Strengthening outreach in Russia, NIS, Eastern and Central Europe

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Advancing Nephrology Around the World
EDITORIAL

In this first edition of ISN News for 2017, we turn our attention to how our network is growing in Eastern and Central Europe, and across Russia and the New Independent States.

As ISN Regional Board Chair, I’m happy to share that since 2010 we have supported 28 CMEs in this region. Five renal centers are actively participating in the ISN Sister Renal Center Program. 11 Fellows also trained through these programs over the last six years.

So, the seeds have definitely been sown for more educational opportunities in the future.

Additionally, the ISN Renal Disaster Relief Task Force has released findings from last year’s survey that looked into the prevalence and the administration of refugees with end-stage kidney disease.

Amid growing concerns about the effects of the migration crisis on healthcare, the Task Force as well as the European Renal Association/European Dialysis and Transplant Association surveyed almost 300 European renal centers to collect data on the size of the problem and the state of managing practices.

These actions lie at the heart of our mission to advance nephrology worldwide. Findings from the ISN Global Kidney Health Atlas, new research initiatives such as INET-CKD and ISN-ACT and the global progress of ISN Programs reveal how we are expanding as a nephrology society, strengthening renal care through education, research and advocacy.

I hope you enjoy this fresh edition of ISN News.

Rumeyza Kazancioglu
ISN Regional Board Chair
Leading global kidney organizations join Lancet Kidney Campaign

Eight of the leading global kidney organizations have partnered with the Lancet Kidney Campaign. The objective is to raise awareness of acute and chronic kidney diseases by gathering the best available evidence to inform strategies, reduce the national, regional and global burden of the disease and its risk factors.

Partners (listed in alphabetical order) are:
- The Asian Pacific Society of Nephrology
- The European Renal Association – European Dialysis and Transplant Association
- The International Federation of Kidney Foundations
- The International Pediatric Nephrology Association
- The International Society of Hemodialysis
- The International Society of Peritoneal Dialysis
- The Latin American Society of Nephrology and Hypertension
- The Transplantation Society

The collaboration will strengthen outreach towards clinicians, policy-makers and collective societies worldwide, keeping them informed with research, expert commentaries and analysis on acute kidney injury, chronic kidney disease, dialysis and transplantation from across the journal’s database.

Read all the updates at:
www.thelancet.com/campaigns/kidney/updates

Oby25 Pilot Feasibility Pilot Project kicks off at four centers worldwide

The Oby25 Pilot Feasibility Project has now begun. More than 300 acute kidney injury patients have been recruited.

The project will test how intervention projects can be implemented in remote areas to optimize, educate, train and care for acute kidney injury patients. Centers have now been identified in Nepal, Tanzania, Bolivia and Malawi. The first findings will be communicated at the World Congress of Nephrology in April.

Read all the updates at:
www.thelancet.com/campaigns/kidney/updates

www.theisn.org/memberlogin

ISN Membership - make a difference
ISN connects science and humanitarian efforts. Through education, ISN is reaching out to global medical communities, giving them the knowledge and support to reduce the impact of kidney disease worldwide. Membership to ISN supports these activities and provides member specific benefits including exclusive eligibility for ISN capacity building programs, online and print subscription to Kidney International, online training and education, and reduced registration fees to ISN events. Membership is now free for trainees.
Not yet a member? Visit: www.theisn.org/join

Update your membership and profile
To ensure you receive all your benefits, please keep your profile up to date and renew your membership in a timely manner. Access or update your profile at:
www.theisn.org/memberlogin
Investigating kidney care for Europe’s refugees

Data on the prevalence and management of refugees with end-stage kidney disease is insufficient. The impact of refugees in need of renal replacement therapy is high for patients and centers alike.

ISN’s Renal Disaster Relief Task Force and the European Renal Association/European Dialysis and Transplant Association (ERA-EDTA) surveyed almost 300 individual renal centers in Europe to collect data on the size of the problem and managing practices.

The Task Force’s Chair Wim Van Biesen says: “We needed to quantify this issue to better understand the needs and gage potential actions we could take as an international community.”

The main findings reveal that providing dialysis for refugees with end-stage kidney disease seems sustainable and logistically feasible, as they represent only 1.5% of the regular dialysis population. The distribution of patients varies, affecting optimal care.

Rumeyza Kazancıoğlu, based at Bezmialen Vakif University in Istanbul, states that in Turkey there are currently 776 refugees being dialyzed out of 60,568 patients needing long-term dialysis. The Turkish government reimburses the cost of treatment.

The study highlights a need for education on financial and legal aspects of managing this group of patients. One quarter of respondents did not know how dialysis for refugees was funded.

It also advises that clear guidance and direction from governing bodies would avoid the unacceptable ethical dilemmas that doctors are faced with. It calls for specific strategies to balance access to care for all individuals without jeopardizing the healthcare of the local population.

Moreover, cultural rather than linguistic differences were perceived as another barrier to optimal care. Van Biesen explains the next step is developing a position statement on the remaining ethical issues that are not already covered in the current paper.

This project stands out from the regular activities that the Renal Disaster Relief Task Force has been involved in since it was set up in 1988, following the devastating earthquake in Armenia.

The Task Force consists of a worldwide network of experts managing patients with acute renal failure. They are on call to provide essential medical care to people in the wake of natural disasters, in close collaboration with Doctors without Borders.

“Read more about this ISN Task Force: www.theisn.org/programs/renal-disaster-relief-task-force-rdrtf
Syria’s young refugee patients with kidney disease

As part of the Lancet Kidney Campaign, Professor Ayşe Balat from Gaziantep University School of Medicine in Turkey shared recent data collected from 300 children.

In the pediatric unit, the percentage of renal admissions rose from 3% to 69% between 2012 to 2016. Although preventative nephrology is the most effective way of managing young renal patients, it is difficult to administer in harsh working and living conditions.

Healthcare expenditure is provided by the Turkish Government, the continuing political crisis and instability will increase the number of admissions, and affect the children’s quality of life in a different environment from their home country.

She explains that unfortunately, many patients are admitted to hospital after the beneficial periods of early diagnosis, mostly in emergency situations. “Most of them do not have previous medical records and/or information. Sometimes, it becomes difficult to understand and solve their problems. The number of patients coming for regular follow-up remains low. This is one of the main problems to be resolved.”

“...remains low. This is one of the main problems to be resolved.”
Professor Ayşe Balat

Read the full update online, visit: www.thelancet.com/campaigns/kidney/updates/syrian-refugee-children-kidney-disease
NEW SISTER CENTERS join our Eastern and Central Europe network

Renal centers in Russia and Belarus are working with nephrologists in Belgium and Italy to find new ways of managing and treating young patients.

Larisa Prikhodina, from the Research and Clinical Institute for Pediatrics at Pirogov Russian National Research Medical University, explains the struggles doctors face when managing patients through the country’s centralized health system. Many individuals are transferred to Moscow or St-Petersburg to get the care they need.

Treating young patients with rare forms of kidney disease is especially challenging. Dr. Prikhodina’s ties with the Katholieke Universiteit Leuven’s Pediatric Unit mean more can be learned from the Belgian team’s experience of inherited kidney disorders.

Head of Leuven’s Pediatric Unit Elena Levchenko believes in the value of partnerships when looking into complex cases: “Personal contact is important and working together to advise on different cases means the best outcome for patients.”

Together, they hope to take a wider diagnostic approach. As one of Europe’s expert’s in science collaboration, the University of Leuven has several guidelines and protocols that can be translated and applied to treating Russia’s larger scope of undiagnosed patient cases.

Ina Kazyra, based at Belarus State Medical University Pediatric Unit, and Rosanna Coppo, from Ospedale Infantile Regina Margherita in Italy, also have plans to make the most of their new partnership to build pediatric nephrology in Minsk and beyond.

First up, a Continuing Medical Education course will help update their medical literature and set up regular monthly web sessions to discuss cases and share protocols.

They also hope to establish more European connections through links with the European Society of Pediatric Nephrology and its working groups dedicated to dialysis, chronic kidney disease and inherited kidney diseases.

“Personal contact is important and working together to advise on different cases means the best outcome for patients.”

Elena Levchenko, Head of Leuven’s Pediatric Unit
ISN TRAINING
in Bosnia and Herzegovina

Nephrologists in and around Sarajevo joined the ISN community to hear testimonies from ISN Programs participants in Eastern and Central Europe.

The session began with Prof. Fred Finkelstein (Yale University) and Prof. Halime Resic (University of Sarajevo) who gave a general overview of ISN’s work. They particularly highlighted the ISN 0by25 initiative and Saving Young Lives, which look into the impact of acute kidney injury.

Rumeyza Kazancioglu, ISN Regional Board Chair for Eastern and Central Europe, said: “This region covers 19 countries and counts 172 ISN members. Since 2010, ISN has supported 28 CMEs. Five renal centers are actively participating in the ISN Sister Renal Center Program. 11 Fellows also trained through these programs over the last six years.”

Mirna Alečković-Halilović, University Clinical Center Tuzla in Bosnia and Herzegovina, explained how the experience was even more “rewarding” as she implemented her new skills and knowledge at her home center.

Fahrudin Masnic, Clinic for Hemodialysis University Clinical Centre Sarajevo, Bosnia and Herzegovina, described how he was collaborating with an ISN Sister Renal Center in Sheffield (UK) to help his home institution become a center of clinical excellence.

The ISN Continuing Education Program is open to application all year round. Visit: www.theisn.org/programs/apply
In a country with a critical shortage of care workers, Vanessa Bijol, Marla McKnight, Bernard Collins and Patrick Vos are working with physicians in Rwandan hospitals teaching the theory and hands-on skills required to build a renal pathology program so clinical care and research efforts can sustainably grow. These visits are vital steps towards establishing earlier and more precise diagnoses for patients with chronic kidney disease, providing adequate care for post-transplant recipients and targeting national prevention efforts.

Grace Igraneza, Head of the renal unit at the University Teaching Hospital of Kigali (CHUK), works alongside her mentor Dr. McKnight. Both are actively involved in putting together the training visits in collaboration with a core group of invested faculty who are involved in the care of kidney patients in Rwanda.

Now, with two visits under their belt, Dr. McKnight believes the laboratory staff have gained and consolidated the necessary skills to process slides of renal tissue. The next step in building a sustainable renal pathology program is to focus on interventional nephrology and strengthen the skills of clinicians in ultrasound guided biopsy technique.

McKnight explains: “At this point, renal pathology diagnoses should be able to be made in Rwanda with distance support from the pathology team at Brigham and Women’s and Massachusetts General Hospital.”

Additionally, Thierry Zawadi from the Rwanda Military Hospital in Kigali will spend a year at Brigham and Women’s Hospital completing a renal pathology fellowship. They hope he may also be joined by a technician so more knowledge can be transferred about laboratory technique and best practices.

Combined with the onsite programs, an ISN Fellowship to take place in South Africa is currently in the pipeline so that Igraneza can gain certification and share her expertise.
In partnership with the Kenya Renal Association, ISN put together an engaging program that covered many of the topics that Kenya's renal medical community are eager to learn more about.

This included some of the latest knowledge on dialysis, chronic kidney disease, tropical nephrology, transplantation, hypertension and acute kidney injury. The course also raised awareness about the issue of diabetes, pediatric nephrology and financing kidney care.

Mignon McCulloch, who has been a long-standing and highly active member of Saving Young Lives, organized a peritoneal dialysis workshop – raising awareness about how cost-effective this form of treatment has become in regions struggling the price of dialysis.

ISN has partnered with the International Pediatric Nephrology Association, the International Society for Peritoneal Dialysis and Sustainable Kidney Care Foundation to develop sustainable programs for treating acute kidney injury in sub-Saharan Africa and South East Asia.

The Continuing Medical Education Program offers essential teaching and training to developing medical communities. Expert speakers from both sides of the world share their knowledge and experience in clinical care and research.

For more about Saving Young Lives, visit: [www.theisn.org/programs/saving-young-lives-project](http://www.theisn.org/programs/saving-young-lives-project)

Apply for the Continuing Medical Education Program anytime, visit: [www.theisn.org/continuing-medical-education-program](http://www.theisn.org/continuing-medical-education-program)
ONE GLOBAL MISSION
Building Kidney Health Equality Worldwide

Programs and application deadlines

Fellowship
Apply by October 1 or May 1

Sister Renal Centers
Apply or request update by October 1

Continuing Medical Education
Apply 3 to 6 months before the start of the course

Clinical Research
Apply by October 1 or May 1

Educational Ambassadors
Apply by October 1 or May 1

THEISN.ORG/PROGRAMS
PENNING BREAKTHROUGH RESEARCH

Fourth science writing academy spells out the importance of swapping knowledge and experience to fine-tuning manuscript writing skills.

With support from Fondazione della Comunità Bergamasca, Fluorseals SPA, and the ISN, the Mario Negri Institute ran the Scientific Writing Academy (SWA) welcoming students from all corners of the world to share tips and experience on submitting project proposals.

This edition was led by Martin de Borst, Associate Professor of Medicine at the University of Groningen in the Netherlands. As a dedicated tutor, he brought his solid writing experience to the table and shared valuable advice on submitting grant proposals. Achieving and maintaining high standards in science writing is crucial to advancing research as much as sharing, testing and comparing new ideas and discoveries.

“The SWA gave me the chance to strengthen my writing skills. Since I am applying for PhD programs, this course perfectly met my needs. It gave me a good foundation for writing in science,” says Davide G. Franchina, Oxford.

Small and interactive, the group gathered several nationalities and scientific backgrounds (including basic scientists, clinicians, epidemiologists) with nephrology as a meeting point.

According to one participant, the most relevant feature was the diverse background of participants. Everybody had a slightly different perspective, leading to interesting and relevant discussions.

“I feel more confident at this time, to write and submit my study to an international journal, and to share what I learned from this course to my staff and the editor of my university magazine,” explains Huong Tran from the University of Medicine and Pharmacy, Ho Chi Minh City, Vietnam.

At the end of this one-week course, participants left better equipped to plan and outline papers in an organized, systematic way, and to incorporate their colleagues' suggestions and observations.

To come full circle, they will now pass this on to their colleagues, hoping that in turn, they will communicate their findings even more effectively, continuing to move science forward, one paper at a time.
However, 21% of countries lacked nephrology training programs and >60% reported nursing and allied health professional shortages.

For chronic kidney disease (CKD) and acute kidney injury (AKI) care, national or regional strategies were present in only 17% and 16% of countries, respectively.

International guidelines were accessible in 52% and 45%, and advocacy structures/initiatives were present in 42% and 19%. Health information system data were limited, particularly for AKI (7%) and non-dialysis CKD (8%).

“We hope that the data will be helpful for engaging key governmental and non-governmental stakeholders to support improvements in kidney care quality in all countries,” explain co-chairs David Johnson and Aminu Bello.

They believe that successive iterations of the atlas can also be used to monitor subsequent improvements in kidney care quality and to hold countries accountable for their progress (or otherwise) in this regard.

Findings revealed most countries have structures for hemodialysis (100%), peritoneal dialysis (~80%) and kidney transplantation (~79%). These services are publicly funded and free for chronic care in 42%, 51% and 30% cases, respectively.

Acute hemodialysis and peritoneal dialysis are publicly funded and free in 39% and 47% cases respectively. Nephrologist density is variable and particularly low (<10pmp) in Africa, Middle East, Oceania and South East Asia.

Further results will be published in upcoming editions of The Lancet and Kidney International. Technical and lay reports will be made available in the course of 2017, including recommendations for the global medical community and key issues to be communicated to policy makers and non-academics.

The survey will also be presented to participants at the World Congress of Nephrology in Mexico City.
CKD RESEARCH
Strength in numbers

Adding to ISN’s growing research portfolio, the iNET-chronic kidney disease (CKD) network and the ISN-Advancing Clinical Trials (ACT) initiative will show in “real time” the benefits of collaborative studies.

Started over a year ago, the iNET-CKD is an international network of existing, independently-funded CKD cohort studies, their leaders and current ISN members. ISN-ACT brings together people undertaking clinical trials and related studies in nephrology to facilitate interaction, share experiences and collaborate.

From the iNET-CKD side

While they each deal with different aspects of research, both initiatives reveal the importance of collaborative interaction. Harv Feldman, chair of iNET-CKD, believes: “These relations promote the efficiency of sharing and transmitting experiences and research methods.”

The lunch session at WCN 2017 will present a collective data analysis. Feldman adds that this session will show how interactive clinical research can leverage diversity and “we can learn about factors governing the progress of CKD.”

A local analysis on Progress of CKD will be carried out by the University of Pennsylvania. Bénédicte Stengel involved in the REIN Study will assemble data focused on blood pressure control and kidney disease. This will be followed by a summary of an integrated analysis and a workshop on research methods.

From the ISN-ACT perspective

ISN ACT will introduce its aims and activities to the broader ISN membership during the session at WCN. “We will hear from global leaders in renal trials who will share their vision on the challenges in designing and running trials in kidney disease, and sketch out some potential solutions,” says ISN-ACT Chair Vlado Perkovic.

Nephrology has the fewest number of trials of any specialty, and our trials are often smaller and less impactful than those in other specialties. He explains: “To increase the evidence base underpinning the treatment of kidney diseases, we will require a sustained and broad effort among the kidney community.”

ISN-ACT is a crucial initiative. “It is free for ISN members, and is a simple process of filling out a form on the ISN website. Working together, we can improve outcomes for our patients,” adds Perkovic.
Introducing ISN Frontiers

ISN Nexus and Forefronts symposia have continuously contributed to training nephrologists and advancing kidney care worldwide. However, education platforms are evolving and there is a need for more innovative ways to educate the global nephrology community.

ISN Frontiers Symposia builds on the success and the achievements of the ISN Nexus and Forefronts series. It will bring together basic scientists, clinicians and practitioners in a unique and intimate setting.

The first ISN Frontiers meeting will take place in Tokyo, Japan from February 22 to 25, 2018, focus is on the link between kidney disease and cardiovascular disease.

Stay tuned to find out more about this new event concept in future editions of ISN News.

Check out ISN Education webinars
As well as ISN events, you can also catch the latest ISN Education webinars, visit: www.theisn.org/education

ISN World Congress of Nephrology 2017
Sustainability and Diversity
April 21-25, 2017, Mexico City, Mexico
www.wcn2017.org

ISN Frontiers Symposia
Kidney Disease & Cardiovascular Disease
February 22-25, 2018, Tokyo, Japan
Website available soon. For questions, contact: mvanderstraten@theisn.org