

Can-SOLVE CKD Network Vision:

By 2020, every Canadian with, or at high risk for, chronic kidney disease (CKD) will receive the best recommended care, experience optimal outcomes and have the opportunity to participate in studies with novel therapies, regardless of age, sex, gender, location or ethnicity.

Resources include:



NATIONAL SYNERGISTIC CORE RESOURCES

- Canadian Network for Kidney Research Using Linked Data Holdings
- Patient-reported outcomes in Canadian Organ Replacement Registry
- National Nephrology Clinical Trials Network
- Laboratory for development of novel knowledge translation tools
- National biorepository with longitudinal laboratory & clinical outcomes
- Kidney REsearch Scientist Core Education and National Training program (KRESCENT)

HUMAN RESOURCES



Patients, families and caregivers

Health care providers

Researchers

Sex and gender champions

Policy and decision-makers

Patients ask:



How can we identify those with or at risk for CKD earlier?

How can we identify and treat those at highest risk for CKD progression?

How can we identify and treat those at highest risk for adverse outcomes?

What are the best treatments to improve outcomes for CKD patients?

What strategies can reduce symptom burden in patients with advanced CKD?

What model of care will best deliver evidence-based personalized care?

How can we better enable self-management of CKD?

What is the best way to help patients access the best treatment for their kidney failure?

Theme 1

IDENTIFY KIDNEY DISEASE EARLIER AND SUPPORT THOSE WHO ARE AT HIGHEST RISK OF NEGATIVE OUTCOMES.

- 1.1A Defining CKD risk in youth with diabetes
- 1.1B Identifying diabetes and CKD in Indigenous communities
- 1.2 Personalizing treatment of patients with GN and ADPKD
- 1.3A Integrating risk-based care for patients with CKD in the community
- 1.3B Risk prediction to support shared decision-making for managing heart disease

Theme 2

DEFINE BEST TREATMENTS TO IMPROVE OUTCOMES AND QUALITY OF LIFE.

- 2.1A Impact of novel interventions to prevent CKD progression
- 2.1B Aldosterone inhibition and enhanced toxin removal in hemodialysis patients
- 2.2 Assessing and optimally managing symptoms in patients with advanced CKD

Theme 3

DEFINE THE OPTIMAL WAYS TO DELIVER PATIENT-CENTERED CARE IN THE 21ST CENTURY.

- 3.1 Restructuring kidney care to meet the needs of 21st century patients
- 3.2 Strategies to enhance patient self-management of CKD
- 3.3A Improving patient knowledge about treatment options
- 3.3B Increasing the use of living donor kidney transplantation

RESULT

The right patient receives the right treatment at the right time



Can-SOLVE CKD Network

Strategy for Patient-Oriented Research

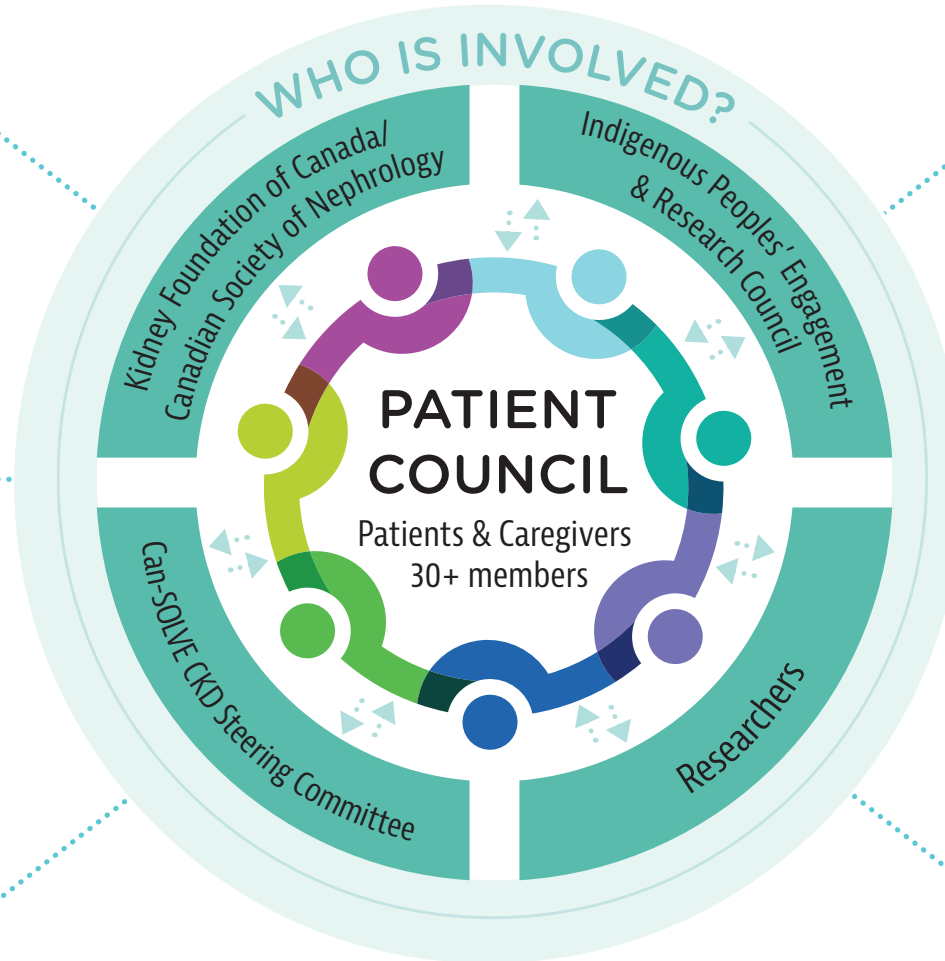


The Patient Council is:

- Over 30 patients and family caregivers with lived experience of varying stages of chronic kidney disease and representative in age, ethnic and cultural backgrounds of Canadian population.
- All provinces and territories
- Working with the researchers in a 3-themed kidney research program towards 1 goal to impact kidney health and care

Vision:

A nationwide, representative group of active and passionate patient partners who bring their lived experience with chronic kidney disease (CKD) to researchers involved in the Can-SOLVE CKD Initiative. We will build a strong and collaborative kidney community in Canada and make a difference in health and care for future generations.



Goals:

- Leading and guiding the Can-SOLVE CKD Initiative
- Creating and demonstrating the value and impact of patient partnership
- Working side by side with researchers within the Can-SOLVE CKD Network
- Championing for the kidney community across Canada

Future Outcomes:

- Increased research activities with results that are relevant & responsive to those living with kidney disease
- Increased awareness of the value of patient engagement in research
- A positive change in culture for patients & researchers
- Increased advocacy for access to research
- A strong and vibrant kidney patient-centred community
 - Improved lives of people impacted by kidney disease



WORKING GROUPS

Research Projects

Study Recruitment

Knowledge Translations

Measurement & Metrics

Curriculum & Training for patient participation

Figure 2: Can-SOLVE CKD Network Partners

Universities:

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Saskatchewan
- University of Manitoba
- University of Toronto
- McMaster University
- Western University
- University of Ottawa
- University of Montreal
- McGill University
- Dalhousie University
- Memorial University

Research Centres/Groups:

- Alberta Kidney Disease Network
- Improving Renal Complications in Adolescents with Type 2 Diabetes through Research Study (iCARE)
- Kidney, Dialysis & Transplantation Research Program
- All Provinces Project for Outcome Assessment in Coronary Heart disease (APPROACH),
- Alliance for Canadian Health Outcomes Research in Diabetes (ACHORD)
- British Columbia Alliance of Telehealth Policy and Research
- Canadian National Transplant Research Program (CNTRP)
- The Interdisciplinary Chronic Disease Collaboration
- Canadian Vascular Network

National Stakeholders:

- Canadian Organ Replacement Registry (CORR)
- KT Canada
- Indigenous Physicians Association of Canada
- National Aboriginal Diabetes Association

International Research Groups:

- The Nephrotic Syndrome Study Network (NEPTUNE)
- Australian Kidney Trials Network
- Chronic Kidney Disease Prognosis Consortium (CKD-PC)
- Chronic Renal Insufficiency Network
- German CKD Cohort study



Can-SOLVE CKD Network

Provincial Renal Programs:

- British Columbia Renal Agency
- Alberta Renal Programs
- Manitoba Renal Program
- Saskatchewan Renal Program
- Ontario Renal Network
- Newfoundland Renal Program

Professional Associations:

- Canadian Society of Nephrology
- Canadian Association of Pediatric Nephrologists
- Canadian Society of Transplantation
- Canadian Association of Nephrology Administrators
- Canadian Association of Nephrology Nurses and Technologists
- Canadian Association of Nephrology Social Workers
- Renal Pharmacists Network
- Canadian Association of Nephrology Dieticians

Training Programs:

- Kidney Research Scientist Core Education and National Training Program (KRESCENT)
- University Based Nephrology Training Programs
- Patients as Partners (BC)
- Alberta SPOR Support Unit Patient Engagement Platform
- Centre for Aboriginal Health Education

Patient Special Interest Groups:

- Aboriginal Health Organizations
- KFOC (Provincial Kidney Foundation Branches)

Existing Structures:

- Canadian Kidney Knowledge Translation and Generation Network
 - Knowledge Translation Network
 - Clinical Trial Group

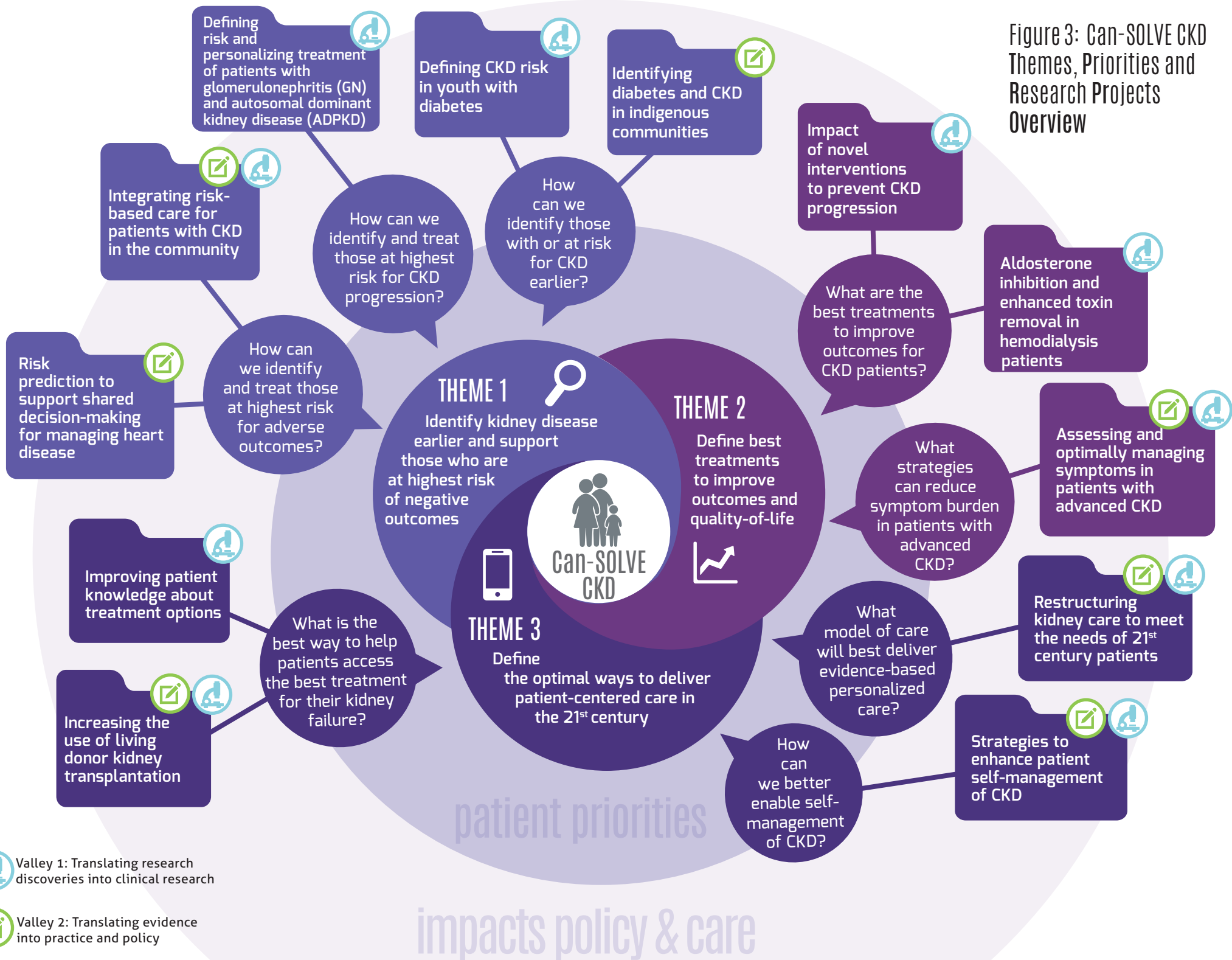
Biorepositories:

- Donor Network Study
- CAN-PREDICT: Canadian Study of Predicting Death, Dialysis and Cardiovascular events in CKD patients
- NEPTUNE
- CKD-PC
- iCare: Improving Renal Complications in Adolescents With Type 2 Diabetes Through the REsearch (iCARE)
- Adolescent Diabetes Intervention Trial

Industry:

- Amgen Canada
- Otsuka
- Baxter

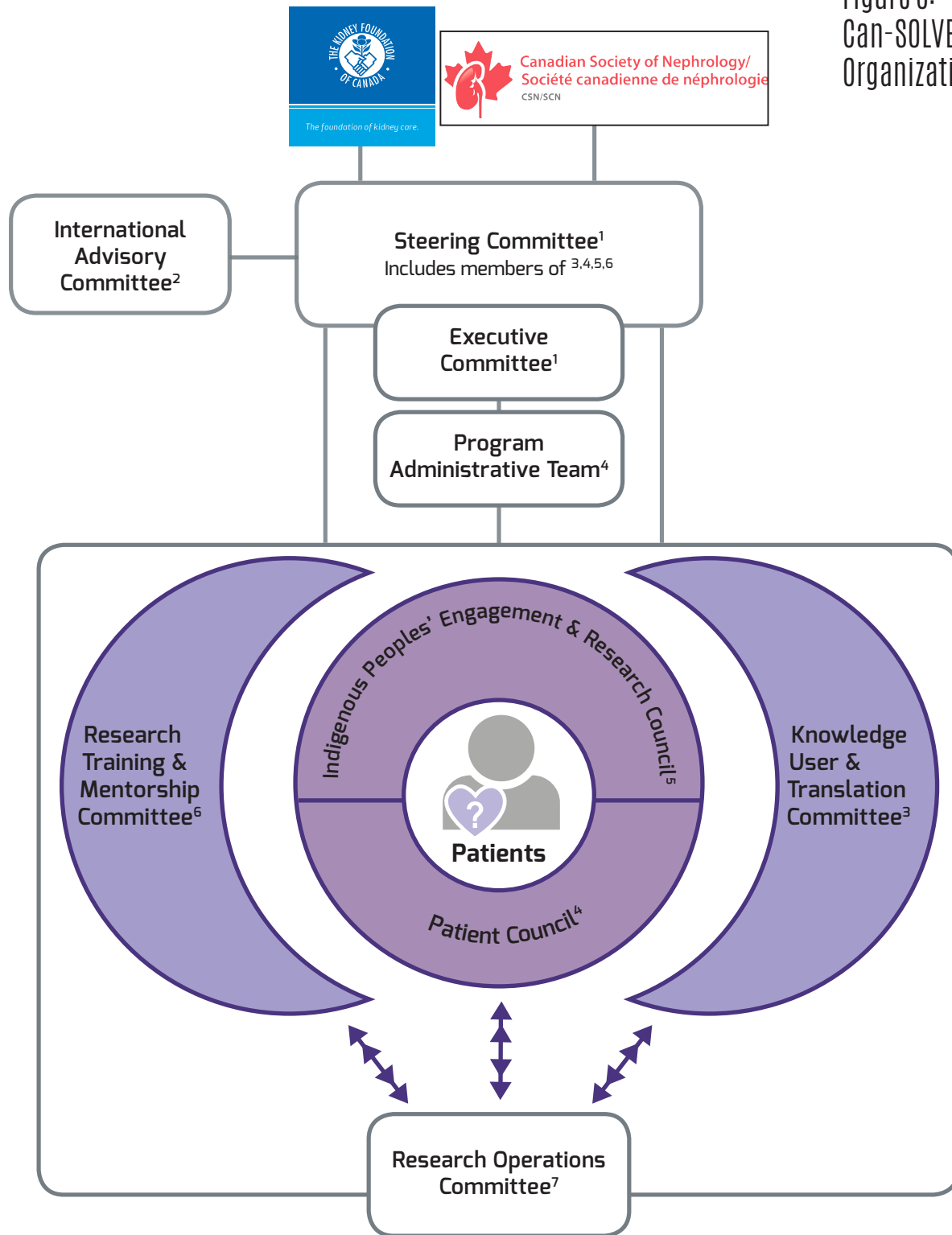
Figure 3: Can-SOLVE CKD Themes, Priorities and Research Projects Overview



Valley 1: Translating research discoveries into clinical research

Valley 2: Translating evidence into practice and policy

Figure 6:
Can-SOLVE CKD
Organizational Chart



Can-SOLVE CKD Governance

1. Co-chairs: A Levin (researcher, clinical, policy & decision-maker), B Manns (researcher, clinical, health economist)
2. Chair: J Craig (researcher, clinical)
3. Co-chairs: S Straus (researcher, clinical), R Harvey (policy & decision-maker)
4. Co-chairs: C Woods (patient, indigenous), K Huffman (patient), M McCormick (patient)
5. Co-chairs: E Adams (policy & decision-maker, indigenous) C Woods (patient, indigenous)
6. Co-chairs: K Burns (researcher, biomedical), N Rosenblum (researcher, biomedical, pediatric), N Fernandez (researcher, patient)
7. Chair: N Rosenblum (researcher, biomedical, pediatric)