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.
The American Society of Nephrology remains the flag-ship international clinical-academic meeting for nephrologists and as such it was a privilege to attend the 2017 meeting in New Orleans to present work, learn and meet new people. I am currently entering the final year of my PhD, which is focused on cardiovascular health and cardiovascular imaging (with cardiac MRI) in dialysis patients. The project I am working on assesses the effects of intradialytic cycling on cardiac structure and function (the CYCLE-HD trial), but the work I presented at ASN was entirely methodological and based around the work we have been doing developing novel, non-contrast imaging techniques for the potential assessment of myocardial fibrosis in patients with advanced renal disease and on dialysis. In many ways ASN was the ideal place to present this work as there are only a handful of people in the world working with these techniques in renal patients and many of them were in attendance. The opportunity to meet and exchange ideas with researchers from other groups undertaking similar work was fabulous and the importance of making these connections cannot be overstated – particularly when you are working in such a niche field.

The conference was also packed with clinical sessions with world-renowned experts discussing not only the latest advances in their fields, but also giving comprehensive updates on more basic disease processes. There are so many parallel sessions, but highlights of the conference for me included the late-breaking trials session where, amongst others, the REPRISE trial (which showed Tolvaptan slows rate of renal function decline in late stage CKD) was presented before being published in the New England Journal of Medicine the next day. The session on lupus nephritis was a tour-de-force and there were several excellent sessions on cardio-renal medicine and multiple oral abstract presentations on follow-up/sub-studies from the SPRINT trial in CKD patients that, when published, may influence guidelines on how blood pressure in patients with different stages of CKD is managed.

I am incredibly grateful to the RSM for supporting my trip to ASN with a bursary. I found the conference engaging and rewarding, both in terms of my research and clinical development. I would strongly urge all UK nephrology trainees to try and attend ASN during training. If my experience is anything to go by they will meet some wonderful new people, discover new things that challenge their practice and come away energized to improve.