

# NEWS

# ISN

ISN NEWS 33 May 2010

## WORLD KIDNEY DAY 2010 - WHAT DID YOU DO THIS YEAR?



### INSIDE THIS ISSUE

- 03** **News in Brief**  
Read the latest on ISN activities
- 04** **World Kidney Day 2010**  
Great stories reveal worldwide efforts to combat kidney disease
- 07** **Dr. Lei-Shi Li**  
Remembering China's pioneer in kidney research and therapy
- 08** **Profile ISN Fellow**  
Meet Esmeralda Bordador from the Philippines
- 09** **Kidney Health in Disadvantaged Populations**  
The ISN CKHDP Committee is responding to their specific needs
- 11** **Sister Renal Centers Program**  
New SRC Program Chair Paul Harden talks shop
- 12** **Focus on India**  
Preventative strategies for helping young kidney patients
- 14** **Safer Organ Transplants**  
Find out about ISN and the Istanbul Declaration



Advancing Nephrology around the World Celebrating 50 Years

This issue has been realized thanks to an educational grant by:



**Executive Committee**

Bernardo Rodriguez-Iturbe (Venezuela) - President  
 Eberhard Ritz (Germany) - Past President  
 John Feehally (United Kingdom) - President Elect  
 Adeera Levin (Canada) - Secretary General  
 Victor Schuster (USA) - Treasurer  
 William Mitch (USA) - Publications Committee Chair  
 Richard Johnson (USA) - Council Representative  
 Philip Li (Hong Kong, China) - Council Representative  
 William Couser (USA) - Presidential appointee  
 Giuseppe Remuzzi (Italy) - Presidential appointee

**Council**

**Africa**

Saraladevi Naicker (South Africa)  
 Maher Fouad Ramzy (Egypt)

**Asia/Pacific**

Georgi Abraham (India)  
 Gavin Becker (Australia)  
 Peter Kerr (Australia)  
 Suhngwon Kim (Republic of Korea)  
 Philip Li (Hong Kong, China)  
 Toshio Miyata (Japan)  
 Rezvi Sheriff (Sri Lanka)  
 Chih-Wei Yang (Taiwan)

**Europe**

Jorge Canata-Andia (Spain)  
 Dick de Zeeuw (The Netherlands)  
 Kai-Uwe Eckardt (Germany)  
 Meguid El Nahas (UK)  
 Laszlo Rosivall (Hungary)  
 Kamil Sercengoz (Turkey)  
 Peter Stenvinkel (Sweden)

**Latin America**

Ana Cusumano (Argentina)  
 Juan Fernández-Cean (Uruguay)  
 Martha Franco (Mexico)  
 Sergio A. Mezzano (Chile)

**Middle East**

Riyad Said (Jordan)

**North America**

Roland Blantz (USA)  
 Allison Eddy (USA)  
 Agnes Fogo (USA)  
 Richard Johnson (USA)  
 Adeera Levin (Canada)  
 Nathan Levin (USA)  
 Marcello Tonelli (Canada)

**ISN Committee Chairs**

Acute Kidney Injury Committee - Ravindra Mehta (USA)  
 Clinical Practice Guidelines Committee - Gavin Becker (Australia)  
 Dialysis Committee - Nathan Levin (USA), Fredric Finkelstein (USA)  
 Forefronts Committee - Kai-Uwe Eckardt (Germany)  
 History of Nephrology Committee - Leon Fine (USA)  
 Interventional Nephrology Committee - Miguel Rieila (Brazil)  
 Nexus Committee - Kumar Sharma (USA)  
 Nominating Committee - Rashad Barsoum (Egypt)  
 Publications Committee - William Mitch (USA)  
 Renal Disaster Relief Task Force - Raymond Vanholder (Belgium)  
 Renal Pathology Advisory Committee - Agnes Fogo (USA)  
 Young Nephrologists Committee - Fiona Brown (Australia)

**ISN COMGAN Committee Chairs**

COMGAN Core Committee - William Couser (USA)  
 CME Program - Norbert Lameire (Belgium)  
 Education Advisory Committee - Saraladevi Naicker (South Africa)  
 Fellowship Committee - David Harris (Australia)  
 Kidney Health in Disadvantaged Populations Committee - Guillermo Garcia Garcia (Mexico)  
 Research and Prevention Committee - Giuseppe Remuzzi (Italy)  
 Sister Renal Center Program Committee - Paul Harden (UK)

**ISN COMGAN Regional Committees**

Africa Committee - Omar Abboud (Sudan)  
 East Asia Committee - HaiYan Wang (China)  
 Eastern and Central Europe Committee - Adrian Covic (Romania)  
 Latin America Committee - Pablo Massari (Argentina)  
 Middle East Committee - Riyad Said (Jordan)  
 Oceania & South-East Asia Committee - David Harris (Australia)  
 Russia and CIS Committee - Konstantin Gurevich (Russia)  
 South Asia Committee - Georgi Abraham (India)

# EDITORIAL

**This edition of ISN News highlights the benefits of a global approach to raising awareness about kidney disease.**

World Kidney Day is now entrenched internationally as a day to focus on the early detection of kidney disease, with the aim of reversing the tide of kidney failure that all nations are experiencing. By partnering with our colleagues who care for patients with diabetes mellitus, it is clear that inroads are being made both into community awareness and national health agendas. Congratulations to all involved in making March 11, 2010 a key date in the kidney calendar.

The broader results of global partnering are exemplified by the success of the ISN Fellowship Program as demonstrated by the experience of Dr Bordador, highlighted in this ISN News. It is remarkable that 80% of ISN Fellows have not only personally benefited from the program, but also returned to their home nations to ultimately improve the standard of care for patients with kidney disease. Clearly the Fellowship Program is attracting future leaders in nephrology. The bar is now set very high for ISN Fellows and all should be charged with promoting the mission of the ISN, namely to advance the diagnosis, treatment and prevention of kidney disease worldwide.

The Sister Renal Centers Program has been through an evolutionary process and under the leadership of Dr Harden has been further refined to build on factors that are recognized to be crucial to the success of Sister Centers. These include the integration of the broader COMGAN initiatives into the Sister Centers 'experience'.

The ISN celebrates its 50th anniversary this June in Geneva, where it was initially founded. Looking at the scientific program for the meeting that was to mark the genesis of the ISN, and the content of the World Congress of Nephrology meeting in Vancouver next year, it is clear that nephrology has come a long way in a short time. More on the World Congress will follow in later editions.

I hope you enjoy reading this issue of ISN News.

Professor Carol Pollock



**ISN News**

Published by ISN  
 Editor: Carol Pollock  
 Staff Writer: Sally Horspool

*The contents of this publication are compiled in good faith. The publisher accepts no responsibility for omissions or errors.*

Design www.landmarks.be

**Global Operations Center**

Rue du Luxembourg 22-24  
 B-1000 Brussels, Belgium  
 Tel: +32 2 213 13 67  
 Fax: +32 2 213 13 63

**Americas Operations Center**

12100 Sunset Hills Rd., Suite 130  
 Reston, VA 20190, United States  
 Tel: +1 703 234 41 11  
 Fax: +1 703 435 43 90

# ISN news in brief

## A successful CME site visit to Africa

February saw an ISN delegation head to Africa to make several site visits and give Continuous Medical Education (CME) courses across Ethiopia and Cameroon.

A lack of resources for renal replacement therapy and the ongoing "brain drain" of physicians means kidney care is underdeveloped in these regions. A very encouraging aspect of this trip was seeing leaders in nephrology emerge from the ISN Fellowship Program.

"We can now point to new clinical renal programs directed by former ISN fellows that were not there 5 years ago. This really documents the value of what we (and our predecessors) have done in Africa and other emerging nations," says William Couser, Chair of COMGAN.

ISN delegates met with some 200 physicians and provided current management approaches to common renal problems that were suited to their regions and resources. Physicians who attended the CMEs have already generated strong interest in applying for ISN training opportunities.

The trip was also a chance to meet with Ministers of Health in these regions, and to encourage the support both countries have already given to early detection and prevention programs for kidney disease.

"Visiting Ethiopia and Cameroon successfully revealed much progress over the past few years as far as knowledge, skills and patient care are concerned. There was mention of a shortage of library access to medical and nephrological literature, particularly in Cameroon. To which ISN responded with support," adds Dr. Norbert Lameire, CME Program Chair.



Cameroon



Ethiopia



Cameroon



Email: info@isn-online.org URL: www.isn-online.org

# World Kidney Day 2010: mission accomplished, once again. This year more than ever, World Kidney Day (WKD) activities have revealed a tremendous creative response from societies, foundations, local organizations and medical communities around the globe.

Protect your Kidneys, Control Diabetes, was the theme of this year's campaign calling on doctors and specialists to raise awareness about our kidney health, encourage more regular screenings and highlight the role diabetes and high blood pressure play in causing CKD.

Above all, WKD set out to educate all medical professionals about how they contribute to detecting and reducing the risk of CKD, particularly in high-risk populations. The campaign stressed the vital role of local and national health authorities in controlling the CKD epidemic and also encouraged governments to invest further in kidney screening.

Hundreds of events took place worldwide and effectively attracted attention from people of all walks of life. There was no lack of creativity either. Walkathons, competitions, sport and art activities were just some of the successful ways to draw the crowds and let them know how to protect their kidneys.

## Raising public awareness

The street was where most of the action took place. Whatever the event, there was no excuse for not supporting the cause. Public awareness events in cities across the world were high with strong support from governments in Nepal, India, Bangladesh, Kenya and Nigeria among others.

The Kidney Awareness Monitoring & Prevention Society (KAMPS) in Bangladesh organized a rally. Actress and Member of Parliament Tarana Halim joined KAMPS members and students for this colorful activity. A kidney education truck also helped distribute leaflets to the general public.

In Romania, some 250 people braved the low temperatures wearing WKD T-shirts and carrying banners and flags for a walkathon through the city of Craiova. A tent was also set up to provide information on the risk factors of kidney disease and carry out screening tests.

Other walks were organized by American charity KidneyWise along the Pacific Ocean in Santa Monica, California. Olympic marathon runner Sou Shigeru took part in the Tokyo walkathon.

In Iran, a man who underwent a kidney transplant 10 years ago, led a symbolic 450 kilometer cycle race. Starting at Labbafinejad Hospital in Tehran where he received his transplant, he rode to Imam-Khomeini Hospital where he spoke at a WKD seminar, before finally heading to Khorshid Hospital in Isfahan. The event was a successful collaboration between the Iranian Society of Nephrology and the Charity Association of Kidney Disease Patients.



Romania



Nepal



Bangladesh



India



South America

Still sport related but this time Down Under. Matthew Brabham, grandson of Australia's most famous racing car legend Sir Jack Brabham, joined Kidney Health Australia to officially launch celebrations in Melbourne. Accompanied by his father Geoff Brabham, he launched the 2010 campaign with the roar of his Formula One Ford. Fifty red balloons were released to signify the number of people who die each day from kidney disease in Australia. A booklet was also published to warn people about the effects of the illness.

To increase public awareness, several activities took place in hospitals around the globe. The Nephrology Society of Thailand was very active in providing material to hand out in hospitals in rural areas. It also helped organize seminars, talks and expert video presentations on the importance of kidney health. Visitors could find out about the importance of nutrition and opting for food that is healthy for your kidneys.



Ghana

United Kingdom



Australia

### Early screening is key

Free screening tests also played an important part in the success of this campaign. For instance, in Wales there was no excuse. Members of the public could be screened before starting their weekly shop at a supermarket in Pontardawe. A medical camp in the remote village of Lamu in Kenya was set up to screen about a thousand people for blood pressure, urine and blood-sugar levels.

In Nigeria, 18 out of 20 general hospitals offered screening including the Teaching Hospital, the Federal Medical Center and the University of Agriculture Health Center in Abeokuta. These activities were coordinated by the World Diabetes Foundation and sponsored by a project team from Strategies for Improving Diabetes and Hypertension Care in Nigeria (SIDCAIN).

The National Kidney Foundation in Ghana set out to educate people on nutrition and organized a free medical screening to mark the day.

The Kidney Early Evaluation Program (KEEP) of Japan was just one of the many organisations and institutions holding public screening tests as well as the Bulgarian Kidney Association, the Ministry of Health in Malaysia and the Kidney Disease, Hypertension, Diabetes and Cardiovascular program in Nepal.

In New Zealand, three major festivals were held in Auckland and Wellington working with the local diabetes nurses to include blood glucose monitoring and provide information about diabetes and kidney disease. They successfully attracted a large audience including visitors from Maori and the Pacific Islands, one of the continent's high-risk groups.

WKD was also endorsed by well-known figures from sports and politics. World number one female golfer Lorena Ochoa communicated her support for the cause with an online video message. Federica Pellegrini, Italy's Olympic and world champion swimmer also emphasized the need for regular testing as one person out of 10 suffers from some kind of kidney disorder.

In France, President Nicolas Sarkozy lent his support to the cause and Health Minister Roselyne Bachelot opened a fundraising event and debate on kidney complications for patients with diabetes.



# Lei-Shi Li - a giant in international nephrology

**Dr. Lei-Shi Li passed away on March 16, 2010 at the age of 84. He was Chair of the Research Institute of Nephrology, Jinling Hospital, Nanjing University School of Medicine, China. A clinician, physician-scientist and educator, he was an important member of ISN. Full of humanity, energy, and ideas, his legacy of science, clinical care, leadership and education will remain testimony to his uniqueness.**

**D**r. Li was born in 1926 in Changsha City, Hunan Province, China. After he graduated from the National Zhong Zheng Medical College in 1949 in Nanjing, he interned from 1948 to 1949 at the National Central Hospital in Nanjing (currently called Jinling Hospital). Before dedicating himself to tropical medicine, he stayed at the National Central Hospital to receive three more years of resident training.

In 1978, he separated kidney disease from general medicine as a new clinical discipline, and founded the Research Institute of Nephrology at Jinling hospital, launching the era of modern nephrology in China. He was one of the founders of the Chinese Society of Nephrology (CSN) and Vice President of CSN (1980-1998). In 1994, he became the first academician of the Chinese Academy of Science and Engineering in the field of nephrology.

As a pioneer, he started a training program of nephrology at Jinling hospital. A key mentor, he edited the Primer on Kidney Disease in China, created a practical approach of percutaneous renal biopsy, published the diagnostic atlas of renal pathology, introduced peritoneal dialysis into clinical practice, and established hemodialysis under very difficult conditions. He integrated kidney transplantation into clinical renal practice, and performed kidney transplantations from 1993. He trained the first generation of nephrologists in China. Today, many trainees and fellows trained and inspired by Dr. Li have devoted themselves to renal practice and research in China and around the world.

Lei-Shi Li was the first to use the Chinese herb *Tripterygium wilfordii* to treat glomerular disease in the late 1970s. After that, many studies explored the potent immunosuppressive and anti-inflammatory properties of this drug, which is now used extensively to treat glomerulonephritis, lupus nephritis and organ transplantation. He introduced the use of rhabarb to treat chronic renal failure and diabetic nephropathy, Mycophenolate mofetil (MMF) for the therapy of lupus nephritis, as well as innovative multiple-target therapy for patients with lupus nephritis. Moreover, he developed the technique of continuous blood purification in China.

Honored six times with the China National Science and Technology Progress Award, he became one of the top 100 doctors in China, publishing over 700 papers and 13 books, including the major textbook of nephrology in Chinese. Since 1992, he was the founder and editor-in-chief of the Chinese Journal of Nephrology, Dialysis & Transplantation, which has become one of the leading nephrology journals in China.

Lei-Shi Li was not only central in developing nephrology as a modern clinical discipline in China, but also in uniting the Chinese nephrology community with the international renal world. He was one of the key founders of the Asian-Pacific Society of Nephrology, and the council member of the APSN (1985-1990). He was the first Chinese Council in the International Society of Nephrology (1990-1997), and an honorary member of ISN.

For more than 10 years, he fostered a very active and successful ISN Sister Renal Center program with Dr. Lance Dworkin. The Research Institute of Nephrology at Jinling Hospital and the Division of Kidney Diseases and Hypertension at the Alpert Medical School of Brown University exchanged faculty, trained a large number of clinicians and physician scientists. They jointly hosted international conferences and conducted collaborative clinical and bench research. To recognize his important contribution to developing academic medicine at Brown, Lei-Shi Li was appointed Adjunct Professor of Medicine at the University. Since 2003, he organized annual CME meetings entitled "Forefronts in Glomerular Disease-Nanjing Forum", endorsed by the ISN COMGAN programs.

As an organizing committee member of the international conference on continuous renal replacement therapies, and an Honorary Fellow of the Hong Kong College of Physicians, he transcended international boundaries and political disparities to bring China into the larger global community. He brought many international leaders of nephrology and medicine to China. In 1990, he successfully organized and chaired the 4th Conference of Asian-Pacific Society of Nephrology in Beijing. This meeting was recognized as a symbol of exposure for the Chinese Society of Nephrology to the international renal community.

He was a man of culture, wisdom and true humanitarianism, knowing the Western philosophy and mastering traditional Chinese values. His contribution and achievements impacted the lives of millions of people in China, and around the world. He is respected by his colleagues and friends, admired by all who worked with him and beloved by his patients. He will be sorely missed.

Read an interview with Professor Li on the ISN Gateway at the following link: [http://www.isn-online.org/isn/society/about/isn\\_20029.html](http://www.isn-online.org/isn/society/about/isn_20029.html). This interview is provided courtesy of the Hong Kong College of Physicians.

# Profile

## Returning ISN Fellow

**Esmeralda Bordador, from the Philippines General Hospital in Manila, has just returned from Australia having trained at the Queensland Child and Adolescent Renal Service in Brisbane. The experience was valuable in building up her patient management skills as a kidney specialist working in pediatrics.**

**What were your hopes when you started the ISN Fellowship Program?**

When I left my country to start the ISN Fellowship Program, I was aware that the experience would be a great responsibility on my part, a personal achievement for myself and bring honor to our society and my home institution in the Philippines.

I had always been curious about how a healthcare system in a developed country like Australia worked. As an ISN Fellow, I was fortunate to experience a situation where treatment plans for patients with kidney diseases were not restricted by resources. For example, in the case of funding dialysis or renal transplants.

One of my goals was to maximize this wonderful opportunity. I was looking forward to meeting other nephrologists and learn from them. My host mentors were very patient and accommodating in terms of allocating time for me to learn.

**How would you describe the current state of kidney care in your country?**

In the Philippines, we are lucky to have nephrologists that are on a par with kidney specialists across the rest of the world. We have the best mentors and excellent training programs in nephrology. I am deeply confident that patients here in the Philippines are given due care.

However, like any developing country, it boils down to funding. This has affected the way doctors handle renal cases. We are all aware about the cost of medication, dialysis and even renal transplantation nowadays. I only wish that all patients in the Philippines could afford the expenses for renal transplant. I would be very happy then.

**How did your experience as an ISN Fellow help improve treatment in your region? Can you give an example?**

I am grateful to have taken part in the ISN Fellowship Program. I was able to travel and gain high-level training outside my country. Aside from my rotation with the Royal Children's and Mater Hospitals where I was exposed to dialysis, renal transplants and to children with renal diseases. I was also given the chance to rotate in an adult hospital, at Princess Alexandra Hospital's transplant unit. This allowed me to witness a wide range of renal transplant cases, from work-up to the time of transplant and post transplant care.

Although our country is capable of doing renal transplantations for children, this experience was new to me because it was the first time I was actually exposed to renal transplantation. Now, I can safely say that if someone would ask me to join a team for a transplant case, I would gladly respond to the call and contribute to its success.

Having just graduated, I was privileged to hear the opinions of doctors onsite and learn how renal patients were being managed. This gave me confidence in relating to my colleagues and patients. I believe that my host mentors reinforced my knowledge for decision-making.

For example, bed wetting in children is not a common concern in my country. Initially, it was a challenge for me to master the condition and react to a situation I had not been exposed to a lot. I discussed it with my host consultants who shared their own experience in managing patients. It was really important that they devoted time to discuss patient cases with me. We discussed different diagnoses until we found the right one and managed the case with the right care. It was the chance for me to integrate what I learned from my home and host mentors.

**Why would you recommend an ISN Fellowship to others working in your field?**

The ISN Fellowship Program has greatly improved my career as a nephrologist and helped me grow as a person too. It was a pleasure to be given the opportunity to meet great nephrologists who were willing to teach and share their knowledge. It has broadened my perspective in many ways. I would highly recommend this ISN program to all young nephrologists.



# ISN COMGAN Helping disadvantaged populations fight kidney disease

Indigenous populations show a higher risk of developing Chronic Kidney Disease (CKD) and end-stage renal disease. These include the Aborigines of Australia, the Maoris of New Zealand, American Indians and Alaska Natives, the Native Hawaiians of the USA, Pacific Islanders and the First Nation Communities of Canada. Data shows that racial and ethnic minorities and other groups, particularly those living in economically-disadvantaged communities, are strongly affected by the illness.

The Committee on Kidney Health in Disadvantaged Populations (CKHDP) is one of ISN's COMGAN topical committees that works closely with the Latin American Regional Committee and other groups to address renal disease trends throughout various indigenous populations.

Over the years, it has provided seminars and workshops to help train doctors in this community. These have been held in conjunction with the ISN World Congress of Nephrology (WCN) and American Society of Nephrology (ASN) meetings, including satellite meetings in 2001, 2005, 2007 and at last year's ISN World Congress in Milan. The proceedings of these symposia have been published as supplements to *Kidney International* and in *Ethnicity & Disease*.

## Sharing information

Although there is no exact explanation, it is thought that switching from a traditional lifestyle to Western European culture has made indigenous populations more susceptible to chronic diseases such as diabetes and hypertension.

"The CKHDP is a remarkably energetic and productive committee that extends the mission of ISN's COMGAN activities beyond the needs of developing countries to include indigenous populations in whatever countries they are located," explains Dr. William G. Couser, ISN COMGAN Chair.

One of its greatest values is its ability to provide scholarships and symposia to trainees and young investigators from underprivileged communities and developing countries. Thanks to these opportunities, nephrologists of all levels have attended and presented their work. By interacting and sharing information they have actively focused on practical aspects of kidney health including prevention, detection, and disease management.

The CKHDP organized its first meeting at the 24th ISN WCN in Sydney, Australia. This meeting was held on aboriginal land at Uluru (Ayer's Rock) in Australia and the proceedings were published in the journal *Nephrology*. In 1999, a program on Renal Disease in Indigenous Populations was included in the XV Congress of the International Society of Nephrology, in Buenos Aires, Argentina.

In 2008, the CKHDP introduced a successful workshop on preventing kidney disease in Antigua and Guatemala. Participants included members of the Central American and Caribbean Nephrology Societies, regional health ministry officials, the Pan American Health Organization/World Health Organization (PAHO/WHO), and the Latin American Society of Nephrology and Hypertension (SLANH).

As a result, CKD was included into a major regional program to reduce non-communicable diseases in Central and South America and the Caribbean. In collaboration with PAHO and other regional health bodies, this program represents a significant move towards assessing and tackling the extent of CKD throughout Latin America.

## A bright future ahead

In 2010, the CKHDP is looking to add several tools to further increase the efficiency of its activities for now and in the future. Its website forum will keep conference attendants involved and in touch with each other. It will also be made available to any other interested individuals caring for disadvantaged populations.

A CKD Online Training Program has been set up in collaboration with the COMGAN Education Committee and private non-governmental supporters. Ren@Inet is an interactive online system that can be accessible through cell phones to help screen individuals at risk of CKD, with an emphasis on prevention. It also advises individuals with CKD on treatment compliance and helps them live a healthier life.

## Upcoming Public Health Forums

- South East Asia Kidney Disease Workshop at the IFKF Annual Meeting, May 9-12, 2010, Kuala Lumpur, Malaysia
- Kidney Disease in Disadvantaged Populations East African Workshop, Nairobi, Kenya (date to be confirmed)
- CKHDP Satellite Meeting at WCN 2011 Vancouver, Canada, April 8-12, 2011

Dr. Sanjib Kumar Sharma,  
Nepal

HELP STOP KIDNEY DISEASE AROUND THE WORLD

## Become a member today and support ISN's worldwide efforts in advancing kidney care worldwide while benefiting from the many advantages of being a member:

Exclusive eligibility for [ISN capacity building programs](#) (Fellowship Training, Research & Prevention, Sister Renal Centers, Continuing Medical Education, Educational Ambassadors, Travel Grants, Scholarships for Visiting Professors, Institutional Library Enhancements)

Opportunity to actively contribute to [ISN's humanitarian outreach programs](#)

One year subscription to [Kidney International and Nature Reviews Nephrology](#) journals including online access to articles, current issues, and archives

Reduced registration fees to [ISN events](#) (World Congress of Nephrology, Forefronts and Nexus Symposia, plus other ISN training programs)

Unrestricted access to the [ISN Nephrology Gateway](#) (the Society's official website)

Exclusive access to [ISN Membership Directory Online](#)

Receive [ISN News](#) (the Society's official newsletter)

[Email notifications](#) of nephrology news, journal content, unique member services and upcoming ISN events

[Voting rights](#) and eligibility to serve on ISN committees and commissions

[www.isn-online.org/join](http://www.isn-online.org/join)



Advancing Nephrology around the World Celebrating 50 years

Picture: ©CodaScope / Design www.landmarks.be

# Meet the new SRC Program Chair

A core component of ISN's COMGAN activities, the Sister Renal Centers (SRC) program has continued to evolve over the years. Paul Harden, from the Oxford Kidney Unit in the UK, recently took over as SRC Program Chair. He gives us his views on the program's direction and how this will affect the future of kidney care worldwide.

Since its beginnings in 1997, the Sister Renal Centers (SRC) program has generated growing interest and enthusiasm from emerging and developed centers. In the early days, activities mainly encouraged clinical research by exchanging personnel and resources between centers in the developing and developed world. Now the program focuses on continuous partnerships and building independent centers of excellence supporting local medical communities well into the future.

"It is fun and rewarding to see something grow from these partnerships. It is also a valuable experience to learn about other cultures and fields of medicine," explains Dr. Paul Harden who first got involved with the International Society of Nephrology in 2005.

He became involved in linking centers in Minsk, Belarus and Oxford, UK to provide medical training to the emerging center. In 2008, he was approached to become Chair of the Sister Renal Program and has now held the position for a year.

Over the years, the SRC Program has proved to be beneficial for both parties. Emerging centers receive the key ongoing support, training, expertise, knowledge and resources to enhance nephrology services and education and become independent local centers of excellence. The supporting centers are widely recognized by ISN and equally benefit from gaining insight into another perspective, often very different to the health care structure in the industrialized world.

The new Trio system provides a continuous link between partner centers. It allows graduated pairs in developing centers to continue receiving support and later help other emerging centers in their region. A partnership between the Nephrological Clinic of Kaunas University of Medicine and the Renal Division of University of Ghent Hospital was successful in transforming the structure and culture of the emerging center in Lithuania. This renal center moved towards a more integrated delivery of renal and transplant services and has now been approved to support a center in Brest, Belarus with ongoing support from the University of Ghent unit. The Kaunas unit has now become autonomous and a leading center in Lithuania and the Baltic region.

"My element of responsibility is to focus more on centers where the ISN can make the biggest impact. We need to focus on targeted links using the regional committees to identify centers that have the potential to draw the most from a Sister Renal Center partnership and excel in their field. The scheme is like a balancing act, trying to fairly distribute support and make full use of the potential of the linking centers," states Dr. Harden.

It is also important to build and develop expertise in specific countries around the world to really develop long-lasting benefits. "We aim to spread the distribution of SRC links to all regions of the world to ensure maximal opportunities. Where possible the center links should be within the same geographical regions to make travel easier, generate more commitment from volunteers and stronger partnership links whilst minimizing financial and environmental costs" adds Dr Harden.

The amended program pledges to involve more ISN COMGAN programs integrated within the SRC initiative. For instance, all Level-C centers can already benefit from funding for at least one ISN Continuous Medical Education course in the first two years. They can also get preference when applying for the Fellowship and Educational Ambassadors programs. Distributing resources in a complementary measure creates a more integrated COMGAN program.

Recent changes also aim to encourage better regional representation and simplify some administrative procedures. Reducing the number of centers in the program to 33 will help consolidate the resources that can be offered to emerging centers. It will encourage more interaction and identify more opportunities for sister pairs to work together in the early stages.



# ISN focus on India

## Prevention is the best cure

Nephrology societies in India are activating their efforts to improve kidney care by raising awareness about prevention.

Pediatrics is especially an area that calls for attention as a growing number of children are being diagnosed with kidney diseases.

In India, there are only 800 nephrologists to treat 1 billion people and awareness about kidney care has so far been limited. Training family physicians and raising awareness about prevention is a step forward to reducing the number of cases.

Manisha and her team examining children with renal diseases



Links to more information  
[www.sugarbp.org](http://www.sugarbp.org)



14-year-old girl suffering from acute kidney injury induced by falciparum malaria. Malaria and leptospirosis are two common causes of renal failure in India.

### Taking strategic preventive measures

Children account for more than a third of India's population. Contrary to popular belief, kidney disease in children is frequent. About 10% of total outpatient attendance and 12% of admissions to pediatric wards are children suffering from kidney diseases. Nephrotic syndrome, a disorder causing damaged kidneys to leak large amounts of protein, is a common illness and a significant cause of Chronic Kidney Disease (CKD). Reflux nephropathy caused by a backflow of urine and urinary tract infections is another important and preventable cause of CKD in children.

According to Dr. Manisha Sahay, in charge Professor and Head of the Nephrology Department at Osmania Medical College in Hyderabad, treatment is currently not always successful as children are referred to a specialist very late in the course of the disease. She explains that most acute renal diseases in India are related to infections or dehydration. They can be prevented by simple measures.

"The use of native medicines and over-the-counter drugs especially pain killers also contribute to acute kidney injury. The acute damage to the kidney may not recover completely and contribute to the burden of CKD. The country is also faced with the double challenge of malnutrition on the one hand and increasing childhood obesity on the other. Both these conditions are risk factors of CKD," she adds.

Strategies for prevention start with healthy lifestyle choices to improve overall wellbeing and lower the risk of high blood pressure. Diet should include lots of fruit and vegetables, low amounts of salty or fatty foods and plenty of water. Children should also maintain a healthy weight and undertake regular physical activity.

"Children with CKD are at high risk of developing protein-energy malnutrition. In India, where malnutrition is widely prevalent in the general population, the problem becomes even more dramatic. The daily recommended amount of calories and proteins must be met," insists Dr. Sahay.

Family physicians need to continue to carry out routine tests for blood pressure, treat recurring urinary tract infections, administer care for dehydration due to gastroenteritis and ensure proper maternal nutrition. This will already go a long way to decreasing the level of CKD across the population.

A simple urine protein test can help to detect any a decline in kidney function. And the flow rate of filtered fluid through the kidney can be checked through a glomerular filtration rate test. These screening tests have also been highlighted by ISN, are inexpensive and reasonably sensitive.

### Regular testing is a good start

ISN President Elect John Feehally visited organizations working on strategies to detect and prevent the disease and stressed the importance of regular protein urine tests. "General practitioners must look out for patients who are hypersensitive, diabetic or have a family history of kidney disease, as CKD can be without symptoms. Submitting oneself to regular urine albumin tests is important," he stressed at a recent meeting at the Balaji Medical and Educational Trust.

Newborn undergoing bedside peritoneal dialysis



Over 2009, the Balaji Medical and Educational Trust and the Tanker Foundation have dedicated themselves to improving detection and prevention methods. An Early Detection Program (EDP) is helping the community undergo regular testing. A website was also launched to stress the importance of detecting kidney disease early through a home-based diagnosis method. In simple terms, it explains preventive steps to take against high blood pressure and diabetes which can cause CKD. The Tanker Foundation also provides low-cost dialysis and has set up an awareness program for the community.

Dr. Manisha Sahay insists on the need to launch door to door and school survey programs to identify CKD early. She has been involved in organizing several continuing medical education programs and workshops for family physicians and pediatricians at local, regional and national level. Awareness programs for high-risk groups are also being organized.

Treatment guidelines have been prepared to develop a common treatment protocol. A national pediatric registry for chronic kidney diseases has also been initiated to determine the epidemiology of pediatric CKD. In particular, World Kidney Day efforts are helping to increase awareness about kidney diseases among people in the country. This is ensuring that the message reaches everyone early without having to wait too long for children to be screened.

### A new group of dedicated leaders can help

The ISN India Committee (ICC), previously known as the ISN American Nephrologists of Indian Origin (ANIO) Committee is responding to the specific needs of kidney patients and specialists in India. It provides the structure to fund independent projects and brings together like-minded nephrologists, nephrology trainees and healthcare professionals originally from India or who have worked in areas related to the Indian sub-continent. They meet to develop educational courses, fellowship opportunities and travel grants and recognize the achievements of their colleagues and target public policy initiatives in this region.

# Safer organ transplants worldwide

Organ transplantation is one of the life-saving medical breakthroughs of the 20<sup>th</sup> century. Over the years, this accomplishment has been marked by growing reports of organ trafficking. Vulnerable people in poor regions have become victim to illegal transplant networks.

In 2008, the International Society of Nephrology (ISN) and the Transplantation Society (TTS) worked on preparing content for the Istanbul Declaration on Organ Trafficking and Transplant Tourism. Their efforts culminated in the Declaration being finalized at the International Summit in Istanbul, Turkey.

This framework governs organ donation and transplantation activities. It is not binding but ensures donor and recipient safety, enforces standards and prohibits unethical practices worldwide. ISN has also set up a group to guide activities and help governments as well as the medical and patient community fight this problem.

Find out more about the Istanbul Declaration:  
[www.declarationofistanbul.org](http://www.declarationofistanbul.org)

## Driving out illegal practices

The Declaration calls on the medical community, especially transplant surgeons and nephrologists, to join the World Health Organization (WHO) to put pressure on Health Ministries with a transplantation program to eliminate organ trafficking and transplant tourism.

“The legacy of transplantation is threatened by organ trafficking and transplant tourism. The Istanbul Declaration aims to combat these activities and preserve the nobility of organ donation. The success of transplantation as a life-saving treatment does not require, nor justify, victimizing the world’s poor as a source of organs for the rich,” claims the Steering Committee of the Istanbul Summit.

After a series of meetings, the TTS and ISN have created a Declaration of Istanbul Custodian Group (DICG), which had its inaugural meeting in Cairo, in March 2010. The DICG is co-led by President of TTS Dr. Jeremy Chapman and ISN Secretary General Dr. Adeera Levin.

“This meeting formalized the DICG as a group responsible for shepherding activities of the community including interactions with public and professional groups, governments and patients. A set of working groups were created to foster and track activities worldwide, so that demonstrable progress in the fight against transplant tourism and organ trafficking can be made,” adds Dr. Levin.

## Supporting donors and recipients

Organ donation is not only a life-saving treatment but a heroic act. Taking care of living donors and recipients before and after the operation plays an important part in combating illegal practices.

Developing the potential of deceased donations makes more organs available. By removing obstacles and disincentives and establishing the appropriate legislation and infrastructure for deceased donations, government and healthcare institutions can work together to increase the number of organs available to patients.

Countries with well-established deceased donor transplant programs are also encouraged to share information, expertise and technology with other countries seeking to improve their organ donation efforts.

Looking after donors or recipients who have become victim to organ trafficking is an issue that the Declaration strongly supports. Through regional cooperation, countries can implement programs to prevent organ failure and provide organs that meet patients’ transplant needs.

# ISN 50 Year events

## ISN-DANONE Joint Symposium

June 30, 2010, from 9.30 am to 11.30 am (CET), Geneva, Switzerland

Taking place alongside ISN Nexus meeting on Fibrosis and the Kidney and preceding ISN’s 50th anniversary event later that day, this symposium represents a natural opportunity for ISN and DANONE to partner up since their first meeting in 1960 held in Geneva and Evian, and partly sponsored by the Evian water company now part of the DANONE group.

Topics for discussion will focus on a range of scientific issues surrounding the theme of The Kidney and Fluid Intake: a Public Health Issue in 2010. These matters also directly correspond to ISN’s dedication to advancing the diagnosis, treatment, and prevention of kidney diseases in the developing and developed world.

The current program will look at the epidemiology of kidney disease and fluid-salt intake. It will also focus on the public health implications of different fluid intakes such as sugared drinks, the mechanisms and genetics of kidney stone formation and disordered water metabolism as well as treatments for these disorders.

Chaired by ISN President Bernardo Rodríguez-Iturbe, the event will include four presentations focusing on the global impact of kidney disease today and approaches for prevention and treatment in emerging countries, risk factors, new biomarkers of kidney health, fluid, diet and kidney stones as well as the economics of kidney stone management.



## 50 Years Anniversary Panel Discussion

June 30, 2010, 12.30 am (CET), Geneva, Switzerland

Global ISN leaders will give their perspective on the state of nephrology over the last 50 years, communicate ISN’s vision as philanthropic and humanitarian Society and look at the future of nephrology. ISN President Bernardo Rodríguez-Iturbe, ISN President Elect John Feehally, ISN Past President William Couser, ISN Secretary General Adeera Levin, Executive Committee Member Philip Li and ISN Educational Ambassador Program Chair Saraladevi Naicker will join discussions.

This session will be broadcast by real-time webcast on the ISN Gateway and Affiliated Society websites. Participants will also get a preview of the new ISN documentary. The film, shot in five continents, highlights some of ISN’s achievements over the last 50 years and gives an exciting overview of the Society’s ambitious plans for the future. This event is by invitation only, for further information, please contact: [Isegantini@isn-online.org](mailto:Isegantini@isn-online.org). However, as it is held in conjunction with the Nexus Geneva Symposium, Nexus delegates can exclusively attend the discussions.

Advancing Nephrology around the World Celebrating 50 years

## Nexus 2010 Geneva Symposium on Fibrosis and the Kidney

June 30-July 2, 2010, Geneva, Switzerland

ISN Nexus Geneva edition focuses on Fibrosis and the Kidney: Emerging Culprits in Pathogenesis and Advances in Therapy. It is a unique opportunity for renal scientists and clinicians from around the world to learn and exchange views on the most recent advances in basic and clinical nephrology including nephropathology of fibrosis, EMT and inflammatory mediators.

A new activity for this year is the Meet the Professor Breakfasts sessions, bringing young trainees and experienced professors together in an informal setting.

The Nexus Symposia bridge the gap between basic research and clinical practice and offer regular opportunities to interact with peers and colleagues and share research, best clinical practices and case studies across borders.



Find out more about these three events:

<http://dir.isn-online.org/isn/danone-symposium/>

[www.isn50years.org](http://www.isn50years.org)

[www.isn-online.org/nexus](http://www.isn-online.org/nexus)

# WORLD CONGRESS OF NEPHROLOGY 2011

8-12 April 2011  
Vancouver  
Canada

## Sustainability and Diversity

WCN 2011, ISN's flagship biennial scientific and educational congress, will focus on ensuring that renal science and patient care are tailored to the unique and diverse needs of patients and clinicians around the world.

[www.wcn2011.org](http://www.wcn2011.org)



Sustainability

Diversity



*Photo courtesy of Tourism Vancouver*