I attended ‘ASN Kidney Week 2017’ at New Orleans. This was the first time I am participating in ASN conference, and it was indeed a pleasant experience. The vast range of topics discussed across the length and breadth of Nephrology was mind-blowing.

I attended the conference with the following aims:

1. To present couple of posters from my PhD research
2. Meet up with nephrology colleagues with similar research interest and share their experience
3. Gain knowledge in my research area and other trials

My research theme is Liver-Kidney interaction in chronic kidney disease (CKD). From my research work, I presented two posters. My first presentation was a study on the association of non-alcoholic fatty liver disease (NAFLD) with renal progression in advanced CKD patients. In our cohort of non-dialysis dependent CKD (NDD-CKD) patients, the presence of NAFLD did not accelerate the rate of progression of CKD. My second poster was a study on the association of NAFLD with cardiorenal biomarkers in CKD. This study showed a strong independent association of biomarkers with cardiovascular outcomes in our cohort, but NAFLD was not independently associated with any particular pattern.

The meeting also helped me to meet up with several like-minded researchers across the globe, including Dr Viera Stubnva from Norway, who presented a large epidemiological study on the association of uric acid and all-cause mortality in patients with chronic heart failure. I was intrigued by her research methodologies which I am planning to use in my research, regression models and propensity matching of patient groups.

Translational sessions that were relevant to my research area were lipid oxidation and lipid-lowering for kidney diseases and Diabesity and the kidneys: still a big problem. Both these sessions highlighted the several molecular mechanisms that interlink metabolic syndrome, fatty liver disease and chronic kidney disease.

Lunchtime educational sessions that I did attend included fluid management and patient outcomes in haemodialysis and management of parathyroidectomy in haemodialysis patients. These sessions helped me to refresh my knowledge in these areas and understand regional variations in practices.

I also managed to attend the very interesting high-impact (late-breaking) clinical trials session. The trials that stimulated my interest include REPRISE (Tolvaptan slows eGFR in late-stage APPKD), TSUBAKI (Bardoxolone improves eGFR assessed by inulin clearance), PIVOTAL (successful trial of ultrasound-guided percutaneous arteriovenous fistula for haemodialysis access), and MENTOR (ongoing RCT of rituximab versus cyclosporine in the treatment of idiopathic membranous nephropathy).

Overall, the conference fulfilled my clinical and research needs. I would like to thank the Royal Society of Medicine, Nephrology Section for supporting me to attend the ASN conference.