62nd ERA CONGRESS

VIENNA & VIRTUAL
JUNE 4-7, 2025

Beyond Nephrology

in collaboration with

Österreichische Gesellschaft für Nephrologie

62nd ERA Congress

Congress Review

ERA
LEADING EUROPEAN NEPHROLOGY

CONTENT

62ND ERA CONGRESS IN NUMBERS

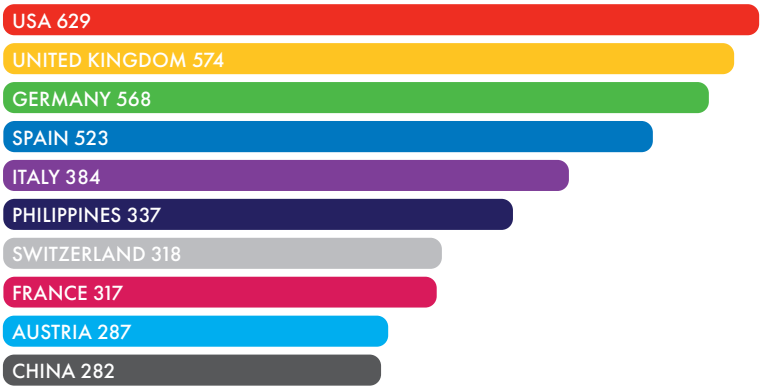
10,114*
Participants

TOP 10 COUNTRIES

- 15% UNITED STATES
- 14% UNITED KINGDOM
- 13% GERMANY
- 12% SPAIN
- 9% ITALY
- 8% PHILIPPINES
- 8% SWITZERLAND
- 8% FRANCE
- 7% AUSTRIA
- 6% CHINA

*(including 627 virtual registrations)

TOP 10 ATTENDING COUNTRIES



1,365 Speakers

227 Sessions

2,334 Accepted Abstracts

1,114 from Young Nephrology Professional authors

3,100
Social Mentions

45,000
Website Visits

CMEs ATTENDANCE

5,500 Onsite

6,238 Online

960 Focussed Orals

1,229 e-Posters

145 Free Communications

104 Exhibitors

3,140 SQM
area of the occupied exhibition

28,000
Web Users

THANK YOU FOR ATTENDING THE 62ND ERA CONGRESS

As the 62nd ERA Congress came to a close in the historic city of Vienna, we reflect on another milestone in our shared journey toward a future where kidney health is a global priority, kidney care is universally accessible, and the nephrology community continues to flourish.

This year's Congress once again brought together our three core pillars of education, science, and networking to inspire progress and innovation. Through engaging sessions, groundbreaking research, and meaningful connections, we have taken another step forward in our mission to reduce the burden of kidney disease by advancing both basic and clinical research in nephrology, dialysis, and renal transplantation.

Ivan Rychlik, Local Congress President, commented, "*I hope the Congress will be remembered as an important event not only for Austria but for all nephrologists from Central European countries: a meeting that aimed to create a strong framework that promotes progress in nephrology, prioritises patient care, and fosters collaboration both among nephrologists themselves, as well as with other health care professionals in the Central European region.*"

Roser Torra, ERA President, explained "*We welcomed 1,365 unique speakers, 51% of whom were women. We received 2,835 abstract submissions from across the globe and saw over 10,000 participants from 128 countries – both of which are record-breaking results we are incredibly proud of.*"

"*I want to thank everyone for their contribution to the Congress. I personally want to thank Ivan Rychlík, Kathrin Eller, Michael Rudnicki, Paola Romagnani, and Ronald Gansevoort for their amazing support, as well as the ERA Council and staff. They are a pleasure to work with, and the Congress wouldn't be possible without them. It has been the best ERA Congress ever! Together, we are pushing nephrology towards the moon.*"

HIGHLIGHTS FROM THE WELCOME CEREMONY

The Congress kicked off with the Welcome Ceremony, which was officially opened by Local Congress President Ivan Rychlik.

In her Presidential Address, Roser Torra said, *"I love the sense of community that ERA offers. We bring together those that are just starting their careers with those that are experienced; all of them united by a shared passion for kidney care. We are nephrologists. We are scientists. But we never lose sight of our patients."*

She then emphasised the need to shift the focus from kidney failure to kidney health, moving from treatment toward prevention. *"By creating a stronger focus on kidney health, we are in a better position to improve the health of the global population, promote health equity, and advocate for high quality therapies."*

The Ceremony also featured an address from Michael Rudnicki, President of the Austrian Society of Nephrology. *"On behalf of our society, it is a great pleasure to welcome you to this year's Congress. It is truly an honour to be here and be surrounded by such distinguished colleagues and friends from across Europe and beyond. This Congress is not just a gathering of experts, but a celebration of our shared commitment to improving kidney health and advancing the field of nephrology."*

Roser Torra then had the pleasure of presenting the ERA Awards, after which Rainer Oberbauer brought the Ceremony to a close. He said, *"It is my true pleasure to welcome you to Vienna – what other and better place could have been selected than Vienna; where tradition meets innovation, and history and science live side by side. Over the next few days, I want to invite you to carry forward your energy, your curiosity, and return home with more knowledge and new momentum."*

SCIENTIFIC PROGRAMME HIGHLIGHTS

LATE BREAKING CLINICAL TRIALS I: CUTTING-EDGE CLINICAL TRIALS IN NEPHROLOGY

2,090 onsite and 1,986 attendees connected virtually

A phase 2b trial of efficacy and safety of Factor XI inhibition with MK-2060 for preventing arteriovenous graft thrombosis in haemodialysis patients

Wolfgang Winkelmayer (USA) presented findings from a double-blind, placebo-controlled Phase 2b trial comprising 506 end-stage kidney disease (ESKD) patients requiring haemodialysis via arteriovenous graft (AVG).

Although MK 2060, a novel inhibitor of Factor XI, achieved potent (~94%) and sustained inhibition of Factor XI, it did not reduce AVG thrombosis incidence or delay time to thrombosis at either the 6 mg or 20 mg dose. The treatment instead resulted in a clear, dose-dependent increase in bleeding risk, driven mainly by non-serious vascular access–related events. The trial also faced statistical power limitations due to lower-than-expected event rates and competing risks such as death and kidney transplantation, underscoring the difficulty of designing thrombosis-focused endpoints in this population.

It was concluded that further research is needed to understand the utility of FXI inhibition in patients with ESKD receiving haemodialysis.

The CONFIDENCE trial: Efficacy/safety of combining finerenone with empagliflozin in people with CKD and T2D

Rajiv Agarwal (USA), Peter Rossing (Copenhagen), Hiddo Heerspink (Netherlands), and Johannes Mann (Germany) presented complementary data from the CONFIDENCE trial, a randomised, double-blind, controlled study of 818 patients with chronic kidney disease (CKD) and type 2 diabetes (T2D).

All participants were already on a renin-angiotensin system (RAS) inhibitor and were randomized to Finerenone, Empagliflozin, or a combination. At Day 180, combination therapy produced a statistically significant and clinically meaningful reduction in urine albumin-to-creatinine ratio (UACR), with a 32% greater reduction than Empagliflozin alone (Least squares mean/LSM ratio 0.68; 95% CI 0.59–0.79; p<0.001) and 29% more than Finerenone alone (LSM ratio 0.71; 95% CI 0.61–0.82; p<0.001).

Notably, two-thirds of patients on combination therapy achieved >40% UACR reduction. Estimated GFR, blood pressure, and overall safety outcomes were comparable across arms. Mild, transient hyperkalemia occurred only in Finerenone-containing groups. Serious adverse events, including hypotension, acute kidney injury, and treatment-related discontinuations, were infrequent. The research was published in New England Journal of Medicine (NEJM).[1]

"Evidence demonstrates the combined benefits of multiple pillars of therapy and that potentially greater benefits can be achieved through early and intensive intervention."

1. Agarwal, R., Green, J. B., Heerspink, H. J. L., et al. (2025). Finerenone with Empagliflozin in Chronic Kidney Disease and Type 2 Diabetes. The New England journal of medicine, 10.1056/NEJMoa2410659. Advance online publication. https://doi.org/10.1056/NEJMoa2410659

Exploring the margins of survival benefit in deceased donor kidney transplantation: An international target trial emulation

Rachel Hellemans (Belgium) provided a large-scale, registry-based analysis of 64,013 dialysis patients wait-listed between 2000 and 2019 across five European regions (Catalonia, Denmark, France, Norway, UK).

Using a robust target trial emulation (TTE) framework to mirror randomised trial conditions, results confirmed a consistent five-year survival advantage with standard-criteria donation-after-brain-death (DBD) kidneys across nearly all age groups. However, among recipients aged ≥75 years, particularly those with cardiovascular comorbidities, receiving expanded-criteria donor (ECD) or donation after circulatory death (DCD) kidneys, the survival benefit flattened (adjusted HR ≈ 1.0). Early post-transplant mortality proved to be the critical tipping point, with surgical risk, frailty, and immunosuppression burden often outweighing long-term gains.

The study illustrates how modern causal inference methods can enhance personalised organ acceptance counselling. Hellemans concluded her presentation with gratitude to all contributors, especially the ERA Registry.

LATE BREAKING CLINICAL TRIALS II

3,180 onsite and 1,836 attendees connected virtually

Sibeprenlimab for patients with IgA nephropathy: Results from a prespecified interim analysis of the phase 3 VISIONARY study

Vlado Perkovic (Australia) presented interim Phase 3 VISIONARY trial results – the largest trial to date in IgA nephropathy (IgAN) (n=530).

Results from the first 320 participants randomised in the trial as part of the pre-specified interim analysis show that Sibeprenlimab, a selective IgG2 antibody targeting APRIL, achieved a 51.2% placebo-adjusted reduction in 24-hour urine protein-to-creatinine ratio (uPCR-24h) at 9 months (P<0.0001). By blocking APRIL, a key driver of pathogenic Gd-IgA1 production and B-cell survival, Sibeprenlimab interrupts the upstream immune cascade central to IgAN progression. The subcutaneously administered therapy was well tolerated, with no new safety signals and fewer severe or serious adverse events than placebo.

These findings support APRIL inhibition as a promising disease-modifying strategy in IgAN. Final 24-month eGFR data are expected in 2026.

Impact of acute EGFR dips and markers of disease severity on effects of empagliflozin on acute kidney outcome

Natalie Staplin (UK) presented a meta-analysis of 23,340 participants from four major empagliflozin trials (EMPA-REG OUTCOME, EMPEROR-Reduced, EMPEROR-Preserved, EMPA-KIDNEY), addressing concerns over early eGFR dips with SGLT2 inhibitors.

A predictive model based on baseline characteristics accurately estimated the size of acute eGFR dip and showed no association between larger dips and increased treatment discontinuation. Empagliflozin reduced the risk of ≥50% increases in serum creatinine by 20% (HR 0.80 [95% CI 0.72–0.88]) and reduced adverse acute kidney injury (AKI) events by 27% (HR 0.73 [0.63–0.85]), with consistent effects across subgroups defined by diabetes status, baseline UACR, and eGFR. Early AKI rates were low and similar between groups.

"Inclusion of these results in the safety sections of SGLT2 inhibitor labels would be useful information for prescribers, as current labelling only raises concerns."

Spironolactone in patients undergoing maintenance dialysis: the ACHIEVE trial

Michael Walsh (Canada) presented results from the ACHIEVE trial, a large multicentre, randomized, placebo-controlled study assessing spironolactone 25 mg daily in patients with kidney failure on maintenance dialysis.[1] Of 2,750 enrolled patients, 2,538 were randomized after a run-in phase confirming adherence and potassium safety.

The trial was stopped early for futility after 534 primary events had accrued. The composite primary outcome of cardiovascular death or heart failure hospitalization showed no significant difference between groups (HR 0.92; 95% CI 0.78–1.09; p=0.35). Subgroup analysis suggested potential benefit in males but not females. Severe hyperkalaemia was significantly more common with Spironolactone (HR 1.54), despite pre-randomization screening.

Walsh concluded that Spironolactone did not improve cardiovascular outcomes in this population and highlighted hyperkalaemia as a key limitation for mineralocorticoid receptor antagonist use in dialysis patients.

Mineralocorticoid receptor antagonists in patients with kidney failure receiving dialysis: an updated systematic review and meta-analysis

Lonnie Pyne (Canada) presented findings from an updated systematic review and meta-analysis evaluating the efficacy and safety of mineralocorticoid receptor antagonists (MRAs) in patients with kidney failure receiving maintenance dialysis. The analysis included randomised controlled trials published up to March 2025 and incorporated new data from the ACHIEVE and ALCHEMIST trials.

Across included studies, MRAs showed no significant reduction in cardiovascular death (OR 0.98; 95% CI 0.80–1.20) or all-cause mortality (OR 0.97; 0.84–1.21). Heart failure hospitalizations also showed no statistically significant benefit (OR 0.70; 0.30–1.65), while adverse events including severe hyperkalaemia (OR 1.50; 1.11–2.03) and gynaecomastia/breast pain (OR 3.66; 1.82–7.36) were more common in MRA-treated patients. Crucially, subgroup analysis by study quality showed that only trials with high risk of bias suggested benefit (OR 0.33), while low-risk trials showed no effect.

This contrast calls prior assumptions into question and suggests earlier signals of cardiovascular protection may have been artefacts of study bias.

1. Walsh, M., Collister, D., Gallagher, M. et al. (2025). The Aldosterone Blockade for Health Improvement Evaluation in End-Stage Renal Disease (ACHIEVE) Trial: Rationale and Clinical Research Protocol. Canadian journal of kidney health and disease, 12, 20543581251348187. https://doi.org/10.1177/20543581251348187

NEPHROLOGY BREAKTHROUGHS: EDITORS' PANEL ON INNOVATION

900 onsite and 949 attendees connected virtually

Julie Ingelfinger, Deputy Editor of the NEJM, opened the session by noting the existence of 126 nephrology journals. The session would focus on breakthrough research published within three of these: Nephrology Dialysis Transplantation (NDT), Clinical Kidney Journal (CKJ), and NEJM. She invited attendees to consider what journals seek, how to meet those expectations, what defines a breakthrough paper, and whether journals will remain relevant in the evolving landscape of scientific communication.

CKD: CONFIDENCE trial results

Christoph Wanner (Germany) presented breakthrough data from the CONFIDENCE trial, a randomised, double-blind study of 818 patients with chronic kidney disease (CKD) and type 2 diabetes.

All were on a background RAS inhibitor and randomized to Finerenone, Empagliflozin, or both. At Day 180, combination therapy reduced UACR by 32% vs empagliflozin alone and 29% vs finerenone ($p<0.001$). Two-thirds of patients on dual therapy achieved a >40% reduction in albuminuria. eGFR and blood pressure changes were similar across arms, with a favorable safety profile. Mild, transient hyperkalemia occurred only in Finerenone arms, and serious adverse events were rare.

Wanner concluded that dual-pathway inhibition offers additive renal protection, reinforcing the strategy of early, intensive therapy in high-risk patients. The trial results were recently published in NEJM alongside the required protocol and statistical analysis plan materials, reflecting evolving standards in nephrology publishing.[1]

Glomerular disease

Kate Stevens (UK), Associate Editor of CKJ, presented on major therapeutic progress in IgA nephropathy (IgAN) over the past 12 months, as published in NEJM and NDT.

Two phase 3 trials (APPLAUSE-IgAN1 and ALIGN2) tested Iptacopan and Atrasentan, respectively, with both agents demonstrating robust proteinuria reductions (Iptacopan 35.8%, Atrasentan 38.1%). Both agents were also well tolerated and represent promising disease-modifying therapies.[2]

1. Agarwal, R., Green, J. B., Heerspink, H. J. L. et al. (2025). Finerenone with empagliflozin in chronic kidney disease and type 2 diabetes. The New England Journal of Medicine. Published June 5, https://doi.org/10.1056/NEJMoa2410659.
2. Perkovic, V., Barratt, J., Rovin, B. et al. (2024). Alternative complement pathway inhibition with iptacopan in IgA nephropathy. The New England Journal of Medicine, 392(6), 531–543.

Mechanistically, Iptacopan targets the alternative complement pathway, while Atrasentan inhibits endothelin receptors, both aiming to reduce immune complex deposition and glomerular damage.[1,2]

Dialysis

Valerie Luyckx (Switzerland) presented on breakthrough strategies to improve outcomes for dialysis patients. A crossover study of blood volume-guided ultrafiltration (BV-UFC), published in CKJ, showed improved hemodynamic stability and reduced intradialytic hypotension.[3] Remote monitoring of peritoneal dialysis also demonstrated significant reductions in mortality and hospitalisation, achieving publication in NDT.[4] Other innovations published in NDT include predictive models for amputation risk[5] and revised guidance on vitamin D supplementation.[6] Nutritional vitamin D (cholecalciferol) should be routinely prescribed in CKD patients with deficiency, targeting 25(OH)D >75 nmol/L.

Transplantation

Georg Böhmig (Austria) reviewed breakthroughs in transplant medicine published in NEJM, including data from the HOPE study confirming the safety of kidney transplantation from HIV-positive donors.[7] He also discussed advancements in antibody-mediated rejection (AMR), such as early diagnosis using donor-derived cell-free DNA (dd-cfDNA) and promising therapeutics like Felzartamab.[8] New biopsy classification tools, such as Molecular Microscope Diagnostic System (MMDx) and updated Banff scoring criteria, are further improving diagnostic precision and attracting interest from journals.[9]

Closing remarks

Julie Ingelfinger concluded the session with a rapid-fire masterclass on getting published, emphasising the value of offering *"the first, the best, or the last word."* She advised researchers to start with a prespecified protocol and statistical analysis plan, clearly distinguish speculation, follow submission guidelines precisely, and let clean data speak for itself.

1. Heerspink, H. J. L., Jardine, M., Kohan, D. E. et al. (2025). Atrasentan in Patients with IgA Nephropathy. The New England journal of medicine, 392(6), 544–554.

2. Teng, Y. K. O., Frangou, E., Kronbichler, A. et al. (2025). Disease-modifying anti-nephropathic drugs (DMANDs)—A definition proposed by the Immunonephrology Working Group (IWG) of the European Renal Association (ERA). Nephrology Dialysis Transplantation, 40(6), 1243–1247.

3. Hamada, S., Hata, M., Furukawa, S. et al. (2025). Effectiveness of blood volume change–guided ultrafiltration control (BV-UFC) in hemodialysis: A crossover comparative study. Clinical Kidney Journal, 18(5), sfaf141.

4. Paniagua, R., Ramos, A., Ávila, M. et al. (2025). Remote monitoring of automated peritoneal dialysis reduces mortality, adverse events and hospitalizations: A cluster-randomized controlled trial. Nephrology Dialysis Transplantation, 40(3), 588–597.

5. Akerboom, B., Janse, R. J., Caldinelli, A. et al. (2024). A tool to predict the risk of lower extremity amputation in patients starting dialysis. Nephrology Dialysis Transplantation, 39(10), 1672–1682.

6. Jørgensen, H. S., Vervloet, M., Cavalier, E. et al. (2025). The role of nutritional vitamin D in chronic kidney disease–mineral and bone disorder in children and adults with chronic kidney disease, on dialysis, and after kidney transplantation—a European consensus statement. Nephrology Dialysis Transplantation, 40(4), 797–822.

7. Durand, C. M., Massie, A., Florman, S. et al. (2024). Safety of Kidney Transplantation from Donors with HIV. The New England Journal of Medicine, 391(15), 1390–1401.

8. Mayer, K. A., Schrezenmeier, E., Diebold, M. et al. (2024). A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection. The New England Journal of Medicine, 391(2), 122–132.

9. Sablik, M., Sannier, A., Raynaud, M. et al. (2025). Microvascular Inflammation of Kidney Allografts and Clinical Outcomes. The New England Journal of Medicine, 392(8), 763–776.

GAME CHANGERS IN IgA NEPHROPATHY (IgAN)

835 onsite and 918 attendees connected virtually

B cell targeting therapy

Jonathan Barratt (UK) outlined emerging strategies to disrupt the pathogenesis of IgAN by targeting B cells. He stressed the importance of early intervention, noting that while most cases are still diagnosed at a late stage, early and late disease are driven by distinct pathological mechanisms that require stage-specific treatment approaches.

Barratt highlighted mucosal immune dysregulation and aberrant IgA1 glycosylation, presenting an updated four-hit model of IgAN pathogenesis to guide treatment decisions: the production of galactose-deficient IgA1 (Gd-IgA1), development of anti-Gd-IgA1 antibodies, immune complex formation, and mesangial deposition leading to glomerular injury. He pointed to novel therapies, such as anti-CD38 agents and BAFF/APRIL pathway modulators (e.g., Sibeprenlimab, Zigakibart), which aim to selectively modulate B cell function while preserving systemic immunity. These developments reflect a broader shift toward addressing disease at its immune origin, rather than responding to downstream damage. Barratt directed the audience to the updated KDIGO clinical practice guidelines.[1]

"There's been pandemonium in the IgAN field, with two Phase 3 trials of B cell–directed therapies reporting interim findings. The IgAN treatment landscape is quickly changing."

Dual RAS/endothelin inhibition

Hiddo Heerspink (Netherlands) presented on the potential of combined RAS and endothelin receptor inhibition as a renal protective strategy in IgAN, highlighting the harmful role of endothelin-1 (ET-1) in driving podocyte injury and fibrosis. He pointed to data from two key trials. In the PROTECT trial, Sparsentan (a dual endothelin type A [ETA] and angiotensin II receptor antagonist) reduced proteinuria by 41% versus Irbesartan at 36 weeks, with sustained benefit through 110 weeks.[2]

1. KDIGO Glomerular Diseases Work Group (2024, August). KDIGO 2024 clinical practice guideline for the management of immunoglobulin A nephropathy (IgAN) and immunoglobulin A vasculitis (IgAV): Public review draft. Kidney Disease: Improving Global Outcomes (KDIGO). https://kdigo.org/wp-content/uploads/2024/08/KDIGO-2024-IgAN-IgAV-Guideline-Public-Review-Draft.pdf
2. Rovin, B. H., Barratt, J., Heerspink, H.J.L. et al. (2023). Efficacy and safety of sparsentan versus irbesartan in patients with IgA nephropathy (PROTECT): 2-year results from a randomised, active-controlled, phase 3 trial. The Lancet, 402(10417), 2077–2090.

The ALIGN trial reinforced this approach, with Atrasentan, a selective ETA receptor antagonist, achieving a 38.1% proteinuria reduction versus placebo, with minimal fluid retention and good tolerability.[1] The ETA receptor is primarily responsible for the vasoconstrictive, pro-inflammatory, and pro-fibrotic actions of ET-1. Together, these findings support a strategy that targets both glomerular haemodynamics and inflammation for optimal renal protection.

"A question that keeps coming up for me is how to sequence all these new therapies and whether we need to rethink the treatment order, considering what's best for each stage of disease? I believe endothelin receptor inhibition will be effective in early-stage IgAN, but it still needs to be tested in clinical trials."

Complement inhibitors

Claudia Seikrit (Germany) explored the pathogenic role of complement activation in IgAN, detected in over 90% of biopsies through C3, properdin, and C5b-9 deposits. Activation of the alternative and lectin pathways is associated with worse outcomes and higher proteinuria. Emerging complement therapies include Iptacopan, a Factor B inhibitor that reduced proteinuria by 38.3% at 6 months in the APPLAUSE-IgAN trial[2], and Sefaxersen, an antisense oligonucleotide targeting hepatic Factor B, now in early-stage trials.[3] These approaches highlight the potential to reduce renal inflammation and slow disease progression through precise modulation of complement activity.

1. Heerspink, H.J.L., Jardine, M., Kohan, D.E. et al. (2025). Atrasentan in Patients with IgA Nephropathy. The New England Journal of Medicine, 392(6), 544–554.
2. Perkovic, V., Barratt, J., Rovin, B. et al. (2024). Alternative complement pathway inhibition with iptacopan in IgA nephropathy. The New England Journal of Medicine, 392(6), 531–543.
3. McCaleb, M. L., Hughes, S. G., Grossman, T. R. et al. (2025). Inhibiting the alternative pathway of complement by reducing systemic complement factor B: Randomized, double-blind, placebo-controlled phase 1 studies with Sefaxersen. Immunobiology, 230(2).

CREATING A LEGACY OF KIDNEY HEALTH AWARENESS: FROM SCHOOL DESKS TO SCREENING BOOTHS

A key mission of ERA as a society is to raise public awareness about kidney health, with the ultimate goal of preventing and enabling early diagnosis of chronic kidney disease.

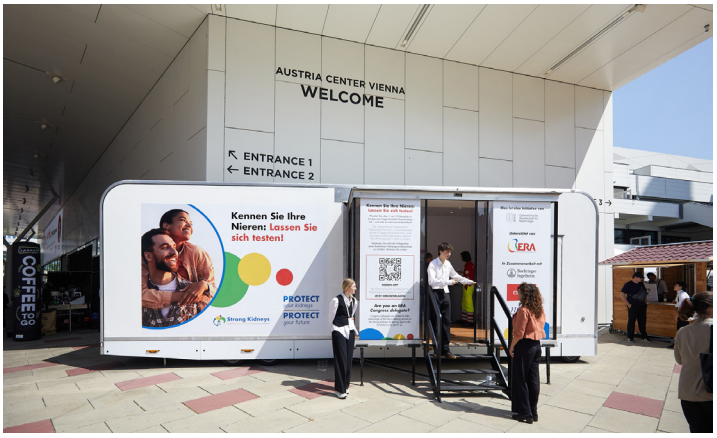
As Congress Secretary, Kathrin Eller (Austria) has been deeply committed and instrumental in the organisation of this year's legacy project. With a focus on raising kidney health awareness among school children, the project has involved educational outreach combined with interactive learning.

Kathrin Eller describes, *"Together with Young Nephrologists Austria, we went to three different schools in Vienna and spent two lessons per class explaining the function and importance of the kidneys. This included showing sonography images of kidneys and then asking the children to draw pictures. We invited attendees at the Congress to vote for their favourite artwork, and the winning drawing will be on the cover of the next issue of Nephrology Dialysis Transplantation."*

"We believe that building awareness in schools is the best way to increase knowledge about kidney function in the general population. We are confident this will lead to earlier diagnosis of chronic kidney disease and, ultimately, improved patient outcomes."

In addition to the programme in schools, a dedicated kidney disease screening programme took place at this year's Congress under the umbrella of the ERA 'Strong Kidneys' campaign. This aims to raise awareness of kidney health and provide members of the public and the healthcare community with the knowledge and tools they need to safeguard kidney health and detect any potential issues early.

Sara Ksiazek (Austria, representative of the Young Nephrologists Austria, a subgroup of the Austrian Society of Nephrology), explains *"This project offers a great opportunity to increase awareness of kidney health status and identify potential risk factors for chronic kidney disease."*



"We plan to leverage this momentum to organise a screening project in Austria targeting high-risk patients, in collaboration with Austrian health insurance providers and the Austrian Society of Nephrology. We also hope to see these initiatives extended to other countries in the future."

A screening booth was held in the Exhibition Hall for delegates and mobile screening truck was positioned outside the Congress centre for members of the public. Participants were able to receive a blood pressure reading, point-of-care creatinine and eGFR measurements, as well as the option to perform a urine dipstick test at home. Users were then provided with the necessary information about their results and were recommended appropriate next steps based on their individual outcomes. Over 400 participants were screened at the booth during the Congress.

CELEBRATING EXCELLENCE WITH THE ERA AWARDS

The Awards presented at the ERA Congress honour the highest levels of achievement in our field, recognising the exceptional accomplishments of individuals dedicated to advancing nephrology care. We are grateful to each recipient for their invaluable contributions, which continue to inspire excellence throughout our community.

We were delighted to present the following awards at this year's Congress:

ERA Award for Outstanding clinical contributions to nephrology
Colin Baigent (United Kingdom)

ERA Award for Outstanding basic science contributions to nephrology
Carsten Wagner (Switzerland)

ERA Award for Research excellence in nephrology
Ingeborg Bajema (The Netherlands)

ERA Award for Outstanding contribution to the Society
Francesca Mallamaci (Italy)

ERA Award for Excellence in the field of sustainable nephrology
Faissal Tarrass (Morocco)

The ERA Awards for Young Investigators, named after renowned Nephrology Masters, recognise outstanding young professionals in kidney research with a €10,000 prize, free attendance at the 62nd ERA Congress, and a three-year ERA membership. Winners also receive a plaque, diploma, and a position on the board of an ERA Working Group of their choice.

Congratulations to the recipients of this year's ERA Awards for Young Investigators:

ERA Rosanna Gusmano Award for Young Investigators in basic science
Florian Siegerist (Germany)

ERA Stanley Shaldon Award for Young Investigators in translational science
Markus Rinschen (Denmark) and Eleni Stamellou (Greece) – ex-aequo

ERA Eberhard Ritz Award for Young Investigators in clinical science
Dearbhla Kelly (Ireland) and Robin Vernooijl (The Netherlands) – ex-aequo

ERA Curatorium Awards for Young Investigators

We were pleased to introduce a new award at this year's Congress to honour young nephrologists and researchers under the age of 40. The awardees received a €10,000 prize and free registration, travel and accommodation to next year's Congress.

Congratulations to:

Anne-Laure Faucon (Sweden)

Roman David Bülow (German)

A warm welcome to our newly elected Ordinary Council Members

The ERA 2025 Ordinary General Assembly took place on June 4 at the ERA Congress, where we were delighted to announce four newly elected Ordinary Council Members.

Congratulations to:

Marcin Adamczak (Poland)

Kathrin Eller (Austria)

Vassilios Liakopoulos (Greece)

Roberto Minutolo (Italy)

THANK YOU TO OUR NDT AND CKJ TOP REVIEWERS!

We sincerely thank the top reviewers of our two flagship journals, Nephrology Dialysis Transplantation (NDT) and Clinical Kidney Journal (CKJ), for their valuable contributions.

CKJ is a fully Open Access, online only journal publishing monthly. CKJ aims to contribute to a translational research culture among nephrologists and kidney pathologists that helps close the gap between basic researchers and practicing clinicians and promote sorely needed innovation in the nephrology field.

CKJ Top Reviewers

Izabela Zakrocka

Nuri Baris Hasbal

Katharine Hegerty

Boby Pratama Putra

NDT is the leading nephrology journal in Europe and renowned worldwide. The journal receives more than 3.6 million article downloads each year and is ranked in the top quartile by both Impact Factor and CiteScore. As of January 2025, NDT transitioned to an online-only publication, reducing its environmental impact while providing a more immersive reading experience.

NDT Top Reviewers

Pierre Delanaye

Elisa Russo

Carmine Zoccali

Jonathan Barratt

SUSTAINABILITY AT THE ERA CONGRESS

The ERA Congress is firmly committed to sustainability, integrating environmentally responsible practices throughout the event. As a certified Green Meeting under the Austrian Ecolabel, the Congress emphasises reducing its ecological footprint while promoting global environmental awareness, particularly linking kidney health to a healthy planet.

Our ecological initiatives for this year's Congress included:

- Facilitating a hybrid meeting to reduce the impact of conference travel
- Locating faculty and staff hotels within walking distance from the venue, which is also easily reachable via public transportation
- Providing eco-friendly badges and badge holders
- Restricting printed Congress materials and providing them as online-only resources, such as the final programme
- Favouring local suppliers and partners
- Selecting catering services that provide sustainable choices in terms of food and no single-use items
- Avoiding the use of unnecessary decorations, including choosing reusable inflatable rooms of the Focussed Orals area and recyclable aluminium frames for the majority of the signage
- Providing sponsors, exhibitors, and delegates with tips of how they can contribute towards a sustainable event

ERA is also proud to support with a donation of €5,000 the DonauCleanUp project (part of RhineCleanup). Currently, 8 million tonnes of plastic waste are added to the oceans every year and 80% of this waste comes from the world's rivers. The project mobilises volunteers to collect waste along the river Danube and, in the last seven years, the RhineCleanup family has collected over 1.5 tonnes of waste, most of which is plastic.

As a society, we continuously strive to evaluate all measures taken and aim to constantly improve in terms of emission reduction and other sustainability measures.

ERA Sustainability Challenge - Thank You to All Participating Companies!

As part of its ongoing efforts to promote sustainable practices and reduce CO_2e emissions in its Congresses, in 2025 ERA launched the ERA Sustainability Challenge.

This initiative encourages industry partners to enhance their commitment to environmentally responsible practices, both as a company and in their exhibition stands.

To participate in the Sustainability Challenge, our exhibitors and sponsors were invited to submit information via a questionnaire. Submissions were evaluated by an internal panel.

In this first edition, all participants received one additional ranking point, while the top three were awarded three extra points for their outstanding contributions.

A big thanks goes to the top three winners for their outstanding contributions:
Boehringer Ingelheim, CSL Vifor and Vantive.

We also sincerely thank Alkaloid, Asahi Kasei Medica, Fresenius Medical Care, Medice, and Saeptum SAS for their valued participation.

THANK YOU

for the contribution to the success of the 62nd ERA Congress

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