52ND ERA-EDTA CONGRESS, LONDON 2015:
An Exciting Prospect for Clinicians and Scientists

From Ziad A Massy,
Chair of the Scientific Committee

Dear Colleagues and Friends,

In collaboration with the UK Renal Association and other international Associations, the ERA-EDTA Scientific Committee has prepared a disease-oriented thematic organization of the program including the most recent advances across a range of different areas. The scientific program will cover the main clinical areas of interest for practising nephrologists, as well as featuring cutting-edge scientific discoveries. Throughout the Congress, special thought and attention has been paid to two scientific themes: 1) CKD-RRT and 2) Aging and the kidney.

Exceptional speakers will give the plenary lectures;

• **Longevity and metabolism.**
  J. Auwerx (Switzerland)

• **Transplantation: the past, present and future.**
  M. Sayegh (Lebanon/USA)

• **Stem cells and pluripotency: mechanisms of reprogramming and gene targeting in ES cells and mice.**
  G. Daley (USA)

Moreover, 190 speakers, 55 symposia and 32 mini-lectures will cover the most recent advances in nephrology, and will include: integrating basic science within the clinical context; looking at new risk factors; early biomarkers and new therapeutic perspectives. The scientific programme has been meticulously prepared and organised by the Scientific Committee. As ever, it will allow for major coverage of the main clinical areas of interest for practising nephrologists, as well as featuring cutting-edge scientific discoveries.

There will be a major CME programme, one of the jewels in the crown of ERA-EDTA Congresses, and within it, there will be many presentations from the ERA-EDTA working groups. As always, the “late breaking clinical trials” session promises to be exciting and stimulating. The Young Nephrologists’ Platform will also be evident with a presence at the Congress. And, in collaboration with The Lancet, two sessions will highlight articles selected for their outstanding qualities and published by the Lancet at the time of the meeting.

The Congress will be held in the ExCeL Congress Centre in the East of London, not far from London City Airport, the Olympic Site and Canary Wharf.

Looking forward to seeing you at the 52nd Congress of the ERA-EDTA in London in May 2015!
Follow us (FU): What is the history of the collaboration between The Lancet and ERA-EDTA?

DF: The collaboration started in 2013 when The Lancet contacted Prof. Ray Vanholder, then President of ERA-EDTA, in order to stimulate nephrologists and renal workers to write papers on renal diseases and renal treatments. The objective was to have a special ‘renal’ Lancet issue to be released at the time of the annual ERA-EDTA Congress. The first wave of papers brought 80 letters of intent, from some of which The Lancet called for original papers. As research bodies, the seven ERA-EDTA Working Groups were also asked to submit one manuscript each and, after internal review, three proposals were sent to The Lancet. It is of note that after the ERA-EDTA proposals, it was solely the Lancet Editorial board that decided which article would be called for the full paper and peer-review process. In the end, The Lancet and its sister journal, The Lancet Diabetes & Endocrinology, published eight renal articles in May 2014: 2 randomised controlled trials and 6 renal reviews.

FU: What other initiatives do we have with The Lancet?

DF: The collaboration also includes a special selection of late breaking clinical trials and epidemiology studies from the late breaking (LB) abstracts call. The LB call is a special call, as close as possible to the annual ERA-EDTA Congress, in order to allow researchers to present their most recent data: it usually takes place in March with a fast-track review process. The Lancet then specifically chooses some abstracts to be presented in two Lancet dedicated oral communication sessions. This was done for the first time during the ERA-EDTA Amsterdam congress (see Figure 1), and will happen again in the next London meeting (May 28-31, 2015). In 2013, these sessions attracted more than 300-400 attendees each.

FU: What are the plans for the Lancet collaboration in the coming years?

DF: We are in the process of analysing the 2014 Lancet-ERA-EDTA call, which had a September 30 deadline. It was an open call for papers which asked for the following information: why the topic is relevant to renal disease and renal patients, how it can change practice and how it would be applicable worldwide. Epidemiological studies and clinical trials should have large numbers of patients, and be prospective. Interventions should be randomised. The results of this call brought an astonishing number of 95 letters of intent, from all over the world. After a pre-selection made on the above criteria, The Lancet will decide which papers will be called for submission. The peer-review process will occur during the winter so that publications will be done concomitantly with the ERA-EDTA Congress in London in 2015. We hope that this collaboration will continue for many years to come.

FU: Professor Fouque, what is your overall conclusion about this ERA-EDTA and The Lancet initiative?

DF: Thanks to Ray Vanholder who started this project, I think this is a great success for both the renal community and The Lancet. Due to the high visibility of The Lancet, it attracts some of the best research in the renal field. This collaboration may raise the quality of renal studies worldwide, and accelerate the process of dissemination and implementation of renal discoveries due to the high level of citation and the special press release during the annual ERA-EDTA congress. Consequently, research data will become more rapidly available to doctors and patients.
News from the ERA-EDTA CME Committee

From Prof. Jorge B. Cannata Andia, Chair of the ERA-EDTA Committee for CME activities

The ERA-EDTA regularly supports and organizes Continuing Medical Education (CME) activities. Before 2002, the ERA-EDTA organized 3 to 4 CME courses per year, mainly in Eastern Europe. Prof. Rosanna Coppo was in charge of these CME activities and progressively increased the number of CME courses to 24 per year in 2009. At that time, the ERA-EDTA Council decided to appoint an ERA-EDTA Committee for CME activities, which was chaired until 2013 by Prof. Goce Spasovsky. In that year, 32 ERA-EDTA CME Courses were organized in 16 countries in Europe and the Mediterranean.

With the increasing number of ERA-EDTA committees, working groups, endorsed working groups and new platforms, and the reduction of industry educational help because of the economic crisis, more than 40 applications for ERA-EDTA supported CME courses were forecast for 2014. As a result, the ERA-EDTA Council decided to review the CME regulations and modify them to apply, partly in 2014, and fully from 2015.

The changes are related mainly to the classification of ERA-EDTA CME supported courses into 3 types (A, B, C), but also to altering the deadlines for applications, which means they will be distributed throughout the year instead of concentrating them in September, as it has been the case up to now. In addition, the objective for all the ERA-EDTA CME supported courses to have UEMS (European Union of Medical Specialties) accreditation will guarantee the quality of these educational activities. The details of these new regulations and the deadlines for each type of CME course have been already published in detail on the ERA-EDTA website (www.era-edta.org/CME_Regulations.pdf) and in a summarized version on the CME application form (www.era-edta.org/cme/index.pdf). For Course Type A (generated by ERA-EDTA bodies), the funds to organise the CME course will come from the budget assigned to the respective bodies. Course type B, for countries with a growth domestic product (GDP) per capita per year lower than US $10,000, will receive additional help for the course and for travel grants. Course Type C is a special category, for example for courses proposed by the ERA-EDTA Council. Other important new changes are to increase ERA-EDTA visibility in the courses supported by the Society, and to ensure pre- and post-CME course evaluations, in which the CME speakers and the CME attendees score the course content and organisation. If UEMS accreditation is granted for any course, ERA-EDTA will pay the costs.

With regard to the interaction and cooperation with other bodies, ERA-EDTA will partner the Renal Section and Board of the UEMS in a new project, the ‘European Diploma in Nephrology’, the first sitting of which is planned for 2016.
WGIKD – Three Years On

From Olivier Devuyst and Francesco Emma, on behalf of the WGIKD Board

Three years ago, the ERA-EDTA Council approved the creation of the working group dedicated to inherited kidney disorders (WGIKD), whose activities started officially in January 2012. It is now time to pause and look back at the main achievements of the WGIKD, which now has more than 300 members from 50 countries.

The main objectives of the WGIKD were to encourage research on inherited diseases affecting the kidney, including the need for epidemiology data and registries; to facilitate the dissemination of knowledge; and to organize specific meetings, in conjunction with the annual ERA-EDTA Congress and on specific occasions. During these first three years, WGIKD had the opportunity to organize the following activities in line with these founding principles:

1. Educational meetings: We held annual symposia during the ERA-EDTA Congresses in Paris (2012), Istanbul (2013) and Amsterdam (2014), which addressed a variety of topics on inherited kidney disorders and population genetics. In collaboration with dynamic local organizers, we organized interactive CME programs in Zurich (2012), Oxford (2013) and Nijmegen (2014), which focussed on popular topics such as polycystic kidney disease or tubular disorders. We also developed a LinkedIn group and a website (www.era-edta.org/wgikd/ERA-EDTA_working_group_on_Inherited_kidney_disorders.htm).

2. Collaborations: The WGIKD is at the interface of adult and pediatric nephrology and genetics, and covers an area that is appealing to both basic and clinical investigators. This multidisciplinary approach is reflected by the composition of the Board and by our partnership with many scientific societies (e.g. FASEB, European Society of Pediatric Nephrology, Chinese Society of Nephrology) and European networks (EUNEFRON, TranCYST, EURenOmics). These collaborations have been brought about by our support of joint sessions during meetings or by participation in research projects on inherited kidney diseases.

3. Research – Impulsion grants: Since 2012, the WGIKD has launched a program of Impulsion Grants, 6 of which have been funded. The projects include clinical and genetic investigations (e.g. blood pressure control in children with ADPKD, genetics of CKD in Cyprus, identification of new magnesiotropic genes), more fundamental projects (microRNAs in ADPKD, endocytic trafficking in Dent disease) and translational projects (acetazolamide as a treatment for nephrogenic diabetes insipidus). The WGIKD has been involved in the initiation of EUROCYST, the first European ADPKD cohort (an ERA-EDTA-funded research project). The WGIKD is also involved in a collaboration to establish a new ontology system for inherited kidney disorders (EUReNomics).

4. Advocacy for inherited kidney diseases: The WGIKD interacts with patient organizations and has been actively promoting the agenda of inherited kidney disease through press conferences and statements, presentations at national societies and during the World Kidney Day or Rare Disease Day events, and in partnership with the European Kidney Health Alliance.

5. Publications: The WGIKD has produced a number of important publications in NDT and in The Lancet. An NDT Special Issue on Inherited Kidney Disorders was published in 09/2014.


Congratulations to Eva Gravesen

Winner of the ERA-EDTA National Society of Nephrology Grant for Denmark 2014

From Bengt Jespersen, Danish Society of Nephrology

The ERA-EDTA National Society of Nephrology Grant of three years’ free membership of ERA-EDTA and one free registration for the ERA-EDTA Annual Congress is awarded by participating national societies to the best abstract presented at their annual congress. At the Danish Society of Nephrology’s annual meeting, 2-3 May 2014, this award was given to Eva Gravesen, Ph.D, a student at Rigshospitalet and the University of Copenhagen, for the presentation of her research ‘An experimental model on uremic vascular calcification’. Eva Gravesen has been involved in experimental and clinical research within nephrology for the last four years and is the author of several peer-reviewed publications. Her research examines the possible reversibility of uremic vasculopathy after isogenic kidney transplantation. This transformation is due to highly regulated cell-mediated processes with several promoters and inhibitors and her study investigated factors involved in inhibiting progression or even reversing established vascular calcification.
The ERA-EDTA now has many ways to connect with its members, and also more widely, as we continue to embrace all the relevant communications media. Our main website (www.era-edta.org) attracts an average of about 13,000 visits per month with activity peaking at over 22,000 visits around the time of annual Congress. The most visited section is ‘Congresses and Meetings’ but sections concerned with education and research, guidelines, the Registry and other activities of our society also attract significant attention. The Congress website (for this year: www.era-edta2015.org) is also very successful, with the website for the Amsterdam 2014 Congress having over 35,000 visits in May 2014, the month of the Congress. Both websites are visited from all over the world with Japan and India being the leading non-European countries. In addition, the NDT-Educational website (www.ndt-educational.org) has over 24,000 users - interestingly, the USA tops this table with almost 3,500 users. The NDT-Educational eTOC (email Table of Contents) is sent to 11,000 recipients every two weeks.

The web sites of the ERA-EDTA Registry (www.era-edta-reg.org) and of European Renal Best Practice (ERBP, www.european-renal-best-practice.org), the ERA-EDTA body which produces evidence-based clinical practice guidelines, are updated frequently. They are both very valuable sources of information and guidance for nephrologists throughout the world and have a high reputation for accuracy and quality.

Our presence on social media is growing rapidly, and our Facebook, Twitter, Google+, and LinkedIn links are updated every weekday with information about educational activities (eg courses, Fellowships), congresses, research, ERA-EDTA Journals, institutional news (eg new officers, new council members, council elections), and new surveys or blog posts. At the last count, we had 953 ‘Likes’ for the ERA-EDTA page on Facebook and 408 Followers on Twitter. The total number of posts published on social media is now over 900. We also have an active presence on Youtube and Vimeo with videos about ERA-EDTA (‘10 things to know about ERA-EDTA’, ‘Small daily actions’, videos about the ERA-EDTA Registry and Working Groups) and about the ERA-EDTA Congress. Also on Vimeo is the excellent video series entitled ‘Pioneers of Nephrology’.

Of course, we should not forget our print journals, NDT and CKJ, which have a circulation of over 5000 every month (including print and online), and a growing scientific reputation. This newsletter, Follow Us, is published four times a year and distributed with NDT and CKJ, as well as at endorsed meetings, courses and congresses and online, and Follow Us Flash is emailed every two weeks to over 33,000 recipients.

ERA-EDTA is very keen to expand our communications yet further and reach out even more to nephrologists (both members and non-members) all over the world, and to other healthcare professionals and members of the public. Please connect on whichever media suit you best – your contributions are always welcome!

New ‘Strapline’ for ERA-EDTA

The ERA-EDTA is committed to retaining the current logo, which is an elegant symbol for our Association. However, the Council believes it would improve understanding to include a ‘strapline’ (a phrase or caption) with the logo on some of our promotional material, and ‘Leading European Nephrology’ has been chosen as an appropriate summary of the ERA-EDTA’s overall role.

We hope you like it!
The Role of the IAHN in the Current Renal World
From Athanasios Diamandopoulos, Biagio Di Iorio, Guido Bellinghieri Vincenzo Savica and Boleslaw Rutkowski

If you search the web for the term ‘IAHN’, you may come across the ‘International Association of Hostage Negotiators’ or ‘What Does Iahn Mean?’ (the name iahn is of English origin and is a variant of John). In this first historical article for Follow Us, we present the more relevant meaning of IAHN as the acronym for the International Association for the History of Nephrology (www.iahn.info), which was founded in 1994 by a group of nephrologists with the purposes of promoting, stimulating and encouraging research, study, interest and writing about the history of medicine as it pertains to the kidney and urinary tract. We consider the history of nephrology to be a “prologue”, or “a prophecy in the past”, and believe that IAHN has the task of collecting and analyzing the contributions which allowed the development of the critical mass of knowledge needed to shape nephrology as a discipline.

The Nobel Laureate for Literature, Eugenio Montale, in the poem The History, says that “History does not justify, and does not blame as well”, though, in the ultimate analysis, history is both a policeman and a judge: a policeman since it looks for new documents (proofs) and a judge since it also evaluates them. Medical humanism, which originated between the 15th century and 17th centuries, was the ripe fruit of the interaction between medicine and history. The term historia began again to be understood and acquired a range of applications in its original Greek sense of narrating the results of an inquiry, that is, a report on research; thus, history acquired a new status. The interplay between medicine and history was inevitable since both disciplines, as Niccolò Machiavelli wrote in the Discourses on Liey (1531), were rooted in the experience of the past which was used to solve problems of the present [a tenet which is in contrast with our present understanding of history]. In fact, he said that both medicine and history were based on narratives, and medicine ultimately appeared as a series of experiments of the past used by contemporary physicians to diagnose and treat the diseases of their patients. This was typical of the age of Cardano, Vesalius, Mercuriale and Harvey, which prepared the way for the introduction of measurements into medicine by Santorius, as foreseen by Galen.

Paraphrasing what was said about Homer and his readers, we may say: “Everyone passed and was hosted in the History of Nephrology’s hospitable tent. Some of them left very happy, taking with them a valuable gift from its proceedings which they would use later in all their lives, copying it into their own works. Others were so attracted that they never left its side, staying in its tent, and becoming permanent pupils, servants and translators of it” (7).

We hope that the readers of Follow Us want to belong at least in the first happy group!

For more information about the IAHN, please visit: www.iahn.info

From left to right: Jonathan Fox, Janusz Ostrowski, Boleslaw Rutkowski, Andrzej Wiecek, Markus Ketteler, Raymond Vanholder, Athanasios Diamandopoulos, Vincenzo Savica

Clinical Kidney Journal (CKJ) becomes an Open Access Journal in 2015!

We are very excited to announce that as of January 2015 Clinical Kidney Journal (CKJ) will be a fully open access journal. Papers that are accepted from 20th October 2014 onwards will be published as open access articles and in 2015 there will be no charge to authors for open access publication, with the exception of authors who must publish under a CC-BY licence in order to comply with funding body mandates. Find out more about the journal at: http://ckj.oxfordjournals.org