



RaDaR Training - Introductory

Session Agenda

- Introduction to Rare Renal Registry
- Rare Renal website
- RaDaR Information and Consent documentation
- Data quality
- Data entry demo system

Introduction

The purpose of the **National Registry of Rare Kidney Diseases** (RaDaR; rare disease registry) is to facilitate translational and epidemiological research into rare kidney diseases by setting up and maintaining a comprehensive clinical database in partnership with Rare Disease Groups.

RaDaR provides an infrastructure to capture both generic and disease-specific clinical information and to collate longitudinal information. Patients and clinicians can view information about the conditions covered by RaDaR on **RareRenal.org**, which links closely with RaDaR.

Database

Rarerenal.org Website

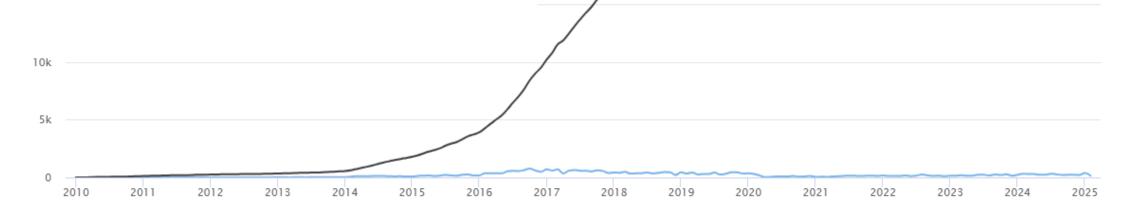
RaDaR Team

- Functional Team
- Senior Project Manager Zoe Plummer
- RaDaR Operations manager Susan Pywell
- RaDaR Senior Data Manager Garry King
- RaDaR Clinical Fellow Dr Sherry Masoud
- RaDaR Clinical Fellow Dr Katie Wong
- RaDaR Statistician David Pitcher
- RaDaR Statistician Dane Rogers
- Governance
- Prof Danny Gale, Chair of RaDaR based at London Royal Free
- Dr Kate Bramham, Co-Chair of RaDaR based at London King's
- Rare Disease Group Leads (RDGs)
- Site Principal Investigators

Rare Renal Registry Statistics

- Largest rare renal registry in the world
- I5-year anniversary in 2025
- 38,416 patients on the RaDaR platform
- 36,000 in the RaDaR registry itself
- Monthly recruitment 400 patients recruited in Jan 2025
- Network of 109 sites with 80 main renal units
- 33 rare disease cohorts
- Live data feed from many sites (test results and medication)





What is a Registry?

What is a Registry?

- A patient registry is a collection—for one or more purposes—of standardised information about a group of patients who share a
 condition
- RaDaR multiple registries?
- What data to collect? Minimum dataset, generic, cohort-specific
- Complete patient data from (before) diagnosis to present day including outcomes
- Where to focus?
- Enrichment projects cohorts
- Site groups paediatric, genetic, specialist disease centres, mixed sites with different departments/RaDaR teams
- Recruitment / Retention

Rare Renal website

- Information portal for patients and clinicians
- Research
- Metadata
- Glossary
- Newsletters
- Events
- Recruitment Resources

https://ukkidney.org/rare-renal/homepage

RaDaR Information for staff

- Protocol & Recruitment Guidelines
- Site file screening, enrolment, consent forms
- Database users need to send CV, GCP training certificate, signed delegation log and confirm training materials read.
- Study roles

Identification

<u>Inclusion/ exclusion list</u> - clinics / retrospective search

Recruitment

Choose correct consent form / patient retention



Data completeness at recruitment / enrichment

Identification

- Rarerenal.org Information portal for clinicians
- Inclusion & Exclusion list
- 33 Cohorts
- >100 conditions
- Newly diagnosed in clinics
- Search List with keyword search (ctrl-F)
- Search hospital clinical system with keywords
- Any queries, ask cohort lead via RaDaR team.

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Cohort	Inclusion Criteria	Exclusion Criteria	Date of Diagnosis
Hypertensive kidney disease	CKD-Africa Genes	People of African or Afro-Caribbean ancestry with CKD (KDIGO definition), >18 years	Known cause of Kidney disease	Date that clinical diagnosis was first made
Hyperuricaemic Nephropathy (Primary/Familial Hyperuricaemic nephropathy) Medullary cystic kidney disease	ADTKD	Autosomal Dominant Tubulointerstitial Kidney Disease (ADTKD; previously known as FUAN) Familial juvenile hyperuricaemic nephropathy Familial qouty nephropathy Familial urate nephropathy Familial interstitial nephropathy Uromodulin-associated nephropathy Medullary cystic kidney disease (type I or II)	None stated	Date that genetic confirmation was received
IgA Nephropathy	IgA Nephropathy	Biopsy proven IgA Nephropathy plus proteinuria >0.5g/ day or eGFR<60ml/min	All forms of secondary IgA nephropathy, including Henoch Schonlein purpura	Date of renal biopsy
Isolated autosomal dominant hypomagnesemia, Glaudemans type Tubulopathy		Isolated autosomal dominant hypomagnesemia Genetically confirmed homozygous pathogenic variant in KCNA1	None stated	Date that clinical diagnosis was first made

Consent documentation - Recruitment

- Table and flow chart on the website to help choose the right documents:
 RaDaR Information and Consent documentation | UK Kidney Association
- Notes
- E-consent does not link to Radar enter details separately
- Adult is someone aged 16 or over.

Recruitment

- To recruit from as many sites as possible (geographically diverse)
- To recruit into as many cohorts as possible (including smaller groups)
- Some sites specialise in certain cohorts (e.g. genetic, paediatric centres)
- Informed consent
- Electronic consent

We need your help to improve the data quality (DQ) for research

- Training materials: https://ukkidney.org/rare-renal/recruitment
- Data is valuable for rare disease patients; better data research becomes more powerful!
- Stats: 180 recruited patients in one month, 79% had <mark>no</mark> data feed, 77% had <mark>no</mark> pathology report, 18% had <mark>no</mark> email
- Be data sleuths / investigators feedback queries
- External Link to DQ info: https://www.gov.uk/government/news/meet-the-data-quality-dimensions
- Accuracy (transcription errors, units of measure)
- Completeness (temporal, native and transplant biopsies)
- Timeliness (up-to-date, update deceased patients (DoD) on RaDaR, email)
- Validity (things that look incorrect)
- Anonymisation (remove patient identifiable data in reports)

Triangle of data collection difficulty!

New and retrospective patients

Historical lab result back data

Trial specific data

Cohort-specific fields

Priority lab results

Biopsies

Email address

Dialysis / Transplants

Data Feed

Genetic reports

Easy

Harder

Data Checklist

- Data feed provides follow-up data
- Priority lab results at time of diagnosis (or 90 days either side)
 - Serum Creatinine, eGFR, uACR, uPCR
- Evidence to support the diagnosis biopsy (pathology) report; genetic report; clinical picture; biochemistry
 - Biopsy priority cohorts:
 - Membranoproliferative Glomerulonephritis (MPGN)
 - IgA Nephropathy native AND transplant biopsies
 - Alport Syndrome biopsies and electron microscopy (EM) biopsy reports (latter is more relevant here)
 - Membranous Nephropathy (MN) biopsies
 - Nephrotic Syndrome (INS)
- Email address newsletters, questionnaires, identification for trials
- Pathways/ Endpoints DoD, All Dialysis sessions / all Transplants
- Cohort specific fields ask
- Cohort specific guidance available
- Where have patients transferred from and moved to? If patient sites not already in RaDaR, please let us know.
- Checks apply to new patients in RaDaR and retrospective
- Completeness reports will be available to target gaps

Data Entry

- RaDaR database data feed and lab result/ observation cohort templates
- Demo system to show registration of new patient
 - Aim is to get as complete data as possible for each cohort across all sites
 - Rare conditions every item of data counts
 - Data completeness and accuracy reporting
 - Staff can improve the existing patient dataset even before recruiting
 - 76% of patients have lab results via a data feed.
 - Some blood tests are not sent via data feed and need manual entry
 - Compulsory fields
 - Generic information
 - Cohort-specific requirements
 - Genetic and Pathology Reports to support diagnosis



Cohorts

Hospitals

Patients

Users

News

S

Stats ▼

Admin 🕶

Patients 35957 patients

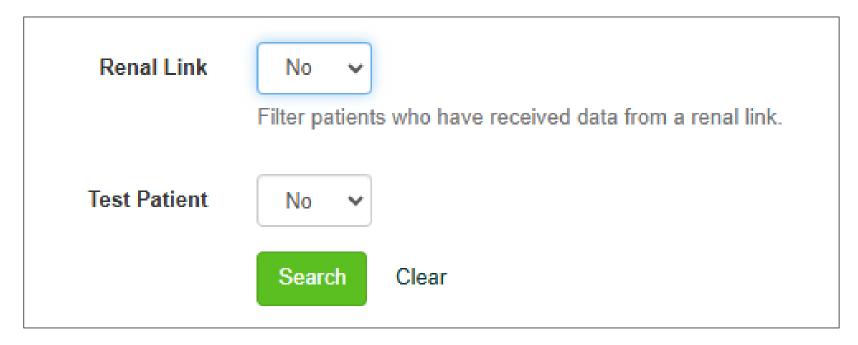
Recruit Patient

Show Demographics

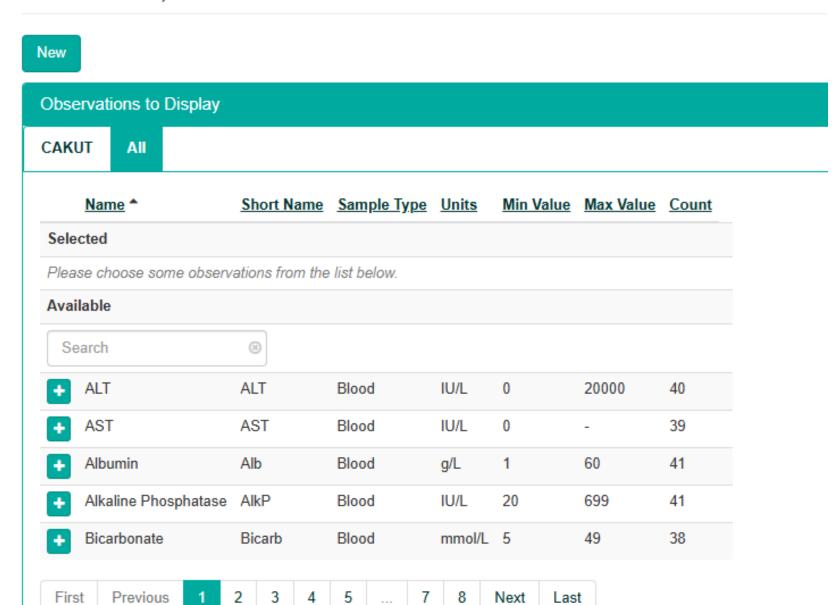
<u> Download</u>

<u>ID</u> ▼	First Name	Last Name	<u>DOB</u>	<u>Gender</u>	Patient Number	Recruited On	<u>RaDaR</u>	Cohorts
39769	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	12/02/2025	12/02/2025	IgA Nephropathy
39768	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	12/02/2025	12/02/2025	IgA Nephropathy
<u>39767</u>	<u>Hidden</u>	<u>Hidden</u>		Male	Hidden	12/02/2025	12/02/2025	Vasculitis
39766	<u>Hidden</u>	<u>Hidden</u>		Male	Hidden	12/02/2025	12/02/2025	ADPKD
39765	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	12/02/2025	12/02/2025	MGRS
39764	<u>Hidden</u>	<u>Hidden</u>		Male	Hidden	12/02/2025	12/02/2025	CMV Post Transplant
39763	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	Tubulopathy
39762	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	Tubulopathy
<u>39761</u> %	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	CAKUT
39760 %	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	CAKUT
<u>39759</u> %	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	CAKUT

Renal data link filter - Search for patients without link and get switched on!



Lab Results, Observations



	Creatinine	Creat	inine	В	Blood μmol/L			1	2500			
•	Diastolic Blood Pressure					BPdia Obser				mHg	20	199
● E	stimated GFR	2		eGFF	}	В	lood		ml	/min/1.73	Bm² 1	150
+ F	+ Ferritin				Ferr			Blood µg			nl 1	8000
₽ F	olate - Serum			Folate	е	В	lood		ug	/L	1	25
First	Previous	1	2	3	4	5	6	7	8	Next	Last	
1 1131	1 Tevious	'		,	4	J		'	0	IVEX	Last	

Ⅲ Table

✓ Graphs

New

<u>Date</u> ▼	Creatinine (µmol/L)	Data Source	
11/02/2025 11:21:00 (UTC)	124		UKRDC)
07/01/2025 11:31:00 (UTC)	<u>121</u>		UKRDC)
09/12/2024 09:28:00 (UTC)	123		UKRDC)
06/12/2024 10:12:00 (UTC)	134		UKRDC)

Lab Results, Observations

Cohort templates

List View			
CAKUT AII			
Date	DD/MM/YYY	Source	
Creatinine	Blood	μmol/L	DD/MM/YY
Estimated GFR	Blood	ml/min/1.73m²	DD/MM/YY
Albumin : Creatinine Ratio	Urine	mg/mmol	DD/MM/YY
Protein : Creatinine Ratio	Urine	mg/mmol	DD/MM/YY
Systolic Blood Pressure	Observation	mmHg	DD/MM/YY
Diastolic Blood Pressure	Observation	mmHg	DD/MM/YY

Recruitment demonstration

https://demo.radar.nhs.uk/#/

Thank You!