

Copenhagen, May 25, 2018

Danish study shows prognosis for glomerulonephritis patients significantly improved over the last 30 years

Glomerulonephritis (GN) constitute the third most commonly defined cause of kidney failure or end-stage renal disease (ESRD) in Europe. A study presented at the European Kidney Congress in Copenhagen by kidney experts from the same city shows that, despite an increase in the number of patients with diagnosed glomerulonephritis and an older age at time of diagnosis in Denmark over the last 30 years, those affected now have a better prognosis. They survive longer and require dialysis later and more rarely.

Glomerulonephritis (GN) constitute the third most commonly defined cause of kidney failure or end-stage renal disease (ESRD) in Europe, after diabetic and hypertensive nephropathy. Glomerulonephritis is a disease with inflammation in the kidneys, which predominantly affects the glomeruli (the filtering capsules of the kidneys). There are several different subgroups of GN, varying in therapy and prognosis. Glomerulonephritis (specifically: IgA nephritis/IgAN) is the most common reason for younger adults to need dialysis. In contrast to the inflammation caused by bacteria, most subgroups of GN have immunologic or genetic causes, even if the details of the pathomechanisms are not yet fully known.

In the study [1], to be presented at the European Kidney Congress being held this week in Copenhagen, physicians from various centers in Denmark (Rigshospitalet and Herlev Hospital, Copenhagen University Hospital and Zealand University Hospital, Roskilde) studied changes in the incidence of GN from 1985 – 2014, based on the Danish Renal Biopsy Registry and the National Pathology Registry. Comorbidities and other patient data were obtained from the Danish National Patient Registry and Danish Nephrology Registry. A total of 5,594 patients with biopsy-proven GN (patient age > 14 years) were identified.

Analysis showed that the incidence of GN increased from 37 to 52 cases per year per million population from 1985 to 2014. At the same time, the average patient age at time of diagnosis increased from 46 to 52 years.

In relation to age group, the most pronounced increase in incidence was seen in patients aged 60 and above. In spite of this, the five-year mortality rate for GN fell from 26% to 16%. Overall, the disease has also resulted in fewer and fewer cases reaching ESRD, the

five-year ESRD risk with dependence on dialysis fell from 22% to 16%. Whether this relates to improvement in specific or non-specific patient treatment or other factors remains to be investigated.

Journalists are invited to attend the congress. A press conference will take place on Friday, May 25, 09.30 – 10.30 am (Room 19/Bella Center).

[1] Søren Schwartz Sørensen, James Heaf, Alastair Hansen et al. INCREASED INCIDENCE AND IMPROVED PROGNOSIS OF GLOMERULONEPHRITIS IN ADULTS. A NATIONAL 30-YEAR STUDY. ERA-EDTA Congress 2018; Publication Number: FP166

About ERA-EDTA

With more than 7,500 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all its activities, ERA-EDTA has created the "Young Nephrologists' Platform" (YNP), a very active committee whose board includes members who are 40 years old or younger. In addition, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: The series of CME courses combined with the annual congress offer an attractive scientific programme to cover the need for continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association's journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; furthermore NDT-Educational is the online educational journal of the society, with free access for all users, as well as being a very important and useful feature of the NDT-Educational "Literature Review". The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practices throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA, where all those interested in the activities of the Society can find everything that is happening, all in one place. Finally, ERA-EDTA is a member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses and foundations relating to renal issues that actively interacts with the European Parliament. For more information, please visit www.era-edta.org