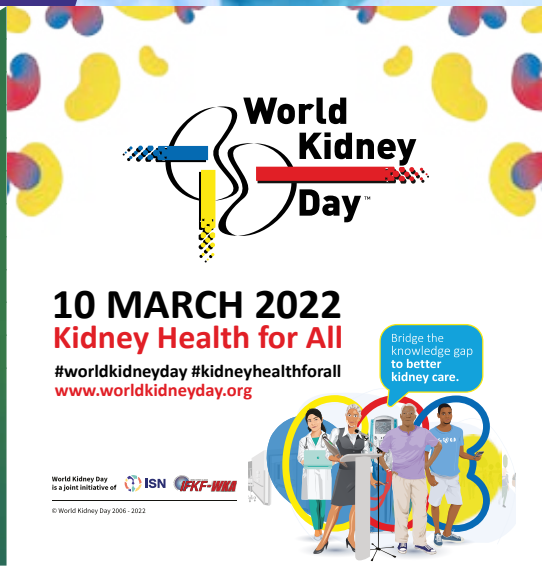
WOMEN IN NEPHROLOGY INDIA

ISSUE 1 | VOL. 3 | Feb – Apr 2022

WINGS

WOMEN IN NEPHROLOGY GUP SHUP

Official newsletter of Women in Nephrology India



www.winindia.org

CONTENTS

EDITORIAL

We spread our 'Wings', pledging to soar higher each time, pervading through clouds and beyond the horizons."

WIN India is proud to see the active participation of its members in upcoming **World Congress of Nephrology (WCN)** hosted by ISN alongside the Malaysian Society of Nephrology and the Asian Pacific Society of Nephrology from 24th to 27th Feb 2022 at Kuala Lumpur, Malaysia. We thank ISN President Dr Agnes Fogo for promoting inclusivity and equitable access and giving us the opportunity. WIN India members are active part of the WCN Social media team-Dr. Urmila Anandh, Dr ManjushaYadla, Dr Divya Bajpai, Dr Namrata Parikh, Dr Mythri Shankar, Dr Priti Meena, Dr Garima Agarwal and have interviewed important speakers of WCN 22. WIN India, requests everyone to listen to our speakers Dr Manisha Sahay, Dr Geetika Singh, Dr Priya Pais, Dr Divya Bajpai and Dr Reena Rachel George. Please don't forget to attend WIN Topical networking session by Dr Urmila Anandh, Dr Arpita, Ray Chaudhury, Dr Manjusha Yadla and Dr Swarnalatha Guditi along with several poster presentations by budding nephrologists.

The occasion of World Kidney Day (WKD) on 10th March 2022 and the International Women's Day would be celebrated by WIN-India with a week long program from 3rd March to 10th March 2022. The theme of the celebration is in compliance with the **WKD 22; Kidney Health for All – Bridge the gap to better kidney care.** During this eventful week, we would be aspiring to bridge the existing knowledge gap among various professions involved in kidney care including kidney nutritionists, dialysis technicians, transplant coordinators, general

physicians, nephrologists, patients and the care-givers. I am sure as a team, WIN India would attain the objectives of celebrating the WKD and raise an awareness about the impact our kidneys have on our health ;also how we could reduce the frequency of kidney diseases in our country through WIN activities.

We are extremely happy to outstretch our wings and soar towards greater heights by announcing the release of 1st quarterly issue of **WIN India Indian Journal of Kidney Diseases (IJKD)** the official journal of WIN Indiain the coming month and congratulate Dr Anupama for being the Editor in chief of IJKD. We invite everyone irrespective of the gender to showcase your scientific work through IJKD journal and contribute to improving the kidney care. We are also happy to share the 1st report of successful, completion of mentor and mentee activity and would congratulate Dr Arpana Iyengar for steering this activity towards right path.

WIN India delightfully congratulates our young members Dr. Divya, Dr. Mythri Shankar, Dr. Pooja Prabhu, Dr. Krithika Mohan, Dr Priya John, Dr Sayali Thakare, and Dr Sandhya Suresh for being a part of international training programs like ISN emerging leaders program, ISN ANIO Nephropathology certificate program and NSMC Internship program.

It is very exhilarating to see how WIN-India, which originated with a vision of connecting women nephrologists of the country for the greater benefit of patient care, is gradually accomplishing its goals and reaching out to a large section of the society through the myriad of activities. We wish to contribute towards the WKD theme this year so as to ensure better kidney-health to everybody. We hope our endeavors would help to allay the encumbrance of kidney diseases all over the world.

Newsletter Committee Member

Dr Anupama Y J

Dr Garima Agrawal

Dr Mayuri Trivedi

Dr Mythri Shankar

Dr. Swarnalatha Guditi

Additional Prof.

Dept of Nephrology, NIMS

Hyderabad, Telangana.

Message from

Dr Kate Robson, MBBS (Hons) MPhil (Dist)(Oxon) FRACP

Thank you for the opportunity to connect with Women in Nephrology India. Impactful interactions with women nephrologists have been crucial in launching, sustaining and enriching my path in Nephrology. As a medical student in Melbourne, watching Prof. Robyn Langham (ISN WCN 22 Scientific Program Chair) apply a mix of academic excellence, compassion and practicality to care for patients with kidney disease, I thought **"that's where I want to go".** Candid feedback, inclusive learning opportunities and resolute expectations of leadership from Robyn and other key mentors delivered the message we all need to hear: **'this space is for you; you belong'.** While training in Australia and UK, fellow 'nephrologistas' and I shared vital moments of support, advice and encouragement. This trusted network

continues to be essential as we navigate academic and clinical careers, leadership opportunities, family responsibilities, and pandemic chaos.

More recently, as Asia-Pacific Director of GlomCon Virtual Fellowship, I have been privileged to enrich this network by working with brilliant women nephrologists from India and other countries in our region: sharing common experiences as well as gaining insight into unique local challenges. These international relationships with women of tenacious intellectual curiosity and efficient productivity have injected new passion into my endeavours. Women in Nephrology, may we all continue to lift each other up - I look forward to what can be achieved!

Dr Kate Robson MBBS (Hons) MPhil (Dist)(Oxon) FRACP

Nephrologist and Researcher
Monash University, Western Health

Director, Glomcon Virtual Fellowship (Asia-Pacific)
Melbourne, Australia

@nephrologista

Message from

Dr. V. Tamilarasi,

Medical Superintendent, Consultant Nephrologists
Sri Narayani Multi specialty Hospital & Research Center, Vellore.

I **Dr. V. Tamilarasi** was born on 24.08.1947 to **Mr.V.Veerasamy BA. Ex MP** and **Mrs.Chellamal** in Trichy, Tamilnadu. I did my schooling at Holy cross high school and college up to BA in Trichy. I started medical career at Tanjore Medical College in 1966 and continued in Madras Medical College Chennai. Did my DCH 1979, MD (Pediatrics) in 1983, DM Nephrology in 1988. As Non-Nephrologist before 1988, I started my medical service at Trichy Head Quarter Hospital and then as Tutor in Anatomy in KMC and in physiology at Tanjore Medical College. I started my Nephrology career under the leadership of Prof. **M.S.Amaresan** at CMC Vellore. He was a senior-most Nephrologist in Asia and abroad. I finished my DM (Nephrology) under professor **MS. Muthusethupathy.** I had training in CAPD at Holland in 1989. After DM I was posted as Tutor in Pediatrics Nephrology in Institute of Child Health, promoted as Reader in Nephrology in 1992 and posted as dean Vellore Medical College from 2003 to 2005, after that I was working at Christian Medical College as Professor in Nephrology 2005-2017. From 2017 to 2020, I used to see Nephrology OP at Bhutan for 10 to 15 days invited by transplant society of Bhutan. Now, I am working as Medical Superintendent cum Nephrologists with blessing of Sri Sakthi Amma in **Sri Narayani Multi specialty Hospital & Research center, Vellore.**

I have actively participated in various conference; National Pediatrics

conference, National Pediatrics nephrology conference, Nephrology conference National, Asian, World congress and transplant conference and presented more than 80 scientific papers and guest lectures in various topic like hypertension, PUV, CKD, UTI, Renal biopsy, AKI, Diabetic nephropathy, Pediatrics transplant.

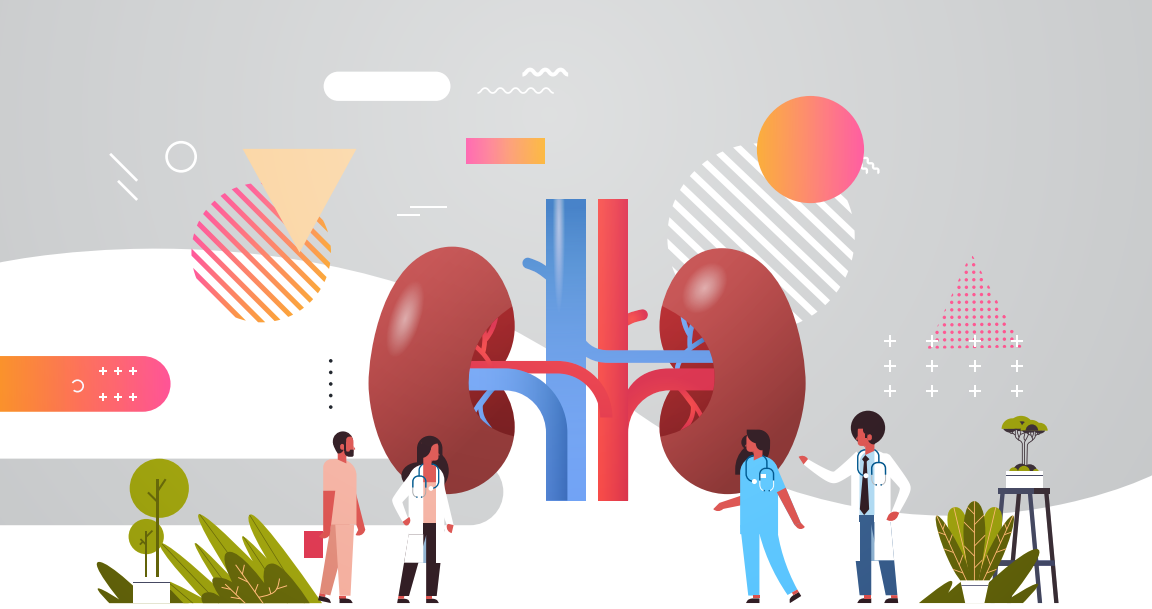
I was chairman of Pediatrics nephrology society, conducted renal CME from 2005-2017. I conducted national Pediatrics Nephrology conference, work shop on Pediatrics Dialysis, and taken part in symposium in various center in India and abroad –Australia, America, Canada, Japan, Korea, Taipai, Nepal, Africa and European countries; London, UK. In Africa I was instrumental in starting three haemodialysis at gana. I was the Editor of Clinical Pediatrics Nephrology for two editions and released two edition of MCQ in Nephrology. I received FISN from Indian society of Nephrology and fellowship FRCP in 2017 at London.

I thank all National/International Paedietric, Paediatric Nephropathy, Nephropathy, Transplant society who gave me opportunity to learn.

I wish to thank my parents and family members my husband **Mr. Periyaswamy.BE, MBA** and my daughter **P. Ramya. BE. MBA. PGHA, LLB, LLM** for the support and kind cooperation for the smooth walk in my medical profession.

Dr. V. Tamilarasi
Medical Superintendent
Consultant Nephrologists

Sri Narayani Multi specialty Hospital & Research center, Vellore.



Journal Scan

1. Discovery of autoantibodies targeting nephrin in minimal change disease supports a novel autoimmune aetiology

Andrew J.B. Watts, Keith H. Keller, Gabriel Lerner, Ivy Rosales, A. Bernard Collins, Miroslav Sekulic, Sushrut S. Waikar, Anil Chandraker, Leonardo V. Riella, Mariam P. Alexander, Jonathan P. Troost, Junbo Chen, Damian Fermin, Jennifer L. Yee, Matthew G. Sampson, Laurence H. Beck, Joel M. Henderson, Anna Greka, Helmut G. Rennke and Astrid Weins

JASN January 2022, 33 (1) 238-252; DOI: https://doi.org/10.1681/ASN.2021060794

Loss of slit diaphragm architecture of the glomerulus, as the pathogenesis of Minimal change disease (MCD) is a well-defined fact. Nephrin is an important component of the slit diaphragm. The presence of circulating Nephrin autoantibodies in patients with active nephrotic syndrome and MCD supports the published animal studies and the autoimmune theory as basis for MCD.

The recent published study by Watts et al discusses the role of anti nephrin antibodies in the pathogenesis of MCD and makes us wonder whether, Anti Nephrin antibody in MCD would be the next Anti-PLA2R antibody in Membranous Nephropathy?? Using accustomed developed indirect enzyme-linked immunosorbent assay (ELISA) and established thresholds, the authors

found that 18 of 62 (29%) of patients of biopsy proven MCD and active disease showing the presence of this auto antibody in the serum.

This study has important limitations in the form of smaller sample size and the fact that Patients were initiated on therapy, prior to the first serum sample being collected. The results of this study need to be validated on larger cohorts for sure. We also need to define the role of AntiNephrin autoantibodies in diagnosis as well as prognosis of MCD.

Neverthless, this study paves the way for an important emerging concept in the way we understand and practice glomerular nephrology. Novel biomarkers may soon become the way to go for glomerular disease with Membranous nephropathy and ANCA-vasculitis already being defined by unique biomarkers. Though we still have a long way to go in establishing a definitive cause and effect relationship between Anti Nephrin autoantibodies and MCD it is a unique concept and an acceptable hypothesis that still needs further validation for universal acceptance.

Mayuri Trivedi

Consultant Nephrologist,
Renal Transplant Physician
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2. Chlorthalidone for Hypertension in Advanced Chronic Kidney Disease

Rajiv Agarwal, Arjun D. Sinha, Andrew E. Cramer, Mary Balmes-Fenwick, Jazmyn H. Dickinson, Fangqian Ouyang, Wanzhu Tu

N Engl J Med 2021; 385:2507-2519 DOI: 10.1056/NEJMoa2110730

Hypertension (HTN) is an important clinical problem globally, affecting nearly 30-40% of the population. Much of the morbidity due to HTN is due to cardiovascular events and chronic kidney disease (CKD). Control of HTN is known to prevent or retard the progression of the vascular and kidney disease but difficult to achieve, especially in the presence of advanced kidney failure. In this background, the authors examined the role of chlorthalidone on the control of HTN in patients with advanced kidney disease, in a randomized controlled trial (Chlorthalidone in Chronic Kidney Disease Trial , CLICK trial). They randomly assigned patients with stage 4 CKD and poorly controlled HTN, as confirmed by 24-hour ambulatory blood-pressure monitoring(ABPM), in a 1:1 ratio to receive chlorthalidone at an initial dose of 12.5 mg per day, with increases every 4 weeks if needed

to a maximum dose of 50 mg per day, or placebo. Uncontrolled HTN was defined as a mean 24-hour ambulatory blood pressure of 130 mm Hg or higher (systolic) or 80 mm Hg or higher (diastolic) while receiving at least one antihypertensive drug. Patients with severe HTN(>160/100 mmHg), recent CV events or on high dose loop diuretics or already receiving thiazides were excluded. The primary outcome was the change in 24-hour ambulatory systolic blood pressure from baseline to 12 weeks. Secondary outcomes were the change in the urinary albumin-to-creatinine ratio, N-terminal pro–B-type natriuretic peptide level, plasma renin and aldosterone levels, and total body volume.

A total of 160 patients underwent randomization, of whom 121 (76%) had diabetes mellitus and 96 (60%) were receiving loop diuretics. At baseline, the mean (±SD) estimated glomerular filtration rate was 23.2±4.2 ml per minute per 1.73 m2 of body-surface area and the mean number of antihypertensive medications prescribed was 3.4±1.4. At randomization, the mean 24-hour ambulatory systolic blood pressure was 142.6±8.1 mm Hg in the chlorthalidone group and 140.1±8.1 mm Hg in the placebo group and the mean 24-hour ambulatory diastolic blood pressure was 74.6±10.1 mm Hg and 72.8±9.3 mm Hg, respectively. The adjusted change in 24-hour systolic blood pressure from baseline to 12 weeks was −11.0 mm Hg (95% confidence interval [CI], −13.9 to −8.1) in the chlorthalidone group and −0.5 mm Hg (95% CI, −3.5 to 2.5) in the placebo group. The between-group difference was −10.5 mm Hg (95% CI, −14.6 to −6.4) (P<0.001). The percent change in the urinary albumin-to-creatinine ratio from baseline to 12 weeks was lower in the chlorthalidone group than in the placebo group by 50 percentage points (95% CI, 37 to 60). Hypokalemia, reversible increases in serum creatinine level, hyperglycemia, dizziness, and hyperuricemia occurred more frequently in the chlorthalidone group than in the placebo group. The authors conclude that, in comparison with placebo, chlorthalidone therapy improved blood-pressure control at 12 weeks among patients with advanced chronic kidney disease and poorly controlled HTN.

It is well known that blood pressure control in advanced CKD is difficult and in many instances, resistant to therapy. Control of BP is important to prevent and ameliorate cardiovascular events (stroke, myocardial infarction and heart failure)a and also to retard the progression of kidney disease. Although thiazide diuretics have been one of the first line drugs for control of BP, they have been sparingly used in advanced CKD, with the exception of metolazone. The multiple electrolyte abnormalities that are associated with the use of thiazides is another major deterrent in their widespread use. Chlorthalidone, especially, has a longer duration of action (upto 72 hours) in comparison to hydrochlorothiazide and this has led to lower use of the drug in patients with advanced CKD. The risk of further worsening of serum creatinine and lower glomerular filtration rate due to effects on circulating blood volume is another perceived threat. However, this study, a RCT, convincingly demonstrated that there was a significant lowering effect of chlorthalidone on BP in patients with advanced CKD when compared to the placebo. The risk of adverse effects was not very much higher in the drug group. The major strength of this study is the use of ABPM to study effects on BP and that the patients had to record BP at home too for a week before each visit and maintain records and standardization of BP medications prior to the trial . The

trial was however a short trial of 12 weeks and follow up data is required to know with clarity, the beneficial effects on BP control and renal functions. There was a very small number of Asians in the study which may be an argument against its generalization to our country. However, the availability of a relatively inexpensive drug like chlorthalidone as an add-on drug and its relative safety in patients with advanced kidney disease, bodes well for the large group of patients with uncontrolled BP and shows promise of a better control of BP and thereby lower CV events and a better renal outcome.

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3. First clinical-grade porcine kidney xenotransplant using a human decedent model

Porrett PM, Orandi BJ, Kumar V, Houp J, Anderson D, Cozette Killian A, Hauptfeld-Dolejsek V, Martin DE, Macedon S, Budd N, Stegner KL, Dandro A, Kokkinaki M, Kuravi KV, Reed RD, Fatima H, Killian JT Jr, Baker G, Perry J, Wright ED, Cheung MD, Erman EN, Kraebber K, Gamblin T, Guy L, George JF, Ayares D, Locke JE..

Am J Transplant. 2022 Jan 20. doi: 10.1111/ajt.16930. Epub ahead of print. PMID: 35049121.

In India, the total number of deaths attributable to chronic kidney disease has been increasing from 0.6 million in 1990 to 1.18 million in 2016. There are approximately 2,00,000 patients on renal replacement therapy as per 2018 estimates. All these figures are just estimates as we have no chronic kidney disease or renal replacement therapy registries. The gold standard treatment for end stage renal disease has always been kidney transplant. The idea of organ donation is yet to sink into the Indian population. Despite all the efforts the donor pool remains elusive. In such a scenario using pig kidneys as xenografts looks very promising. But why pigs, haven't humans evolved from apes? Let's find out.

Initially non-human primates (NHP) were thought to best mimic human biology. But an immunological barrier arises from NHP xenograft model due to vascular endothelium antigens which were not expressed in humans. Hence, domestic pigs were genetically modified to mitigate this barrier and also additional genetic alterations were done to reduce complement mediated cytotoxicity and vascular thrombosis.

Major road blocks in xenotransplants had to be addressed such as immunological and functional compatibility, dreadful transmission of porcine viruses and so on. The only way to look into these issues was by in-vivo xenotransplant human studies. Hence, a xenotransplant program was initiated at University of Alabama, Birmingham in 2015.

They constructed a designated pathogen free facility near the transplant center to rear pigs exclusively for xenotransplant. These pigs were genetically modified to harbour 10 genetic modifications - insertion of two human complement inhibitor gene, two human anticoagulant genes, two immunomodulatory genes and deletions two of pig carbohydrate antigen and two growth hormone receptor genes. Most importantly, these pigs did not express red blood cell antigens and hence were universal donors for any blood group.

A 57-year-old human brain dead male adult with consent from the next of kin and negative flow cytometric cross match was included for this in-vivo human study. Bilateral native nephrectomies of the pig were done to establish anuria and xeno-tranplanted into the brain dead human. Induction immunosuppression (ISP) consisted of methylprednisolone, anti-thymocyte globulin 6mg/kg and anti CD-20. Maintenance ISP included mycophenolate mofetil, prednisone and tacrolimus. The aim was to look into the kidney functions for three days post transplant.

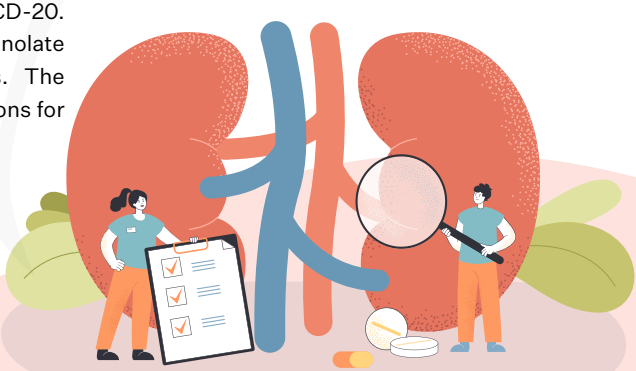
Post xenotransplant both the kidneys reperfused immediately with good colour and turgor. Both renal vessels had normal doppler values. The right kidney made urine by 23 minutes post anastomosis. Post reperfusion kidney biopsy revealed mild acute tubular injury with no features of rejection. On the third post transplant day, the brain dead human developed severe hemorrhage due to disseminated intravascular coagulation as a result of brain death physiology. Hence the study was terminated. Although the kidneys made good amount of urine, creatinine clearance did not recover. Whether the renal recovery was inhibited by the brain death physiology remains unknown.

This study shows that the major barriers for xenotransplantation have been surmounted which is a major leap!! However further in vivo human studies are needed to improve outcomes.

Dr. Mythri Shankar

Assistant Professor, Department of Nephrology, Institute of Nephro-urology, Bengaluru, India

Twitter - @nephromythri



REPORT OF 1ST SUCCESSFUL COMPLETION OF WIN MENTOR-MENTEE PROGRAM

(NOVEMBER 2021 - JANUARY 2022)

WIN-India Mentee

Dr. Niveditha Girimaji. S

MD, DNB, DM

Report of Mentor-Mentee Program (November 2021- January 2022)

WIN-India has given me an opportunity for an observership in paediatric nephrology under the mentorship of Dr Arpana Iyengar, Professor of Paediatric Nephrology at St. John's Medical College Hospital, Bengaluru. During this stint, I was posted in the paediatric nephrology outpatient clinic, inpatient wards, CKD and post-transplant clinic, and nephrology-urology clinic. I was able to learn the intricacies of presentation and management of common paediatric nephrology diseases like nephrotic syndrome, CAKUT, tubulopathies, AKI, CKD and also got a chance to learn the basics of paediatric CAPD, HD, and genetics. I witnessed one paediatric renal transplant and also the patient's follow-up for two months. I had an opportunity to exchange my knowledge of POCUS and AV Fistula assessment with the department. I also briefly took part in analysing renal biopsy slides at the Department of Pathology.

Through the process of interaction with faculty and fellows, I gained an understanding of the nuances of paediatric nephrology that makes it different from nephrology in adults. Working closely with paediatricians gave me a chance to learn and appreciate qualities that are unique to them, like patience, empathy, and rapport building with children and parents. I interacted with women nephrologists who not only focus on clinical research but also continue to be actively involved in clinical care and teaching. It was a learning experience to witness how they handle work-life balance.

The program gave me the necessary thrust to further my research skills. Under my mentee's guidance, I began a research project on paediatric nephrolithiasis. The aim of this retrospective observational study was to describe the clinical presentation, complications, and management of nephrolithiasis in children who presented

to St. Johns Hospital over 20 years. We also plan to follow them up for meaningful outcomes like recurrence, hypertension, and CKD. The reason behind taking up this research topic was a lack of data, especially related to factors that influence the disease and its outcomes that are unique to India. It was my privilege to interact with a woman paediatric surgeon as part of the research activity. I also plan to work on review article with my mentor on the transition of care from paediatric to adult nephrology.

On completion of the three months program, I am now better equipped to handle common paediatric nephrology diseases in my practice, have got an exciting research project to work on, and am happy to have met and interacted with inspiring senior nephrologists.

WIN-India Mentor

Dr. Dr Arpana Iyengar

MD, MD, DNB, FPN, FRCP

I had the pleasure of having a bright, young and accomplished nephrologist, Dr Niveditha Girimaji join me as an observer for 3 months. I have known Niveditha from her college days and she is the daughter of distinguished doctor-parents. Under the formal mentorship program of WIN-India, Niveditha and I put down a clear and focused plan of action in the area of clinical research related to paediatric nephrolithiasis and transition of care of the adolescent with kidney disease. Niveditha has been an outstanding student who received training from premier Institutions in the country. We had the opportunity to interact, share and discuss various issues of clinical care, capacity building, research, collaborative initiatives, team work, communication skills, leadership, and work -life balance. Niveditha's strengths have been academic and clinical competence, enthusiasm, managerial skills, team spirit and commitment. Her simplicity and humble personality is admirable. Niveditha stands as a role model for our post -doctoral trainees and fellows.

I do hope that the mentor- mentee collaboration under the support of WIN-India will inspire many young women in nephrology to seek mentorship to make a difference to their professional and personal growth.

Wishing Dr Niveditha Girimaji all the very best in all her future endeavours!

Dr. Arpana Iyengar

MD,DNB.FPN,FRCP

Professor, Department of Paediatric Nephrology [Regional Training Centre of ISN,IPNA & ISPN]

St. John's National Academy of Health Sciences, Bangalore, India

Chair, International Society of Nephrology (ISN)- Clinical Research Committee

Lead, ISN-Mentorship Program

Subject Editor, ISN Academy

Core Executive Member, ISN-South Asia Regional Boar

RESIDENT'S COLUMN

Quiz

JUMBLE

Unscramble the letters given below
(Clue: These are the names of some well-known scientists in the field of Medicine).
In the next step, use the letters in the shaded boxes to unscramble and derive the answer for the clue in the picture below.

1. BTGRHI

2. ONTYGU

3. EIDLDL

4. ERNERNB

5. NOSICPIE

The gentlemen were trying to do something which by itself, caused the onlookers to have this

Resident's column Contributed by:

Anupama Y J
Consultant Nephrologist, Nanjappa Hospital, Shivamogga- 577201
E: anupamayj@gmail.com | M: +91 96862 13290

Events Organized

4th Dec 2021

Immune stratification of Transplant recipients

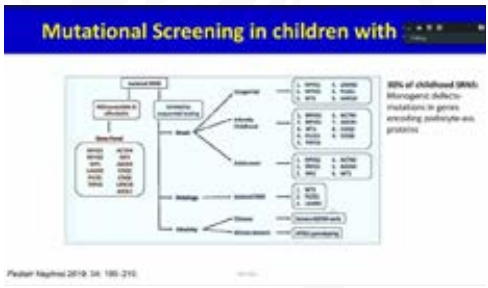
Dr Swarnalatha, Dr Shruti Tapiawala

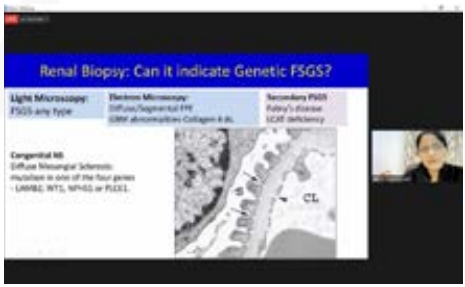
2nd Jan 2022

Touching Basics of Nutritional Intervention

28th Jan 2022

Ist WIN India – ISRTP Joint venture program



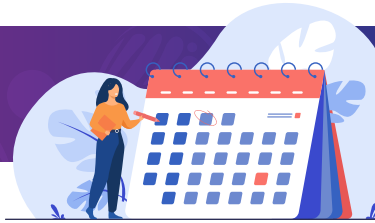


6th Feb 2022

Society of Renal Nutritionand Metabolism & Women in Nephrology (WIN India)

14th CME on touching basics ofnutritional intervention of Nutritional

Upcoming Events



1. 28th Feb 2022

Research Methodology Series - Second Session

Topic – Basics of RCT – An interactive session Arpana Iyengar

Dr. Arpana Iyengar, Dr. Priyamvada, Dr. Nivedita Kamath

2. Celebration of WKD week by WIN India 3rd to 10th March 2022

An Academic and Patient Awareness Intiative from Women In Nephrology-India

DATE	TOPIC	TIME
3rd March 2022	Role of Renal Nutrition	05:00 -09:00 PM
4th March 2022	Dialysis Technician and Kidney Care	07:00 -09:00 PM
5th March 2022	Quiz Competition for Post Graduate Students	07:00 -09:00 PM
6th March 2022	Virtual Games and Talent Show for Kidney Patients	05:00 -07:00 PM
7th March 2022	Transplant Coordinators in Kidney Health	07:00 -09:00 PM
8th March 2022	Physician Advocacy for Healthy Kidneys Inaugural Tweeter chat - #WinChat	07:00 -09:00 PM
9th March 2022	Patient Advocacy for Better Kidney Health	05:00 -07:00 PM
10th March 2022	Kidney Failure Care for All Bridging the Gaps in Low Resource Settings	07:00 -09:00 PM

3. 18th March 2022 WIN Inida – Endocrinology Society of India Joint venture

4. April 2022 WIN Inida – International Webinar: Dr. JaiRadhakrishnan

5. May 2022 WIN Inida – Joint series with Indian Dietic association

6. June 2022 WIN Inida – International webinar : Dr.Jonathan Barrett

WCN 22- WIN India Participation

A. ISN WCN'22 Social Media Team

Dr. Urmila Anandh
Dr. Manjusha Yadla
Dr. Divya Bajpai
Dr. Namrata Parikh
Dr. Mythri Shankar
Dr. Priti Meena
Dr. Garima Agarwal

WCN22 Preconference Interview by social media team

B. Speakers

1. **Dr Divya Bajpai -** KEM Hospital Mumbai
   Raising the Curtain to WCN'22 – ISN South Asia Region
   Outcomes of Covid 19 In Chronic Kidney Disease Patients
2. **Dr Manisha Sahay,** Osmania General Hospital, India
   Nephrology Annual Review Course: Lessons Learned From Covid-19
   Caring for Kidney Transplant Patients in the Covid-19 Era
3. **Dr Geetika Singh** - All India Institute of Medical Sciences, New Delhi, India. Renal Pathology Course: Clinicopathological Conference
   Pathology Course: Technical Developments in Renal Pathology
   Immunostaining for Complement in Glomerular Disease
4. **Dr Priya Pais** St John's Medical College, India
   Trials and Tribulations: Challenges of Translating HMIC Research, Treatment and Guidelines to LMIC Settings.
   Joint Session with WIN/WIN India, Challenges in ESKD Care in Children
5. **Dr Reena Rachal George,** Christian Medical College, India
   Nursing, Nutrition and Allied Health Professionals Symposium
   Maximizing the Role of Assistive Staff in Integrated Care Models

C. Chairpersons

1. **Dr Urmila Anandh**

   Trials and Tribulations: Challenges of Translating HMIC Research, Treatment and Guidelines to LMIC Settings.

   Joint Session with WIN/WIN India

D. Topical networking session –WIN India

Room A

Host - **Dr Urmila Anandh & Prof Manjusha Yadla**

1. **Dr Valerie Luyckx**

   Diversity and inclusivity in nephrology education

2. **Dr Arpita Chaudhury**

   Acute kidney injury in LMICs:The impact of the gender.

Room B

Host - **Prof Liz Lightstone (Councillor ISN and WIN)**

1. **Dr Annette Bruchfeld**

   Working towards equal representation inhigh level conference panels

2. **Dr Swarnalata Guditi**

   Gender disparities in transplantation

ISN INTERNATIONAL SOCIETY OF NEPHROLOGY

WCN'22

FEB 24-27, 2022 | KUALA LUMPUR, MALAYSIA

Hosted by APSN

E. WIN India Participation in Global Nephrology Village, WCN 22

Achievements

Selection in various international training platforms

1. **Dr. Divya Bajpai -** Selected for ISN emerging leaders program.
2. **Dr. Mythri Shankar -** Selected as Associate Program Director of Nephrology Social media Collective, Member of Glomcon fellowship education committee and Glomcon pubs editorial board
3. ISN ANIO Nephropathology certificate program graduates –
   Dr. Mythri Shankar
   Dr. Pooja Prabhu
   Dr. Krithika Mohan
4. Selected for NSMC Internship
   Dr. Priya John Consultant Nephrologist AIG, Hyderabad
   Dr. Sayali Thakare, Assistant Prof of Nephrology, KEM Hospital Mumbai
   Dr. Sandhya Suresh, Consultant Nephrologist, SRMC Chennai

Neph JC CJASN Visual Abstract of the year award

Women in India - Social Justice Award

Publication & Presentation Corner

Publications from WIN India Members

1. **E Indhumathi, Srivatsa Angraje, Biswajith Mishra, Jayakumar Macha.** Is ambulatory blood pressure monitoring required for elderly hemodialysis patients during the interdialytic period? - Experience of a tertiary care center in South India. IJN;2022(32);60-66
2. **Mythri Shanlar.** Birth of Understanding Glomerulinephritis . Glomerulonephritis corner. ASN Kidney News 2022;2:18-19
3. **Vadakkeveetil AK, Yadla M, Cherian A, Rahul, Goli M, Chada R, Nazneen S.** Coronavirus disease 2019 and pregnancy-related acute kidney injury: Our initial experience of six cases. Saudi J Kidney Dis Transpl [serial online] 2021 [cited 2022 Feb 9];32:559-63. Available from: https://www.sjkdt.org/text.asp?2021/32/2/559/335471
4. **Yadla M, Vadakkeveetil AK, Cherian A, Rahul.** Clinical features and outcomes of 84 COVID-Positive hemodialysis patients in a resource poor setting from India. Saudi J Kidney Dis Transpl [serial online] 2021 [cited 2022 Feb 9];32:504-9. Available from: https://www.sjkdt.org/textasp?2021/32/2/504/335463
5. **Shankar M, Narasimhappa S, MuddeGowda MK, Siddappa MN, Ramprasad K, Lingaraj U.** Coronavirus Disease 2019 and Chronic Kidney Disease – A Clinical Observational Study. Saudi J Kidney Dis Transpl 2021;32:744-53

Poster presentation in WCN 2022

1. POS-034: RETROSPECTIVE STUDY OF CLINICAL PROFILE OF PATIENTS WITH BIOPSY PROVEN ACUTE INTERSTITIAL NEPHRITIS – 3 YEAR REVIEW.

S. MUTALIK , R. Mehta , S. C g , U.L. Lingaraj , K. a , M. Shankar , L. v Institute of Nephro- Urology Bangalore, Nephrology, Bangalore, India..

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2. POS-060: RISK OF ACUTE KIDNEY INJURY BASED ON TIMP- 2/IGFBP7 AT ADMISSION IN ICU AND AT 48 HOURS AND THE PREDICTIVE FACTORS OF ACUTE KIDNEY INJURY.

R. Kumar1, R. Badge2, U. Anandh3

1ESI Medical College and Hospitals, Department of Nephrology, Hyderabad, India

2Yashoda Hospitals, Department of Nephrology, Secunderabad, India.

3Yashoda Hospitals, Nephrology, Secunderabad, India

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3. POS-105: URINARY TRACT INFECTION RELATED PAUCI-IMMUNE NECROTISING GLOMERULONEPHRITI

A. ANNE1, C.B. Mandapati2, V.K. Bandi2.

1American Kidney Institute, Department of Nephrology, Vijayawada, India.

2Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & RF, Department of Nephrology, Gannavaram, India.

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4. POS-106: CONTINUOUS AMBULATORY PERITONEAL DIALYSIS FOR ACUTE KIDNEY INJURY

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3Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & RF, Department of Nephrology, Vijayawada, India.

5. POS-120: ROLE OF STEROIDS IN IGA NEPHROPATHY AND ITS CORRELATION TO HISTOPATHOLOGY

S. Divyaveer1, S. Dasgupta2, A. Ray Chaudhury2, A. Banerjee2, S. Banerjee2, T. Das Bhattacharya3, V. Bagur4, U. Dubey2, K. Bhattacharjee2, S. Saini2, A. Abraham5, R. Pandey2.

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3Institute of Post Graduate Medical Education and Research-Kolkata, Nephrology, kolkata, India.

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5Center for Renal and Urological Pathology- Chennai- Tamil Nadu- India, Pathology, Chennai, India.

6. 7. POS-131: A STUDY OF ETIOLGIES AND SHORTTERM OUTCOME OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS IN A TERTIARY CARE HOSPITAL

V. KOTHA1, G. t1, S. g1, K. r1, U. d2.

1Nizams institute of medical sciences, nephrology, Hyderabad, India.

2Nizams institute of medical sciences, nephrolgy, hyderabad, India.

8. POS-146: AN OPEN LABEL RCT IN PROTEINURIC INDIAN IGA NEPHROPATHY PATIENTS :CAN TRF BUDESONIDE IMPROVE THE OUTCOME?

A. Roy Chaudhary1, P. Das2, S. Das Gupta2.

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9. POS-147: CLINICAL PROFILE AND OUTCOME OF C3 GLOMERULOPATHY AND COMPLEMENT MEDIATED THROMBOTIC MICROANGIOPATHY - AN EXPERIENCE FROM A TERTIARY CARE CENTRE IN SOUTH INDIA

M. Shankar1, M. Navule Siddappa2, K. Aralapuram1, S. C Gurusiddaiah1, R. Mehta1, V. Kyasakkala Sannaboraiah1, S. Mallapur1, S. Muske1, B. C Shetty1, M. Nayak1, S. Mutalik1, S. Mysore Shivanna1, M. Vankalakunti3.

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3Manipal, Nephrology, Bengaluru, India.

10. POS-208: EARLY KIDNEY DAMAGE IN CHILDREN WITH POSTERIOR URETHRAL VALVES (PUV) AND PROGRESSION TO LOW eGFR: A RETROSPECTIVE COHORT STUDY

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2St John's Medical College- St John's National Academy of Health Sciences, Pediatric Surgery, Bangalore, India.

Biography...

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11. POS-239: REMOVAL OF BROWN TUMOR ASSOCIATED WITH NORMALIZATION OF SERUM PARATHYROID LEVELS IN A 19 YEAR OLD INDIAN FEMALE ON MAINTENANCE HEMODIALYSIS– A SERENDIPITOUS DISCOVERY

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12. POS-277: AN ONLINE SURVEY ON THE AWARENESS OF NON-COMMUNICABLE DISEASES IN INDIA

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13. POS-393: POTENTIAL BENEFICIAL EFFECTS OF STEVIOSIDE IN CHRONIC KIDNEY DISEASE (CKD) PATIENTS (STAGE-I TO STAGE-III): A PROSPECTIVE CLINICAL TRIAL IN A TERTIARY HOSPITAL IN BANGLADESH

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5Dr. M R Khan Shishu Hospital and Institute of Child Health- Mirpur-2, Clinical Pathology, Dhaka, Bangladesh.

6JIS University, Pharmaceutical Science and Technology, Kolkata, India.

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14. POS-637: INSERTION OF TUNNLED CUFF HEMODIALYSIS CATHETERS WIYHOUT FLUROSCOPY GUIDANCE IN RESOURCE LIMITED SETTINGS

C. KOTHA1, A. Dr2, M. sahay2.

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15. POS-742: HEALTH RELATED QUALITY OF LIFE (HRQOL) IN PAEDIATRIC CHRONIC KIDNEY DISEASE (CKD) AND CAREGIVER BURDEN (CB) – A PROSPECTIVE MIXED-METHODS STUDY

S. Reddy1, T. Deshpande2, P. Pais1.

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16. POS-776: CYP3A5 POLYMORPHISMS ON TACROLIMUS DOSING IN RENAL TRANSPLANT RECIPIENTS

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17. POS-799: EXPERIMENTAL STUDY TO EVALUATE THE IMPACT OF STRUCTURED EDUCATION PROGRAM IN KIDNEY TRANSPLANTATION AMONG THE NURSES TO IMPROVE THE WORK EFFICIENCY AND QUALITY PATIENT CARE

S. NAIR1.

1Medanta, Kidney Translplant Nursing, Gurugram, India.

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18. POS-840: ACUTE KIDNEY INJURY IN CRITICALLY ILL COVID- 19 INFECTED PATIENTS REQUIRING RENAL REPLACEMENT THERAPY.

S. Bannur1, U. Anandh1, P. Ram1.

1Yashoda Hospitals, Department of Nephrology, Secunderabad, India

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19. POS-850: EFFECT OF COVID-19 ON POST RENAL TRANSPLANTATION PATIENTS

G. GANESAN1, R. Elumalai1.

1Sri Ramachandra Institute of Higher Education & Research, Nephrology, Chennai, India.

Biography...

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20. POS-946: PERITONITIS RATES IN CHILDREN ON CHRONIC PERITONEAL DIALYSIS DURING THE COVID 19 PANDEMIC- OBSERVATIONS FROM AN UNDER-RESOURCED REGION.

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Biography...

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21. POS-949: CLINICAL SPECTRUM, INVESTIGATION PROFILE,TREATMENT RESPONSE AND PROGNOSIS OF COVID 19 IN RENAL TRANSPLANT PATIENTS

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1Nims, Nephrology, Hyderabad, India.

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22. POS-979: EFFICACY AND SAFETY OF RITUXIMAB IN COMPLICATED STEROID DEPENDENT AND REFRACTORY STEROID RESISTANT CHILD-HOOD NEPHROTIC SYNDROME

P. G N1, S. Ekambaram1, V. Raman1, K. Ganesan1, S. Reddy1, A. Kr1, N. Bollam Rengaswamy1.

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23. POS-987: SOCIAL MEDIA INTERACTION THROUGH TWEET CHAT : EVERYDAY CASES IN NEPHROLOGY

M. YADLA1, A. Canchi2, S. Gobeckey3, F. Arce4, N. Parikh5, M. Gawad6, S. Parameswaran7.

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6Mansoura university, Nephrology, Cairo, Egypt.

7JIPMER, Nephrology, Puducherry, India.

24. POS-988: INTERACTIVE ONLINE QUIZZES AS AN EFFECTIVE EDUCATIONAL TOOL ON SOCIAL MEDIA IN NEPHROLOGY

D. Bajpai1, D. Turgut2, F. Arce-Amare3, A. Shingada K4, E. Lerma V5, S. Bek Gokcay6.

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6Kocaeil Uni Hospital, Nephrology, Kocaeli, Turkey.

25. POS 593: STUDY OF 2 YEARS OUTCOME OF HUB AND SPOKE MODEL OF DIALYSIS

K Soundrya,1 Y Manjusha1

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26. POS-856: COMPARISON OF OUTCOMES OF ACUTE KIDNEY INJURY IN COVID 19 PATIENTS BETWEEN FIRST WAVE AND SECOND WAVE IN TERTIARY CARE CENTER

H Guptham MN1

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27. POS-886: ASSESSMENT AND COMPARISON OF FIRST AND SECOND WAVE BIOMEDICAL WASTE GENERATION IN DIALYSIS UNITS IN COVID 19 PANDEMIC

T. Ahmed,1 M Yadla1

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28. POS-900: STUDY OF CLINICAL SPECTRUM AND OUTCOMES OF COVID RELATED MUCORMYCOSIS IN PATIENTS WITH RENAL SUFFICIENCY

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29. POS-927: OUTCOMES OF 4000 COVID POSITIVE HEMODIALYSIS SESSIONS- EXPERIENCE FROM SOUTH INDIA

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