



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Development of a Mode-Change-Based Strategy for Discontinuation During Ongoing CKRT (DECISION-CKRT): A Multicenter Prospective Observational Study

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Objectives : Discontinuation of continuous kidney replacement therapy (CKRT) remains challenging because reliable methods for assessing kidney function recovery during ongoing therapy are lacking. We aimed to develop a protocol enabling assessment of kidney function without stopping CKRT.

Methods : In this multicenter prospective observational study, CKRT modality was switched from continuous veno-venous hemodiafiltration (CVVHDF) to continuous veno-venous hemodialysis (CVVHD). Serum creatinine and cystatin C (CysC) were measured at 0, 6, 12, and 24 hours after the mode change, and urine output was measured over the same 24-hour period. After completion of the 24-hour sampling, CKRT was discontinued. Kidney recovery was defined as the absence of KRT re-initiation within 7 days after discontinuation. Receiver operating characteristic (ROC) analysis was performed to identify predictors of kidney recovery.

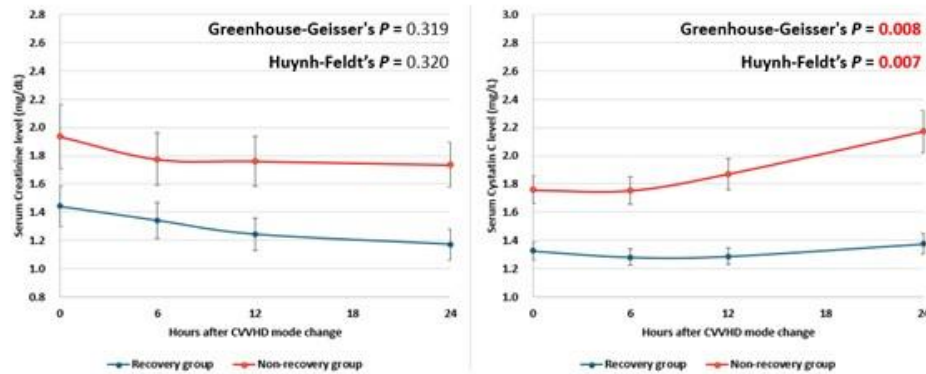
Results : Among the 95 patients, 52 achieved kidney recovery and 43 required KRT re-initiation. Among evaluated parameters, eGFR(CysC) at 24 hours after the mode change showed the best performance for predicting kidney recovery (AUROC 0.832), with an optimal cutoff value of 33.6 ml/min (Figure 1). Based on these findings, a scoring system combining urine output and eGFR(CysC) was developed. One point was assigned for urine output ≥ 400 mL/24 h, two points for urine output ≥ 1000 mL/24 h, and two points for eGFR(CysC) ≥ 33.6 ml/min at 24 hours, yielding a total score of 0–4. The model achieved accuracy of 0.81 in the development set and 0.79 in the test set, showing consistent accuracy across datasets (Table 1).

Conclusions : We developed the DECISION-CKRT scoring system, a novel protocolized strategy enabling assessment of kidney recovery through a simple mode-switch approach during ongoing CKRT. By combining eGFR(CysC) kinetics with urine output during the 24-hour evaluation period, this approach allows clinicians to determine kidney recovery without stopping CKRT. This reproducible and practical protocol provides a framework for CKRT discontinuation.

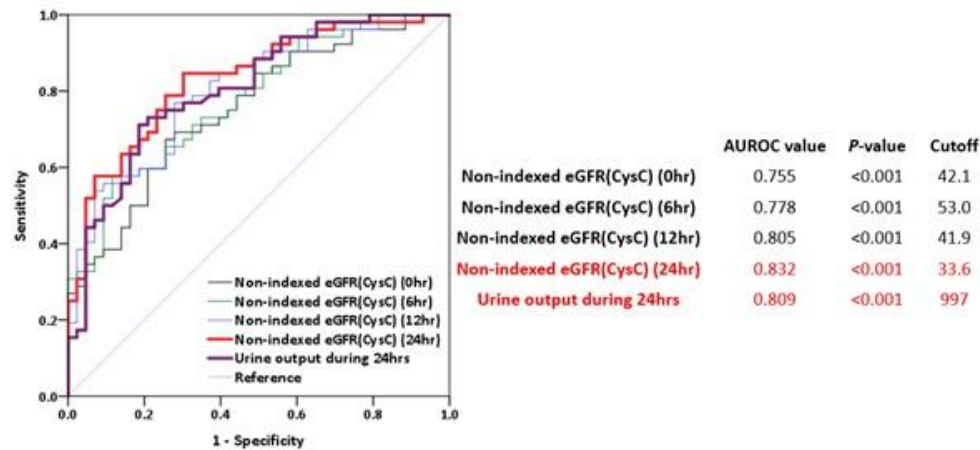
Figure_1.jpg



(A)



(B)



Figure_1.jpg

DECISION-CKRT scoring system			
24-hour non-indexed eGFR(CysC)			
	<33.6 ml/min		≥33.6 ml/min
Score	0		2
Urine output			
	< 400 ml/24 h	400–1000 ml/24 h	≥ 1000 ml/24 h
Score	0	1	2
Prediction	Non-recovery		Recovery
Total score	0–2		3–4
	Accuracy	Precision	Recall
Development set (70%)	0.81	0.88	0.76
Test set (30%)	0.79	0.85	0.73