

63rd ERA CONGRESS

GLASGOW & VIRTUAL
JUNE 3-6, 2026

Challenge Your Thinking

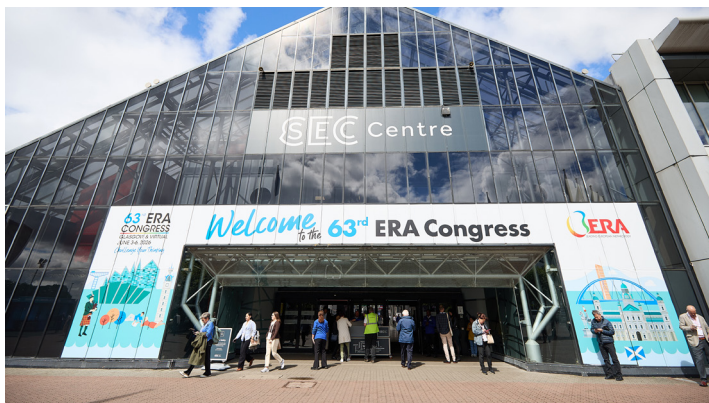


63rd ERA Congress Congress Review



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63RD ERA CONGRESS IN NUMBERS

10,680*

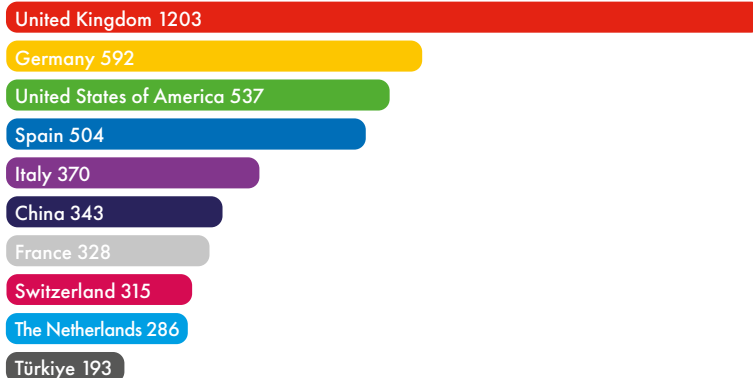
Participants



Top 10 countries

- 26% United Kingdom
- 13% Germany
- 12% USA
- 11% Spain
- 8% Italy
- 7% The People's Republic of China
- 7% France
- 6% Switzerland
- 6% The Netherlands
- 4% Türkiye

Top 10 attending countries



*Including 644 Virtual Registrations

1,893

Speakers



5,225

Onsite CMEs attendance



225

Sessions

8,204

Online CMEs attendance

3,172

Submitted abstracts



1,470

Focussed orals



1,512

Accepted abstracts from Young Nephrology Professional Authors

1,035

e-Posters



125

Free communications

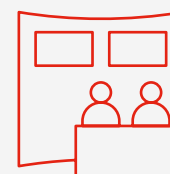
3,496

Social mentions



100

Exhibitors



3,283

SQM

Area of the occupied exhibition

47,000

Website visits



28,000

Web users



CHALLENGE YOUR THINKING IN GLASGOW: THANK YOU FOR ATTENDING THE 63RD ERA CONGRESS

As the 63rd ERA Congress concluded in Glasgow, we reflect on a dynamic and forward-looking meeting that brought together the nephrology community to advance innovation, strengthen collaboration and reinforce our shared commitment to improving kidney health worldwide.



Reflecting on the success of this year's Congress during the Closing Ceremony, Roser Torra (ERA President) highlighted both the scale and global reach of the meeting. "We had some amazing numbers this year," she explained. "The Congress recorded 10,680 registrations – a total record for ERA – with delegates from 122 countries, which is super important. We also welcomed 644 virtual registrations, with many people watching and streaming online. We are very proud of these numbers."

Beyond attendance figures, the Closing Session also offered an opportunity to reflect on the broader direction of nephrology and the challenges ahead for the profession. Looking to the future of medicine, Roser Torra emphasised both the opportunities and responsibilities presented by rapid technological change.

"As a closing remark, I would say that we are entering a new era in medicine – an era of data, of precision therapies and of artificial intelligence – which is a tremendous opportunity. But it also comes with a responsibility because, in the end, medicine is not practised on populations; it is practised on individuals. Our patients do not only need perfect algorithms – they need thoughtful doctors."

Roser Torra concluded with a call for the nephrology community to embrace innovation while maintaining critical thinking and a patient-centred approach. "As we move forward, let us embrace innovation whilst remaining rigorous in how we think. Let us question our assumptions. Let us be aware of our biases. Let us be uncomfortable with uncertainty. So yes, let us challenge our thinking because in a world increasingly driven by technology, critical thinking is what will keep medicine human."

The session also heard from Luuk Hilbrands, the Local Congress President for the 64th ERA Congress, taking place in Rotterdam from 3–6 June 2027.



"First, I would like to take the opportunity to congratulate the organising committee of the current meeting. The scientific content was excellent, the organisation was very smooth, the venue was great and I very much enjoyed the warmth and hospitality of the people of Glasgow."

"I'm very proud to host the ERA Congress in Rotterdam next year, in a city with a high level of innovation, economic activity, modern architecture, cultural diversity, interesting museums and nice restaurants. It will be a difficult challenge to equal or even surpass the success of this meeting, but we will do our best and spare no efforts to achieve that. We hope to welcome you all in Rotterdam next year."

HIGHLIGHTS FROM THE WELCOME CEREMONY

The Congress commenced with the Welcome Ceremony, where Local Congress President Kate Stevens welcomed delegates to Glasgow and shared the city's rich history of scientific and medical achievement. Referencing the city's well-known slogan, "*People Make Glasgow*," she highlighted the warmth and hospitality of its people before showcasing Congress legacy initiatives, including the ERA Renal Run and the Kidney & Bee Adventure programme for local schoolchildren.



The Ceremony also featured an address from Baillie Marie Garrity, representing Glasgow City Council. Welcoming delegates from across Europe and beyond, she noted that ERA's vision of prioritising kidney health and ensuring accessible care aligns closely with Glasgow's values of "*fairness, inclusion and opportunity for all*."

In her Presidential Address, Roser Torra reflected on the strength of the ERA community and its shared commitment to improving kidney care. "*ERA is strong because of all of you*," she said, thanking everyone who contributes to the society and advancing its mission. While recognising the rapid advances being made in therapies, biomarkers, artificial intelligence and digital tools, she emphasised that ERA's purpose remains unchanged: "*We are here for our patients: to improve their care, outcomes and quality of life*."

Addressing the Congress theme, Roser Torra encouraged delegates to embrace innovation while maintaining a critical approach to emerging evidence: "*Today the challenge isn't a lack of information. It is how we interpret, prioritise and translate it into meaningful decisions for individual patients*." While acknowledging the growing role of AI in nephrology, she emphasised that technology can never replace the human side of medicine: "*No technology will ever replace sitting next to a patient, explaining uncertainty, sharing difficult news and holding a hand in a moment of vulnerability*."

Earlier, in the Opening Lecture, Scientific Committee Chair Serhan Tuğlular highlighted the ambition behind this year's theme, "*Open Your Mind*", which aims to encourage innovation, creativity and collaboration across nephrology.

She outlined a Scientific Programme comprising 73 sessions spanning seven tracks and six key scientific themes, bringing together nearly 1,900 speakers from across the world. She also emphasised the strong engagement from the nephrology community, with a record 3,172 abstracts submitted from around the globe.



During the Welcome Ceremony, Roser Torra thanked Serhan Tuğlular for her leadership in developing a high-quality, innovative and clinically relevant programme that has helped shape a balanced and forward-looking Congress.

Concluding her address, Roser Torra encouraged delegates to make the most of the conversations and networking opportunities that define the ERA community. She thanked those involved in organising the Congress and wished delegates an inspiring and stimulating meeting in Glasgow.

SCIENTIFIC PROGRAMME HIGHLIGHTS

LATE BREAKING CLINICAL TRIALS I

1,500 onsite and 1,679 attendees connected virtually

ALIGN trial: 2.5-year efficacy and safety results of atrasentan in IgA nephropathy (IgAN)

Hiddo Heerspink (The Netherlands) presented 2.5-year Phase 3 ALIGN data evaluating atrasentan, a selective endothelin A receptor antagonist, in adults with IgAN receiving maximally tolerated renin–angiotensin system inhibition. Atrasentan delivered rapid and sustained proteinuria reductions and slowed kidney function decline versus placebo, reducing estimated glomerular filtration rate (eGFR) loss by approximately one-third over 132 weeks. Treatment-group separation became apparent after 36 weeks, with similar effects observed in patients receiving background sodium-glucose cotransporter-2 (SGLT2) inhibitors. Favourable trends were also observed across exploratory kidney outcomes, including lower risks of sustained eGFR decline, kidney failure or death, alongside substantially higher rates of partial remission. Safety findings were consistent with previous endothelin receptor antagonist studies.

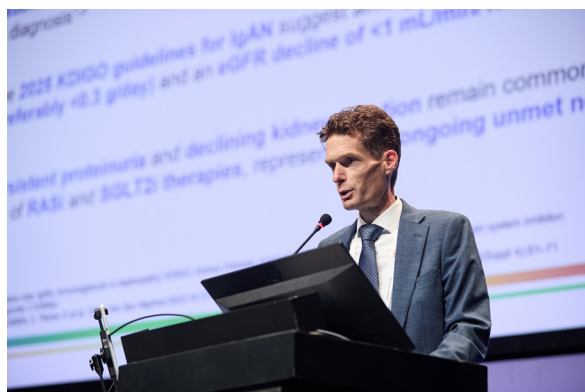
“The totality of the evidence shows that atrasentan leads to a clinically meaningful reduction in proteinuria and slows kidney function decline in IgAN.”

Effect of nurangociguat on albuminuria in patients with chronic kidney disease (CKD): Results from the ALPINE-1 Phase 2b dose-finding trial

Christoph Wanner (Germany) presented ALPINE-1, a randomised Phase 2b dose-finding trial of nurangociguat, a soluble guanylate cyclase activator, in 751 patients with diabetic or non-diabetic CKD receiving contemporary standard-of-care therapy. Patients were randomised to placebo or one of five daily nurangociguat regimens ranging from 2.5 mg to 20 mg. Nurangociguat demonstrated a significant dose-dependent reduction in urinary albumin-to-creatinine ratio (UACR) at week 16. Albuminuria reductions were evident by week 6 and maintained despite background disease-modifying therapy. Dose-dependent reductions in systolic blood pressure were also observed, while eGFR was unchanged over 16 weeks. Treatment was generally well tolerated, although higher doses were associated with more symptomatic hypotension and syncope. Christoph Wanner concluded that the results provide proof-of-concept for targeting the nitric oxide–sGC–cGMP pathway in CKD.

Low-dose rivaroxaban in patients with advanced kidney disease and high cardiovascular risk: Results from the TRACK trial

Sunil Badve (Australia) presented TRACK, an investigator-initiated, international, randomised, double-blind trial evaluating low-dose rivaroxaban for cardiovascular prevention in advanced CKD. The study enrolled 1,458 high-risk patients from 90 centres across 12 countries, including patients on dialysis and those with stage 4–5 CKD not receiving kidney replacement therapy (KRT). Over a median 1.7 years, rivaroxaban 2.5 mg twice daily did not significantly reduce cardiovascular death, myocardial infarction, stroke or peripheral artery disease events versus placebo, with consistent findings across prespecified subgroups, including aspirin users. No significant benefits were observed for mortality or major cardiovascular outcomes, although venous thromboembolism was less frequent. Rivaroxaban significantly increased major bleeding, most commonly gastrointestinal bleeding, and did not improve net clinical benefit. The findings do not support routine low-dose rivaroxaban for cardiovascular prevention in advanced CKD.



The effects of semaglutide on health-related quality of life in adults with type 2 diabetes (T2D) and CKD: FLOW trial

Johannes Mann (Germany) presented a prespecified exploratory analysis from the FLOW trial evaluating the effects of semaglutide on health-related quality of life in adults with T2D and CKD. FLOW was a double-blind, placebo-controlled study involving 3,533 adults randomised to receiving once-weekly semaglutide 1.0 mg or placebo on top of standard care. Previous FLOW results demonstrated that semaglutide reduced major kidney disease events by 24%, major adverse cardiovascular events by 18% and all-cause mortality by 20%.

At week 104, semaglutide was associated with significantly better health utility scores than placebo, with improvements observed across mobility, self-care, usual activities and pain/discomfort. Benefits were consistent across patient subgroups and occurred despite the gastrointestinal side effects commonly associated with GLP-1 receptor agonists. Semaglutide also improved participants' overall self-rated health.

Reflecting on the findings, Johannes Mann noted that *"While quality of life decreases with time in many trials, it stays stable with semaglutide."* He concluded that semaglutide not only improves kidney, cardiovascular and survival outcomes in patients with T2D and CKD but also provides meaningful benefits in patient-reported quality of life.



Iptacopan achieves near-normal kidney function decline in prespecified IgAN patient subgroups: APPLAUSE-IgAN final data

Jonathan Barratt (United Kingdom) presented final 24-month data from APPLAUSE-IgAN, a Phase 3, randomised, double-blind trial evaluating iptacopan, an oral complement factor B inhibitor. The trial enrolled 477 adults with biopsy-proven IgAN receiving optimised background therapy. Iptacopan approximately halved the rate of kidney function decline compared with placebo, as measured by annualised eGFR slope (-3.10 vs -6.12 mL/min/1.73 m²/year). 40% of iptacopan-treated patients achieved a near-normal eGFR slope, compared with 14% on placebo, while nearly half achieved urine protein-to-creatinine ratio below 0.5 g/g. Benefits were greatest in patients with lower baseline proteinuria, SGLT2 inhibitor use, earlier diagnosis and no prior immunosuppression. The safety profile remained favourable, with no new signals at 24 months.

"These results demonstrate the clinical benefit of sustained alternative complement pathway inhibition with iptacopan in patients with IgAN."



LATE BREAKING CLINICAL TRIALS 2

2,830 onsite and 2,302 attendees connected virtually

Finerenone in patients with CKD

Vlado Perkovic (Australia) opened a series of presentations examining the role of finerenone across the CKD spectrum, highlighting the substantial unmet need in non-diabetic CKD, where treatment options remain limited. He reviewed the rationale for targeting mineralocorticoid receptor overactivation, a key driver of inflammation and fibrosis across CKD aetiologies.

David Cherney (Canada) outlined the design of FIND-CKD, a Phase 3 trial evaluating finerenone in 1,584 patients with non-diabetic CKD and persistent albuminuria despite angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker therapy.

Presenting the primary findings, Hiddo Heerspink (The Netherlands) reported that finerenone significantly slowed kidney function decline, reducing annual eGFR loss by 0.7 mL/min/1.73 m²/year versus placebo and lowering albuminuria by 35%. More than half of finerenone-treated patients achieved a ≥30% reduction in albuminuria compared with 24% of patients receiving placebo. These effects translated into a 23% reduction in the composite kidney-cardiovascular outcome (HR 0.77; P=0.043). Benefits were consistent across CKD aetiologies, kidney function, albuminuria levels and background SGLT2 inhibitor use. Hyperkalaemia occurred more frequently with finerenone than placebo (17.0% versus 13.3%) but rarely resulted in serious clinical consequences.

Brendon Neuen (Australia) presented a subgroup analysis of 903 patients with glomerular diseases, including IgAN, focal segmental glomerulosclerosis, membranous nephropathy and membranoproliferative glomerulonephritis. Finerenone reduced albuminuria by 42%, slowed kidney function decline and lowered the risk of kidney failure or sustained 40% eGFR decline by 26% (HR 0.74; 95% CI 0.57–0.97).

Rajiv Agarwal (USA) then presented the INFINITY individual participant data meta-analysis, which pooled FIND-CKD, FIDELIO-DKD and FIGARO-DKD and included more than 14,500 patients across the CKD spectrum. Finerenone reduced the risk of sustained ≥57% eGFR decline or kidney failure by 24%, reduced the need for dialysis or kidney transplantation by 23% and lowered the risk of heart failure hospitalisation or cardiovascular death by 20%. Cardiovascular mortality and all-cause mortality were also significantly reduced, including a 12% reduction in all-cause mortality.



Providing a clinical perspective, Katherine Tuttle (USA) noted that the eGFR slope benefits observed in FIND-CKD were comparable to those reported in landmark SGLT2 inhibitor trials.

"We can say that finerenone saves kidneys, hearts and lives."

The use of rituximab in the treatment of nephrotic glomerulonephritis (TURING)

Lisa Willcocks (United Kingdom) and Megan Griffith (United Kingdom) presented findings from the TURING trial, which evaluated rituximab in minimal change disease (MCD) and focal segmental glomerulosclerosis (FSGS), the most common causes of primary nephrotic syndrome.

Among 122 patients who achieved remission and entered the primary analysis, relapse occurred in 45 of 59 placebo-treated patients compared with 22 of 63 patients receiving rituximab during a median follow-up of 140 weeks. Median time to relapse was not reached in the rituximab group. Benefits were observed in both MCD and FSGS, irrespective of disease stage or steroid tapering regimen.

Rituximab also increased complete remission rates among patients with FSGS, while an accelerated prednisolone taper reduced cumulative steroid exposure without increasing relapse risk. Safety findings were reassuring, with similar rates of serious adverse events between treatment groups.

The MAJESTY trial: obinutuzumab versus tacrolimus in primary membranous nephropathy

Fernando Fervenza (USA) presented Phase 3 MAJESTY results evaluating obinutuzumab in primary membranous nephropathy (pMN). The trial enrolled 142 patients with nephrotic-range proteinuria and preserved kidney function, approximately three-quarters of whom were anti-PLA2R antibody-positive at baseline.

Obinutuzumab achieved rapid and sustained B-cell depletion, leading to profound reductions in anti-PLA2R antibody levels and significant clinical benefit. Complete remission at week 104 was achieved in 37% of patients receiving obinutuzumab compared with 6% of patients receiving tacrolimus ($P < 0.001$). Overall remission, immunologic remission and relapse-free survival also favoured obinutuzumab, with benefits maintained throughout follow-up and extending to patients with high baseline anti-PLA2R antibody levels.

Crovalimab for atypical haemolytic uraemic syndrome: COMMUTE-p and COMMUTE-a

Maria Helena Vaisbich (Brazil) presented Phase 3 COMMUTE-p results evaluating crovalimab, a novel subcutaneous C5 inhibitor, in paediatric patients with atypical haemolytic uraemic syndrome (aHUS). A total of 70.6% of treatment-naïve patients achieved a complete thrombotic microangiopathy response by week 25, with a median time to response of 8.7 weeks. All patients requiring dialysis at baseline discontinued dialysis, and patients switching from existing C5 inhibitors maintained disease control.

Bradley Dixon (USA) followed with results from the companion COMMUTE-a trial in adolescents and adults, where 59.5% of treatment-naïve patients achieved a complete thrombotic microangiopathy response by week 25 with a median response time of 12.1 weeks. Treatment preference strongly favoured crovalimab, reflecting the convenience of low-volume subcutaneous administration and the potential for home treatment.



THE GLOBAL BURDEN OF KIDNEY DISEASE

850 onsite and 698 attendees connected virtually

The Opening Lectures began with an address from Patrick Mark, who highlighted the growing global burden of CKD and the urgent need for greater emphasis on prevention, early detection and equitable access to care.

Reflecting on progress since the previous ERA Congress, he welcomed the increasing recognition of kidney disease as a global health priority, including the adoption of the World Health Organization (WHO) kidney health resolution and its ratification by the United Nations (UN). However, he cautioned that recognition alone will not reverse current trends, noting that *“nowhere in the world are diabetes rates declining,”* despite diabetes remaining the leading cause of CKD worldwide.

Drawing on findings from the Global Burden of Disease 2023 analysis, Patrick Mark reported that CKD now affects an estimated 788 million adults globally and continues to rise across all regions, with particularly high prevalence in North Africa, the Middle East, South Asia, Sub-Saharan Africa and Latin America. He also highlighted stark inequalities in access to KRT, describing the gap between those who need treatment and those who can access it in low-resource settings as *“sobering.”*

Patrick Mark warned that CKD is becoming an increasingly important cause of mortality, having risen from the 12th to the 9th leading cause of death globally since 2017 and projected to become the fifth by 2040. *“Let’s not let it get there,”* he urged. *“We’re rising already. It’s like global warming. Can we not do something now?”*

He stressed that addressing major drivers of kidney disease, including diabetes, obesity and hypertension, will be critical to reducing its future burden. He also underscored the close relationship between kidney and cardiovascular health, noting that kidney dysfunction is estimated to contribute to 11.5% of cardiovascular deaths worldwide.

Closing his Opening Lecture, Patrick Mark brought the discussion back to the human impact behind the statistics. Noting that one person dies from CKD approximately every 20 seconds worldwide, he estimated that by the time delegates left Glasgow, around 13,500 people would have died from the disease. While encouraging attendees to make the most of the Scientific Programme, networking opportunities and their time in Glasgow, he reminded them not to lose sight of the patients at the heart of their work.



PLENARY HIGHLIGHTS: IMPROVING OUR UNDERSTANDING OF HUMAN IMMUNITY

1,250 onsite and 687 attendees connected virtually



Menna Clatworthy (United Kingdom) explored how advances in technology, tissue sampling and experimental medicine are transforming our understanding of human immunity, particularly in immune-mediated kidney diseases. She noted that much of our knowledge of immune responses has historically come from animal models, highlighting the need to study immune processes directly in human tissues.

She described three developments helping to address this challenge. First, technologies such as single-cell sequencing and spatial transcriptomics are enabling researchers to characterise immune cells in unprecedented detail and within their tissue environment.

Using these approaches, Menna Clatworthy and colleagues identified distinct populations of monocytes within healthy human glomeruli and demonstrated how local tissue signals shape their behaviour.

Second, she highlighted how *ex vivo* organ perfusion systems now allow human kidneys to be experimentally challenged and sampled over time, providing new insights into the early immune responses that drive inflammation and tissue injury.

Third, she discussed the use of adenoids as an accessible source of human lymphoid tissue for longitudinal immune monitoring. Studies in anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis showed that memory B cells can persist within lymphoid tissue despite being largely absent from the circulation following rituximab treatment. Early findings from the COMBIVAS study suggest that combining belimumab with rituximab may achieve deeper depletion of pathogenic B-cell populations.

Menna Clatworthy concluded that combining advanced technologies with improved tissue sampling and temporal profiling could be *“a game changer in understanding how well our medicines are working and why they sometimes don’t.”*

PLENARY HIGHLIGHTS: WHEN SCIENCE MEETS CRIME: THE IMPACT OF FORENSIC SCIENCE

1,000 onsite and 525 attendees connected virtually

Niamh Nic Daeid (United Kingdom) delivered a thought-provoking plenary on the evolution, challenges and future of forensic science. She challenged the common perception that forensic science is primarily about solving crimes, explaining that forensic scientists provide information that others use to determine whether a crime has occurred.

She highlighted a significant imbalance in research investment across the field. Although laboratory techniques have advanced considerably, crime scene investigation, evidence interpretation, reporting and courtroom communication remain comparatively under-researched. She noted that as analytical technologies become increasingly sensitive, this lack of foundational evidence has created growing challenges in understanding how evidence traces are transferred, and how they persist and communicate.

She emphasised the importance of effective scientific communication, noting that plain language, visual tools and innovative educational resources, including courtroom primers adapted into comics, can improve understanding of forensic evidence among judges, lawyers, juries and the public.

Niamh Nic Daeid concluded that progress requires stronger links between science, law, policing and society, supported by greater investment in research, communication and scientific literacy. Echoing a message that has underpinned much of her work, she urged delegates to “*dare to be different*” in order to drive meaningful change within their own fields.



PLENARY HIGHLIGHTS: FROM SCIENCE FICTION TO REALITY: THE XENOTRANSPLANTATION REVOLUTION

410 onsite and 581 attendees connected virtually



Leonardo Riella (USA) described how advances in gene editing and immunosuppression are rapidly transforming kidney xenotransplantation from a scientific aspiration into a potential solution for organ shortage. He highlighted two breakthroughs that have driven recent progress: CRISPR-Cas gene editing, which he described as “*magical scissors*,” and anti-CD154 costimulation blockade. Together, these advances have improved maximum pig-to-primate kidney graft survival from just 22 days in early studies to more than two years in recent models.

He also presented the case of the first clinical kidney xenotransplant recipient, a 62-year-old man with end-stage kidney disease who had exhausted conventional transplant options. The genetically modified pig kidney functioned immediately,

producing urine within hours of surgery and maintaining stable kidney function, electrolyte homeostasis and blood pressure regulation. An episode of cellular rejection was successfully treated, while intensive monitoring detected no zoonotic infections. Although the patient died from a cardiac arrhythmia on Day 51, autopsy showed no evidence of graft rejection.

Summarising the lessons learned, he concluded that hyperacute rejection can be prevented, physiological kidney function is achievable in humans and cellular rejection is manageable. “*We feel strongly that we are at an inflection point in xenotransplantation*,” he said, expressing the hope that one day “*dialysis will become an exception and not the rule*.”

PUBLIC HEALTH AND CKD

230 onsite and 362 attendees connected virtually

Evidence-based screening for albuminuria

Ronald Gansevoort (The Netherlands) presented the case for home-based population screening for albuminuria to enable earlier detection of CKD and cardiovascular risk. He highlighted albuminuria as a strong predictor of both CKD progression and cardiovascular events but noted that opportunistic screening remains poorly implemented, with testing rates of just 35% among people with diabetes and 4% among those with hypertension. Arguing that “*opportunistic screening hasn’t worked for 25 years,*” he advocated for more systematic approaches.

Ronald Gansevoort presented findings from the Dutch THOMAS (Towards HOME-based Albuminuria Screening) programme, in which mailed urine collection kits achieved participation rates approaching 60%, comparable to established cancer screening programmes. Among more than 4,500 participants, 3.3% had confirmed elevated albuminuria and many were found to have previously unrecognised or inadequately controlled cardiovascular and renal risk factors.

Although only 57% of those advised to consult their general practitioner did so, Ronald Gansevoort concluded that home-based albuminuria screening is feasible, acceptable and potentially cost-effective.

“I hope that home-based population screening for albuminuria might be an evidence-based way forward in addition to opportunistic screening.”

Big data, benefits and harms of medicines in CKD

Samira Bell (United Kingdom) explored how big data and real-world evidence (RWE) can help evaluate the benefits and harms of medicines in patients with CKD. She argued that CKD is particularly well suited to real-world research because patients are often clinically complex, with multimorbidity, polypharmacy and altered drug handling, yet are frequently underrepresented in clinical trials.

Samira Bell highlighted how linked healthcare datasets, including electronic health records, registries, prescribing databases and patient-reported outcomes, can help address these evidence gaps. She described a UK registry analysis showing that sotrovimab was associated with better COVID-19 outcomes than molnupiravir in patients receiving KRT, findings that subsequently informed National Institute for Health and Care Excellence (NICE) guidance.

Emphasis was placed on RWE complementing rather than replacing randomised clinical trials. By providing insights into treatment effectiveness, safety and value in routine clinical practice, big data can help support more personalised and evidence-based care for people living with CKD.



Rethinking CKD

Hans-Joachim Anders (Germany) delivered a provocative call to rethink CKD, arguing that nephrology should move away from a model centred on kidney failure and KRT towards one focused on maintaining kidney health throughout life. He suggested that healthcare systems, reimbursement structures and even nephrology training programmes remain overly focused on end-stage disease, despite CKD developing gradually over decades.

Hans-Joachim Anders challenged delegates to adopt a more patient-centred perspective, stressing that “*we are treating patients, not diseases.*” He proposed a simple framework for understanding CKD: CKD equals too much workload for too little capacity. Kidney workload is increased by factors such as obesity, hyperglycaemia and high salt intake, while kidney capacity is determined by nephron number and renal reserve.

Drawing a parallel with cardiovascular medicine, Hans-Joachim Anders argued that CKD should be managed as a multifactorial condition in which diseases such as IgAN, lupus nephritis and diabetes represent risk factors that contribute to kidney damage rather than fully explain disease progression.

“Nephrologists should be paid to maintain kidney health.”



ERA REGISTRY

100 onsite and 209 attendees connected virtually

Age-related trends in KRT prevalence across Europe

Leveraging data from the ERA Registry, Marin Hoekstra (The Netherlands) presented an analysis of age-related trends in KRT prevalence across Europe. The study examined changes in KRT prevalence between 2004 and 2023, assessing the contribution of population ageing to these trends.

Across 15 European countries, KRT prevalence increased by 44% over the study period, rising from approximately 1,100 to 1,600 patients per million population. Growth was primarily driven by transplantation prevalence, which increased by 62%, compared with a 30% increase in dialysis prevalence. However, substantial variation was observed between countries, with some showing relatively stable prevalence while others experienced marked increases driven by either dialysis or transplantation.

Prevalence increased more rapidly among males than females (50% versus 36%). Among patients aged ≥ 75 years, prevalence increased by 66% compared with 35% among those aged 65–74 years and 29% among those aged 20–64 years. Considerable differences were observed across countries, particularly in the oldest age group.

Population ageing contributed to increasing KRT prevalence in all countries studied, although its relative impact varied substantially, accounting for a much larger proportion of prevalence growth in countries such as Greece and Spain than in Scotland or Sweden. Reflecting on the implications of the findings, Marin Hoekstra emphasised that good healthcare planning is not optional but essential.

Factors behind the varying kidney transplant survival rates in Europe

Rianne Boenink (The Netherlands) presented an ERA Registry analysis examining why patient survival following kidney transplantation varies across Europe. The study included adults receiving a first kidney transplant between 2013 and 2017 across 14 European countries.



Crude five-year patient survival ranged from 84.7% in Spain to 93.3% in Estonia. Using random-effects modelling, the investigators found that national kidney transplantation rates accounted for the largest proportion of the observed variation (75%), followed by recipient age (62%), life expectancy (36%) and primary renal disease distribution (24%). Countries with higher transplantation rates tended to transplant older and more clinically complex patients.

After adjustment for recipient age, sex, primary renal disease and national transplantation rates, survival estimates for most countries moved close to the European average. Overall, these factors explained 77% of the variation in survival, indicating that differences between countries largely reflect variation in recipient characteristics and transplantation practices rather than transplant care quality itself. Rianne Boenink concluded that meaningful international benchmarking requires adjustment for both patient- and country-level factors.

“Although countries with a high kidney transplantation rate have a lower crude survival, their policies may benefit the larger KRT patient population as more patients can receive a kidney transplant rather than remaining on dialysis.”



RECOGNISING OUTSTANDING WORK AND CONTRIBUTIONS WITH THE ERA AWARDS

The ERA Awards honour the highest levels of achievement in nephrology, recognising individuals and organisations whose work has advanced kidney research, education, sustainability and patient care. We are grateful to each recipient for their exceptional contributions, which continue to inspire excellence throughout the nephrology community.

Congratulations to the recipients of the 2026 ERA Awards:

ERA Award for Outstanding Clinical Contributions to Nephrology
Manuel Praga Terente (Spain)

ERA Award for Outstanding Basic Science Contributions to Nephrology
Robert Unwin (United Kingdom)

ERA Award for Research Excellence in Nephrology
Mehmet Kanbay (Türkiye)

ERA Award for Outstanding Contribution to the Society
Danilo Fliser (Germany)

ERA Award for Excellence in the Field of Sustainable Nephrology
Groupe Néphrologie Verte (SFNDT, France)



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 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 the 2026 ERA Awards for Young Investigators:

ERA Rosanna Gusmano Award for Young Investigators in Basic Science
Verónica Miguel Herranz (Germany)

ERA Stanley Shaldon Award for Young Investigators in Translational Science
Michael Balzer (Germany)

ERA Eberhard Ritz Award for Young Investigators in Clinical Science
Rik Olde Engberink (The Netherlands) and Michele Eisenga (The Netherlands) – ex aequo

ERA Curatorium Award in Innovation in Nephrology in the Age of the Digital Revolution

We were pleased to present the ERA Curatorium Award in Innovation in Nephrology in the Age of the Digital Revolution, which recognises emerging nephrologists and researchers who have developed innovative ideas, technologies, projects or services to address important challenges in nephrology and kidney disease. The award includes a €10,000 prize. Congratulations to:
Katharina Artinger (Austria)

ERA Honorary Membership

We were delighted to congratulate **Rosanna Coppo (Italy)**, who has been awarded the ERA Honorary Membership. Rosanna Coppo is the second woman in ERA's history to receive this prestigious recognition, marking an important milestone for the Association.

Newly elected Council Members

It was also a pleasure to announce and congratulate the newly elected Ordinary Council Members: **Loreto Gesualdo (Italy)** and **Ieva Ziedina (Latvia)**. We look forward to the new ideas and strong commitment they'll bring to their positions.



THANK YOU TO OUR NDT AND CKJ TOP REVIEWERS!

We extend our heartfelt gratitude to the outstanding reviewers of our two flagship journals, *Nephrology Dialysis Transplantation (NDT)* and *Clinical Kidney Journal (CKJ)*, whose dedication and efforts continue to shape the quality and integrity of our publications.

NDT is a leading peer-reviewed journal publishing 12 issues per year, covering the full spectrum of kidney disease research – from clinical nephrology and haemodialysis to renal transplantation. As Europe's foremost nephrology journal, it attracts over 3.6 million article downloads each year and ranks in the top quartile by both Impact Factor and CiteScore.

NDT top reviewers

Jan Halbritter (Germany)
Kaitlin Mayne (United Kingdom)
Manuel Praga (Spain)

CKJ is a fully open-access, peer-reviewed journal publishing monthly, dedicated to bridging the gap between clinical, translational and educational nephrology research. As an official ERA journal, it serves as a key resource for nephrologists and kidney pathologists, fostering innovation and bringing basic research closer to clinical practice.

CKJ top reviewers

Wisit Cheungpasitporn (USA)
Nuri Baris Hasbal (Türkiye)
Şafak Mirioğlu (Türkiye)
Marios Papasotiriou (Greece)



CREATING A LEGACY IN GLASGOW

FROM CLASSROOM TO CONGRESS: THE KIDNEY & BEE ADVENTURE

Over 150 children aged 8–10 from Maidenhill Primary School took part in the Kidney & Bee Adventure – ERA’s legacy project for Glasgow, led by Local Congress President Kate Stevens and supported by local volunteers.

Ahead of the Congress, the schoolchildren took part in a series of workshops learning about how kidneys work and how to keep them healthy. The children then visited the museum and gardens at Glasgow Royal Infirmary where they planted healthy foods including “pizzas in a pot.” As part of the visit, they saw the hospital beehives and found out about the medicinal uses of honey and of different plants and herbs. They also road-tested “The Glasgow Bee Trail” – a new, permanent treasure hunt through Glasgow supported in part by a grant from ERA.

Creativity also played an important role in the initiative. Children participated in artwork activities designed to help them explore kidney health in an imaginative and accessible way, encouraging curiosity through hands-on learning and self-expression. Their artwork was on display at the ERA Congress, with the winning piece earning a place on the cover of NDT.

Reflecting on the initiative, Kate Stevens said, “It has been incredibly rewarding to see so many young people take part in the Kidney & Bee Adventure. The tomato plants the children planted for “pizzas in a pot” are flourishing and the artwork they have produced is fabulous! By the children understanding more about how their bodies work and why kidney health matters, we hope to spark curiosity and encourage healthy habits from an early age, and I really hope that this is something that will have a lasting benefit.”



ERA RENAL RUN 2026: CHALLENGING THINKING, SUPPORTING CHILDREN

On the morning of 4 June 2026, 95 runners set off from the SEC in Glasgow for the inaugural ERA Renal Run, raising funds for the Nephrology Unit at Glasgow Children’s Hospital.

Starting at 6:30am, participants completed the route before gathering for an awards ceremony. Every registration fee, along with voluntary donations made on the day, will go directly to young patients and their families receiving specialist kidney care in Glasgow.

Thank you to everyone who ran, donated and volunteered! Take a closer look at ERA’s partnership with Glasgow Children’s Hospital Charity [here](#).



RAISING AWARENESS WITH STRONG KIDNEYS

For the second consecutive year, delegates were invited to take advantage of a free kidney screening service at a dedicated Strong Kidneys Screening Spot inside the Exhibition Hall. More than 200 delegates were screened as part of the initiative! You can find out more about the ERA Strong Kidneys campaign – and how to get involved – on the ERA website. A Strong Kidneys flash mob was also held in Glasgow, further encouraging everyone to move for your kidneys!



SUSTAINABILITY INITIATIVES

Sustainability was a central focus for the 63rd ERA Congress, with a range of measures implemented to minimise environmental impact and encourage more responsible participation across all aspects of the meeting. Reflecting ERA's long-term commitment to environmentally conscious event planning, the Congress combined practical initiatives with local legacy projects designed to create a positive impact beyond the event itself.

Key sustainability measures implemented during this year's Congress included:

- Delivering a **hybrid Congress format**, enabling remote participation and helping to reduce travel-related emissions
- Promoting **low-impact travel options**, with the venue easily accessible via Glasgow's public transport network and delegates encouraged to travel sustainably wherever possible, supported by exclusive discounts on selected transport options
- Prioritising **digital communication** and reducing printed materials by providing key Congress resources online
- Working with suppliers and partners aligned with sustainability principles and favouring **environmentally responsible solutions and materials**. For example, the booth builder recommended recyclable and recycled materials for use in the construction process
- Offering catering options, including vegan choices, designed to reduce waste and support more **sustainable food choices**, while limiting single-use materials
- Encouraging exhibitors, sponsors and delegates to contribute to a more sustainable Congress experience through practical guidance and **shared responsibility initiatives**
- Reducing unnecessary materials throughout the Congress environment by prioritising **reusable and recyclable infrastructure and signage**, as well as improvement of waste management and promotion of waste separation among delegates
- Supporting projects that generated a lasting **educational and environmental legacy** within the Glasgow community

As part of its commitment to leaving a positive local impact, ERA supported initiatives in Glasgow aimed at education, wellbeing and environmental engagement. This included support for **The Green Team**, an organisation providing inclusive outdoor learning experiences for children and young people, particularly those facing social disadvantage. ERA also facilitated the Kidney & Bee Adventure project, introducing local primary school pupils to concepts related to kidney health and science through interactive and creative workshops.

ERA remains committed to reviewing and strengthening the sustainability measures implemented at each Congress, with the aim of continuously reducing environmental impact and building a stronger legacy for future meetings.

ERA SUSTAINABILITY CHALLENGE – THANK YOU TO ALL PARTICIPATING COMPANIES!

As part of its commitment to promoting sustainable practices, ERA invited exhibitors and sponsors to take part in the Sustainability Challenge.

Participants were invited to share the measures their company was taking to support sustainability at the Congress by completing an online questionnaire. Exhibitors and sponsors were then evaluated based on the data provided in the submission form, along with additional assessments conducted onsite during the Congress.

Congratulations to this year's winners:

1. AstraZeneca
2. Boehringer Ingelheim
3. EffeEmme



Thank You

for the contribution to the success of the 63rd ERA Congress

ADVOCATES



PARTNERS



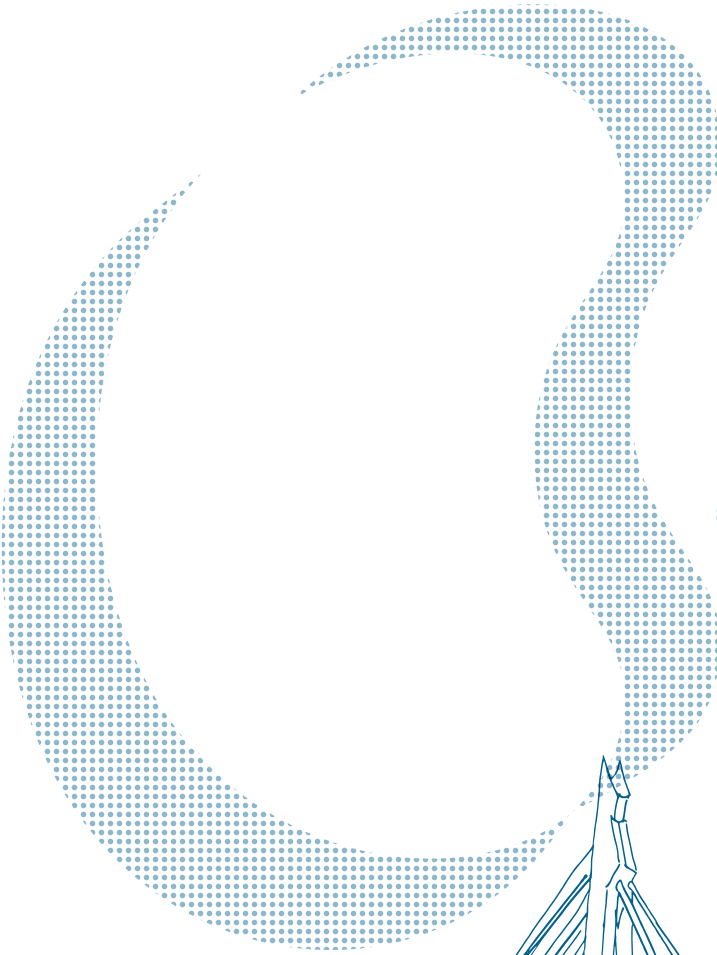
SUPPORTERS



64th ERA CONGRESS

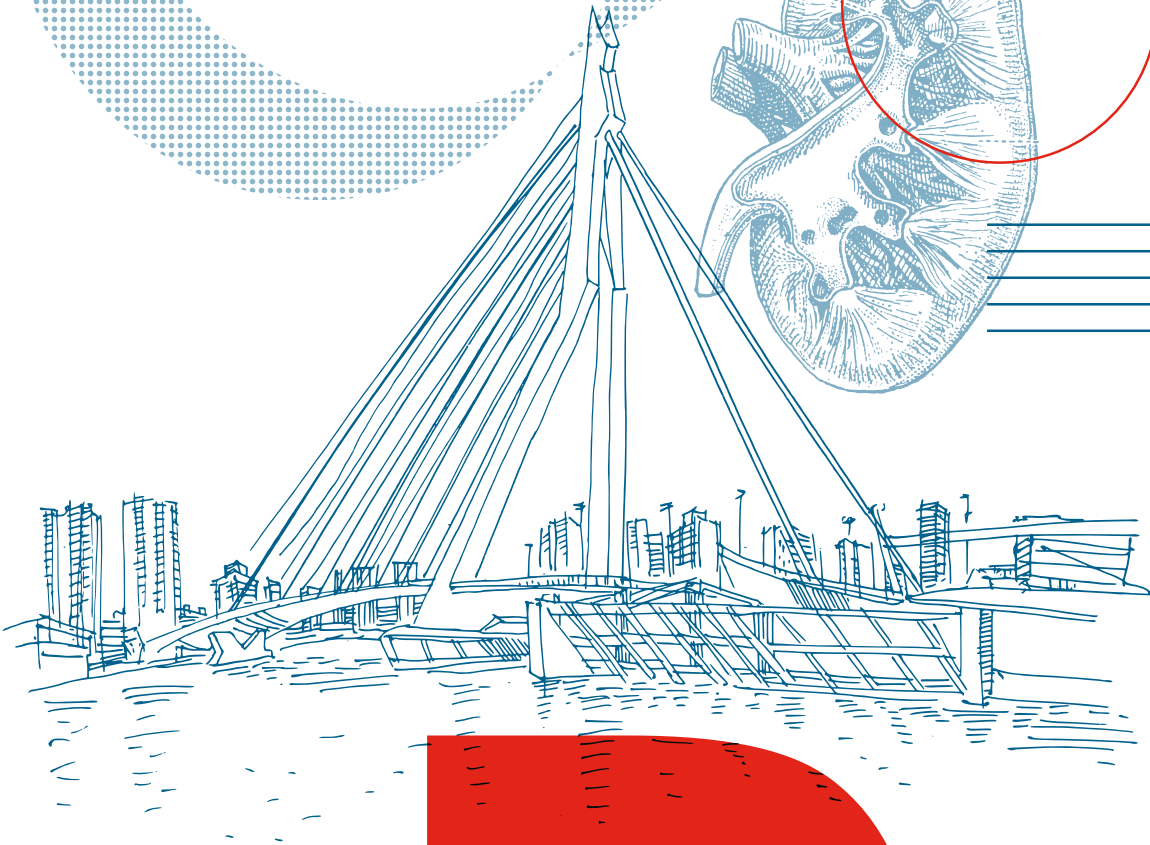
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