

## *World Congress of Nephrology 2019 – Trainee's Report*

The late breaking clinical trials session was a highlight of this year's World Congress. Previous studies of SGLT2 inhibitors (EMPA-REG and CANVAS) had shown positive kidney outcomes in those with mild chronic kidney disease but these patient groups were at low risk of progression of CKD. The results of CREDENCE were long awaited and did not disappoint where they were met with thunderous applause. 4401 patients with eGFR 30-60ml/min/1.73m<sup>2</sup> and albuminuria (300 to 5000mg/g) were included. All patients were stable on maximum tolerated RAS blocker for four weeks and were then randomized to either canagliflozin (100mg) or placebo. Treatment was continued even if estimated GFR fell below 30ml/min. Patients with amputation or high risk vascular ulcers were excluded. The trial was concluded early on the basis of a planned interim data analysis. The relative risks of ESKD, doubling of serum creatinine and death due to cardiovascular cause were reduced by 32%, 40% and 22% respectively. There was no increased risk of fracture or amputation.

Advances in the management of membranous nephropathy were highlighted whilst we await the official 2019 KDIGO guideline. In those with PLAR2 antibody disease levels can be used to help guide therapy. Rituximab was shown to be a valuable treatment option (MENTOR trial) with lower and quicker remission rates at 24 months reported for those treated with rituximab (60%) compared with ciclosporin (20%).

Several presentations focused on IgA nephropathy. Older and newer data indicate a role of the gut-kidney connection based on genetic, microbial and dietary factors which all interact to modify the intestinal mucosal immune system favoring development of IgA nephropathy. Results of NEFIGAN and TESTING trials in selected cohorts showed reduction of proteinuria or improvement in GFR but there were a substantial number of severe infections. A new risk prediction tool was presented which uses clinical factors including ethnicity and histological features (MEST criteria) to help predict risk of progression of CKD.

An informative session was held on the challenges of pregnancy in lupus depicting the multiple risks and the complex management needs involved but emphasizing that successful pregnancy and kidney outcomes are possible, even in those with severe glomerular disease.