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Highlights of the Issue



Dr Arpita Roy Chaudary
ISOT, President



Dr Radhika Patil
ISOT, Vice President



WINGS

WOMEN IN NEPHROLOGY GUP SHUP

OFFICIAL NEWSLETTER OF WOMEN IN NEPHROLOGY INDIA





**WOMEN IN NEPHROLOGY
INDIA**

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EDITORIAL

WIN India, with its unwavering commitment to bolstering the involvement of women Nephrologists in advancing kidney care, academic pursuits, and research, has marked a significant two-year journey. The organization's dedication to fostering gender diversity in the field of Nephrology is commendable. This year, WIN India proudly presents its third newsletter, a testament to its ongoing efforts.

At the forefront of our commendations, Dr. Arpita Roy Chaudary has achieved a remarkable milestone by becoming the first woman to be elected as the President of ISOT in 2023. Alongside her, Dr. Radhika Patil secured the position of Vice-President of ISOT. These accomplishments mark a historic moment in Indian Nephrology and stand as a source of inspiration and pride for all women Nephrologists.

The highlight of the year, WINICON 2023, was nothing short of a grand celebration of academic excellence and cultural participation by women Nephrologists from every corner of India. The contributions from esteemed speakers and the depth of discussions significantly enriched the conference. It showcased the outstanding achievements of women in Nephrology and underscored the importance of promoting diversity in academic and research fields.

It's indeed a reason for immense joy and pride as we announce the expansion of our horizons. WIN India is thrilled to include a North chapter, which encompasses regions like Delhi, Uttar Pradesh, Haryana, and Punjab. We are excited to welcome these young women, who are talented and bring not only enthusiasm but also a wealth of expertise to our organization. The inclusion of this North chapter signifies a significant step in our mission to empower women in Nephrology, making our reach even more extensive and inclusive.

WIN India's dedication to strengthening the role of women in Nephrology is not only commendable but also pivotal in advancing the field. These accomplishments and events serve as a beacon of hope, motivating and empowering women Nephrologists to continue their pursuit of excellence and inspiring future generations to follow in their footsteps. As we look forward to the future, the progress made so far is a testament to the incredible potential within the Nephrology community and a promise of even greater achievements to come.

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MESSAGE

BY DR ARPITA ROY CHAUDARY

India is in transplantation for nearly 50 years and now because of its population, is standing third now in terms of numbers of Transplant but organ donation is hugely dependent on living donation. The first regulatory act with brain stem death recognition is now 30 years old, but still now the organ donation rate in India has not reached above 1 per million population. The demand supply mismatch is huge as two major lifestyle diseases driving organ failure diabetes and hypertension are highly prevalent in this region and environmental factors responsible for progression of Kidney diseases are also common.

While deceased donations needs to be emphasized with strong motivation, living donation through swap and ABO Incompatible transplantation may also add to the numbers of donation

Awareness for need and sensitization are surprising low in medical fraternity sparing some active regions in South and West India

Indian Society of Organ donation has the huge task of addressing these issues.

The THOTA act and relevant teaching regarding basics of transplantation should be uniformly part of NMC guided national medical curriculum, particularly all critical care medical officers must do BSD Identification and declaration course with end of life care discussion. The deceased donation should be encouraged with special attention to the trauma care CCUs recently functional in all states . The infrastructural facility for organ transplantation should be extended with attention to make at least one centre of excellence in underdeveloped regions like North East . The relatively more advanced regions need to concentrate on further improvement of outcome through an excellent pre transplant immunological issues. The stimulation of basic research in the field of immunology and pathology related to transplant can address the optimal balance of rejection and infections very characteristic of a specific region. So as President Elect, I feel it will remain not as the individual responsibility but a group activity with individual lead. I seek support advice and suggestion from each and every member of the society so that all our dreams come true.

Dr Arpita Roy Chowdary

Professor & Head, Department of Nephrology,
North Bengal Medical College & Hospital, West Bengal



MESSAGE

BY DR RADHIKA PATIL

यज्ञार्थात्कर्मणोऽन्यत्र लोकोऽयं कर्मबन्धनः /
तदर्थं कर्म कौन्तेय मुक्तसङ्गः समाचर ॥१॥

YAJNARTHAT KARMANO 'NYATRA
LOKO 'YAM KARMANA-BANDANAH
SHRIMAD BHAGAWDGITA:3.9

**WORK PERFORMED AS A SACRIFICE FOR THE
SATISFACTION OF THE SUPREME LEADS TO FREEDOM,
ALL OTHER ACTIVITIES ARE CAUSE OF BONDAGE.**

Greetings!

If I have to speak or say something about women in Nephrology / Nephropathology, I may have to talk about the traditional role of a woman within the family unit and outside the family unit , first! Sacrificing one's parental shelter, selflessly serving the purpose of a new family and lovingly caring for children over and above one's own existence while passionately pursuing one's education & professional commitments, make women the most empowered virtuous beings with the ability to bring the change in society by personal example. I feel we form societies or groups to empower oneself & others by sharing knowledge acquired via academical & experiential learning and encouraging each other to work for the betterment of the society. I wish to stay committed to the principle of knowledge sharing & uphold highest standards of morality while discharging the duties in the capacity of the Vice President, Basic Sciences, Indian Society of Organ Transplantation(ISOT).

Cheers!

Jai Hind!!

Dr. Radhika Krishna Patil.

M.D(Pathology), D.P.B,FISN-ANIO, PDCC(Renal & Transplant Pathology)

Director & Consultant Nephropathologist

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Vice-President, Basic Sciences, Indian Society Of Organ Transplantation(ISOT)



"UNVEILING ATYPICAL HEMOLYTIC UREMIC SYNDROME: TWO CASES, DIVERSE TRAJECTORIES"

Atypical Hemolytic Uremic Syndrome (aHUS) is a rare form of thrombotic microangiopathy (TMA) that occurs due to dysregulation of alternate complement pathway affecting both children and adults. Traditionally, it was only characterized by the triad of microangiopathic hemolytic anemia, thrombocytopenia and acute kidney injury (AKI). However, aHUS is known to have a wide spectrum of clinical presentation and its outcomes differ in every patient depending upon the different mutations harbored by the patient. Here, we report two cases of aHUS

Case 1:

A 16-year-old girl presented with vomiting, hematuria, and yellowish discoloration of eyes for 4 days. There was no neurological involvement, fever or diarrhea or drug intake. Family History was negative. Lab investigations showed features suggestive of hemolytic anemia with Hb 6.5 g/dl, > 5% schistocytes on Peripheral smear thrombocytopenia(35000/uL), raised lactate dehydrogenase (LDH) levels (1448 IU/l) and total serum bilirubin 3.66 mg/dl, with direct and indirect component of 0.94mg/dl and 2.72 mg/dl respectively. Serum creatinine and blood urea nitrogen (BUN) levels were elevated, 3.6 and 118.9 mg/dl, respectively, after ruling out other possible infectious causes diagnosis of aHUS was suspected. Additional testing revealed low serum C3 levels while C4 levels were normal. Antibody against factor H was negative but Genetic testing revealed a large homozygous deletion on chromosome 1 encompassing the CFHR1 and CFHR3 genes. Patient was treated with steroids and plasmapheresis following which the patient recovered over a span of 7 days.

Case 2:

A 12-year-old girl presented with generalized anasarca, reduced urine output, hematuria and blood in stools for 9 days. BP at the presentation was 180/90. There was no neurological involvement. Elevated urea (395 mg/dL), creatinine (2.93 mg/dL), LDH levels (2299 U/L), with anemia (10.5 g/dl), thrombocytopenia (35000/uL) and 10% schistocytes on PBF, high reticulocyte count indicated HUS. Financial constraints precluded genetic testing, but anti factor H levels were raised (2400 AU/ml) confirming antibody-associated aHUS. Patient was managed with immunosuppressants, two units of plasma infusion and 29 sessions of hemodialysis. Plasmapheresis couldn't be done because of financial constraints. Hematological remission was achieved in 7 days. However, the patient is still dialysis dependent. Renal biopsy which showed features suggestive of chronic TMA with glomerular capillary showing occlusion by fibrin thrombi with subendothelial and endothelial widening.

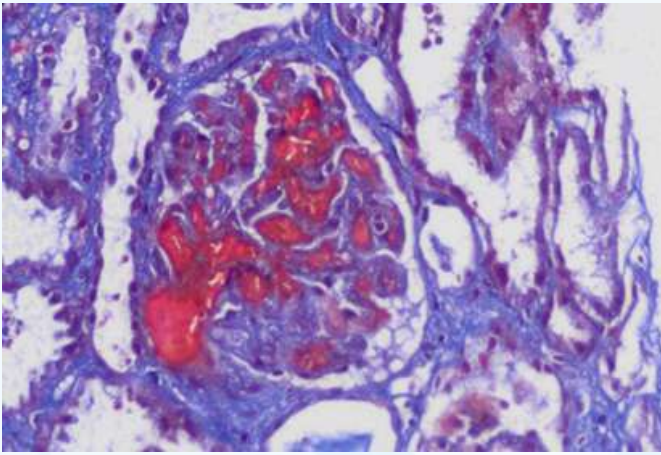


Figure 1

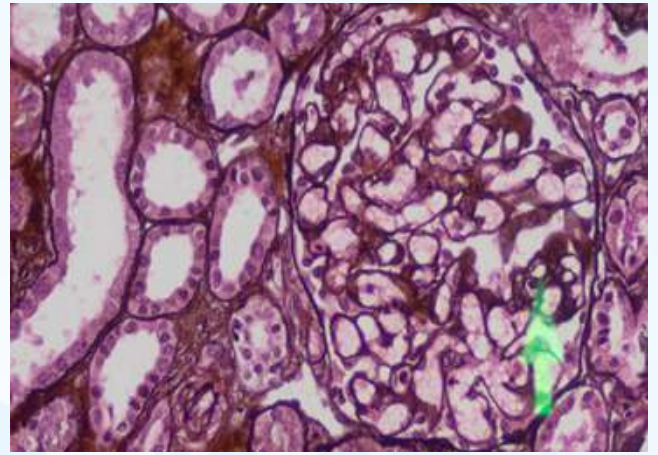


Figure 2

**KIDNEY BIOPSY SHOWING FEATURES SUGGESTIVE OF
TMA (THROMBOTIC MICROANGIOPATHY) (FIG 1, 2)**

The presented cases highlight the diverse clinical gamuts of aHUS. This case series also emphasizes the influence of etiological factors like high antibody titers on prognosis and also signifies the impact of plasmapheresis in expediting hematological remission, AKI recovery, and positively impacting the overall prognosis of aHUS patients.

Dr. Megha Saigal

Assistant Professor,
All India Institute of medical Sciences
Patna



IS MYCOPHENOLATE MOFETIL MAKING IT TO THE “MAIN” TRACK AS STEROID SPARING AGENT IN IGA NEPHROPATHY–MAIN TRIAL

IgAN is the most common cause of primary glomerulonephritis globally. Conservative care remains the standard mode of management in IgAN aiming at control of blood pressure and proteinuria with RAS blockers along with the recent addition of SGLT2 inhibitors and other antihypertensive drugs. The role of immunosuppression in IgAN is a perennial dialogue. Steroids formed the major part of trials in IgAN. The role of other immunosuppressants is limited except for meagre evidence.

So far, we see that KDIGO recommends only steroids as the main stay of immunosuppression in IgAN. With the data from MAIN trial a lot awaits about the right selection of patients who would actually benefit from immunosuppression.

The main pathogenesis of IgAN is the overproduction of an aberrant form of IgA1 with defective glycosylation followed by formation of glycan-specific IgG and IgA antibodies that recognize the undergalactosylated IgA1 molecule. These antibodies often have reactivity against antigens from extrinsic microorganisms and might arise from recurrent mucosal infection. B cells that respond to mucosal infections, particularly tonsillitis, might produce the nephritogenic IgA1 molecule. With increased immune-complex formation, IgA1 binds to the glomerular mesangium. Glomerular IgA1 deposits trigger the local production of cytokines and growth factors, leading to the activation of mesangial cells and the complement system. Glomerular deposition of IgA1 lead to podocyte and tubulointerstitial injury via mesangio-podocytic-tubular crosstalk.

There exists heterogeneity in the trials of immunosuppression in IgAN so much so in the pathogenesis of IgAN. Steroids formed the main stay of therapy as we see the evidence from Manno et al and Pozzi et al, probably preventing the production of antibodies¹. Off late we got to witness quite a few trials in IgAN most of them on being steroids like those of TESTING and STOP IgAN. Ruling the armamentarium of most of the kidney dysfunction management, SGLT2 inhibitors were assuring in IgAN as evidenced by proteinuria reduction in EMPA KIDNEY and DAPA CKD2. Budesonide finally made its place through NEFIGARD phase 3 trial which observed that there is persistent decreased proteinuria and decreased decline in eGFR in budesonide group compared to placebo. Budesonide acts locally suppressing the gastrointestinal immune response. It specifically binds to glucocorticoid receptors in the ileocecal region at the Peyer's patches of the intestines. It infact was granted accelerated approval or orphan drug designation for decreasing proteinuria in IgAN by US FDA³. The mean eGFR in NEFIGARD is 78ml/min/m². So Whether Budesonide is effective in severe Proteinuric IgAN and at lower eGFR needs some more robust evidence.

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So, delving into utility of MMF in IgAN, Belgian study of 34 patients by Maes et al is one of the earliest studies which compared MMF to placebo and concluded that there is no difference in proteinuria and renal function between the two groups⁴. Frisch et al who compared MMF with placebo in moderately advanced IgAN also did not observe any difference between the groups in terms of proteinuria and eGFR decline⁵. Hou et al from China in nationwide multicentric trial of 172 patients with active proliferative lesions who were randomized to receive steroids alone and steroids in combination with MMF, concluded that there is no significant difference in reduction of proteinuria between the two groups⁶. US and Canada multicentric trial which enrolled 52 patients with IgAN including children were randomized to receive MMF and placebo. This study also did not find any difference in the proteinuria reduction between the two groups⁷. The only promising trial in favor of MMF in IgAN is a Chinese study from Tang et al from, who randomized 40 IgAN to MMF and placebo groups. This particular study concluded MMF is effective in lowering proteinuria and ameliorating some of the putative pathogenetic abnormalities like normalization in binding of polymeric IgA to cultured mesangial cells⁸.

MAIN trial is a single center, randomized open label study done in Chinese adults with persistent proteinuria despite maximal tolerated doses of renin angiotensin receptor blockers. The inclusion criteria of the study are biopsy proven IgAN with proteinuria more than 750mg on maximum tolerated doses of RAS blockade, with eGFR between 30-60ml/min/m² and blood pressure more than 140/90mmHg. The exclusion criteria include secondary or familial or crescentic IgA, prior immunosuppression and eGFR<30ml/min/m².

The primary outcome of the study was doubling of creatinine from baseline, onset of end stage renal disease and death either due to renal or cardiovascular cause, eGFR decline of more than 30% from the baseline if eGFR was more than 60ml/min/m² and to more than 50% of the baseline if baseline eGFR was less than 60ml/min/m². The secondary outcomes of the study included time to 30% decrease in eGFR, decline of eGFR per year, accelerated decline in eGFR and change in proteinuria. Total duration of study period was 3 years and patients were followed up for 5 years post study period for proteinuria and eGFR decline.

Initially run in phase of the study, patients were started on RAS blockade with Losartan and modified life style to optimize blood pressure to less than 130/80 and proteinuria less than 750mg. Losartan was increased to maximum tolerated dose in individuals who failed to achieve proteinuria target. The mean dose of losartan in run in phase was 120mg per day. After this run-in phase 170 out of 238 patients fulfilled the inclusion criteria and are subjected to randomization. 85 subjects were randomized to MMF group who received 1.5gm of MMF for the first 12 months followed by 0.75-1gm per day of MMF at least for next 6 months. The average dose of MMF administered was 1gm per day.

85 were subjected to standard of care alone for 3 years.

The mean eGFR of the study population is 50ml/min/m² and average baseline proteinuria was 2 gm per day. Primary outcome and reduction in progression of chronic kidney disease was significantly decreased by 30% in MMF group. It is also observed that annual decline of eGFR in MMF group is 1.2ml/min/m² compared to group on standard of care where the eGFR decline per year is around 3.8ml/min/m². The most common adverse effects with MMF were pneumonia and gastrointestinal side effects.

Amidst all this ambiguity about MMF in IgAN, the current study designated MMF in the MAINTRACK as one of the steroid sparing agents in management of IgAN. Long term follow up of 3 years and post-trial follow up of 5 years are major strengths to the study. Limitations of this study are that this a single centre trial and has excluded patients with crescents and those with nephrotic range proteinuria.

As it is said light at the end of the tunnel shows that the best path is through and we shall one day have clear cut recommendations of management about the most common glomerulonephritis causing end stage renal disease.

References:

1. Pozzi C, Bolasco PG, Fogazzi GB, Andrulli S, Altieri P, Ponticelli C, Locatelli F. Corticosteroids in IgA nephropathy: a randomised controlled trial. *Lancet*. 1999 Mar 13;353(9156):883-7
Manno C, Torres DD, Rossini M, Pesce F, Schena FP. Randomized controlled clinical trial of corticosteroids plus ACE-inhibitors with long-term follow-up in proteinuric IgA nephropathy. *Nephrol Dial Transplant*. 2009 Dec;24(12):3694-701
2. Heerspink HJL, Stefánsson BV, Correa-Rotter R, Chertow GM, Greene T, Hou FF, Mann JFE, McMurray JJV, Lindberg M, Rossing P, Sjöström CD, Toto RD, Langkilde AM, Wheeler DC; DAPA-CKD Trial Committees and Investigators. Dapagliflozin in Patients with Chronic Kidney Disease. *N Engl J Med*. 2020 Oct 8;383(15):1436-1446
3. Barratt J, Lafayette R, Kristensen J, Stone A, Cattran D, Floege J, Tesar V, Trimarchi H, Zhang H, Eren N, Paliege A, Rovin BH; NeflgArd Trial Investigators. Results from part A of the multi-center, double-blind, randomized, placebo-controlled NeflgArd trial, which evaluated targeted-release formulation of budesonide for the treatment of primary immunoglobulin A nephropathy. *Kidney Int*. 2023 Feb;103(2):391-402.
4. Maes BD, Oyen R, Claes K, Evenepoel P, Kuypers D, Vanwalleghem J, Van Damme B, Vanrenterghem YF. Mycophenolate mofetil in IgA nephropathy: results of a 3-year prospective placebo-controlled randomized study. *Kidney Int*. 2004 May;65(5):1842-9.
5. Frisch G, Lin J, Rosenstock J, Markowitz G, D'Agati V, Radhakrishnan J, Preddie D, Crew J, Valeri A, Appel G. Mycophenolate mofetil (MMF) vs placebo in patients with moderately advanced IgA nephropathy: a double-blind randomized controlled trial. *Nephrol Dial Transplant*. 2005 Oct;20(10):2139-45.
6. Hou JH, Le WB, Chen N, Wang WM, Liu ZS, Liu D, Chen JH, Tian J, Fu P, Hu ZX, Zeng CH, Liang SS, Zhou ML, Zhang HT, Liu ZH. Mycophenolate Mofetil Combined With Prednisone Versus Full-Dose Prednisone in IgA Nephropathy With Active Proliferative Lesions: A Randomized Controlled Trial. *Am J Kidney Dis*. 2017 Jun;69(6):788-795.
7. Hogg RJ, Bay RC, Jennette JC, Sibley R, Kumar S, Fervenza FC, Appel G, Cattran D, Fischer D, Hurley RM, Cerda J, Carter B, Jung B, Hernandez G, Gipson D, Wyatt RJ. Randomized controlled trial of mycophenolate mofetil in children, adolescents, and adults with IgA nephropathy. *Am J Kidney Dis*. 2015 Nov;66(5):783-91
8. Tang S, Leung JC, Chan LY, Lui YH, Tang CS, Kan CH, Ho YW, Lai KN. Mycophenolate mofetil alleviates persistent proteinuria in IgA nephropathy. *Kidney Int*. 2005 Aug;68(2):802-12.

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SHOULD WOMEN BE OFFERED A SEAT AT THE TABLE

For an organization that is taking baby steps in the national and international fora in Nephrology, WIN-India is a young, rebellious and rather gutsy debutante – be it conferences, online meetings or mentorship, this organization takes the proverbial bull by the horn! The existential question that WIN-India seeks to answer everyday is: should our women nephrons be offered a seat at the table. What I understand by the seat at the table is not about professional opportunities, but more to do with inclusion in the social realms of Nephrology – that is - the offer of designated administrative posts as elected and selected representatives, and also as speakers, panelists and opinion-makers in the public domain.

In this short writeup, I wish to take my readers through my reasons for why women need some active promotion in the social realms of Nephrology (and otherwise, as well). We might disagree on certain generalizations and possible gender-stereotyping, but they do hold true (though the evidence to support it, is definitely not a 1A)!

Women start late on their social and organizational journeys: While the average male nephrologist has settled on private versus teaching job at the beginning of his career, the female nephrologist is debating when (and if) to have a baby. Five years down, the guy has become an able workhorse in the system – can think of who to collaborate with, where to expand practice and which town to dedicate a Sunday to, while our average female, while working part-time or fulltime (learning the ropes) is now selecting which school her toddler goes to, prepares the said toddler and the father for the dreaded interviews, all the while, still ruing her maid's unpredictability and her own health and weight issues (tissues, anyone?). Add to this milieu, a second child – and the woman can lag a decade behind her male counterparts even in semiprofessional spheres of growth. If our precious womenfolk receive a jumpstart of once, their growth trajectory could get a chance to equalize over time.

Constant baggages prevent women from checking in easily to conferences and networking opportunities: The lack of fulfilling and safe alternatives, sometimes force women to tag their young kids (their most precious baggage) along for conferences. The others who leave behind the kids at home, also carry the emotional baggage of familial obligations, guilt and leftover home works and projects, to conferences. Therefore, its common for women to avoid conference opportunities to balance their fragile work-family equilibrium. One can only imagine the number of accepted conference invitations, if the hosted event allowed kids and ensured some safe and fun-filled time for them.

Few women get elected to administrative posts in organization: Despite a decent presence at all levels of seniority in organizations, women rarely stand elections and win. An unfortunate mix of factors underlies this problem – many women shun administrative posts due to the constant juggling between the family and work hustle, others start their administrative journey far later than their male counterparts, and might therefore face hierarchical disadvantages, and constant under confidence afflicts the campaigning capacity of many women – affecting their chances of winning elections. By reserving some administrative posts for women in major Nephrology organizations, it will be a true win-WIN situation.

Disclaimer for men – inclusivity does not equate stealing the man's seat: In the Indian setting, men in leadership positions, have been constantly encouraging and a strong pillar for the growth of the WIN community from its inception. Therefore, the demand for the seat at the table, is not to disservice the contributions of men. The proverbial table should accommodate the valuable voices of both sexes, and justifiably so, for the women. To summarize, the goals of WIN-India align with the aspirations of the growing creed of female nephrologists in this country – offer us our place on the table, and we will enrich our organizations - support, create and nurture them, like we do with our families.

Dr Namrata S Rao

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Lucknow



WIN – NORTH INDIA CHAPTER

We are very excited to launch the North India Chapter of Women in Nephrology. North India comprises of a great number of states, all culturally diverse and populous among themselves. We hope to be able to provide adequate representation and support to all our female Nephrologists who choose to practice here, so that they can excel and grow in their field.

We had our first introductory meet in September 2023 where various ideas were discussed and through it a common theme of love for research and academics emerged among the core members. Some of the key points are mentioned below.

- We are excited to start multicentre research projects on topics related to Onco-Nephrology, Nutrition in CKD, AKI in general population and Interventional Nephrology to name a few.
- We would also like to establish state wise registries so that we can provide adequate opportunities to our young trainees and colleagues to pursue sub-interests of their liking.
- We hope to start an observational Interventional Nephrology programme wherein young Nephrologists can come hone their skills related to procedures like tunnelled catheters, Kidney Biopsy and AV Fistulas.
- ·All work and no play makes jane a dull girl: - hopefully we could all gather over non-academic activities/ projects so that this community grows more to nourish our needs as women and not just as doctors.

At the outset, with the blessings of our seniors, I would like to introduce our incredibly talented and motivated team. We thank WIN India for providing us with this platform and opportunity for growth and hope to make it as fruitful as we can.

WIN – NORTH INDIA TEAM

President:

Dr Suchita Yadav

(Hissar, Haryana)

Secretary

Dr Smriti Sinha

(Delhi-NCR)

Scientific Committee

Dr Ashwini Gadde

(Gurgaon)

Dr Chandani Bhagat

(Delhi)

Dr Pallavi Prasad

(Delhi)

Dr Lovy Gaur

(Delhi)

State Chapter Leads:

Delhi-NCR

Dr Manisha Dassi

Uttar Pradesh

Dr Namrata Rao

Haryana

Dr Suchita Yadav

Punjab

Dr Jasmine Sethi

Introduction:

The Women in Nephrology Conference, held on August 5th & 6th, 2023 at St Johns medical college and research institute, Bengaluru brought together women professionals from across the nephrology field to celebrate their achievements, share insights, and promote gender diversity and equality in Nephrology. This report highlights the remarkable success of the conference and the impact it had on the field of nephrology

Conference Highlights:

- **Diverse and Engaging Speakers:** The conference featured a lineup of accomplished women in Nephrology who delivered insightful talks on a wide range of topics, including the latest advancements in nephrology research, clinical practice, and leadership. These speakers not only inspired attendees but also provided valuable knowledge and guidance.
- **Knowledge Sharing:** Participants engaged in meaningful discussions, knowledge sharing, and networking opportunities. Workshops and breakout sessions allowed attendees to delve deeper into specific areas of interest and foster collaborations.
- **Career Development:** The conference offered valuable career development opportunities, including mentorship sessions and panel discussions on career progression in nephrology. Attendees gained practical advice for overcoming challenges and advancing their careers.
- **Research Presentations:** A significant portion of the conference was dedicated to research presentations, where nephrology fellows and clinicians showcased their groundbreaking work. This provided a platform for sharing innovative research findings and fostering scientific collaboration. The best oral and poster presentations were awarded prize money.
- **Gender Equality Advocacy:** The Women in Nephrology Conference continued to advocate for gender equality and diversity in the field. Discussions around the importance of inclusivity, addressing gender disparities, and creating supportive environments were prevalent throughout the event.

SUCCESS STORIES:

SEVERAL NOTABLE SUCCESS STORIES EMERGED FROM THE CONFERENCE:

- **Increased Representation:** The conference inspired more women to pursue careers in nephrology and encouraged their active participation in the field. We had representations of all over the country.
- **Collaborations:** Numerous collaborations and research partnerships were initiated during the conference, promoting interdisciplinary research and advancing nephrology as a whole.
- **Leadership Development:** Several attendees reported feeling empowered to take on leadership roles within their institutions and professional organizations after attending leadership-focused sessions.
- **Awareness and Advocacy:** The conference raised awareness about gender disparities in nephrology and provided a platform for attendees to advocate for change within their workplaces and organizations.
- **Cultural Events:** Cultural events organized by women in nephrology aim to promote inclusivity by showcasing the rich diversity within the field. These events often feature a variety of cultural traditions and art forms from different parts of the world, helping attendees appreciate the multicultural nature of nephrology.

Conclusion:

The Women in Nephrology Conference was a resounding success, celebrating the achievements of women in the field while also addressing the challenges and opportunities for further progress. It provided a platform for networking, knowledge sharing, and advocating for gender equality in nephrology. The impact of this conference will likely continue to be felt in the field as more women are inspired to pursue careers and leadership roles in nephrology, fostering a diverse and inclusive community.

WINICON BEATS



DANCE BY WIN TELANGANA



SONG BY DR ANURADHA, OMC



SONG BY DR JAYALAKSHMI,
PROFESSOR, MMC



DANCE BY WIN EAST



FUSION DANCE BY WIN KARNATAKA



WIN INDIA



FASHION SHOW BY WIN KARNATAKA

INAUGURAL EVENT



INTERNATIONAL SPEAKERS



Dr Shipa Jesudason

Staff Specialist Nephrologist; Chair,
Clinical Research Group; Central
Northern Adelaide Renal and
Transplantation Service; Royal
Adelaide Hospital, Australia



Dr Vandana Dua Niyyar

Assistant professor of medicine and
Interventional Nephrology
Division of Renal Medicine at
Emory University, USA



Dr Elmi Mueller

President of the Transplantation Society
Chief Transplant surgeon
Dean of the Faculty of Medicine and
Health Sciences at Stellenbosch
University, South Africa



Dr Rukshana Shroff

Consultant Paediatric Nephrologist,
Great Ormond Street Hospital, UK



Dr Sarla Devi Naicker

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By

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WININON 2023

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WINTNCON2023

Second annual conference of Women Nephrologists of Tamil Nadu and Puducherry, WINTNCON 2023, was held on Sep 9th and 10th in the sprawling green campus of Saveetha Medical College. It was a 2 day academic feast, social get together and women activism in research and academics all rolled into one, ably organised by Dr. Indumathi, Professor and Head of the dept of Nephrology with her team. Nephrologists from all across the region participated in high numbers and made it a success.

Dr Sudha Seshayyan, Former Vice Chancellor of The Tamilnadu Dr MGR Medical University, Anatomist and renowned orator of Tamil literature presided as the chief guest and set the tone in her address where she appreciated the uniqueness of our organisation and motivated us to grow as a group and achieve more accolades. Dr. Kumudha, Dean Saveetha Medical College and Hospital, Dr. P Soundararajan, Prof Emeritus and Senior Consultant Nephrologist, Dr Indhumathi, Prof and HOD department of nephrology Saveetha Medical College, along with office bearers of WINTN were on the dais and inaugurated the conference Dr Urmila Anand President WININDIA delivered recorded Presidential speech and Dr Ranjane Muthu, Secretary WINTNCON and Puducherry wing presented the annual report.

Day 1:

Prof. Muthu Jayaraman Oration was initiated this year to honour Prof. Muthu, our Mentor, first woman nephrologist from South India, founder member of WIN India and TN, for her passionate service in nephrology spanning over five decades. The first oration was awarded to illustrious Dr. M. Sreelatha Prof and HOD, Department of Nephrology, Government Medical college Kozhikode for her immense contribution to nephrology in academics, research work and patient services and she spoke on Pregnancy associated Acute kidney injury. Prof. Dr.N.Gopalakrishnan Director Institute of Nephrology, Madras Medical college, Chennai and Prof. Prabha Senguttuvan, Senior Nephrologist Chennai and President WIN TN and Puducherry wing spoke about the oration and orator.

An interesting debate on women centric topic “Gender inequality in Kidney replacement therapy- A changing scenario over a decade” by Dr Sajmi Saji, Assistant Professor, Saveetha Medical College, Chennai and Dr Anitha Jagannath Senior consultant nephrologist, Chennai highlighted the need of more research and action to make healthcare equitable and attracted a lot of interactions

In the clinico-pathological conference aptly named “The Final Diagnosis”, clinician Dr. Dhanapriya Assistant Professor of Nephrology, Government Royapettah Hospital and Kilpauk Medical College, Chennai and pathologist Dr Anila Abraham Kurien, Chief Renal Pathologist and Director Renopath, Chennai unravelled step by step the mystery of a case with haemolytic anemia to a nail biting finish.

This was followed by GBM where we discussed our future strategies including registry on pregnancy and kidney disease, research collaborations, WINTN sponsored contestants for national bodies, monthly webinars with women achiever’s from other departments and mentoring of young women Nephrologists. We called off for the day with a social night in the serene pleasant day resort strengthening the bond between us across generations.

Day 2

Second day of the academic feast started with an erudite lecture delivered virtually by Dr Kanakamani Jayaraman , Consultant Endocrinologist from Australia on “Denosumab in CKD Mineral Bone Disease -an update”.

“Panacea in Nephrology – Ritux Rules” was a panel discussion on Rituximab, the new drug in therapeutic armamentarium of a variety of renal diseases, moderated by Dr.Abirami Senior Consultant Nephrologist, Salem. The stalwarts in the panel Dr. Indumathi, Dr. Jayalakshmi, Dr. Ranjaneer and Dr. Suganya deliberated on current data and controversies with pointers on how to use Rituximab practically.

The curtain came down with the last talk on “ Imperium Lupus – An Update on Lupus Nephritis Management” delivered flawlessly by Dr.Priyamvada P S, Professor, Department of Nephrology, JIPMER Puducherry

All good things come to an end and so did the conference but leaving us all rejuvenated and enriched with peer support, mentors, friendship and knowledge.



EVENTS ORGANIZED

WIN KARNATAKA CASE DISCUSSIONS

DATE : 20TH JULY | TIME : 7 PM



We cordially invite you to the web session of
Women in Nephrology - India - Karnataka Chapter

Date: 20th July 2023
PROGRAM AGENDA

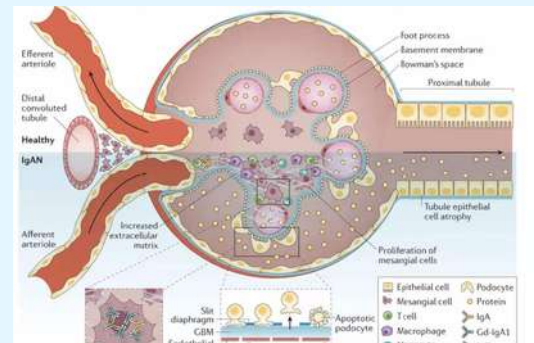
Host of ceremony: **Dr. Mythri Shankar**, Assistant Professor, Department of Nephrology, Institute of Nephro-urology, Bengaluru

TIME	TOPIC	SPEAKERS	CHAIRPERSONS
7:00 - 7:05 PM	Opening Remarks	Dr. Renuka Satish President, WIN -Karnataka	
7:05 - 7:15 PM	Opening Remarks	Dr. Manjunath Shetty Professor & Head of Department, Nephrology, JSS Medical College, Mysuru	
7:15 - 7:40 PM	Updates on IgA Nephropathy - Diagnosis and Management	Dr. Sayna Narouzi Loma Linda University, California, USA Dr. Swarna Consultant Nephrologist, Aveksha Hospital, Bengaluru Dr. Himamani Prof and Head, Department of Nephrology, Mysore Medical College and Research Institute	Dr. Renuka Satish Prof & Ex-HOD, Nephrology, St Johns medical College, Bengaluru
7:40 - 8:00 PM	Case 1: Pregnancy AKI - an unusual cause	Dr. Samarth , Senior Resident, Department of Nephrology, JSS Medical College, Mysuru Dr. Anaghshree.U.S Consultant Nephrologist, Aster Hospitals, Bengaluru Dr. Priyashree Assistant Professor, Department of Nephrology, Vydehi Medical College, Bengaluru	Dr. Priyamvada Professor, Department of Nephrology, JIPMER Dr. Succena Alexander Professor and Vice principal - Research, CMC, Vellore
8:00 - 8:20 PM	Case 2: Post transplant Lung involvement - Challenges and diagnostic dilemmas	Dr. Vamshi Dharan Senior Resident, Department of Nephrology, JSS medical college, Mysuru Dr. Pallavi Patri Consultant Nephrologist Manipal Hospitals, Bengaluru Dr. Megha Pai Consultant Nephrologist, Adarsha Multispecialty hospital, Udipi	Dr. Manisha Sahay Professor & head of department, Osmania Medical College, Hyderabad
8:20 - 8:30 PM	Closing Remarks	Dr. Sowrabha Rajanna Assistant Professor, Department of Nephrology, JSS Medical College, Mysuru	

Quick recap: Many of the antigens do appear to have to have distinctive clinical and pathology findings



- **EX1/EXT1:** Autoimmune diseases, better prognosis, may even be a marker for future autoimmune disease
- **NEF1:** More ubiquitous in terms of etiology from primary to malignancies, drugs, serotonins, autoimmune disease
- **PCSD:** Older, no complement, more likely to remission with conservative management
- **SEMAB:** Pediatric, can recur
- **NCAM1:** autoimmune
- **FA1:** HSCY
- **CHN1:** Demyelinating disease
- **NON1:** Syphilis
- **PCSB:** NSAID



Epidemiology and Socioeconomic Class

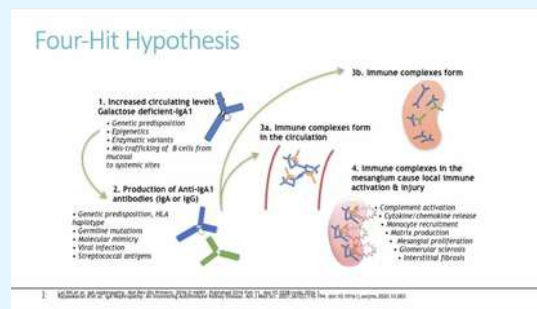
IgA diagnosis is based on kidney biopsy

Access to kidney biopsy often associated with higher socioeconomic class countries and populations

Prevalence is under-represented in developing countries and populations with less access to healthcare

Incidence often higher in children/young adults and in the elderly but this may be due to screening/urinalysis carried out most commonly in these populations

1. LUKAN et al. IgA nephropathy. *Nat Rev Dis Primers*. 2018;2:16005. Published 2018 Feb 11. doi:10.1038/nrdp.2018.1
 2. SAKIYAMA et al. Genetic etiology of IgA nephropathy is associated with multiple socioeconomic determinants. *Kidney Int*. 2019;195:101-112. doi:10.1016/j.kint.2018.08.015
 3. Cervera et al. Socioeconomic Position and Incidence of Glomerular Diseases. *Clin J Am Soc Nephrol*. 2020; 9(1):147-174. doi:10.2215/CJN.11110119



ORGAN DONATION AWARENESS CME- A WIN ADVOCACY

DATE : 27TH AUGUST | TIME: 6 PM



WIN India Webinar Series

We cordially invite you to webinar on the topic

Organ Donation Awareness CME- A WIN Advocacy Initiative

Date: 27th August 2023 | Time: 6pm to 8pm

	TOPIC	SPEAKERS	MODERATOR
	Welcome address	Dr Manjusha Yadla	
	Concept of Death & Implications	Dr Annu Aggarwal (Neurologist)	Dr Manisha Sahay
6:20-6:30 PM	Organ donation – What, How and When	Dr Shruti Tapiawala	Dr Arpita Roy
	Organ allocation systems	Dr Swarnalatha G	Dr Rasika Sirsat
	Question and answers	Dr Urmila Anandh Dr Annu Aggarwal Dr Swarnalatha G Dr Rasika Sirsat Dr Arpita Roy Dr Manisha Sahay Dr Shruti Tapiawala	Dr Manjusha Yadla
6:50-7:15 PM	Short films on organ donation	SOTTO film	Dr Shruti Tapiawala
7:15-7:50 PM	3-5 mins experiences of recipients	Kidney Transplant - Ms Sandhya Gaddam Liver Transplant - Mr Kolluri Anil Heart Transplant - Mr Farid Lung Transplant - Mr Vijay Somani Hand Transplant - Ms Monika More Bowel Transplant - Mr Narsale Pancreas Transplant - Mr Taquidiin	Dr Shruti Tapiawala
7:50-8:00 PM	Summarization and Message from WIN	Dr Urmila Anandh	Dr Manjusha Yadla



CASE BASED ACADEMIC DISCUSSION

DATE : 27TH SEPTEMBER | TIME: 7 PM



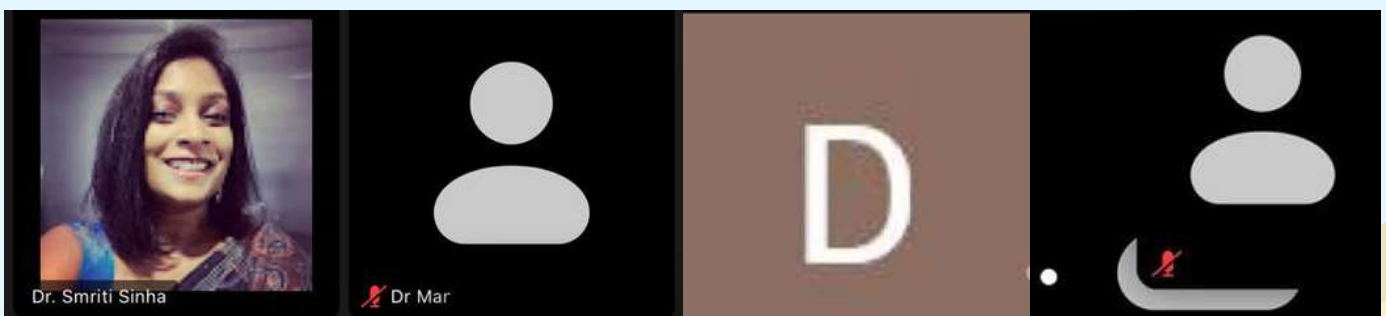
We cordially invite you to webinar on the topic

Win India - Case based Academic Session

Date: 27th September 2023 | Time: 7pm onwards

HOST OF THE CEREMONY: JYOTHIPRIYA J

TIME	TOPIC	SPEAKERS	MODERATOR
7:00 PM - 7:20 PM	Eastern Experience in Rare Disease MGRS Interventional Nephrology : Addressing Access Crisis	Dr. Neeraj Saini 2 nd year PG, IPGMER, Kolkata	Dr. Sonal Dalal Dr. Swarnalatha. G Dr. Mythri Shankar Dr. Priti Meena
7:20 PM - 7:40 PM	PANEL DISCUSSION Dr. Narayan Prasad Dr. Sreelatha .M Dr. Manisha Sahay Dr. Swarnalatha Gowrishankar		Dr. Arpita Ray Chaudhary Dr. Radhika Patil
7:40 PM - 8:10 PM	Interventional Nephrology : Addressing Access Crisis	Dr. Saurav Sadhukan 3 rd year PG, IPGMER, Kolkata	Dr. Shruthi Tapiawala Dr. Manjuri Sharma Dr. Anuradha K
8:10 PM - 8:30 PM	PANEL DISCUSSION Dr. Smriti Sinha Dr. Gireesh Reddy Dr. Arushi Nautyal Dr. Mayuri Trivedi		Dr. Manjusha Yadla Dr. Padmini Kanungo



ACHIEVEMENTS:

1. **Dr Arpita ROY Chaudary**

Professor and Head , IPGMER, Kolkata
First women president of ISOT 2023 elections



2. **Dr Radhika Patil** - Vice president of ISOT 2023

3. **Dr Gomathy S** MD DNB DM (Nephro) Professor & HOD
Government Medical College Allepey, Kerala received

- Best doctor award by Indian Medical Association. Kerala 2023
-
- Best doctor in Medical Education Service in the state of kerala 2023
-
- Nominated as the member,Academic Council ,Kerala university of health and allied sciences for a period till April2027 by the Honorable vice chancellor of the health university.



4. **Dr. Ambily K** - 2nd year DM Resident, Pushpagiri
Institute of Medical Sciences, Thiruvalla, Kerala- Awarded
Glomcon fellowship 2022-2023

5. **Dr Gayathri R Pillai** 2nd year DM Resident, Pushpagiri Institute of Medical Sciences,
Thiruvalla, Kerala - Awarded Glomcon fellowship 2022-2023

6. **Dr Nidila Mohan** 2nd year DM resident, Government Medical College, Kottayam, Kerala,
India

- Presented posters in NAKCON 2023 (24th Annual Conference of Nephrology Association of Kerala)
- A rare case of cutaneous histoplasmosis in a renal allograft recipient Plasmapheresis in yellow phosphorus poisoning: A scope for recovery.

7. **Dr Sruthi Haridas** DM Nephrology resident – 2nd year, Government Medical College, Kottayam, Kerala, India

- First prize in NAKCON 2023 Essay competition on the topic “The Deceased Donor Renal Transplantation: Brain death declaration, organ allocation, outcome after Tx and measures to improve programme in Kerala”
- Oral paper presentation in NAKCON 2023 (24th Annual Conference of Nephrology Association of Kerala) : Clinical profile and outcome of patients with acute paraquat poisoning managed with hemoperfusion
- Presented poster in NAKCON 2023 (24th Annual Conference of Nephrology Association of Kerala) : A unique case: Infection-related glomerulonephritis in the context of West Nile virus infection

8. **Dr. Aparna Balachandran** DrNB resident Nephrology - Second year Aster MIMS Kozhikode- Awarded the best paper Award in Dialysis / transplantation at NAKCON - sept 2023

9. **Dr Subasri Mohanasundaram** Aug 2023 - Best Doctor Award in Thoothukudi District7



10. **Dr Sandhya Suresh, Dr Sowrabha Rajanna** -Attended the first Primer Course in Glomerular Diseases at Tokyo, Japan from Oct 1-2 , 2023 organized by International Society of Nephrology and travel grant awardee for the same



11. Dr. Sowrabha Rajanna

- Talk on Strategies to improve nutrition in CAPD at the CME on Continuous Ambulatory Peritoneal Dialysis held as part of the Diamond Jubilee celebrations of St Johns Medical College and Hospital, Bengalur
- -Invited faculty at the Asia Pacific Chapter - International Peritoneal Dialysis Conference, New Delhi
- Recipient of travel grant from ISN and poster presentation at World Congress of Nephrology in Bangkok, Thailand
- -Chief guest at Maharaja Institute of Technology, Mysore as part of women's day celebrations March 2023



- Talk on awareness about kidney health at Central Institute of Petrochemicals Engineering and Technology (CIPET) Mysore



- Publication in Kidney News by American Society of Nephrology (ASN) on Tuberculosis Post Transplantation- A real world issue in developing countries
- Publication in ISN Kidney Kolumns on ABO incompatible kidney transplantation in India –a review of two recent studies

12. Dr Mythri Shankar - Member of ISN South Asia Regional Board

- Invited faculty to Bangladesh Renal Association International Conference
- Invited faculty at the Asia Pacific Chapter - International Peritoneal Dialysis Conference, New Delhi

13. **Krithika Mohan** - Invited faculty at the Asia Pacific Chapter - International Peritoneal Dialysis Conference, New Delhi
14. **Nivedita Kamath** -Invited faculty at the Asia Pacific Chapter - International Peritoneal Dialysis Conference, New Delhi
15. **Dr Divya Bajpai**- Selected as Glomcon Mentor from India
16. **Dr Payal Gaggar** – Awarded Glomcon fellow 2023
17. **Dr Deepthi Ayanavelli**- Awarded Glomcon fellow 2023
18. **Dr Swarnalatha G** – Awarded Best SOTTO awarded from ROTTO soy RH at Chennai



19. **Dr Isha Tiwari** – Selected for Glomcon 2023-2024
20. **Dr. Jasmine Sethi** , PGI chandigarh
 - Selected as Social media editor for the prestigious NDT international journal
 - Also representing as social media ambassador for American society of Onconephrology
21. **Dr Suman lata Nayak**, Delhi-
 - Completed 1 year course from IIMBx in healthcare operations



22. **Dr Namrat Rao** - Featured in Hindi newspaper “Dainik Bhaskar” on account of Blood Donation Day celebration on 14th June 2023.

23. **RP Mathur, Bhagat chandani**, Authors for chapter “Haematological complications in renal transplant patients ” in book of kidney transplantation by DR Vinant Bhargawa, jaypee brothers

24. **Dr Sruthi Tapiawala**

- Received Fellowship of ISOT award - for distinguished work in transplantation- ISOT 2023
- Textbook of Kidney Transplantation- author for “Immunobiology and evaluation techniques“- 1st edition 2023 Elected President for ISN-WZ chapter fro year 2023-2024

25. The WIN members of Gauhati Medical College & Hospital, in collaboration with ROTTO Guwahati organised an update on Deceased Organ Donation on 30th September 2023.

- **Dr Swarnalata Gudithi**, Professor & Head of Nephrology, NIIMS Hospital and I/C Jeevandan Telangana was invited as a Guest speaker.
- **Dr Manjuri Sharma**, Prof & Head of Nephrology Gauhati Medical College also delivered a talk on the same.



PUBLICATIONS

1. **Sruthi Haridas, Gopalakrishna Pillai M, Renjitha Bhaskaran**, A predictive score for severity in patients with confirmed dengue fever in a tertiary care hospital in Kerala, India, Transactions of The Royal Society of Tropical Medicine and Hygiene, Volume 117, Issue 10, October 2023, Pages 741–750, <https://doi.org/10.1093/trstmh/trad058>
2. **Sruthi Haridas, Subin K , Abdurahiman E**, Pleural empyema after COVID-19: A delayed Presentation. (2023). Indian Journal of Case Reports, 156-160. <https://mansapublishers.com/index.php/ijcr/article/view/4024>
3. **Adelene Teena Manuel , Devi Sasidharan Sruthi , Jacob George , Noble Gracious**, Factors affecting immunogenicity of recombinant hepatitis B vaccination in patients with chronic kidney disease in South India Published in International Journal of Academic Medicine and Pharmacy DOI: 10.47009/jamp.2023.5.4.191
4. **Gomathy S**, Association Between Intra Abdominal Hypertension and Acute Kidney Injury, International Journal of Academic Medicine and Pharmacy, DOI: 10.47009/jamp.2023.5.4.X
5. **Anandan AK, Sankaranarayanan G, Samuel U, Kunjukrishnapilla S, Panicker V, Verghese J, Velayudhan G**. A Cross-sectional Study on Pulmonary Hypertension in Patients with Stage 5 Chronic Kidney Disease. Saudi J Kidney Dis Transpl. 2022 Feb;33(Supplement):S1-S11. doi: 10.4103/1319-2442.375086. PMID: 37102519.
6. **Jose, Nisha & Indhumathi, Elayaperumal & Arumugam, Devia & Matcha, Jayakumar**. (2023). Paraquat poisoning; an experience from a tertiary care center in India. Journal of Renal Injury Prevention. 10.34172/jrip.2023.32045.
7. **Manjari SV, Parthasarathy R, Selvanathan DK**, et al. ‘Leak from the lap’: A case of peritoneal dialysate leak from laparoscopic port site. Peritoneal Dialysis International. 2023;0(0). doi:10.1177/08968608231196031
8. **Mohanasundaram, Subashri1,; Samuel, Marchwin Kingston2; Kurien, Anila A.3**. Abdominal Pain in a Female with Lupus – Opening the Pandora’s Box. Indian Journal of Nephrology ():10.4103/ijn.ijn_316_22, May 03, 2023
9. **Mohanasundaram, Subashri; Fernando, M. Edwin1,***. Apolipoprotein L1 Genetic Testing in Prospective Kidney Donors: Have We Reached a Breakthrough or an Impasse?. Indian Journal of Transplantation 17(3):p 275-278, Jul–Sep 2023.
10. **Sahay M, Sahay RK, Seshadri B**, et al. Assessment of Biomedical Waste Generation in Dialysis Units: A Prospective Observational Study—Is it Time for “Green Dialysis”? J Assoc Physicians India 2023;71(10):49–52.

11. **Sahay M, Ismal K, Anuradha K, Lakshmi J.** Efficacy and Safety of Directly Acting Antivirals in Patients with Hepatitis C Infection on Hemodialysis. *The Journal of the Association of Physicians of India.* 2023 Aug;71(8):11-2.

12. **Garcia-Garcia G, Norris KC, Sahay M,** Ulasi II. Social determinants of kidney health: a global perspective. *Frontiers in Nephrology.* 2023;3.

13. **Jadhav PA, Hole A, Sivaprasad M, Viswanath K, Sahay M, Sahay R, Reddy GB, Krishna CM.** Raman spectroscopy analysis of plasma of diabetes patients without and with retinopathy, nephropathy, and neuropathy. *Spectrochimica Acta Part A: Molecular and Biomolecular Spectroscopy.* 2023 Sep 9:123337.

14. **Jasuja S, Gallieni M, Jha V, Vachharajani T, Bhalla AK, Tan J, Tan CS, Basnet NB, Herath N, HP HA, Kim YS, Sahay M .** Practice of dialysis access interventional nephrology procedures in the Asia-Pacific region: Getting lay of the land.

15. **Mythri Shankar** (2023). Targeting Glomerular Hemodynamics for Kidney Protection. *Advances in Kidney Disease and Health*, 30(2), 71–84.
1.. <https://doi.org/10.1053/j.akdh.2022.12.003>

16. **Mythri Shankar** (2023). An Update on Kidney Ammonium Transport Along the Nephron. *Advances in Kidney Disease and Health*, 30(2), 189–196.
<https://doi.org/10.1053/j.akdh.2022.12.005>

17. **Mythri Shankar** (2023). Urinary Ammonium in Clinical Medicine: Direct Measurement and the Urine Anion Gap as a Surrogate Marker During Metabolic Acidosis. *Advances in Kidney Disease and Health*, 30(2), 197–206.
<https://doi.org/10.1053/j.akdh.2022.12.006>

18. **Mythri Shankar.** Matthew Sparks.The evolution of social media in nephrology education: A mini-review. *Front. Nephrol.*, 13 February 2023
Sec. Blood Purification Volume 3 - 2023

19. **Krithika Mohan** -Physiology of a forgotten electrolyte - Magnesium disorders
Ray E, Mohan K, Ahmad S, Wolf MTF. Physiology of a Forgotten Electrolyte-Magnesium Disorders. *Adv Kidney Dis Health.* 2023 Mar;30(2):148-163. doi: 10.1053/j.akdh.2022.12.001. PMID: 36868730.

20. **Krithika Mohan** -The changing landscape in Nephrology education in India
MINI REVIEW article, *Front. Nephrol.*, 08 February 2023,Sec. Blood Purification
Volume 3 - 2023

21. **Manjuri Sharma, Farha Bora, Gayatri Pegu, Prodip Kumar Doley, #3507** IV Cyclophosphamide Versus Mycophenolate Mofetil As Induction Regimen In Proliferative Lupus Nephritis: A Study From North-east India, Nephrology Dialysis Transplantation, Volume 38, Issue Supplement_1, June 2023, gfad063c_3507, https://doi.org/10.1093/ndt/gfad063c_3507

22. **Manjuri Sharma, Suresh Singh, Prodip Kumar Doley, Gayatri Pegu, #3385** A Study Of Clinical Spectrum And The Outcome In Live Kidney Transplant Recipients In A Tertiary Care Centre Of India, Nephrology Dialysis Transplantation, Volume 38, Issue Supplement_1, June 2023, gfad063c_3385, https://doi.org/10.1093/ndt/gfad063c_3385

23. **Davidson, B., Bajpai, D., Shah, S., Jones, E., Okyere, P., Wearne, N., Gumber, R., Saxena, N., & Osafo, C.** (2022). Pregnancy-Associated Acute Kidney Injury in Low-Resource Settings: Progress Over the Last Decade. *Seminars in nephrology*, 42(5), 151317. <https://doi.org/10.1016/j.semnephrol.2023.151317>

24. **Bajpai, Divya; Popa, Cristina; Verma, Prasoon; Dumanski, Sandi; Shah, Silvi.** Evaluation and Management of Hypertensive Disorders of Pregnancy. *Kidney360* (>):10.34067/KID.0000000000000228, August 01, 2023. | DOI: 10.34067/KID.0000000000000228

25. **Bejugama K, Guditi S, Taduri G** (2023) Immune Biomarkers in Renal Transplant Recipients and Long-Term Graft Outcome, a Retrospective Observational Cross-Sectional Indian Study. *J Clin Nephrol Res* 10(1): 1111.

26. **Tapiawala S et al.** Is Lysate-based Human Leukocyte Antigen Crossmatch a Reliable Method to Contraindicate a Transplant?. *Indian Journal of Transplantation*. *Indian Journal of Transplantation* 17(3):p 363-367, Jul-Sep 2023.

27. **Pal, Atanu; Chaudhury, Arpita Ray; Bhunia, Abhirup; Bhattacharya, Koushik; Chatterjee, Suparna; Divyaveer, Smita Subhash; Sircar, Dipankar; Sen, Debabrata.** A Randomized Controlled Trial Comparing Remission Induction with Modified Multitarget Therapy with Intravenous Cyclophosphamide in Proliferative Lupus Nephritis. *Indian Journal of Nephrology* 33(5):p 340-347, Sep-Oct 2023. | DOI: 10.4103/ijn.ijn_355_21

28. **Bhagat, Chandani*; Mathur, Rajendra Prasad; Sharma, Neha.** Spectrum of Infections in Kidney Transplant Recipients: A Single Centre Retrospective Cohort Study. *Indian Journal of Transplantation* 17(3):p 310-315, Jul-Sep 2023. | DOI: 10.4103/ijot.ijot_84_22

29. **Bhagat, Chandani,*; Suraj, Godara; Naveen, Gupta; Jitesh, Jeswani.** Managing End-Stage Renal Disease and Live Kidney Transplant in a Patient with Hemophilia A: A Case Report and Review of Literature. *Indian Journal of Transplantation* 15(4):p 354-356, Oct-Dec 2021. | DOI: 10.4103/ijot.ijot_49_20

30. **Prasad P, Vachharajani T.** Non-fluoroscopic techniques to Insert a Tunneled Hemodialysis Catheter. *KI Reports*.2023(in press).doi :10.1016/j.ekir.2023.09.023

31. **Prasad P(c), Ramprasad E, Jayakumar M.** Dialysis practices during the COVID-19 pandemic: a survey from India. *J Renal Inj Prev.* 2023;12(4): e32027. doi: [10.34172/jrip.2022.32027](https://doi.org/10.34172/jrip.2022.32027)

32. **Singh R, Ansari M, Rao NS, Chandra A, Lohiya A.** Addition of bioimpedance-derived body cell mass improves performance of serum creatinine-based GFR estimation in a chronic kidney disease cohort.

Int Urol Nephrol. 2023; doi: [10.007/s11255-023-03758-z](https://doi.org/10.007/s11255-023-03758-z). * as corresponding author

33. **Chandra A, Rao NS, Pooniya V, Singh A.** Hypoglycemia with insulin in post-transplant diabetes mellitus. *Transplant Immunol.* 2023; doi: [10.1016/j.trim.2023.101833](https://doi.org/10.1016/j.trim.2023.101833)

34. **Siddiqui SS, Rao NS, Saran S, Agrawal A.** Disaster Classification: an unmet need for a pragmatic medical classification after COVID-19. *Disaster Medicine & Public Health.* 2023; doi: [10.1017/dmp.2023.49](https://doi.org/10.1017/dmp.2023.49)

35. **Das PK, Maurya SK, Nath SS, Rao NS, Shrivastava N** Furosemide stress test and renal resistive index for the prediction of severity of acute kidney injury in sepsis. *Cureus.* 2023; doi: [10.7759/cureus.44408](https://doi.org/10.7759/cureus.44408)

36. **Sethi J, Bansal S, Lal A, Kohli HS, Rathi M.** Role of Desmopressin Acetate before Percutaneous Ultrasound-Guided Kidney Biopsy in Patients with Kidney Dysfunction. *Indian J Nephrol.* 2023. September

37. **Sethi J.** Peripartum Thrombotic Microangiopathy- A enigma. *QJM.* 2023 Jun 24;hcad148. doi: [10.1093/qjmed/hcad148](https://doi.org/10.1093/qjmed/hcad148).

38. **Sethi J, Subramani V, Kumar R, Patil S, Sharma A.** Drug-resistant Monoarticular Wrist Joint Tuberculosis in Renal Transplant Recipient with Literature Review

39. **Sethi J.** Adult IgA Vasculitis- Look for triggers. *QJM.* 2023 Sep 26;hcad201

40. **Basavanagowda N, Prabhakar N, Prabhakar A, Sethi J.** Blunt Trauma Abdomen Leading to Bilateral Renal Segmental Infarction: Resolving the Enigma. 2023 August

41. **Herur S, Tiwari A, Bukka VC, Niranjan M, Guditi S.** Chylous urine with massive proteinuria – Not every proteinuria requires renal biopsy! *Indian J Kidney Dis* 2023;2:94-6.

42. **Herur S, Niranjan M, Bukka VC, Tiwari A, Kinjarapu SN, Murugan P, Guditi S.** etal. Metastatic thyroid abscess: Arare presentation of catheter-related bloodstream infection in an end-stage kidney disease patient on hemodialysis. *Indian J Nephrol* 0;0:0.

GALLERY



IMMUNOLOGY WORKSHOP BY HYDERABAD NEPHROLOGY FORUM ALONG WITH WIN INDIA MEMBERS AT NIMS HYDERABAD JULY 2023



ORGAN DONATION AWARENESS BY AP CHAPTER



WINICON 2023 AUGUST BENGALURU



APCM ISPDP SEPTEMBER 2023, NEW DELHI



WIN MEMBERS PARTICIPATION IN BRACON 2023

INVITED FACULTY TO BANGLADESH RENAL ASSOCIATION INTERNATIONAL CONFERENCE

**DR MANJUSHA Y, DR SWARNALATHA G
DR MANISHA SAHAY, DR URMILA ANANDH
DR MYTHRI SHANKAR, DR GEETIKA SINGH**



Dr Manisha Sahay, Dr Swarnalatha G, Dr Mythri Shankar, Dr Urmila Anandh, Dr Geetika Singh
ISN SARB meeting at Bangladesh



Dr A Vimala
Dronacharya Award at
AVATAR 2023

'WOMEN IN NEPHROLOGY' – THE RENAL RESILIENCE

**In the world of nephrology, let's portray,
The traits of women, in a unique way.**

**The nephron, with its complex design,
Is akin to women, brilliant and fine.**

**The glomerulus, a filter so diligent
Just like how women eliminate each predicament!**

**The renal tubules, winding and long,
Symbolize women, steadfast and strong.**

**They function just like a tubule's mechanism
Absorbing criticism but excreting skepticism.**

**The collecting ducts, a unified stream,
They depict women who work as a team.**

**Working towards a common directed goal,
They put in their heart and soul.**

**As for the renal pelvis which shows confluence,
They embrace wisdom, knowledge and confidence.**

**Perpetually functioning, just like the kidney's way
Women In Nephrology are reaching newer heights ,each day!**

Dr Isha Tiwari Arora

Assistant Professor
Department of Nephrology,
MGM medical college, Indore.

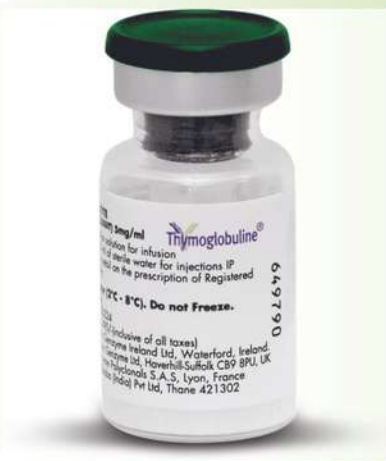


In Patients At Risk of Rejection

Rx Thymoglobuline®

Anti-human thymocyte immunoglobulin (Rabbit) E.P.

WHEN TRUST MATTERS...



93.6% Freedom from acute rejection through 5 years¹

Excellent graft and patient survival¹

Well-tolerated¹

Minimises post transplant immunosuppression²

References: *Data on file 1. Gaber AO, Matas AJ, Henry ML, Brennan DC, et al. Antithymocyte globulin induction in living donor renal transplant recipients: final report of the "TAILOR" registry. Transplantation. 2012 Aug 27;94(4):331-7. 2. Gaber AO et al, Rabbit Antithymocyte Globulin (Thymoglobulin) 25 Years and New Frontiers in Solid Organ Transplantation and Aematology. Drugs 2010; 70 (6): 691-732.

Abridged Prescribing Information

Antihuman thymocyte immunoglobulin (Rabbit) E.P.
THYMOGLOBULINE@ 5mg/ml

Powder for concentrate for a solution for infusion

COMPOSITION: After reconstitution with 5 ml Water for Injection (WFI) IP, the solution contains 5 mg rabbit anti-human thymocyte immunoglobulin/ml (concentrate) corresponding to 25 mg/5 ml of rabbit antihuman thymocyte immunoglobulin per vial. THERAPEUTIC INDICATIONS: Immunosuppression in transplantation: prophylaxis and treatment of graft rejection; Prophylaxis of acute and chronic graft versus host disease in haematopoietic stem cell transplantation; Treatment of steroid-resistant, acute graft versus host disease; Haematology: treatment of aplastic anaemia. DOSAGE AND ADMINISTRATION: The posology depends on the indication, the administration regimen and the possible combination with other immunosuppressive agents. Recommendations may be used as reference. The treatment may be discontinued without gradual reduction of dose. Administer doses of corticosteroids and antihistamines are required prior to infusion of rabbit anti-human thymocyte immunoglobulin. SAFETY-RELATED INFORMATION: Contraindications: Acute or chronic infections, which would contraindicate any additional immunosuppression. Hypersensitivity to rabbit proteins or to any product excipients. Pregnancy and Lactation: Thymoglobuline should not be given unless absolutely required. Breast feeding should be discontinued. Warnings and Precautions: Must be used in a hospital setting. Acute Infusion-Associated reaction (IARs) may occur following the administration of Thymoglobuline and may occur as soon as the first or second infusion during a single course of Thymoglobuline treatment. In the event of an anaphylactic shock, the infusion has to be stopped immediately and any further administration must only be carried out after the benefits and the risks have been carefully weighed up. Thrombocytopenia and/or leucopenia have been identified: white blood cell and platelet count must be monitored during and after the treatment. Infections, reactivation of infection, and sepsis have been reported after administration of Thymoglobuline in association with several immunosuppressive agents. The use of immunosuppressive agents, including Thymoglobuline may increase the incidence of malignancies. Reactions at the infusion site can occur and may include pain, swelling, and erythema. Immunization with attenuated live vaccines is not recommended for patients who have recently received Thymoglobuline. ADVERSE REACTIONS: Infection (including reactivation of infection), Sepsis, Lymphoproliferative disorder, Lymphomas (which may be virally mediated), Neoplasms malignant (Solid tumors), Febrile neutropenia, Disseminated intravascular coagulopathy, Coagulopathy, Cytokine release syndrome (CRS), Anaphylactic reaction, Serum Sickness (including reactions such as fever, rash, urticaria, arthralgia, and/or myalgia), Transaminases increased, Hepatocellular injury, Hepatotoxicity, Hepatic Failure, Infusion related reactions (IARs).

For full prescribing information please contact: Sanofi Healthcare India Private Limited, Sanofi House, CTS No. 117-B, L&T Business Park, Saki Vihar Road, Powai 400072. Updated: November 2021

Source: 1) CCDS version no. 2 dated 16 July 2015. 2) UK Summary of Product characteristics dated 03 May 2015.

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For the use of a registered medical practitioner or a hospital or a laboratory only. MAT-INV-2104180-1.0-04/2022



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