



RaDaR Training - Introductory

Session Agenda



- Introduction to Rare Renal Registry
- Rare Renal website overview
- RaDaR Study documentation for staff
- Data quality overview
- Radar screens Lab results, data feed and cohort template
- Data entry recruit a patient on demo system





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.

Database

Rarerenal.org Website

RaDaR Team

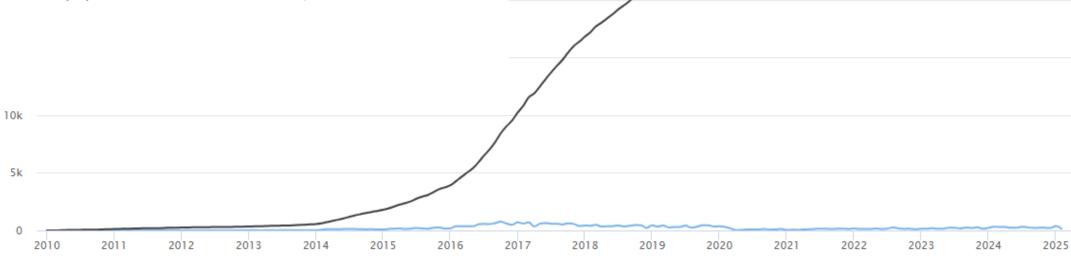


- Governance
- Rare Disease Committee
 Strategic management body for RaDaR. Chaired by UKKA Academic Vice Presidents John Sayer and Kathrine Parker
- Prof Danny Gale, Chair of RaDaR based at London Royal Free
- Dr Kate Bramham, Co-Chair of RaDaR based at London King's
- Rare Disease Group Leads (RDGs)
- Site Principal Investigators
- Functional Team
- Operational Lead Research and RaDaR— Zoe Plummer
- RaDaR Operations manager Susan Pywell
- RaDaR Senior Data Manager Garry King
- RaDaR Data Manager Bidhan Pant
- RaDaR Clinical Fellow Dr Sherry Masoud
- RaDaR Clinical Fellow Dr Katie Wong
- RaDaR Statistician David Pitcher
- RaDaR Statistician Dane Rogers

Rare Renal Registry Statistics

- Largest rare renal registry in the world
- 15-year anniversary in 2025
- 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)

Research papers in Lancet and other journals







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
- RaDaR is a <u>research database</u>, not a research study.
 - We collect data that already exists and does not affect patient treatment.
 - We don't have a recruitment end date or recruitment targets.
 - We aim to recruit as many patients as possible for as long as possible. We voluntarily renew our ethics every five years next renewal due in 2030.

Rare Renal website



- Information portal for patients (via Kidney Care UK) and clinicians
- Research
- Metadata
- Glossary
- Newsletters
- Events
- Recruitment Resources

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

RaDaR Study documentation for staff



- RaDaR Principal Investigator (PI) and lead RaDaR staff at your site
- Database users need to send CV, GCP training certificate, signed delegation log and confirm training materials read.
- Protocol & Recruitment Guidelines
 - <u>Table and flow chart</u> on the website to help choose the right documents
 - E-consent does not link to Radar. Adult is someone aged 16 or over.
- Site file screening, enrolment, consent forms
- Study roles

Identification

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



Choose correct consent form / patient retention



Data completeness at recruitment / enrichment

Data Quality Overview



- Training materials: https://ukkidney.org/rare-renal/recruitment
- Data is valuable for rare disease patients; better data research becomes more powerful!
- Patients are recruited each month with <mark>no</mark> data feed, no pathology report and no email. Please make your site 100% complete
- 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



Radar Screens



Cohorts

Hospitals

Patients

Users

News

Stats ▼

Admin **▼**

Patients 35957 patients

Recruit Patient

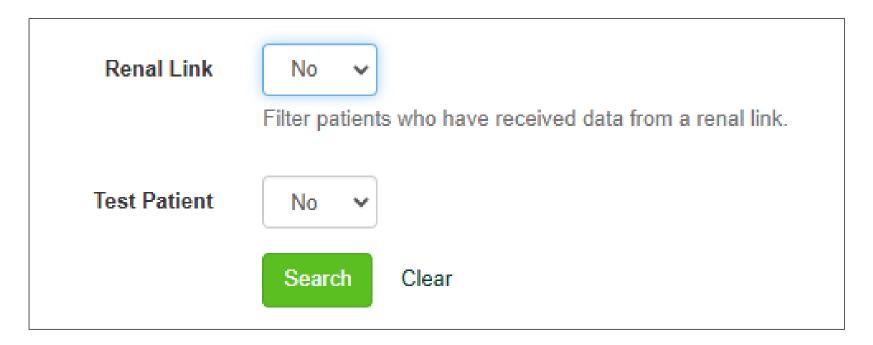
Show Demographics

<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
39767	<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
<u>39765</u>	<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
<u>39762</u>	<u>Hidden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	Tubulopathy
<u>39761</u> %	<u>idden</u>	<u>Hidden</u>		Female	Hidden	11/02/2025	11/02/2025	CAKUT
<u>39700</u> %	<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

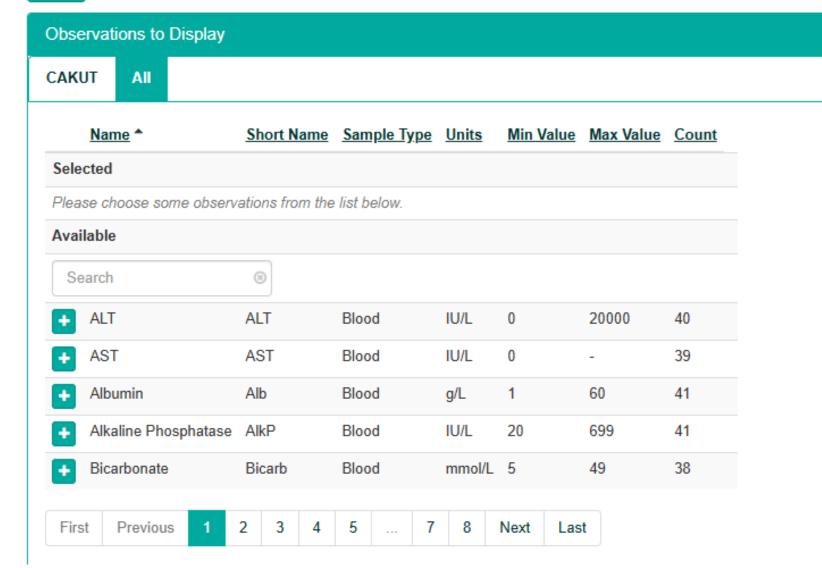






Lab Results, Observations







	Creatinine			Creat	Creatinine Blood			μn	μmol/L		250(
• [Diastolic Blood	Press	sure	BPdia	9	0	bserv	ation	mı	mHg	20	199
₽ E	estimated GFR	8		eGFF	?	В	lood		ml	/min/1.73	Bm² 1	150
+ F	erritin			Ferr		В	lood		μg	/L = ng/n	nl 1	8000
₽ F	olate - Serum			Folat	е	В	lood		ug	/L	1	25
First	Previous	1	2	3	4	5	6	7	8	Next	Last	
	1.00000		_	Ĭ	•	,			_	HOAL	Luot	

Ⅲ Table

✓ Graphs

New

<u>Date</u> ▼	Creatinine (µmol/L)	<u>Data Source</u>	
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)	<u>123</u>		(UKRDC)
06/12/2024 10:12:00 (UTC)	<u>134</u>		(UKRDC)



Cohort templates

Lab Results, Observations



List View							
CAKUT All							
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				

Recruit patient on demo system



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

Thank You!