61ST ERA CONGRESS
STOCKHOLM & VIRTUAL
MAY 23-26, 2024
Inspiring Kidney Care

61st ERA Congress
Congress Review

ERA
LEADING EUROPEAN NEPHROLOGY

CONTENTS

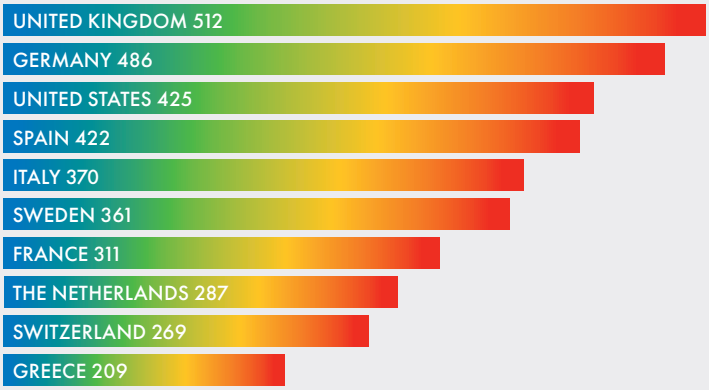
61 ST ERA CONGRESS IN NUMBERS

8,946 *
Registered Participants

TOP 10 COUNTRIES

- 14% UNITED KINGDOM
- 13% GERMANY
- 12% UNITED STATES
- 12% SPAIN
- 10% ITALY
- 10% SWEDEN
- 8% FRANCE
- 8% THE NETHERLANDS
- 7% SWITZERLAND
- 6% GREECE

TOP 10 ATTENDING COUNTRIES



1,563 Speakers

165 Sessions

CMES ATTENDANCE

3,518 Onsite

2,007 Virtual

1,807 Accepted Abstracts

378 from YNP Authors

1,120 Focussed Orals

482 e-Posters

119 Free Communication

86 Moderated Orals

Social Mentions

8,777

92 Exhibitors

3,067 SQM
area of the occupied exhibition

56,000
Website Visits

23,000
Web Users

* 529 only virtual

THANK YOU FOR ATTENDING THE 61ST ERA CONGRESS

As the 61st ERA Congress draws to a close, we celebrate another significant step towards a Europe where kidney health is prioritised, kidney care is accessible, and the kidney community is thriving. The Congress has successfully harnessed all three of our society pillars of education, science and networking and brings us even closer to our aim of reducing the burden of kidney disease by supporting basic and clinical research in the fields of clinical nephrology, dialysis, and renal transplantation.

Christoph Wanner, outgoing ERA President, further emphasises ERA's mission, *"ERA's mission is to serve the kidney community and provide science and education through networking with National Societies, FERA members, working groups, task forces and patients through strong kidney initiatives. We aim to connect as many nephrologists as possible to facilitate the exchange of knowledge, best practices, and cutting-edge research in the field of kidney disease with an ultimate goal of benefiting the lives of kidney patients."*

"No kidney congress has ever seen such an explosion of new therapeutic developments targeting both common and rare forms of kidney disease. We have provided more than 26,000 nephrologists with the most innovative scientific content that has been observed on a global scale in recent years. Notably, the results of the FLOW outcome trial will be remembered for years to come. The success of this Congress is down to teamwork, and I am extremely proud to have served as the ERA President for the past four years."

During the Nephrology Pearls session, Prof. Wanner presented the incoming ERA President, Roser Torra, with the Presidential medal.

Roser Torra explains, *"I am usually sad when something is finishing, but I am not sad now. I think that this has been the best ERA Congress ever, so we should all be very proud. We had magnificent plenary lectures and a very high level of science, not only with our extraordinary late breaking clinical trials but across the whole Scientific Programme."*

"I have seen many young people at this year's Congress. They are the future of nephrology, and I see a really bright future ahead for our field."

"I dream of a nephrology family without borders – we should help each other to provide the best possible care for our patients. ERA can be one of the most remarkable societies in terms of translational science, basic science and clinical research and, together, we can boost nephrology!"

During the session, Albert Ong, outgoing Chair of the Scientific Committee, also congratulated and passed on his chairmanship to the new chair, Paola Romagnani.

Paolo Romagnani comments, *"Thank you for this honour. I hope we take every opportunity to improve the lives of our patients, from whatever perspective. This is what we all work so hard for, and I really hope that we can achieve this, together."*

HIGHLIGHTS FROM THE WELCOME CEREMONY

We were honoured to be welcomed by HRH Prince Daniel for the Welcome Ceremony.

"It is a great honour for me to welcome you to Sweden, to Stockholm, and to the 61st ERA Congress.

From the early days of dialysis to the groundbreaking innovations in transplantation, you have continuously pushed the boundaries of what is possible.

However, as we celebrate your achievements, we must also recognise the ongoing challenges we face. The prevalence of chronic kidney disease (CKD) continues to rise globally, affecting millions of people and adding to the enormous burden on healthcare systems.

In developing countries, the situation is particularly critical, with many patients lacking access to life-saving treatments. This inequity underscores the urgent need for continued efforts in research, education, and policy advocacy.

The theme of this year's congress, "Innovate, Collaborate, Transform", reflects a collective mission to not only advance scientific knowledge, but also to implement practical solutions that improve patient outcomes.

Over the next few days, we will hear from leading experts who will share the latest research findings, clinical practices, and technological innovations."

Read his full welcome address here.

SCIENTIFIC PROGRAMME HIGHLIGHTS

FLOW: Semaglutide's beneficial impact on cardiovascular and kidney outcomes in type 2 diabetes and chronic kidney disease

Presented by: Peter Rossing (Denmark), Richard Pratley (United States of America), Vlado Perkovic (Australia), Johannes F E Mann (Germany), Katherine R Tuttle (United States of America), Christoph Wanner (Germany).

The pioneering FLOW (Evaluate Renal **F**unction with Semag**l**utide **O**nce **W**eekly) study, presented in a dedicated session within Friday's Scientific Programme, demonstrated that semaglutide significantly reduces the risk of major kidney disease events, cardiovascular outcomes, and all-cause mortality in patients with type 2 diabetes and chronic kidney disease.[2]

The study is a double-blind, randomised, placebo-controlled international trial comprising 3,533 patients, with a median follow-up period of 3.4 years. The trial was designed to assess the efficacy and safety of semaglutide, a once-weekly subcutaneous glucagon-like peptide 1 (GLP-1) receptor agonist, in preventing major kidney outcomes, specifically kidney failure, substantial loss of kidney function, and death from kidney or cardiovascular causes, in individuals with type 2 diabetes and chronic kidney disease. Patients either received semaglutide 1.0 mg once weekly or placebo.

Participants who received semaglutide had a 24% risk reduction for the composite primary endpoint, including kidney outcomes and death due to cardiovascular and kidney causes, compared to those who received placebo. This reduction risk was consistent across both kidney-specific and cardiovascular death outcomes.

Secondary endpoints also showed significant improvements with semaglutide. Specifically, the total eGFR slope was 1.16 ml/min/1.73m2/year slower, the risk of major cardiovascular events was decreased by 18%, and the risk of all-cause mortality was reduced by 20%.

This evidence of efficacy, combined with fewer serious adverse events in the semaglutide group, offers hope to millions of patients globally who face the daunting prospect of chronic kidney disease and type 2 diabetes, and their related complications. Professor Vlado Perkovic emphasised the importance of these results:

"These findings offer great promise in reshaping treatment strategies for individuals at high risk of diabetes-related complications, offering a new avenue for kidney and cardiovascular protection."

The FLOW trial was overseen by an academic-led Steering Committee, in partnership with the study sponsor, Novo Nordisk, which also managed trial operations. The results of the study were published simultaneously in the New England Journal of Medicine.

2. Perkovic, V., Tuttle, K. R., Rossing, P., Mahaffey, K. W., Mann, J. F. E., Bakris, G., Baeres, F. M. M., Idorn, T., Bosch-Traberg, H., Lausvig, N. L., Pratley, R., & FLOW Trial Committees and Investigators (2024). Effects of Semaglutide on Chronic Kidney Disease in Patients with Type 2 Diabetes. *The New England Journal of Medicine*, 10.1056/NEJMoa2403347. Advance online publication. https://doi.org/10.1056/NEJMoa2403347

Important Clinical Studies

Optimising diabetes cardiovascular and kidney outcomes with combination SGLT2i and GLP-1RA

Brendon Neuen (Australia) presented findings from a two-stage meta-analysis conducted by the SGLT2i Meta-Analysis Cardio-Renal Trialists Consortium (SMART-C). The analysis of randomised, double-blind, placebo-controlled trials found consistent benefits of SGLT2i on major adverse cardiovascular events, heart failure hospitalisation or cardiovascular death, and chronic kidney disease progression, irrespective of baseline GLP-1RA use. These findings suggest independent effects of these therapies and underscore the recommendation for combining them to optimise cardiovascular and kidney outcomes in diabetes management.[3]

"This is the largest and most comprehensive assessment evaluating the efficacy and safety of SGLT2i on clinical outcomes by baseline GLP-1RA use and it offers important clinical implications given the rapidly expanding indications for GLP-1RA use."

Integrated, person-centred care for patients with complex cardio-kidney-metabolic diseases

Jonas Spaak (Sweden) proposed an integrated, person-centred care approach for patients with complex cardiovascular disease, diabetes, and chronic kidney disease – the 'cardio-kidney-metabolic disease continuum.' Despite no significant differences in disease progression between integrated care and standard care, the intervention showed potential benefits for some aspects of health-related quality of life. Limitations such as a small sample size and external factors like the COVID-19 pandemic were noted. Still, the study highlighted the concept of a multidisciplinary, integrated clinic for these complex cases.

Comparing immunomodulatory therapies and empagliflozin for adverse kidney outcomes in hospitalised COVID-19 patients

Waseem Karsan (UK) presented findings from a study investigating the impact of immunomodulatory therapies and the SLGT2 inhibitor empagliflozin on adverse kidney outcomes in COVID-19 hospitalised patients, drawing participants from the RECOVERY trial.[4] No statistically significant reduction in kidney disease progression compared to usual care was found for the immunomodulatory therapies' dexamethasone, tocilizumab, and baricitinib, nor for empagliflozin. Overall, rates of end-stage kidney disease post-COVID-19 hospitalisation were low.

NOBLE: Exploring pegcetacoplan's potential for kidney damage reversal in transplant patients with recurrent C3G and IC-MPGN

Fadi Fakhouri (Switzerland) shared one-year data from the Phase II NOBLE trial, demonstrating that the C3 and C3b inhibitor pegcetacoplan effectively maintained early improvements in kidney transplant recipients with recurrent C3 glomerulopathy (C3G) and idiopathic membranoproliferative glomerulonephritis (IC-MPGN). Of patients receiving pegcetacoplan 1080 mg twice weekly subcutaneously plus standard care for 52 weeks (n=10), 67% achieved a C3c staining intensity of zero and 67% a C3G activity score of zero. Pegcetacoplan also normalised serum C3 levels, decreased plasma sC5b-9, stabilised eGFR, and reduced proteinuria. The treatment was well tolerated, with no graft losses and minimal rejection episodes.

"By inhibiting further deposition of C3 breakdown products, pegcetacoplan could allow the kidneys to repair and remodel the glomeruli, with the potential to reverse kidney damage in patients with C3G."

3. Neuen, B. L., Heerspink, H. J. L., Vart, P., Claggett, B. L., Fletcher, R. A., Arnott, C., de Oliveira Costa, J., Falster, M. O., Pearson, S. A., Mahaffey, K. W., Neal, B., Agarwal, R., Bakris, G., Perkovic, V., Solomon, S. D., & Vaduganathan, M. (2024). Estimated Lifetime Cardiovascular, Kidney, and Mortality Benefits of Combination Treatment with SGLT2 Inhibitors, GLP-1 Receptor Agonists, and Nonsteroidal MRA Compared with Conventional Care in Patients with Type 2 Diabetes and Albuminuria. *Circulation,* 149(6), 450–462. https://doi.org/10.1161/CIRCULATIONAHA.123.067584

4. Duncan, A., Halim, D., & El Kholy, K. (2022). The RECOVERY trial: An analysis and reflection two years on. *European Journal of Internal Medicine,* 105, 111–112. https://doi.org/10.1016/j.ejim.2022.09.018

FIDELITY: A risk score model for hyperkalaemia in patients with chronic kidney disease and type 2 diabetes

While the selective, nonsteroidal mineralocorticoid receptor antagonist finerenone is associated with a manageable increase in hyperkalaemia and its clinical impact is low in patients with chronic kidney disease and type 2 diabetes, perceived risk could still concern clinicians.[5] Hence, Peter Rossing (Denmark) and his team used pooled data from the FIDELITY study (n=12,990) to develop and validate an easy-to-use risk score model for incident hyperkalaemia in this population. The model showed good calibration and similar risk distributions across validation cohorts. In addition, efficacy outcomes analysis demonstrated that finerenone reduced the risk of cardiovascular and kidney events versus placebo across different hyperkalaemia risk categories, supporting its use in personalised disease management.

Late Breaking Clinical Trials I

APPEAR-C3G: Clinically meaningful outcomes in C3 glomerulopathy patients taking iptacopan

David Kavanagh (UK) presented data from APPEAR-C3G, the first positive Phase 3 double-blind, multicentre, and placebo-controlled trial in the ultra-rare and severe C3 glomerulopathy (C3G). The study assessed efficacy, safety, and tolerability of the oral proximal complement inhibitor iptacopan on top of standard care. Despite more baseline disease severity in the iptacopan 200 mg twice daily group (n=38) compared to placebo (n=36), iptacopan significantly reduced proteinuria by 35.1%. More patients on iptacopan also met the secondary composite renal endpoint, showing a 7-fold increase in achieving a ≥50% reduction in UPCR and a ≤15% reduction in eGFR at 6 months. The drug's efficacy was further validated by biomarker levels.

"Iptacopan is a complement inhibitor that does what it says on the tin. Alternative pathway activity falls and the C3 levels normalise."

ALIGN: Atrasentan shows significant proteinuria reduction in IgA nephropathy patients

In IgA nephropathy, endothelin A (ETA) receptor activation, driven by ET-1, exacerbates proteinuria, inflammation, and fibrosis, leading to progressive kidney function loss. Hiddo Heerspink (Netherlands) shared interim results from the Phase 3 ALIGN trial demonstrating that atrasentan, a selective ETA receptor antagonist, has shown promise in addressing this issue. At Week 36, patients receiving atrasentan 0.75 mg daily (n=124) experienced a significant 38.1% reduction in proteinuria compared to 3% in the placebo group (n=114). Proteinuria reductions were evident by Week 6 and sustained through Week 36. Atrasentan was well tolerated, with a favourable safety profile.

Felzartamab: A potential new treatment for late antibody-mediated kidney transplant rejection?

Late antibody-mediated kidney transplant rejection (AMR) is the leading cause of transplant loss, with poor long-term outcomes and no effective therapeutic strategies.[6,7] Katharina Mayer (Austria) presented data from a Phase 2 pilot trial

5. Agarwal, R., Filippatos, G., Pitt, B., Anker, S. D., Rossing, P., Joseph, A., Kolkhof, P., Nowack, C., Gebel, M., Ruilope, L. M., Bakris, G. L., & FIDELIO-DKD and FIGARO-DKD investigators (2022). Cardiovascular and kidney outcomes with finerenone in patients with type 2 diabetes and chronic kidney disease: the FIDELITY pooled analysis. *European Heart Journal*, 43(6), 474–484. https://doi.org/10.1093/eurheartj/ehab777
6. Mayrdorfer, M., Liefeldt, L., Wu, K., Rudolph, B., Zhang, Q., Friedersdorff, F., Lachmann, N., Schmidt, D., Osmanodja, B., Naik, M. G., Duettmann, W., Halleck, F., Merkel, M., Schrezenmeier, E., Waiser, J., Duerr, M., & Budde, K. (2021). Exploring the Complexity of Death-Censored Kidney Allograft Failure. *Journal of the American Society of Nephrology: JASN*, 32(6), 1513–1526. https://doi.org/10.1681/ASN.2020081215
7. Irish, W., Nickerson, P., Astor, B. C., Chong, E., Wiebe, C., Moreso, F., Seron, D., Crespo, M., Gache, L., & Djamali, A. (2021). Change in Estimated GFR and Risk of Allograft Failure in Patients Diagnosed with Late Active Antibody-mediated Rejection Following Kidney Transplantation. *Transplantation*, 105(3), 648–659. https://doi.org/10.1097/TP.0000000000003274

investigating felzartamab – a novel human IgG1A CD38 antibody that does not rely on complement-dependent cytotoxicity unlike other CD38 antibodies. After 6-months, the felzartamab group (n=11) experienced higher, but mild to moderate, treatment-emergent adverse events and infusion-related reactions compared to placebo (n=11). A total of 81.8% of felzartamab patients showed resolution of AMR activity, compared to 20% in the placebo group. Molecular analysis indicated reduced AMR transcript activity and donor-derived cell-free DNA levels in the felzartamab group, which returned to baseline after treatment cessation. Despite partial recurrence of AMR activity by Week 52, felzartamab demonstrated a considerable effect size and potential as a new treatment option for late AMR.

The results of the study were published simultaneously in the New England Journal of Medicine.[8]

New technique detects novel biomarkers for kidney diseases with nephrotic syndrome

Tobias Huber (Germany) and his team identified anti-nephrin autoantibodies as a reliable biomarker for monitoring disease progression in kidney diseases with nephrotic syndrome, using a novel technique combining immunoprecipitation and enzyme-linked immunosorbent assay (ELISA). This finding is significant for conditions like minimal change disease (MCD), primary focal segmental glomerulosclerosis (FSGS), and membranous nephropathy (MN), which cause nephrotic syndrome characterised by proteinuria due to podocyte damage.

In a multicentre study, anti-nephrin autoantibodies were found in 44% of adults with MCD, 9% with primary FSGS, and 52% of children with idiopathic nephrotic syndrome (INS). Notably, 69% of adults with active MCD and 90% of children with active INS who had not been treated with immunosuppressive drugs carried these autoantibodies. At

the time of study inclusion and during follow-up, levels of anti-nephrin autoantibodies correlated with disease activity, suggesting their presence may indicate disease activity and severity.

These findings lay the groundwork for further prospective investigations and the development of pathophysiology-tailored medical interventions for kidney diseases with nephrotic syndrome.[9]

"By providing insights into underlying mechanisms, these findings lay the groundwork for personalised interventions and pave the way for a new era of precision medicine for these complex conditions."

The results of this study were published simultaneously in the New England Journal of Medicine.

SELECT: Potential renoprotection from semaglutide in people with overweight or obesity and cardiovascular disease

Helen Colhoun (UK) presented recent data from the SELECT trial showing that participants receiving weekly subcutaneous injections of semaglutide 2.4 mg were less likely to experience a range of kidney-related events compared to placebo. This protection was primarily attributed to semaglutide's ability to prevent macroalbuminuria. Notably, semaglutide recipients exhibited a lower incidence of the prespecified main composite kidney endpoint, with a 22% reduction compared to placebo. Over approximately two years, patients receiving semaglutide experienced significant benefits, including preservation of eGFR and significantly lowered increases in UACR, with reductions of 8.1% in those with normal albumin levels, 27.2% in those with microalbuminuria, and 31.4% in those with macroalbuminuria at baseline. These findings suggest semaglutide may benefit kidney function in this population, offering promise for improved kidney complication management.[10]

8. Mayer, K. A., Schrezenmeier, E., Diebold, M., Halloran, P. F., Schatzl, M., Schranz, S., Haindl, S., Kasbohm, S., Kainz, A., Eskandary, F., Doberer, K., Patel, U. D., Dudani, J. S., Regele, H., Kozakowski, N., Kläger, J., Boxhammer, R., Amann, K., Puchhammer-Stöckl, E., Vietzen, H., Böhmig, G. A. (2024). A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection. *The New England Journal of Medicine,* 10.1056/NEJMoa2400763. Advance online publication. https://doi.org/10.1056/NEJMoa2400763

9. Hengel, F. E., Dehde, S., Lassé, M., Zahner, G., Seifert, L., Schnarre, A., Kretz, O., Demir, F., Pinnschmidt, H. O., Grahammer, F., Lucas, R., Mehner, L. M., Zimmermann, T., Billing, A. M., Oh, J., Mitrotti, A., Pontrelli, P., Debiec, H., Dossier, C., Huber, T. B. (2024). Autoantibodies targeting nephrin in podocytopathies. *New England Journal of Medicine.* https://doi.org/10.1056/nejmoa2314471

10. Colhoun, H.M., Lingvay, I., Brown, P.M. et al. (2024). Long-term kidney outcomes of semaglutide in obesity and cardiovascular disease in the SELECT trial. *Nat Med.* DOI: https://doi.org/10.1038/s41591-024-03015-5

"These data are important because they are the first data to suggest a kidney benefit of semaglutide in people with overweight and obesity in the absence of diabetes – a population with increased need for renoprotection."

The results of this study were published simultaneously in Nature Medicine.

Late Breaking Clinical Trials II

Efficacy and safety of avenciguat in diabetic and non-diabetic kidney disease

Hiddo Heerspink (Netherlands) shared pooled data from two randomised, placebo-controlled trials on avenciguat, a novel sGC activator that works by activating cGMP production and restoring endothelial function. One study comprised patients with diabetes-related chronic kidney disease (CKD) and the other patients with non-diabetic CKD. Participants received avenciguat at doses of 1 mg, 2 mg, or 3 mg thrice daily, or a placebo. All doses of avenciguat led to reductions in baseline UACR, with the 3 mg dose showing the largest reduction—a 22% difference from placebo. Similar reductions were observed in both CKD patients with and without diabetes. At Week 20, 38-48% of avenciguat-treated patients achieved a ≥20% reduction in UACR compared to 23% in the placebo group. Moving forward, there is a need to investigate less frequent dosing requirements.[11]

The safety and efficacy of rilparencel renal autologous cell therapy for patients with Stage 3-4 CKD and type 2 diabetes

Joseph Stavas (USA) presented Phase 2 trial data on the safety and efficacy of the renal autologous cell-based therapy rilparencel in patients with type 2 diabetes and moderate to severe chronic kidney disease (CKD). The randomised open-label study included an active cohort (n=21) receiving early injections and a deferred cohort (n=42) receiving standard care for 12 months before transitioning to active injections. There were three serious adverse events (SAEs) related to biopsy, 10 related to the injection, and none related to the product. The deferred group transitioning to rilparencel showed less decline in eGFR compared to the standard care group, and post-hoc analysis indicated kidney function stabilisation in patients with stage 4 CKD and severe UACR. The findings suggest that rilparencel may preserve kidney function in patients with type 2 diabetes and moderate to severe CKD. The results of the study were published simultaneously in the American Journal of Nephrology.[12] The therapy is currently under further investigation in a global Phase 3 study program.

11. Heerspink, H., Cherney, D., Abdul, G., Abdul, H. Górriz, J.L., et al. (2024). Effect of Avenciguat on Albuminuria in Patients with CKD: Two Randomized Placebo-Controlled Trials. *Journal of the American Society of Nephrology*:10.1681/ASN. DOI: 10.1681/ASN.0000000000000418

12. Stavas, J., Silva, A. L., Wooldridge, T. D., Aqeel, A., Saad, T., Prakash, R., & Bakris, G. (2024). Rilparencel (Renal Autologous Cell Therapy-REACT®) for Chronic Kidney Disease and Type 1 and Type 2 Diabetes: Phase 2 Trial Design Evaluating Bilateral Kidney Dosing and Redosing Triggers. *American Journal of Nephrology, 55*(3), 389–398. https://doi.org/10.1159/000537942

ADU-CL-19: Zigakibart offers disease-modifying potential for IgA nephropathy

Jonathan Barratt (UK) presented on zigakibart, a novel humanised mAb that blocks A-PRoliferation-Inducing Ligand (APRIL), a soluble factor elevated in patients with IgA nephropathy (IgAN). The ongoing ADU-CL-19 Phase 1/2 trial involves two zigakibart cohorts. Cohort 1 (n=10) initially received 450 mg intravenously every 2 weeks, transitioning to 600 mg subcutaneously when this formula became available. Cohort 2 (n=30) received 600 mg subcutaneously every 2 weeks. Over 52 weeks, zigakibart led to a profound reduction in proteinuria by 53.4%, believed to be driven by reduced Gd-IgA1, with continued UPCR decline and stable eGFR across a range of baseline levels. Zigakibart also resulted in rapid and sustained reductions in IgA and pathogenic Gd-IgA1 from 4 to 52 weeks, with similar reductions in IgM and more modest reductions in IgG. These results suggest that zigakibart directly targets IgAN pathogenesis, providing a potentially disease-modifying treatment.

"IgA nephropathy is a significant cause of kidney failure in young adults. Historically, treatments for this common glomerular disease have been inadequate. Since no two patients with IgAN are the same, we desperately need a treatment that targets the disease itself rather than the consequences of IgAN and nephron loss."

Phase 2b trial: IL-6 inhibition with clazakizumab reduced cardiovascular inflammatory markers and increased serum albumin in patients with cardiovascular disease and diabetes on dialysis

Glenn Chertow (USA) conducted a study with adults who had a history of atherosclerotic cardiovascular disease and/or diabetes with high-sensitivity c-reactive protein (CRP) >2 mg/L. Participants received placebo or the humanised anti-IL-6 mAb clazakizumab 2.5, 5, or 10 mg for up to 24 weeks. All three treatment groups showed dramatic reductions in CRP, with percent changes of 86%, 90%, and 92% in the 2.5 mg, 5 mg, and 10 mg groups, respectively, compared to a 19% increase in the placebo group over 12 weeks. Mean changes in serum albumin were 0.28, 0.25, and 0.21 g/dL in the treatment groups, versus 0.04 in the placebo group. A Phase 3 trial using the 5 mg dose is underway.

"I've been caring for patients on dialysis for nearly 30 years, and it's rare to see this increase in serum albumin of more than 0.2 or 0.3 g/dL over six months, let alone three months."

The results of this study were published simultaneously in Nature Medicine.[13]

ADAPT: Lower dose prednisolone with alfacalcidol efficacy and safety raise questions about current standard of care for MCD

Tilde Kristensen (Denmark) shared her PhD research on the ADAPT (Active vitamin D And reduced dose Prednisolone for Treatment in minimal change nephrology) randomised trial. She found that low-dose prednisolone with alfacalcidol is non-inferior to high-dose prednisolone alone, providing similar efficacy with fewer severe adverse events.

"This raises the question: Do we need to change our guidelines for treating MCD in adults? The guidelines have remained unchanged for decades, and maybe it is time to find a treatment with a better balance between efficacy and adverse events."

13. Chertow, G. M., Chang, A. M., Felker, G. M., et al. (2024). IL-6 inhibition with clazakizumab in patients receiving maintenance dialysis: A randomized phase 2b trial. *Nature Medicine*. https://doi.org/10.1038/s41591-024-03043-1

THANK YOU TO OUR TOP REVIEWERS

We would like to extend a huge thank you to the top reviewers of our two flagship journals, *Nephrology Dialysis Transplantation* (NDT) and *Clinical Kidney Journal* (CKJ).

NDT is the leading nephrology journal in Europe and renowned worldwide, devoted to original clinical and laboratory research in nephrology, dialysis and transplantation. Published monthly, the journal provides an essential resource for researchers and clinicians throughout the world, providing Editorials, Reviews and original research.

CKJ is a fully Open Access, online only journal publishing monthly. The journal is an essential educational and training resource integrating clinical, translational and educational research into clinical practice. CKJ aims to contribute to a translational research culture among nephrologists and kidney pathologists, helping to close the gap between basic researchers and practicing clinicians in the nephrology field.

Top Reviewers for NDT in 2023	Top Reviewers for CKJ in 2023
Schönermarck, Ulf	Mayne, Kaitlin
Fervenza, Fernando	Hasbal, Nuri Baris
Delanaye, Pierre	Putra, Boby Pratama
Praga, Manuel	Lugli, Gianmarco
Sood, Manish	Zakrocka, Izabela
Ferraro, Pietro Manuel	Manno, Carlo
Glassock, Richard	Montinaro, Vincenzo
Kronbichler, Andreas	Chesnaye, Nick
Locatelli, Francesco	Pottel, Hans
Minutolo, Roberto	Stehlé, Thomas

60 YEARS OF THE ERA REGISTRY!

On an annual basis, the ERA Registry collects comprehensive data on kidney replacement therapy (KRT) through national and regional renal registries across Europe. This data encompasses patient demographics (such as date of birth and sex), cause of renal failure, comorbidity status, initial KRT start date, history of KRT modalities with dates, treatment centres, date and cause of death, and transfer information between registries. The data is standardised and translated through a server database to ensure uniformity across countries.

This year marks 60 years of the ERA Registry. As we reach this significant milestone, Alberto Ortiz, Chair of the ERA Registry Committee, reflects on the history and importance of the initiative.

"The first Registry report, published in 1965, found a 40–50% mortality after one year in 271 patients starting hemodialysis and 6 peritoneal dialysis patients. The latest report, from 2021, contained data on over 554,797 patients on kidney replacement therapy, one third of them carrying a functioning kidney graft. In this report, first year mortality had drastically decreased and was under 12%. Additionally, 76,240 new patients started KRT. This demonstrates the Registry is a living witness of the history and achievements of KRT in Europe and a benchmarking tool for nephrologists across Europe."

A number of sessions and activities took place at the Congress to mark the 60th anniversary of the ERA Registry. This included a dedicated symposium, moderated by Alberto Ortiz and Vianda Stel, Managing Director of the ERA Registry, where three new chronic kidney disease (CKD) datasets were presented.

Vianda Stel explains, *"The first study is part of the European CKD Burden Consortium in which we collected data such as serum creatinine from nine general population studies in Europe. Findings reveal a decline in estimated glomerular filtration rate (eGFR) with age, even in healthy individuals, and will contribute to the discussion on how to identify patients with CKD."*

"For the second presented study we aimed to estimate the number of end-stage kidney disease (ESKD) patients who do not receive KRT using data from five European countries. Findings show that despite geographical variation, the proportion of patients with ESKD not treated by KRT increased steadily from age 45 years and was highest among the oldest individuals. Older women with ESKD were less likely to receive KRT than their male counterparts."

"The third presented study is based on the international EQUAL cohort and describes longitudinal trajectories of symptom burden in older men and women over time and in relation to kidney function. Overall symptom progression was relatively slow. Despite women reporting an overall higher symptom burden, the increase in symptom number over eGFR decline was four times faster in men during follow-up."

Vianda adds, *"These three unique datasets contribute to relatively unexplored topics. The presented findings will contribute to the discussion on the natural decline of eGFR in healthy individuals by age, the vast number of patients with ESKD who were not treated with KRT, in particular in the elderly, and on the sex-specific evolution of symptoms in patients with advanced CKD. Notably, these three studies all expose differences between men and women."*

2024 ERA AWARDS

The Awards at the ERA Congress represent the pinnacle of achievement in our field and celebrate the remarkable accomplishments of individuals highly committed to transforming kidney care. We thank each recipient for their outstanding contributions that inspire us all to strive for excellence in nephrology.

We are delighted to have presented five distinguished awards at this year's Congress to the following individuals:

Jack Wetzels, The Netherlands - ERA Award for Outstanding clinical contributions to nephrology

Ariela Benigni, Italy - ERA Award for Outstanding basic science contributions to nephrology

Kerstin Amann, Germany - ERA Award for Research excellence in nephrology

Mehmet Şükrü Sever, Turkey - ERA Award for Outstanding contribution to the Society

Giorgina Barbara Piccoli, France - ERA Award for Excellence in the field of sustainable nephrology

ERA Awards for Young Investigators

The ERA Awards for Young Investigators, named after three Nephrology Masters – Rosanna Gusmano, Stanley Shaldon and Eberhard Ritz, are an acknowledgement to Young Investigators who stimulate the dialogue between education and research.

The Award winners were invited guests to the 61st ERA Congress and received a prize of EUR 10,000, three years of ERA membership and the opportunity to become a Board member of an ERA Working Group of their choice.

We congratulate the following individuals on their excellence in the field:

Jeroen de Baaij, The Netherlands - ERA Rosanna Gusmano Award for Young Investigators in basic science

Andreas Kronbichler, Austria - ERA Eberhard Ritz Award for Young Investigators in clinical science

Jasper Callemeyn, Belgium - ERA Stanley Shaldon Award for Young Investigators in translational science

Elisabet Van Loon, Belgium - ERA Stanley Shaldon Award for Young Investigators in translational science

Newly Elected Ordinary Council Members

We were thrilled to announce the newly elected Council Members during the Ordinary General Assembly (May 25) at the Congress. We would like to extend our warmest congratulations to:

- Kitty Jager, The Netherlands

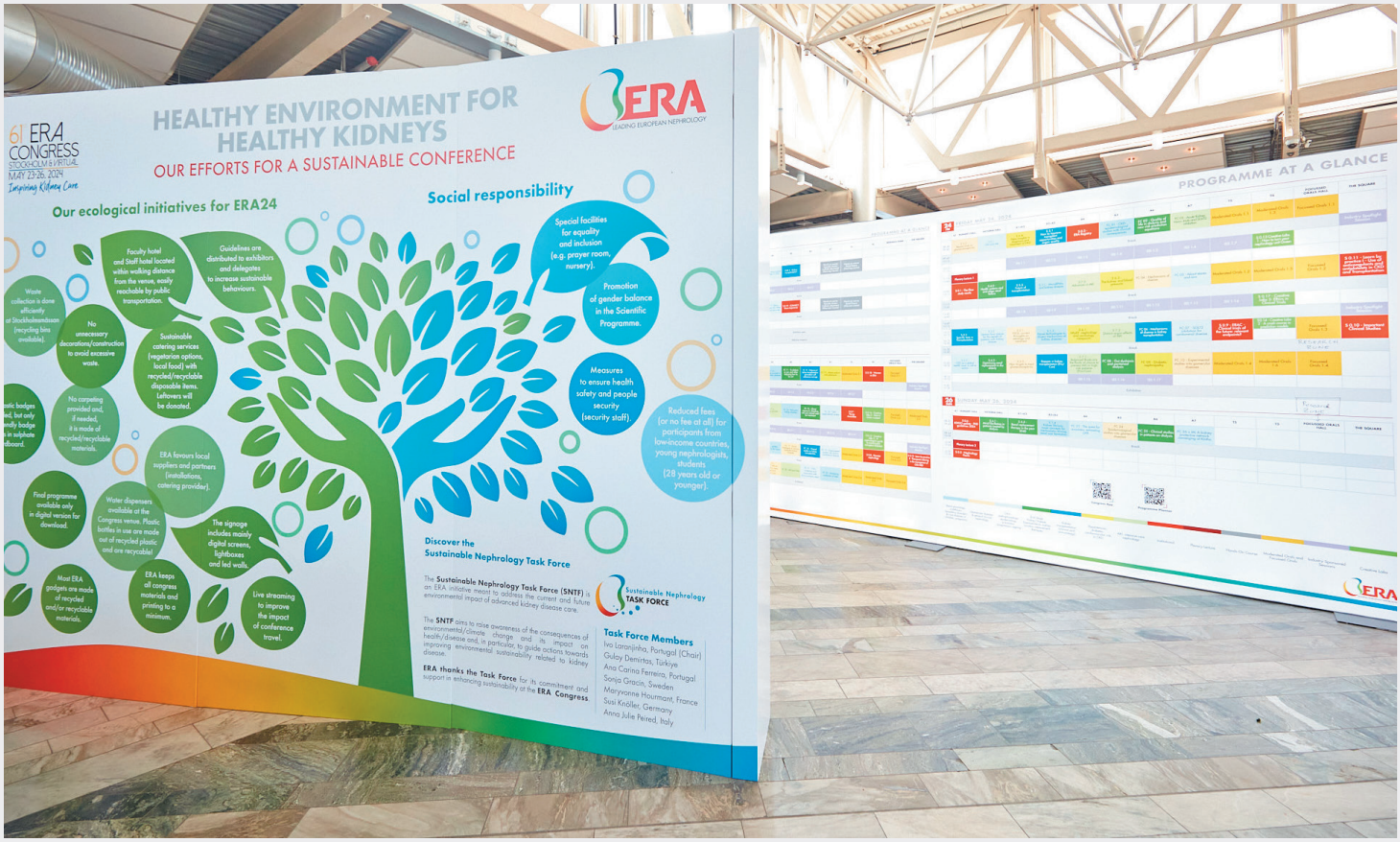
- Jennifer Lees, United Kingdom

- Siren Sezer, Türkiye

We look forward to the innovative ideas and dedication they will undoubtedly bring to their roles.

SUSTAINABILITY INITIATIVES AT THE 61ST ERA CONGRESS

The ERA Congress promoted sustainable development and global responsibility to ultimately emphasise the importance of a healthy environment for healthy kidneys.



At the Congress, we featured a Sustainability Wall in the Entrance Hall and set up a Sustainability Corner to promote the ePlanet Project, funded by the Erasmus+ Programme of the European Union. This corner offered educational games based on the principles of planetary health practices in healthcare. Our Scientific Programme featured a session dedicated to 'Sustainable diets for the environment and for the patients', which focused on areas such as dietary potassium, phosphate management and cooking plant-based dishes.

We continue to offer a hybrid event which enables two different Congress experiences – in-person and virtual attendance. We cannot ignore that medical congresses have a high carbon footprint, largely due to travel-related emissions, but virtual participation can help reduce this footprint. This year, we also offered discounts on low-emission travel in Stockholm and supplied locally sourced food and vegetarian options via our caterers at the Stockholmsmässan.

The Sustainable Nephrology Task Force (SNTF)

The new SNTF strives to create awareness around climate change as well as health and disease, specifically relating to the environmental sustainability of managing renal diseases.

The primary mission of the SNTF is to promote environmental sustainability within the field of nephrology and kidney care through encouraging and facilitating the adoption of sustainable practices among healthcare professionals, institutions, and other stakeholders involved in nephrology.

Ivo Laranjinha, Chair of the SNTF, details the future of the Task Force, *"As awareness of environmental issues grows and the need for sustainable healthcare practices becomes more apparent, the Task Force aims to continue advocating for and implementing initiatives that promote sustainability within nephrology. This includes conducting research on the environmental impact of nephrology practices, developing guidelines for sustainable healthcare practices, and fostering collaboration with relevant stakeholders to drive meaningful change. By leveraging its expertise and resources, the Task Force aims to contribute to a future where nephrology care is not only effective but also environmentally sustainable, ultimately improving outcomes for patients and the planet alike."*

THANK YOU

for the contribution to the success of the 61st ERA Congress

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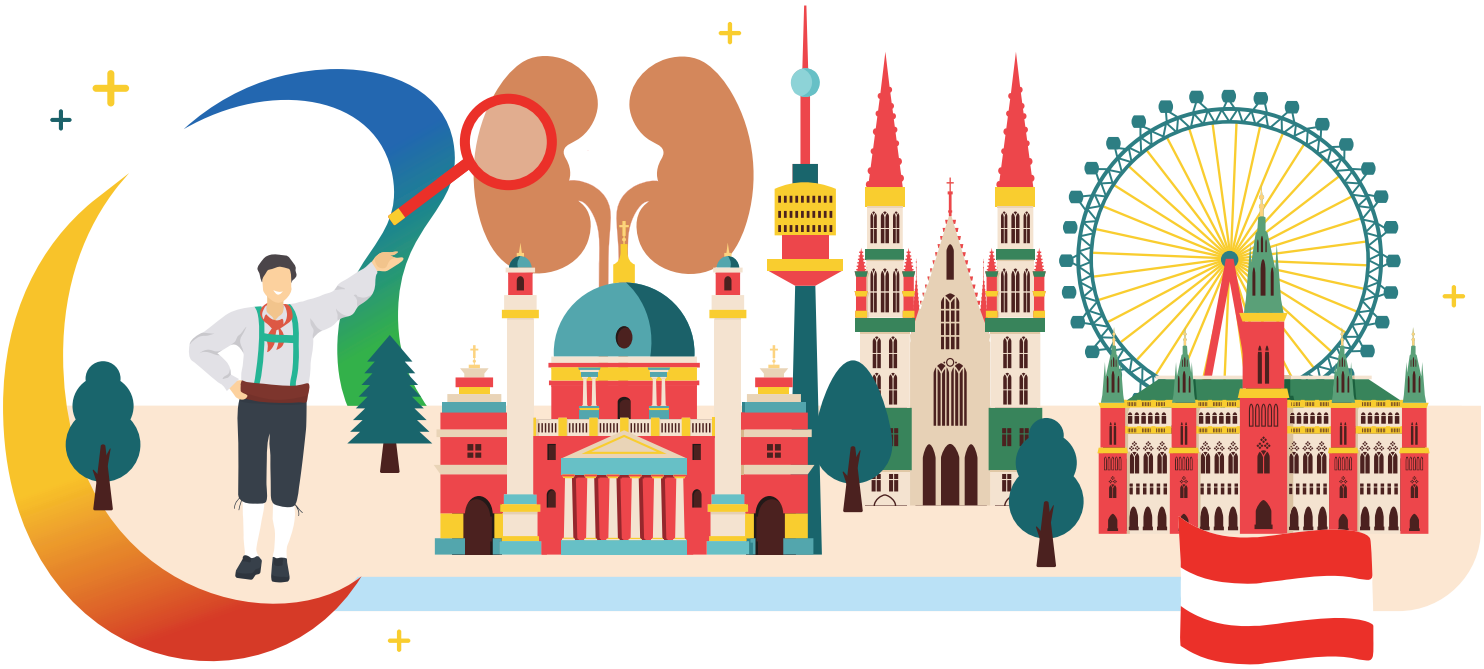

62nd ERA CONGRESS

VIENNA & VIRTUAL
JUNE 4-7, 2025

Beyond Nephrology

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