



KIDNEY RESEARCH INSTITUTE

Our Vision and Accomplishments



Transforming lives through innovation and discovery

The Kidney Research Institute is a collaboration between Northwest Kidney Centers and UW Medicine

OUR GOAL

To establish a leading clinical research endeavor focusing on early detection, prevention and treatment of kidney disease and its complications.

OUR VISION

For every eligible patient with kidney disease to be informed about, participate in and benefit from our research.

OUR MISSION

To conduct research that can improve the lives of those with kidney disease.



TRANSITIONING TO A NEW ERA OF GROWTH AND DISCOVERY

As we come to the end of our startup phase, we continue to work to find better ways to detect kidney disease, to slow its progression and to create optimal treatments.

Making every dollar count

Thanks to generous donor support, our interdisciplinary teams of top-notch scientists and clinical practitioners aggressively seek new approaches to identifying, preventing and treating the kidney disease epidemic.

The need for research

For millions of people with kidney disease, kidney failure is not the only concern. Kidney disease is linked to premature cardiovascular disease, fractures, infections and diminished physical and mental functioning.

Carrying out our mission

Ultimately, we aim to translate our discoveries into direct and improved care for the patient. We are guided by a Scientific Advisory Committee of top thought leaders, and a Council that keeps us in close touch with patients, supporters and the Seattle kidney community.



Dr. Jonathan Himmelfarb, first director of the Kidney Research Institute and a University of Washington professor of medicine, also holds the Joseph W. Eschbach, M.D. Endowed Chair in Kidney Research at UW Medicine. Dr. Himmelfarb has been a leader in clinical trials in the kidney disease population, serves on expert panels for the U.S. Food and Drug Administration and Veterans Health Administration, has leadership roles on National Institutes of Health steering committees and is a councilor of the American Society of Nephrology.

THE FOUNDATION FOR A KIDNEY RESEARCH INSTITUTE

Through his leadership, Dr. Belding H. Scribner forever changed the lives of patients with kidney disease.



A life-changing discovery

In 1960, Scribner and his colleagues developed the Scribner shunt — a blood access device for hemodialysis. Changing kidney failure from a death sentence to a treatable condition, the Scribner shunt allows patients to receive lifesaving dialysis on a long-term basis. Scribner, a UW Medicine faculty member, then founded Northwest Kidney Centers, the first outpatient dialysis program in the world.

A lack of research

The prevalence of kidney disease has continued to rise steadily. Lack of research

and new discoveries has hindered optimal medical care and treatments to affected individuals. Dedicating the best science to study the clinical problems related to kidney disease was needed to truly make a difference.

An institute just for kidney research

That concept was pioneered in 2003 by leadership from the University of Washington, Northwest Kidney Centers and the community. After years of planning, we opened our doors in 2008, proud to build on 48 years of history.

A HISTORIC CONTRIBUTION

By providing seed money in 2006 to form the KRI, nonprofit Northwest Kidney Centers is furthering its own mission to promote the optimal health, quality of life and independence of people with kidney disease through patient care, education and research.

Committed to making a difference in the lives of kidney patients through the work of the KRI, Northwest Kidney Centers' continued support has made it possible for us to hire top investigators, develop research facilities, purchase laboratory equipment and connect our patients with promising research studies.



“Daily we care for thousands of dialysis patients — reminded that they wish they didn’t need dialysis, wish it was less time-consuming and want their children and neighbors to learn how to avoid kidney disease even if they cannot.

We are encouraged by the KRI’s early successes but know we have a long way to go in our quest to stop or cure kidney disease.”

Joyce F. Jackson
President and CEO
Northwest Kidney Centers



MILESTONES THROUGHOUT OUR EARLY YEARS

2006 JUNE

The Kidney Research Institute forms with approximately \$6 million in seed money provided in large part by Northwest Kidney Centers

2009 SEPTEMBER

We obtain over \$10 million in research funding primarily from the National Institutes of Health (NIH)

2010 JULY- SEPTEMBER

First faculty recruits: Jeremy Stuart Duffield, M.D., Ph.D. and Maryam Afkarian, M.D., Ph.D., arrive from Harvard Medical School to join the KRI

2010 OCTOBER

Open house attracts more than 200 visitors, with guests attending seminars about current studies

2008 JULY

Dr. Jonathan Himmelfarb becomes inaugural director

2010 JANUARY

We open 6,000 square feet of clinical research and office space at Harborview Medical Center

2010 SEPTEMBER

More than \$20 million in research funding obtained since founding

2011 FEBRUARY

Our first Learn @ Lunch seminar educates community members about kidney disease and kidney research

2011 SEPTEMBER

First international scholar, Hanne van Ballegooijen, arrives from Amsterdam

2011 OCTOBER

More than 1,000 research subjects from the community have been enrolled in our studies to date

Our patient registry and biorepository are now active

2012 APRIL

The FDA Innovations Pathway selects a team including Seattle and the KRI to test a wearable artificial kidney

We open 1,500 square feet of new clinical research space at Northwest Kidney Centers' 700 Broadway facility in Seattle

2012 JUNE

More than \$30 million in research funding awarded to date

2012 JULY

New faculty recruit Dr. Rajnish Mehrotra arrives from Harbor-UCLA Medical Center to join the KRI and become Harborview Medical Center's nephrology section head

2012 SEPTEMBER

Work begins on "Kidney on a Chip," a tissue engineered human kidney microphysiological system

STATE-OF-THE-ART FACILITIES: THE PLATFORM FOR DISCOVERY

Located at Harborview Medical Center, Northwest Kidney Centers, University of Washington Medical Center and VA Puget Sound Medical Center.



Clinical research space

Our research space allows investigators to work in multidisciplinary small teams. Multiple examination rooms — complete with equipment for cardiovascular physiologic testing, body composition analyses and supervised exercise programs — provide investigators space to work and meet with study participants.

Core research laboratory

Our laboratory has equipment to measure concentrations of uremic toxins, metabolites, growth factors, cytokines and kidney injury biomarkers. As our mission is to collaborate with others in the best interest of kidney research, we have shared our laboratory with

investigators from Harvard, Vanderbilt and Mount Sinai School of Medicine, among other facilities.

Freezers

Our carefully inventoried freezers, kept at -80°C, are capable of storing more than 300,000 biosamples.

Office space

A nearly 6,000-square-foot space at Harborview Medical Center includes our core laboratory as well as offices and meeting rooms for research faculty, trainees, statistical support staff, administration, laboratory personnel and clinical and translational research coordinators.

THE YANKEES OF KIDNEY RESEARCH

Bill Peckham found out he had kidney disease in 1985. He was 22 years old. After a preemptive transplant failed and he was told future transplants would probably have the same result, he realized he'd need to use dialysis for the duration.

“I was angry. I didn’t want to talk about it or even think about it.”

He worked to minimize his own burden of treatment, soon putting in his own dialysis needles and eventually moving to home dialysis. Supporting research has helped him keep up the fight against the disease that turned his life upside down.

Bill has now used dialysis for 21 years. He was part of the original Northwest Kidney Centers task force that worked to create the Kidney Research Institute.

“I would sign up for anything. I knew that I was benefiting from people who volunteered for research before me.”



“Seattle is the Yankees of kidney research. The city’s history of success in kidney innovation gives me faith that more discoveries will happen here. If we fund the Kidney Research Institute, we’ll get the results we need.”

*Bill Peckham
Living with kidney disease since 1985*

CLINICAL TRIALS AND STUDIES

Highlights from four of the more than 30 studies currently in progress.



Our researchers work on trials and studies designed to:

- Lessen the burden of cardiovascular disease for dialysis patients
- Detect and treat early complications of diabetic kidney disease
- Evaluate the role healthy lifestyle factors can play in preventing complications of kidney disease
- See how genetics influences kidney health
- Prevent, detect and treat complications arising from acute kidney injury
- Establish novel kidney replacement therapies

Diabetic kidney disease vitamin D and omega-3 trial

This trial tests the effects of vitamin D and omega-3 fatty acids (fish oils) on diabetic kidney disease, the leading cause of end-stage renal disease.

Dr. Ian de Boer is principal investigator of the study, which will enroll up to 1,500 people with type 2 diabetes. Each participant will be assigned treatment with vitamin D, omega-3 fatty acids, both, or neither for up to 5 years.

“We’ll measure urine albumin and estimated glomerular filtration rate before and after treatment to test the effects of each intervention on the kidneys,” says de Boer.

These supplements are relatively safe, inexpensive and widely available and thus may be a solution to reducing diabetic kidney disease. However, they also come with potential harms: vitamin D could result in high blood calcium levels and kidney stones while omega-3 fatty acids could give patients gastrointestinal discomfort and bleeding. Studying the risks and benefits of these supplements in clinical trials is critical.

Role of diet and exercise in chronic kidney disease

Lifestyle factors are root causes of chronic kidney disease development, progression and complications. This study will show if greater physical activity and a healthier diet lower the risk of chronic kidney disease progression and cardiovascular events in patients with moderate to severe CKD.

Blood and urine samples, as well as physical measurements like height, weight and body composition, are collected from research subjects. Some participants meet with a personal trainer three times a week and some work with dietitians on creating healthy eating habits.

A long-time supporter of kidney research

Nancy Spaeth began dialysis in 1966 at the age of 19. Dialysis was a scarce resource then. As one of the lucky ones chosen for dialysis by a 1960s committee, Spaeth gave back by participating in research studies. Her participation furthered studies of the Scribner shunt, early dialyzers and erythropoietin, which produced the anemia drug Epogen.



Nancy Spaeth credits her current health to a strong focus on diet and exercise.

“I keep my salt intake under 1,000 mg per day as Dr. Scribner taught me. I avoid fatty foods, I cook from scratch and I read labels. I walk up and down stairs because staying fit and strong are so important to health.”

A NOVEL DEVICE

Testing a light and compact dialysis machine.



Wearable artificial kidney

We will play a major role in the first U.S. trials of a wearable artificial kidney, conducted with the federal Food and Drug Administration's new Innovations Pathway program.

This compact dialysis machine, weighing about 10 pounds, is worn in a belt around the waist. It delivers dialysis therapy on an ongoing basis. Many consider that an ideal alternative to in-center dialysis, which patients typically undergo four hours a day, three days a week while seated in a chair. Most patients feel better with more dialysis, so the increased frequency and mobility offered by this device would likely appeal to many.

Our director, Dr. Jonathan Himmelfarb, will work closely with others, including Dr. Larry Kessler from the University of Washington School of Public Health, and inventor Dr. Victor Gura from the David Geffen School of Medicine at University of California Los Angeles, to design the clinical trials.

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"Ultimately the goals of new technologies for dialysis, such as the wearable artificial kidney, are to improve the lives of patients, foster better outcomes, and lower the costs of treatment," says Dr. Himmelfarb.
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STAYING POSITIVE AFTER A LIFE-CHANGING DIAGNOSIS

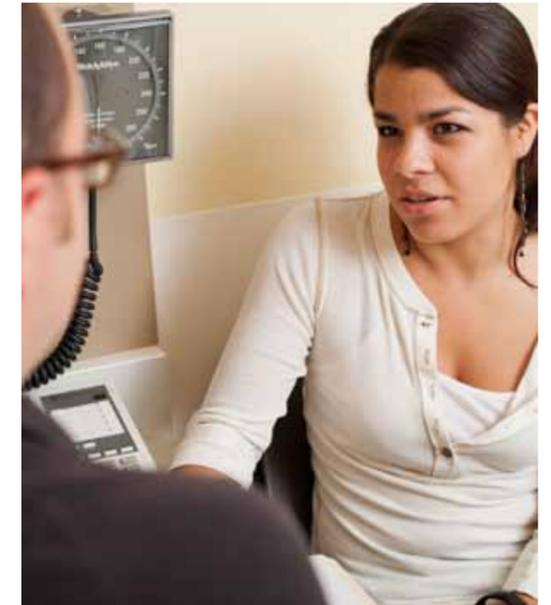
Seattle area native Rocio Banuelos found out she had kidney disease in 2006. She was 18 years old.

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"They did a biopsy but couldn't find out what caused my renal failure. It was a shock to find out I was sick and would soon need dialysis."
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Several months after her diagnosis, Banuelos was approached to be part of the Seattle Kidney Study, an observational study designed to understand the long-term health impact of chronic kidney disease. She immediately said yes.

Banuelos and other participants undergo annual physical examinations which include measurement of blood pressure, height, weight, spirometry, grip strength, and speed on a timed walk. Blood and urine specimens are collected after an overnight fast.

Principal investigator Dr. Bryan Kestenbaum started the clinic-based Seattle Kidney Study, which aims to understand the loss of physical and cognitive functioning among people who have chronic kidney disease. The study has enrolled more than 600 participants to date.

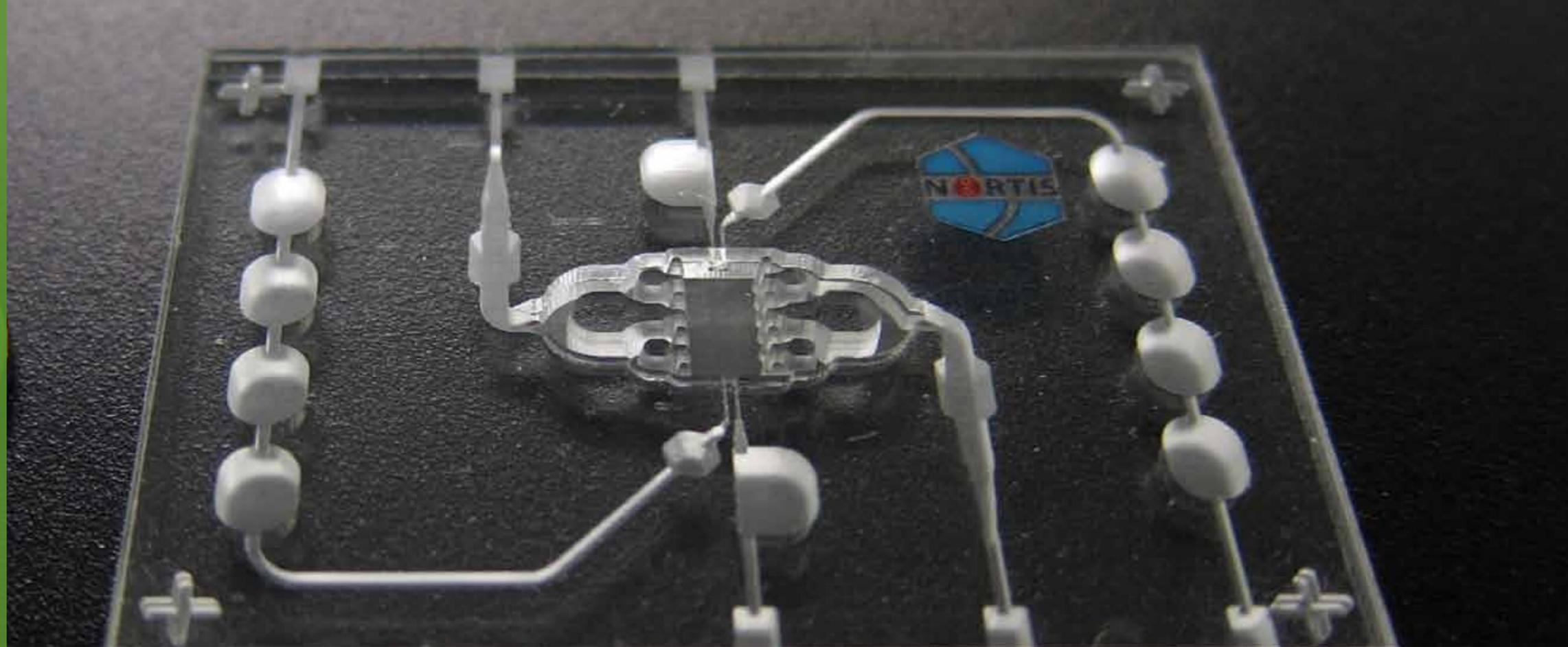


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"I am thrilled to be able to help with research. It's very little effort for me, and it's exciting to think that I can play a part in improving things for people with kidney disease down the road."
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*Rocio Banuelos
Living with kidney disease since 2006*
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KIDNEY ON A CHIP

A revolutionary way to study the kidney's response to toxins.



A microphysiological study

In order to better test the safety of drugs, we will use an in vitro three-dimensional system to create tissue chips that mimic the function of a living human kidney. Investigators will introduce kidney toxins to these tiny kidney models, which use living organ tissues, to study how the kidney reacts.

This project will bring together scientists from University of Washington Departments of Medicine, Bioengineering, Environmental Health, and Pharmaceutics, among others, illustrating the collaborative, multidisciplinary research environment at the Kidney Research Institute.

“There is a critical need to be able to model human organ systems, such as the kidney, to improve our understanding of drug efficacy and safety,” says Dr. Jonathan Himmelfarb, director of the KRI. “The goal is to develop a model system that predicts drug excretion by the human kidney, emulating healthy and disease-related conditions.”

Research: an exceptional opportunity

For lifelong chronic kidney disease patients like Rich Bloch, finding a way to make valuable use of unique healthcare experiences has been a challenge. A participant in the SUGAR study, which looks at how insulin resistance is impacted by chronic kidney disease, Rich had blood drawn on several separate occasions.



“Admittedly, there were a few moments during the study when I asked myself whether I could endure the short-term discomforts. But I believed then as I do now that this study and the many research efforts of the KRI are absolutely, unquestionably worth it for the greater good of all patients. The KRI is dedicated to providing patients like me ongoing opportunities to become actively involved in research. And that is a truly exceptional opportunity.”

INVESTIGATIVE MINDS LEAD THE WAY

Our investigators aggressively seek new approaches to identify kidney disease early on, prevent its progression, discover better predictors of associated risk factors, and find new treatments.



Dr. Yoshio Hall

Hall focuses on understanding the access to care and clinical outcomes for chronic kidney disease patients in underserved populations. He currently leads a research program that aims to better characterize the impact of health organizational characteristics on the quality of care patients in the urban health care safety net receive.

Hall received his medical degree from Baylor College of Medicine and after three years of practice as a clinical nephrologist, he moved to the University of Washington for further training and research opportunities. He started as an investigator at the Kidney Research Institute in 2010.



“I enjoy working at the Kidney Research Institute due to the extraordinary intellect and inquisitiveness of my colleagues and because of the KRI’s unparalleled research network.”

Dr. Bessie Young

The impact of racial and ethnic differences on a patient’s access to care is just one of Young’s many research interests. A huge part of the kidney community in Seattle, she spends much of her time educating the public about kidney disease.

Young is a nephrologist at Seattle’s Veterans Administration Hospital and associate professor at the University of Washington School of Medicine. She joined the KRI in 2008.



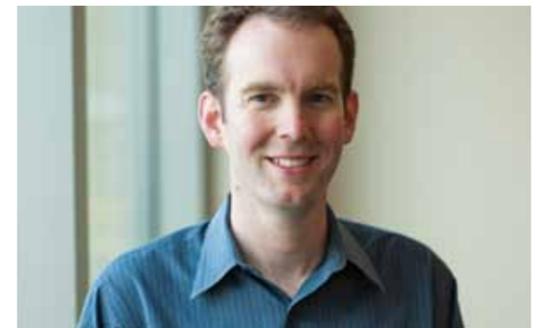
“The KRI has allowed me to pursue research relevant to the African American community, research very near to my heart as African Americans are much more likely to have kidney failure than European Americans.”

Dr. Ian de Boer

The ability to forge long-lasting relationships with patients was just one aspect of nephrology that drew de Boer to the field.

He’s a principal investigator on SUGAR, a study that evaluates how chronic kidney disease affects the body’s ability to metabolize glucose. The goal is to identify new ways to prevent cardiovascular disease and slow the progression of chronic kidney disease.

De Boer completed a nephrology fellowship at the University of Washington in 2006. He became a faculty member in 2006 and a KRI investigator in 2008.



“The KRI’s cutting-edge research combines investigators and staff with diverse backgrounds and skills, wonderful patients willing to contribute their time and bodies to research, and state-of-the-art technology and resources.”

Dr. Maryam Afkarian

Afkarian focuses on diabetic kidney disease, aiming to develop new ways of diagnosing and treating the disease by examining proteins in urine to identify ones that can be used as markers for kidney disease.

Afkarian received her M.D.-Ph.D. in immunology from Washington University in St. Louis, completed a nephrology fellowship at Massachusetts General Hospital and Brigham and Women's Hospital, and arrived at the Kidney Research Institute in September 2010.



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"The KRI is one of the few kidney research centers in the U.S. that focuses its research and education efforts on kidney diseases with real public health impact. This is exactly why I wanted to work here."
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Dr. Jeremy Duffield

Duffield had been director of the Laboratory for Inflammation Research at Harvard Medical School since 2006. He moved his laboratory, which focuses on cellular and molecular mechanisms of kidney disease, to the Kidney Research Institute in 2010.

The lab recently discovered several new potential therapies, including giving extra amounts of a particular protein to help prevent kidney damage. The protein, called Pentraxin-2, is currently in clinical trials in chronic lung disease with the hope that it will be tested in human kidney disease soon.



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"It is my hope that we can take discoveries with therapeutic potential that are discovered in my lab or other collaborator labs and move these to early patient trials, achieving proof-of-concept that a new therapy could work in patients with kidney disease."
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Dr. Bryan Kestenbaum

Kestenbaum focuses on the causes of mineral metabolism disturbances in people with kidney disease. His research includes evaluating the role of genes, diet and medications. He studies groups of people with and without kidney disease to gain full insight into the causes and consequences of altered mineral metabolism.

Kestenbaum completed a nephrology fellowship at the University of Washington in 2003 and has been a faculty member since. He started as a KRI investigator in 2008.



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"The Kidney Research Institute has greatly accelerated my career through day-to-day interactions with world-renowned investigators who continue to instill inspiration and passion for kidney disease research."
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Dr. Rajnish Mehrotra

Mehrotra focuses on the patient, provider and system determinants of the selection of dialysis therapy and how the particular therapy selected influences patients' health. He also works to understand the racial disparities in health and outcomes of patients with chronic kidney disease.

Mehrotra, Nephrology section head at Harborview Medical Center and a KRI investigator since July 2012, was previously associate chief of the Division of Nephrology and Hypertension at Harbor-UCLA Medical Center.



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"The collaborative environment at the KRI creates a dynamic atmosphere that will undoubtedly produce results. This solid foundation makes me truly believe we'll find better treatments for patients, and that's what research is all about."
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VISITING SCHOLARS BRING NEW IDEAS TO THE KIDNEY RESEARCH INSTITUTE

We invite scholars from all over the world to conduct research and collaborate with our investigators.

Dr. Kenn Daratha

Daratha, an assistant professor at Washington State University in Spokane, Wash., studies data related to the hospitalization of kidney patients. He arrived at the Kidney Research Institute in June 2012 for a summer fellowship.



Hanne van Ballegooijen

Ballegooijen, a doctoral student from Vrije University in Amsterdam, spent three months at the KRI in 2011 researching cardiovascular health. Her findings suggest that excess parathyroid hormone, a hormone frequently elevated in kidney disease, puts people at higher risk for heart disease.



Dr. Hongdong Li

Li arrived from the Second Military Medical University in Shanghai in 2012. He will spend 15 months conducting research on possible biomarkers of acute kidney injury.



BUILDING THE FUTURE PIPELINE OF INVESTIGATORS FOR KIDNEY RESEARCH

We are proud to play a pivotal role in the accomplishments of UW Medicine's Division of Nephrology. More people, including these fellows who conduct much of their research at the KRI, are being attracted to nephrology and kidney research.

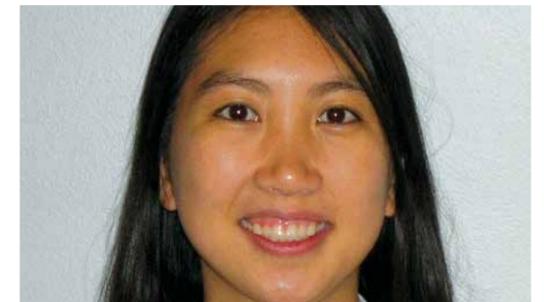
Dr. Baback Roshanravan

Senior fellow Roshanravan works with participants in the Seattle Kidney Study, hoping to understand how chronic kidney disease affects their muscles and how this impacts their physical abilities.



Dr. Margaret Yu

Yu, a nephrology fellow, investigates the relationship between depression and chronic kidney disease in patients with diabetes, with the hope that her research will help delay or prevent a patient's progression to dialysis.



Dr. Christine Hsu

Hsu studies whether remote ischemic preconditioning (RPC) prevents acute kidney injury (AKI) associated with cardiac surgery in children. RPC is a safe way of briefly decreasing blood flow to an arm or leg, which is thought to increase the body's anti-inflammatory protective mechanisms.



WELL-DEVELOPED RESOURCES AND COMMUNITY OUTREACH



Active patient registry

Subject recruitment is often the most difficult and time-consuming part of clinical research studies. To better facilitate enrollment, we have developed a detailed patient registry of participants interested in being contacted about research.

The registry, approved by the Institutional Review Board in July 2011, allows us to maintain information on potential subjects to determine eligibility for existing studies.

Biorepository

We have created an expansive data and tissue repository that holds blood, urine, and kidney biopsy tissue specimens as well as data from research studies, creating an

unparalleled resource for our investigators. The biorepository also holds DNA extracted from specimens, an essential element for many genetic studies.

Approved by the Institutional Review Board in May 2010, the biorepository provides samples for studies of conditions that may cause kidney disease (such as diabetes and hypertension), or result from kidney disease (such as cardiovascular disease, fractures, infections and diminished physical and mental functioning).

The biorepository currently has more than 100,000 biosamples, and we expect to add 50,000 new samples each year.

EDUCATING OUR COMMUNITIES ABOUT KIDNEY DISEASE

Open House

We held an open house, featuring tours of the laboratory and 30-minute talks by investigators, Oct. 20, 2010. Nearly 200 members of the community joined us at this event to learn more about our work.

Learn @ Lunch series

With Northwest Kidney Centers, we continue to host the Learn @ Lunch series around the Seattle area. Investigators have discussed the connection between the heart and the kidneys and the link between kidney disease and cardiovascular disease. Our aim is to help people better understand just how important their kidneys are and what they can do to lead a kidney-friendly lifestyle.



Community outreach

Many KRI investigators spend time in the community, educating people about kidney disease and research.

Investigators work with the American Diabetes Association, Northwest Kidney Centers and the Juvenile Diabetes Research Foundation, among others. Researchers also speak to primary care providers, medical residents and renal nurses in the Seattle area to inform them about kidney disease.

“Kidney disease is not something that many people are familiar with,” says Dr. Maryam Afkarian, a KRI investigator. “We don’t want research to exist in a vacuum. We need to continue to get out in the community to bring the public on board with what we’re doing.”

GENEROUS CONTRIBUTIONS HELP US MAKE ADVANCES IN PREVENTING, DETECTING AND TREATING KIDNEY DISEASE

Thank you

Thank you to those who have guided the Kidney Research Institute since its inception, including the following advisors and donors:

Anonymous
David and Carol Ager
Lee and Connie Anderson, R.N.
Rebecca F. Bednasek
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Jack and Margaret Cole
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John C. Stivelman, M.D.
United Way of Snohomish County
Betty VanDeVenter
M'Eloise B. Waters

How to give

We rely on both public and private funding for research. Your gift will further build Seattle's legacy of developing treatments and it will support the next generation of physician-scientists as they work to find a cure for kidney disease.

To give online, please visit www.kri.washington.edu/give.

To learn more about giving opportunities, please contact:

Cecily Clemons
Director for Philanthropy
UW Medicine Advancement
cclemons@uw.edu
206-221-2959

WE KNOW OUR DOLLARS WILL BE WELL SPENT

Jeff Lehman and Katrina Russell, co-owners of Dialysis Consulting Group, Inc., have collectively been involved in the dialysis field for more than 60 years. The paucity of funding for kidney-related research over the last 20 years prompted them to give to the Kidney Research Institute.

“The KRI is an organization dedicated to kidney research where we know our dollars will be well spent,” says Katrina.

The two have seen friends, family members and colleagues deal with kidney disease and they believe in funding research that leads to earlier diagnosis of chronic kidney disease.

“Anything we can do to improve the diagnosis and treatment is in everyone's best interest,” says Katrina.



“We have always been interested in best practices for dialysis operations as well as research related to the care of patients with kidney disease,” adds Jeff, former chief operating officer at Northwest Kidney Centers.



LOOKING AHEAD: PLANS FOR OUR NEXT PHASE

Conduct more studies, expand infrastructure

We will enhance the depth and breadth of our research portfolio by adding more trials and studies, and we will continue to improve our supportive research infrastructure by hiring more research personnel, increasing study enrollment and adding more samples to our biorepository.

Draw more researchers to the field

We will continue to welcome fellows, visiting scholars and scientists from a variety of fields, including clinical medicine, pharmacology, genetics, bioengineering and immunology, among other disciplines. Kidney disease needs more researchers and we hope the very best in the field choose to be part of the Kidney Research Institute.

Make life-changing discoveries

Our goals are to find better ways to detect kidney disease, to slow its progression and to create optimal treatments. Our hope is that our studies and trials produce results that can positively impact kidney patients in the near future.

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“Overall, we’ll keep our mission — to conduct research that can improve the lives of those with kidney disease — at the forefront of our efforts throughout the next five years and beyond,” says Dr. Jonathan Himmelfarb, KRI director.

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HAPPY TO HELP WITH RESEARCH

Following a 2012 surgery to remove a benign tumor, John Saul, a writer and journalism professor, developed acute kidney injury. He chose to participate in the Assessment, Serial Evaluation, and Subsequent Sequelae in Acute Kidney Injury (ASSESS-AKI) study. The study, funded by the National Institutes of Health, aims to evaluate the effect acute kidney injury has on a person's long-term health outcomes and kidney function.

“My family has a history of kidney disease — my father had a kidney removed when he was in his 40s — so I felt it was important to be involved in kidney research,” says John.

John and other patients involved in the ASSESS-AKI study meet with research coordinators every three months to fill out health questionnaires and provide blood and urine samples.



“It's all very painless, and I can tell the research coordinators really appreciate my time and effort,” says John. “I'm more than happy to help.”



Kidney Research Institute
Mailing Address:
Box 359606
325 9th Avenue
Seattle, WA 98104
206-616-8574

info@kri.washington.edu

The Kidney Research Institute focuses on early detection, prevention and treatment of kidney disease and its complications. The institute is dedicated to improving the lives of people with kidney disease. It was established in 2008 in Seattle as a collaboration between Northwest Kidney Centers and UW Medicine.

www.kri.washington.edu