

NEWS

ISN

ISN NEWS 51 November 2014

Growing momentum for WCN 2015 in South Africa

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Advancing Nephrology Around the World



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EDITORIAL

WCN 2015: nephrology for everyone

2015 is almost upon us and we are looking forward to the upcoming World Congress of Nephrology (WCN), taking place in Cape Town, South Africa from March 13-17, 2015. This edition covers what you need to know about this congress from leading speakers, plenary sessions, training opportunities and more about the themes that will be discussed.

The theme of WCN continues to be "sustainability and diversity". There will be something for everyone, with a program that corresponds to the needs of nephrologists from developing and developed countries alike. The commitment of ISN to the global advancement of nephrology is recognized in the development of the scientific program.

Optimal kidney care needs to be applied across vastly different populations and models of healthcare delivery, but the end result should be a uniform reduction in chronic kidney disease (CKD). WCN has been constructed to deliver research, educational, policy-based and technical sessions relevant to all regional and cultural environments. The program is also designed so that the developed and the developing world can inform each other in future research and health service delivery for the ultimate benefits of patients.

The plenary lectures highlight kidney specific, environmental and co-morbid conditions that impact on CKD and its treatments. The uniqueness of WCN lies in the five themes running throughout the program, the educational sessions on pathology and interventional nephrology, policy and proposed clinical trial sessions, and the focused satellite sessions on specific areas of interest in nephrology. Younger nephrologists have an identity at the WCN as well as a collegial focus, which supports and indeed sustains ISN's mission.

We look forward to seeing you there.

The ISN Team

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on WCN 2015

ISN News

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News in brief

Pope Francis lends support to the Declaration of Istanbul

On September 19, 2014, representatives from the Declaration of Istanbul Custodian Group (DICG) met with Pope Francis in the Vatican City. This private audience was arranged by the Mayor of Rome to derive support for the principles of the Declaration of Istanbul (DOI). DICG has been invited to submit a reference document that Pope Francis will use in a pronouncement to be widely reported in 2015.

In 2008, ISN and the Transplantation Society (TTS) worked on preparing content for the Istanbul Declaration on Organ Trafficking and Transplant Tourism. Their efforts culminated in the Declaration being finalized at the International Summit in Istanbul, Turkey. DICG's mission is to promote ethical donation and transplantation worldwide.



Visit: www.theisn.org/isn-information/declaration-of-istanbul/itemid-533

ISN Pioneer Awards: and the winners are...

In July and August, Dr. HaiYan Wang and Prof. Y.K. Seedat were each presented an ISN Pioneer Award. These honor the 'unsung heroes' of nephrology and reward doctors on a regional level who have carried out extraordinary efforts to advance nephrology in a specific country or region. Without their dedication, nephrology would have been far behind its current state in their country and region.



Prof. Y.K. Seedat at the ceremony held in South Africa.



Dr Wang (right) pictured with past ISN Programs Chair William Couser.

To find out more about these awards: www.theisn.org/isn-information/pioneer-awards/itemid-1166

Membership

ISN Membership - make a difference

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

Update your membership and profile

To ensure you receive all your benefits, please keep your profile up to date and renew your membership in a timely manner. Access or update your profile at: www.theisn.org/memberlogin



Nephrology on a global stage

Sustainability and diversity lead the way as we gear up for an exciting World Congress of Nephrology in 2015.



WORLD
CONGRESS
OF NEPHROLOGY

WCN
2015

CAPE TOWN
MARCH 13-17, 2015

ISN founder Jean Hamburger rightly recognized the need for an international forum and started the ball rolling for a truly “world congress” tailored to the nephrology community. After much success in Hong Kong in June 2013, we are heading to Cape Town, South Africa from March 13 to 17, 2015. The underlying themes of sustainability and diversity will be highlighted across an exciting program and foster many educational exchanges.

Organized by ISN, hosted by the South African Renal Society (SARS) and in partnership with the African Association of Nephrology and the Renal Care Society of South Africa (RCSSA), the World Congress of Nephrology (WCN) 2015 is a unique opportunity to share views on a wide variety of topics affecting nephrology and those suffering from kidney disease globally.

“To reflect our commitment to the global advancement of nephrology, the program will include topics addressing practical, social and economic challenges across diverse nations,” says Scientific Committee Chair Pierre Ronco. Key scientific themes include: infectious and non-infectious risk factors, acute kidney injury, translational and clinical nephrology, chronic kidney disease and its consequences as well as dialysis and transplantation.

Featured plenary presentations

The plenary lectures feature diverse and stimulating topics and offer learning opportunities from distinguished investigators and clinicians in nephrology and related fields.



Planetary health: Why health matters for human civilization

Richard Horton (UK) is Editor-in-Chief of The Lancet and was also elected Foreign Associate of the US Institute of Medicine in 2011. He has written two reports for the Royal College of Physicians of London: Doctors in Society (2005) and Innovating for Health (2009).

In 2003, he wrote Health Wars about contemporary issues in medicine and health, and he writes regularly for The New York Review of Books and the TLS. He has a strong interest in global health and medicine’s contribution to our wider culture.



Donald Seldin Lecture - Continuum from rare disorders to general population risk

Olivier Devuyst (Switzerland) is Professor at the Institute of Physiology of the UZH, invited Professor at the Université Catholique de Louvain Medical School in Brussels, Belgium and a joint appointment in the Division of Nephrology of the USZ in Zurich and the

Saint-Luc Academic Hospital in Brussels. With his group, he investigates the molecular mechanisms of the transport of water and solutes across epithelia, and the pathophysiology of inherited renal tubular diseases and their progression.



**Hypertension and kidney disease:
The fault is not in our stars, but may
be in our fetal nephrogenesis**

Barry M. Brenner (USA) earned his M.D. degree from the University of Pittsburgh School of Medicine in 1962, completed internal medicine residency at the Bronx Municipal Hospital Center, Albert Einstein College of Medicine in 1966 and continued his career in research positions at the National Heart Institute, and the University of California, USA. His basic and clinical research has focused on mechanisms of glomerular function in health and disease, for which he is generally considered the world's leading authority.

**Claude Amiel Lecture - Intestinal microbiota
in health and disease**

Stanislav Dusko Ehrlich (France) founded and directed Microbial Genetics Research Unit and the Microbiology Department at the National Institute for Agricultural Research (INRA). He also founded a start-up company Enterome, developing microbiome-based biomarkers. His research interests are in Human Microbiome, he coordinated the EU-funded project MetaHIT and MetaGenopolis.

**Stewart Cameron Lecture - Epigenetics:
Finding the missing heritability of
complex diseases**

Katalin Suszstak (USA) is a physician-scientist, receiving integrated training as an MD/PhD followed by post-graduate training in internal medicine and nephrology. She also completed a Master of Clinical Research program to better understand clinical research study design and analysis. She currently practices medicine and runs a research laboratory.



**The 2015 ISN Hugh de Wardener
Lecture - Why and how aging
makes us sick?**

Tom Kirkwood (UK), CBE is Dean for Ageing at Newcastle University and Director of the Newcastle Initiative for Changing Age, having previously been Director of the Institute for Ageing and Health from 2004-2011. Educated in biology and mathematics at Cambridge and Oxford, he worked previously at the National Institute for Medical Research and at the University of Manchester. His research is focused on the basic science of ageing and on understanding how genes as well as non-genetic factors, such as nutrition, influence longevity and health in old age.



**Brenner/Dirks Lecture - Role
of vaccines in making the world
a better place for children**

Shabir A. Madhi (South Africa) is Executive Director of the National Institute for Communicable Diseases, Professor of Vaccinology at the University of the Witwatersrand in Johannesburg, South Africa. He has been involved in research on vaccine-preventable diseases and on infections in HIV-infected children for 17 years and has undertaken some of the pivotal studies that have led to policies and guidelines in South Africa and those issued by agencies such as the World Health Organization.

It is not too late to register!
Early registration deadline is **December 14, 2014** and regular registration deadline: **February 9, 2015.**
Visit: www.wcn2015.org/registration-home



WCN 2015 (continued)

WCN Program responds to the needs of Africa's kidney doctors and patients.

Kidney disease continues to go unrecognized and untreated in many parts of Africa, where patients with Acute Kidney Injury (AKI) seldom get treated because of great distances to travel, lack of expertise, poverty and poor funding. Aside from AKI, HIV and malnutrition play a part in the increase of kidney disease.

The WCN Scientific Program Committee has designed a rich educational program with Continuous Nephrology Education, Interventional Nephrology courses and state-of-the-art educational tracks so kidney and allied health professionals can take a wealth of educational and hands-on training knowledge back to their communities.

It is crucial to increase the number of kidney specialists and allied health professionals with kidney knowledge in Africa. Up to 900 allied health professionals such as dietitians, nurses, pharmacists, social workers, and technicians are involved in multidisciplinary nephrology care and will be invited to this event with the support of the African Kidney Health Professional Travel Grant, coming from French and English speaking communities.



HIV and kidney disease

In 2011, more than 8 million people living with HIV in low-income and middle-income countries received antiretroviral treatment. Early initiation of antiretroviral therapy reduces the burden of HIV-associated nephropathy but it can also have toxic effects on the kidneys, paving the way to progressive renal injury and failure.

HIV infection is epidemic in sub-Saharan Africa where 4.9% of adults are affected by the disease. HIV patients develop a unique form of renal disease called HIV-associated nephropathy. With the current rate of HIV infections, kidney failure in HIV patients is becoming a major public health problem, particularly in Africa. Screenings show that up to 83% of HIV patients show signs of kidney disease.

AKI and malnutrition

Every year, about 1.4 million people die of AKI in low and middle-income countries. It is common and generally a disease of the young. In Nigeria, 46% of patients are less than 40 years old. Children also make up 15% of AKI patients.

The impact of maternal malnutrition has an irreversible effect on the energy needs of the baby and in return increases the risk of certain chronic diseases such as diabetes and eventually renal disease associated with diabetes. In developing countries, maternal and fetal health is at stake as maternal malnutrition and low birth weight are common.



WORLD
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**WCN
2015**

CAPE TOWN
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More about the WCN 2015 training sessions:
www.wcn2015.org/program/cne-education-courses

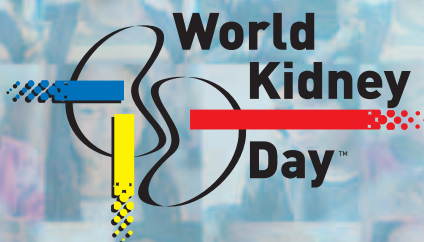




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12 MARCH 2015

**KIDNEY HEALTH
FOR ALL**



World Kidney Day is a joint



International Federation
of Kidney Foundations
Improving kidney health worldwide

initiative

AKI care in Africa

As a nurse and educator, Kelly Wright teaches the importance of AKI early screening and prevention to fellow nurses in Malawi.

“I hope my training has helped the nurses and doctors realize that despite low-resource levels small changes in their clinical practice can have a really significant impact on helping to save lives.”

Nurses play a vital role helping detect and prevent Acute Kidney Injury (AKI) by observing for signs of dehydration and deterioration. Monitoring input and output closely and keeping an accurate fluid balance chart, they can decide how best to manage a patient's volume status.

Kelly Wright is part of a team of consultants from the Royal London Hospital, UK who have set up a two-part AKI teaching project at Queen Elizabeth Hospital (QECH) in Blantyre, Malawi. She spent three weeks onsite, specifically training nurses and doctors in the latest techniques and raising awareness about the first signs of kidney disease.

The project has already shown significant results and she is excited to be talking about it at the upcoming World Congress of Nephrology in Cape Town. “I hope my training has helped the nurses and doctors realize that despite low-resource levels small changes in their clinical practice can have a really significant impact on helping to save lives.”

The experience made her appreciate the resources and staffing in the UK and learned different styles of teaching that she will use back home: “The ratio of nurses to patients was 60:2 on the wards. Despite the positive attitude, the majority of nurses exhibited could not help but have an impact on morale,” says Kelly.

Detecting AKI earlier and managing it in a much more efficient and thorough way helps reduce the incidence of critically unwell patients. Consequently, it will free up more high-dependency and intensive therapy unit beds.

Wright adds: “When we have established further funding we are hoping to go back to Malawi to educate more widely in rural health centers on detection and management. We are also hoping to set up Malawi's first AKI symposium to raise awareness further.”

Risk factors for AKI in Malawi are highly prevalent. A 2012 in-patient audit from QECH showed that 46.8% of in-patients with AKI die during admission. Malawi has some sustainable resources but there is a lack of education about AKI.

This two-part project set out to increase AKI awareness, demonstrate effective methods for managing and detecting it early and ensure that knowledge is passed on to local healthcare professionals to carry on the work. The final objective is to implement a teaching program and gather data at QECH.

The first part of the project focused on adapting the London Acute Kidney Injury Network care bundle on managing AKI so it is relevant in Malawi. The second part of the project was about gaining an understanding of the common causes and nature of the clinical course of AKI in Malawi.



World Kidney Day 2015: Kidney Health for All

Join us on March 12, 2015 to advocate for better kidney care across all communities.

We are not all equal with regards to kidney disease and access to treatment. Some communities in higher and lower income countries are at greater risk than others because of their ethnic origin, socioeconomic status and/or where they live.

This has major public health implications because of the terrible impact of kidney failure and the extremely high cost of renal replacement therapy.

This World Kidney Day campaign will focus on raising awareness about this issue, while continuing to encourage the importance of living more healthily. Taking steps to live a healthy lifestyle drastically helps to reduce risk of kidney disease, and its progression to kidney failure.

The facts speak for themselves

African, American Indian, Hispanic, Asian and Aboriginal populations are known to suffer from higher rates of diabetes and high blood pressure, which are leading causes of Chronic Kidney Disease (CKD). These populations are therefore at higher risk of developing severe kidney disease and ultimately kidney failure.

End stage renal disease (ESRD) rates are nearly four-fold higher among African Americans, despite similar prevalence rates of early CKD. Hypertension is most prevalent among African Americans (33%). In Australia, kidney disease is 10 times more common among the indigenous population.

Socioeconomic and cultural factors also contribute to a disproportionate burden of kidney disease. Language barriers, education and literacy levels, low income, unemployment, lack of adequate health insurance, and certain culture-specific health beliefs and practices all increase the risk of developing kidney disease and limit access to preventive measures and treatment.

Start spreading the word today and share your activities on the WKD map. We look forward to another exciting campaign, gathering participants from all corners of the globe.



All the latest updates, information on campaign material and news are available at www.worldkidneyday.org



Kidneys for Life partners with ISN

**Central Manchester University Hospitals in the UK
join ISN to provide many more training opportunities
for doctors from developing countries.**



ISN is happy to announce a first university hospital partnership with Central Manchester Hospitals' Kidneys for Life fundraising initiative. Dr Ajaya Kumar Dhakal from KIST Medical College and Hospital in Lalitpur, Nepal is the first to benefit from this agreement and has been offered a joint ISN-Kidneys for Life Fellowship.

"There are no formal training programs in pediatric nephrology in Nepal. The National healthcare system including private institutes relies greatly on General Pediatricians for all sorts of Pediatric services including Nephrology," explains Dr Ajaya Kumar Dhakal.

"There are no pediatric subspecialties in Nepal and we have high hope that ISN will help establish these pediatric nephrology services in Nepal in one form or another," he adds.

Since 2011, Dr Dhakal has managed pediatric renal cases as an important member of the local nephrology team under guidance of two previous ISN fellowship recipients, Dr. Ashok Pradhan from Australia and Dr Rishi Kumar Kafle from America. "I have performed renal biopsies, femoral catheterization under the guidance of these ISN Fellows who are pioneers in adult nephrology," he adds.

Much like ISN, Kidneys for Life is committed to working on advancing nephrology in the developing world through training at Central Manchester Hospitals.

ISN will support half of this training opportunity through the ISN Fellowship while Kidneys for Life will match the rest. ISN Executive Director Luca Segantini hopes that "the partnership will encourage other similar institutions in developed countries to express their philanthropic commitment through partnerships with ISN."

This joint ISN-Kidneys for Life partnership will be based at the Royal Manchester Children's Hospital under the supervision of Dr Rachel Lennon, Senior Lecturer and Consultant Pediatric Nephrologist who commented: "We are delighted to host Dr Dhakal's ISN training fellowship in Manchester and look forward to the beginning of a long term connection between Lalitpur and Manchester."

The Manchester Institute of Nephrology and Transplantation (MINT) was established in 1998 as the research and development arm of renal medicine and transplantation within the Manchester Royal Infirmary (MRI). In 1965, the MRI was one of the first centers to offer dialysis and in 1968 started its kidney transplantation program. It has a wide research program, investigating both basic science and clinical aspects of kidney disease in children and adults. The MRI has always had one of the largest adult renal units in the UK and in 2009 the New Royal Manchester Children's Hospital opened on the same site. This is the largest single site Children's hospital in the UK and provides specialist nephrology services for children in the North West of England.

**"There
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Oby25 initiative update

Worldwide collaboration on a Global Snapshot of Acute Kidney Injury.

One of the initial aims of the ISN Oby25 initiative is to provide essential data on the global burden of Acute Kidney Injury (AKI). This data, which is currently lacking, is seen as the first major step to building a strong case for action on AKI across the world.

In September 2014, with this clear objective in mind, ISN launched the Oby25 “Global Snapshot”, a groundbreaking global study on AKI. The prospective, cross-sectional study, has been carried out in more than 500 centers in over 90 countries worldwide and assesses the growing burden of AKI as well as how it is identified, managed and treated in these different settings.

Participating providers have been requested to enter data on AKI patients under their care on a selected index day during the six-week study period. This includes routinely available demographic, clinical and treatment data on the day of enrolment, and available outcomes seven days later. The data has been collected from participating centers using ISN’s dedicated online platform. Results of the study will be available at the World Congress of Nephrology in Cape Town in March 2015.

Commenting on the study, Dr. Ravindra Mehta, Oby25 project leader and AKI expert at UCSD San Diego said: “AKI is a growing global healthcare challenge, particularly in developing countries, however, its true burden is still unknown. The Global Snapshot has truly succeeded in mobilizing the kidney community to provide revealing new data that will allow us to better identify, manage and treat AKI, as well as raise awareness in the global healthcare community.”

ISN President, Prof. Giuseppe Remuzzi added: “Through the Oby25 initiative, ISN aims to promote globally applicable strategies that permit timely diagnosis and treatment of AKI for patients with potentially reversible diseases. Building on this new evidence, we will be able to focus our efforts on raising awareness and developing ‘need-driven approaches’ by implementing pilot projects in selected areas for education, training and care delivery.”

The Global Snapshot is the first in a series of landmark projects to be launched under the ISN “Oby25 Initiative”, which aims to eliminate preventable deaths from AKI by 2025. A global human rights initiative, Oby25 places a strong emphasis on low and middle-income countries in Africa, Asia, and Latin America with disadvantaged populations and poor access to care.

Oby25 is receiving overwhelming support from national and regional nephrology societies across the world through their endorsement and promotion of the initiative. In order to strengthen our efforts in tackling AKI, ISN will continue to seek support from partners across the global healthcare community.

If your society or organization would like to get involved and show support for the Oby25 initiative, please contact ISN at: Oby25@theisn.org



ISN at the NCD Alliance meeting

Prof. David Warnock and ISN President Giuseppe Remuzzi talk of ways to increase the position of kidney disease within global health policies.

In its mission to bring kidney disease to the attention of health authorities and positioning it on the global health agenda, ISN attended the non-communicable diseases (NCD) Alliance meeting in New York.

On the objective of ISN's participation, ISN President Giuseppe Remuzzi says: "Linking kidney disease to the developing Universal Health Coverage (UHC) and Access is one way forward."

Prof. David Warnock attended the meeting on behalf of ISN and also believes it is time to have a suitable link for ISN and kidney disease to be part of the worldwide efforts, and especially in low-and middle-income countries, for developing Universal Health Coverage and Access programs. "It would be a strategic way to raise awareness and encourage countries to develop programs for supporting patients with acute and chronic renal diseases," he says.

The Millennium Development Goals (MDGs) transformed global health. They galvanized politicians and citizens, stimulated civil society, encouraged robust monitoring and evaluation frameworks, motivated research communities, and created new institutions. By focusing global communities on a common agenda, the MDGs confirmed that progress for poor and marginalized people is possible.

Remuzzi believes that the MDGs also had major shortcomings. They ignored the central role of health systems, overlooked emerging health concerns such as NCDs, tended to exacerbate fragmented health systems, and at times contributed to inequities in health.

To redress these shortcomings and respond to new challenges, the global health community started to consider using Universal Health Coverage (UHC) to frame the health goal from a system perspective. The World Health Organization (WHO) defines UHC as universal access to needed health services without financial hardship to pay for them. It allows for a greater focus on the equitable distribution of access to health services and demands a universal focus within and across countries. Moreover, UHC is a goal relevant for all countries, rich and poor, as illustrated by the broad support for the UN resolution on UHC of December 2012. The approach of working towards UHC could have a transformative effect in the battle against poverty, hunger, and disease.

"By focusing on UHC in the post-2015 development framework, the international community has an opportunity to endorse a country-driven agenda, as well as build and improve upon the MDGs," adds Prof. Warnock.

"The most cost-effective is to have a direct country by country approach. This could be done interacting with health authorities through ISN leaders and the chairs of the new Regional Boards. We should think of a strategic plan on this line, possibly starting with a pilot exercise with few countries," he concludes.



From the ISN Blog: John Feehally

ISN returns to Myanmar for CME.

Previous political restrictions meant this was the first ISN visit to Myanmar since the late 1990s. During the restrictions, healthcare spending was severely restricted (1.5% of GDP). There has now been significant change with the arrival of the new government. Healthcare expenditure is growing and expected to reach 5% of GDP in the next few years.

Myanmar remains a predominantly rural and low-income country. Yangon (formerly Rangoon) is by far the largest conurbation, with a population of about 5 million. Myanmar has only 18 nephrologists for a 55 million people. There is a well-developed healthcare structure with rural health centers staffed by midwives, but offering some other resources including oral rehydration solution and snake antivenom. These refer to township hospitals and in turn to the major city hospitals.

An ISN-endorsed Continuing Medical Education (CME) course was held in Yangon on August 9, 2014 focusing on glomerulonephritis and attended by some 200 physicians, mostly internists and general practitioners, and some pathologists. It was preceded by a half-day workshop on glomerular pathology attended by some 70 pathologists and physicians.

During the restrictions, strong and sustained support for nephrology in Myanmar was provided by a successful sister center partnership between the renal units at the Royal Adelaide Hospital and Yangon General Hospital, which has not up to now borne the ISN logo nor received any ISN funding because of previous political restrictions.

Pediatric nephrology has also been developed at Yangon General Hospital, and this is particularly due to the sustained commitment of Professor HK Yip and her colleagues in Singapore who have trained a succession of pediatricians now working at that hospital and other pediatric centers in Myanmar.

The Adelaide-Yangon pair will be making an application for ISN Sister Center status (their application will request no funding from ISN, they will continue to develop the sister center with Adelaide funds). Their current focus is to strengthen renal pathology in Yangon by establishing immunofluorescence. Cryostat, immunofluorescence microscope, and reagents are being obtained, and Adelaide will support the necessary technician and pathologist training.

Dr Chen Au Peh from Adelaide is also working on strategies to improve how snakebites are managed, including using Australian expertise to lyophilize the anti-venom to improve shelf life in rural health centers.

I have encouraged Myanmar colleagues to apply for ISN Fellowships and Educational Ambassadors. We hope to return to Myanmar for another CME in 2015, and AKI and living donor transplants would be additional very relevant topics to cover. Lack of affordable and accessible laboratory testing may mean the AKI case load is underestimated. Improvements in care, for example improved public education about snakebite, greater availability of antivenom, and more affordable and available laboratory diagnostics may significantly increase the AKI case load at township hospitals, making education and awareness about AKI even more important.



To read more blog posts from John Feehally and other members of ISN visit: www.theisn.org/theisn-blog

World

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Help ISN Do More!



ISN

upcoming events

ISN Events connect global medical communities, giving them the knowledge and support to reduce the impact of kidney disease worldwide.

ISN Nexus 2016 in Berlin

Save the date for the next ISN Nexus Symposium, which will take place in Berlin, Germany from April 14 to 17, 2016 at the Hotel Melia Berlin. This meeting is set to cover translational immunology in kidney disease and new therapies for renal immunopathology.

These symposia are designed to bridge the gap between basic research and clinical practice by offering a profound focus on translational medicine and clinical application. They address the increasingly multidisciplinary approach to kidney health issues by bringing together researchers and practicing clinicians to advance science and treatment around highly targeted and specific themes of current relevance. These meetings enable collaborations to take place with an in-depth focus on real clinical challenges and directions for future research and healthcare solutions.

For more information, visit: www.isnnexus.org/berlin

World Congress of Nephrology 2015

Sustainability & Diversity

March 13-17, 2015, Cape Town, South Africa

www.wcn2015.org



ISN Forefronts 2015

Immunomodulation of Cardio-Renal Function

October 22-25, 2015, Shenzhen, China

www.isnforefronts.org/shenzhen



ISN Nexus 2016

Translational immunology in kidney disease and new therapies for renal immunopathology

April 14-17, 2016, Berlin, Germany

www.isnnexus.org/berlin



For the full list of ISN events visit www.theisn.org



ISN WORLD CONGRESS OF NEPHROLOGY 2015

March 13-17, 2015

Cape Town

www.wcn2015.org



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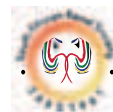


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