



NHS

Overview

- Introduction
- Trial outcomes
- Sample size calculations
- Data collection
- Analysis





Introduction - UKTR

- UK Transplant Registry (UKTR) is a valuable resource
- Centrally maintained, held by NHS Blood and Transplant
- Internationally recognised for quality and completeness
- · Prospectively collects data:
- potential and actual solid organ donors
- transplants and transplant recipients
- periodic follow up data for living donors and recipients
- UKTR has been already used for the sample size calculations and forecasting in the PITHIA trial, and will be used for data collection



Blood and Transplant

Trial outcomes





Outcomes

Primary

- ·Proportion of kidneys that are transplanted on first offer
- •Estimated glomerular filtration rate (eGFR) measured at one year after transplant

Secondary

- Proportion of kidneys utilised
- •Total number of kidney transplants performed
- •Proportion of kidneys discarded after retrieval, out of all retrieved kidneys
- •Number and proportion of 'single' vs 'dual' kidney transplants performed



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Outcomes

Secondary (continued)

- •Biopsy utilisation and fidelity:
- defined as the proportion of kidneys that are biopsied in concordance with the education plan, out of all kidney biopsies
- •Kidney Donor Profile Index (KDPI) of transplants performed
- •Cold ischaemia time (CIT)
- •12-month patient survival
- •12-month graft survival (censored for patient death)
- Proportion of kidneys diagnosed with primary non-function
- Proportion of kidneys diagnosed with delayed graft function
- use of dialysis during the first postoperative week



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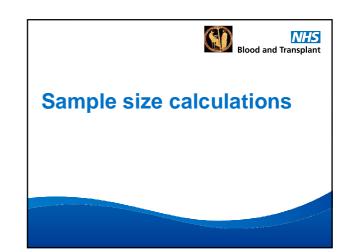
Outcomes

Safety

•Biopsy-related complication rate

Subgroup

- •DBD only
- •DCD only
- •Donors aged ≥70yrs
- •Centres with a low median UK KDRI of transplanted DCD kidneys







First primary outcome

Proportion of kidneys that are transplanted on first offer

 Data extracted on first kidney offers from deceased donors aged ≥60yrs in the UK, 1 April 2014 - 31 March 2016



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Median number first offers per centre per month (pcpm)	Median number first offers pcpm transplanted	
4.38	1.21	
Current utilisation rate: 28%		



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Current utilisation rate: 28%		

- Following the methodology proposed by Hooper and Bourke¹ to detect a 10% difference the trial will have 80% power
- 24 month trial duration, hence it is anticipated that 2102 kidneys will be in the trial

Hooper R and Bourke L. Cluster randomised trials with repeated cros



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Second primary outcome

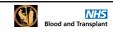
Estimated eGFR at one year after transplant

 Data extracted: Kidney only transplants from deceased donors, aged ≥60yrs in the UK (excluding Cambridge), 1 April 2014 and 31 March 2016

Mean eGFR	Standard deviation
41.89 ml/min	16.05 ml/min

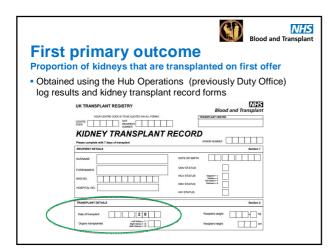
 Our design estimated between 90% and 80% power to detect a standardised effect of 0.25, which is equivalent to a change in eGFR of about 6 ml per minute

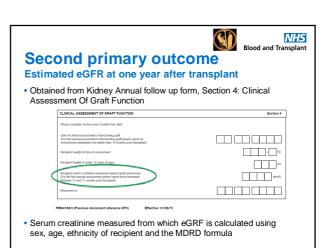


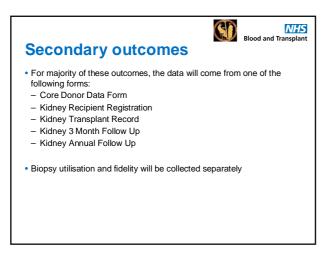


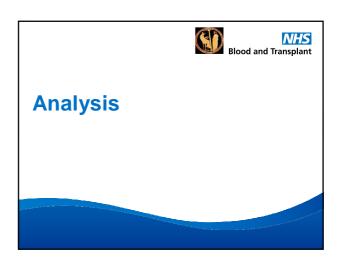
Data collection

- PITHIA is a registry-based randomised trial
- Data required for the trial are already routinely collected on UKTR
- Advantages:
- No extra burden on participants with extra appointments, tests or added bureaucracy
- Once the trial is established, transplant centres will have almost no extra work related to the trial
- Cost effective











Analysis principles

- Intention-to-treat i.e. participants will be analysed according to the treatment arm as specified in the randomisation list
- Two sided 5% significance
- Departures from randomisation will be monitored e.g. if a centre is delayed in switching to intervention
- Per protocol analysis will show effect of departures from randomisation



Analysis – Primary outcomes

Proportion of kidneys that are transplanted on first offer

- •Generalised mixed model, with log link, Poisson model with robust standard errors
- •A random effect to account for centre and adjustment for time
 - \rightarrow Primary estimate of treatment effect will be risk adjusted

Mean eGRF at one year

- •Compute mean for each treatment group
- •Compared using a statistical technique which will allow for possible selection bias i.e. can only be measured for patients who have survived to one year

