

Highlights

2025 Lupus Nephritis, IgA Nephropathy *Guidelines*



WINGS

WOMEN IN NEPHROLOGY GUP SHUP

OFFICIAL NEWSLETTER OF WOMEN IN NEPHROLOGY INDIA





**WOMEN IN NEPHROLOGY
INDIA**



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EDITORIAL

Women in Nephrology–India celebrates sharper science, stronger networks, and deeper community across our clinics and training programs. This last quarter issue of 2025 focuses on guidelines in 2025 and ongoing WIN India Research training programme. WIN-India Research Training Milestone - Our structured program of webinars on research methodology by eminent research scholar Dr Dennis Xavier is ongoing till April 2026 to make trainee ideas into funded glomerular disease registries and quality audits, building research capacity beyond metro hubs.

Senior WIN-India faculty shone as speakers and chairs at ISOT 2025 and ISN 2025, covering transplant immunology, GN therapeutics, and gender gaps in kidney care—modelling for trainees how Indian data claims space in high-impact forums. This issue includes visual abstracts on lupus nephritis and IgA nephropathy (2025 KDIGO)—one-page summaries of biopsy triggers, treatment algorithms, and treat-to-target goals, perfect for rounds, exams, and protocols. Looking to 2026, send us your visual abstracts, “How I manage...” cases, or research snapshots. If this sparks one bedside change or project tweak, we’ve succeeded.

We extend heartfelt thanks to our contributors, mentors, editorial team, and the entire WIN-India family. Your dedication and collective spirit continue to drive progress and create meaningful opportunities for women in nephrology.

We hope you enjoy this issue and look forward to an exciting year ahead filled with learning, leadership, and inspiration.

Chief Editor

Dr Deepthi Ayanavelli

Assistant Professor,
ESIC Superspeciality Hospital
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Editorial Team

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Dr Geeta S Sheth

Teaching Point

EULAR RECOMMENDATIONS FOR MANAGEMENT OF LUPUS NEHRITIS : 2025



1. DIAGNOSIS AND CORE PRINCIPLES :

- **BIOPSY** – persistent proteinuria ≥ 0.5 g/day or unexplained GFR decline.

- **CARE TEAM** – Multi-disciplinary –Rheumatology+ Nephrology
- **Dual goal** – Prevent CKD progression using immune therapy and non-immune therapy (RAAS i /SGLT-2 i)

2. TREATMENT TARGETS AND TIMELINE :

TIME POINT	GOAL	DEFINITION
3 months	Start of Response	Preserve or improve kidney function; ≥ 25 % proteinuria reduction
6 months	Partial Response	≥ 50 % proteinuria reduction.
12 months	Near Complete Response	Target UPCR <700 mg/g.
Long term	Complete Renal Response	UPCR <500 mg/g (target: as low as possible).

INDUCTION THERAPY :

STEROIDS – IV pulse MPS –Followed by rapid tapering of oral Glucocorticoids (target ≤ 5 mg/day by 4-6 months)

PREFERRED INDUCTION – combination therapy is now preferred initial treatment for active LN .

COMBINATION REGIMENS- 1) MPA (MYCOPHENOLATE)+ BELIMUMAB
2) MPA +VOCLOSPORIN/TACROLIMUS (CNI)
3) MPA + OBNITUZUMAB



MAINTAINANCE THERAPY : MPA or Azathioprine – for a minimum of 3 years after achieving renal response .



REFRACTORY DISEASE- Switch agents (using new combination options) and consider repeat biopsy- to asses disease activity /chronicity



• **PREGNANCY** –postpone conception until disease is stable /inactive for atleast 6 months .



CLINICAL PRACTICE GUIDELINES FOR THE DIAGNOSIS AND MANAGEMENT OF IGA NEPHROPATHY –KDIGO 2025



DIAGNOSIS :

- Only by renal biopsy .
- Aim –for early diagnosis and treatment
- More liberal renal biopsy- considered in all adults with proteinuria ≥ 0.5 g/dl.
- R/o secondary causes



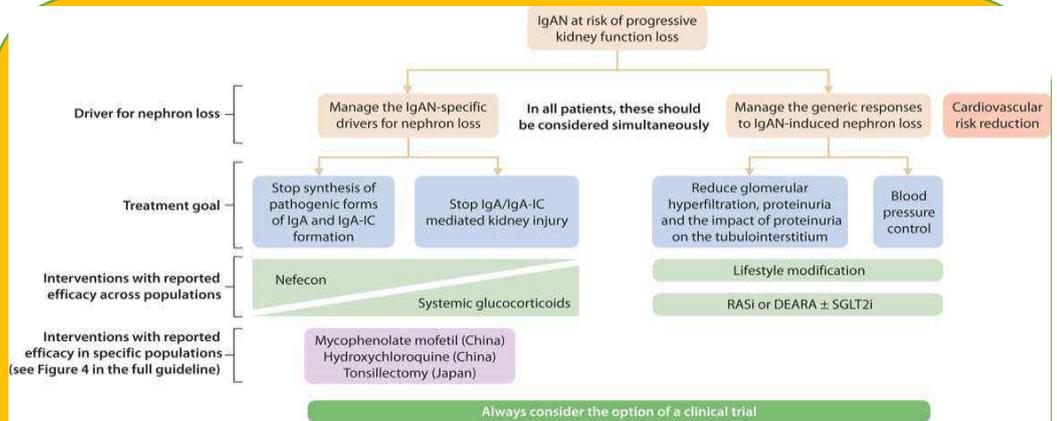
PROGNOSIS :

- International Prediction Tools **IgAN**
- eGFR/Proteinuria



TREATMENT GOAL :

- Reduce rate of fall of egr
- Proteinuria reduction < 0.5 g/day (Ideally < 0.3 g/day).



- Targeted release Budesonide -9 months course
- TESTING TRIAL-Methyl prednisolone-0.4mg/kg/day -2 months and taper over 6-9 months (with antibiotic prophylaxis). No role for AZA/CYC/CNI/Ritux

Treating IgAN associated CKD :

- RAS blockade- Target BP $< 120/70$
- DEARB- Sparsentan
- SGLT-2 inhibitors – EMPA kidney trial

Special situations :

- IgAN +Nephrotic syndrome- either variant of IgAN or Co existence of MCD
- RPGN- CYC +Systemic GC
- AKI- supportive treatment
- Pregnancy – Stop ACE/ARB/Budesonide/Sparsentan

REFERENCE : Executive summary of the KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV); Floege, Jürgen et al. ; Kidney International, Volume 108, Issue 4, 548 - 554

Dr Vaishnavi K

Dr NB Nephrology
2nd year Resident ESIC Hospital Hyderabad

Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 10th November 2025 | Time: 07:00 PM – 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 10th November 2025 | (Weekly Online Modules) (7:00PM to 8:30PM)

FACULTY



Dr. Denis Xavier

Professor and Head, Pharmacology, Ex Vice Dean
Head, Division of Clinical Research and Training,
St. John's Medical College and Research Institute,
Bangalore, India

TOPIC

- Cross Sectional
- Registry

CHAIRPERSON



Dr. Succena Alexander

Professor of
Nephrology, Christian
Medical College, Vellore

MODERATOR



Dr. Mythri Shankar

Associate Professor, Department
of Nephrology, Institute of
Nephro-Urology, Bengaluru, India

Zoom meeting:

Meeting ID: 913 3503 0025
Passcode: 726847



Click here to join the zoom link

Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 24th November 2025 | Time: 07:00 PM - 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 24 November 2025 | (Weekly Online Modules) (7:00PM to 8:30PM)

FACULTY



Dr. Denis Xavier

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CHAIRPERSON



Dr. Priyamvada

Professor of Nephrology, JIPMER, Pudducherry

TOPIC

COHORT STUDIES

MODERATOR



Dr. Mythri Shankar

Associate Professor, Department of Nephrology, Institute of Nephro-Urology, Bengaluru, India

PROGRAM DIRECTORS



Dr. Manisha Sahay

President WIN India
Prof and HOD Dept of Nephrology
OGH, Hyderabad



Dr. Swarnalatha

Prof and HOD, Dept of Nephrology,
NIMS, Founder Nodal officer Jeevandan,
Deceased donor program, Telangana



Dr. Divya Bajpai

Professor, Dept of Nephrology
Seth G.S.M.C. and K.E.M. Hospital,
Mumbai



Dr. Priyadarshini John

Assistant Professor of Nephrology
Osmania General Hospital
Hyderabad

Zoom meeting:

Meeting ID: 894 3935 1734
Passcode: 866595



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Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 10th December 2025 | Time: 07:00 PM – 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 02nd December 2025 | (Weekly Online Modules) (7:00PM to 8:30PM)

FACULTY



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CHAIRPERSON



Dr. Manisha Sahay

President WIN India
Prof and HOD Dept of Nephrology
OGH, Hyderabad

TOPIC

PART - 1

**RANDOMIZED
CONTROLLED
TRIALS**

MODERATOR



Dr. Divya Bajpai

Professor, Dept of Nephrology
Seth G.S.M.C. and K.E.M.
Hospital, Mumbai

PROGRAM DIRECTORS



Dr. Swarnalatha

Prof and HOD, Dept of Nephrology,
NIMS, Founder Nodal officer Jeevandan,
Deceased donor program, Telangana



Dr. Mythri Shankar

Associate Professor, Department of
Nephrology, Institute of Nephro-Urology,
Bengaluru, India



Dr. Priyadarshini John

Assistant Professor of Nephrology
Osmania General Hospital
Hyderabad

Zoom meeting:

Meeting ID: 894 3935 1734
Passcode: 866595



Click here to join the zoom link

Women in Nephrology India Karnataka Chapter

Date: 10th December 2025 | Time: 07:00 PM - 08:30 PM IST



Women in Nephrology India, Karnataka Chapter



10.12.2025



7 pm onwards



Citrine Hotel, # 211, S.C. Road, Seshadripuram, Bangalore

Mistress of the Ceremony: **Dr Ankita Patil**, Assistant Professor, Department of Nephrology, Vydehi Institute of Medical Sciences, Bengaluru

Welcome Address: **Dr. Mythri Shankar**, Associate Professor, Department of Nephrology, Institute of Nephro-Urology, Bengaluru

PROGRAM AGENDA

Time	Topic	Speaker	Chairpersons
7:05 to 7:35 pm	24-hour ABPM in CKD: Clinical application and experience	Dr. Anitha A Consultant Nephrologist and Transplant Physician Apollo Hospital, Bengaluru	Dr Rajeshwari Sharan Associate Professor Department of Pediatric Nephrology Indira Gandhi Institute of Child Health, Bengaluru Dr Shilpa Shetty Consultant Nephrologist and Transplant Physician Manipal Hospital, Bengaluru Dr Chandana Assistant Professor Department of Nephrology Rajarajeshwari Medical College, Bengaluru
7:35 to 8:05 pm	Approach to AKI in Pregnancy	Dr Spoorthi Sreeram Consultant Nephrologist and Transplant Physician Bangalore Baptist Hospital, Bengaluru	Dr Renuka Professor Department of Nephrology St John's Medical College and Hospital, Bengaluru Dr Seema Kulkarni Assistant Professor, Department of Pathology Special interest in Nephropathology MS Ramaiah Medical College, Bengaluru Dr Pooja Prabhu Associate Professor Department of Nephrology MS Ramaiah Medical College, Bengaluru
8:05 to 8:20 pm	N-Acetylcysteine & Taurine	Dr Krithika D. Muralidhara Consultant Nephrologist and Transplant Physician Sagar Hospitals, Bengaluru	
Dinner			

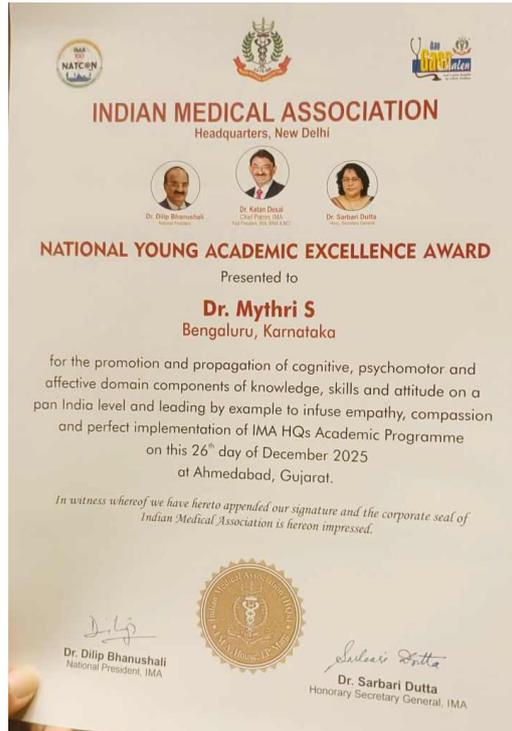
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- 2. Kher V, Sharma R, Abraham G, Shah B, Gang S, Gulati S, Sahay M, Kothari J, Kumar Bt A, Ramachandran R, Kalra S, Sahay RK, Lakhani O, Sharma JK, Bungler D, Nickolas TL.** Diagnosis, evaluation and management of osteoporosis in chronic kidney disease: navigating treatment approaches - Indian consensus statement. *Front Nephrol*. 2025 Jul 10;5:1601610. doi: 10.3389/fneph.2025.1601610. PMID: 40708576; PMCID: PMC12286787.
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- 8. Mulla MKK, Deepthi B, Sravani M, Krishnasamy S, Krishnamurthy S.** Assessment of Protein Energy Wasting in Children With Chronic Kidney Disease: A Cross-Sectional Study. *J Ren Nutr*. 2025 Nov;35(6):718-725. doi: 10.1053/j.jrn.2025.06.009.
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- 8. Singh KSS, Reddy YD, Kumar M, Pavuluri LA, Indhumathi E.** Central vein stenosis- prevalence, clinical characteristics, outcome and its impact on dialysis access. *J Artif Organs*. 2025 Sep; 28(3):402-407. doi:10.1007/s10047-025-01495-x. Epub 2025 Feb 21. PMID: 39984796

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Achievements



Dr Mythri Shankar

National young Academic Excellence Award from IMA



FELLOWSHIP CERTIFICATE

This certifies that
Priyadarshini John
has successfully completed an Editorial Fellowship at
the Transplantation Journal and Transplantation Direct

2024-2025

Stefan G. Tullius
Stefan G. Tullius
Editor-in-Chief

Transplantation

Carla C. Baan
Carla C. Baan
Editorial Fellowship
Director

Edward K. Geissler
Edward K. Geissler
Executive Editor

Transplantation
DIRECT

Dr Priya john
finished Editorial fellowship in Transplantation journal

Sayali Thakare was awarded 'Bansal Oration Award' from the Indian Society of Nephrology at the ISNCON2025 for her research work "Decoding distal renal tubular acidosis: Genetic insights from a large cohort study"

GALLERY



ISNCON2025 @ Lucknow

GALLERY




ISOT 2025

DATE : 09th-12th OCTOBER 2025 | VENUE: NOVOTEL CONVENTION CENTRE, JAIPUR

ISOT-MENTOR MENTEE AWARD



11TH OCTOBER, 2025
(SATURDAY)



11:00 AM - 01:00 PM
IST



MAIN HALL A,
NOVOTEL CONVENTION CENTRE, JAIPUR

MENTOR


ARPITA RAY CHAUDHURY


ANANT KUMAR


KAMAL VIMAL KANODIA


JAYALAKSHMI SESHADRI


HARI SHANKAR MESHRAM


SHRUTI TAPIAWALA


KAMLESH S SUTHAR


VIPIN KUMAR GOYAL


MANISHA SAHAY


SARBPREET SINGH

MENTEE


ANUJ KUMAR


ANVITA NILEKANI


ARIVOLI SELVI


BHAVIN MODASIA


JEETA MAITY


MANJARI SHUKLA


NUPUR P. BARUAH


SUMA KATYAENI DANDURI


YARASURA. MANUSHA


BELMIN B J WINSTON GYSLEY


ARPITA RAY CHAUDHURY
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**@ WIN India Research
Methodology programme
inauguration**



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2nd and 3rd year

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- 1st-year member of the International Society of Nephrology (ISN)

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Rx **Thymoglobuline**[®]

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



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



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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 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 Dissociated 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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