

Groups

| Group | Lead | Group | Lead |
|------------------------|----------------|----------------------------|-----------------|
| AKI | Andy Lewington | Cystic diseases | Albert Ong |
| Bone/PO4 | David Wheeler | Monogenic diseases | t.b.c. |
| HD | Ken Farrington | GN/Vasculitis | Lorraine Harper |
| PD | Simon Davies | CKD prog/biomarkers | Paul Cockwell |
| Transplantation | Chris Watson | Cardio-renal | Phil Kalra |

Remit for Clinical Study Groups (CSGs)

Overall aim The aim of the CSGs is to generate ideas for clinical studies that can and should be undertaken in the UK, given the new opportunities arising from

- The NIHR-CLRN research network that promises to simplify the (formidable) organisation of studies across more than one centre, and to support clinical research studies that are accepted onto the portfolio
- Opportunities to use our exceptional data resources, at the Renal Registry, within our own units, and elsewhere
- Gaps in evidence

Composition of group Leaders should invite people likely to have the best insight and generate the best ideas. They should take care to ensure that representation (geographical, areas of expertise) is broad and not dominated by one or two groups. Invite the people most likely to be productive. Keep the initial group of a manageable size. A dozen is already a lot but you may have a particular argument for larger. Kidney Research UK (KRUK) would like to have someone at initial meetings if possible to inform them of the research agenda in each area. This can be useful in planning funding strategies later.

Remit To find the best proposals for which

- The question is important
- There is a clear need for more evidence
- The question is answerable
- We have the ability to address in the UK
- Even better if we have particular advantages

Although we would really like to see some clinical trials coming out of this, high quality clinical studies of any kind are eligible for CLRN support.

Spin-off groups Where it is agreed that a topic is definitely worth developing, it is usually going to be best to spin off a small working group. Ideal if convenors of these groups are not obvious candidates to be the PI for a resultant study, but there may be exceptions. The group should be small and focused and co-opt the necessary expertise to develop a short (e.g. 2-3 page) proposal to include

- Case for the research
- Why we can do it really well
- Outline protocol
- Approximate power calculation

Practical arrangements KRUK hopes to be able to support reasonable travel and venue costs for a kick-off meeting, with additional support from the RA and BRS but it is anticipated that most subsequent work may be done electronically or by phone conference. To that end a budget of up to £2000 per group has been allocated and it will be up to group leads to look after that and invoices (essential) should be submitted to KRUK via them. We will forward the standard KRUK forms and conditions.

Reporting arrangements We will convene gatherings of the UKKRC once or twice annually. In addition we will seek updates 3-4 monthly updates from group leaders by telephone conference. In addition to reporting to the UKKRC, the Renal Association Clinical Trials Committee will be kept informed, and we will use the RA eNews to keep the community informed. In addition we will try to arrange opportunities to provide a full update at the 2010 Renal Association meeting.