

Prevention of Serious Adverse Events Following Angiography (PRESERVE) trial

Discussant:

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November 12, 2017

AHA Sessions [#AHA2017](https://twitter.com/AHA2017)

Discussant Conflicts -- Funding

- American Heart Association
 - “Kidney Council” KCVD, Chair [#AHA2017](#)
- Women in Nephrology, Co-President [@womeninnephro](#)
- American Journal of Physiology, Editorial Board
- Frontiers in Renal and Epithelial Physiology, Editorial Board

- University Kidney Research Organization (UKRO) [@UKRO](#)
- Wright Foundation
- Keck School of Medicine of USC

STRENGTHS of the **PRESERVE** trial

- Double-blind placebo-controlled trial on an important clinical question
- Previously studied question without consistent trial results
- International enrollment
- Clear rationale for the study and study design presented in a separate publication
 - Is there a benefit of urine alkalinization \pm scavenging of reactive oxygen species to prevent contrast-induced AKI?
- “Sliding scale” protocol for fluid administration
- Routine angiographic procedures
- Clinically relevant endpoints: important sequelae

Some **PRESERVE** trial limitations

- Centralized lab for VA blood samples
 - Local laboratory for urine samples
- Study enrollment stopped at interim point at the recommendation of the VA based on conditional power analysis
- More Hispanic patients assigned to the bicarbonate group
- Predominantly male population
- Sliding scale for fluid dosage (capped for highest BMI category)

Potential Next Steps...

- Longer follow-up of the study population
 - to evaluate same endpoints
- Evaluation of differences between these treatments:
 - in biomarkers of acute and persistent kidney damage (CKD progression)
 - in the setting of emergency angiography procedures
 - in the setting of radiographic/angiographic procedures requiring larger IV contrast loads
- Evaluation of sex-differences in the outcomes after IV contrast administration among the PRESERVE treatments

Thank you