AN OFFICIAL PUBLICATION OF THE INTERNATIONAL SOCIETY OF NEPHROLOGY







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Advancing Nephrology around the World Celebrating 50 Years

This issue has been realized thanks



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EDITORIAL

This Summer edition of ISN News is dedicated to ISN's valuable humanitarian and philanthropic work which has grown in recent years thanks to ISN Global Outreach Programs.

Many stories reveal how these international efforts have changed the lives of kidney disease patients in emerging countries. They have brought developed and developing renal communities together to reduce the frequency and impact of this disease worldwide.

Today, five programs are in place. They provide doctors, specialists and other healthcare professionals with training, research and educational opportunities through Fellowships, Sister Renal Center partnerships, Continuing Medical Education courses, Educational Ambassadors and a Research and Prevention Committee.

Sustainability plays a key role in the success and efficiency of each program. Although they make up the core of the Society's work, many other ISN activities illustrate the strong response to international renal health challenges.

At the start of this year, the ISN Renal Disaster Relief Task Force supplied essential renal services and advice to those affected by the natural disasters that struck Haiti, Chile and Turkey. As a community, we are proud to be a part of a Society that fills an acute medical need. However, chronic progressive kidney disease is a more insidious illness, requiring longer-lasting strategies.

One of ISN's long term goals has been to ease regional support in India to build renal services across a broad spectrum of the population. In turn, this shows the value of the ISN GO regional committees. A new structure will build on the success of current committees and extend support to where it is most needed.

ISN Secretary General Adeera Levin has a broad remit encompassing her responsibilities at ISN and the 2011 World Congress of Nephrology. Clearly, she is driving increased scientific input and attracting young nephrologists to attend this event. She also supports relations with stakeholders to improve kidney health. A big job by anyone's standards!

Celebrating 50 years of existence, ISN can applaud its achievements. But, much remains to be done and ISN is well placed to accomplish more in the future.

Professor Carol Pollock



ISN News

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NEWS IN BRIEF

World Kidney Day 2010 update

This year's World Kidney Day (WKD) campaign has continued to show lots of success. Several photos reveal how different communities have worked on raising local awareness of a global issue. Next year's campaign will focus on Chronic Kidney Disease and cardiovascular diseases. For more information, visit: www.worldkidneyday.org.



<image>

ISN-India Committee receives first donation

The newly established ISN India Committee is a partnership between ISN, the American Nephrologists of Indian Origin (ANIO), other nephrologists of the Indian diaspora, and nephrologists in India.

The Committee is dedicated to reducing kidney disease and increasing treatment opportunities for patients in India, by raising funds to support ISN supported programs in India. As a focus for its fundraising efforts, the ISN India Committee has decided to give first priority to two programs - supporting the development of renal pathology centers of excellence in India, and supporting the development of a deceased donor kidney transplant program in India, especially through training and support of transplant coordinators.

The ISN India Committee is beginning to generate lots of interest and has already received a remarkably generous donation of 250,000 US dollars from Mr. Devangbhai R. Patel, Chairman of the Ipcowala Charitable Trust, Gujarat, India which will ensure that the capacity-building activities that are planned for this first year can start. For more information, including how to donate to the ISN India Fund, visit: **www.isn-online.org**.

International efforts to combat kidney disease

For ISN, global outreach means reducing the worldwide onset of kidney disease through education, prevention and awareness.

Through Fellowships, Sister Renal Center partnerships, Continuous Medical Education courses, the Research and Prevention Committee and Educational Ambassadors, ISN Global Outreach (GO) Programs (formerly known as COMGAN) are helping to build health equality in poorer regions.

When the International Society of Nephrology (ISN) was founded in 1960, it began as primarily a scientific Society providing access to journals and meetings. However, it later evolved to become a philanthropic and humanitarian organization with more global objectives - advancing how kidney disease is diagnosed and treated in the developed and developing world. The focus was also on prevention, raising public awareness and connecting professionals to support research, provide education and improve patient care worldwide.

ISN GO Programs are dedicated to assessing the needs and providing education and training to kidney doctors and other specialists in the developing world. Every year, they establish interactions with some 14,000 renal care providers.

Raud Benito Bautista Garcia (Mexico), ISN Fellow in Italy

Tailored to all needs

Collaborating with local leaders, national and regional societies, ISN GO Programs identify educational and clinical needs to develop specific training as well as tailored screening and prevention programs for renal communities in each region.

"There is an enormous gap between the affluent and economicallydisadvantaged nations of the world in terms of availability of research, diagnosis, treatment and prevention of kidney disease," states ISN President Bernado Rodríguez-Iturbe. Through its GO CME Programs led by Norbert Lameire, Belgium, ISN dispatches faculty members every year to teach at more than 50 sites across the globe.

The ISN Fellowship Program chaired by David Harris, Australia is a real testimony to the ISN GO mission. More than 500 ISN Fellows from 80 emerging countries have benefitted from hands-on training. Aside from the learning opportunity, they have returned to their home countries to share the knowledge and skills they have acquired in basic and clinical nephrology, dialysis, transplantation, epidemiology and educational methods.

In the latest application session, a total of 21 grants have been awarded to young nephrologists from Asia, Africa and Latin America. ISN Fellow Felipe Rodríguez De León from Panama, trained in Italy and participated in several clinical projects on immunosuppressant drug strategies in kidney transplantation, chronic kidney disease and diabetes. He explains how he also participated in some ISN-KDHC research committee meetings to promote the Chronic Kidney Disease Prevention Program in developing countries.

COMGAN becomes GO

ISN GO Programs were formerly known as the Commission for the Global Advancement of Nephrology or COMGAN. This change from COMGAN to GO follows ISN's decision to emphasize its humanitarian and philanthropic mission to decrease the frequency and impact of kidney disease worldwide.

Efficient and sustainable programs

Once ISN Fellowships are completed, graduated fellows are encouraged to form partnerships between their home and host institution. This means knowledge is distributed throughout the renal communities and strong ties continue to develop.

"In Oxford, we took a team of surgeons and multidisciplinary staff out to Belarus and jointly performed kidney transplants. This resulted earlier this year in the first pediatric kidney transplant in the country," adds Sister Renal Center (SRC) Chair Paul Harden, UK.

Since 2006, the restructured SRC Program has supported 80 emerging renal units which have paired up with established centers of excellence in the developed world. 30 to 35 center pairs are now active each year. Today, five pairs have graduated from the program which aims to develop independent centers for renal clinical care in each region of the developing world. The next deadline for application is September 30, 2010.

Each year, 45 to 50 Continuing Medical Education (CME) courses allow some 14,000 doctors and health care practitioners from the emerging world to benefit from essential teaching and training by top-level nephrologists from developed countries who serve as volunteer ISN faculty members. For instance in Kinshasa, a course was organized jointly with the International Society of Hypertension focusing on hypertension as a risk factor for kidney disease. "CME events include local hospital and dialysis unit visits from ISN representatives. In some cases, they also require that local hosts arrange for meetings between ISN delegates and local or national health authorities to review regional resources, renal care needs and to support early detection and prevention programs," reveals Global Outreach Chair William Couser.

Prevention and early detection are crucial to decreasing the frequency and impact of kidney disease in developing regions. Under the leadership of Giuseppe Remuzzi, Italy, the Research and Prevention Committee implements and guides research projects to detect and manage non-communicable chronic diseases such as Chronic Kidney Disease, hypertension, diabetes and cardiovascular diseases (the KDHDC Program).

Today, in 17 countries, there are ongoing projects adapted to local needs. The Kidney Disease Data Center (KDDC) in the Bergamo (Italy) headquarters of the Research and Prevention Committee ensures that results are collected in a central database and analyzed. Renal physicians from developing regions are increasingly using the center for clinical and epidemiologic renal research.

Sharing knowledge is the first step towards improving kidney care in poorer regions. The recently-launched Educational Ambassadors Program led by Saraladevi Naicker, South Africa, reinforces this mission and provides one-to-one training for doctors and specialists in emerging countries. It helps experts in developed regions give back to others who don't have the same opportunities. ISN GO Programs also testify how collaboration helps find efficient and sustainable solutions to a worldwide problem.







ISN Forefronts Symposium 2011

Proteinuria: From glomerular filtration to tubular handling

September 22-25, 2011 Aarhus, Denmark

Main topics

- Biology of the glomerulus
- The podocyte: experimental models
- Glomerular filtration barrier
- Signaling pathways in the glomerulus
- · Glomerular proteinuria and fibrosis/controversy
- Dynamics of endocytosis
- Biology of the proximal tubule/proteinuria
- Future developments

Co-Chairs

Corinne Antignac, Paris, France Erik I. Christensen, Aarhus, Denmark Olivier Devuyst, Brussels, Belgium

Abstract submission opening: January 3, 2011 (tbc)

For more information www.isn-online.org/forefronts





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PROFILE ISN Sister Renal Center Program

After his training at Yale University, Marcelo Orías developed the idea of a Sister Renal Center partnership with his home institution, the Sanatorio Allende Renal Service in Córdoba, Argentina. He believed that this was a great way to increase growth and collaboration on both sides.

What has been the most

successful outcome of this partnership?

The Sister Renal Center (SRC) Program is a fabulous way to open minds and change habits in a short period of time. Medical and healthcare staff at the Emerging Center were touched by this program that stimulates the will to set higher standards. It has trained hemodialysis nurses to understand efficient dialysis and taught renal fellows that every study protocol should be designed to be published.

It also demonstrated techniques for a thorough literature review. Publications were long and difficult before this partnership. In three years, we have published two joint papers on the use of aliskiren in CKD patients and on HTN phenotypes in young patients. Another three are about to be submitted. They focus on treating hemodialysis pruritus, and using troponin T as a predictor of morbidity and mortality in hemodialysis patients and a renal variant of Fabry's disease.

How has this partnership helped

doctors and patients in the local community?

Doctors have been exposed to several healthcare workers from the United States. Lectures and hands-on workshops have given them a first-class learning opportunity. For two weeks, Yale Dialysis Head Nurse Mary Zorzanello taught nurses all dialysis techniques. A Continuous Educational Course was developed for the Emerging Center dialysis unit under her guidance. Dialysis patients benefited from hands-on teaching in different areas such as fistula cannulation and hemodialysis catheter care.

Aldo Peixoto, Yale staff and SRC liaison officer, also gave lectures to community nephrologists and Sanatorio Allende physicians. Renal fellows attended his daily seminars on developing clinical research protocols and he met with each of them to discuss their research projects.

In the upcoming years, we will focus more on kidney disease screening and prevention. This year a Renal Week community screening program was held for World Kidney Day. This will continue to be a priority in the future.

What does the future hold for this collaboration?

This collaboration has blossomed and will continue to excel. Both centers will support each other once the SRC Program guidance is over. Renal fellows and staff will continue to rotate between Yale and Córdoba. The ties amongst staff members from both centers will persist and strengthen over many years.

A joint ISN-sponsored Emerging Center and Supporting Center Symposium on Kidney Protection will take place this August in Córdoba with guest speakers from Yale and Sanatorio Allende.

Yale University has also gained an international site for medical student teaching. Fourth year students rotate for a month at the Sanatorio Allende Renal Service. By providing access to the Yale Medical Library, this center now has unlimited access to medical literature and resources.

How are these partnerships helping to make advances in kidney care around the world?

By helping Emerging Centers to become centers of excellence, patients benefit from a higher quality of care. The knowledge that Emerging Center nephrologists acquire spreads to the surrounding medical community like a domino effect.

More information on the Sister Renal Center Program is available at **www.isn-online.org**.



Global Outreach success story

ISN Fellow becomes director of National Transplant Agency in Moldova

Igor Codreanu was recently appointed director of the National Transplant Agency in Moldova. After a successful ISN fellowship at the Mario Negri Institute in Italy, he set out to develop new legislation and organize a structure to fund more transplants in Moldova.

"My activities with the European Council and the Sister Renal Center partnership were valuable in getting new legislation approved in 2008. The National Transplant Agency has now been set up and is one of the first of its kind in Moldova and former Soviet Union countries. It will establish a transplant system which ensures easier access to patient transplantation services," explains Codreanu. He is a primary doctor in urology and kidney transplantation at the Center of Dialysis and Kidney Transplant, Republican Clinical Hospital in Moldova. The National Transplant Agency is responsible for organizing and supervising all national transplant activities including organ, tissue and cell donation and procurement. It also establishes and maintains national transplant recipient waiting lists as well as allocates, exchanges and transports organs, tissues and cells nationally and internationally. Another responsibility is to approve transplant teams and institutions and ensure the safety, quality standards and traceability of all organs, tissues and cells. It monitors and audits transplantation procedures results and educates health professionals and the general public about transplantation.

Based on initiatives that began with the ISN fellowship, Research and Prevention Committee and SRC Program, in 2004, the Council of Europe and the European Commission agreed on a joint program for the Republic of Moldova. This included work on transplantation services and combating organ trafficking. During its development, the Council of Europe and transplantation experts visited Moldova to organize workshops and seminars, visit hospitals and meet with officials and medical professionals.

This is yet another example of how ISN Fellowships and Sister Renal Center partnerships are helping local kidney doctors and specialists improve standards back home.

"One of the aims of my fellowship was to develop a prevention program in my home country. We have now started this program and managed to screen some 2,000 people and give more dialysis treatments. We have also been involved in many World Kidney Day activities," adds Codreanu.



This year, ISN celebrates its 50th anniversary. To officially commemorate the occasion, an interactive panel discussion took place in Geneva, Switzerland on June 30, 2010 – a short distance from where the Society was first founded in 1960.

ISN leaders looked back at how nephrology has evolved. They also focused on the exciting future ahead as ISN works on advancing renal patient care and research worldwide.

ISN President Elect John Feehally and ISN President Bernardo Rodríguez-Iturbe joined ISN Past President William Couser, ISN Secretary General Adeera Levin, ISN Executive Committee Member Philip Li and ISN Educational Committee Chair Sarala Naicker. They reviewed the history of nephrology and recognized how the Society is bridging gaps in the provision of kidney care in the developing world.

Dialysis and transplantation were not possible half a century ago. Today, these treatments have become effective options for kidney patients. With modern technology, regenerative medicine and genetics, the future only knows what is in store for the next 50 years.

Yesterday and tomorrow

It was early days for renal pathology when ISN was first established. Also, there were no clinical trials in the Sixties as nephrology took on an individual approach and did not account for other disciplines and patient groups. Nowadays, a more thorough understanding of kidney disease has helped researchers learn more about other related illnesses such as hypertension and diabetes.

"Nephrology was an orphan discipline 50 years ago. Now, we recognize that 10 percent of the population has kidney disease," stated William Couser. Dialysis and transplants have transformed patient's lives. Unfortunately, not all patients in the developing world can benefit from these treatments.

The world première of "Turning their World Around" ISN's 50 Years film, gave a real-life testimony of how the ISN Global Outreach (GO) Programs are responding to the needs of doctors and patients in emerging countries.

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Prevention and awareness

Educating emerging renal communities is one thing. Teaching today's society about kidney disease is another. It already goes a long way in preventing the onset of the disease in regions where treatments are too expensive.

Bernado Rodríguez-Iturbe says that raising awareness about this public health problem will help respond to the issue. Started in 2006, the World Kidney Day Campaign has served the nephrology community in the best way. It has generated more research projects and awareness at public and government level.

Over the last few years, the campaign has witnessed an explosion of activities and made more people aware of prevention and early detection. As William Couser rightly stated: "we are just coordinators and enablers. What really happens is on a local level."

On a more strategic level, according to John Feehally, collaborating with bodies such the World Health Organisation is vital to getting the message across. Looking to the future, he believes that ISN is its volunteers. Much of the success of the last 50 years is due to dedicated doctors and specialists who have sacrificed their time and expertise to give back to the international nephrology community and those who need it the most.

Watch "Turning their World Around", ISN's 50 Years film, and listen to the whole ISN panel discussions at **www.isn50years.org**.

ISN Roadshow

To celebrate its 50th birthday, ISN took to the road by taking part in several events and conferences across the world, starting with the ISN Nexus Symposia in Kyoto and Geneva as well as the Forefronts Symposium in Sylt, Germany.

ISN took part in exhibitions at the 15th International Congress on Nutrition and Metabolism in Lausanne, the British Renal Society and Renal Association Conference in Manchester, the Asian Pacific Congress of Nephrology in Seoul and the ERA-EDTA Congress in Munich. Later this year, it will also participate in the ASN Renal Week activities in Denver, Colorado.

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Responding to crisis

The ISN RDRTF plays a crucial role in helping kidney patients and doctors survive natural disasters.

This year, between January and March, ISN's Renal Disaster Relief Task Force (RDRTF) was highly active in responding to earthquakes in Haiti, Chile and Turkey. It managed patients and provided essential medical care to people suffering from acute renal failure. Working closely with Médecins Sans Frontières (MSF), the task force was created in 1988, following the severe earthquake in Armenia, to supply renal aid wherever it is needed around the world.

"Our volunteers need to be mentally strong and used to working under immense pressure. They also need to respect local conditions, religion and philosophy. It is important they take on an external role and are willing to accept that there is just one local leader," explains Raymond Vanholder who chairs and coordinates this task force.

The Task Force works with MSF to coordinate and dispatch material to care for patients in disaster-stricken regions. It mainly focuses on Europe, the Mediterranean and Asia. Local branches have also been set up in south-east Asia and Latin America.



At the centre of the RDRTF activities, Raymond Vanholder and Chantal Bergen use the US Geo server to check the level of seriousness of earthquakes as soon as they happen. The team then contacts MSF, or vice-versa, to decide the kind of help that is needed. They follow up with an assessment team who find local correspondents, and decide – amongst other things – whether fluid should be administered or if screenings and dialysis treatments need carrying out. These individuals also establish whether local doctors need training to deal with patients who have developed Acute Kidney Injury (AKI) caused by their injuries.

In Haiti, the size of the disaster was extraordinary. The team had never experienced such high levels of mortality before. They also encountered many transport problems due to the heavily destroyed infrastructure. Once onsite, there was a shortage of laboratory facilities and only one partially-damaged dialysis unit.

Vanholder says that: "accessing acute kidney injury patients was very difficult because of the devastation. We were the first rescue team to set up a point-of-care device to carry out blood tests and distinguish who needed dialysis or fluids. Each life that we saved was a miracle."

No earthquake is the same. The ISN RDRTF must be flexible and take on different roles. Following the earthquake that hit Chile on February 27, 2010, there was no AKI or damaged chronic dialysis units. Local medical communities could cope as nephrology societies from Latin America were quick to react. On March 7, 2010, when disaster struck Turkey, experienced volunteers assessed the situation and provided help to the local medical community.

With more and more natural disasters causing devastation across less advantaged regions, the ISN RDRTF is bringing the best care to those who need it the most. With the help of its experienced volunteers from developed and developing countries, kidney doctors and other experts are collaborating to save lives.

To find out more on becoming a volunteer, visit: www.isn-online.org

Achieving low cost community-based awareness programs

What energetic individuals can do with nothing more than iron will and a great dose of energy.

An ISN councilor based at Sri Ramachandra Medical College and Research Institute (India), Georgi Abraham is also a founder of the Tamilnad Kidney Research (TANKER) Foundation, a charitable trust aiming to provide financial assistance for underprivileged kidney patients.

With the help of a team of energetic individuals, including especially Rajalakshmi Ravi, a number of screening camps have been organized over the last few years and a chronic disease clinic was set up on the periphery of Chennai, India.

Rajalakshmi Ravi was not meant to devote her life to fighting kidney disease. It's in December 2000 that she had her first encounter with kidney disease when her 14-year-old daughter was diagnosed with chronic kidney disease. Thanks to a family donor, a successful transplant operation took place under the guidance of Dr. Georgi Abraham.

Following her personal experience with the reality of kidney disease, Rajalakshmi Ravi, a woman with no medical experience, turned to Dr. Abraham and with his support, set up a program to raise public awareness about prevention.

It's good to talk

So far, a total of 145 awareness programs have been organized and about 98 programs have been carried out in educational institutions. These talks are an important opportunity to spread the message and get participants to distribute information in English and other local languages.

Some 29,862 people have been involved in these awareness programs organized in schools, colleges, welfare associations, public and private companies and other adult forums such as the Rotary and Lions Clubs.

Participants learn more about the physiology and functions of their kidneys. They also find out about the causes for kidney failure, symptoms, early detection, treatment options and general guidelines to stay healthy.

It not just about raising awareness. Early screening tests play a strong role in prevention. "Screening camps are conducted for adults. We check their height, weight, blood pressure, examine their chests and advise them on their Body Mass Index (BMI). Urine sticks are used to test albumin and glucose levels in the urine. Appropriate advice is given to visitors and, if necessary, prescriptions handed out to them," explains Rajalakshmi Ravi.

Around 14 camps have been conducted since April 2005 screening some 1374 people. The outcome has successfully diagnosed patients with diabetes and hypertension as well as revealed a number of patients with high levels of glucose and/or albumin in the urine.



Focus: Adeera Levin

In her first year as ISN Secretary General, Adeera Levin touches base on her role at ISN, women in nephrology and the upcoming World Congress of Nephrology.

What do you enjoy the most about this role and what are your hopes?

I am excited about the breadth and depth of the organization. In this first phase of my term, I'm enjoying learning about and contributing to the variety of ISN activities and projects. The role is diverse and allows me regular contact with all facets of the organization.

I hope to support and further develop ISN's goals and activities by ensuring consistency, clear communication and transparency. The Executive Committee has endeavored to create and foster partnerships with other international and national organizations with complimentary goals. As Secretary General, I want to facilitate and support these relationships, and establish some guiding principles that will help to develop ISN's structure and function.

In 50 years, ISN has matured into a philanthropic organization accepting diversity and nurturing education, research and self sufficiency worldwide. How have women contributed to nephrology?

There are numerous individuals who have contributed to nephrology. Many are women. Until recently, these women have been under celebrated. In the last 50 years, women have contributed to clinical care, policy development, research initiatives and advocacy campaigns on many forums, both locally, nationally and internationally.

As part of ISN's anniversary celebrations, we are developing a list of women who have contributed to nephrology. Going forward, we hope that this specific celebration of their accomplishments will emphasize their valuable role and mean more equal recognition in the future.



Sustainability and diversity is central to the 2011 World Congress of Nephrology. Are these issues important to the future development of nephrology?

There is a need for clinicians and researchers to appreciate the importance of developing clinical and scientific partnerships across regions and disciplines so we can improve the lives of kidney disease patients. Through partnerships, we develop a more sustainable infrastructure and ensure that multiple perspectives are taken into account. Ultimately, we hope to develop a truly translational approach so clinical and basic science can inform policy and research agendas more fully.

Furthermore, to give another perspective, sustaining good kidney function is what we are striving to do, both in healthy populations, and even in the context of disease. Applying different strategies will allow us to accomplish this. The economic viability of solutions that we generate is important for kidney health globally, hence the need to ensure that we have a sustainable strategy.

This theme further encompasses the need for young and established nephrologists to share their science, methods and aspirations, as well as the energy they bring to studying kidney disease and caring for patients living with kidney disease. Sustaining the practice of nephrology and the spirit of inquiry, throughout the world, is one of the goals of ISN conferences in general, and the World Congress exemplifies this theme.

> World Congress of Nephrology 2011 Sustainability and Diversity

> > 8-12 April, 2011 Vancouver, Canada www.wcn2011.org

CONGRESS OF NEPHROLOGY

Sustainability and Diversity

WCN 2011, ISN's flagship biennial scientific and educational congress, will focus on ensuring that renal science and patient care are tailored to the unique and diverse needs of patients and clinicians around the world.

www.wcn2011.org



Sustainability

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Call for Abstracts: August 1 -October 15, 2010

8-12 April 2011

Vancouver

Canada



In cooperation with: Canadian Society of Nephrology/ Société Canadienne De Néphrologie

Advancing Nephrology around the World Celebrating 50 Years

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Building up the regional perspective

The ISN GO regional committees were restructured recently giving them a stronger voice.

The ISN Global Outreach (GO) Programs are supported by several regional committees that form a vital part of ISN's capacity building activities. They help to understand the needs of communities in the developing world and contribute to building tailored education and training programs as well as sustainable research and prevention strategies. Through the regional committees, ISN provides the most relevant support where it is most needed.

This year, the Core Committee decided to reactivate the regional committees and provide them with more guidance to achieve ISN's mission. "So ISN GO Programs can remain active in as many regions as possible, all regional committees must participate and have a voice," explains William Couser, Chair of the ISN GO Programs.

Previous streamlining and activation efforts were undertaken in 2007 including general recommendations regarding the size, terms, international representation and replacements of these committees. A strategic session gathering all Committee Chairs replaced the workshops previously held at the American Society of Nephrology (ASN) annual conference. This has helped the committees understand how they can actively contribute to each ISN GO Program. It has also provided a platform for active feedback from the regions themselves.

A roles and responsibilities document has now been created to clarify committee involvement in each program. All new and current members have formally agreed to commit to these tasks. They were assessed for levels of longstanding membership and regional crossrepresentation. Certain committees have been entirely recreated so they can move forward with a more productive approach. Regional committee members and Chairs have also agreed to report on their activities at the ASN each year. The Topical Committees have been placed under the general ISN purview allowing the ISN GO Programs to fully focus on the regions and the programs.

"ISN congratulates the Chairs for their extensive efforts in pulling together the most motivated and committed nephrologists from their respective regions. Together with these outstanding individuals ISN has high hopes of attaining an even more fruitful educational service in the developing world over the next 50 years," adds Couser.

GO regional committees: roles and responsibilities

- Identify worthy regional initiatives and projects for ISN endorsement, programs or partnership.
- Advise and guide ISN GO activities in their region.
- Actively seek out and/or co-organize worthy CME meetings in their region.
- Be involved in official site visits and fact finding missions in their regions and set up contact with national health authorities to meet ISN GO delegations.
- Encourage applications from all GO Programs.
- Actively promote new individual and joint society membership.
- Seek and implement collaboration with National Societies of Nephrology in their region.
- Create awareness of current ISN activities and the GO Programs to promote and represent ISN in an appropriate and up to date fashion.

The Committee members are encouraged, whenever possible, to follow up on Sister Renal Centers located in their region and ISN Fellows who have returned to their home country. They are asked to help ISN in verifying that these educational investments are respected, prepare short presentations for ISN workshops or recommend speakers.

For a full list of all ISN GO Programs and regional committees, visit: **www.isn-online.org**.

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ISN partnerships

By collaborating with 75 national and regional societies, ISN represents all renal communities. Increasing partnerships with related societies, it is also increasing kidney disease awareness across every medical field.

Recent and upcoming collaborations have revealed how ISN is working to communicate on key issues affecting kidney specialists and patients. The ISN-International Society of Renal Nutrition and Metabolism Council (ISRNM) Symposium on "Exercise in Patients with Chronic Kidney Disease" on May 28, 2010 closed the 15th International Congress on Nutrition and Metabolism (ICRNM) in Lausanne, Switzerland's city of sport.

Congress President Daniel Teta believes ISN's expertise was important in finding the speakers who contributed to the overall success of the symposium. "They showed how sport and exercise are important to patients suffering from Chronic Kidney Disease. It is no longer seen as unsafe but increases levels of muscle functionality and patient's quality of life," he adds.

From September 26 to 30, 2010, ISN will join forces with International Society of Hypertension (ISH) to organize a symposium at the ISH's annual meeting. Thanks to some of world's leading scientific and medical specialists, the event will focus on current knowledge and research in cardiovascular health, reducing risks and stressing new integrative approaches to cardiovascular diseases.

ISN President Bernardo Rodríguez-Iturbe will talk on the role of T cells in hypertension and Jens Tietze will take on the subject macrophages and VEGF C in hypertension. VEGF antagonism and preeclampsia as well as the podocyte in hypertensive disease are topics for Ananth Karumanchi and Toshiro Fujita.

On November 20, 2010, ISN and the American Society of Nephrology (ASN) are organizing a symposium entitled Towards Global Kidney Health, as part of Renal Week 2010 in Denver, Colorado. The session looks at the challenges of providing training for nephrologists and care for patients with kidney disease worldwide.

Rashad S. Barsoum and M.K. Mani will moderate these discussions gathering speakers from ISN Global Outreach Programs. Vivekanand Jha will talk on the economics of ESRD in developing countries. Norberto Perico will discuss early detection and prevention of chronic kidney disease in resource poor regions. Saraladevi Naicker will give her opinion on the challenges of managing chronic kidney disease in sub-Saharan Africa. The session ends with William Couser who will highlight partnerships between academic centers in developed and developing countries and explain the Sister Center and Fellowship Programs. To reduce the incidence and impact of kidney disease, ISN recognizes that it needs to build strong partnerships. It has set up several collaborations and alliances to promote nephrology to interrelated organizations and non-physician groups such as nurses, technicians, pharmacists, nutritionists, social workers and patients. It is a founding member of the European Kidney Health Alliance (EKHA) and Kidney Disease: Improving Global Outcomes (KDIGO) and has just partnered with the International Pediatric Nephrology Association (IPNA).

Find out more about ISN partnerships at www.isn-online.org

ISN-ISH Symposium www. vancouverhypertension2010 .com ISN-ASN Symposium www.asn-online.org/ renalweek

ISN- International Society of Renal Nutrition and Metabolism Council (ISRNM) Symposium on "Exercise in Patients with Chronic Kidney Disease": www.isrnm-lausanne2010.org

ISN News 34 | August 2010

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