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Authors reply

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We agree with Drs. Slater and Parshuram (1) that consistency in the application of any organ injury scoring system is necessary to allow for meaningful comparisons across clinical trials. However, any organ injury scoring system that is based on clinical parameters is likely inherently flawed. In the case of acute kidney injury, as Drs. Slater and Parshuram note, there is no “gold standard” to define AKI and the AKI community still relies primarily on changes in serum creatinine measurements despite all of the limitations of this “biomarker”. We hope that in the future, a new “gold standard” for AKI will be developed that will include the use of biomarkers that are directly related to pathophysiologic changes in the kidney during AKI. We believe such a new AKI definition will then show clear links to both short and long term outcomes.

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Cited

1. Slater MB, Parshuram BS. Acute kidney injury scoring systems: from over 30 to 4 (or 1)? *Pediatr Crit Care Med.* 2017 in press.

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