

Resource Summary Report

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Drug-Induced Liver Injury Network

RRID:SCR_001524

Type: Tool

Proper Citation

Drug-Induced Liver Injury Network (RRID:SCR_001524)

Resource Information

URL: <https://www.clinicaltrials.gov/study/NCT00360646>

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Description: Prospective and retrospective registry of well-characterized cases of drug-induced liver disease. The goals of Network include the development of standardized procedures to identify and fully characterize bona fide cases of drug- and complementary and alternative medicines (CAM)-induced liver injury, and to conduct controlled, clinical studies that will include extensive collection of data, serum, DNA, and tissue specimens. Cases of liver injury due to herbal medications are also included. The network will also develop terminology and standardized definitions for DILI, and to develop causality assessment instruments that are sensitive, specific, and reproducible. DILIN is funded by a cooperative agreement and includes five clinical centers and a central data coordinating center. The research goals of DILIN are to: * Create a registry of carefully documented DILI cases * Identify clinical, immunological, and environmental risk factors for drug- and CAM-mediated hepatotoxicity * Create a bank of biological specimens consisting of DNA, plasma, and immortalized lymphocytes to facilitate detailed genetic analyses * Characterize the natural history of drug- and CAM-induced DILI for at least six months following enrollment * Develop the capability to recontact these individuals over an extended period of time so that additional studies exploring DILI mechanisms can be performed Two studies are being initiated by the network. In the Retrospective Study, the implicated drugs are restricted to isoniazid, phenytoin, combination clavulanic acid/amoxicillin, and valproic acid (Depakote), Nitrofurantoin, Trimethoprim-sulfamethoxazole, Minocycline, and Quinolone antibiotics. These drugs were chosen because they are frequently administered to patients not receiving other hepatotoxic drugs, making it easier to establish causality. Patients must be alive, and the date of onset of the DILI episode must be on or after January 1, 1994. In the Prospective Study, all incident cases of drug- and CAM-induced liver injury are being considered. Initial presentation to a healthcare professional must be within the previous six months. A detailed medication history of the implicated DILI drug together with all prescription, OTC, and herbal medications is being recorded. Liver and serological tests are being performed to characterize the injury and to exclude competing causes of liver injury. A blood sample

is also being drawn for plasma storage and DNA isolation. These cases will be followed longitudinally to characterize the long-term effects of the DILI episode. For both studies, documented, clinically significant DILI must be recorded in the patient's medical charts so that a causal determination can be made. Patients will be excluded if they are unwilling or unable to provide a blood sample or participate in the genetics component. Children under two years of age at the time of enrollment are excluded due to blood-volume requirements. If you have patients who are eligible to participate in either study, please contact one of the DILIN clinical sites. As a general policy, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites investigator-initiated research project applications for ancillary studies to ongoing, large-scale clinical trials, epidemiological studies, and disease databases supported by the Institute. These studies are focused on a wide range of diseases and conditions including diabetes, obesity, acute and chronic liver disease, chronic kidney disease, and benign prostatic hyperplasia, among others.

Abbreviations: DILIN

Resource Type: biomaterial supply resource, material resource

Keywords: prescription drug, over-the-counter drug, alternative medicine, herbal product, supplement, serum, dna, tissue, blood, immortalized lymphocyte, drug, medication, quinolone antibiotic, isoniazid, phenytoin, clavulanic acid, amoxicillin, valproic acid, depakote, nitrofurantoin, trimethoprim-sulfamethoxazole, minocycline, diagnosis, hepatotoxicity, risk factor, genetic analysis

Related Condition: Liver injury, Hepatic injury, Drug-induced liver disease

Funding: NIDDK

Availability: Qualified investigators, Account required

Resource Name: Drug-Induced Liver Injury Network

Resource ID: SCR_001524

Alternate IDs: nlx_152822

Alternate URLs: <https://diln.dcri.duke.edu/>

Record Creation Time: 20220129T080208+0000

Record Last Update: 20260801T191036+0000

Ratings and Alerts

No rating or validation information has been found for Drug-Induced Liver Injury Network .

No alerts have been found for Drug-Induced Liver Injury Network .

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 5 mentions in open access literature.

Listed below are recent publications. The full list is available at [PRECISE-TBI](#) .

Chalasani N, et al. (2022) Clinical characteristics of antiepileptic-induced liver injury in patients from the DILIN prospective study. *Journal of hepatology*, 76(4), 832.

Usachov V, et al. (2015) Prevalence of genetic variants of keratins 8 and 18 in patients with drug-induced liver injury. *BMC medicine*, 13, 196.

Patel DN, et al. (2015) Hepatotoxic potential of asarones: in vitro evaluation of hepatotoxicity and quantitative determination in herbal products. *Frontiers in pharmacology*, 6, 25.

Regev A, et al. (2014) Causality assessment for suspected DILI during clinical phases of drug development. *Drug safety*, 37 Suppl 1(Suppl 1), S47.

Baylis SA, et al. (2013) World Health Organization International Standard to harmonize assays for detection of hepatitis E virus RNA. *Emerging infectious diseases*, 19(5), 729.