PRELIMINARY PROGRAM





	ROOM A: AKI & SEPSIS Joint session University of Melbourne/IRRIV	ROOM B: AKI: NEW INSIGHTS	ROOM C: BASICS of CRRT Joint session Purdue University/IRRIV		
	Chairs: R. Bellomo – S. De Rosa	Chairs: J. Prowle—M. Nadim	Chairs: A. Brendolan—V. Narsimhan		
	 9.00 AKI in sepsis: mechanisms, phenotype and biotype <i>E. See</i> 9.20 Sepsis and AKI: where are we? <i>J.L. Vincent</i> 9.40 Role of micovescicles <i>V. Cantaluppi</i> 	 9.00 Snapshot on AKI worldwide <i>R.Mehta</i> 9.20 AKI Risk : susceptibility, exposures and mitigators <i>K.D. Liu</i> 9.40 Biomarkers derived AKI definition <i>J. Kellum</i> 	 9.00 Mechanisms of Transport in CRRT W. Clark 9.25 CRRT Membrane structure and function C. Ronco 9.50 Audience interaction and meet the expert 		
	9.50 Audience interaction and meet the expert interview	9.50 Audience interaction and meet the expert interview	interview		
	10.15—10.40 COFFEE BREAK				
	ROOM A: BIOMARKERS	ROOM B: RECOVERY FROM AKI	ROOM C: BASICS OF ANTICOAGULATION		
	Chairs: M. Ostermann—T. Reis	Chairs: N. Pannu—M. Okusa	Joint session SITI/IRRIV		
	10.40 Can we use biomarkers to guide AKI	10.40 Clinical patterns of recovery from AKI	Chairs: A. Tolwani—P. Navalesi		
	management? A. Zarbock 11.00 Can we use biomarkers to guide CRRT ?	L. Forni 11.05 Pathophysiological patterns of recovery	10.40 Principles of anticoagulationG. Villa11.00 Heparin-based anticoagulation		
	M. Meersch 11.20 Biomarkers of kidney function in AKI:	from AKI P. Romagnani	S. Samoni 11.20 Citrate-based anticoagulation		
	where do we stand? <i>C. Nusshag</i> 11.30 Audience interaction and meet the	11.30 Audience interaction and meet the expert interview	<i>S. Romagnoli</i> 11.40 Audience interaction and meet the		
JUNE 14	expert interiew		expert interview		
	12.00—12.30 LUNCH BREAK				
	ROOM 1 12.30 Industry-Sponsored Activity				
	ROOM 2 13.15 Industry-Sponsored Activity				
	STREAMING				
	Chairs: R. Mehta—K.D. Liu				
	AKI&SEPSIS (state of the art) 14.00 AKI in sepsis: mechanisms, phenotype and biotype 14.10 Sepsis and AKI: where are we? 14.20 Discussion		R. Bellomo S. De Rosa		
	AKI worldwide				
	14.30 Snapshot on AKI worldwide14.40 AKI Risk : susceptibility, exposures and mitigators14.50 Discussion		J. Prowle M. Nadim		
	BASICS OF CRRT 15.00 Mechanisms of Transport in CRRT		V. Narsimhan		
	15.10 CRRT Membrane structure and function 15.20 Discussion		A. Brendolan		
	BIOMARKERS 15.30 Can we use biomarkers to guide AKI management? 15.40 Can we use biomarkers to manage CRRT? 15.50 Discussion		M. Ostermann L. Forni		
	RECOVERY FROM AKI 16.00 Clinical patterns of recovery from AKI 16.10 Pathophysiological patterns of recovery from 16.20 Discussion	n AKI	N. Pannu M. Okusa		
	BASICS OF ANTICOAGULATION 16.30 Principles and theory of anticoagulation 16.40 Heparin and citrate based anticoagulation in 16.50 Discussion	n practice	A. Tolwani G. Villa		
	ROOM 1 17.00 Industry-Sponsored Activity				

ROOM A: PERSISTENT AKI Joint session UPMC/IRRIV Chairs: <i>R. Murugan – S. Samoni</i> 9.00 Persistent AKI, a clinical and mechanistic fork in ICU patients <i>H. Gomez</i> 9.20 Persistent Kidney Dysfunction in Pediatric solid Organ Transplant <i>D. Fuhrman</i> 9.40 Persistent AKI: Precision medicine project <i>R. Murugan</i> 10.00 Audience interaction and meet the expert interview	 ROOM B: ADSORPTION, A NEW FRONTIER Chairs: G. Ankawi – R. Ratanarat 9.00 Rationale for the use of adsorption in critical care medicine R. Bellomo 9.20 Hemoperfusion: mechanisms, indications and clinical application C. Ronco 9.40 Techniques of adsorption: from direct hemoperfusion to DPMAS J. Prowle 10.00 Audience interaction and meet the expert interview 	 ROOM C: DIGITAL HEALTH and AKI Joint session Mayo Clinic/IRRIV Chairs: S. Bagshaw – D. Soranno 9.00 Summary of ADQI consensus on digital health in AKI/CRRT K. Kashani 9.20 Using digital health of post-AKI manage- ment A. Kattah 9.40 Barriers in implementation and mainte- nance of digital health for AKI D. Soranno 10.00 Audience interaction and meet the expert interview 			
10.15—10.40 COFFEE BREAK					
ROOM A: BLOOD PURIFICATION IN SEPSISChairs: C. Ronco – M. Proglio10.40 Why using EBP in sepsis?J. Kellum11.00 Pathogen removal sepsisL. Chawla11.20 Cytokine removal in sepsisT. Rimmelé11.40 Audience interaction and meet the expert interview	ROOM B: AKI&CRRT in SEPSIS and Covid-19 Chairs: F. Husain-Syed – A. Nishio Lucar 10.40 AKI epi in Covid 19 patients: short and long-term consequences N. Srisawat 11.00 Report from ADQI consensus on preven- tion and management M. Nadim 11.20 Clinical experience with PSP G. Castellano 11.40 Audience interaction and meet the expert interview	ROOM C: AKI&CRRT in PEDIATRICS Joint session CCHMC/IRRIV Chairs: S. Goldstein - M. Zanella 10.40 Worldwide and US experience with neonatal CRRT machine C. Slagle 11.00 AKI transition to CKD in pediatrics D. Cooper 11.20 Hemoperfusion in pediatric patients G. Bottari 11.40 Audience interaction and meet the expert interview			
12.00—12.30 LUNCH BREAK					
ROOM 1 12.30 Industry-Sponsored Activity					
ROOM 2 13.15 Industry-Sponsored Activity					
PLENARY ROOM 215.15 Industry-sponsored Activity PLENARY ROOM PERSISTENT AKI PERSISTENT AKI 14.00 Persistent AKI, a clinical and mechanistic fork in ICU patients 14.10 Persistent AKI, a clinical and mechanistic fork in ICU patients 14.20 Discussion ADSORPTION, A NEW FRONTIER IN BLOOD PURIFICATION 14.30 Rationale for the use of adsorption in critical care medicine 14.30 Persistent AKI. The precision medicine project 14.30 Persistent AKI. The precision medicine project 14.30 Rationale for the use of adsorption in critical care medicine 14.30 Persistent AKI. The precision and applications 15.00 Discussion DIGITAL HEALTH AND AKI 15.10 Using digital health of post-AKI management 15.20 Barlene in implementation and maintenance of digital health for AKI 15.20 Barlene in implementation and maintenance of digital health for AKI 15.20 Barlene in implementation and maintenance of digital health for AKI 15.20 Barlene in implementation and maintenance of digital health for AKI 15.20 Barlene in implementation and maintenance of digital health for AKI 15.20 Barlene in the set of adsorptication is sepsis 15.20 Barlene in the set of the set of adsorptication is sepsis 15.20 Barlene in the set of the set of adsorptication is sepsis 15.20 Barlene in the set of the set of the set of adsorptication is sepsis 15.20 Barlene in the set of the					
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ROOM 2 17.50 Industry-Sponsored Activity	•))				

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