

## **BEADDKD** Imaging study

**Biomarker Enterprise to Attack DKD** 

## (Workpackage 4)

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## **Biomarkers**

- Biomarkers are measures that indicates a normal or abnormal process taking place in your body.
- Examples include blood tests and blood pressure measurements.
- For diabetes kidney disease:
  - Kidney function: creatinine levels in the blood (estimated glomerular filtration rate, eGFR)
  - Kidney damage: amount of protein in the urine



## **Imaging biomarkers**

- Diabetic kidney disease does not develop or progress at the same rate or in the same way in people
- Increasing interest in imaging biomarkers, particularly with the kidneys.
- For example, total kidney volume is a clinically accepted biomarker for rapid progression of Autosomal Dominant Polycystic Kidney Disease
- Lack of data on diabetic kidney disease, particularly the early stages.



#### **Our core research questions**

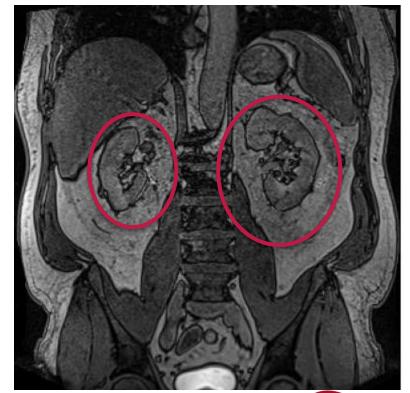
- Can renal imaging provide insight into the how it develops and why / how it varies between individuals?
- Can imaging biomarkers predict how kidney health / function will change over time in individuals with diabetes?
  - Can imaging biomarkers provide us with more information than our standard clinical tests?
  - Can we use imaging biomarkers to identify individuals at higher risk of diabetic kidney disease?



#### How are we imaging the kidneys?

Magnetic Resonance Imaging (MRI)







# Imaging of the kidneys with MRI

#### Will examine

- Kidney size and shape
- Kidney function
- Blood flow
- Oxygen levels
- Fibrosis (scarring)
- Inflammation
- Body composition

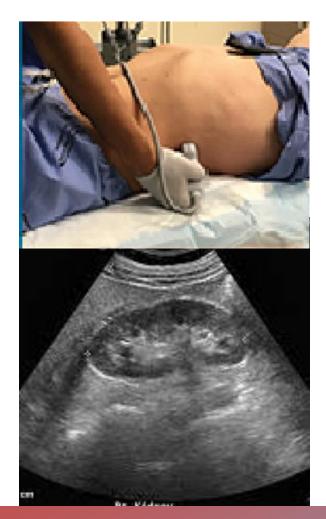


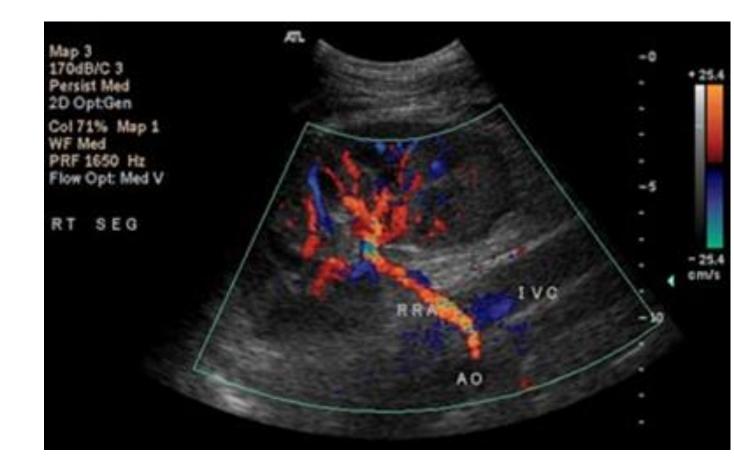






#### Renal blood flow (renal resistive index)





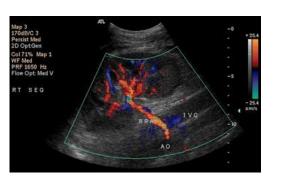
#### **Central iBEAT study overview**





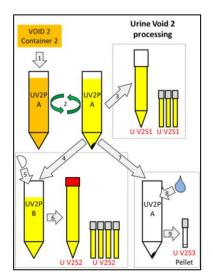


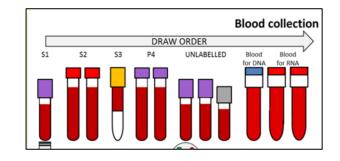
500 Participants with type 2 diabetes and either no or early signs of kidney changes



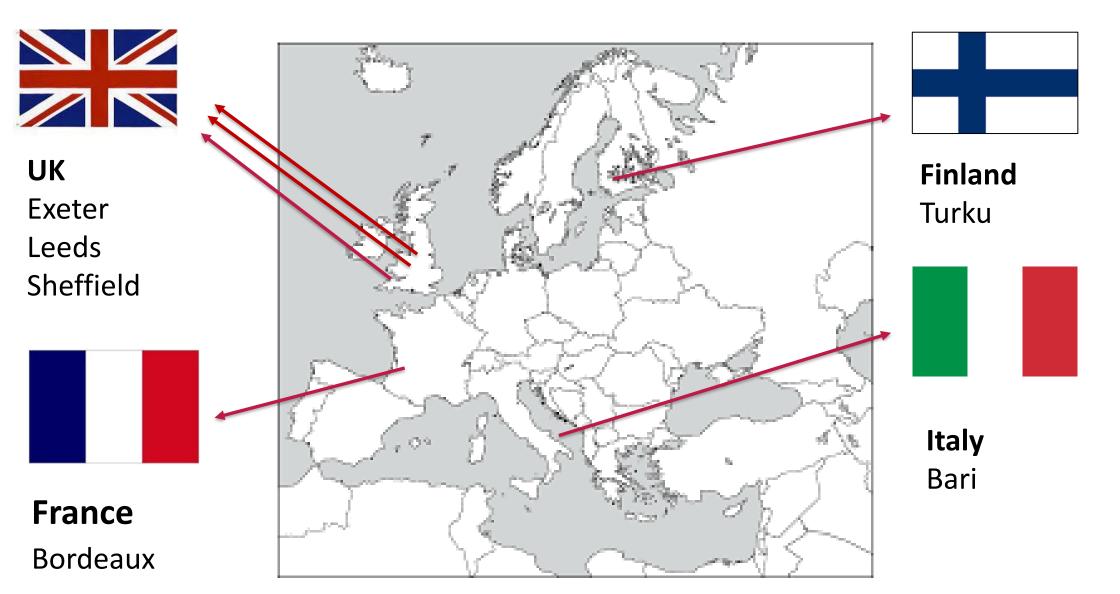
Repeat annually for 3 years

- Clinical exam and medical history
- Biofluid collection





#### **Recruiting centres**



#### Infrastructure support



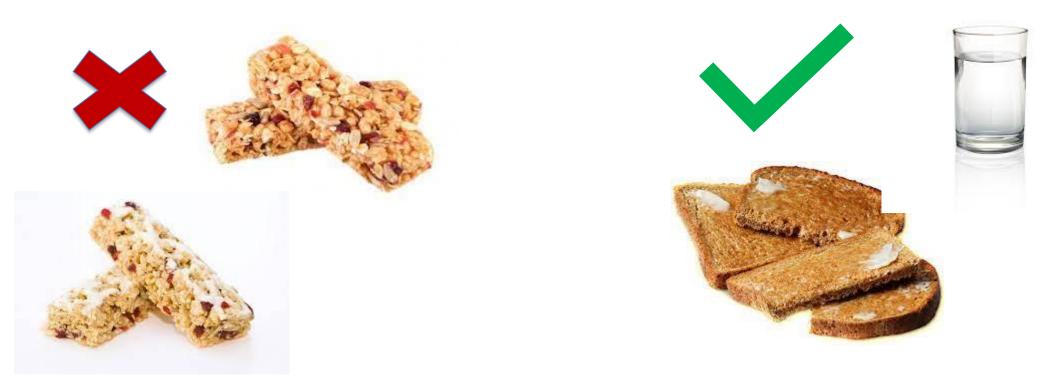
#### **Standardising across centres**

Need to ensure that we are doing the same things across all centres –  $\downarrow$  variability

- Performing the imaging and clinical assessments the same way across all centres
  - Same guidelines for ultrasound, clinical assessments and biofluid collection
  - Across the centres we have different MRI vendors have to ensure that the protocol for both capturing and analysing the images are the same across the vendors

#### **Standardising across centres**

- Standardising the conditions for the visits
  - All performed in the morning following an overnight fast
  - All participants given toast, butter and water



# Do all the participants in different centres do the same things?

## **Ancillary studies**

**Type 1 diabetes** (Sheffield and Bordeaux) Central imaging study Renal biopsy comparison (Bari)

Automating MRI image analysis (Sheffield)

Repeat imaging at 2 years (Bordeaux, Exeter and Turku)

Renal blood flow (PET imaging vs MRI imaging (Turku) Small blood vessel (microvascular) study (Exeter)

#### iBEAt Team



#### Prognostic Imaging Biomarkers for Diabetic Kidney Disease (iBEAt): a BEAt-DKD study

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