Why a working group of the ERA-EDTA in immunonephrology?

A large part of the work that nephrologists have to cover in their daily practice is related to uraemia, renal replacement treatment by dialysis or renal transplantation, including the complications of chronic kidney disease (CKD) and side effects of the treatment modalities. This is the heart of our speciality, and it is not likely to be missed in the future. The area of origin of renal diseases and mechanisms of initial damage and further progression, in native kidneys as well as in transplanted grafts, is a field which has lost some of the pioneer enthusiasm that brought the science of nephrology to the medical scene some decades ago. The scenario is getting larger, and the nephrologists must maintain this area as a priority for research, in spite of increasing difficulties. Genetics is going to cover a relevant area, but the complexity of the genetic background needs a clinically oriented mind to lead to concrete advancements. Most renal diseases develop because of a deranged immune system, on a genetic or acquired basis. Thus, as much as we need good collaborations among disciplines, we should maintain an active role in both genetics and immunology and not give up these fields. In addition, as much as networking with these colleagues is fundamental, our clinical resources will allow the most relevant progress. The understanding of pathogenetic mechanisms is getting more and more difficult, and often clinicians are reluctant to spend time in an apparently useless mental exercise. However, nephrologists cannot help updating in this area to provide the best results for the most patients with renal diseases.

The establishment of the Immunonephrology Working Group of the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA) is a good opportunity to focus the interest of nephrologists in Europe on this field, which has several relevant outstanding representatives but is obviously much less numerous than other groups interested in dialysis or chronic kidney disease complications, like anaemia and bone disease. Immunopathology covers an area which can further increase the visibility of the nephrological work with benefit for the whole nephrology community.

A working group of the ERA-EDTA devoted to immunonephrology has been started up in 2009 to encourage research, teaching and communication of knowledge in the field of immune system dysregulation as a factor favouring the development and progression of renal diseases and as a target for appropriate therapy.

It includes:

– Glomerular, tubular and vascular immuno-mediated renal diseases
– Immune mechanisms in pathogenesis and progression of renal damage
– Immune-mediated damage in kidney transplantation

Initiatives launched by the Immunonephrology WG

ERA-EDTA members are encouraged to express their interest by filling in the form on the ERA-EDTA web site. A symposium will be organized during the ERA-EDTA meeting in Munich by the Immunonephrology Working Group.
Group on 27 June 2010 where the Board will report the newly launched activities.

An educational event will be held in Florence, and a Scientific Fair will present proposals of research to potential pharmaceutical companies that might support them (23–25 May 2010).

For 2011, a proposal of a Summer School for Nephrologists and Pathologists as a combined educational event is under evaluation.

Ongoing projects

The Immunonephrology WG has launched a validation study of the new clinicopathological classification of IgA nephropathy which is under evaluation for further funding. The project is planned to be run in the next 2 years.

Network with national societies and local registries

Networks with national societies and local registries are encouraged with the possible final result of coordinating local initiatives under the umbrella of the ERA-EDTA Immunonephrology Working Group.

Conclusion

The launching of the Immunonephrology Working Group among European nephrologists is not a mere lobbying action, since it will bring benefit for patients and facilitate better clinical results.

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