

5TH EUROD WINTER MEETING 2022

*Venue: Convent of Chièvres
Groot Begijnhof
Leuven, BELGIUM*

Thursday January 20, 2022

14:00 – 18:15: EUROD research forum

The EUROD research forum aims to gather basic and clinical researchers in CKD-MBD and focuses on scientific progress in renal bone disease. The mission of the EUROD research forum is to share knowledge, foster collaboration, and enhance networking. The EUROD research forum comprises a mixture of invited mini lectures (ML), selected free communications (FC), and short pitches (P). There will be ample time for discussion.

14:00 – 15:40: Research Forum part 1

14:00-14:20 (ML): Klotho in skeletal pathobiology (H. Komaba, Tokai, Japan)

14:20-14:40 (ML): Klotho in vascular pathobiology (M. Vervloet, Amsterdam, The NL)

14:40-15:00 (FC): *To be announced*

15:00-15:20 (FC): *To be announced*

15:20-15:40 (ML): Vascular calcification impairs bone metabolism (M. Mace, Copenhagen, DK)

15:40 – 16:10: Coffee break

16:10 – 18:10: Research Forum part 2

16:10-16:30 (ML): Added value of bone histomorphometry post-transplant for the assessment of long-term skeletal health (N. Bravenboer, Amsterdam, The NL)

16:30-16:50 (FC): *To be announced*

16:50-17:10 (FC): *To be announced*

17:10-17:30 (ML): Mg in bone and vascular health: time to act? (I. Bressendorf, Hillerød, DK)

17:30-17:50 (FC): *To be announced*

17:50-18:00 (P): Mg in dialysate: a call for a pragmatic study (G. Meeus, Kortrijk, BE)

18:00 – 18:10: Best Abstract Award

(P. Evenepoel, Leuven, BE)

Friday January 21, 2022

10:30 – 17:00: CME part 1

Controversies in renal osteodystrophy: focus on adynamic bone (disease)

Fracture risk is excessively high in CKD. Knowledge of the bone phenotype is of utmost importance in defining the optimal treatment and prevention strategy. In the absence of bone histomorphometry, clinicians have to rely on biomarkers and imaging techniques to guide therapy. Mounting evidence puts parathyroid hormone under pressure as a bone turnover marker. Low bone turnover is commonly referred to as a disease, but there is growing awareness that this dogma is a misconception in need of revision. Adynamic bone indeed has many faces. A better knowledge of the pathophysiology may reduce skepticism regarding the role of antiresorptive agents in the prevention of fractures in patients with advanced CKD. Recent guideline updates emphasize the role of anabolic agents in the treatment of postmenopausal osteoporosis. Evidence with regard to the use of this class of drugs in CKD lags behind and is not free from controversy. This CME aims for an in depth discussion of current controversies/misconceptions with regard to adynamic bone. A better knowledge of the pathophysiology and therapeutic options will undoubtedly improve the outcome of patients with adynamic bone.

10:30 – 10:45: Welcome and introduction

(P. Evenepoel, Leuven, BE)

10:45 – 12:15: Session 1: PTH, a biomarker under siege?

- PTH biology and signaling basics (D. Hansen, Herlev, DK)
- PTH as a bone biomarker: past, present, and future? (E. Cavalier, Liege, BE)
 - PTH target: one size fits all? (M. Vervloet, Amsterdam, The NL)

12:15 – 13:30: Lunch

13:30 – 15:00: Session 2: Adynamic bone disease: a misnomer?

- ABD, a conceptual and diagnostic challenge (M. Haarhaus, Stockholm, Sweden)
- Antiresorptive agents in advanced CKD: *pro* (B. Abrahamsen, Odense, DK/Oxford, UK)
- Antiresorptive agents in advanced CKD: *con* (M. Cohen-Solal, Paris, France)

15:00 – 15:30: Coffee Break

15:30 – 17:30 Session 3: Anabolic agents in CKD: mistaking a dream for reality?

- PTH analogs in early stage CKD (M. Pazianas, Oxford, UK)
- PTH analogs in advanced CKD (S. Mazzaferro, Rome, Italy)
- Romosozumab: potentials and pit-falls in CKD (R. de Jongh, Amsterdam, The NL)

Saturday January 22, 2022

09:00 – 12:30: CME part 2 (all)

The challenge of osteoporosis in kidney transplant recipients

For patients with kidney failure, kidney transplantation is undoubtedly the best treatment option. The development of novel immunosuppressive therapies has led to a tremendous increase in the 1-year survival rates of renal allografts. Accordingly, improving the long-term survival and quality of life of kidney transplant recipients, including prevention of bone loss and fractures, has become a major focus of post-transplantation patient care. An estimated 7–10% of all kidney transplant recipients will suffer one or more fractures over their lifetime. The overall fracture risk after kidney transplantation is several-fold higher than in healthy individuals and is 30% higher during the first 3 years after transplantation, as compared with patients on dialysis. The present hands-on CME aims to briefly rehearse the natural history of post-transplant bone disease and provide an update on the clinical assessment and treatment of osteoporosis in these patients, both by means of state of the art lectures and interactive discussions.

09:00 – 10:00: Session 1 State-of-the art

- Natural history of post-transplant bone disease (S. Keronen, Helsinki, Finland)
- Prevention and treatment of osteoporosis in kidney transplant patients (H. Pihlstrøm, Oslo, Norway)

10:00 – 12:00: Session 2 Case studies

- 10:00 – 11:00: Participants discuss cases in small groups, faculty act as facilitators
 - 11:00 -12:00: Plenary discussion of all cases

12:00 – 12:30: Closing remarks

(P. Evenepoel, Leuven, BE)

