ERA-EDTA 2011-2014 - Going from Strength to Strength

From Raymond Vanholder, former ERA-EDTA President, and Andrzej Wieck, current ERA-EDTA President

It is difficult to summarize all the activities that took place during our terms as President and Secretary-Treasurer respectively, between 2011-2014. This list of accomplishments would not have been possible without building upon everything that had already been achieved by our predecessors, and which could only be realized with the help and hard work of many people: the members of the Council; the support team of the administrative offices in Parma; and the many members of the Working Groups and Committees that the Society can count on.

Membership: From 2011 to 2014, the membership increased from 6200 to 7000, with lower membership fees for young people and people from low income countries.

Awards: The ERA-EDTA awards were restructured into three categories: 1) outstanding scientific achievements; 2) outstanding contributions to the society; 3) the Stanley Shaldon award for young investigators, given for the most impressive overall scientific curriculum among presenters of high scoring abstracts at recent ERA-EDTA Congresses.

European Kidney Health Alliance (EKHA): This collaboration between EDTNA/ERCA (European Dialysis and Transplant Nurses Association/European Renal Care Association), CEA PIR (European Kidney Patient’s Federation), IFKF (International Federation of Kidney Foundations) and ERA-EDTA was strengthened by involving a new lobbying bureau, improving the connections with the European Community, enhancing consideration of renal themes in Horizon 2020, announcement of European initiatives favouring nephrology to all members of ERA-EDTA, increasing contacts with the European Commissioner for Health Affairs, organizing meetings with members of the European Parliament (MEPs) to increase awareness of kidney disease and to stimulate harmonization among European countries in handling kidney disease.

European Chronic Disease Alliance (ECDA): This consortium of medical societies involved with chronic diseases, of which EKHA is a member, organized in 2014 for the first time a European summit on chronic diseases where a presentation on chronic kidney disease was given by N. Lameire (EKHA Chair).

Continued Medical Education (CMEs): 100 CMEs were organized in the European area and three in Africa. Speakers were sent to Brazil, Mexico and Columbia. Contests were strengthened with the European Union of Medical Specialists (UEMS). Discussions were started concerning a European nephrology examination.

Relations with the National Societies: The meeting with the National Nephrology Societies at the opening of the Congress became more interactive. A brainstorming meeting was organized in Würzburg in 2013 and will be organized again in Bari in 2014. National Societies can now become members of EKHA (the number is now 10). Special membership arrangements for National Society members are also possible.

ERA-EDTA Registry: The Registry published approximately 80 papers, organized six introductory courses in epidemiology (one in Latin America) and three courses for young aspiring reviewers, trained 16 fellows, started a cooperation for epidemiological training with the Sociedad Latinoamericana de Nefrologia e Hipertension (SLANH), and supported African nephrologists to set up a pan-African Registry.

EURODOPPS: An agreement was signed between the Dialysis Outcomes Practice Patterns Study (DOPPS) and the ERA-EDTA registry for the study of the epidemiological data collected in the European DOPPS countries.

European Renal Best Practice (ERBP): ERBP published 15 monographs, either full guidelines or position statements. More than 10 projects are in the pipeline. In this period, three full guidelines were published, one on the management of crush victims in mass disasters, one on the preparation of recipient and donor for kidney transplantation, and one on hyponatremia. ERBP also installed a methods’ support team (MST) which became fully operative from 2011 onwards. It is composed of five fellows who were trained at the Cochrane Centre in Australia. The MST will, from now on, train its own fellows to offer support in developing a plausible evidence base for guidance documents. Special attention was paid to implementation (booth with quiz at the annual ERA-EDTA congresses; distribution of leaflets; translation of guidelines; adaptation of website with special documents for patients).

Ethics committee: All actions of the Society and Council are carefully checked for their ethical soundness by a specifically appointed commission. A declaration of interest form was developed which must be completed by all who take an official responsibility within ERA-EDTA or make a presentation/lecture.

Collaboration with other societies: Collaboration was consolidated or started with: the American Society of Nephrology (ASN); the International Society of Nephrology (ISN); the Chinese Society of Nephrology (CSN); SLANH; the European Society of Paediatric Nephrology (ESPN); the European Society of
Cardiology (ESC); the European Society of Hypertension (ESH); the European Society of Organ Transplantation (ESOT); the European Society of Internal Medicine (ESIM); the European Urological Society (EULIS); European Peritoneal Dialysis (EuroPD); the Cardiovascular and Interventional Radiological Society of Europe (CIRSE); the Cancer and the Kidney International Network (C-KIN); the International Association for the History of Nephrology (IAHN); and the International Society of Renal Nutrition and Metabolism (ISRNM).

**Fellowships:** 35 long-term fellowships and 34 short-term fellowships were attributed to 18 nationalities from 184 received applications. In response to a specific need, a devoted section of clinical fellowships for applicants from European economically disadvantaged countries and from non-European emerging countries was created. The administrative handling of the fellowships, which was previously outsourced, was successfully taken over by the administrative offices of the European Molecular Biology Organization (EMBO).

**Website improvement:** A committee was appointed to refurbish the current website, with special attention for the history of European nephrology, and sections devoted to patients and the National Societies.

**Follow us and Follow us Flash:** Regular contact was restored between ERA-EDTA and its members, to announce news and activities of the Society. Follow us Flash is an e-based direct medium to update members and non-members with short messages every two weeks giving the latest news from the Society.

**Nephrology Dialysis and Transplantation:** The editorial board was modified. Acceptance rate was decreased to reduce the volume of the journal. The lay-out and design were also changed. NDT China was started with Chinese translations of a selection from the standard NDT version.

**Second journal:** The name of NDT Plus was changed to Clinical Kidney Journal (CKJ). The editorial board was modified and design, mission and content were adapted.

**NDT-Educational:** This web-based journal was reorganized. The website was restructured. The editorial board will be changed.

**Working groups:** At the start of this term, there were four ERA-EDTA working groups: EURECA-m (on cardiovascular risk in kidney disease), Immunonephrology (on immunologic kidney disease), WGiKD (on genetic and rare kidney disease) and EUDIAL (European Dialysis Working Group). During this term, three new working groups were installed: DESCARTES (kidney transplantation), Diabesity (diabetes and obesity) and CKD-MBD (Chronic Kidney Disease/Metabolic Bone Disease).

There are two endorsed working groups: EUTox (uremic toxicity) and EuroPD (peritoneal dialysis and personalised dialysis strategies). All working groups have the freedom to develop their own political and scientific activities.

**Young Nephrologists’ Platform (YNP):** A special body was created to offer young nephrologists and researchers in nephrology the opportunity to join forces, to communicate among each other and to offer the society advice in specific matters related to its young members. The Board consists of six democratically elected members and the winners of the Stanley Shaldon award for Young Investigators of the last three years. The membership of YNP has now reached 155. Among its first accomplishments were: advising the Council to reduce the membership fees for young members, and the installation of an advisory program to support young professionals to improve and build a successful career in nephrology. They made it possible to offer free ERA-EDTA memberships to the young authors of the highest scoring abstracts at the ERA-EDTA meetings, as well as to the young authors of papers accepted for publication in NDT and/ or CKJ.

**Collaboration with The Lancet and Lancet Diabetes & Endocrinology:** An issue of both journals was devoted to kidney diseases and was published in conjunction with the ERA-EDTA Congress in Amsterdam. The issues contained reviews, editorials and original publications. Two sessions at the Congress have been devoted to oral presentations on the content of those publications. This collaboration will be consolidated at least for 2015.

**Fellow of ERA-EDTA (FERA):** The title was attributed to 149 people from Europe and the European area and 10 from outside Europe.

**Social media:** ERA-EDTA made its appearance on Facebook, Twitter, Google+, YouTube and Vimeo.

**Press office:** ERA-EDTA now has a press office that not only works for the Society during the Congress, but also on a day-to-day basis.

**Research program:** Six large research networks were running during this term: VitaVasK. A new call has recently been launched for a maximum of €600,000, with Biomarkers of CKD as the topic.
Meet the NEW Council Members

**Angel Argiles**

Born in Lleida, in the Spanish part of Catalonia, I started my medical studies in 1975 at the University of Barcelona. Graduating in 1981, I became interested in Nephrology and completed my training in Montpellier (France) in 1987. During this period, Spain evolved from a dictatorship to a democracy, and became a member of the European Community in 1986. This allowed us to work freely in France, which I did after 2½ years doing a post-doctoral fellowship at the Prince Henry’s Hospital, Monash Medical School, Melbourne, Australia.

I started research when I first went to France at the Centre de Recherches en Biochimie Macromoléculaire of the CNRS (Centre National de la Recherche Scientifique) in Montpellier and completed my Doctoral Thesis at Barcelona University in December 1984. I was appointed as foreign research fellow by the INSERM (Institut National de la Santé et la Recherche Médicale) and thereafter by CNRS, before leaving for Melbourne. The application of techniques in protein analysis, well before they were called ‘proteomics’, allowed us to characterize new compounds of B2M amyloid deposits other than beta 2 microglobulin, and to identify Cellular Retinoic Acid Binding protein (CRABP) in urine from kidney donors, and accumulate evidence suggesting participation of retinoids in compensatory kidney growth, leading to our first *Kidney International* paper in 1987.

I have always been involved in both clinical and research activities and following my appointment as Associate Professor of Nephrology at the School of Medicine of Montpellier in 1992, I became Research Director at the CNRS in 2001. Because of my research interests, Professor Raymond Vanholder invited me to join the European Uraemic Toxin working group (EUTox) that he was creating with Dr Ulrich Baumeister and Professor Bernd Stegmayr under the umbrella of the European Society of Artificial Organs (ESAO). The hard work and friendship driving this group led to an efficient network of productive research, and the group was endorsed by the ERA-EDTA. When Professor Vanholder was elected ERA-EDTA President in 2011, I succeeded him in chairing EUTox. We found the ERA-EDTA an important source of support for the group and, at the same time, recognised the significance of the endorsed and working groups in reaching the aims of the ERA-EDTA by promoting science and nephrology training across Europe. The combination of my previous experience of working with groups across Europe and internationally, as well as being a member of the ERA-EDTA for over 20 years, gave me the impetus to want to serve as a Council member and contribute to these aims. In collaboration with the new President, Professor Andrzej Wieck, and all members of the Council, I will do my best to assist the ERA-EDTA in pursuing its responsibility for leading European Nephrology.

**Pieter Evenepoel**

I was born in Belgium in 1967 and I am married with three sons. I finished medical school in Leuven in 1992, completed my PhD in 1997 and became a Board Certified Nephrologist in 2000. I then joined the staff of the Leuven University Hospitals, the largest in Belgium with 1,894 beds, where the Nephrology, Dialysis and Transplantation department is renowned worldwide for its expertise in renal transplantation, and the Laboratory of Nephrology is established in the area of uremic toxicity research. I was among the first to identify p-cresol as an interesting biomarker of bacterial protein fermentation in the mid 1990’s. I am also interested in CKD-MBD and became Co-chair of the Calcium-Phosphorus Work Group during the KDIGO controversies conference on CKD-MBD in Madrid and recently became a Board member of the ERA-EDTA CKD-MBD Working Group. I am actively involved with several renal societies and I am a member of the Kidney International Editorial Board.

One of the missions of ERA-EDTA is to encourage and report advances in the field of Nephrology. In an era of rapidly increasing knowledge this is quite challenging. New answers create new questions and cross-talk between clinical, translational and basic science is required more than ever. Like many others, I have witnessed in recent years the transformation of the ERA-EDTA from a mainly clinically oriented society to a society that aims to bring together clinicians and basic researchers. The ERA-EDTA crossed borders and proved to be successful as is reflected in the increasing number of members and delegates attending the annual Congress and CME courses. This path needs to be maintained and it is my wish to play a more active role in the further development of the ERA-EDTA and the advancement of its ultimate goal, which is to improve the quality of care for renal patients.

Given my rather limited track record as an administrator and given the immensity of the ERA-EDTA as an organization, there is much for me to learn, and modesty will govern the first months of my term. As for the future, I believe that increased networking between basic scientists and clinicians, and between well-established and developing centres of excellence should be strived for. The ERA-EDTA, in close collaboration with governmental institutions, such as the European Union, is ideally placed to create the best platforms to facilitate this process. It is my sincere goal to further enhance this service.
Alberto Ortiz

I obtained my MD from Universidad Autonoma de Madrid and, ever since I was a Medical Student, I have combined patient care, research and teaching. I trained in Nephrology at Fundacion Jimenez Diaz, one of the birthplaces of Nephrology in Spain, mentored by Luis Hernando, Jesus Egido and Carlos Carmelo. There I learned that every research effort is centered on solving patient needs and that translational research is necessary to better understand the pathogenesis of disease in order to design safe and effective therapies. As a Post-Doctoral Research Fellow in Molecular Nephrology, I was mentored by Eric G Neilson at the University of Pennsylvania. There I honed my technical research skills and my ability to see through raw data and to write research manuscripts. In recent years, I have learned from Ray Vanholder and Angel Argilés at Eutox, from Gerard London, Carmine Zoccali and Andrzej Wieck as Secretary of the EURECA-m workgroup of the ERA-EDTA, and from Christoph Wanner and David G Warnock at the Fabry Registry advisory board, among others. I currently hold the positions of co-chief of Nephrology at Fundacion Jimenez Diaz, Vice-dean for Research at the School of Medicine, Universidad Autonoma de Madrid, Spain, coordinator of the ISCIII-funded Spanish Kidney Research Network REDINREN and of the CYTED-funded Iberoamerican Chronic Kidney Research Network IBERERC. In the ERA-EDTA Council, I am Editor of Clinical Kidney Journal and part of the Web page Work Group.

I applied to become a member of the ERA-EDTA Council in order to give back to the Society part of what I learned from its members. As a member of the Council, my main aim is to improve the outcomes of kidney disease patients. It is my firm belief that this is best achieved through translational and clinical research, through education and through accelerating the translation of clinical advances into patient care. Thus, I will dedicate my efforts to these endeavours. In this regard, the Clinical Kidney Journal will also address translational research. I will also strive to expand the collaboration with other Societies to Latin American Nephrology.

ERA-EDTA Leading European Nephrology

From Andrzej Wieck, ERA-EDTA President

It is an enormous honor to have been elected President of the ERA-EDTA! This is the first time that an ERA-EDTA President has come from Poland and, after Prof. Horst Klinkmann (from Eastern Germany; 1987-1990), only the second time a President has come from Eastern Europe. Certainly, this is a sign that the ERA-EDTA has truly become a fully European Society.

My predecessors, Professors Sandy Davison, Francesco Locatelli, Jorge Cannata-Andia, Gérard London and Raymond Vanholder, oversaw the development of many new projects and collaborations that have spread beyond Europe, showing just how much interest there is worldwide for our initiatives. Some of these are unique, with ERA-EDTA leading the way: we now have a very well established, and active, Young Nephrologists’ Platform; we have an online ‘Declaration of Interest’ system, which is one of the most transparent regarding potential conflict of interests not only for committee members, but also speakers at all our events; we are now starting a fruitful collaboration with DOPPS (the EUROPOPps initiative) and with The Lancet – to mention a few. During my term, I would like to continue these activities but I would also like to pay more attention to the European matters of the ERA-EDTA, with a special focus on the Central and Eastern European countries. A more regulated system for financial expenditure, and new rules for CME courses in European countries and countries surrounding the Mediterranean Sea, will be introduced.

I would like to support our younger colleagues, providing them with several encouraging offers to become ERA-EDTA members. It will also be important to continue the fruitful collaboration with the Presidents of the National Societies of Nephrology in Europe as well as collaborating with Nephrological Societies outside of Europe like ASN, ISN, the Chinese Society of Nephrology and others.

During the last 10 years, the declining interest in nephrology can be seen not only in USA (Molitoris B.A., J. Am. Soc. Nephrol., 2014, 25, 893–897), but also in Europe. One of the main goals of the ERA-EDTA is to encourage young doctors to become nephrologists. As the leading organization in European Nephrology, ERA-EDTA is well placed to develop new and exciting ideas.

Although I have outlined many excellent and efficient initiatives of ERA-EDTA, there are a few areas which I would like to develop predominantly. Firstly, communication, both within our society and beyond. New technologies can significantly increase the interaction with, and amongst, our members. Our public relations require constant adaptation to our fast changing world. Our profiles in the social media, our website, the role and structure of our journals should all be helpful tools to activate and attract more members. It is also essential to improve the lobbying activities for kidney issues within the European Parliament and European Commission (through the European Kidney Health Alliance of which ERA-EDTA is a full member). Finally, I would like to focus especially on the collaboration with our Registry (it is its 50th Anniversary this year), our Working Groups, the ERA-EDTA endorsed working groups and ERBP. We must not forget the importance of the activities of our Scientific Advisory Board with several ongoing and new projects. I believe that if we can combine the efforts of our all committees and members we will achieve our goals and help the nephrological community to return to its leading role in medicine.

I hope to be able to continue the excellent way in which ERA-EDTA is going, with the help and support of my fellow colleagues, and I can also say true friends, in the ERA-EDTA Council, and also the entire staff of our Headquarters in Parma.
Amsterdam Congress - Outstanding Success

From Pieter M. ter Wee and Peter J. Blankestijn, President and Secretary of the 51st ERA-EDTA Congress

Four months after ERA-EDTA Amsterdam 2014, we can proudly look back at a very successful meeting. The Congress was attended by more than 8,100 participants, one of the largest stand-alone meetings ever, only surpassed by the Paris Congress. Throughout the meeting we heard enthusiastic feedback on the Congress venue, Amsterdam (not surprisingly) and on the programme, including the CME pre-courses. This was apparent by the high numbers of attendees present at the sessions right from Saturday’s CME courses onwards. The plenary lectures, in particular, were very well attended and of high scientific quality, for which we thank the plenary speakers. Likewise, the new ERA-EDTA Lancet sessions were of high quality and well received by the attendees, and this initiative will also contribute towards the high quality of the Congress next year. The lunch sessions were also very well attended, of good scientific quality and, not least, to the satisfaction of their respective sponsors. Overall, we can look back at a meeting that fulfilled scientific expectations, which can be attributed to the work performed by the Scientific Committee chaired by David Wheeler and the Council.

For the fourth ERA-EDTA Renal Run, we were lucky to have excellent weather conditions. After the opening electrical gunshot by the newly elected ERA-EDTA President, Prof. Andrzej Więcek (symbolic of the start of his term as President!), an exciting run resulted in a victory for a Dutch attendee, who beat an Italian colleague by a whisker!

Of course there is room for further improvement of the meeting. Two such potential improvements were addressed at the Post-Congress Council meeting. The first was to ask the venues for future Congresses to provide clear electronic floor plans of the venues to attendees, making the sessions easier to locate. Secondly, an earlier Council decision not to have internet access in the session rooms has been reconsidered so that for future Congresses internet access will also be available in the session rooms as well in other parts of the venue.

In conclusion, as local organizers we look back at a successful ERA-EDTA meeting in Amsterdam which was of high scientific quality and for which we were honoured and pleased to be able to help with the organization.

Honorary Membership of ERA-EDTA awarded to Prof. Jacques Bernheim

Jacques Bernheim

At the 51st ERA-EDTA Congress in Amsterdam this year, Prof. Jacques Bernheim was awarded honorary membership of the ERA-EDTA. The title of Honorary Member of ERA-EDTA is given to a very limited number of persons who have made outstanding contributions to Nephrology and to the Association. Honorary members are appointed by a resolution of the ERA-EDTA Council upon the proposal of two other members of ERA-EDTA and only 18 persons had previously been given this distinction in the 50-year history of ERA-EDTA.

Prof. Jacques Bernheim was born in 1944 and obtained his MD from the Claude Bernard Faculty of Medicine in 1969. After initial medical experience in France, he moved to Israel and became Professor of Medicine-Nephrology, Sackler Faculty of Medicine, Tel Aviv University, in 1989. An active and prolific researcher, his work encompassed both clinical and experimental research with a special interest in metabolic bone disease, uraemic cardiovascular disease and hypertension. He was one of the first to start measuring parathyroid hormone levels in Europe and he performed extensive studies on the role of vitamin D in kidney disease. He published more than 360 original articles.

Prof. Bernheim was instrumental in some key changes that took place in the Society in the 1990’s which helped pave the way for future generations. He was elected to Council in 1990 and between 1991 and 1992, as Chair of the Paper Selection Committee, he instigated a computerised system for processing abstracts submitted to the annual Congresses. In 1993, he was elected President of the Society. Among other achievements, his Presidency saw the establishment of the administrative, financial and legal structures of the Society in London which helped secure its long-term stability, and the start of the relocation of the Registry from the UK to the Netherlands. His involvement in securing the inclusion of basic science sessions in the scientific program of the Annual Congresses helped avert potential competition from other organisations.

Dr. Bernheim was also founder and chairman of the ERA-EDTA Ethics Committee, a position he held until this year.
EURODOPPS, a joint venture of ERA-EDTA and Arbor Research, is born!

From Bettina Albers, Press Office ERA-EDTA

ERA-EDTA and Arbor Research signed a collaborative agreement in May 2014, creating EURODOPPS, which will bring together the strengths of two initiatives – the Dialysis Outcomes and Practice Patterns Study (DOPPS) and the ERA-EDTA Registry – in collecting and analyzing epidemiological data on patients with chronic kidney disease (CKD) in Europe. During the agreement signing ceremony, Prof. Vanholder, (now former) President of the ERA-EDTA, pointed out that the new partnership is clearly a milestone: “It will enhance science and research. Therefore we are really proud to announce this important joint venture”.

The ERA-EDTA Registry collects epidemiologic data from the national and regional renal registries in Europe and countries bordering the Mediterranean Sea with the purpose of performing scientific research and reporting statistics on dialysis and kidney transplant patients. In particular, the Registry studies disease patterns, treatment and patient outcomes in the various member countries. Registry results for both adult and paediatric patients are summarized annually in registry reports, and are presented at ERA-EDTA congresses as well as in articles in various medical journals. DOPPS is a prospective cohort study of hemodialysis practices that is currently ongoing in more than 20 countries in four continents. The DOPPS project uses a common data-collection protocol over time, and thus is able to monitor the impact of changes in clinical practice patterns and policies on patient outcomes. EURODOPPS data will include seven countries: Germany, Italy, France, United Kingdom, Belgium, Spain, and Sweden.

What will be the advantages of EURODOPPS? The formal partnership with ERA-EDTA and regular transfer of EURODOPPS data to the Registry will enhance the use of these data to address scientific and policy questions that are of interest to the ERA-EDTA, the European nephrological community and health care authorities. It will facilitate research by European investigators. Furthermore, it will become possible to compare results from EURODOPPS and the ERA-EDTA Registry. With time, there will be the possibility of extending this database with the help of the European Union to more European countries and to therapies other than haemodialysis, for example transplantation.

“Therefore this partnership is a further valuable and complementary contribution to the ERA-EDTA Registry that celebrates its 50th anniversary this year”, explained Dr. Kitty Jager, Director of the ERA-EDTA Registry. “We are now able to exploit synergies and to generate new insights. Changes in European policy and clinical practice guidelines, as well as the introduction of new products, will undoubtedly influence dialysis practices and EURODOPPS will help to effectively monitor this changing landscape to ensure that patients on chronic hemodialysis in Europe continue to receive the highest standards of care. Furthermore, the new alliance might also provide a further credible data source to inform health care authorities about the current state of European dialysis care”.

Raymond Vanholder, Andrzej Wiecek, Kitty Jager, Christoph Wanner and Bruce M. Robinson after signing the agreement