

SIGNIFICANCE STATEMENT

AKI occurs commonly after cardiac surgery, and it is associated with adverse outcomes, including mortality, and subsequent CKD. There is no accepted drug treatment to either prevent or ameliorate the course of AKI after cardiac surgery. We performed a randomized clinical trial to assess the effects of THR-184, a bone morphogenetic protein-7 agonist, on AKI. We found that administration of peri-operative THR-184 through a range of dose exposures failed to reduce the incidence, severity, or duration of AKI in patients with high-risk cardiac surgery. The lack of observed clinical benefit is similar to that in other recently completed randomized clinical trials. There remains a pressing need to develop safe and effective therapies to prevent AKI.