

## Marcello Tonelli



### Short Bio/CV

Dr. Tonelli is a nephrologist, professor and kidney researcher. He is Associate Vice President (Health Research) at the University of Calgary and Senior Associate Dean (Clinical Research) at the Cumming School of Medicine. He studied medicine at Western University, nephrology at Dalhousie University, clinical epidemiology at Harvard University and health policy at Imperial College London. He completed a volunteership at the World Health Organization in 2013-2014.

He has an inpatient nephrology clinical practice at a quaternary hospital in Calgary and has intermittently volunteered at a rural East African hospital since 2005.

Dr. Tonelli's research focuses on the risk factors, clinical consequences and optimal treatment of chronic kidney disease. He has published more than 600 peer-reviewed papers. His H-index (Web of Science) is 116 and he has been named a "Highly Cited" researcher each year since 2015 by Thomson-Reuters Web of Science, corresponding to a rank in the top 1% by citations of all researchers worldwide. He is a past or present member of the Editorial Board for 6 nephrology journals, including *Kidney International*.

Dr. Tonelli is chair emeritus of the Canadian Task Force on Preventive Health Care, a past President of the Canadian Society of Nephrology, a member of the Governing Council for the Canadian Institutes of Health Research, a member of the KDIGO Executive Committee, and the chair of the KDIGO Methods Committee.

Dr. Tonelli has held multiple leadership roles in ISN over the last 15 years, including:

- Committee for Kidney Health in Disadvantaged Populations, 2007-2012
- ISN councillor, 2009-2015
- Member, ISN Research and Prevention Committee 2009-2012
- Chair, ISN Research and Prevention Committee 2012-2019
- Member, ISN Core Programs Committee 2010-2019
- Member, ISN North American Regional Board 2014-2019
- Scientific Program Chair for the World Congress of Nephrology 2020
  - o Scientific Program co-Chair for WCN (2011)
  - o Scientific Program co-Chair for WCN (2019)
- Co-chair, ISN Global Kidney Health Summit (Vancouver, 2017)

Since 2006, Dr. Tonelli has co-lead a joint initiative between his university and the Hospital Civil in Guadalajara Mexico, which was formalized through an ISN Sister Renal Centres (SRC) relationship in 2009. The two centres graduated from Level A of the SRC program in 2015.

Dr. Tonelli has participated in multiple ISN advocacy efforts, including 0 by 25, the two ISN Global Kidney Health summits, the ISN Global Kidney Health Atlas, the ISN Framework for Dialysis in Low-Resource Settings, the ISN primer on how to advocate for CKD (PMID 23407433) and most recently the ISN white paper on early detection.

Dr. Tonelli is the ISN mentor for a junior scientist based in China, and has participated in ISN-sponsored scientific writing courses for junior kidney researchers from South Asia, Africa and Latin America.

Dr. Tonelli was the recipient of the 2013 United States National Kidney Foundation Medal for Distinguished Service and the Kidney Foundation of Canada's 2013 Medal for Research Excellence for changing nephrology practice in Canada and beyond. He was the founding Director of the World Health Organization's Collaborating Centre for the Prevention and Control of Chronic Kidney Disease.

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### **Candidate's Statement**

It is a tremendous honor to be considered for the Presidency of ISN.

I am an experienced leader who has held a wide range of roles at ISN since first being selected to the ISN-COMGAN Research and Prevention committee in 2007. I am excited about working with ISN's membership and partners to achieve our vision of *a future where all people have equitable access to sustainable kidney health*.

Globally, this is a challenging time, with economic, geopolitical and climate-related threats. The worst of the pandemic is behind us, but health systems everywhere are stretched. Many of us are tired from higher-than-usual professional and personal workloads. And two years without face-to-face meetings has reduced our sense of connection to each other and perhaps to the ISN. Despite these challenges and the uncertainty that they bring, this is an exciting time for the kidney community. The profile of kidney disease has never been higher, and there is an unprecedented number of exciting new treatments and diagnostics that have recently become available...and even more in the pipeline. So I see far more opportunities than challenges for our society.

I have been privileged to work with and learn from a wide range of ISN leaders over the last 15 years, and I am inspired by the opportunity to serve ISN on the executive leadership team. My role as a senior leader at my own institution will end in July 2023, which will ensure that I have the time needed to be a successful and responsive ISN President.

This document is supposed to outline my vision for the ISN. But the ISN already has an inspiring vision, a mission statement, and a strategic plan.

I do not believe that it is the role of leaders to unilaterally impose their views. I have a collaborative leadership style, and although I can be decisive when required, I would want to gather a broad range of views before committing to a specific course of action. What I can say today is the following:

**If I am chosen as President-elect, I promise to be approachable, collaborative, thoughtful and strategic, and to listen carefully to your feedback about how ISN can better meet your needs.**

**During my two years as President-elect, I would work closely with the President to help him implement his plans for the society.**

I would **solicit your feedback** about where our society should focus its time and resources. I would **build an inclusive leadership team** that represents your perspectives and priorities. And I commit to **create opportunities for every ISN member to contribute to our mission.**

**Throughout the two years as President-elect, and for the two years as President and two years as past-President, I would work hard every day for the membership according to the following five principles:**

- Invest in our priority initiatives
- Enhance our Regional Boards
- Strengthen our external partnerships
- Increase our emphasis on patient perspectives
- Engage with the full ISN membership

Thank you for taking the time to read this document. I am honored to be considered, and will do my best to support ISN no matter the outcome of the election.

Please see the next page for the 5 principles and how I would integrate them with the 3 existing priorities in the ISN strategic plan (Bridging the Gaps, Building Capacity, Connecting Community).

## FIVE PRINCIPLES FOR ISN

### 1. INVEST IN OUR PRIORITY INITIATIVES

**Why?** *ISN has many amazing initiatives, but resources are limited and some initiatives are mission critical. Prioritizing investment in our most important initiatives will ensure their success. Input is needed from our membership to determine which other initiatives are a high priority.*

- CKDu, Oby25, early detection of CKD, and the ISN programs including research, advocacy and education are all key initiatives for our society. Priority investment in these areas must continue
- as the world transitions out of the pandemic, new priorities may emerge and must be addressed
- input from the membership will inform selection of new priorities

### 2. ENHANCE OUR REGIONAL BOARDS

**Why?** *Our regional boards have accomplished amazing things, but the pandemic has temporarily hampered our progress. The regional boards are the engines that can drive change at the local, national and regional levels. We must redouble our efforts to identify their priorities, then work with the boards. and ISN members within each region to tackle the critical issues with effective solutions.*

- create additional opportunities for dialog between and within regions, and between regions and ISN leadership – aiming to agree on priority challenges, then devise solutions together
- partner with our ISN regional boards to develop and disseminate educational and advocacy resources that meet local needs, capitalizing on the expertise of members in the region

### 3. STRENGTHEN OUR EXTERNAL PARTNERSHIPS

**Why?** *Without redoubling our links to national and regional kidney societies, we are at risk of duplicated effort, or of initiatives that don't fully meet local needs. Strengthening these links will help us to capitalize on the skills and interests of all our members. Similarly, leveraging our partnerships with international organizations will raise the profile of kidney disease, amplify our impact, and create efficiencies.*

- enhance synergies with national and regional kidney societies
- leverage our partnerships with international organizations such as WHO, KDIGO, ISPD and ERA
- grow our partnerships with industry to achieve our mutual goals

### 4. INCREASE THE EMPHASIS ON PATIENT PERSPECTIVES

**Why?** *The kidney community has made tremendous progress in incorporating patient perspectives into research, advocacy, education and practice, but much remains to be done. Tangible areas for increased impact include increased access to patient support groups and kidney charities, which are common in Western nations but less common in some parts of the global South.*

- further incorporate patient voices, priorities and perspectives into ISN activities
- foster the development of patient support groups and kidney charities in jurisdictions where they do not exist

5. ISN's continued success depends on the **RENEWED ENGAGEMENT OF THE FULL MEMBERSHIP**, and this would be my top priority as President.

