55th ERA-EDTA CONGRESS
Copenhagen, Denmark May 24th - 27th 2018

www.era-edta2018.org

Photo courtesy of Ozalp Harut
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http://nephrology.dk
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David Wheeler, UK
Andrzej Więcek, Poland
Carmine Zoccali, Italy
Dear Colleagues,

In 2002 we last hosted the ERA-EDTA Congress, with great days of education and science. We now aim to make an even better congress, so please do come along and be inspired and excited by a cutting-edge scientific program in an intriguing and friendly atmosphere, all hosted in Copenhagen.

You will most certainly also enjoy Copenhagen with its historical castles and buildings, its arts and fashion and the famous Nordic cuisine with its excellent restaurants. Nyhavn as depicted in this invitation means new harbor, but is in fact quite old. This seeming contradiction bares the quintessence of Copenhagen, and perhaps the ERA-EDTA, tradition and renewal in a vibrant mix, busy but laid back, old but young.

We are looking forward to welcoming you at the ERA-EDTA in Copenhagen 2018!

Bo Feldt-Rasmussen
Congress President

Carmine Zoccali
ERA-EDTA President
Important Addresses

**SCIENTIFIC PROGRAMME**

**ERA-EDTA President**
Carmine Zoccali  
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E-mail: bfr@rh.dk

**Congress Secretary**
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E-mail: mads.hornum@gmail.com

**Chairperson of the Scientific Committee**
Vladimir Tesař  
Division of Nephrology  
First Faculty of Medicine  
Charles University  
U. Nemocnice 2  
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E-mail: vladimir.tesar@vfn.cz

**CONGRESS SECRETARIAT**

**ERA-EDTA Operative Headquarters**
Via XXIV Maggio 38  
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ERA-EDTA Industry Relations  
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Fax: +39-0521-959242  
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& Event Management AG  
Landsberger Strasse 155  
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hotels.eraedta@interplan.de  
dmc.eraedta@interplan.de  
http://era-edta.interplan.de/home.html
# REGISTRATIONS

- **Early**: March 1, 2018
- **Blank booking and prepayment (groups only)**: March 1, 2018
- **Late**: May 3, 2018
- **Blank - name list (groups only)**: May 9, 2018
- **Onsite**: May 4 to May 27, 2018

# ABSTRACTS

- **Submission website open**: November 6, 2017
- **Abstract submission**: January 12, 2018
- **LBCT abstract submission**: March 16, 2018
- **Notification of abstract acceptance/rejection**: March 21, 2018

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### Deadlines & Congress Timetable

#### Wednesday, May 23 2018 - REGISTRATION DAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>11.00 - 19.00</td>
<td>Registrations</td>
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#### Thursday, May 24 2018 - DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07.00 - 18.30</td>
<td>Registrations</td>
</tr>
<tr>
<td>08.00 - 08.30</td>
<td>Congress Opening</td>
</tr>
<tr>
<td>08.30 - 16.30</td>
<td>CME Courses and Working Groups CMEs</td>
</tr>
<tr>
<td>17.00 - 18.00</td>
<td>Welcome Ceremony + Plenary Lecture 1</td>
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<tr>
<td>16.00 - 20.00</td>
<td>Exhibition open for visit</td>
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<tr>
<td>18.00 - 19.30</td>
<td>Welcome Reception in the Exhibition</td>
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#### Friday, May 25 2018 - DAY 2

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<tr>
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<tr>
<td>07.30 - 18.30</td>
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<tr>
<td>08.00 - 09.30</td>
<td>Symposia + Free Communications + Mini Lectures</td>
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<tr>
<td>09.30 - 10.45</td>
<td>Poster Session and Coffee Break</td>
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<tr>
<td>10.45 - 11.30</td>
<td>Plenary Lecture 2</td>
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<tr>
<td>11.45 - 13.15</td>
<td>Symposia + Free Communications + Mini Lectures</td>
</tr>
<tr>
<td>13.15 - 14.45</td>
<td>Industry Symposia</td>
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<tr>
<td>15.00 - 16.30</td>
<td>Symposia + Free Communications + Mini Lectures</td>
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<tr>
<td>16.30 - 17.00</td>
<td>Poster session, coffee break and exhibition visit</td>
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<td>17.00 - 18.30</td>
<td>Symposia + Free Communications + Mini Lectures</td>
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<tr>
<td>09.30 - 17.30</td>
<td>Exhibition open for visit</td>
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#### Saturday, May 26 2018 - DAY 3

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<td>09.30 - 10.45</td>
<td>Poster Session and Coffee Break</td>
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<tr>
<td>10.45 - 11.30</td>
<td>Plenary Lecture 3</td>
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<tr>
<td>13.15 - 14.45</td>
<td>Industry Symposia</td>
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<tr>
<td>15.00 - 16.30</td>
<td>Symposia + Free Communications + Mini Lectures</td>
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<tr>
<td>16.30 - 17.00</td>
<td>Poster session, coffee break and exhibition visit</td>
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<tr>
<td>09.30 - 17.30</td>
<td>Exhibition open for visit</td>
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#### Sunday, May 27 2018 - DAY 4

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<th>Time</th>
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<td>07.30 - 14.30</td>
<td>Registrations</td>
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<tr>
<td>08.00 - 09.30</td>
<td>Symposia + Free Communications + Mini Lectures</td>
</tr>
<tr>
<td>09.45 - 10.30</td>
<td>Plenary Lecture 4</td>
</tr>
<tr>
<td>10.45 - 12.15</td>
<td>Symposia + Free Communications + Mini Lectures</td>
</tr>
<tr>
<td>12.30 - 14.00</td>
<td>Nephrology Pearls</td>
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### Preliminary Scientific Programme

**PLENARY LECTURES**

1) Gene editing: powerful new tool for nephrology research and therapy  
   **Toni Cathomen**, Freiburg, Germany

2) New paradigms of the kidney - Vascular-Bone axis in CKD  
   **Klaus Olgaard**, Copenhagen, Denmark

3) From the RNA world to the clinic: RNAs as drugs and drug targets  
   **Bruce Sullenger**, Durham, USA

4) Epidemiology of kidney disease  
   **Marcello Tonelli**, Calgary, Canada

### MINI LECTURES

Oxygen sensing – from physiology to clinical application  
**Kai-Uwe Eckardt**, Berlin, Germany

New ideas on the link between salt and hypertension  
**Friedrich C. Luft**, Berlin, Germany

Current place of vaptans in the treatment of hyponatremia  
**Goce Spasovski**, Skopje, F.Y.R. of Macedonia

MicroRNAs, mediators and therapeutic targets for renal disease  
**Laura Denby**, Edinburgh, United Kingdom

Economics of ADPKD: cost-effectiveness of medical treatment?  
**Jonathan G. Fox**, Glasgow, United Kingdom

Role of Wnt signaling in renal fibrosis  
**Speaker to be confirmed**

The new standardized classification of glomerulonephritis  
**Sanjeev Sethi**, Rochester, U.S.A.

Treatment of C3 glomerulopathy  
**Yasar Caliskan**, Istanbul, Turkey

Treatment of complement related glomerulopathies including HUS  
**Giuseppe Remuzzi**, Bergamo, Italy

Treatment of HCV in CKD/ESRD: challenges and opportunities  
**Michel Jadoul**, Brussels, Belgium

Changing face of HIV related kidney disorders  
**Alberto Ortiz**, Madrid, Spain

### Liquid kidney biopsy

- Yes! We are there  
  **Harald Mischak**, Hannover, Germany

- No, at least by now  
  **Kerstin Amann**, Erlangen, Germany

The diagnosis of hematuria in the genetic era: a conundrum solved?  
**Emmanuelle Plaisier**, Paris, France

ANCA-associated vasculitis: should it be split into (at least) two diseases?  
**Benjamin Terrier**, Paris, France

Biomarkers in IgA nephropathy  
**Dita Maixnerova**, Prague, Czech Republic

Frailty in CKD/ESRD  
**Dimitrios Goumenos**, Patras, Greece

How to increase serum Klotho concentration?  
**Makoto Kuro-o**, Shimotsuke, Japan

FGF23 as a predictor of cardiovascular outcomes in CKD  
**Martin De Borst**, Groningen, The Netherlands

Gut-microbiota in immune-mediated inflammatory diseases  
**Loreto Gesualdo**, Bari, Italy

Factors affecting adherence in CKD  
**Anna Birna Almarsdóttir**, Copenhagen, Denmark

Challenges and opportunities in the conduct of clinical trials in nephrology  
**Adeera Levin**, Vancouver, Canada

Inflammation as a driver of premature aging in CKD  
**Peter Stenvinkel**, Stockholm, Sweden

Atrial fibrillation in ESRD - what is the best approach to treatment  
**Adrian Covic**, Iasi, Romania

Milestones in hyperkalemia therapy or just an innovation  
**Ziad Massy**, Paris, France

Aldosterone inhibition in ESRD patients  
**Patrick Rossignol**, Vandoeuvre-Les-Nancy, France

Resistant hypertension in ESRD - is it just water that matters?  
**Francesca Mallamaci**, Reggio Calabria, Italy

Implementation of new CKD-MBD guidelines  
**Markus Ketteler**, Coburg, Germany
Neprilysin inhibition in heart failure and CKD - a double-edged sword?
Richard Haynes, Oxford, United Kingdom

Renal anemia of inflammation
Yalcin Solak, Sakarya, Turkey

What can the Danish Nephrology Registry teach us?
James Heaf, Roskilde, Denmark

Impact of transitioning between modalities: the INTEGRATED project
Wim Van Biesen, Ghent, Belgium

Clinical implications of peritoneal transport physiology
Olof Heimbürger, Stockholm, Sweden

New clinical trials on kidney transplantation
Josep Cruzado, Barcelona, Spain

Xenotransplantation - a realistic solution?
Speaker to be confirmed

Criteria to define transplantable kidneys
Giuseppe Grandaliano, Foggia, Italy

How do we treat diabetic patients in stage 4-5 CKD
Speaker to be confirmed

Bariatric surgery and kidney functions
Speaker to be confirmed

The presence and the future of antihypertensive therapy
Giuseppe Mancia, Milan, Italy

AKI in the patient with cirrhosis
Andrew Davenport, London, UK

Staging AKI: from RIFLE to KDIGO to Delta-creatinine?
Norbert H. Lameire, Ghent, Belgium

CI-AKI: are the contrast agents really harmful?
Jolanta Malyszko, Bialystok, Poland

Using digital and mobile tools in clinical research
Mitchell R. Lunn, San Francisco, USA

News in the antique concept of Morbus Dominorum: gout as disease of lords
Vincenzo Savica, Messina, Italy

in collaboration with the International Association for the History of Nephrology (IAHN)

SYMPOSIA

SPECIAL AND JOINT SYMPOSIA

Late breaking clinical trials

ERA-EDTA Registry
- Trends in the Kidney Donor Risk Index (KDRI) in Europe
  Maria Pippias, Amsterdam, The Netherlands
- The European EDITH kidney patients survey on treatment modality choice
  Rianne de Jong, Amsterdam, The Netherlands
- Nutritional status in advanced CKD (EQUAL)
  Speaker to be confirmed
- European disparities in access to transplantation and graft failure in children
  Marjolein Bonthuis, Amsterdam, The Netherlands

American Society of Nephrology (ASN) Highlights

ERA-EDTA and Japanese Society of Nephrology (JSN)
Acute/rapidly-progressive nephritic syndrome and vasculitis
- Japanese Renal Biopsy Registry (JRBR)
  Hitoshi Sugiyama, Okayama, Japan
- A nation-wide prospective cohort study in Japanese patients with ANCA-associated vasculitis
  Shinya Kaname, Tokyo, Japan
- Geographical difference – different incidence of glomerular disease or different practice
  Loreto Gesualdo, Bari, Italy
- Complications after renal biopsy - what are the risk factors?
  Bjorn Peters, Skövde, Sweden

ERA-EDTA and Chinese Society of Nephrology (CSN)

ERA-EDTA and European Society of Hypertension (ESH)

ERA-EDTA and European Society for Paediatric Nephrology (ESPN)
**Track 1**

**FLUID & ELECTROLYTES, TUBULAR TRANSPORT, RENAL PHYSIOLOGY**

**Renal physiology - tubular transport**
- Claudins in the distal nephron
  Speaker to be confirmed
- Tubular handling of calcium and magnesium: Insights from GWAS
  Olivier Devuyst, Zürich, Switzerland
- HNF1beta: roles in the distal nephron
  Stanislas Faguer, Toulouse, France

**Mitochondria: critical players in kidney disorders**
- Podocyte metabolism in health and disease
  Tobias Huber, Hamburg, Germany
- Mitochondrial cytopathies and the kidney
  Francesco Emma, Rome, Italy
- Mitochondrial dysfunction in AKI
  Ariela Benigni, Bergamo, Italy

**APOL1 impact in kidney disease**
- Pathogenic roles of lipoproteins and apolipoproteins in kidney diseases
  Arnold Von Eckardstein, Zürich, Switzerland
- The APOL1-associated spectrum of chronic kidney disease
  Barry I. Freedman, Winston-Salem, U.S.A.
- A mouse model of APOL1-associated kidney disease
  Speaker to be confirmed

**Track 2**

**HEREDITARY DISORDERS, DEVELOPMENT, PREGNANCY, PAEDIATRIC NEPHROLOGY**

**Recent findings in ADPKD**
- Utility of prognostic scores in ADPKD
  Emilie Cornec-Le Gall, Brest, France
- Low-osmolar diet and adjusted water intake in ADPKD
  Albert Ong, Sheffield, United Kingdom
- New genes for cystic kidneys and liver
  Peter Harris, Rochester, U.S.A.
- Use of urine peptidome analysis in ADPKD
  Giovambattista Capasso, Naples, Italy

**Paediatric nephrology**
- Long-term outcome of patients with Lowe syndrome and Dent disease 2
  Detlef Bockenhauer, London, United Kingdom
- Primary disease recurrence - effects on paediatric renal transplantation outcomes
  Speaker to be confirmed
- Methylmalonic aciduria (MMA): new therapeutic perspectives
  Speaker to be confirmed
- Minimal Change Disease
  Marina Vivarelli, Rome, Italy

**Pregnancy, CKD and hypertension**
- The role of antihypertensive treatment in pregnant women with diabetic nephropathy
  Elisabeth R. Mathiesen, Copenhagen, Denmark
- The role of home blood pressure measurements in pregnancy complicated by hypertension
  Marianne Vestgaard, Copenhagen, Denmark
- Preconception cardiovascular risk factors for gestational hypertension and preeclampsia
  Speaker to be confirmed
- Preeclampsia - does it predict kidney and cardiovascular disease in the future
  Speaker to be confirmed
- Complement activation in kidneys; more than just a signature of IgG deposition
  Cees Van Kooten, Leiden, The Netherlands
Track 3
GLOMERULAR DISEASES AND GENERAL CLINICAL NEPHROLOGY

Membranous nephropathy: the evolving story
- Advances in the pathogenesis of membranous nephropathy
  Pierre Ronco, Paris, France
- Membranous nephropathy and cancer
  Rolf A.K. Stahl, Hamburg, Germany
- New perspectives from recent treatment trials in membranous nephropathy
  Jack F.M. Wetzels, Nijmegen, The Netherlands

IgA nephropathy: from genes to therapeutic controversies
- From genetics to pathophysiology
  Jan Novak, Birmingham, U.S.A.
- Towards pathology-based therapy? Towards a personalized therapy in IgAN
  Rosanna Coppo, Turin, Italy
- From experimental models to new treatment options in humans
  Renato Monteiro, Paris, France

Plasma cell dyscrasias and the kidney
- Myeloma cast nephropathy - any role for extracorporeal treatments?
  Frank Bridoux, Poitiers, France
- Primary amyloidosis - current best practices
  Romana Rysava, Prague, Czech Republic
- Randall-type monoclonal immunoglobulin deposition disease
  Camille Cohen, Paris, France
- MGUS and glomerulonephritis - how to find a causal relationship and how to treat
  Sanjeev Sethi, Rochester, U.S.A.

Rituximab in immune mediated glomerular diseases: one drug does not fit all
- Anti-B cell targeted therapy: anti CD20 and other approaches
  Annette Bruchfeld, Stockholm, Sweden
- Rituximab in idiopathic membranous nephropathy
  Pierre Ronco, Paris, France
- Rituximab in IgA nephropathy
  Fernando Fervenza, Rochester, USA
- Rituximab in ANCA vasculitis
  David Jayne, Cambridge, United Kingdom

Lupus and vasculitis - recent advances in therapy
- Newer agents in the treatment of SLE nephritis
  David Jayne, Cambridge, United Kingdom
- Anti-GBM disease - New subgroups and novel therapies
  Mårten Segelmark, Linköping, Sweden
- IgA Vasculitis in adults: what is it and what should we do about it?
  Alan D. Salama, London, United Kingdom
- Improving survival in ANCA associated vasculitis
  Wladimir M. Szpir, Copenhagen, Denmark

Glomerular diseases in the Omics era
- Large-scale genomic studies: what they have taught us
  Alexander Teumer, Greifswald, Germany
- An integrated view of glomerular pathology
  Tobias Huber, Hamburg, Germany
- Transcontinental Omics studies
  Xueqing Yu, Guangzhou, P.R. China
- Integrative omics approach for comprehensive IgA nephropathy
  Francesco Paolo Schena, Bari, Italy

Track 4
CKD - PATHOPHYSIOLOGY, EPIDEMIOLOGY, PREVENTION, PROGRESSION, AGEING

Update in plasmapheresis for treating kidney diseases
- Thrombotic thrombocytopenic purpura/hemolytic uremic syndrome
  Petar Kes, Zagreb, Croatia
- Renal transplantation
  Paolo Malvezzi, Grenoble, France
- Anti-neutrophil cytoplasm antibodies-associated vasculitis
  Charles Pusey, London, United Kingdom
- FSGS - soluble or solid?
  Mario Schiffer, Hannover, Germany

Progression of chronic kidney disease - hot issues beyond blood pressure and renin-angiotensin system
- Can antidiabetic drugs prevent chronic kidney disease progression?
  Christoph Wanner, Würzburg, Germany
- Interventional antihypertensive therapies and chronic kidney disease - a new window of opportunity?
  Johannes F.E. Mann, Munich, Germany
- Does metabolic acidosis correction prevent chronic kidney disease progression?
  Marcin Adamczak, Katowice, Poland
- Hyperuricemia and chronic kidney disease progression
  Ivan Rychlik, Prague, Czech Republic

New biomarkers of CKD progressions
- A new role for suPAR?
  Jack F.M. Wetzels, Nijmegen, The Netherlands
- Phosphate toxicity and CKD progression
  Markus Ketteler, Coburg, Germany
- Clinical consequences of hypervolemia in CKD patients
  Andrzej J. Wiecz, Katowice, Poland
- Klotho and endocrine FGFs – marker of CKD progression and cardiovascular complications?
  Makoto Kuro-o, Shimotsuke, Japan
Interstitial fibrosis and mechanisms of CKD progression
- New concepts in the pathogenesis of interstitial fibrosis
  Peter Boor, Aachen, Germany
- Are there early biomarkers of interstitial fibrosis?
  Christos Chatziantoniou, Paris, France
- The role of hypoxia in the progression of polycystic kidney disease
  Kai-Uwe Eckardt, Berlin, Germany
- Interstitial fibrosis in kidney transplant recipients
  Marian Klinger, Wroclaw, Poland

Controversy: too much Nephrology?
- The CKD epidemics is overstated
- The CKD epidemics is real and concerning

Focus on surrogate end-points in Nephrology
- Clinical end-points in Nephrology: less simple than it may seem
  Kitty J. Jager, Amsterdam, The Netherlands
- Proteinuria as a clinical end-point in clinical trials in Nephrology: acceptable but not perfect
  Ron T. Gansevoort, Groningen, The Netherlands
- Coronary calcification as a cardiovascular end-point in clinical trials in nephrology: lights and shades
  Gérard London, Fleury-Mérogis, France

CKD as a public health priority: organizational models
- CKD Epidemiology in 2017-2050: primary and secondary prevention
  Marcello Tonelli, Calgary, Canada
- Individualised care for kidney disease without hospital-based clinics?
  Charles Tomson, Bristol, United Kingdom
- Integrated clinical care for CKD
  Adeera Levin, Vancouver, Canada

n-3 PUFA in CKD: does it matter?
- n-3 PUFA and CKD: epidemiological data and follow-up
  Anupam Chandra, Oslo, Norway
- Arrhythmias and sudden cardiac death in dialysis patients: is n-3 PUFA of relevance?
  Jesper Moesgaard Rantanen, Aalborg, Denmark
- n-3 PUFA, inflammation and fibrosis. New insights
  Ivar Anders Eide, Lørenskog, Norway
- n-3 PUFA and interventional studies relevant for the nephrologist
  My Svensson, Lørenskog, Norway

CKD - new therapeutic approaches
- New treatments in diabetic kidney disease
  Peter Rossing, Gentofte, Denmark
- Blood pressure regulation in CKD stage 1-5 (non-dialysis). Achievement of treatment goals and adherence to treatment
  Niels Henrik Buus, Aarhus, Denmark
- Multifactorial risk reduction in CKD - with or without diabetes
  Rikke Borg, Roskilde, Denmark
- The New Nordic Renal Diet
  Louise Salomo, Copenhagen, Denmark

END-STAGE RENAL DISEASE, HAEMODIALYSIS

Scheduling dialysis and hemodiafiltration in 2018: a new portfolio?
- Daily and frequent dialysis schedules: rationale, logistics and outcomes
  Nicholas Selby, Derby, United Kingdom
- Incremental dialysis
  Andrew Davenport, London, United Kingdom
- High convective volume in hemodiafiltration: an open question
  Francesco Locatelli, Lecco, Italy

The non-dialysis pathway in ESRD
- Palliative care in ESRD: an overview
  Aine Burns, London, UK
- End-of-life perspectives in haemodialysis
  Stefan H. Jacobson, Stockholm, Sweden
- The non-dialysis pathway: models of care
  Elizabeth Kragup, Herlev, Denmark
- Patient-reported outcome measures in ESRD: relevance for renal palliative care
  Karl-Göran Prütz, Helsingborg, Sweden

Uremic toxicity - New insights
- Uremic toxins and the gut
  Griet Glorieux, Ghent, Belgium
- Uremic toxins and cardiovascular outcomes
  Ziad Massy, Paris, France
- Uremic toxins and the bone in CKD
  Tilman Drueke, Villejuif, France
- Role of inflammation in the uremic phenotype
  Peter Stenvinkel, Stockholm, Sweden

New methods of anaemia management in CKD patients
- PHIs - safety and efficacy - results from recent clinical trials
  David Wheeler, London, United Kingdom
- Iron supplementation in CKD patients – what is the optimal dose and route of administration in 2018?
  Iain C. Macdougall, London, United Kingdom
- Mechanisms of hypertension induced by erythropoietin and related agents
  Speaker to be confirmed
- What is the future of rHuEPO?
  Francesco Locatelli, Lecco, Italy
**Neurologic disturbances in CKD**
- Acute and chronic cognitive changes in CKD
  **David Goldsmith**, London, United Kingdom
- Sleep disturbances in ESRD
  **Claire Kennedy**, Dublin, Ireland
- Headaches during haemodialysis - headaches and treatment
  Speaker to be confirmed

**Cardiovascular calcifications in CKD**
- Pathophysiology of vascular calcification
  **Mario Cozzolino**, Milan, Italy
- Vitamin K in CKD patients
  **Jürgen Floege**, Aachen, Germany
- Calcium sensing receptors
  **Jordi Bover**, Barcelona, Spain
- Energy-dense diets and vascular calcification
  **J. Mariano Rodriguez Portillo**, Cordoba, Spain

**Treatment of CKD-MBD**
- Are all phosphate binders the same for CKD patients?
  **João M. Frazão**, Porto, Portugal
- Calcimimetics or vitamin D derivatives in ESRD patients?
  **John Cunningham**, London, United Kingdom
- Osteoporosis in patients with CKD
  **Marie-Hélène Lafage-Proust**, St. Etienne, France
- Treatment and prevention of fractures in kidney graft recipients
  **Rudolf Wüthrich**, Zürich, Switzerland

**The diagnosis of Heart Failure in End Stage Kidney Disease (ESKD): a lingering dilemma**
- Diagnosis, classification and staging in Medicine: methodology issues
  Speaker to be confirmed
- Acute and chronic heart-kidney interactions
  **Claudio Ronco**, Vicenza, Italy
- Can the ESC guidelines for diagnosis of heart failure be applied among CKD patients?
  **Vincent Brandenburg**, Aachen, Germany

**DOPPS - The sweet truth: Optimizing care in advanced CKD and dialysis with a focus on diabetic patients**
- DOPPS Program: The burden of diabetes in advanced CKD and dialysis
  **Bruce Robinson**, Ann Arbor, USA
- PDOPPS: Variation in the PD prescription, glucose exposure and outcomes
  **Mark Lambie**, Stoke-On-Trent, United Kingdom
- DOPPS: Hepatitis C in HD patients - prevalence trends over 20 years, outcomes and use of newer treatments
  **Michel Jadoul**, Brussels, Belgium
- CKDopps: Diabetes treatment, control and hypoglycemia in patients with advanced CKD
  **Bénédicte Stengel**, Villejuif, France
- EURODOPPS: Outcomes according to different strategies of HbA1c use among diabetic HD patients
  **Ionut Nistor**, Iasi, Romania

**Track 6**
**HOME THERAPIES, PERITONEAL DIALYSIS**

**Lessons from International Databases**
In collaboration with the International Society for Peritoneal Dialysis (ISPD)
- SONG-PD
  **Karine Manera**, Sydney, Australia
- Achieving optimal catheter function. Early insights from PDOPPS and UK-Catheter Study
  **Martin Wilkie**, Sheffield, United Kingdom
- An update from the IPDN (International Paediatric Dialysis Network)
  **Franz Schaefer**, Heidelberg, Germany

**Optimising clinical outcomes and technique survival**
- How to reduce technique failure due to peritonitis - the ANZDATA experience
  Speaker to be confirmed
- The role of training in peritonitis prevention - what we have learned from the PEPS Study (Prevention of Peritonitis in Peritoneal Dialysis)
  **Susanne Ljungman**, Gothenburg, Sweden
- What is the role of assisted PD in the outcomes of frail elderly patients?
  **Edwina Brown**, London, United Kingdom

**Optimising fluid management in PD patients**
- Bioimpedance: what have we learned from the IPOD-PD Study
  **Wim van Biesen**, Ghent, Belgium
- Managing blood pressure in PD patients: what is the optimal balance between bioempedance directed volume status, salt restriction, pharmacological management and sodium removal?
  **Olof Heimbürger**, Stockholm, Sweden
- What is the role of low sodium solutions?
  Speaker to be confirmed

**Home haemodialysis in Europe 2018**
- What to do for more frequent use of home haemodialysis in Europe
  Speaker to be confirmed
- Home haemodialysis and control of phosphatemia
  **Antonio Bellasi**, Milan, Italy
- Home haemodialysis and quality of life
  **Edwina Brown**, London, United Kingdom
Track 7
TRANSPLANTATION AND IMMUNOLOGY

Hot and new in transplantation: selected topics from 2017/18
- Relevant outcomes? The SONG Initiative (Standardized Outcomes In Nephrology)
  Lionel Rostaing, Grenoble, France
- Steroid withdrawal: if and when?
  Maria Haller, Linz, Austria
- Do we still need calcineurin inhibitors in 2018?
  Daniel Abramowicz, Antwerp, Belgium
- Dialysis vintage and outcomes
  Rainer Oberbauer, Vienna, Austria

Humoral immunity (HLA and nonHLA)
- Allorecognition revisited
  Frans H.J. Claas, Leiden, The Netherlands
- Histopathology of humoral alloimmunity
  Jan Becker, Cologne, Germany
- Anti-HLA antibodies - consequences and intervention
  Speaker to be confirmed
- Sensitization to non-HLA epitopes - is this clinical relevant?
  Georg Böhmig, Vienna, Austria

Expanding the donor pool (deceased and live donors) KPD, ABOI, machine perfusion
- How to set up a KPD Program
  Ondrej Viklicky, Prague, Czech Republic
- ABO-I and HLA-I transplantation
  Umberto Maggiore, Parma, Italy
- DCD - Programs
  Speaker to be confirmed
- Marginal kidney donors
  Johan W. De Fijter, Leiden, The Netherlands

Post transplantation diabetes mellitus - relation to obesity and new options/challenges
- Peripheral or central resistance-pre and post transplant factors in PTDM
  Morten Buus Jørgensen, Copenhagen, Denmark
- Insulin secretion and immunosuppression related pathogenesis of PTDM
  Trond Jenssen, Oslo, Norway
- New gastrointestinal hormones for glucose control in obesity and type 2 diabetes - any role in diabetes after transplantation?
  Tina Vilsbøll, Copenhagen, Denmark
- Clinical evolution of PTDM
  Esteban Porrini, La Laguna, Spain

Risk profiling in renal transplant patients
- Metabolic risk profile in renal transplant candidates and in renal transplant patients
  Umberto Maggiore, Parma, Italy
- CV risk in potential renal transplant recipients
  Alan Jardine, Glasgow, UK
- Nocturnal hypertension and renal function loss in renal transplant patients
  George Reusz, Budapest, Hungary

Track 8
HYPERTENSION, DIABETES, VASCULAR DISEASES

Hot topics in hypertension
- Early vascular aging, hypertension and cardiovascular disease
  Stéphane Laurent, Paris, France
- Looking for optimal target blood pressure: implications of the recent trials
  Sverre E. Kjeldsen, Oslo, Norway
- Measuring, analyzing and managing drug adherence
  Michel Burnier, Lausanne, Switzerland
- Potential new targets for antihypertensive therapy
  Krzysztof Narkiewicz, Gdansk, Poland

A new life for sodium in Nephrology
- Sodium and ADPKD progression
  Vicente Torres, Rochester, U.S.A.
- Sodium and the evolution of CKD
  Gerjan Navis, Groningen, The Netherlands
- Proteasuria – the primary mechanism for sodium retention in proteinuric kidney disease
  Ferruh Artunc, Tübingen, Germany

Diabetic nephropathy
- Urine proteome - is there a role in predicting and monitoring diabetic nephropathy
  Peter Rossing, Gentofte, Denmark
- SGLT2 inhibitors, mechanisms behind cardiovascular and renal protection?
  Bo Feldt-Rasmussen, Copenhagen, Denmark
- Incretin based therapies, mechanisms behind cardiovascular and renal protection?
  Johannes F.E. Mann, Munich, Germany
- Ongoing studies in the field
  Speaker to be confirmed
**Track 9**

**ACUTE KIDNEY INJURY AND INTENSIVE CARE NEPHROLOGY**

**AKI biomarkers and risk factors**
- Novel biomarkers for prediction/detection of AKI
  
  **Danilo Fliser**, Homburg/Saar, Germany

  - Leukocyte integrin CD11b/CD18
    Speaker to be confirmed

  - NETs and histones, new players in AKI and AKI-related remote organ injury
  
  **Hans-Joachim Anders**, Munich, Germany

  - Biomarkers for early detection and prognosis of AKI
  
  **Raymond Vanholder**, Ghent, Belgium

**AKI in various circumstances**
- AKI in the intensive care unit
  
  **Michael Joannidis**, Innsbruck, Austria

  - AKI after kidney transplantation
  
  **Alexandre Hertig**, Paris, France

  - AKI during disasters
  
  **Mehmet Sukru Sever**, Istanbul, Turkey

  - Consulting the patient with AKI in other clinics: what should be stressed by the nephrologist?
  
  **Mustafa Arici**, Ankara, Turkey

**Renal Replacement Therapy in the Intensive Care Unit**
- Renal replacement therapy indications in patients with severe AKI in ICU
  
  **Julien Maizel**, Amiens, France

  - Continuous Renal Replacement Therapy
  
  **Esteban Poch López de Briñas**, Spain

  - Pro RRT Delayed strategy
  
  **Stéphane Gaudry**, Colombes, France

  - Con RRT Delayed strategy
  
  **Melanie Meersch**, Münster, Germany

**SPECIAL SESSION**

**Nephrology Pearls**

**CME COURSES**

**IWG - Immunonephrology Working Group**

**News in the pathogenesis and treatment of immune-mediated renal diseases**

Part 1

**Cyclophosphamide in glomerular disease:** is this old drug still to be used or does it have to be dismissed?
- Introduction and the case of ANCA-associated vasculitis
  
  **Yasar Caliskan**, Istanbul, Turkey

- The case of lupus nephritis
  
  **Vladimir Tesar**, Prague, Czech Republic

- The case of membranous nephropathy
  
  **Jack F.M. Wetzel**, Nijmegen, The Netherlands

- Minimal change disease - Focal glomerulosclerosis
  
  **Claudio Ponticelli**, Milan, Italy

Part 2

**Renal involvement in rare inflammatory diseases**
- IgG4-related renal disease
  
  **Giacomo Quattrociocchio**, Turin, Italy

- Inflammation in crystal nephropathies
  
  **Hans-Joachim Anders**, Munich, Germany

- Renal involvement in Familial Mediterranean Fever and Systemic Autoinflammatory Diseases
  
  **Speaker to be confirmed**

- Renal involvement in scleroderma
  
  **Speaker to be confirmed**

**(EURECA-m Working Group - EUropean REnal and CArdiovascular Medicine)**

The challenge of decreasing cardiovascular mortality in CKD

Part 1

**New therapeutic approaches to improve cardiovascular outcomes in CKD patients**
- Challenges and opportunities of potassium management in CKD and hypertension
  
  **Patrick Rossignol**, Vandoeuvre-Les-Nancy, France

- Cardio- and nephroprotective properties of SGLT-2 inhibitors: mechanisms and future potential
  
  **Pantelis A. Sarafidis**, Thessaloniki, Greece

- Iron supplementation in kidney and heart crosstalk: a hope for heart failure treatment
  
  **Mehmet Kanbay**, Istanbul, Turkey

Part 2

**Focus on prevention: health economy, blood pressure targets and choice of anticoagulation**
- The health-economy of CKD: a plea for more prevention
  
  **Raymond Vanholder**, Ghent, Belgium

- Hypertension metrics and treatment targets in renal transplantation: an update
  
  **Francesca Mallamaci**, Reggio Calabria, Italy

- Anticoagulation in CKD patients with atrial fibrillation
  
  **Gunnar Heine**, Homburg/Saar, Germany
Kidney transplantation: what are the challenges and opportunities ahead?
- The European paired exchange program
  Rainer Oberbauer, Vienna, Austria
- Machine perfusion: does it help to improve outcomes?
  Gabriel C. Oniscu, Edinburgh, United Kingdom
- Minimisation strategies in kidney transplantation: are we making progresses?
  Ondrej Viklicky, Prague, Czech Republic
- FSGS in children
  Licia Peruzzi, Turin, Italy
- The upcoming immunosuppressive drugs
  Klemens Budde, Berlin, Germany
- Donor specific antibodies before and after transplantation
  Marta Crespo, Barcelona, Spain
- The future of kidney allocation within Eurotransplant
  Uwe Heemann, Munich, Germany

EUDIAL Working Group - European Dialysis
Improving outcomes for the haemodialysis patient
Part 1
Targets of treatment in dialysis patients
- Does achievement of solute clearance targets improve patient outcomes
  Andrew Davenport, London, United Kingdom
- Does achievement of blood pressure targets improve patient outcomes
- Patient perspective of dialysis
Part 2
How to reduce cardiovascular risk?
- Detection, prevention and management of cardiac arrhythmias during dialysis
- Atrial fibrillation: rate or rhythm control, anticoagulation: yes or no
- Does bioimpedance and lung ultrasound guided assessment of target weight improve outcomes
  Carlo Basile, Aquaviva delle Fonti, Italy

ERA-EDTA Registry
- Modeling longitudinal data in survival analysis
- Interaction analyses
- How to validate the predictive value of a biomarker
- Grading evidence
- Impact of epidemiology on public health

Electrolytes and acid-base balance:
from physiology to clinic
- Hypokalemia: a clinical perspective
  Ewoot Hoorn, Rotterdam, The Netherlands
- Hyponatremia and water balance disorders
- Mechanism and regulation of renal magnesium transport: clinical implications
- New paradigms in renal phosphate handling
  Carsten Wagner, Zurich, Switzerland
- Distal tubular acidosis: new findings
  Fracesco Trepiccione, Naples, Italy
- Key note talk: The effect of salt on the gut microbiome

EUTox Working Group - European Uremic Toxin
Uremic toxins: sources and alterations leading to the uremic state
- Systems medicine, molecular mechanisms and pathways involved in CKD
  Harald Misoch, Hannover, Germany
- Molecular modifications of proteins and peptides in CKD
  Joachim Jankowski, Aachen, Germany
- MicroRNA and CKD
- Understanding the gut-kidney axis in chronic kidney disease
  Rosalinde Masereeuw, Utrecht, The Netherlands
- Uremic toxins and the gut microbiota
  Griet Glorieux, Ghent, Belgium

EuroPD
Integrating dialysis care: getting the best from home therapies
- How do we best help patients make an informed modality choice?
  Hillary Bekker, Leeds, United Kingdom
- What is the best way to deliver assisted peritoneal dialysis?
  Thierry Lobbeze, Caen, France
- How can we best deliver an integrated home therapies dialysis programme?
  **James Heaf**, Roskilde, Denmark
- Preventing technique failure in PD - what does it mean for the small dialysis programme?
  **Speaker to be confirmed**

**Vascular Access Society (VAS) in collaboration with the Young Nephrologists’ Platform (YNP)**

**CKB-MBD Working Group**

**Emerging insights in CKB-MBD**
- Position of gastrointestinal sodium-phosphate transporter inhibition
  **Ziad Massy**, Paris, France
- Novel approaches to treat renal osteodystrophy
  **João M. Frazão**, Porto, Portugal
- CKB-MBD phenotypes and all-cause mortality
  **Marc Vervloet**, Amsterdam, The Netherlands
- Novel compounds to regress ectopic calcification
  **Mario Cozzolino**, Milan, Italy
- Ten years research on FGF23: will it ever enter clinical practice?
  **Sandro Massaferraro**, Rome, Italy
- Treatment of CKB-MBD after renal transplantation
  **Pieter Evenepoel**, Leuven, Belgium

**WGIKD - Working Group on Inherited Kidney Diseases**

**What’s new in rare kidney diseases?**
- Ascertaining pathogenicity of genetic variants in congenital and inherited kidney disorders
  **Nine Knoers**, Utrecht, The Netherlands
- Claudinopathies: a new class of tubulopathies
  **Dominik Müller**, Berlin, Germany
- Diagnostic and therapeutic management of hypophosphatemic rickets from infancy to adulthood
  **Dominique Prié**, Paris, France
- Novel therapeutic approaches in primary hyperoxaluria
  **Bernd Hoppe**, Bonn, Germany
- What’s new in Tuberous Sclerosis Complex?
  **Roser Torra**, Barcelona, Spain
- Insights from urinary exosome analysis in inherited kidney diseases
  **Kirsten Y. Renkema**, Utrecht, The Netherlands
- Transitioning rare kidney disease patients from paediatric to adult care
  **Speaker to be confirmed**

**Rheumatology for nephrologists**

- Visual diagnosis quiz
  **Peter Herzer**, Munich, Germany
- Back from the future - steroid free lupus therapy?
  **Speaker to be confirmed**
- The conundrum of treating gout in patients with CKD
  **Jakub Závada**, Prague, Czech Republic
- Forms of tubulointerstitial nephritis that need a rheumatology consult
  **Manuel Praga**, Madrid, Spain

- Bortezomib and bone marrow transplantation - rescue options for severe SLE
  **Falk Hiepe**, Berlin, Germany
- Can we ever stop immunosuppressive drugs in patients with systemic autoimmune diseases?
  **David Jayne**, Cambridge, United Kingdom

**Onconephrology**

**Part 1**
- CKD in malignancy cause or consequence
  **Speaker to be confirmed**
- Nephrologic management of renal and urothelial cancer
  **Speaker to be confirmed**
- Kidney involvement in leukemia and lymphoma
  **Jan Kielstein**, Braunschweig, Germany
- How to use wisely renal replacement therapy in oncology patients
  **Ben Sprangers**, Leuven, Belgium

**Part 2**
- Hypertension in malignancy - comorbidity or complication of the therapy
  **Jolanta Małyszko**, Białystok, Poland
- Anemia in cancer patients to use or to avoid ESA and iron
  **Petra Tesarova**, Prague, Czech Republic
- Acid base disturbances in cancer patients
  **Giovambattista Capasso**, Naples, Italy
- Electrolytes disorders - common but underappreciated problem in malignancy and its treatment
  **Speaker to be confirmed**

**ERN Working Group - European Renal Nutrition**

**Presentation of the 2018 KDOQI Clinical Practice Guideline for Nutrition in CKD**
- Introduction, overview and rationale for the guidelines
  **T. Alp Ikizler**, Nashville, U.S.A.
- Methodology and development of the clinical evidence library
  **Deepa Handu**, Chicago, U.S.A.
- Guideline recommendations for macronutrients
  **Denis Fouque**, Lyon, France
- Guideline recommendations for micronutrients
  **Daniel Teta**, Sion, Switzerland
- Guideline recommendations for electrolytes and other nutrients
  **Juan Jesus Carrero**, Stockholm, Sweden

**EULIS, the Section of Urolithiasis of the European Association of Urology**

**Ethical aspects in dialysis and kidney transplantation in the elderly**
- Dialysis - Pro
- Dialysis - Con
- Kidney transplantation - Pro
- Kidney transplantation - Con
Communications should concern all aspects of nephrology, the prevention and treatment of renal diseases and associated conditions or the scientific background to the study of the kidney.

**GENERAL RULES**
All abstracts must be submitted electronically through the congress website www.era-edta2018.org.

**All abstracts must be received by January 12, 2018**
Abstracts received after this date cannot be considered by the Paper Selection Committee.

**CONFIRMATION**
You will automatically receive an e-mail confirming our receipt of your abstract.

**NOTIFICATION**
The Presenting Author of each abstract accepted for publication will be notified by March 21, 2018. If the Presenting Author is unable to present the abstract, another co-author can take his/her place. A letter from the Presenting Author about the change is requested and must be received by the ERA-EDTA Operative Headquarters no later than April 10, 2018.

**WITHDRAWAL / CHANGES**
Submitted abstracts cannot be withdrawn or changed. No exceptions will be made.

**CONTENT OF WORK AGREEMENT**
The presenting author must confirm that all co-authors agree with the submission and content of the work for the 55th ERA-EDTA Congress. ERA-EDTA cannot be deemed responsible for any infringement of this rule.

**COPYRIGHT**
By submitting the abstract, the author assigns copyright to the ERA-EDTA.

**ORIGINAL ABSTRACTS**
Submitted abstracts must describe unpublished work which is not already in press and which is not awaiting possible acceptance by any other society that publishes its proceedings.

**LANGUAGE**
All abstracts must be written in English.

**PROCESSING FEE**
There is a nonrefundable processing fee of EUR 25.00 per submission. The processing fee must be paid at the time of submission by credit card (American Express, MasterCard, or Visa).

**HOW TO SUBMIT ABSTRACTS**
Only submission through the congress website is possible. Abstracts sent by post or email will not be accepted. You can send your abstracts from November 6, 2017. Please go to the congress website www.era-edta2018.org and follow the instructions for abstract submission.

All authors of correctly written and successfully submitted abstracts will receive confirmation by e-mail. Should you experience any unforeseen problems with the electronic submission, please contact the ERA-EDTA Operative Headquarters at abstracts@era-edta.org.

**Do not mail or fax your abstract to the ERA-EDTA Operative Headquarters.**

**PUBLICATION**
All abstracts accepted for presentation (either oral or poster) will appear in NDT. Abstracts will appear exactly as submitted. Any abstract considered unsuitable for reproduction will not be published.

**LATE BREAKING CLINICAL TRIALS**
The ERA-EDTA will consider abstracts related to unpublished clinical trials for a special “Late breaking clinical trials” session. The following trials will be considered for evaluation if they comply with the required characteristics:
- a prospective randomised intervention in renal patients (medications, education, dietetics, physiotherapy, etc…), including at least 100 patients;
- a prospective observational study, including at least 500 patients;
- approved by an institutional ethical committee;
- not previously reported or published.

Abstracts may be accepted as oral communications or posters, after regular evaluation by the review committee. The LBCT abstracts can be submitted through the congress website www.era-edta2018.org from February 22 to March 16, 2018.

Abstracts which do not meet the criteria above will not be considered for presentation.

**FREE COMMUNICATIONS**
The top scoring abstracts will be presented as free communications, combined with mini lectures from world-renowned scientists.

**POSTERS**
There will be two poster sessions (May 25 and 26, 2018). Posters will be sorted by topic and will remain on display from 7.30 to 17.00 hrs. Presenters will be by their poster during the dedicated session time (9.30-10.45 and 16.30-17.00) to discuss their research with the visiting audience. It will be possible to browse all posters online both onsite and after the congress. Also this year, the ERA-EDTA will be pleased to provide all poster presenters with the opportunity to have their posters printed and delivered free of charge at the congress venue.
Abstract Categories

A) Acid-base and electrolytes
C) Renal development and cystic diseases
D) Genetic diseases and molecular genetics
E) Renal pathology. Experimental and clinical
F1) Hypertension. Experimental
F2) Hypertension. Clinical
G) Nephrolithiasis and uric acid
H) Clinical nephrology
I) Glomerulonephritis
J1) AKI. Experimental
J2) AKI. Epidemiology and outcome
J3) AKI. Prevention and treatment
K1) CKD. Lab methods, GFR measurement, urine proteomics
K2) CKD. Pathophysiology, progression and risk factors
K3) CKD. Clinical epidemiology
K4) CKD. Anaemia
K5) CKD. Bone disease
K6) CKD. Nutrition, inflammation and oxidative stress
K7) CKD. Rehabilitation
L1) Diabetes. Basic research
L2) Diabetes. Clinical studies
M1) Dialysis. Extracorporeal dialysis: techniques and adequacy
M2) Dialysis. Peritoneal dialysis
M3) Dialysis. Cardiovascular complications
M4) Dialysis. Vascular access
M5) Dialysis. Anaemia
M6) Dialysis. Bone disease
M7) Dialysis. Epidemiology and outcome
M8) Dialysis. Health services research
M9) Dialysis. Protein energy wasting, inflammation and oxidative stress
N1) Renal transplantation. Experimental, immunetolerance of allogenic and xenogenic transplants
N2) Renal transplantation. Epidemiology and outcome
N3) Renal transplantation. Treatment and immunosuppression
O) Paediatric nephrology
P) History of nephrology
Q) Patient education research and training in nephrology
Also this year the ERA-EDTA has decided to give up to 90 travel grants to attend the Copenhagen Congress to the best rated abstracts in the various categories. The Presenting Authors must be 40 years old, or younger, at December 31, 2018.

All awardees will receive:
- a) Free ERA-EDTA membership (category C);
- b) A grant for EUR 500, except for the Presenting Authors of the best abstracts of each category whose grant will be of EUR 1,000.

The Presenting Authors of the two best abstracts of each category, independently of age, will also receive a diploma.

To apply, please fill in the appropriate fields during the abstract submission at www.era-edta2018.org.

We “ASQ” for your help for young nephrologists in low income countries

ERA-EDTA has circulated an electronic feedback questionnaire aimed at collecting impressions, suggestions and remarks among the delegates of the last four Congresses, held in Amsterdam, London, Vienna and Madrid respectively.

Based on the final number of feedback questionnaires completed, ERA-EDTA will offer congress grants to young nephrologists living in low income countries (GDP < USD 10,000) to attend the ERA-EDTA Congress in Copenhagen. The winners will be chosen among those who have submitted an abstract which is then accepted for presentation at Congress.

This initiative, named Altruistic Support by Questionnaire (ASQ), has become part of the exclusive ERA-EDTA advantages for young nephrologists living in disadvantaged areas of the world where education and scientific updates are needed.

The Presenting Authors must be 45 years old, or younger, at December 31, 2018.

To apply, please fill in the appropriate fields during the abstract submission at www.era-edta2018.org.

IMPORTANT INFORMATION FOR YOUNG ABSTRACT AUTHORS

ERA-EDTA STANLEY SHALDON AWARD FOR YOUNG INVESTIGATORS

If you are 40 years old or younger, and your abstract is considered one of the best ones submitted to the last three ERA-EDTA Congresses, you can win the ERA-EDTA Stanley Shaldon Award for Young Investigators. The winner will receive the award during the Welcome Ceremony of the annual ERA-EDTA Congress. The award consists in a special invitation to participate in the ERA-EDTA Congress in which the award is given; three years of ERA-EDTA membership (category B); an ex-officio position in the Young Nephrologists’ Platform Board and a prize of EUR 10,000. Do not miss this unique opportunity to submit your abstract to the ERA-EDTA!

For more information you can go to our website www.eraedta.org (click on “About ERA-EDTA” and then on “ERA-EDTA Awards”).

YOUNG NEPHROLOGISTS’ PLATFORM “FREE MEMBERSHIP PROJECT”

A 1-year free ERA-EDTA membership will be given, automatically, to the 30 young people who have submitted an accepted abstract to an ERA-EDTA Congress. Only young people (< 40 years of age) who are already ERA-EDTA MEMBERS (category B) and YNP MEMBERS can receive this free ERA-EDTA membership. More information will be available during the abstract submission procedure.

Abstract submission deadline: JANUARY 12, 2018
ADMISSION
Admission to the scientific sessions is strictly reserved to registered congress members. Minors cannot access the session halls even if accompanied by a registered adult. The same applies also to the Exhibition. ERA-EDTA in order to be fully compliant with both EFPIA and MedTech does not extend hospitality in any way to persons other than the registered congress persons, i.e. healthcare professionals.

CERTIFICATE OF ATTENDANCE
All regularly registered delegates will have the possibility to download the certificate of attendance from the delegates reserved area after the congress. If you need a hard copy, you can collect it at the dedicated desk located in the Registration Area of the Bella Center Copenhagen. Please notice that the certificate will specify the exact number of days that you will have attended the congress.

CME COURSES
Participation in the CME Courses on May 24, 2018 will be on a “first come first served” basis. The courses are reserved to regularly registered congress members and are included in the registration fee. In order to participate all regularly registered congress members must go to the session halls and scan their badge at the entrance (at participant’s own responsibility).

INSURANCE/LIABILITY
The ERA-EDTA is insured only to meet claims arising from incidents caused by the organisers and their equipment. Participants, exhibitors and visitors are strongly recommended to be properly insured against accidents they may suffer when travelling to and from the Congress and during the Congress itself.

LANGUAGE OF THE CONGRESS
The official language of the Congress is English. No simultaneous translation will be provided.

PRESS CENTRE
For accredited journalists only. Full press working facilities and activities including press conferences, press releases and services for press will be available at the Bella Center Copenhagen during the Congress.

SOCIAL MEDIA
The official hashtag of the Congress is #ERAEDTA18. Social Media Guidelines will be available on the Congress website.

UEMS CME CREDITS
An application will be made to the European Accreditation Council for Continuing Medical Education (EACCME) for CME accreditation of the 55th ERA-EDTA Congress and pre-congress CMEs. The EACCME is an institution of the European Union of Medical Specialists (UEMS). Congress members receiving certificates for ECMEC credits must contact their National Accreditation Authority to have the credits recognized (or converted) in their country of practice. EACCME credits are recognized by the American Medical Association (AMA) towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, you should contact the AMA directly. The total number of CME credits given to the ERA-EDTA Copenhagen Congress will be posted on the website (www.era-edta2018.org) as soon as they are available.

HOW TO RECEIVE UEMS CME CREDITS
ERA-EDTA will track attendance of congress members during the congress in the Bella Center Copenhagen each day. Regularly registered congress members must go to the session halls and scan their badge at the entrance (at participant’s own responsibility). Congress members will then be awarded the number of credits towards the hours actually spent participating in the sessions of the congress. All regularly registered delegates will have the possibility to download the UEMS CME certificate from the delegates reserved area after the congress.

VENUE
Bella Center Copenhagen
Center Boulevard 5
DK - 2300 Copenhagen
www.bellacentercopenhagen.dk

Beware of Unofficial Websites!
Please be aware that there are unofficial websites that can turn up in search engine results that offer housing and registration for the 55th ERA-EDTA Congress but that are NOT linked in any way to ERA-EDTA. Please make sure to book your congress membership only through the official 55th ERA-EDTA Congress website at www.era-edta2018.org and your accommodation through Interplan AG, the officially appointed housing agent, http://era-edta.interplan.de.
CONGRESS MEMBERSHIP FEES AND DEADLINES

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<tr>
<td>Student/Trainee (29 years or older)</td>
<td>EUR 300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student (28 years old or younger)⁴</td>
<td>EUR 300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 Days⁴ ERA-EDTA Member¹ (categories A and B)</td>
<td>EUR 160.00 (1 day)</td>
<td>EUR 290.00 (2 days)</td>
<td></td>
</tr>
<tr>
<td>1-2 Days⁴ DNS Member² → (ERA-EDTA Member category C)</td>
<td>EUR 160.00 (1 day)</td>
<td>EUR 290.00 (2 days)</td>
<td></td>
</tr>
<tr>
<td>1-2 Days⁴ Non Member² → (ERA-EDTA Member category C)</td>
<td>EUR 200.00 (1 day)</td>
<td>EUR 370.00 (2 days)</td>
<td></td>
</tr>
<tr>
<td>Blank Group⁷</td>
<td>EUR 460.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practitioner, Dietitian, Nurse, Dialysis Technician</td>
<td>EUR 100.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Please note that congress members category C will not be entitled to reimbursement if, at a later stage, they become members category A-B or if, despite being active members category A-B, they incorrectly register as category C. Once the registration has been processed it cannot be changed or reimbursed. New applicants and members (categories A and B) with outstanding membership fees, wishing to sign up/pay for ERA-EDTA membership (categories A and B) in order to benefit from the reduced congress membership fee, must apply for categories A or B membership, or pay the outstanding fees, no later than 10 working days prior to the respective registration deadlines.

¹ERA-EDTA Member Category A-B
Please check full information at http://web.era-edta.org/membership-categories

²DNS Member/Non Member automatically becomes an ERA-EDTA Member, category C.
Please check full information at http://web.era-edta.org/membership-categories

³Low Income Countries - ERA-EDTA Member Category A-B
Reserved for ERA-EDTA members A-B living in all Countries in the world whose Gross Domestic Product per capita income is less than USD 10,000 a year. If you live and work in one of the Countries listed below you are entitled to pay these special discounted fees (for category A and B membership only).

# This designation is without prejudice to positions on status, and is in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo declaration of independence.

⁴Available only starting May 23, 2018 at the congress venue
⁵FREE
⁶Available only starting May 23, 2018 at the congress venue
⁷EUR 100.00
4 Student/trainee congress membership
The birth year must not be earlier than 1989 and no later than 1983.
Online registrations available from May 4 to May 27, 2018. From May 23, 2018 you can register only on site directly at the Bella Center Copenhagen. During the online procedure you must upload a photocopy of your picture ID (passport, identity card, driving license with birth date), a photocopy of your original student’s card (for students) and a signed letter from your mentor/ university to prove your status. ERA-EDTA reserves the right to verify all declarations. If you register onsite in Copenhagen you must hand over the documents mentioned above to the hostess.

5 Student congress membership
28 years old or younger, the birth year must not be earlier than 1990).
You can register only on site directly at the Bella Center in Copenhagen starting from May 23, 2018. You must show at the New Registration desk a copy of your picture ID (passport, identity card, driving license with birth date) and your original student’s card. ERA-EDTA reserves the right to verify all declarations.

REGISTRATION IS FREE!

6 1-2 Days congress membership is available online from May 4 till May 27, 2018. You can register online also during the congress or at the Bella Center Copenhagen, from May 23, 2018. This type of registration entitles admission to the session and poster and exhibition halls only on the date mentioned on the congress badge. It is also possible to make two one-day registrations if you are able to attend the congress for two days (consecutive or not).

7 Blank group congress membership (minimum of 10 and more delegates): booking and payment must be received by the early deadline of March 1, 2018. The final list of names must be submitted by May 9, 2018.

8 General Practitioner, Dietitian, Nurse, Dialysis Technician (working and living in Denmark). You can register only onsite directly at the Bella Center in Copenhagen starting from May 23, 2018. You must show at the New Registration desk a document that proves your status. ERA-EDTA reserves the right to verify all declarations.

PRESCRIBING PROFESSIONALS
Prescribing professionals will have a different type of badge, thus it is possible to distinguish them from the other healthcare professionals.

HOW TO REGISTER
All registrations must be submitted through www.era-edta2018.org

METHODS OF PAYMENT
Until May 11, 2018: credit cards (Visa, MasterCard and American Express) and bank transfer. Payments by cheque will NOT be accepted.

From May 12 to May 27, 2018: credit cards (Visa, MasterCard and American Express). Payments made by bank transfer or cheque will NOT be accepted.

Cash (EUR and DKK only) will be accepted onsite, thus only from May 23 to 27, 2018.

CANCELLATION POLICY

<table>
<thead>
<tr>
<th>Before April 27, 2018</th>
<th>After April 27, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% of the amount paid, net of bank charges.</td>
<td>No refund of the amount paid.</td>
</tr>
</tbody>
</table>

All reimbursements will be done after the congress.

Please check the website www.era-edta2018.org for full information on the congress membership terms and conditions

Beware of Unofficial Websites!
Please be aware that there are unofficial websites that can turn up in search engine results that offer housing and registration for the 55th ERA-EDTA Congress but that are NOT linked in any way to ERA-EDTA. Please make sure to book your congress membership only through the official 55th ERA-EDTA Congress website at www.era-edta2018.org and your accommodation through Interplan AG, the officially appointed housing agent, http://era-edta.interplan.de
Copenhagen, the Danish maritime capital, has been named the “World’s most livable city” repeatedly, and Danes have been ranked the “World’s Happiest People” over and over again. This is partly due to a favorable work-life-balance, high levels of tolerance and a peaceful democracy.

Copenhagen is easily accessible, with Copenhagen airport being Scandinavia’s main traffic hub offering non-stop flights from around 165 international destinations. The 10-15 minute Metro journey connection between the international airport, the congress venue “Bella Center” and the city center makes Copenhagen a great congress destination due to the very close connections: this allows participants to enjoy both the city and the congress. The city is designed for pedestrians and cyclists, and you will find that it is easy to navigate the streets of Copenhagen.

Copenhagen has been in the Top 20 on both ICCA’s and UIA’s list of the world’s most popular convention cities for decades and also in recent years.

Capital of Sustainable Meetings
Copenhagen has been appointed European Green Capital for 2014 and has one of the world’s most ambitious climate policies - with a goal of being the first carbon neutral capital by 2025. It is therefore almost impossible not to have green and responsible meetings in Copenhagen.

Copenhagen was ranked “World’s Most Walkable City” by Walk 21 in 2013. Its compact city centre makes walking between meeting venues, hotels, sights, restaurants and shopping areas a matter of minutes. Or you can join the locals and go by bike. Copenhagen is home to the world’s busiest bicycle lane, used by 36,000 cyclists per day and the city’s rush hour is therefore quite different from most others. Here it is not the roads but the bicycle lanes which are crowded, mainly because 56% of all Copenhageners commute by bike. In 2016, bicycles even outnumbered cars in Copenhagen.

Sustainable accommodation and venues in Copenhagen
Nearly 70% of the hotel rooms in Copenhagen are eco-certified, so sleeping with a green conscience is not a challenge. Many of the city’s convention venues are Green Key certified, including the two largest venues Bella Center and Tivoli Congress Center. International hotel chains such as the Hilton and the Radisson have their own environmental programs. For instance, starting in 2012, the Radisson Blu Hotels & Resorts took an ambitious engagement with the Think Planet strategy to reduce energy consumption by 25% in five years.

The city of Copenhagen and the Copenhagen CVB was ranked second in the first-ever sustainability ranking for event destinations worldwide, the Global Destination Sustainability Index, in 2016.
TRANSPORTATION FROM/TO AIRPORT

Metro transportation from Copenhagen airport
The metro runs every 5 minutes during the day and every 20 minutes at night. The journey from the airport into central Copenhagen takes 15 minutes. The station and ticket desks are located in Terminal 3. A single ticket costs 36 DKK, but you can also buy travel cards (Klippekort). For information please check the Copenhagen Metro website http://intl.m.dk.

Taxi transportation from Copenhagen airport
Taxis pick up passengers at terminal 1 and 3 and will get you to downtown Copenhagen in about 20 minutes depending on traffic. Taxis are usually waiting outside each terminal. It will cost approximately DKK 250-300.

ESSENTIAL INFORMATION

Currency
Danish Krona is the official currency of Denmark (DKK). Visa and MasterCard are widely accepted. Prices are quoted including the official VAT amount, currently 25% Danish VAT. Exceptions of a reduced VAT amount apply only for limited number of services, such as public transportation, newspapers etc.

Language
The mother tongue of Denmark is Danish. However, since movies are shown only in their original language all Danes learn the English language from an early age, therefore they are fluent English speakers.

Electricity
Denmark’s standard electricity supply is 220 Volts (V), 50 Hertz (Hz) AC. Plugs and sockets are European standard with 2 round pins.

Mobile phone coverage
Denmark uses the GSM international coverage standard. American frequency ranges (850 and 1900 MHz) are different from those in Europe (900 and 1800 MHz), but the widespread use of 3G and 4G devices provides support for the entire range of bands in both continents.

Time Zone
Copenhagen is located in the Central European time zone (CET = GMT / UCT + 1).

Tourist Information
For information on sightseeing, dining tips, shopping, cultural events, etc. please visit the official Copenhagen tourist guide website www.visitcopenhagen.com/copenhagen-tourist
VISA/INVITATION LETTER

An invitation letter for visa purposes can be obtained through the ERA-EDTA 55th Congress website www.eraedta2018.org (first option). Should this not be sufficient, the Visa secretariat will be pleased to send, upon request, a personal invitation to all participants (second option). This letter should NOT be considered as an offer of any kind of financial support on behalf of the organizers. An official invitation letter can be requested by email to the President of the Congress Prof. Bo Feldt-Rasmussen (visa@era-edta.org) at least three months in advance (third option). This letter however does NOT involve any commitments by the Congress Organizers to cover fees, accommodation, travel expenses or other costs connected to the participation in the Congress. ERA-EDTA will not be held responsible for visas that are not granted.

International registrants, who require a letter of invitation, will first need to complete the online registration for the 55th ERA-EDTA Congress (check www.era-edta2018.org, section "Registrations"). Letters of invitation for spouse/guest registrants will only be provided if the accompanying individual has completed his or her congress registration.

THOSE WHO DO NOT REQUIRE A VISA

If you are a citizen of one of the following countries, you do not need a visa in order to enter Denmark:

- Andorra, Antigua and Barbuda, Albania*, Argentina, Australia, Austria, Bahamas, Barbados, Belgium, Bosnia-Herzegovina*, Brazil, Brunei Darussalam, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Dominica, El Salvador, Estonia, F.Y.R. of Macedonia*, Finland, France, Georgia*, Germany, Greece, Grenada, Guatemala, Honduras, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kiribati, Latvia, Liechtenstein, Lithuania, Luxembourg, Malaysia, Malta, Marshall Islands, Mauritius, Mexico, Micronesia, Moldova*, Monaco, Montenegro*, Netherlands, New Zealand, Nicaragua, Northern Marianas, Norway, Palau, Panama, Paraguay, Peru, Poland, Portugal, Romania, Samoa, San Marino, Saint Kitts and Nevis, Serbia**, Seychelles, Singapore, Slovakia, Slovenia, Solomon Islands, South Korea, Spain, St. Lucia, St. Vincent and the Grenadines, Sweden, Switzerland, Taiwan***, Timor-Leste, Tonga, Trinidad and Tobago, Tuvalu, Ukraine*, United Arab Emirates, United Kingdom, United States, Uruguay, Vanuatu, Vatican City State, Venezuela.

*Only citizens with biometric passports are exempt from the visa requirement.

THOSE WHO NEED A VISA

If you are a citizen of one of the following countries, you must have a visa in order to enter Denmark: Afghanistan, Albania*, Algeria, Angola, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia-Herzegovina*, Botswana, Burkina Faso, Burma (Myanmar), Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China****, Comoros, Congo, Cuba, Democratic Republic of Congo, Djibouti, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Eritrea, Ethiopia, F.Y.R. of Macedonia*, Fiji, Gabon, Gambia, Georgia*, Ghana, Guinea, Guinea-Bissau, Guyana, Haiti, India, Indonesia, Iran, Iraq, Ivory Coast, Jamaica, Jordan, Kazakhstan, Kenya, Kosovo, Kuwait, Kyrgyzstan, Laos, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Maldives, Mali, Mauritania, Moldova*, Mongolia, Montenegro*, Morocco, Mozambique, Namibia, Nauru, Nepal, Niger, Nigeria, North Korea, Oman, Pakistan, Papua New Guinea, Philippines, Qatar, Russia, Rwanda, Sao Tomé and Principe, Saudi Arabia, Senegal, Serbia**, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Syria, Taiwan***, Tadjikistan, Tanzania, Thailand, Togo, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine*, Uzbekistan, Vietnam, Yemen, Zambia, Zimbabwe as well as if you have a passport issued by the Palestinian Authority.

**Only citizens with biometric passports are exempt from the visa requirement. This does not apply to persons with passports issued by the Serbian Coordination directorate Koordinaciona uprava.

***Only citizens with a passport issued by Taiwan which contains an identity card number are exempt from the visa requirement. The same applies to citizens with old Taiwanese passports with “Republic of China” on the front page, if the stated place of birth is Taiwan and the passport contains an identity card number.

****Citizens with a “Hong Kong Special Administrative Region” passport, a “Região Administrativa Especial de Macau” passport or a “British National Overseas” passport are exempt from the visa requirement.

Citizens of these countries can also travel to Denmark if they have a residence permit or a long-term visa issued by another country in the European Union (with the exception of Bulgaria, Croatia, Cyprus and Romania),
Switzerland, Norway, Iceland and Lichtenstein. Citizens of all other countries must be in possession of documents which justify the object and the conditions of their stay, and be in possession of sufficient economic resources for their maintenance throughout the period they are intending to remain in Denmark. The documents they are required to present will vary according to the reason of the trip. The maximum stay in Denmark is 90 days. It is advisable to purchase travel insurance for your trip. Given that conditions may vary, we suggest that you contact the Danish Embassy or Consulate in your country to verify these requirements before you plan your trip. For all information please check the Official Portal for Foreigners (www.nyidanmark.dk/en-US).

APPLICATIONS FOR SHORT TERM VISAS
(Tourism, private, business, conference)
All visa applicants must apply at the Danish Embassy or Consulate in person.

IMPORTANT NOTES
Applications cannot be submitted more than three months prior to departure. However please present your application at least two months before the intended travel. The consular fees have to be paid when submitting the application; these fees are not reimbursed in case of visa refusal. All points of the visa application form have to be filled in completely and must be correct. If documents are missing, this may cause inadmissibility of the application or delay with the application.
Interplan Congress, Meeting & Event Management AG from Munich, Germany has been appointed as the Official Housing Bureau for the 55th ERA-EDTA Congress.

Room blocks at special rates are being held in a variety of hotels, all located within a 10 km radius from the congress venue. Please find the hotel details and make your booking online through the official Housing website http://era-edta.interplan.de/

The hotel prices quoted in the website are per room and per night and they are quoted in Danish Krona (DKK); they already include breakfast as well as 25% Danish VAT.

Individual Reservations
Book your hotel room through this website http://era-edta.interplan.de/booking.html. Your Visa or Mastercard is required to guarantee the booking. Usually, the payment will be then charged directly by the hotel upon your arrival. However, a few hotels reserve the right to pre-charge your credit card with the amount due. However, these charges will only be made after the published deadline regarding the free cancellation policy. The invoice will be sent to you directly from the hotel. This same website (http://era-edta.interplan.de/booking.html) should also be used if you wish to book on behalf of another person or make a booking of up to 5 rooms for your traveling. The payment can be made either during the online booking process with your credit card through secured online credit card payment or by bank transfer.

Group Reservations
The given room availability will give you an idea of which hotel offers the requested capacity to host your group. To make a booking, please forward the detailed request via the online form at http://era-edta.interplan.de/booking.html or by email to hotels.eraedta@interplan.de.

When does the hotel receive my booking?
Your booking is secured only after you successfully finalize the online booking process. An official email confirmation letter will be sent to you within three working days. Interplan will give the hotel a complete rooming list that will include all the names of the guests approximately two weeks prior to the event: it is for this reason that if you contact the hotel directly they will not be able to find your name/your booking right away. All enquiries made at this time must be directed to Interplan and not to the hotel. However, after the list is in the hands of the hotel, and therefore two weeks before the event, all booking enquiries must be directed directly to the hotel.

YOU WILL FIND THE COMPLETE AND UPDATED LIST OF AVAILABLE HOTELS, AS WELL AS A HOTEL MAP, ON THE CONGRESS WEBSITE www.era-edta2018.org (UNDER THE SECTION "HOTEL ACCOMMODATION").
Next ERA-EDTA Congresses

56th ERA-EDTA Congress
Budapest, Hungary 2019 June 13th - 16th

57th ERA-EDTA Congress
Milan, Italy 2020 June 8th - 9th
ERA-EDTA gives more than 1,200 free online subscriptions to *ndt* and *ckj* to low income countries all over the world through the HINARI programme; furthermore members living in developing countries all over the world pay an extremely low annual membership fee.

ERA-EDTA has created specific Working Groups to encourage research, communication of knowledge, teaching and to participate in education programmes. All Working Groups organise cutting-edge CME courses related to their research field(s).

The Young Nephrologists’ Platform (YNP) aims to involve young nephrologists in all ERA-EDTA activities and to help YNP members in their career. One of YNP’s many successful activities is the YNP Advisory Program.

The European Nephrology Portal (ENP), launched in 2016, is a fundamental educational tool for all Nephrologists all over the World. A meta-search function allows to easily find content and to access the relevant files from different ERA-EDTA content sources. At the moment, ENP content will feature speaker materials from ERA-EDTA Congresses, E-Posters and NDT-Educational Summary Reports of selected Congress presentations, ERA-EDTA working groups, CME courses slides, the ERA-EDTA Dialogues and ERA-EDTA’s Young Nephrologists’ Platform program. New content is continuously being added. Visit www.enp-era-edta.org.

ERA-EDTA cooperates with other major Societies of Nephrology and other medical specialties: special ERA-EDTA sessions are organized at the ASN, ESPN, JSN, ESOT, EuroPD, ISPD, etc.
What can you do for ERA-EDTA?
Become a member and start to network now!

www.era-edta.org

ERA-EDTA is a medical association active in encouraging cultural communication and knowledge.

Participate in its annual congresses, major events attended by nephrologists from all over the world. More than 10,000 participants attended the last ERA-EDTA Congress (Madrid, Spain - June 3-6, 2017). ERA-EDTA members can take advantage of extremely low early preregistration fees.

ERA-EDTA has a diverse programme of CME Courses throughout Europe. In 2017, 19 events have been organised in many different countries. ERA-EDTA members receive free access to a selection of these presentations directly online.

ERA-EDTA started its Fellowship Programme in 2006. Up to now, more than 180 fellowships have been granted.

The ERA-EDTA Registry (www.era-edta-reg.org) collects, analyses, distributes, reports data on renal replacement therapy in Europe, at congresses, on journals and on a dedicated website. It also teaches CMEs and trains fellows.

ERBP (European Renal Best Practice - www.european-renal-best-practice.org) defines the future of European nephrology guidance by improving the outcome of patients with kidney disease in a sustainable way through enhancing the availability of knowledge.

The ERA-EDTA initiatives for young nephrologists include a number of grants of various kinds: travel grants to present free communications or posters at the annual congress, travel grants to attend CME Courses, further grants assigned through the National Societies of Nephrology based in European countries, as well as long or short term fellowships (see point 5).

The ERA-EDTA Research Programme is an initiative launched in 2009, 3 calls took place till now. Should you wish to know which projects have been granted from 2009, please visit the Research Programme section of our website www.era-edta.org.

The ASSOCIATION OF SERUM CALPROTECTIN (S100A8/A9) LEVELS WITH DISEASE RELAPSE IN PR3-ANCA ASSOCIATED VASCULITIS

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OXFORD UNIVERSITY PRESS BOOK CLUB

Exclusive 35% discount for ERA-EDTA members

Visit: www.oup.com/uk/sale/eraedta
As a member you will become part of one of the most influential European Medical Associations!

Check out all benefits:

- NDT (Nephrology Dialysis Transplantation) subscription, including exclusive access to the archives.
- Exclusive live streaming sessions during ERA-EDTA Annual Congress. Free online access to SDI (Seminars in Dialysis) to all ERA-EDTA members!
- Unlimited access to ERA-EDTA Congress E-materials, to all ERA-EDTA members who participate at the Congress.
- Exclusive access to special content on ENP (i.e. CME courses slides, ERA-EDTA Dialogue).
- Possibility to organize ERA-EDTA sponsored CME courses.
- Active participation in the decision making policies of the Association.
- Special discounted congress membership fees at the annual congress.
- Special discounts (35%!) on the purchase fees of Oxford University Press (OUP) books.
- Participation in the Young Nephrologists’ Platform (YNP), if you are less than 40 years old.
- Take advantage of special membership fees for low income countries.
- Exclusive free access to EuroPD videos.

www.era-edta.org