



Highlights

WKD 2025 & WCN 2025



WINGS

WOMEN IN NEPHROLOGY GUP SHUP

OFFICIAL NEWSLETTER OF WOMEN IN NEPHROLOGY INDIA







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EDITORIAL

The first quarter of 2025 has marked an extraordinary journey for WIN India, as women nephrologists from across the country have made significant strides on both the academic and cultural front. Two major events, the World Congress of Nephrology (WCN) 2025 and World Kidney Day (WKD) 2025, showcased the remarkable contributions of Indian women nephrologists in shaping the future of kidney care and raising public awareness on kidney health.

WCN 2025, held in February, provided a prestigious platform for women nephrologists from India to actively participate in the global academic dialogue on advancing kidney care. It was an enriching experience for all participants, with women nephrologists engaging in numerous interactions, discussions, and workshops aimed at improving kidney care globally. The role of Indian women nephrologists in this intellectual exchange was commendable, reinforcing their standing as leaders in the nephrology community worldwide. The congress was not only an intellectual gathering but also a cultural celebration. In a remarkable display of unity and heritage, women nephrologists from around the world participated in a Saree Walk, a unique cultural event that highlighted the diversity of India while fostering a sense of solidarity among the global nephrology community. The event was a testament to the strength of women in nephrology and their ability to bridge cultural divides while making significant contributions to the field.

Similarly, WKD 2025, with its theme "Are Your Kidneys OK?" centered on the importance of preventive measures and screening to maintain kidney health. WIN India once again showcased its leadership by organizing numerous public awareness programs and kidney health screening camps across the country. These events were designed to educate the public on the importance of kidney health, early detection, and proactive management of kidney diseases. Women nephrologists from every corner of the nation took part in these initiatives, ensuring that messages about kidney care reached a wide audience.

In a remarkable feat of collaboration, WIN India organized a series of engaging webinars that provided a platform for all chapters to showcase their work. These webinars not only highlighted the breadth of activities undertaken by WIN India but also provided valuable learning and networking opportunities for nephrologists and healthcare professionals. In addition, specialized quiz programs for technicians and advocacy sessions for patients were successfully conducted, ensuring that all stakeholders in kidney care, from healthcare professionals to patients, were involved in this important dialogue.

This issue of the Women in Nephrology India Newsletter highlights and celebrates the tireless efforts of our women in their commitment to education, advocacy and strengthen our resolve to improve kidney care in India and beyond. As a token of appreciation for their hard work and dedication, we have included a special poem dedicated to appreciation of women work , as part of our International Women's Day celebrations.

Looking forward, we are excited to see continued participation from WIN India on international platforms, where our collective voice can continue to drive change and innovation in kidney care. We remain committed to fostering a supportive and dynamic environment for women nephrologists, empowering them to make a lasting impact on the future of nephrology.

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Teaching Point

Gender based differences in access to Chronic Kidney disease care – perspective from a developing nation.

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Introduction: The global epidemic of chronic kidney disease (CKD) now affects over 850 million people, more than 10% of the world's population and its incidence is rapidly rising. It is now among the top causes of death worldwide ^(1,2). South Asia is the most densely populated regions of the world and as home to one-quarter of the world's population, South Asia is a high-priority region for many public health concerns. This region is also in the midst of an epidemiological transition ⁽³⁾. Since the 1970's, South Asia has experienced significant reductions in communicable infectious diseases, diarrhoeal diseases and malnutrition. However non communicable diseases (NCD's) such as hypertension, diabetes mellitus, cardiovascular disease, cancer has been emerging as a leading cause of morbidity and mortality. In South Asia alone, the prevalence of diabetes is estimated to increase by over 150% between 2000 and 2035 ⁽⁴⁾.

In the year 2023 World Kidney Day theme 'Kidney Health for all -Preparing for the Unexpected, supporting the Vulnerable' recognizes issues that are slowly becoming vital for the patients with kidney disease. There are many deep-rooted social and economic inequities that have a palpable impact on patient outcomes. Women who make up approximately 50% of the world's population still strive for equality in business, commerce and professional endeavours, despite recognizing that in many situations equity does not exist. In various geographical locations around the world, women are often denied or have lesser access to education and optimal medical care thereby causing irreparable differences in disease outcome. Women are also not represented equally in clinical research studies and hence the impact of treatments on disease outcomes are often extrapolated to them from trials which predominantly enrol greater number of male subjects. It is well known that certain auto-immune diseases such as systemic lupus erythematosus (SLE), rheumatoid arthritis (RA) and systemic sclerosis (SS) occur far more common in females ⁽⁴⁾.

Pre-eclampsia as a long term risk factor for later development of CKD also is unique to women. Most studies have found that beyond some diseases (e.g. those associated with pregnancy or urinary tract obstructions having clear sex-based associations), the true reasons why the prevalence of CKD is generally higher among women, but that of ESRD is higher among men are not well understood at present. Globally, more men than women receive RRT, partly related to underlying glomerular biology, sex hormonal mediated faster progression of CKD etc.

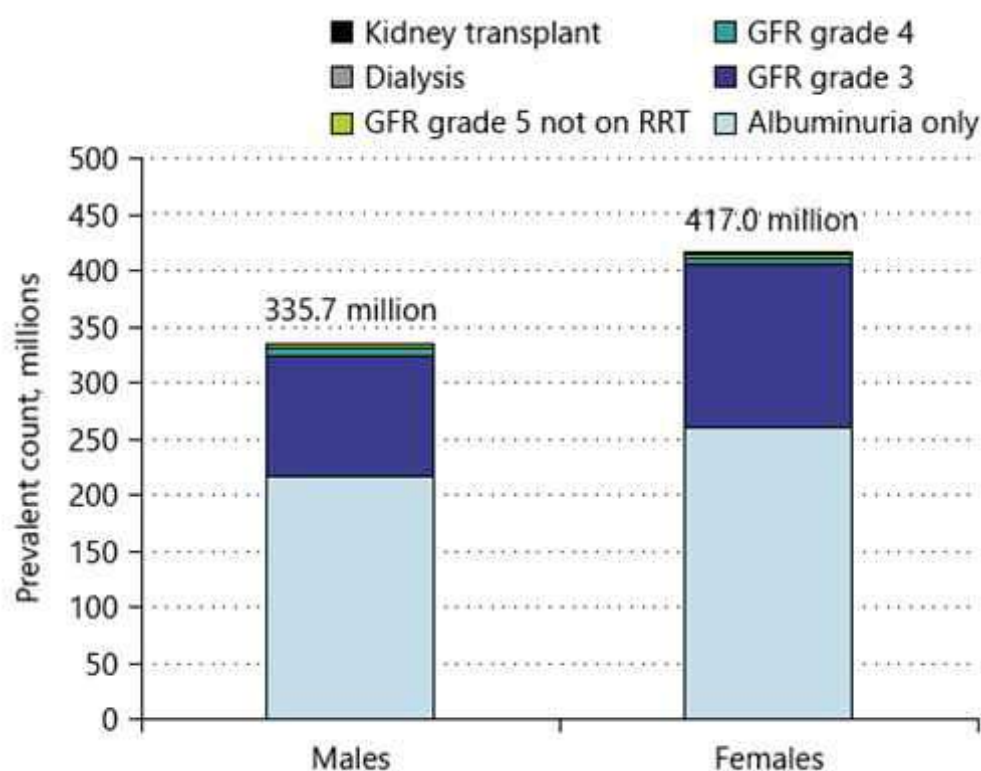
However in part to reduced access to complex and expensive medical care and out of pocket costs, women also are more likely to choose conservative kidney care rather than dialysis. Women in societies all over the world are also more likely to be kidney donors rather than kidney recipients and this skewed distribution cuts across economic and developmental status of the nation they belong to. This may be related in part due to greater expected altruism, perception that they are less important bread-winners or in some settings pressures imposed by patriarchal families, likely based on gender ⁽⁵⁾. In this review, we focus on what we know about the role of gender in kidney health care and outcomes by published evidence in Southern Asia and provide some anecdotal evidence to highlight this issue with the aim of what we might learn to ultimately improve outcomes for all.

Gender differences in kidney health and access to CKD care: Global data with focus on Southern Asia.

In 2016, the global estimates for people living with kidney disease was 752.7 million with 417.0 million females and 335.7 million males ⁽⁶⁾ (Fig 1). The most prevalent form of kidney disease from global data was albuminuria with preserved glomerular filtration rate (GFR), again affecting females (260.1 million) more than males (216.7 million). The male female ratios of various stages of CKD from Stage 1 to stage 5 are shown pictorially in Fig 2. The male female all prevalence ratio significantly differed between various stages with values lower than 1 for albuminuria, GFR stage 1-5 without treatment for RRT, while for dialysis and transplant it was higher than 1⁽⁶⁾ thereby implying that end stage kidney disease (ESKD) risk and prevalence was higher in males when compared to females. In Asia, India and China account for about 70% of the burden of CKD, these being the two most populated countries in the world. However, data on contemporary CKD prevalence across this region are relatively sparse; kidney registries are largely restricted to patients with ESKD requiring renal replacement (RRT). A recent study by Shrestha et al ⁽⁶⁾ published from Nepal, estimated a pooled prevalence of CKD of 15% (95% CI 11-20%) in adult males and 13% (95% CI 10-17%) in adult females. The prevalence of CKD was 2.7% in adult population with hypertension (95% CI 20-35%), 31% in adult living with diabetes (95% CI 22-41%) and 14% (95% CI 10-19%) in adults who were overweight/obese.

Fig 1: **Disparities in Chronic Kidney Disease Prevalence among Males and Females in 195 Countries: Analysis of the Global Burden of Disease 2016 Study**

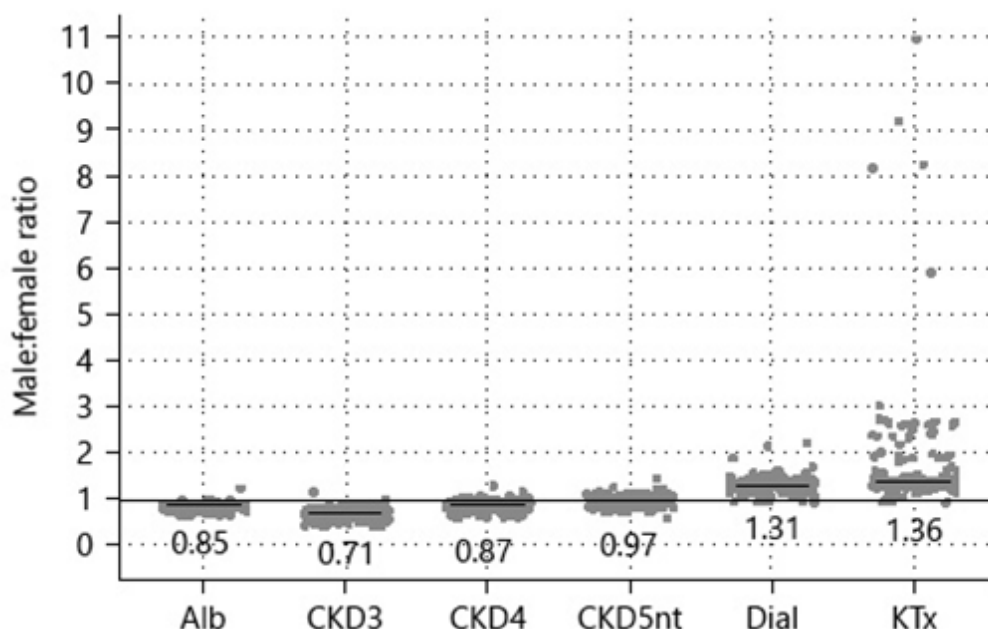
Ref: Bikhov et al. Nephron. 2018;139(4):313-318. doi:10.1159/000489897



Abbreviations: GFR-Glomerular filtration rate, RRT-Renal Replacement therapy

Fig 2: Disparities in Chronic Kidney Disease Prevalence among Males and Females in 195 Countries: Analysis of the Global Burden of Disease 2016 Study

Ref: Bikhov et al Nephron. 2018; 139 (4):313-318. doi:10.1159/000489897



Abbreviations: Alb-Albuminuria, CKD-Chronic Kidney Disease, KTX-Kidney transplantation

End-stage renal disease contributes to about 0.8% of all CKD. By 2030, the estimated number of RRT is expected to double to 5.439 million (3.89-7.46 million) with the most growth predicted to occur in Asia⁽⁸⁾. The incidence of ESRD in India is reported to be 228 per million population, which roughly translates to an average of 300,000 new patients per year⁽⁹⁾. Although renal replacement therapy (RRT) including dialysis and transplantation is life-sustaining, not all patients receive RRT. The rates of ESRD treated by RRT differs greatly between regions and countries and depend on the country's economy and health care model system. Worldwide about 50% of patients receive treatment⁽⁷⁾, and in low and middle-income countries (LMIC) even lesser. In India, studies have shown that only 10% of the ESKD population receive continued dialysis care^(11,12). In large parts of Sub-Saharan Africa, less than 2% of ESRD are treated by RRT⁽¹³⁾. The equality of access to RRT for women is particularly concerning in societies where discrimination against the female gender is rooted in socio-cultural factors. Economic considerations also regularly impact access and continued care for CKD care in women. There are few data to compare gender differences for gaps in treatment from the South Asian region. Studies in Africa show that men were more likely to receive RRT than women⁽¹⁴⁾. In developed countries such as Japan, the incidence of treated ESRD in females was less than half of that in males (3287 in males vs 1764 in females per million population⁽¹⁵⁾). Awareness of kidney disease in women ($2.9\% \pm 1.65$ in women vs $17.9 \pm 5.9\%$ in men) contributing to later initiation of dialysis in women has been reported in one US study⁽¹⁶⁾. Anupama et al⁽¹⁷⁾ in their study from South India on dialysis patients reported that almost 70% of patients undergoing RRT are male. This statistic is similar to data from the rest of the world where males form the overwhelming number of patients on dialysis even in developed countries (Fig 2). Mortality rates on dialysis are similar in men and women, but the incident rates for dialysis associated complications, hospitalizations and mortality are higher in women⁽¹⁸⁾. Women receiving dialysis have also been reported to have worse clinical parameters including anemia, nutrition and quality of life⁽¹⁹⁾.

The following vignettes are taken from the tertiary care clinic at our semi-urban based 750 bedded hospital and highlight the wider and complex overlapping concerns that affect CKD care in women.

Case 1: A 22 yrs old lady, S. B belonging to a religious minority was brought to the renal clinic by the mother and older brother for further evaluation and management of chronic kidney disease. Her previous medical history was significant for hypertension and CKD, diagnosis of Ig A nephropathy at age of 16 yrs, CKD-stage 3b (eGFR 42ml/min). She had not had access to regular nephrologist care and follow-up and did not take her prescribed medicines regularly. Her evaluation here revealed advanced renal failure (serum creatinine 17.5mg/dl with eGFR 7ml/min), severe anemia (Hb 5.4gm/L, evidence of severe CKD-MBD (serum total calcium 6.5mg/dl, serum phosphorus 9.4mg/dl, serum ALP 375IU/L). She also had proximal myopathy and complained of occasional episodes of tetany in her hands. She was the second of five children including three boys and two girls. It was apparent that this was neglected CKD with severe metabolic complications. The family was extensively counselled regarding the urgent need for starting hemodialysis, however they were unwilling to start hemodialysis despite being eligible for hemodialysis under the state Govt approved program for dialysis in marginalised populations. Hence financial constraints alone did not prevent this patient from undergoing much needed therapy. The mother refused to get her admitted and she was subsequently lost to follow-up.

Case 2: A 62 year old lady Mrs. C.D with long standing Type- 2 diabetes mellitus was brought to the nephrology clinic by her son for further evaluation of CKD. She had been diagnosed to have CKD six months earlier (serum creatinine 3.2mg/dl, UACR 456mg/dl) and had been advised nephrologist consultation. The family however had not sought the same and had instead opted for alternative herbal and traditional medication for kidney disease. Her condition had deteriorated and she had lost weight and had nausea and poor appetite since few months before consultation. Her evaluation at the clinic revealed that she was in advanced renal failure; serum creatinine 9.2mg/dl corresponding to eGFR <10ml/min, UACR 905mg/dl, Hb 8.6gm/dl, serum K⁺ 5.9mEq/L. On examination she was mildly tachypnoeic at rest; RR 22/min, BP 160/110 mm of Hg, JVP was elevated and chest auscultation revealed bilateral basal crepitations. She was educated till Grade 10 in school and was financially dependent on her family. Her family including her husband and son were explained in detail about the nature of her illness and the impending need for hemodialysis as a lifesaving measure. However this was met with resistance by both of them though the patient herself was willing to undergo all treatment options. She was subsequently sent back against medical advice.

Case 3: A 37 year old lady Mrs. R.D presented to the emergency room with accelerated hypertension and advanced CKD. Her previous medical history had two pregnancies, one at the age of 17 yrs and one at 25 years of age. The second pregnancy had been complicated by pre-eclampsia and preterm delivery. She had subsequently not had any follow-up for kidney disease or hypertension management following delivery. At presentation in the emergency room, she was confused, BP was 210/120mm of Hg, pedal edema was noticed till mid shin both legs. Labs revealed serum creatinine of 15.2mg/dl, BU 207mg/dl, k⁺5.7mEq/dl, Hb 6.8gm/L. Ultrasound abdomen showed bilateral shrunken kidneys consistent with CKD. She was initiated on hemodialysis after placement of right IJV temporary catheter and subsequently underwent left radiocephalic A-V fistula creation before being discharged from the hospital. Subsequently she continued thrice weekly maintenance hemodialysis with us. However BP control remained challenging in her case and angiotensin receptor antagonist(ARB) (Telmisartan) was added after excluding renal artery stenosis by renal Doppler. Her husband was motivated and came forward to donate his kidney to his wife. He was found to be blood-group compatible and medically fit. However there were legal hurdles to spousal donation since she was married before the age of 18 yrs (against the law in India) and hence getting authorization from the Govt agency which had to sanction the transplant proved challenging and time consuming. The patient had 2 other sisters and 1 half -sibling who despite being eligible were reluctant to be considered as donors due to refusal by their respective husbands. She continues at this time to be dialysis-dependent and also has major depressive disorder for which she is on medication.

We seek to highlight the inherent inequalities in access to care and therapy by these few examples. In some societies women are still treated unequally especially in some areas of the country where poor literacy rates and deeply entrenched societal norms have a negative impact on access to long term care. They often do not get the same amount and degree of care that they need especially for a condition such as ESKD which is time consuming and expensive. Psychological and largely economic factors, as well as discrimination towards women are also responsible. Case no 1 did not receive any treatment and the authors' opinion is that gender along with economic inequalities both played a role in declining treatment. This has been noted by many practising nephrologists in various parts of the country. Women's health is often neglected and not prioritised over the family's expenses and diseases are picked up later in the course of the illness with of larger out of pocket expenses to be borne by the patient. Due to the larger care-giver and unpaid nature of work that women do inside the house, they are not given the same priority as earning male members of the family are with regard to long term medical care.

Gender differences in access to kidney transplantation:

It is well known that kidney transplantation is the best form of RRT for patients without contraindications regardless of age. Worldwide, it is seen that women are less likely to be transplant recipients than men, either from a deceased donor or living kidney donation. However, they are more likely to be living kidney donors. Data from different countries that include USA, France, and India confirm this bias towards women, the lesser likelihood of women being registered on national transplant wait lists, and longer times from dialysis initiation to listing^(20,21). In the study conducted by Bal et al⁽²¹⁾ looking at living donor (LD) renal transplantation in India, the authors retrospectively analyzed all LD renal transplantations performed at a single center between 2001 and 2005. Of the 682 recipients, 606 (88.9%) were males and 76 (11.1%) were females ($P < .0001$). There were 552 biologically related, 118 spousal, and 12 unrelated non-spousal donors. Among the donors, there were 451 (66.1%) females and 231 (33.9%) males ($P < .001$). Most of the live donations were contributed by mothers (32.1%). In the spousal group, the greatest gender disparity was observed with predominantly wives donating for their husbands (90.7% vs 9.3%). Complex social and economic factors are responsible for the overall gender imbalance. It is fair to say that women represent a highly vulnerable group in LD renal transplantation. Awareness and changes in attitudes of the public as well as physicians are needed to eliminate this gender inequity. Men may be discouraged to donate since they are considered primary breadwinners. They may also have better employment-based insurance coverage which covers the cost of the procedure and post-transplant medication which are expensive. However psychological factors and education of women have been suggested as a contribution to the sex disparity. Women have been conditioned in most societies as 'givers, not takers' and this may play a role in women not opting for living kidney transplants from close family members.

Conclusions: Socio-economic factors without a doubt play a role in the glaring inequalities of chronic kidney disease care between sexes, especially in low to middle-income countries and regions. The situation in Southern Asia is further complicated by entrenched patriarchal societal norms that are discriminatory to women and will need to be overcome by education and improvement in standard of living if women have to have equal access to care and continued therapy. Further gender-based data with regard to access to CKD care specifically is needed to bring into focus the awareness of pervasive gender-based inequalities within all communities and this needs further attention.

References:

1. Jager KL, Kovesdy C, Langham R, Rosenburg M, Jha V, Zoccali C. A single number for advocacy and communication worldwide; more than 850 million individuals have kidney diseases. *Nephrol Dial Transplant* 2019; 34: 1803-5.
2. GBD 2015 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries. 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet* 2016; 388(10053): 1545-602.
3. Siegel KR, Patel SA, Ali KM. Non-communicable diseases in South Asia : contemporary perspective . *Br Med Bull* 2014; 111(1): 31-44.
4. Guariguala L, Whiting DR, Hambleton L et al. Global estimates of diabetes prevalence for 2013 and projections for 2035. *Diabetes Res Clin Pract* 2014; 103: 137-149.
5. Shrestha N, Gautam S, Mishra SR, Vivani SM, Dhungara RR. Burden of chronic kidney disease in the general population and high risk groups in South Asia: A systematic review and meta-analysis. *PLoS One* 16(10):e0258494.
6. Bikhov B, Perico N, Remuzzi G. Disparities in Chronic Kidney Disease Prevalence among males and females in 195 countries: Analysis of the Global Burden of Disease 2016 study. *Nephron* 2018; Vol 139: 313-318.
7. Garcia GG, Iyengar A, Kaze F, Kierans C, Padilla-Altamira C, Luyckx VA. Sex and gender differences in chronic kidney disease and access to care around the globe. *Seminars in Nephrology* 2022; Vol 42(2); pp101-113.
8. Moazam F. Bioethics and organ transplantation in a Muslim Society. Indiana University Press; 2006: 264
9. Liyanage T, Ninomiya T, Jha V et al. Worldwide access to treatment for end-stage kidney disease: a systematic review. *Lancet* 2015; 385(9981): 1975-82.
10. Modi GK, Jha V. The incidence of end-stage renal disease in India a population based study. *Kidney Int* 2006; 70:2131-3.
11. Kher V. End-stage renal disease in developing countries. *Kidney Int* 2002; 62: 350-62.
12. Jha V. End-stage renal care in developing countries. The India experience. *Renal Fail* 2005; 26: 201-8.
13. Ojo A. Addressing the global burden of chronic kidney disease through clinical and translational research. *Trans Am Clin Climatol Assoc* 2014; 125: 229-43, discussion 243-46.
14. Halle MP, Takongue C, Kengne AP, Kaze FF, Ngu KB. Epidemiological profile of patients with end-stage renal disease in a referral hospital in Cameroon. *BMC Nephrol* 2015; 16: 59.
15. Saran R, Robinson B, Abbott KC et al. US renal data System 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States. *Am J Kidney Dis* 2017; 69(3Suppl): A7-8.
16. Kausz AT, Obrador GT, Arora P, Ruthazer R, Leva AS, Pereira BJ. Late initiation of dialysis among women and ethnic minorities in the United States. *J Am Soc Nephrol* 2000; 11(12): 2351-7.
17. Conjeevaram A, Anupama YJ, Sastry NB et al. Clinico-epidemiological Profile of Dialysis Service in Karnataka ,India –A multi-centric Exploratory Study. *Indian J Nephrol* 2022; 31: 223-32.
18. Adams SV, Rivara M, Streja E et al. Sex differences in Hospitalizations with maintenance Hemodialysis *J Am Soc Nephrol* 2017; 28(9) : 2721-8.
19. Sehgal AR. Outcomes of renal replacement therapy among blacks and women. *Am J Kidney Dis* 2000; 35(4): S 148-52.
20. Jindal RM, Ryan JJ, Sajjad I, Murthy MH, Baines LS. Kidney transplantation and gender disparity. *Am J Nephrol* 2005; 25(5): 474-83.
21. Bal MM, Saikia B. Gender bias in renal transplantation: are women alone donating kidneys in India ? *Transplant Proc* 2007; 39(10): 2961-3.



WCN 2025

ISN WORLD CONGRESS OF NEPHROLOGY

FEBRUARY 6-9, 2025 | NEW DELHI, INDIA

WCN 2025– WIN India Participation

A Celebration of Academic Excellence and Cultural Unity

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The World Congress of Nephrology 2025, held in New Delhi, was a remarkable event that brought together experts, researchers, and practitioners from around the world to exchange knowledge, collaborate on cutting-edge research, and discuss the future of nephrology. This year's congress was not only an academic triumph but also a celebration of cultural unity, making it a truly unique and enriching experience for all participants.

One of the most impactful aspects of the congress was the significant role played by women nephrologists, who were not only active participants in discussions but also served as distinguished faculty members, shaping the intellectual landscape of the event. Their contributions were instrumental in driving forward the dialogue on gender equity in nephrology and medicine at large. Women professionals from across the globe came together to share their expertise, highlight challenges unique to women in nephrology, and inspire the next generation of female nephrologists.

The academic content of the congress was an absolute highlight. Researchers from a wide range of nephrology disciplines presented their latest findings in both oral presentations and poster sessions. These presentations covered an impressive array of topics, from advancements in kidney transplantation and dialysis to the latest in renal disease management and cutting-edge biomarker research. The intellectual exchange was dynamic, with participants engaging in in-depth discussions that pushed the boundaries of nephrology research and practice.

What set this year's congress apart was the unique way it balanced scientific rigor with cultural expression. In a remarkable display of cultural pride and unity, the women nephrologists organized a Saree Walk, a vibrant celebration of Indian culture. The Saree Walk attracted participants not only from India but from various corners of the globe, as international women nephrologists proudly donned traditional sarees, adding a colorful and festive atmosphere to the congress. This event symbolized the theme of unity in diversity, reflecting the global collaboration within the nephrology community while honoring Indian traditions. The Saree Walk became a powerful visual representation of inclusivity and the rich cultural heritage that enriches scientific discourse.

In addition to the cultural celebration, the congress provided ample opportunities for academic exchange. Faculty members and students from across the country made notable contributions to the event. They presented their original research through posters and paper presentations, showcasing the high level of academic excellence and innovation in Indian nephrology. These contributions were a testament to the growing impact of Indian researchers on the global stage, with a wide range of topics covered, including the epidemiology of kidney diseases, innovative dialysis technologies, and the development of new therapeutic approaches in nephrology.

The level of dedication and preparation shown by the presenters was evident in the quality of the research shared at the congress. The abstracts presented were of exceptional caliber, demonstrating both a deep understanding of nephrology and a commitment to improving patient outcomes worldwide. From studies on novel therapies in kidney transplantation to advances in peritoneal dialysis, the research presented at WCN 2025 showcased the diverse approaches being taken to tackle the global kidney disease burden.

In summary, the World Congress of Nephrology 2025 was not just a forum for scientific exchange, but a celebration of cultural unity, gender inclusivity, and the collective drive to advance nephrology. The congress provided an invaluable platform for researchers and practitioners to share knowledge, forge new collaborations, and celebrate the achievements of women in nephrology. As we look ahead, the success of this congress will undoubtedly inspire future generations of nephrologists and foster continued global collaboration in the fight against kidney diseases. The event stands as a testament to the power of academic excellence, cultural diversity, and the relentless pursuit of improving global health outcomes.



Wrap Yourself in Tradition

Join the Saree Flaunt at WCN by WIN INDIA

Date: 8th Saturday, Feb 2025 Time: 18:30–19:00 IST



Starting Point:

6th Floor (in front of poster area)

Ending Point

From 6th Floor to 5th Floor,
ending at the Amphitheater Stage
with Photo Session



Join Women in Nephrology (WIN INDIA)
for a colorful, 30-minute procession
showcasing the beauty of Indian attire.

Wear your favorite saree and
walk with us to celebrate culture and
community among

WCN – Registered attendees.

**Sarees can be collected at WIN INDIA booth
GKV**



Scan to Register

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WCN 2025 Abstracts

1. Sharma M, Doley PK, Pegu G, Pegu M, Khawbung AL. A comparative study between patients receiving twice weekly and thrice weekly hemodialysis in terms of hospitalisation and survival in a tertiary care centre. World Congress of Nephrology 2025;8 Feb 2025, New Delhi. Abstract No. WCN25-AB-2417.
2. Sharma M, Doley PK, Pegu G, Pegu M, Kalita U. Therapeutic plasma exchange (TPE) in the treatment of renal diseases: a single centre experience. World Congress of Nephrology 2025;8 Feb 2025, New Delhi. Abstract No. WCN25-AB-2435.
3. Sharma M, Doley PK, Pegu G, Pegu M, Dinesh N. Clinical profile and outcome of biopsy-proven renal amyloidosis patients: a single centre experience. World Congress of Nephrology 2025;8 Feb 2025, New Delhi. Abstract No. WCN25-AB-2482.
4. Sharma M, Doley PK, Pegu G, Pegu M, Islam M. Clinical profile and outcome of antibody-mediated rejection from a tertiary care centre in North East India. World Congress of Nephrology 2025;8 Feb 2025, New Delhi. Abstract No. WCN25-AB-2440.
5. Gaggar P, Iqbal PH. Outcomes of kidney transplant in patients with abnormal bladder: A retrospective single center experience from South India. World Congress of Nephrology 2025;7 Feb 2025, New Delhi. Abstract No. WCN25-AB-549.
6. Prakash Prabhu P, Sriram S, Sourabha, Gurudev KC, Mahesh E, Gireesh MS, Rajashekar, Yousuff M. A rare case of dengue virus triggered graft versus host disease in a renal transplant recipient. World Congress of Nephrology 2025. Abstract No. WCN25-AB-2220.
7. Pillai GR, Kurian N, Pillai SB, Thomas R, Balakrishnan S, Kurien J. Proportion of rapid progression of diabetic nephropathy and the factors associated with it among patients attending a tertiary care centre in South India. Pushpagiri Institute of Medical Sciences and Research Centre.
8. Vaishnavi K, Dhanalakshmi, Deepthi, Lalitha, Karthik, Shruthilaya. Rituximab versus modified Ponticelli regimen in the management of primary membranous nephropathy in a tertiary care centre. World Congress of Nephrology 2025. Abstract No. WCN 25-AB-3929
9. Shruthilaya, Dhanalakshmi, Deepthi, Lalitha, Karthik. Achilles heel in hemodialysis vascular access: A cross-sectional study of contemporary vascular access practices and dialysis adequacy in a tertiary care centre in South India. World Congress of Nephrology 2025. Abstract No. WCN 25-AB-3559.
10. Mohan K. Impact of social media use in WINICON 2024. How effectively are we communicating to our patients? Role of ABPM in resistant hypertension. World Congress of Nephrology 2025.
11. Sinha S, Pandey S, Bansal V, Kabra S. Regular use of tacrolimus genotype test and use of fluconazole in fast metabolizers to achieve therapeutic drug levels post kidney transplantation. World Congress of Nephrology 2025. Abstract No. WCN25-AB-967. Marengo Asia Hospital, Faridabad.
12. Pant P, Sarkar PG, Kumar A, Prasad K. Does the creation of arteriovenous fistula in predialysis CKD patients lead to a decrease in the rate of decline of GFR: A meta-analysis. World Congress of Nephrology 2025. Abstract No. WCN25-AB-2368.

13. Indhumathi E. Chronic hemodialysis: A unique challenge to women's bone health, menstrual disturbances and its association with hyperprolactinemia, nutritional and mental status, and their impact on quality of life - A prospective observational study. World Congress of Nephrology 2025. Abstract No. WCN-AB-3673.
14. Udayashankar, Anaghashree et al. Double trouble in renal transplantation: A case report of late onset *Pneumocystis jirovecii* pneumonia twenty-two years after living kidney transplantation. Kidney International Reports. 2025; Volume 10, Issue 2: S555. Abstract No. WCN25-4374.
15. Yadla M, Burri S, Kumar V. Unusual complication in a patient of CAPD: A case report. Kidney International Reports. 2025; Volume 10, Issue 2: S120-S121. Abstract No. WCN25-4137.
16. Yadla M, Soares A, Arce F, Wijayaratne D, Bek SG, Flores M, Karam S, et al. X spaces: Topnotch platform for voice of nephrology community. Kidney International Reports. 2025; Volume 10, Issue 2: S688. Abstract No. WCN25-2787.
17. Mohan K, John P, Ambily K, Joy SA, Anandh U, Yadla M, Jyothipriya J, et al. Impact of social media coverage of Women in Nephrology-India conference 2024 (WINICON 2024). Kidney International Reports. 2025; Volume 10, Issue 2: S689. Abstract No. WCN25-3611.
18. Babu N, Yadla M, Kumar V, Burri S, Kumar S. Outcome of acute peritoneal dialysis in HIV patients with renal insufficiency: Pilot experience from a low-middle income country. World Congress of Nephrology 2025. Abstract No. WCN25-2697.
19. Babu N, Yadla M, Kumar V, Burri S, Kumar S. Gender disparity in maintenance hemodialysis units in the public sector: Our experience from a low-middle income country. Kidney International Reports. 2025; Volume 10, Issue 2: S414-S415. Abstract No. WCN25-2558.
20. ACSDS Junior, Akl A, Arellano-Mendez D, Wijayaratne D, Bajpai D, et al. Science in motion: Amplifying research through the ISN video abstracts series. Kidney International Reports. 2025; Volume 10, Issue 2: S686-S687. Abstract No. WCN25-1937.
21. John KJP, Mohan KM, Yadla MY, Anandh UA. Journey of women in nephrology-India: Social media coverage of WIN India conferences—a comparative data. Kidney International Reports. 2025; 10(2): S689-S690. Abstract No. WCN25-3751.
22. Mohan K, John P, Ambily K, Joy SA, Anandh U, Yadla M, Jyothipriya J, et al. Impact of social media coverage of Women in Nephrology-India Conference 2024 (WINICON 2024). Kidney International Reports. 2025; 10(2): S688. Abstract No. WCN25-3065.
23. Krishna V, Yadla M, Kumar V, Burri S, Srinivas P. The spectrum of renal biopsy findings in patients with diabetes. Kidney International Reports. 2025; 10(2): S113-S114. Abstract No. WCN25-3278.
24. Mehta A, Yadla M, Kumar V, Sreekanth B, Srinivas P. Study of clinical profile and outcome of cerebrovascular disease in chronic kidney disease patients at a tertiary care center. Kidney International Reports. 2025; 10(2): S313-S314. Abstract No. WCN25-3256.
25. Shankar M, Arce F, Wijayaratne D, Sharma S, Meena P, Bek S, Arellano D, et al. Assessing the impact of tweetorials (xtorials) on knowledge dissemination and engagement in nephrology. Kidney International Reports. 2025; 10(2): S687-S688. Abstract No. WCN25-2064.

26. Srinitha B, Yadla M, Burri S. Burden among caregivers of patients on hemodialysis in a tertiary care hospital. *Kidney International Reports*. 2025;10(2): S419-S420. Abstract No. WCN25-2794.
27. Wijayarathne D, Claire R, Yadla M, Sharma S, Karam S, Fonseca M, et al. Comparative analysis of XSpace, XChat, and XOrals for educational and networking purposes in the nephrology community. *Kidney International Reports*. 2025; 10(2): S687. Abstract No. WCN25-1983
28. Yadla M, Soares A, Fong VK, Canchi A, Bek SG, Arce F, Vali S, Ali A. Learning unique cases: Sharing daily experiences on the #ECNeph platform of ISN social media. *Kidney International Reports*. 2025; 10(2): S688-S689. Abstract No. WCN25-3088.
29. Fong VK, Yadla M, ACSDS Junior, Arce-Amare F. Distance learning: ISN live webinars. *Kidney International Reports*. 2025; 10(2): S586. Abstract No. WCN25-3574.
30. Yadla M, Soares A, Arce F, Bajpai D, Arellano D. Social media activities of International Society of Nephrology—Captivating nephrology netizens. *Kidney International Reports*. 2025;10(2): S690. Abstract No. WCN25-4269.
31. Samatha T, Yadla M, Kumar V, Sreekanth B, Srinivas V. Clinical characteristics and outcomes of acute intermittent peritoneal dialysis in patients with acute kidney injury in a tertiary care hospital—A four-year retrospective study. *Kidney International Reports*. 2025;10(2): S668-S669. Abstract No. WCN25-3460.
32. Srinitha B, Yadla M, Burri S. Clinical profile and outcomes of acute kidney injury due to paraquat poisoning—Study from a tertiary care centre. *Kidney International Reports*. 2025;10(2): S42-S43. Abstract No. WCN25-2748.
33. Samatha T, Yadla M, Kumar V, Sreekanth B, Srinivas V. Clinical characteristics and outcomes of severe acute kidney injury in a tertiary care hospital—a ten-year retrospective study. *Kidney International Reports*. 2025; 10(2): S607-S609. Abstract No. WCN25-3452.
34. Akl A, GD FAA, Sharma S, Behera S, Karam S, Filores M, et al. Two-year assessment of Facebook as a nephrology knowledge dissemination tool. *Kidney International Reports*. 2025;10(2): S686. Abstract No. WCN25-1132.
35. B Snigdha, Yadla M, Kumar V, Srikanth B, Srinivas P. Pregnancy acute kidney injury: A study of 500 cases from India. *Kidney International Reports*. 2025. Abstract No. WCN25-AB3279.
36. Yashaswini S, Yadla M, Kumar V, Sreekanth B, Srinivas P. Study of profile of chronic kidney disease-related mineral bone disorders in hemodialysis patients—A study from resource-limited tertiary care. *Kidney International Reports*. 2025. Abstract No. WCN25-AB-3373.
37. Yadla M. Spectrum of renal disease in patients with carcinoma cervix at tertiary care centre. *Kidney International Reports*. 2025. Abstract No. WCN25-AB-3254.
38. Harsha D, Yadla M. A study of acute kidney injury in severe acute pancreatitis in a tertiary care hospital. *Kidney International Reports*. 2025. Abstract No. WCN25-AB-2972.
39. B Snigdha, Yadla M, Kumar V, Sreekanth B, Srinivas P. Spectrum of kidney diseases in adolescent population: A single-center study. *Kidney International Reports*. 2025. Abstract No. WCN25-AB3276.

WKD 2025 – WIN India Activities

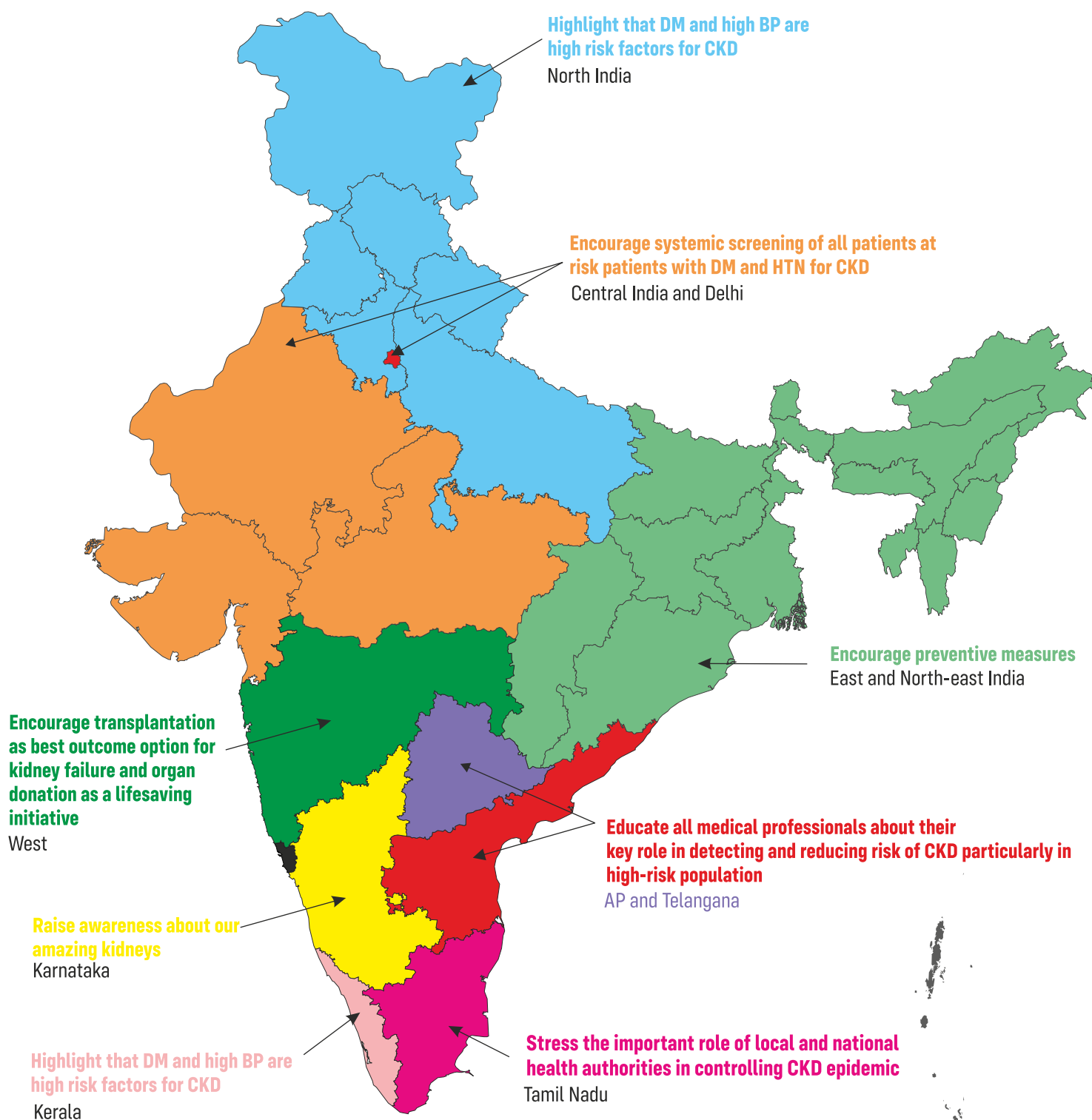
Dr. Ranjinee

MD,DM Nephrology,FISN, FIMSA, SCE

Senior Consultant Nephrology and Transplant Physician,
Apollo Hospitals, Chennai

World Kidney Day (WKD) is an annual global campaign aimed at raising awareness of the importance of kidney health and reducing the impact of kidney disease. Each year, WKD highlights a specific theme related to kidney health. The theme for this year was "Are your kidneys OK? Detect Early, Protect Kidney Health". This theme emphasizes the significance of early detection and timely intervention in preventing kidney disease progression and reducing the burden of Chronic Kidney Disease (CKD) in the community.

World kidney day is celebrated every year on the 2nd Thursday in the month of March and this year, it fell on 13 th March. On this occasion, Women in Nephrology, India decided to engage female nephrologists throughout the country to execute this theme effectively through seven goals, each assigned to one state chapter. The seven goals were



Many cases of CKD remain unnoticed until irreversible damage has occurred. Early detection through routine screening, urine tests and monitoring of blood pressure and blood sugar levels can help diagnose kidney disease at an early stage. Timely lifestyle modifications and medical interventions can prevent or slow down kidney failure.

“Encouraging Preventive Measures” was the goal given to the East and North-East zone. A number of activities were carried by all the WIN members at their respective places to raise the awareness about the various preventive measures that need to be taken to protect kidney health.

In **Assam**, in the build-up to World Kidney Day celebration WIN members of Gauhati Medical College & Hospital, Guwahati organized a dedicated health camp on the 9th of March, in the remote district of Baksa, about 200km from Guwahati. The health camp in Baksa served as a beacon of outreach, focusing on the key components like Interactive Educational Sessions, Free Medical Screenings including blood pressure, blood sugar and urine testing. Snesha Sparsha for pediatrics, Ayushman Assam integrated with national schemes, Assam Aarogya Nidhi providing financial aid of 1.5 lakh per family and Roko Guwahati initiative promoting organ donation are few programmes running in the state of Assam.

In **Jharkhand**, Department of Nephrology, Rajendra Institute of Medical Science, Ranchi celebrated the World kidney Day with a public awareness program emphasising on early detection and timely consultation for kidney diseases. The theme was “Are your kidneys ok.

The Department of Nephrology at AIIMS, Patna conducted a CME was conducted on the theme of World Kidney Day “Are your Kidney OK? Detect early, protect kidney health “. Dr. Pritpal Singh, Additional Professor, IGIMS, Patna attended the occasion as guest of honor. Dr Megha Saigal, assistant professor, Nephrology was the organising secretary of the programme.

In **Kolkata**, 3 medical colleges, IPGMER Kolkata , NRS Medical College and Kolkata Medical College have observed world kidney day highlighting the objectives of this year. The administrative heads of Swasthy bhaban attended along other dignitaries from various profession the awareness program organized by NRSMCH. WIN member Dr. Tanima das Bhattacharya addressed the medical students, paramedical fraternity, nursing staffs and patients present there along with other motivational speakers.

Karnataka conducted awareness sessions for nurses, technicians and students throughout the state in its cities like Udupi, Kalburgi, Mangalore and Bangalore and awareness was spread in local language with good attendance and wide dissemination of information. These sessions were recorded and used as tool to educate all. Karnataka government through its Grah Arogya scheme achieves early CKD detection and Ayushman Bharat Arogya Karnataka provides cashless health care to its weaker section as highlighted by Dr Mythri.

Kerala conducted CME and public awareness camp at NIMS, Trivandrum by Dr Manju and Dr. K. Suresh at Kottayam. Quiz was conducted at Kollam and at Alappuzha by Dr Gomathy. Educational talks were given at Trissur, Manjeri, Kozhikode, Pariyaram and Kochi by local nephrologists to highlight DM and HTN as high-risk factors for CKD. Walkathon at Kozhikode by Dr Jayameena was a great success.

Stressing the important role of local health authorities and government ,Dr Jayalakshmi from **Tamil Nadu** highlighted various services provided under TN comprehensive nephrology services like Spoke and Hub model for HD increasing its outreach and extending to PHCs and pediatrics ,free supply of CAPD bags at home through “Makkalai Thedi Maruthuvam ”,free immunosuppressive drugs post renal transplant to name a few .TN government also honors every deceased donor family acknowledging their valuable donation and formed a student charter to sensitize students about organ donation.

In **Telangana** World kidney day was celebrated with lot of excitement and energy. Osmania general hospital activities led by Dr Manisha Sahay, Dr Kiranmai, Dr Shabana, Gandhi medical college activities by Dr Manjusha Yadla , NIMS activities led by Dr Swarnalatha Guditi, Dr Sree Bhushanraju and Dr Gangadhar Taduri, and ESI activities led by Dr Dhanalakshmi generated lot of kidney vibes empowering people with knowledge about kidney health. :

The Telangana government has made significant strides in providing free and comprehensive kidney disease treatment under the Aarogyasri scheme. The state has three major hub centers—Nizam's Institute of Medical Sciences (NIMS), Osmania General Hospital, and Gandhi Hospital—which oversee approximately 100 peripheral dialysis centers located in district and community hospitals providing maintenance hemodialysis (MHD) to nearly 10,000 patients. All deceased donor transplants under Jeevandan are performed free of cost through Aarogyasri, with over 600 transplants conducted in government hospitals.

In **Andhra Pradesh**, A Guest lecture on lupus nephritis, quiz for medical college pediatric postgraduates and a walkathon by IMA Kurnool were the major activities at Kurnool conceptualized by Dr Jikki and Dr Sai vani. Walkathon arranged by Dr Uttara Das and team at AIIMS, Mangalgiri sensitized the general public and medical professional from non-nephrology background about good kidney health and early detection. WIN India conducted online quiz for dialysis technicians on 7th march as part of educational activity.

North India, esp. Lucknow, Chandigarh did walkathon led by Dr Anupama at SGPGIMS, and Dr Soumya Gupta at Prayagraj conducted awareness campaign for technicians and dieticians emphasizing DM and HTN as CKD risk factors, easy detection of microalbuminuria from urine sample and adoption of healthy diet. Dr Medhavi Gautam at KGMU, Lucknow conducted quiz and CME programme for students and programme for dialysis technician and nurses took place at Varanasi. Dr K Bhardwaj and Dr Samriddhi from Agra enlightened the general public through educational videos and conducted large screening camp and walkathon.

Central India, mainly MP, Chhattisgarh and Delhi did widespread screening of at-risk patients through camps and knowledge sharing initiatives involving cities like Indore, Raipur, Bhopal and Delhi. Pamphlets, radio talks, drama, campaigns were the tools used to achieve the goal. Dr Pallavi Prasad from the National Capital narrated about the PPP dialysis project and Pradhan Mantri National Dialysis programme which provides free services to its below poverty line patients. Delhi Arogya Kosh caters to patients with annual income below 5 lakhs offering surgeries at subsidized rates. Jan Arogya Nidhi, Ayushman Bharat are some other schemes laid out for kidney care relief.

In **Maharashtra**, Mahatma Jyotiba Phule Jan Aarogya Yojna provide cashless benefits to all its citizens through empaneled hospitals. Several nephrology packages are included in it and integrated with national schemes enabling smooth running of standalone dialysis centers across the state. e- Sanjivini telemedicine programme to extend services to rural areas and ROTTO SOTTO for renal transplant services are some other quality initiatives of the state government as illustrated by Dr Divya Bajpai

West chapter in its vigor to achieve its goal of promoting renal transplantation and organ donation, came up with a live webinar on 21st February comprising a panel discussion on deceased organ transplant, quiz for transplant recipients conducted by Dr Sonal Dalal, short patient documentary, organ donation talk by Dr Shruti and advocacy role by myself, was well received attended by around 200 online viewers and supported by NGOs like Kidney warriors and Narmada kidney foundation.

In addition to above WKD activity, infographics on patient education, kidney health tips and models displaying challenges in CKD screening with solutions prepared by Dr Mythri went viral.

So, WIN India could touch the lives of many this year through its widespread WKD activities implementing this year theme effectively. It not only benefited the community but also increased inter-WIN chapter interactions, getting a bird eye view of other region activities, learning, collaborating and becoming part of government initiatives. I wholeheartedly thank and congratulate all WIN members for their effort in trying to lessen the country's renal diseases burden. Let us keep on working!

WIN NORTH EAST

Assam

- On the 13th of March, a walkathon to raise awareness by Doctors, nurses and paramedical staffs.
- A comprehensive awareness program with a skit performed by the dialysis technicians emphasizing the importance of avoiding herbal medicines for kidney health.
- TV programmes in the form of panel discussion and articles were published in various newspaper to raise the awareness for kidney health.

Jharkand

- Dr Pragya Pant, Assistant Professor ,department of Nephrology delivered a talk among the attendants educating them about the early signs and symptoms of kidney diseases and importance of routine testing.
- A nukkad natak was performed by the MBBS students amongst the attendants in the OPD premises.
- A rangoli competition and poster competition was also conducted among the MBBS batches and the winners felicitated .
- A kidney awareness walk with placards was held within the hospital premises.

West Bengal

- Kolkata Medical College - patient screening camp, intercollege post graduate medicine (Nephro-oriented) Quiz Competition .Dr. Georgi Abraham was invited to encourage (Nephrologist PD catheter insertion based) CAPD Program, he had contributed to a bilateral interaction with patients.
- Prof Arpita Ray Chaudhury discussed the risk factor based early screening need in kidney patients, beyond diabetes and hypertension.
- Dialysis technologists of Kolkata had done a common program addressing patients, their families and people from different walks
- North Bengal Medical College – interactive programme by Prof. Ray Chaudhury on preventive screening. For patients visual demonstration of K rich food, foods to be avoided were highlighted.
- Kolkata nephrology Forum initiative - After a week on 20th March , a transplant coordinator program activity was organised as supported by Manipal Mukundapur hospital, Kolkata



WIN TELANGANA

Telangana

- Nizam's Institute of Medical Sciences (NIMS) - Conducted a kidney awareness program for dialysis technicians, nursing staff, paramedical staff, and the general public. Encouraged participants to sign the kidney petition, advocating for kidney disease to be recognized as a global health priority.
- Employee's State Insurance (ESI) - Organized awareness sessions on lifestyle modifications and the importance of early screening in preventing kidney disease.
- Gandhi Medical College- launched a week-long kidney awareness campaign featuring World Kidney Day-themed props. Engaged undergraduate students in an interactive quiz competition on kidney health. Aired a health awareness talk on DD National Television by Dr. Manjusha Yadla. Organized a graffiti campaign, where students creatively expressed messages on kidney health awareness.
- Osmania Medical College -Delivered awareness talks on kidney disease for undergraduate students. Conducted a quiz competition for undergraduates, which saw enthusiastic participation from students. Arranged an intern awareness session, where interns actively engaged in discussions. Featured a radio talk by Dr. Kiranmai Ismal, Professor of Nephrology at Osmania general Hospital, raising awareness about kidney disease and emphasizing prevention strategies.



Gandhi Hospital



Osmania Hospital



NIMS Hospital



ESI Hospital

WIN ANDHRA PRADESH

Andhra Pradesh

- Walkathon done by Department of Nephrology, AIMS Mangalagiri, Under guidance of Professor and HOD Dr UttaraDas, vice president WIN AP.
- Awareness rally by Department of Nephrology, RIMS Sreekakulam, under guidance of Asst.Prof Dr Sarath Jyothsna
- Awareness rally in association with IMA Kurnool, All India Radio talk on public awareness , guest lecture on Awareness of kidney diseases to the MBBS students in Santhiram Medical college Nandyal , Lecture on AV access is by Dr Y.Sai Vani MD,DM, Organizing secretary, WIN AP from Kurnool.
- Awareness talk and quiz for the patients of kidney diseases by Dr Shiva parvathi.Joint secretary, WIN AP from Tirupathi.
- Big FM interview by Dr Sai swapna Atluri WIN AP Vijayawada on prevention of kidney diseases
- Kurnool Medical college Department of Nephrology under guidance of Dr PN Jikki conducted a guest lecture on Newer therapies in Lupus Nephritis by Dr A. Sasikiran MD,DM, Senior Nephrologist, Yashoda Malak pet, Hyderabad.



**AIMS
Mangalgi**



Rally Kurnool by Dr saivani



Patient Awareness Tirupathi by Dr Siva Parvathi

WIN KARNATAKA

Karnataka

- Activities performed by Dr Mythri Shankar, INU – organised Walkathon, Free kidney disease screening camp, Free AV fistula creation camp.
- Dr Megha Pai, Adarsha Hospital - kidney health awareness talk to nursing students of Adarsha college of nursing , Free kidney disease screening camp in ashraya old age home Haradi brahmavara , Free kidney disease screening camp in vinaya hospital Kundapura , Adarsha Hospital, Udupi.
- Dr Krithika Mohan, Cytecure hospital Bangalore – conducted awareness program of kidney health to nursing staff, Kidney screening campaign in engineering college.
- Dr Lavanya Bhat, Mangalore- encouraged younger students in raising kidney awareness in Kasturba Hospital Mangalore.
- Dr Sowrabha Rajanna, St John's Medical College- coordinated WIN Karnataka chapter's activities for WKD 2025, awareness program at SJMCH, Bengaluru, Invited speaker by IMA, Nemom AMS on AKI.



Camp By Dr Megha Pai



Student awareness by Dr Lavanya Bhat



Patient programme by Dr Krithika Mohan



Talk by Dr Mythri Shankar



INU Bangalore



**Organ Donation awareness
by Dr Bhavya, Bengaluru**



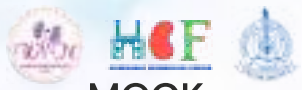
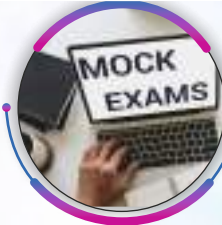
**Awareness programme
by Dr Sowrabha Rajanna**

Events

MOCK Examination

@ NIMS Hyderabad for Residents in collaboration with HNF

Date: 18th & 19th January 2025

MOCK EXAMINATION

18th & 19th Jan 2025

Collaboration WIN India and HNF & NIMS

Venue: Auditorium, 5th Floor Trauma block, NIMS Hospital, Hyderabad.

Day 1 – 18th January 2025

TIME	CASE	CANDIDATE	EXTERNAL EXAMINER	LOCAL EXAMINERS
9:00 – 10:00 am	Long Case 1	Dr. Pallavi (NIMS)	Dr. Edwin Fernando Dr. Sreelatha	Dr. Bhushan Raju Dr. Manisha Sahay
10:00 – 10:30 am	Short Case 1	Dr. Ankit (NIMS)		
10:30 – 11:00 am	Short Case 2	Dr. Lalith (NIMS)		
11:00 – 11:15 am	Tea Break			
11:15 – 12:15 pm	Long Case 2	Dr. Niranjana M (NIMS)	Dr. Edwin Fernando Dr. Sreelatha	Dr. Bhushan Raju Dr. Manisha Sahay
12:15 – 1:15 pm	Long Case 3	Dr. Shweta		
1:15 – 2:00 pm	Lunch			
2:00 – 3:00 pm	Long Case 4	Dr. Karthik (NIMS)	Dr. Edwin Fernando Dr. Sreelatha	Dr. Anuradha Raman Dr. Girish Narayan
3:00 – 3:30 pm	Short Case 3	Dr. Niranjana Ganesh (NIMS)		
3:30 – 4:00 pm	Short Case 4	Dr. Shakti (OGH)		
4:00 – 5:00 pm	Long Case 5	Dr. Sanket (NIMS)		
5:00 pm Onwards	Tea Break			

Click to Join

WEBINAR

For case allotment please contact:
 Dr Supriya 8500532382
 Dr Vishnu 9346126340
 Dr Abhinaya 7396471201



Events

TN and Puducherry Wing – webinar

Date: 30th January 2025 | Time: 08:00 PM IST Onwards

SPEAKER



Dr Manasi Garg
Professor
Mahatma Gandhi Medical College
and Research Institute (MGMRI)
Puducherry

SPEAKER



Dr G. Nandhini
Senior Consultant Paediatric
Surgeon and Urologist
Rainbow children's hospital
Chennai

HOST



Dr Bobby Deepthi



**TN and
Puducherry
Wing**

**We cordially invite you all to
join us for the webinar on
January 30th 8pm**

TOPIC	SPEAKER
Posterior Urethral valve: Introduction and Pediatric Nephrologists perspective	Dr Manasi Garg
PUV- Management and follow-up – A Pediatric Surgeon's perspective	Dr Nandhini G

CHAIRPERSON



Dr Arpana Iyengar
Professor
St John's National Academy
of Health Sciences
Bangalore



[Click here to
join the
meeting](#)

Zoom Meeting ID: 917 2616 2086
Password: 772954

Events

WEBINAR ON WORLD KIDNEY DAY ADVOCACY ACTIVITIES, 2025 (Women in Nephrology, INDIA)

Date: 21st February 2025 | Time: 07:00 PM IST Onwards

WE CORDIALLY INVITE YOU ALL TO JOIN US FOR WEBINAR ON

Feb 21, 2025 **07:00 PM India**

Topic: WORLD KIDNEY DAY ADVOCACY ACTIVITIES, 2025 (Women in Nephrology, INDIA)

AGENDA

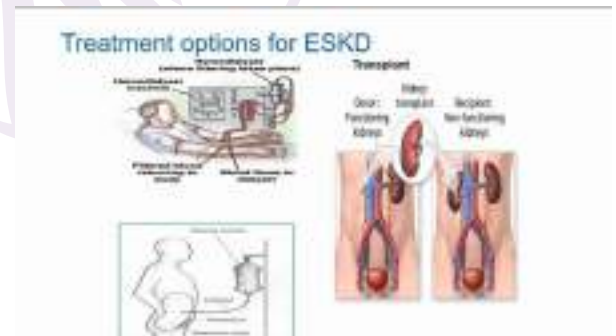
Time	Topic	Speaker	Moderator
7:05-7:30 PM	About WKD Advocacy activities	Dr. Ranjanee Muthu	
7:30-7:40 PM	Paper on Transplantation	Dr. Arpita Ray Choudhary, Dr. Shruti Topiwala, Dr. Vasanthi, Dr. Manisha Sonoy, Dr. Jayalakshmi	Dr. Lavvy Gour
7:40-7:50 PM	Q&A		Dr. Lavvy Gour
7:50-8:30 PM	Quiz for patients	Dr. Sonali Datta	
8:30-8:40 PM	About Organ Donation	Dr. Swarnakatha G	Dr. Manali Sahu
8:40-8:45 PM	How to become an organ donor	Dr. Shruti Topiwala	Dr. Manjusha Yadav
8:45-8:55 PM	Short documentary	ZTCC- Coordinators and short film	Dr. Shruti Topiwala
8:55-9:00 PM	Vote of Thanks	Dr. Shruti Topiwala	

Meeting ID: 956 2193 5034 Passcode: 279203

<https://zoom.us/j/95621935034?pwd=Hmyn2ZoFCVhGrY9DEDoXNDkhiHouB1>

Present the Medical of

Vingraf Mofilet Mofilet EmtuX GraftSol Solocure



Who is eligible for transplant ?

- All patients with ESKD should be assessed for suitability of kidney transplantation.
- Patients having & Cancer & Active Infection can't go for transplantation

IS CADAVER TISSUE & ORGAN TRANSPLANT LEGAL IN OUR COUNTRY

THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994:

- REGULATED REMOVAL AND TRANSPLANTATION OF HUMAN ORGANS,
- PERMITTED REMOVAL OF ORGANS FROM BRAIN-DEAD INDIVIDUALS FOR TRANSPLANTATION.

Events

Win India Nephrology - India KERALA CHAPTER WEBINAR

Date: 25th February 2025 | Time: 08:00 PM IST Onwards



WOMEN IN NEPHROLOGY - INDIA - KERALA CHAPTER WEBINAR

📅 25th February 2025 ⌚ 8:00 Pm

Mistress of Ceremony
Dr. Anjana Gopal
Consultant Nephrologist, Amrita Institute of Medical Sciences, Kochi


TIME	TOPIC	SPEAKER	CHIEF PRISONER	MODERATOR
8:00 - 8:05pm	Welcome address			
8:05 - 8:30pm	Genetic causes of glomerular diseases	Dr. Manojkumar Sankar Clinical Scientist, Assistant professor in Department of Nephrology, University Health Network, Toronto, Canada	Dr. Anuradha Associate Professor, Channarayana General Hospital, Hyderabad Dr. Sanku Divyapawan Associate professor, JGIMER, Chandigarh	Dr. Sreebalika R (President, WIN Kerala) Professor, Pariparam Medical College, Kuttanur
TWO INTERESTING CASE PRESENTATIONS				
8:30 - 8:45pm	Navigating renal transplantation in inherited defects: a unique case?	Dr. Lakshmi K N Dr. NRI 3rd year resident, Igna Hospital, Calicut	Dr. Jayalakshmi Professor and Director in Charge, Institute Of Nephrology Madras Medical College, Chennai Dr. Indumathi Professor and Head, Saranya Medical College, Chennai	Dr. Divyashree Ramesh
8:45 - 9:00pm	Inherited celiac, impaired kidneys: an interesting story of a case of CKD	Dr. Akshaya Ravi Jay DM 2nd yr resident, Govt. T.D Medical College, Alappuzha	Dr. Anupama Nephrologist, Multi - specialty Hospital Shrinaga Dr. Swati Marie Consultant Nephrologist, Jupiter Hospital, Pune	
9:00 - 9:20pm	Closing remarks	Dr. Jayaraman Secretary, WIN Kerala Consultant Nephrologist and Deputy chief, Baby Memorial Hospital		
9:20 - 9:30pm	Vote of Thanks	Dr. Senthil Vijayap (Treasurer, WIN Kerala) Assistant Professor, Alapatt Medical College		

CLICK HERE TO JOIN ZOOM MEETING

DO I TEST ALL CKD GENES OR JUST SOME?

Clinical molecular genetic tests usually only include panels

Autosomal dominant polycystic kidney disease (ADPKD) and cystic kidney disease	PKD1 PKD2
Alport syndrome and FSGS	COL4A3 COL4A4 COL4A5
Autosomal dominant tubulointerstitial disorders (ADTD)	UMOD



MONOGENIC DISEASE TESTING IN GLOMERULAR DISEASE: INDICATIONS (OPINION)

- Steroid resistant FSGS
- Condition has known genetic cause
- Patient has multiple symptoms
- Pediatric patients (<25 years) and young adults (25-40 years) regardless of family history:
 - Sporadic cases may be spontaneous pathogenic variant (de novo) or autosomal recessive disease
- Positive family history
 - Multiple affected relatives suggests monogenic rather than polygenic cause

CONCLUSIONS

- In adult kidney disease, the commonest single gene disorders are ADPKD (PKD1, PKD2), Alport syndrome (COL4A3/4/5) and autosomal dominant tubulointerstitial disease (UMOD)
- Genetic testing can clarify diagnosis and treatment, aid in family planning and identify suitable living related kidney donors
- Panel gene testing is useful given overlapping phenotypes and the genetic heterogeneity of many chronic kidney diseases
- Clinical diagnostic laboratories will provide test interpretation following medical genetic colleges' guidelines
 - Counselling for positive or inconclusive results can be provided through medical genetics and genetic counsellors

Table 1. Summary of outcomes of living related kidney transplantation in Alport syndrome

Study	Year	Patients	Recipient		Survival at 10 years	Survival at 15 years	Survival at 20 years	Survival at 25 years	Survival at 30 years	Survival at 35 years	Survival at 40 years	Survival at 45 years	Survival at 50 years	Survival at 55 years	Survival at 60 years	Survival at 65 years	Survival at 70 years	Survival at 75 years	Survival at 80 years	Survival at 85 years	Survival at 90 years	Survival at 95 years	Survival at 100 years
			Age at transplant	Gender																			
Gold et al (11)	2002	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2008	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2010	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2012	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2014	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2016	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2018	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2020	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Gold et al (11)	2022	10	Female	Male	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Events

Win India WORLD KIDNEY DAY 2025

Date: 07th March 2025 | Time: 07:00 PM IST Onwards



WIN INDIA & WORLD KIDNEY DAY 2025

You are invited to join us for Virtual webinar on

TOPIC

WORLD KIDNEY DAY ADVOCACY ACTIVITIES 2025

7th Mar'25 **07.00 PM**

TIME	TOPIC	SPEAKERS	CHAIRPERSONS
7:00pm To 7:30pm	Q&A For Dialysis Technicians	Dr. Shobana Ramesh Associate Professor Nephrology Dept., Gowri Medical College & Hospital, Hyderabad	Dr. Jaki Consultant Nephrologist, Raj Professor, MMC, Kurnool
7:30pm To 7:50pm	Quality of Life of ESR Patients on Dialysis	Dr. Vidula Ramesh Assistant Prof., Nephrology MMC, Hyderabad	Dr. Manjula Suley MBBS & Prof of Nephrology, Gowri Medical College, Hyderabad
7:50pm To 8:20pm	Update of URO Patients Vascular Access & PCare	Dr. Sri Valli Assistant Prof, Nephrology, Gopal Sankaran Medical College Secunderabad, AP	Dr. Chandrakant Senior Consultant & Transplant Physician, SSI Hospital, Hyderabad
8:20pm To 8:30pm	Vote of Thanks	Dr. Suresh Babu G.	

[Click Here to Join ZOOM MEETING](#)

Emcure **GUINNOVA**



Q.16.BIOMEDICAL WASTE GENERATED AFTER 1 SESSION DIALYSIS IS

- A. 1.5 KG
- B. 2.0 KG
- C. 1 KG
- D. 2.5 KG

AV Fistula - Access monitoring

• One minute check

Observation	Normal	Flow normal	Flow normal	Abnormal
Color	Normal skin color (pinkish-red)	Normal skin color (pinkish-red)	Normal skin color (pinkish-red)	Abnormal skin color (pale, cyanotic, red, or black)
Temperature	Warm	Warm	Warm	Cool
Swelling	No swelling	No swelling	No swelling	Swelling
Pain	No pain	No pain	No pain	Pain

Diagnosis of CRBSI

Physical features found only in 40%

- In 2018 CDC and FDA group proposed the definition for CRBSI
- 1) Clinical suspicion of infection with fever/temperature >37.5deg. Centigrade
- rigors
- new predialysis hypotension
- 2) Confirmation of bacteremia from blood cultures growing the same organism from hemodialysis CVC and a peripheral vein or dialysis blood line
- 3) Exclusion of alternative source of infection

Events

Win India

World Kidney Day Committee

Date: 16th March 2025 | Time: 09:00 AM IST Onwards



**WIN INDIA-
World Kidney Day Committee**

cordially invites all for its annual WKD webinar on

16th March, 2025

THEME
**Are Your Kidneys OK?
(Detect and Protect Early)**


Program Schedule – Part I

TIME	SUB THEME AND CHAPTER	CHAIRPERSONS
9:00-9:35AM	Opening Remarks	Dr. Ranjaneh Muthu, Chennai, Chair WKD
9:35-9:55AM	WIN President's Message	Dr. Manisha Sahay, Hyderabad
9:55-10:15AM	Webinar Introduction	Dr. Kujavekar, Hyderabad Dr. Chandan Bhugat, IISB, Delhi
10:15-10:55AM	"Raising Awareness About Kidneys" - Karnataka Chapter	Mrs. Maryam Monasch, Kidney Warrior Foundation Dr. Mythi Shankar, IMA, Bangalore
10:55-11:15AM	"Highlighting DM & HT as High CKD Risk Factors" - North & Kerala Chapter	Dr. Deepa Pillai, Kochi
11:15-11:55AM	"Screening of High-Risk Population for CKD" - Delhi and Central Chapter	Dr. Gireesh Sood, Faridkot Dr. Rubina Vohra, Indore
11:55-1:10PM	"Encouraging Preventive Measures" - East & North East Chapter	Dr. Anjita Bha Choudhary, Kolkata Dr. Anup Kumar Barmati, DMU, Assam
1:15-1:35PM	Closing Remarks & Comments	Dr. Swarnakshi Dutt, Secretary WIN India




Birth of WIN

- WIN was born in August 2022.
- It is a society for women nephrologists. WIN now has around 400+ members.
- primarily launched to give a voice to the women nephrologists esp. the younger generation.
- WIN has grown by leaps and bounds
- WIN recognised as an affiliated society of International society of Nephrology.



Multiple facets of WIN

- WIN hosts its annual conference in August every year - WIN CON
- WIN has several amazing state chapters
- WIN journal: Indian Journal of Kidney Diseases (IJKD)
- WIN newsletter - WINC (Women in Nephrology Connection)
- WIN also conducts monthly webinars, CMEs and quiz programs for post-graduates
- WIN has its own website which can be accessed at www.winindia.org



**WKD 2025 ADVOCACY
FROM WIN-INDIA EAST ZONE**

Professor Arpita

Screening programmes

- All patients >50 years old visiting primary health care centres in Delhi (NCR) are screened for diabetes and hypertension.
- ASHA workers are also performing this screening at the community level.
- Diabetes is the most common cause of chronic kidney disease in India and hypertension an important manifestation of kidney disease.
- Delhi Arogya Kosh (DAK)
 - provides financial aid of up to Rs. 5 lakhs to eligible patients with kidney disease seeking treatment in government hospitals, catering to families with incomes below Rs. 3 lakh annually and bonafide resident of Delhi for more than 5 years.

Upcoming Events



4th Annual Conference of Women in Nephrology India

WIN-ICON 2025

Venue -The Residency Towers, T Nagar Chennai

**ABSTRACT
SUBMISSION
OPEN**

**30th-31th
AUGUST 2025**



Scan Here

www.winicon2025.com



Last Date Of Submission

31st July, 2025

Welcome You All



DR MANISHA SAHAY
President Win India



DR SWARNALATHA GUDITI
Secretary Win India



DR S JAVALAKSHMI
Organising Chairman



DR RANJANE MUTHU
Organising Secretary



A PROUD MILESTONE FOR WIN-INDIA

INDIAN JOURNAL OF KIDNEY DISEASES

OFFICIAL SCIENTIFIC PUBLICATION OF WIN-INDIA – NOW DOAJ INDEXED

We are delighted to announce that the Indian Journal of Kidney Diseases has officially been indexed in the Directory of Open Access Journals (DOAJ) – one of the most prestigious and extensive global databases of open access scientific publications.

WHAT THIS MEANS:

- ✓ Recognition of the journal's quality, regularity, and accessibility
- ✓ Enhanced visibility, reputation, and academic impact
- ✓ Compliance with international publishing standards
- ✓ A valuable opportunity for authors to gain academic recognition

DOAJ indexing is also recognized by the National Medical Council of India, making every article published in our journal academically valuable for medical professionals and researchers.

Be a part of a growing body of credible, open, and impactful science.
Submit your work or read more at:
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Indian Journal of Kidney Diseases
Proudly published by WIN-India
Empowering Nephrology Through Knowledge

Recreational Corner

Dr. Seema

Assistant Professor

Department of Pathology Ramaiah Medical College, Bangalore

THE PRINCESS MORALS

The next time we engage
Our lil ones in princess stories

Let that not be about
Her gorgeous gowns
The magnificent palace
Or her glass shoe
With a golden lace

Let it be about
How she held on
To her kindness and courage

How her honesty never failed her
How the godmother or the tiny humans
Rewarded her for her awesomeness

And that she was worth
The "HAPPILY EVER AFTER "
Despite the hardships
Not in their absence..

In Patients **At Risk** of Rejection

Rx **Thymoglobuline®**

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

WHEN TRUST MATTERS...



First T cell-depleting therapy approved by USFDA*¹

rATG is an **effective and well-tolerated** induction therapy
in **Indian** patients undergoing renal transplantation³



Low incidence of acute
graft rejection of 7.7%
at 12 months³

Rejection-free graft
survival rate of 92.3%
at 12 months³

Low incidence of
overall infection rate
of 17.7%³

Abbreviations: rATG: Rabbit Anti-human thymocyte Globulin, USFDA: U.S. Food and Drug Administration

References: 1. Alloway RR, et al. Anti-human thymocyte immunoglobulin (Rabbit) for the prevention of acute rejection in kidney transplantation. American Journal of Transplantation. 2019 Aug; 19(8):2252-2261. 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. 3. Adapted from Ray DS, et al. Poster Presented at 58 ERA-EDTA Congress, Fully Virtual, June 5-8, 2021, Please refer to the link for RISE abstract available on page 543 of the PDF: https://www.era-edta.org/en/virtualcongress2021/wp-content/uploads/sites/5/2021/05/NDTJ_36_Suppl-1_LR.pdf. *For the prophylaxis of acute rejection in patients receiving a kidney transplant.

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) I.P., 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, Powal 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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