



Dr. Jonathan Himmelfarb (left) attended ISN's biennial World Congress of Nephrology (WCN) in Australia in March 2019. This is the premiere international educational event in Nephrology which rotates between continents, and is organized in collaboration with local and regional nephrology societies.

## KRI research continues to generate academic & community interest

A message from the director

### DR. JONATHAN HIMMELFARB

The Kidney Research Institute (KRI) has accomplished numerous achievements as we move through 2019. The Kidney Research Institute leadership was recently honored as a Leader in Healthcare for Medical Research by Seattle Business magazine.

Our investigators made significant progress on their research. Our multi-year ASSESS-AKI study, which looked at long-term effects of acute kidney injury, completed in 2019. The study celebrated a remarkable retention rate of participants over its eight year history. Much of our research continues to generate interest in the academic community. Inside, you'll read about Dr. Rajnish Mehrotra's ASCEND clinical trial. This study of hemodialysis patients and depression was recently published in the Annals of Internal Medicine.

As the Kidney Research Institute continues its efforts to find better methods of prevention and treatment of kidney disease, we are reminded once again why our work is so important. In January we mourned the passing of our dear friend and advocate, Bill Peckham. Bill was integral to the founding and success of the Kidney Research Institute. We will carry on our work with his passion for research and patient advocacy at the forefront of our minds.

## ON THE HORIZON

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**TRANSFORMING LIVES THROUGH  
INNOVATION AND DISCOVERY**

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# Study Assesses the Risk of CKD, Cardiovascular & Other Adverse Events After Acute Kidney Injury

KRI Investigators Dr. Jonathan Himmelfarb and Dr. Mark Wurfel recently completed the ASSESS-AKI (Assessment, Serial Evaluation, and Subsequent Sequelae in Acute Kidney Injury) study. The University of Washington, along with Yale University, Vanderbilt University, and Kaiser Permanente of Northern California, made up the clinical sites of the ASSESS-AKI consortium. The study was sponsored by the NIH.

Acute Kidney Injury (AKI) is a rapid reduction in kidney function occurring within a few days after a person has had some major medical, traumatic or surgical event or after they have been exposed to certain drugs and toxins. Relatively little is known about patients who suffer hospital-acquired AKI, including their risk to develop chronic kidney disease, cardiovascular events, and even death. ASSESS-AKI aimed to address these gaps in knowledge.

ASSESS-AKI began in January 2010 and enrolled 1800 participants study-wide, with 425 participants enrolled through the Harborview and UWMC Intensive Care Units. After initial enrollment in the study, participants met yearly with KRI coordinators for in-person visits. Over the length of the study, the UW site completed over 4,200 visits.

As the study concluded this year, only 12 participants of the original 425 by UW were unreachable. KRI research coordinators were integral to the success and retention of the study. Coordinators implemented many strategies to engage with ASSESS-AKI participants, including providing them with explanations of what their labs and other vital signs meant. Research coordinator Mary Bray notes, "Our participants and their commitment to the research study was by far the most inspiring aspect for me."

The study helped us to understand how having a hospitalized



**KRI AND PULMONARY & CRITICAL CARE RESEARCH STAFF**

This is the research staff team that was involved with the study through its evolution. Standing - L to R: Mary Bray and Shirley Whitkanack  
Sitting - L to R: Gail Rona, RN., Dawn Lum and Pauline Cotten

episode of AKI affects the risk of chronic kidney disease development and progression, cardiovascular events, death and other important patient-centered outcomes. The University of Washington site analyzed the genetic data from all site participants and performed a Genome Wide Association Study (GWAS) to evaluate the genetic variants of those who developed an AKI compared to those who did not. The final data analysis is currently in process. The study hopes that the knowledge gained from ASSESS-AKI will inform physicians of better ways to diagnose, treat and prevent AKI. ASSESS-AKI participants will be notified of generalized findings through the website.

Dr. Himmelfarb, Dr. Wurfel, and all of the ASSESS-AKI research staff are very grateful to the participants in the study without whom this important opportunity to understand the role for genetics in AKI would not exist.

## KRI Director, Dr. Jonathan Himmelfarb Honored as Seattle Leader in Health Care



Leaders in Health Care award winners (l. to r.): Dr. Jonathan Himmelfarb, Dr. John Scott, Carrie Priebe, Paul Hayes, R.N., Dr. Leo Morales and Dr. Robert Sweet; pictured at the Seattle Business awards ceremony on Feb. 28, 2019. Credit: Susan Gregg.

Each year, Seattle Business magazine presents its Leaders in Health Care award, which honors the individuals and organizations that are pioneering efforts to advance Washington state's health sector. In February of this year, Kidney Research Institute Director and Investigator Dr. Jonathan Himmelfarb was honored as a Silver Award Recipient for achievement in medical research.

Dr. Himmelfarb was honored for his dedication for finding innovative kidney disease treatments, and for his commitment to seeking input from both kidney and diverse domain experts and the public. The magazine highlighted many high-profile Kidney Research Institute studies in its feature, including the kidney on a chip and the wearable artificial kidney.

Winners were announced at the Seattle Business eleventh annual awards gala on February 28th, 2019. All winners were featured in the March 2019 edition of Seattle Business magazine.



# Honoring the Life of Bill Peckham - A member of the KRI council and the Patient Advisory Committee



*"Dialysis should enable us to live the life we were meant to live" - Bill Peckham*

The Kidney Research Institute (KRI) honors the life of Bill Peckham. On dialysis for more than 28 years, Bill's strength on dialysis, leadership in advocating for better care and his dedication to kidney research showed the world that it was possible to live a full life with kidney disease. Bill said often, "Dialysis should not take over our lives. Dialysis should enable us to live the life we were meant to live."

Bill was involved with the KRI from its inception. According to Joyce F. Jackson, CEO and President of the Northwest Kidney Centers, "Bill led the effort to raise funds from the research task force to prompt the Northwest Kidney Centers board of trustees to commit to founding the Kidney Research Institute." In describing his involvement, Bill said "I have developed a deep commitment to kidney research. I helped to found the Kidney Research Institute, a collaboration between Northwest Kidney Centers and UW School of Medicine; [and] I serve on the Kidney Research Institute Council."

Bill was chosen as a member of the KRI Council because of his efforts to improve kidney patient outcomes in the Puget Sound area. The KRI Council provides guidance to the KRI to ensure that research remains relevant to people with kidney disease and their families, and builds ties with community stakeholders. As a council member, he regularly provided KRI leadership with guidance on current research and advice on how to take research outcomes one step further. He was also a founding member of the KRI's Patient Advisory Committee (PAC), a group of local and national kidney research and patient care advocates that provide productive feedback to KRI investigators about the relevance of their research and ways to further engage with patients and their health care teams. Bill's vision and passion is one reason that the KRI is viewed as a stupendous research powerhouse worldwide.

Bill walked the walk and lived his best life on dialysis. He loved to travel and dialyzed in more than 30 countries around the world. Well-known in the kidney community through his blog, "From the Sharp End of the Needle", he used it to chronicle both his travel and his efforts to live "normally" despite dialysis.

Bill was a generous, smart, innovative volunteer and leader. On Jan. 18, 2019, he passed away. He will be missed by all of us at the Kidney Research Institute and the kidney community that he loved.

## Also in the news

- Dr. Rajnish Mehrotra appointed the holder of the David S. And Nayda Utterberg Endowed Professorship in Nephrology at the University of Washington.
- Dr. Benjamin "Beno" Freedman awarded the 2018 STEM CELLS Young Investigators Award for his groundbreaking work with organoids in studying kidney structure & disease.
- Dr. Jonathan Himmelfarb elected to the 2019 Class of the College of Fellows by the American Institute for Medical and Biological Engineering. Fellows represent the top 2% of the medical and biological engineering community and are elected by their peers.
- Dr. Susan Wong's research on care practices of end-stage renal disease VA patients who have chosen not to receive dialysis published in the January 2019 issue of the Journal of the American Medical Association Internal Medicine.
- Senior KRI fellow Dr. Catherine Butler's research on "Lower extremity amputation and health care utilization in the last year of life among Medicare beneficiaries with end-stage renal disease," published in the March 2019 issue of the Journal of the American Society of Nephrology.
- Dr. Bessie Young's work on gathering African American perspectives on APOL1 testing practices featured in the April 2019 issue of the Journal of the American Society of Nephrology.

Transforming lives through  
innovation and discovery

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FEATURED SPOTLIGHT

## Comparing the Efficacy of Different Therapies for Depression in Hemodialysis Patients

KRI Investigator Dr. Raj Mehrotra recently published the results of a multi-center clinical trial in the *Annals of Internal Medicine*, comparing the efficacy of different therapies on hemodialysis patients with depression. In the ASCEND (A Trial of Sertraline vs. Cognitive Behavioral Therapy (CBT) for End-stage Renal Disease Patients with Depression) study, participants were kidney failure patients who had been receiving hemodialysis for at least 3 months and had major depressive disorder or dysthymia. They were enrolled from 41 dialysis clinics across 3 metropolitan regions around the country.

The study compromised two phases. In the first phase, all 184 participants were randomized to either an engagement interview or a control visit. The second phase of the study, which included 120 of the original 184 participants, randomized participants to receive either cognitive behavioral therapy or the depression treatment drug, sertraline.

The study had three key findings: (1) An engagement interview was found to have no effect on patients' acceptance of depression treatment; (2) Depressive symptoms and several other patient-reported outcomes improved with both cognitive behavioral therapy and sertraline therapy, but the outcome scores at 12 weeks were modestly better for the sertraline group; (3) Adverse

events occurred more frequently in the sertraline than the cognitive behavioral therapy group.

Principal Investigator Rajnish Mehrotra notes "Depression is very common in patients undergoing long-term hemodialysis for kidney failure but thus far, there has been little evidence to help physicians make treatment decisions for their patients. The findings of this study provide assurance to patients and physicians that the two most commonly used treatments for depression are similarly effective in hemodialysis patients and they can choose the treatment based on patient preference, cost, and availability. This is just the first step in identifying effective approaches to treating depression in dialysis patients and a lot of work still remains to be done."



*Dr. Rajnish Mehrotra,  
Department of Medicine -  
Nephrology*

This clinical trial was funded by the Patient Centered Outcomes Research Institute (PCORI).