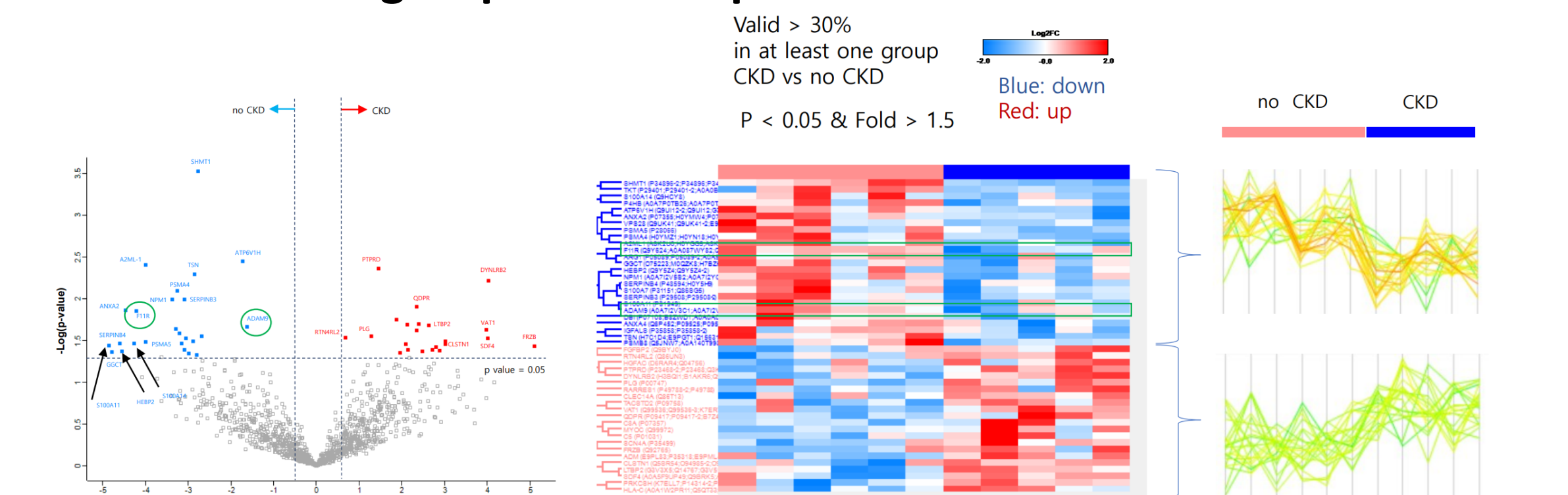
CKD and no CKD groups in initial phase serum



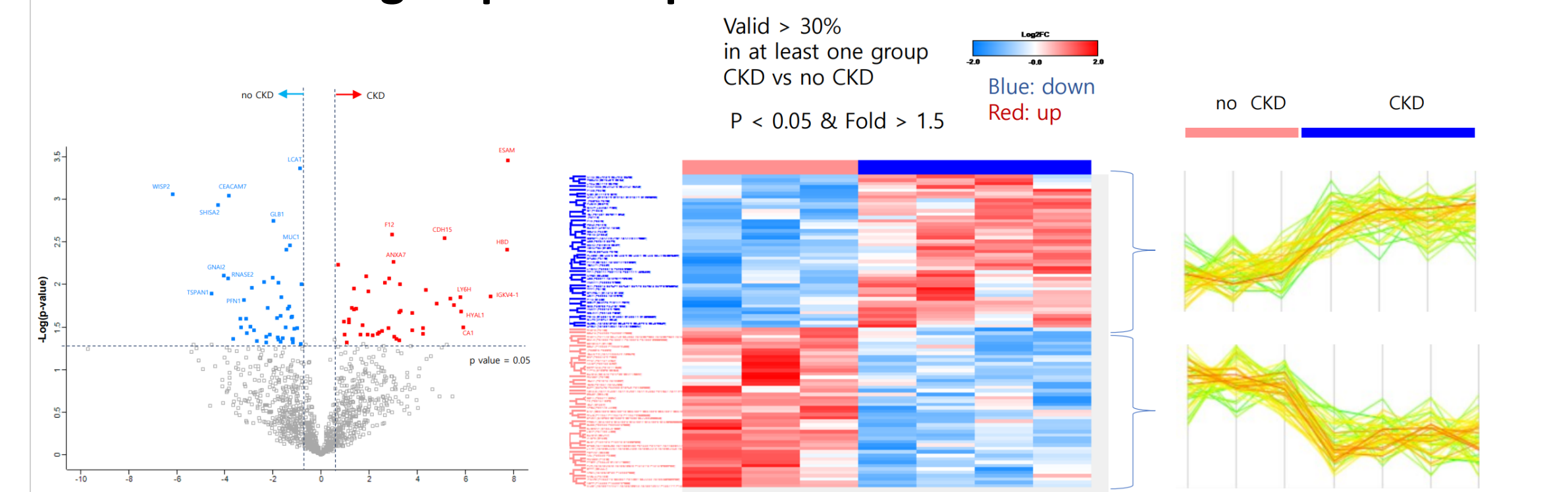
CKD and no CKD groups in FU phase serum



CKD and no CKD groups in initial phase urine



CKD and no CKD groups in FU phase urine



Conclusions

- We identified **3 candidate proteins** from serum and urine samples
 - COLEC11: elevated at initial & fu serum sample in CKD group**
 - F11R: decreased at initial urine sample, elevated at fu urine sample in CKD group**
 - ADAM9: decreased at initial & fu urine sample in CKD group**
- Potential biomarkers identified in this study could provide a valuable opportunity **to predict AKI to CKD progression** in pediatric patients.
- Validation is needed to confirm this result



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