Amsterdam Welcomes ERA-EDTA Again After 18 Years

Dear colleagues and friends,

After a few years of preparation, Amsterdam’s fourth ERA-EDTA meeting is about to start. Together with the scientific committee, chaired by David Wheeler, an exciting programme has been put together. This will start on Saturday May 31st with a full day of CME courses. Those courses include meetings on special teaching topics as well as meetings organized by the several Working Groups and committees of ERA-EDTA. At the end of the day the Welcome ceremony will take place during which the Presidents will welcome and address the delegates.

In addition the 50th anniversary of the ERA-EDTA Registry will officially be addressed by its Chairman Christoph Wanner. This will be followed by two scientific topics on scarcity of water from a perspective different from Nephrology, but from which Nephrology could benefit by mutual knowledge exchange. The first topic will tell us about water preservation in space and will be presented by Bernard Foing, director of lunar space research of the European Space Agency. With researchers continuously present in the International Space center and with plans for a mission to Mars, one of the most appealing issues to be resolved is how to provide space travelers with enough water during their trips. B. Foing subsequently will address how results from this research can be brought back to benefit people on earth. The second topic will address clean water preservation and storage in the Netherlands and developing countries, by Arjen de Vries, an expert in this field. Even in the Netherlands with much water around, scarcity of clean water is a problem for the near future. Together with colleagues modern techniques are developed and applied not only in the Netherlands but also in developing countries like Kenya, to provide the community and industries with cleaning water and solutions on how to store it. From those topics a shared interest with nephrology research could occur, aiming to use water as effectively as possible in the future and balancing as many needs as possible. Subsequently the exhibition will be opened where drinks will be available.

A good opportunity to discuss research is visiting the presented posters especially at the allotted time slots when the researchers are present.

A new feature in this year’s meeting are the two The Lancet sessions, newly developed in close collaboration between our society and The Lancet. Finally, in the late breaking clinical trial sessions, both orally and as posters, data on very recent and appealing research will be presented.

Altogether we feel that an outstanding programme has been put together that will allow the delegates to increase their knowledge through interaction during the Congress with other participants and the presenting experts.

After the meeting, especially for those how stay a bit longer, Amsterdam and the Netherlands have a lot to offer, including a large number of museums in Amsterdam and nearby cities. The famous Deltawerken gives a display of the Dutch struggle against water and can be found at the Neeltje Jans museum, reachable by car or public transportation. Of course just browsing along the famous Amsterdam canals and eating or drinking on one of the many terraces of the city is already enough to experience a very relaxing and great stay.

We thank all the people from ERA-EDTA’s Headquarters who worked hard to facilitate this year’s meeting and encourage you to visit Amsterdam, hoping you’ll experience a meaningful and pleasant stay.
In 1964, just one year after the birth of ERA-EDTA during its first Congress in Amsterdam it was decided to start a renal registry that was to include all European patients on renal replacement therapy (RRT) for end-stage renal disease. The first registry Chairman was the famous Dutch nephrophil Willem Drukker and already one year later, during the second EDTA Congress in Newcastle, the first Registry Report was presented. In those early days dialysis and transplantation were innovative medical treatments and the number of patients and renal centres were relatively small. This report therefore included data on only 187 transplanted patients 271 patients treated with haemodialysis in whom mortality after one year was as high as 44%. The European ERA-EDTA Registry on RRT was a unique example of international cooperation. Collaborating nephrologists invested substantial time in data collection on paper to send them to the Registry headquarters and all the work was done on a purely voluntary basis. Soon thereafter, similar registries were started in Canada, the United States, and Australia-New Zealand. Nowadays renal registries exist in virtually all developed and also in many developing countries.

In the meantime the Registry had moved to Germany and in 1976 it moved to St. Thomas’s Hospital in London. At that time the Registry archive contained only 1.5 meters of files that were transferred to London by the new Chairman Tony Wing in his Volkswagen. Since 1971 a paediatric RRT registry had been added to the ERA-EDTA Registry and many papers both on adult and paediatric nephrology were published in this highly successful period. However, at the beginning of the 1990s the Registry began to experience difficulties. There were problems with the computerization of the database, with newly introduced computer systems and with the fact that the number of renal centres across Europe had grown up to almost 4000. Therefore the ERA-EDTA Council decided to move it from London to the Academic Medical Center (AMC) in Amsterdam where, under the chairmanship of Douglas Briggs and the managing director Kitty Jager, the Registry made a new start in the year 2000.

As of today the ERA-EDTA Registry is still based in the AMC. It is a collaborative effort by the Registry office and the national and regional renal registries from 30 countries. The database includes core data on the demography, renal disease, treatment and outcomes of half a million RRT patients. Additional data for specific studies are collected on a regular basis and for a number of registries further clinical data have been added to the dataset. A collaborative international research network of registry representatives and other interested researchers has been set up to work on the different data sets. There is also a close collaboration with the ESPN/ERA-EDTA Registry; the new paediatric registry which started in 2007 which has a separate collection of extensive clinical data.

In the spirit of the early years where progress was only possible by international cooperation, the ERA-EDTA Registry has extended its activities to education. Last March it organized the 25th Introductory Course on Epidemiology for nephrologists and nephrology researchers and in 2007 the Registry made a new start in the year 2000.
diabetes, a number that is estimated to rise to 592 million by 2035. This pandemic may have severe consequences in nephrology. The magnitude of the problem requires multidisciplinary and multinational collaborations. A group of European investigators, nephrologists, endocrinologists and nutritionists proposed to the ERA-EDTA the creation of working group aimed at addressing this problem. In May 2013, during its 50th annual Congress in Istanbul, the ERA-EDTA approved the creation of a new working group called DIABESITY (www.era-edta.org/diabesity/diabesity.htm). The activities of the working group officially started in October 2013. Since then, DIABESITY has reached more than 150 members from countries all over the world.

Major aims of DIABESITY include:

1. To study common pathways of obesity and diabetes associated renal disease:
   - non-proteinuric pathways of renal damage.
   - the role of glomerular hyperfiltration in renal function loss.

2. To evaluate the impact of calorie restriction on GFR decline in obese subjects (with and without diabetes) with glomerular hyperfiltration.

3. To perform regular educational activities aimed at disseminating current knowledge on diabesity for the medical community and for patients.

AIMS
Worldwide, 2.16 billion subjects are overweight or obese and about 382 million people have diabetes, a number that is estimated to rise to 592 million by 2035. This pandemic may have severe consequences in nephrology. The magnitude of the problem requires multidisciplinary and multinational collaborations. A group of European investigators, nephrologists, endocrinologists and nutritionists proposed to the ERA-EDTA the creation of working group aimed at addressing this problem. In May 2013, during its 50th annual Congress in Istanbul, the ERA-EDTA approved the creation of a new working group called DIABESITY (www.era-edta.org/diabesity/diabesity.htm). The activities of the working group officially started in October 2013. Since then, DIABESITY has reached more than 150 members from countries all over the world.

Major aims of DIABESITY include:

1. To study common pathways of obesity and diabetes associated renal disease:
   - non-proteinuric pathways of renal damage.
   - the role of glomerular hyperfiltration in renal function loss.

2. To evaluate the impact of calorie restriction on GFR decline in obese subjects (with and without diabetes) with glomerular hyperfiltration.

3. To perform regular educational activities aimed at disseminating current knowledge on diabesity for the medical community and for patients.

ACTIVITIES
CME courses: during 2014, DIABESITY will perform two CME courses. During these events we will discuss common aspects of renal disease in diabetes and obesity: epidemiology, clinical studies, and pathways of renal disease, glomerular hyperfiltration, insulin resistance, inflammation, renal lipotoxicity, new histological markers of renal damage, animal models, and the impact of life-style interventions.

- the first CME course will take place during the 51st Congress of the ERA-EDTA in Amsterdam for more information please visit: www.era-edta.org/page-5-118-0-118-51steraedtacongressuams terdam2014.html.
- the second CME course will take place in Tenerife, November 1 and 2, for more information please visit: http://diabesity.es/tenerife2014/

PUBLICATIONS
The working group has recently published the following review:


FUTURE PLANS
We are developing an European Nephrectomy Bio-Bank – ENBiBA-. In this project we propose the creation of a bio-bank of unaffected renal tissue of pieces of nephrectomy, to study the histological patterns of renal damage in obesity, metabolic syndrome and diabetes. This also will give the possibility of analyzing pathogenetic pathways involved in renal damage associated with these diseases.

Next Year It Will Be London

From David Goldsmith, 52nd Congress President and Ziad Massy, Chair of the Scientific Committee

Dear Colleagues and Friends,

It is our great pleasure and privilege to invite you to London in May 2015 to take part in the 52nd congress of ERA-EDTA. The Society is planning a meeting of outstanding scientific interest and quality in the world-famous city of London.

The Congress is being held in partnership with the UK Renal Association and other international Societies and the Scientific Programme will benefit greatly from their contribution and collaboration.

The meeting will be held in the ExCeL Congress Centre to the East of London, not far from London City Airport, the Olympic Site and Canary Wharf. Hotels will be available locally and mostly within 20 minutes walking distance from the Congress Centre.

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 practicing nephrologists, and it will also feature cutting-edge scientific discoveries. Translational research has as usual a prominent part in the programme, and special thought and attention has been paid to chronic kidney disease, geriatric nephrology, and other important clinical areas.

There will be an extended CME programme at the day of the Welcome Ceremony, as usual one of the jewels in the crown of ERA-EDTA Congresses, and within that programme there will be many presentations from the ERA-EDTA working groups. As always, the “Late breaking clinical trial” session promises to be exciting and stimulating. The Young Nephrologists’ Platform will also be prominent in the Congress programme. As last year, we also plan to continue collaboration with The Lancet.

The theme for the Congress is the River Thames itself. Evocatively once dubbed “Liquid History”, the river has seen many of the most famous and memorable people and occasions over the last few centuries. The river wends its careful way from a rural setting right into and across one of the world’s most famous and vibrant cities. Ebbing and flowing like our scientific knowledge-base, the river commands respect and admiration in equal measure. We hope that the river can symbolise constancy and change, as we face the implacable often obdurate challenges deriving from both acute and chronic kidney disease with unceasing optimism and vigour.

We are all really hoping you will find the city welcoming, the programme exciting, the company stimulating and the experience enriching.

We look forward very much to welcoming you to London in May 2015 for the 52nd ERA-EDTA Congress.
At the forthcoming ERA-EDTA Amsterdam Congress, during the Welcome Ceremony (May 31, 2014), the following ERA-EDTA Awards will be given:

**ERA-EDTA Award for Outstanding Scientific Achievements**

Drs. Tilman Drüeke (France), Gérard London (France) and Heini Murer (Switzerland) are this year’s ex aequo recipients of the ERA-EDTA Award for outstanding scientific achievements.

Dr. Drüeke started his nephrological activities more than 40 years ago and worked essentially at Necker Hospital in Paris (France) where he started to work on a post-doctoral fellowship in 1969, after having studied originally in Germany, where he was born. After having reached his emeritate in 2009, he followed his co-worker Dr. Ziad Massy to the Amiens University Hospital. He received two honorary doctorates: one in Skopje (Macedonia) and one in Montevideo (Uruguay). He was scientifically active in a broad range of topics related to nephrology with as main interests β2-microglobulin and its relation to dialysis-related bone disease, the chronic kidney disease / metabolic bone disease (CKD/MBD) complex, hemodialysis and its cardio-vascular complications, renal anemia and hypertension.

He was involved in a large number of important clinical trials. He is also a welcome guest and speaker at many scientific meetings. He was Chief Editor of Nephrology, Dialysis and Transplantation and Associate Editor of the clinical Journal of the American Society of Nephrology. At this moment he is Associate Editor of Kidney International. Dr Drüeke authored and co-authored more than 500 original publications, of which several ones in major journals (New England Journal of Medicine, the Lancet, Journal of Clinical Investigation, Circulation, Journal of the American Society of Nephrology, etc.).

Like Dr. Drüeke, also Dr. London started his nephrological activities more than 40 years ago and he also worked essentially in Paris, at Manhès Hospital where he became chief of the nephrology/hemodialysis department in 1971 until his retirement in 2009, although he graduated in Medicine at Charles University in Prague, then Czechoslovakia. He was President of the European Renal Association – European Dialysis and Transplant Association (ERA-EDTA) from 2008 to 2011 and is currently chair of EURECA-m, one of the ERA-EDTA workgroups, focusing on cardiovascular disease in renal patients. He received several awards and honorary memberships. He was scientifically active especially in the study of cardiovascular disease in Chronic Kidney Disease and the mechanisms inducing vascular calcification and stiffness in this condition, especially the changes in the bone-vascular axis.

Dr London authored and co-authored more than 350 original publications, of which several ones in major journals (especially Circulation, European Heart Journal, Hypertension, Journal of the American Society of Nephrology, etc.) and these publications have abundantly been cited.

In contrast to the two other laureates, Dr. Murer was during his entire career not active as a nephrologist but as a basic researcher. After having obtained a degree in biology in Fribourg, Switzerland, he obtained a PhD in biochemistry in Zürich, Switzerland, and moved to the Max Planck Institute in Frankfurt, Germany, in 1975 to join the renal physiology laboratory. Then he returned to the biochemistry department in Fribourg, and became professor at the University of Zürich from 1981 on, where he was head of the renal physiology department. He became vice-president for Medicine and Sciences at the University of Zürich from 1981 on, where he was head of the renal physiology department. He became vice-president for Medicine and Sciences at the University of Zürich (2006-2010) after which he moved to the emeritate. In 2010 he was elected co-Chair of the ERA-EDTA Scientific Advisory Board (SAB), position that he still maintains.

He served on the editorial board of several major journals. He received several awards among which the Homer Smith award and the Donald Seldin award. He is member of the Swiss Academy for Medical Sciences. Dr Murer authored and co-authored more than 450 original publications, of which several ones in major.

The three laureates of today, Drs Drüeke, London as well as Murer, are true giants of European nephrology who stood at the basis of a broad array of clinical and scientific information that has its repercussion today and will continue to impact nephrology for many coming years.
**ERA-EDTA Award for Outstanding Contributions to ERA-EDTA**

Alex (Sandy) Davison (United Kingdom)

Dr Alex (Sandy) Davison is the recipient of the 2014 ERA-EDTA award for contributions to ERA-EDTA. Dr Davison became a member of ERA-EDTA in the 1970’s and served the society in many different functions. He first became Associate Editor of the EDTA Proceedings in 1981 becoming Editor the next year. The Proceedings at that time contained monographs based on all Congress presentations and also the Registry reports. In 1985 Council decided to replace the Proceedings by an official journal, and he was appointed to accomplish the transition and became the first Editor in Chief of the new journal that was named Nephrology Dialysis Transplantation. In 1992, as a consequence of a number of publishing difficulties, he played a key role in the move to Oxford University Press as publisher and as of today the journal is still handled by the same house. After the end of his term as Editor in Chief in 1996, he was elected Council member of ERA-EDTA in the same year, and then became President of the Society in 1999 which he remained till 2002. As this period coincides with the improvement of the accessibility of East Europe, he played a key role in organizing educational activities in that part of Europe, in part in collaboration with the International Society of Nephrology (ISN).

Under his Presidency also the ERA-EDTA Registry took another direction by starting a collaboration with the Amsterdam Medical Center (AMC) in the Netherlands in 2000, which subsequently averted itself as a very fruitful and rewarding move. He was instrumental in ensuring financial stability to the society, together with Vincenzo Cambi. All together, Dr Davison thus served the Society for more than 20 years. He also negotiated for the first joint ERA-EDTA/ISN congress in Berlin in 2003. He further started cooperation with other European scientific societies like the European Society for Artificial Organs (ESAO) and the European Kidney Research Association (EKRA). He was appointed NDT Emeritus Editor in 1993; awarded a Honorary membership of ERA-EDTA in 2002 and became Distinguished Fellow of ERA-EDTA (FERA) in 2011. His impressive list of actions has been the basis for the ERA-EDTA’s current successful activities and the present ERA-EDTA Officers are extremely fortunate to be able to build further on this.

**Stanley Shaldon Award for Young Investigators**

Rafael Kramann (Germany)

Dr Rafael Kramann is the recipient of the 2014 Stanley Shaldon Award for Young Investigators. Dr Kramann accomplished the largest part of his career at Aachen University in Germany but is currently working as a post-doctoral research fellow Brigham and Women’s Hospital (Boston, USA).

Next to being MD and PhD, he also obtained a degree in Good Clinical Practice training and a principal investigator licence for clinical trials. He ended among the top 1% of the German Medical State Examination to obtain the licence to practice medicine. He received 7 awards and obtained 4 grants for a total amount above 350,000 EUR. His research focuses essentially on stem cells, uremic vasculopathy, and myocardial fibrosis.

In spite of his young age (he is only 32), he published in total an impressive amount of approximately 30 original publications, most of which in renowned journals such as Journal of the American Society of Nephrology, Proceedings of the National Academy of Sciences (PNAS), Biomaterials, Clinical Biochemistry, European Heart Journal, Heart and Kidney International.

His curriculum and his topics of interest offer bright perspectives for the future. We are looking forward to the further evolution of his scientific career.
From Andrzej Wiecek, ERA-EDTA Secretary-Treasurer

Professor Bruno Watschinger was born in Linz, Austria on June 14, 1920. Working together with Prof. Kolff he invented the first usable dialyser. What was the breakthrough for the world of nephrology. Prof. Watschinger was the President of the ERA-EDTA Congresses in Vienna in 1973 and again in 1990. In 1969 he was elected to the ERA-EDTA Council. He was given the ERA-EDTA Honorary Membership in 1991 during the Congress in Rimini, Italy.

Professor Stanley Shaldon was born in London, UK, on November 8, 1931, he died on December 20, 2013, in Monaco, at the age of 82. Together with David Nicole Sharp Kerr and William Drukker in 1963 they founded the Western European Dialysis Association (WEDA) the 1st name of the European Dialysis and Transplant Association during the Symposium on Acute Renal Failure which took place in the Royal Free Hospital in London. He was given the ERA-EDTA Honorary Membership in 1994 during the Congress in Vienna, Austria. In 2011 he was awarded the “ERA-EDTA Award” for his outstanding contributions to nephrology. He had over 350 peer-reviewed publications. Among his many achievements were: developing an arteriovenous fistula applying central vein catheters as access for dialysis, (known as the “Shaldon-catheter”), drawing attention to the significance of pure dialysis water, of chemokines in uremia and the toxicity of dietary salt. Prof. Shaldon was a member of the ERA-EDTA Council in 1964 and in 1970. In 2012 ERA-EDTA decided to grant a prize that is given annually to young investigators which is named the “Stanley Shaldon Award for Young Investigators”. He was given the ERA-EDTA Honorary Membership in 1994 during the Congress in Vienna, Austria.

Professor John Stewart Cameron was involved in many breakthroughs in the nephrological field: he started long before this became an accepted practice and in adult and pediatric nephrology practices; he was co-author of one of the first, if not the first, Randomized Controlled Trial in nephrology; he pioneered in the use of descriptive mathematics in follow-up studies; his group was among the first to use azathioprine for glomerulonephritis and lupus, and the first to apply oral cyclophosphamide for lupus; and he published several studies on the involvement of complement and platelets in glomerulopathies. Prof. Cameron authored and co-authored approximately 460 publications. In 1982 he was elected to the ERA-EDTA Council. He was the president of the ERA-EDTA from 1984 to 1987. He was also the President of the International Society of Nephrology. In 2012, at the ERA-EDTA in Paris, France, he received the ERA-EDTA Award for lifetime achievements in nephrology. He was given the ERA-EDTA Honorary Membership in 1998 during the Congress in Rimini, Italy.

Professor Alexander Meikle Davison was born in Scotland on January 31, 1940. In 1982 A. M. Davison became the Editor of the EDTA proceedings and founded, in 1985 the first official journal of EDTA - Nephrology Dialysis and Transplantation (NDT). The first issue was published in 1986. The journal has played a major role in raising the international standing of the ERA-EDTA. Prof. Davison served as the NDT Editor-in-Chief until 1993. In 1996 he was elected Ordinary Member of the ERA-EDTA Council and from 1999 to 2002 Prof. Davison served as the President of the ERA-EDTA. During his term the ERA-EDTA Registry was moved from London to Amsterdam. In 2014 (Amsterdam, The Netherlands) he will receive the ERA-EDTA Award for outstanding contributions to the ERA-EDTA. He was given the ERA-EDTA Honorary Membership in 2002 during the Congress in Copenhagen, Denmark.

http://ndt.oxfordjournals.org/content/17/12/2270.full

http://ndt.oxfordjournals.org/content/9/7/883.extract

http://ndt.oxfordjournals.org/content/16/1/184.full.pdf

http://ndt.oxfordjournals.org/content/3-14-0-14-eraedtahistory.html

http://ndt.oxfordjournals.org/content/17/12/2270.full
Professor Vincenzo Cambi was born in 1937. Apart from his contribution to ERA-EDTA, Prof. Cambi, after his stay in Seattle from 1969 to 1971 at Prof. Scribner’s institute, was the person who invented the concept of short dialysis (4 hours 3 times a week) that now is considered the standard dialysis all over the world. From 1978 to 1980 he served his first term in the ERA-EDTA Council as Ordinary Member. In 1984 he was the President of the EDTA-ERA Congress in Florence. In 1984, he was re-elected Ordinary Council Member for a second term. In 1990 he was elected Secretary-Treasurer, which he remained till 1996. In 1991, during this mandate as Secretary Treasurer, the yearly ERA-EDTA Congress had been planned in Belgrade, former Yugoslavia, but a war broke out a few months before. It was thanks to him that the Congress was “rescued” by transferring it to Rimini, Italy.

His main achievement, however, was the registration of ERA-EDTA as a Charity in England, which made the Society more stable and secure regarding its finance and tax status. In 1996, when his term as Secretary-Treasurer ended, Dr Cambi was elected by the Council as Chief-Controller (a position that is now named “Chief of the Administrative Office”) and held this position until 1999. In 2012, at the ERA-EDTA in Paris, France, he received the ERA-EDTA Award for outstanding contributions to the ERA-EDTA. He was given the ERA-EDTA Honorary Membership in 2002 during the Congress in Copenhagen, Denmark.


Professor Eberhard Ritz was born on January 23rd, 1938, in Heidelberg, Germany. His main interests concern calcium metabolism in renal failure, hypertension and the kidney, diabetic nephropathy and cardiac problems in renal failure. In 1990 he was elected to the ERA-EDTA Council and from 1993 to 1999 he was the Editor-in-Chief of NDT. In 2003 he was the President of the World Congress of Nephrology in Berlin, organized jointly by ERA-EDTA and ISN. From 2007 to 2009 he was the President of ISN. He is honorary member of the Australian, British, Czech, French, Italian, Polish, Spanish and South African Societies of Nephrology. He was given the ERA-EDTA Honorary Membership in 2005 during the Congress in Istanbul, Turkey.


Professor Franciszek Kokot was born on November 24th, 1929 in Olesno, Poland. He is one of the pionerees of the european nephrology. He was one of the first to publish his own records of cases of primary hyeraldosteronism, hyperthyroidism and in-depth analysis of hormonal disorders in acute or chronic renal failure or transplant kidneys as well as hormonal activity of ischemic kidneys. It is worth emphasizing that these significant publications were based on laboratory test results using radioimmunoassay methods developed entirely by Professor Kokot. He was a member of ERA-EDTA Council in 1978-1981, 1987-1990 and 1993-1996.

He was given the ERA-EDTA Honorary Membership in 2010 during the Congress in Munich, Germany.


Professor Vittorio Emanuele Andreucci was born in Naples on February 12, 1937. Author of numerous books for both medical students and for Specialists. He was the author of over 300 publications in international scientific journals. In 1972 and 1979 he was elected the Ordinary Member of ERA-EDTA Council. From 1972 to 1979 he served as the Secretary-Treasurer and from 1981 to 1984 as the President of ERA-EDTA. During his term as the President the Association changed its name from EDTA to ERA-EDTA what reflected enlarging the scope of the Society to all fields related with nephrology.

He was given the ERA-EDTA Honorary Membership in 2013 during the Congress in Istanbul, Turkey.

http://ckj.oxfordjournals.org/content/5/2/180.short#
Prof. Norbert Lameire opening the EKHA Spring Forum in the European Parliament Chronic Kidney Disease (CKD) is still frequently neglected as a health hazard. This is especially worrisome, given that today one in ten Europeans suffers from some degree of chronic kidney disease and some experts predict a further increase over the next decade. Therefore, more efforts should be made to increase the awareness and to inform the general public about prevention measures. For this, the full support by regulatory bodies is needed. Besides, lots of work must be done to provide universal access to high quality kidney care, also respecting the patients' choice, in all European countries. Still, access to renal replacement therapy across borders and the efforts of different countries to contain costs differ mainly because of differences in health care systems.

To stop these inequalities and to promote kidney health are the most important aims of European Kidney Health Alliance (EKHA), which has now made a big step forward in its activities with the organization of the EKHA Spring Forum at the EU Parliament in Brussels. Together with the MEP (Member of Parliament) Group for kidney Health – led by MEP Mrs Zofija Mazej-Kukovič (Slovenia) – EKHA brought all key European and national stakeholders together, including patients, nurses, foundations, experts and policy makers to discuss the issues surrounding the provision of kidney care in Europe. “We all have to face these challenges and fight the inequalities”, Prof. Norbert Lameire, EKHA Chair and host of the meeting pointed out.

The big cross-national differences were well demonstrated by the reports of three nephrologists representing Italy, UK and Estonia. While, for example, Italy spends nearly 2.5 billion Euros per year on chronic dialysis patients, as Prof. Giovambattista Capasso, president of the Italian Society of Nephrology, explained, there are only three big nephrology centers and about 25 nephrologists in Estonia, as Prof. Mai Rosenberg, president of the Estonian Society of Nephrology, pointed out. Even being a small state with about 1.3 million inhabitants, it becomes clear that dialysis is not available in a uniform way all over the country. Prof. Jonathan G. Fox, Treasurer & Trustee of the UK Renal Association, summed up what the EU could do to improve the situation and demanded more research into factors leading to variation in timing of initiation of dialysis and incidence rates for RRT (Renal Replacement Therapy) across EU as well as further integration of the ERA-EDTA Registry data to capture performance across the EU, highlighting good and poor practice.

Dr. Vianda S. Stel from the ERA-EDTA Registry based at AMC (Academic Medical Center) in Amsterdam gave an overview on the current access to RRT in EU countries and drew the conclusion “that we have to make sure that each patient with ESRD (End Stage Renal Disease) will receive the most effective treatment in terms of patient survival and quality of life.” But as Ms. Anki Davison, speaking on behalf of EDTNA/ERCA (European Dialysis and Transplant Nurses Association/European Renal Care Association) pointed out, the standard of care differs greatly between countries – and in general there is a trend to increase hospital nurses’ workloads while decreasing their relative number in proportion to the number of patients, even if this is known to be associated with worse patient outcomes including higher mortality rates. But there is not only the problem of a higher morbidity and mortality, another important aspect is the patients’ choice, as Mr. Mark Murphy, vice president of the European patients’ organization CEAPIR explained. “In many countries patients have no choice at all. Of course, due to the lack of donor organs, transplantation is not available, but often patients are even not informed about the different dialysis modalities”, he criticized.

The aim of the EKHA Spring Forum was to unite all European and National stakeholders involved in kidney health and disease matters to ensure a better understanding of these problems and to propose solutions. In the second part of the meeting, the politicians were asked to react. Mr. Clive Needle from EuroHealthNet.eu drew the conclusion: “We know enough to act, but the implementation is still poor”. But Ms. Hélène Le Borgne, from the European Commission for Public Health, pointed out that many things have already started and she gave an impressive overview of all relevant EU-funded projects, although she admitted that many things took their time.

All in all the EKHA Spring Forum was a great success, because it took the important initiative of involving the EU parliament and asked for solutions on the political level. And as we all know: You have to plant in spring, if you want to harvest later!