

## Overview of Study Design

### ***Inclusion Criteria***

- Acute renal failure clinically consistent with a diagnosis of ATN defined as
  - clinical setting of acute ischemic or nephrotoxic injury
  - and
  - oliguria (average urine output < 20 mL/hr) for > 24 hours; or an increase in serum creatinine of  $\geq 2.0$  mg/dL ( $\geq 1.5$  mg/dL in females) over a period of  $\leq 4$  days
- Plan for renal replacement therapy by clinical team
- Receiving care in a critical care unit
- One non-renal organ failure (SOFA organ system score  $\geq 2$ ) or sepsis
- Age  $\geq 18$  years
- Patient/surrogate willing to provide informed consent

### ***Study Population***

#### ***Exclusion Criteria***

- Premorbid serum creatinine > 2 mg/dL (> 1.5 mg/dL in females)
- Acute renal failure clinically believed to be due to an etiology other than ATN
- More than 72 hours since meeting both of the following:
  - fulfillment of definition of ARF
  - BUN > 100 mg/dL
- > 1 hemodialysis treatment or > 24 hours of CRRT
- Prior kidney transplant
- Pregnancy
- Prisoner
- Weight > 128.5 kg
- Non-candidacy for renal replacement therapy
- Moribund state
- Patient not expected to survive 28-days because of an irreversible chronic medical condition
- Comfort-measures only status
- Participation in a concurrent interventional study
- Patient/surrogate refusal
- Physician refusal

### ***Randomization***

- 1:1 randomization to treatment arms
- Stratification of randomization by:
  - site
  - oliguria
  - SOFA cardiovascular score (0-2 vs 3-4)

### ***Sample Size***

- 582 patients per group

### ***Study Sites***

- 18 VA Sites (9 patients/year)
- 9 Non-VA sites (28 patients per year)

### ***Study Duration***

- 3-years enrollment
- 60 days maximum primary follow-up

## Overview of Study Design (continued)

