



ICCN2024

5th International Congress of Chinese Nephrologists cum
Hong Kong Society of Nephrology Annual Scientific Meeting 2024
第五屆全球華人腎臟病學術大會 暨 香港腎科學會周年學術會議2024

13-15.12.2024 | Hong Kong · 香港
Hong Kong Convention and Exhibition Centre

E-Programme Book



Congress Website:



Collaborating Organizations:



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WELCOME MESSAGE



On behalf of the International Association of Chinese Nephrologists (IACN), I would like to extend my warmest welcome to all of you who have come to attend the 5th International Congress of Chinese Nephrologists (ICCN) in Hong Kong from Dec 13-15, 2024.

The IACN is proud to have this 5th ICCN hosted by the Hong Kong Society of Nephrology. Dr KM Chow is the Chair of Local Organising Committee and Dr Sunny Wong and Dr Desmond Yap are Scientific Co-Chairs. The Scientific Programme is well set with many international and local experts around the world as faculty. The celebration of the 45th Anniversary of Hong Kong Society of Nephrology will be organized during the conference.

We are pleased to have International Society for Hemodialysis (ISHD) and Kidney Disease Improving Global Outcome (KDIGO) as our partnering organizations with designated ISHD-IACN and KDIGO-IACN joint symposia. We will have the “Kidney Donation Roundtable Workshop” and the “Renal Pathology Pre-course” on Dec 13. Overall we have invited 89 faculties including speakers, moderators & lunch symposia speakers from 28 cities around the world. We will have simultaneous interpretation for multiple languages for all our plenaries and scientific symposia. We are very happy to have received over 720 abstracts.

We are indeed grateful to the philanthropists from Hong Kong who have donated to support travel grant awards for 200 young nephrologists from various regions, notably more from the remote areas of China.

Apart from the science, the meeting will also feature attractive social programs including the Opening Ceremony with several special performances - LED dragon dance, performances by the KIDS' Dream Choir and by Actors' Family. The Welcome Reception will be a chance for us to be acquainted with all our old and new friends from all over the world. We expect the 5th ICCN to be our premier event this year and we are also honored by the Hong Kong Tourism Board to name the 5th ICCN in the list of Hong Kong Mega Events.

Once again, thank you for all your support to this 5th International Congress of Chinese Nephrologists. We welcome you to our excellent scientific and social programme, and invite you to explore more the beautiful city of Hong Kong.

A handwritten signature in cursive script that reads "Philip Li".

Prof. Philip KT Li
President
International Association of Chinese Nephrologists



WELCOME MESSAGE



On behalf of the Hong Kong Society of Nephrology (HKSAN), I would like to extend my warmest welcome to all of you who have come to our beautiful Asia's World City, Hong Kong, to join us for the 5th International Congress of Chinese Nephrologists (ICCN), from 13-15 December 2024.

The promotion of academic and clinical practice advancement stands at the forefront of our society's mission. Over the years, we have organized numerous international conferences in Hong Kong, collaborating with international organizations such as the Asian Pacific Society of Nephrology, International Society of Peritoneal Dialysis, International Society of Hemodialysis, and International Society of Nephrology. We are proud to collaborate with the International Association of Chinese Nephrologists (IACN) as the local organizer of the 5th ICCN, hosting it for the second time after the inaugural meeting in Hong Kong in 2015.

Since its inception in 2015, the ICCN has served as a highly successful platform for academic exchange, knowledge and practice advancement, and social interactions among Chinese nephrologists from around the world.

This year, the Scientific Program Committee has curated an attractive program, featuring hot topics from recent years along with discussions on the most advanced ideas in nephrology. We have 5 plenary lectures, 15 scientific symposia, a renal pathology pre-congress course, a roundtable meeting on how to enhance kidney donation around the world, 7 free paper presentation sessions and 8 lunch symposia with 89 invited faculties coming from 28 cities around the world. We have received more than 720 abstracts. We are delighted to have collaborations with the International Society of Hemodialysis (ISHD) and the Kidney Disease Improving Global Outcomes (KDIGO), with dedicated symposiums.

We have achieved more than 1000 registrations and we have provided travel grant awards to 200 young nephrologists from mainland China, more from the remote areas. We are most grateful to the support from local philanthropists, whose donations have made these awards possible.

Moreover, this year marks the 45th anniversary of the HKSAN, and we have planned special celebration activities to showcase the remarkable efforts and achievements of the society over the past 45 years. A dedicated HKSAN 45th Anniversary Symposium will highlight our contributions to scientific research, clinical service development, patient support, and rehabilitation.

In addition to the scientific program, the opening ceremony and welcome reception also offer a wonderful social event, with spectacular performance and excellent networking opportunity.

I extend my best wishes to each and every one of you for a fruitful and enjoyable meeting. May your time in Hong Kong be filled with memorable experiences and lasting connections. We hope you have a pleasant stay in our vibrant city.

Dr Sunny SH Wong
Chairman
Hong Kong Society of Nephrology



WELCOME MESSAGE



A warm welcome to joining the 5th International Congress of Chinese Nephrologists (ICCN) in Hong Kong this year.

Many of us should have remembered the Third International Congress of Chinese Nephrologists shortly before the coronavirus pandemic, when we were attending the ICCN at the Nanjing International Youth Cultural Centers. That is a beautiful venue designed by Zaha Hadid Architects. After a hiatus of travel restriction, we went back to Guangzhou in 2023 when the Fourth International Congress of Chinese Nephrologists was organized in the picturesque Huangpu District. This year, we are glad to have the Fifth ICCN in Hong Kong.

I do not know how many ICCN you have attended, but I can reassure everyone you will not want to miss any one. This is an event we come to learn the meaning of friendship. What impressed me the most is not the lecture content of the Congress – which is mind-blowing – but the great chance to have networking with Chinese nephrologists around the world. There has never been a more exciting time to do that.

Please try your best to visit the Portrait Photo Booth on 14 and 15th of December. Also enjoy the real-time high-quality language translation by downloading the App during the scientific conference.

Last but not least, I wish to take this opportunity to thank Prof. Li for shepherding this conference from concept in 2014 to the fifth one this year. My deep thanks also go to: Hong Kong Society of Nephrology and local organizing and scientific committees, our senior advisor Prof. Richard Yu. I'm also profoundly grateful to all of you supporting and joining the Fifth ICCN in Hong Kong.



Kai-Ming Chow
Chairman, Local Organizing Committee
5th International Congress of Chinese Nephrologists

LIST OF ORGANIZING COMMITTEE

Senior Advisor	Prof. Richard YH Yu
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President (IACN)	Prof. Philip KT Li
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Chairman (HKSNG)	Dr. Sunny SH Wong
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Organizing Committee

Chair	Dr. Kai-Ming Chow
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Scientific Programme Co-Chairs	Dr. Sunny SH Wong Dr. Desmond YH Yap
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Secretary	Dr. Jack KC Ng
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Treasurer	Dr. Terence PS Yip
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Promotion	Dr. Jack KC Ng
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Social Programme	Dr. Lorraine PY Kwan Dr. Clara KY Poon
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LIST OF FACULTY

Non-local Faculty

Jonathan Barratt (Leicester)	Frederick Tam (London)
Guang-yan Cai (Beijing)	Eddie Tan (Hamilton)
Bernard Canaud (Montpellier)	Jimmy Teo (Singapore)
Christopher Chan (Toronto)	Na Tian (Ningxia)
Jiang-hua Chen (Guangzhou)	Germaine Wong (Sydney)
Wei Chen (Guangzhou)	Jing-yuan Xie (Shanghai)
Wen-fang Chen (Guangzhou)	Li Yang (Beijing)
Alfred Cheung (Salt Lake City)	Shi-cong Yang (Guangzhou)
Jason Choo (Singapore)	Zhi-ming Ye (Guangzhou)
Andrew Davenport (London)	Melissa Yeung (Boston)
Xiao-qiang Ding (Shanghai)	Xue-qing Yu (Guangzhou)
John Cijiang He (New York)	Hong Zhang (Beijing)
Lai-seong Hooi (Johore Bahru)	Lu-xia Zhang (Beijing)
Meg Jardine (Sydney)	Ming-hui Zhao (Beijing)
Elaine Ku (San Francisco)	Shou-gang Zhuang (Providence)
Hui-yao Lan (Melbourne)	
Ming-che Lee (Taipei)	
Gui-sen Li (Chengdu)	
Chia-te Liao (Taipei)	
Lee-ling Lim (Kuala Lumpur)	
Wai Lim (Perth)	
Wan-hong Lu (Xian)	
Pearl Pai (Shenzhen)	
York Pei (Toronto)	
Jeffrey Perl (Toronto)	
Connie Rhee (Los Angeles)	
Patricia de Sequera (Madrid)	

LIST OF FACULTY

Local Faculty

Wai-leung Chak

Andy Chan

Eugene Chan

Gavin Chan

John Chan

Juliana Chan

Wai-kong Chan

Yuk-lun Cheng

Simon Cheung

Siu-fai Cheung

Kai-ming Chow

Ngar-yee Chow

Vincent Chow

Samuel Fung

Winston Fung

Kai-ching Hau

Tony Ko

Lorraine Kwan

Fernand Lai

May-ki Lam

Che-hung Leong

Philip Li

Sing-leung Lui

Siu-fai Lui

Becky Ma

Ronald Ma

Siu-ka Mak

Jack Ng

Will Pak

Clara Poon

Cheuk-chun Szeto

Simon Tang

Sydney Tang

Bill Wang

Andrew Wong

Chi-kwan Wong

Ping-nam Wong

Sunny Wong

Marcus Wong

Vincent Wong

Bryan Yan

Desmond Yap

Ka-fai Yim

Terence Yip

Richard Yu

Sze-kit Yuen

Chun-yu Yung

PROGRAMME

13 December 2024 (Friday)

12:30-19:00	Registration (Hall 5G Foyer)			
Venue	S421		Venue	S423-424
13:00-17:00	13C1 - Pre-Congress Course: Renal Pathology <i>Moderators: Fernand Lai (HK), Hui-yao Lan (Melbourne)</i>		13:30-17:00	13D1 - Roundtable Meeting: How to Enhance Kidney Donation around the World? <i>Moderators: Philip Li (HK), Simon Tang (HK)</i>
13:30-13:45	Welcome and Introduction	Fernand Lai (HK)	13:30-13:45	Opening Remarks
			13:45-14:00	Kidney Donation around the World – Challenges
13:45-14:15	The Immune Landscape of Kidney Pathology	Hui-yao Lan (Melbourne)	14:00-16:30	Current Situation and Ways in Enhancing Kidney Donation in Different Countries and Regions
			14:00-14:15	Australia and New Zealand
14:15-14:45	Tubular Renal Lesions in Monoclonal Gammopathy	Fernand Lai (HK)	14:15-14:30	Canada
			14:30-14:45	China
14:45-15:15	Evolution and Update of Banff Classification in Kidney Transplant	Gavin Chan (HK)	14:45-15:00	Hong Kong
			15:00-15:15	Malaysia
15:15-15:30	Coffee Break		15:15-15:30	Coffee Break
15:30-16:00	APOL1 Associated Nephropathy and HIV Nephropathy	John Cijiang He (New York)	15:30-15:45	Singapore
			15:45-16:00	Taipei
16:00-16:30	Prognosis of Lupus Nephritis - Histopathological Perspectives	Wen-fang Chan (Guangzhou)	16:00-16:15	UK
			16:15-16:30	USA
16:30-17:00	Drug-induced Kidney Injury: Pathologist Perspective	Fernand Lai (HK)	16:30-16:55	Discussions
			16:55-17:00	Summary and Conclusions
18:00-19:00	13A1 - Opening Ceremony (Hall 5G)			
19:00-19:30	13A2 - Plenary Lecture #1 (Hall 5G) <i>Moderators: Tony Ko (HK), Christopher Chan (Toronto)</i> Peritoneal Dialysis 2025: Opportunities and Challenges Philip Li (HK)			
19:30-20:30	Welcome Reception (Hall 5F)			

PROGRAMME

14 December 2024 (Saturday)

Venue	Hall 5G	Hall 5F	S421
08:00-17:30	Registration (Hall 5G Foyer)		
09:00-09:30	14A1 - Plenary Lecture #2: Richard Yu Lecture <i>Moderators: Richard Yu (HK), Sunny Wong (HK)</i> A Self Reflection of Home Hemodialysis: From Patient Education to Mechanism of Disease	Christopher Chan (Toronto)	
09:30-10:45	14A2 - KDIGO-IACN Joint Symposium: IgA Nephropathy <i>Moderators: Jason Choo (Singapore), Siu-ka Mak (HK)</i>	14B1 - Cancer and Kidney <i>Moderators: Connie Rhee (Los Angeles), Simon Cheung (HK)</i>	14C1 - Free Paper Presentation #1 <i>Moderators: Eddie Tan (Hamilton), Jack Ng (HK)</i>
09:30-09:55	Variable Clinical Features of IgAN: East versus West	Sydney Tang (HK)	Onconeurology: From Traditional to Novel
09:55-10:20	New Insights of Pathogenesis in IgAN: Implications for Targeted Treatments	Hong Zhang (Beijing)	Cancer and Nephropathies – Pathogenetic Perspectives
10:20-10:45	Development of Targeted Therapies for IgAN: 2024 Treatment Landscape and Beyond	Jonathan Barratt (Leicester)	Renal Cell Carcinoma – 2024 update
10:45-11:15	Coffee Break / Poster Viewing / Exhibition (Hall 5F)		
11:15-12:30	14A3 - HKSN 45th Anniversary Symposium <i>Moderators: Xue-qing Yu (Guangzhou), Che-hung Leong (HK)</i>	14B2 - Big Data and Kidney <i>Moderators: Na Tian (Yinchuan), Kai-ching Hau (HK)</i>	14C2 - Free Paper Presentation #2 <i>Moderators: Frederick Tam (London), Siu-fai Cheung (HK)</i>
11:15-11:40	Celebration of the Success of PD-first Policy	Cheuk-chun Szeto (HK)	Utilisation of Big Data in Clinical Practice: Experience from China
11:40-12:05	Hong Kong Renal Registry	John Chan (HK)	Development of Data Report System for Kidney Disease Surveillance and Prevention
12:05-12:30	HKSN - 45 Years in a Glimpse	Sunny Wong (HK)	How to Conduct Studies from Pooled Multi-trial Data Analysis?

PROGRAMME

14 December 2024 (Saturday)

Venue	Hall 5G		Hall 5F		S421	S423-4
	14AL1 - "Baxter" Lunch Symposium		14BL1 - "Everest" Lunch Symposium		14CL1 - "Bayer" Lunch Symposium	14DL1 - "Otsuka" Lunch Symposium
12:45-13:45	Moderator: Yuk-lun Cheng (HK) Role of Expanded Haemodialysis in Optimizing Dialysis Outcomes and Sustainable Healthcare Resourcing Patricia de Sequera (Madrid)		Advancing Treatment Options for IgA Nephropathy: From Epidemiology to Emerging Therapies Moderator: Sunny Wong (HK) Navigating the Evolving Landscape of IgA Nephropathy Management Sydney Tang (HK) A New Era in IgAN Management: Exploring Targeted Therapy for Chinese Patients Hong Zhang (Beijing)		Moderators and Panelists: Minghui Zhao (Beijing), Cheuk-chun Szeto (HK) Addressing mineralocorticoid receptor overactivation in the Chinese Jing-yuan Xie (Shanghai) Finerenone in diabetic kidney disease: from clinical trials to clinical practice Jack Ng (HK) Panel Discussion and Q&A	Moderator: Kai-ming Chow (HK) Beyond ballotable: latest update in ADPKD Winston Fung (HK)
14:00-14:30	14A4 - Plenary Lecture #3 Moderators: Andrew Davenport (London), Philip Li (HK)					
	Hypertension in Chronic Kidney Disease: Progress and Controversies	Guang-yan Cai (Beijing)				
14:30-15:45	14A5 - ISHD-IACN Joint Symposium: Extracorporeal Circulation for End Organ Support Moderators: Na Tian (Yinchuan), Yuk-lun Cheng (HK)		14B3 - Kidney Transplantation Moderators: Jiang-hua Chen (Hangzhou), Cheuk-chun Szeto (HK)		14C3 - Free Paper Presentation #3 Moderators: Lai-seong Hooi (Johore Bahru), Samuel Fung (HK)	14D1 - Free Paper Presentation #4 Moderators: Jimmy Teo (Singapore), Sing-leung Lui (HK)
14:30-14:55	Treating Heart Failure with Dialysis	Bernard Canaud (Montpellier)	Polyomavirus infection in kidney transplant – risk factors, screening, management - an update of the Second International Consensus Guidelines	Germaine Wong (Sydney)		
14:55-15:20	Treating Liver Failure with Dialysis	Andrew Davenport (London)	Should We Accept Patients with Prior History of Cancer for Transplant?	Wai Lim (Perth)		
15:20-15:45	Treating Respiratory Failure with Dialysis	Christopher Chan (Toronto)	Role of Precision Medicine in Kidney Transplantation	Melissa Yeung (Boston)		

PROGRAMME

14 December 2024 (Saturday)

Venue	Hall 5G		Hall 5F		S421	S423-4
15:45-16:15	Coffee Break / Poster Viewing / Exhibition (Hall 5F)					
16:15-17:30	14A6 - The Kidney Facing Acute Challenge <i>Moderators: Jeff Perl (Toronto), Chik-cheung Chow (HK)</i>		14B4 - Genetics and Kidney <i>Moderators: Ming-hui Zhao (Beijing), Ka-fai Yim (HK)</i>		14C4 - Free Paper Presentation #5 <i>Moderators: Lee-ling Lim (Kuala Lumpur), Chun-yu Yung (HK)</i>	
16:15-16:40	Drug-induced Acute Kidney Injury: Chinese Perspective	Li Yang (Beijing)	Insights into Autosomal Dominant Polycystic Kidney Disease from Genetic Studies	York Pei (Toronto)		
16:40-17:05	Utilization of Big Data to guide the Management of Acute Kidney Injury	Gui-sen Li (Chengdu)	Precision Medicine in Managing Diabetic Nephropathy	Ronald Ma (HK)		
17:05-17:30	New Development for Continuous Renal Replacement Therapy	Xiao-qiang Ding (Shanghai)	Clinical Utility of Genetic Testing in the Diagnosis and Management of Chronic Kidney Disease	Becky Ma (HK)		
19:00-22:00	HKSJ 45th Anniversary Dinner and ICCN 2024 President's Dinner (Hong Kong Palace Museum) (by invitation only)					

PROGRAMME

15 December 2024 (Sunday)

Venue	Hall 5G		Hall 5F		S423-4	
08:30-16:30	Registration (Hall 5G Foyer)					
09:00-09:30	15A1 - Plenary Lecture #4 <i>Moderators: Jonathan Barratt (Leicester), Desmond Yap (HK)</i>					
	The pathogenesis of IgA nephropathy: current and perspective	Xue-qing Yu (Guangzhou)				
09:30-10:45	15A2 - ISHD-IACN Joint Symposium: Advances in Hemodiafiltration <i>Moderator: Wei Chan (Guangzhou), Siu-fai Lui (HK)</i>		15B1 - Planet and Kidney <i>Moderators: Pearl Pai (Shenzhen), Andrew Wong (HK)</i>		15D1 - Free Paper Presentations #6 <i>Moderators: Hui-yao Lan (Melbourne), Chi-kwan Wong (HK)</i>	
09:30-09:55	Theoretical Construct and Application of HDF	Bernard Canaud (Montpellier)	Air Pollution as a Novel Risk Factor for Kidney Disease	Lu-xia Zhang (Beijing)		
09:55-10:20	CONVINCE Trial	Andrew Davenport (London)	Climate and the Kidney	John Cijiang He (New York)		
10:20-10:45	Are We “Convinced” about CONVINCE?	Christopher Chan (Toronto)	Emerging Role of Young Nephrologists in Sustainable Nephrology Care	Winston Fung (HK)		
10:45-11:15	Coffee Break / Poster Viewing / Exhibition (Hall 5F)					
11:15-12:30	15A3 - Immune System and Kidney <i>Moderators: Shou-gang Zhuang (Providence), Terence Yip (HK)</i>		15B2 - Gut and Kidney <i>Moderators: Zhi-ming Ye (Guangdong), Lorraine Kwan (HK)</i>		15D2 - Patient-centric Kidney Care <i>Moderators: Wan-hong Lu (Xian), May-ki Lam (HK)</i>	
11:15-11:40	Optimizing Outcomes in Lupus Nephritis - What we Learn from Clinical and Translational Studies?	Desmond Yap (HK)	Gut Microbiota and Peritoneal Dialysis	Na Tian (Yinchuan)	(11:15-11:32) Enhancing Society’s Health Literacy in Kidney Diseases	Ngar-ye Chow (HK)
11:40-12:05	Update on Treatment of ANCA Vasculitis	Ming-hui Zhao (Beijing)	Prebiotic and Dietary Intervention in Chronic Kidney Disease	Alfred Cheung (Salt Lake City)	(11:32-11:49) Overcoming Obstacles in the Development of Physical Rehabilitation Program	Marcus Wong (HK)
12:05-12:30	Anti-CD20 Monoclonal Antibody Therapy for Nephrotic Syndrome	Eugene Chan (HK)	Metabolic dysfunction–associated steatotic liver disease (MASLD) and CKD	Vincent Wong (HK)	(11:49-12:06) What a Patient Really Needs?	Bill Wang (HK)
					(12:06-12:23) Device-assisted Peritoneal Dialysis	Andy Chan (HK)

PROGRAMME

15 December 2024 (Sunday)

	15AL1 - "FMC" Lunch Symposium		15BL1 - "Baxter" Lunch Symposium		
12:45-13:45	Moderator: Sing-leung Lui (HK) Practical aspects of implementing high-volume HDF in Hong Kong Clara Poon (HK) NxStage: Hurdles and Enablers Kai-ming Chow (HK)		Moderator: Philip Li (HK) The Canadian Experience on APD: Balance between patient's choice and evidence-based care Jeffery Perl (Toronto)		
	15AL2 - "Boehringer Ingelheim" Lunch Symposium		15BL2 - "AstraZeneca" Lunch Symposium		
13:45-14:45	Conversation between specialties: Optimizing renal function for the interdisciplinary management of CRM conditions Moderator: Wai-leung Chak Expanding the range of kidney protection across CKD spectrum with advanced treatment strategies Sydney Tang (HK) Case sharing session: Optimizing renal function in patients across CRM spectrum Ronald Ma (HK)		Moderator: Cheuk-chun Szeto (HK) The new era in CKD Anemia Wei Chen (Guangzhou) Real world application of SGLT2i in CKD Kai-ching Hau (HK)		
14:45-15:15	15A4 - Plenary Lecture #5: Chan Woon Cheung Lecture Moderators: Wai-kong Chan (HK), Kai-ming Chow (HK)				
	Histocompatibility in Kidney Transplantation: The journey towards a better match	Melissa Yeung (Boston)			

PROGRAMME

15 December 2024 (Sunday)

Venue	Hall 5G		Hall 5F		S423-4
15:15-16:30	15A5 - KDIGO-IACN Joint Symposium: Diabetic Kidney Disease <i>Moderators: Li Yang (Beijing), Ping-nam Wong (HK)</i>		15B3 - Heart and Kidney <i>Moderators: Elaine Ku (San Francisco), Clara Poon (HK)</i>		15D3 - Free Paper Presentations #7 <i>Moderators: Chia-Te Liao (Taipei), Sze-kit Yuen (HK)</i>
15:15-15:30	Primary and Collaborative Care of CKD in Diabetic Patients	Juliana Chan (HK)	Blood Pressure Target in CKD: How Low Should We Go?	Alfred Cheung (Salt Lake City)	
15:40-16:05	Benefits of SGLT2i and GLP-1 RA: "One is Not Like the Other"?	Meg Jardine (Sydney)	The Role of Renal Denervation Therapy in Cardiology and Beyond	Bryan Yan (HK)	
16:05-16:30	ADA-KDIGO Consensus Report on Diabetes Management in CKD: More Alike than Different	Connie Rhee (Los Angeles)	Is there a gender difference of heart and kidney complications in diabetic patients?	Lee-ling Lim (Kuala Lumpur)	
16:30-16:45	Closing Ceremony & Award Presentation (Hall 5G)				

The Programme is subject to change without prior notice

LIST OF ORAL PRESENTATIONS

Free Paper Presentation #1

14 December 2024

09:30 – 10:45

Room S421

Moderators: Eddie Tan (Hamilton), Jack Ng (HK)

Paper No.	Details
11	Identification of biomarkers for diabetic kidney disease progression via magnetic nanobinder assisted deep untargeted proteomics Ban Zhao (Beijing)
43	A lower eGFRcystatinC/eGFRcreatinine ratio is associated with greater cardiovascular risk (higher Framingham Risk Score) in Chinese patients with newly diagnosed Type 2 Diabetes Mellitus Yan Yang (Changzhou)
64	Construction of Temporal and Spatial Transcriptomic Atlas of Diabetic Kidney Disease at Different Stages of Progression Yiyao Deng (Guizhou)
178	Machine Learning to Predict the Risk of Heart Failure Hospitalization in Patients with Chronic Kidney Disease YI LU (Guangzhou)
106	The aid of artificial intelligence for diagnosing exit site infection in peritoneal dialysis patients Huang Yian (Taipei)
161	PM2.5 constituents associated with mortality and kidney failure in childhood-onset lupus nephritis: A 19-year cohort study Guohua He (Guangzhou)
710	PCSK9 regulates cellular lipid homeostasis and cell apoptosis in renal tubules of diabetes kidney disease through CD36 Meiyan WU (Changchun)
762	Study on Renal tubule epithelial cell senescence induced by glycolipid toxicity through PGK1 acetylation mediated by SIRT1 and the new mechanism of renal protection by GLP-1RA Hongyan Liu (Tianjin)
560	Omentin-1 Prevents Renal Fibrosis in Mice by Inhibiting Renal Tubular Epithelial Cell Senescence through Alleviating Mitochondrial Dysfunction via AMPK/mTOR/p38 Pathway Yan Zhou (Changsha)

Free Paper Presentation #2

14 December 2024

11:15 – 12:30

Room S421

Moderators: Frederick Tam (London), Siufai Cheung (HK)

Paper No.	Details
14	Glycometabolic reprogramming modulates mesangial cell proliferation in IgA nephropathy Ming Xia (Hunan)

LIST OF ORAL PRESENTATIONS

99	Comprehensive Druggable Genome-Wide Mendelian Randomization Reveals Therapeutic Targets For Kidney Diseases Zhihang Su (Shenzhen)
270	Eosinophils protect from lupus nephritis via regulating the differentiation of T cells Ruihua Liu (Guangzhou)
296	Personalized Treatment Of Rituximab In Idiopathic Membranous Nephropathy: A Prospective Multi-Center Cohort Study In The East Coastal Region Of China Yili Xu (Nanjing)
426	Mechanism of Nrf-2 against oxidative stress of renal tubular epithelial cells in septic AKI Yun Tang (Sichuan)
490	Genetic Focal Segmental Glomerulosclerosis Caused by LMX1B mutations Jing-yuan Xie (Shanghai)
430	Gut Microbiota Modulates the Pathogenesis and Prognosis of IgA Nephropathy through Amino Acid Metabolism Regulation Fengtao Cai (Guangzhou)
452	Study Of The Efficacy Of B-cell Titrated Doses Of Rituximab In Combination With Tacrolimus In The Treatment Of Primary Nephrotic Syndrome Li Jiao Wang (Fuwai)
516	Effects of body mass index on rapid renal function decline: a two-sample mendelian randomization study Aiting Li (Guangzhou)

Free Paper Presentation #3

14 December 2024

14:30 – 15:45

Room S421

Moderators: Lai-seong Hooi (Johore Bahru), Samuel Fung (HK)

Paper No.	Details
119	RGMB activates the TRAF6-TAB1-TAK1/αTAT1/α-tubulin pathway to drive macrophage migration and aggravate kidney disease Yonglun Kong (Hong Kong)
349	Bacteriology and clinical outcome of peritonitis episodes in patients receiving automated peritoneal dialysis: a 15-year case-control study Lik Fung Lau (Hong Kong)
735	Efficacy and safety of Nafamostat in hemodialysis Li Zhu (Beijing)
539	Inhibition of histone lactylation in peritoneal mesothelial cells alleviates peritoneal fibrosis induced by high-glucose peritoneal dialysate Fang Yu (Chongqing)
561	The Burden and Impact of Caregivers on Clinical Outcomes of Southern Chinese Patients Receiving Continuous Ambulatory Peritoneal Dialysis Xiaoli Yu (Guangzhou)
621	Correlation between frailty and nutritional status in patients undergoing peritoneal dialysis Jingjing Chen (Guangzhou)
668	Development and Validation of a Machine Learning Model for Predicting the Risk of Cardiac Valve Calcification in Dialysis Patients: A Multi-Center Study

LIST OF ORAL PRESENTATIONS

	Xia19oxu WANG (Nanjing)
687	rhEPO-Fc on chronic renal anaemia in Chinese patients undergoing maintenance haemodialysis: a multicentre, randomised, open-label, phase 3 study Liangying Gan (Beijing)
752	Engineered Extracellular Vesicle-Delivered Chemical Cocktail Reprograms Macrophages For Renal Repair After AKI Jin WANG (Nanjing)

Free Paper Presentation #4

14 December 2024

14:30 – 15:45

Room S423-4

Moderators: Jimmy Teo (Singapore), Sing-leung Lui (HK)

Paper No.	Details
108	The WWI and the risk of chronic kidney disease: A national prospective cohort study Xie Juan (Jiangsu)
179	Influence Of SGLT2i On Renal Progression In Patients With CKD: A Multicenter Real World Retrospective Cohort Study In China. Wencong Guo (Nanjing)
220	Uremic toxin receptor AhR accelerates renal senescence and fibrosis by promoting ubiquitination and proteasomal degradation of PGC1α Hongyan Xie (Shanghai)
233	Piperazine ferulate attenuates renal fibrosis by inhibiting eIF2k3/eIF2-mediated stress granule assembly Xiang ZHONG (Chengdu)
266	Selecting Appropriate Evaluation Equations for Assessing Declining Kidney Function in Aging Individuals with Disease Conditions Lengnan Xu (Beijing)
576	Nogo-B may mediate the glomerular endothelial cell injury of hypertensive nephropathy by enhancing the inflammatory phenotype via IL-17 signaling pathway Haosen Xu (Guangzhou)
394	LncRNA Neat1 Aggravates Tubular Injury in Diabetic Kidney Disease by Binding to Splicing Factor hnRNPA1 Rui XUE (Shenzhen)
438	Multi-omics insight into the roles of immune cells in the risk and pathogenesis of idiopathic membranous nephropathy Man Li (Zhuhai)
711	Global Burden Of Chronic Kidney Disease In The Elderly From 1990 To 2021 And Projections To 2035: A Population-Based Study Xunliang Li (Anhui)

LIST OF ORAL PRESENTATIONS

Free Paper Presentation #5

14 December 2024

14:30 – 15:45

Room S423-4

Moderators: Lee-ling Lim (Kuala Lumpur), Chun-yu Yung (HK)

Paper No.	Details
247	TMEM70-mediated mitochondrial impairment is involved in chronic kidney disease-associated vascular calcification Yi Li (Sichuan)
101	The safety and acute effects of near infrared irradiation on arteriovenous fistula in hemodialysis patients. Zhenbin Jiang (Beijing)
97	The association of iron status on clinical outcomes in peritoneal dialysis: a retrospective study over 10 years Vanessa Wing-Lam TAO (Hong Kong)
454	A Novel Bioinformatics Strategy to Explore Key Biomarkers in IgAN Metabolomics Using Network Biomarkers and Machine Learning Wenlong Qiu (Yinchuan)
146	Water Immersion Ultrasound Can Improve The Repeatability Of Cephalic Vein Diameter Measurements: An Effective New Method Zhijun Zhang (Chongqing)
163	The cumulative effect of hyperphosphatemia on bone turnover markers and fracture risk among hemodialysis patients Xu Li (Beijing)
395	Clinical value of second-generation gene sequencing technology in early diagnosis of peritoneal dialysis-related peritonitis Aiting Li (Guangzhou)
365	JLP promotes arteriovenous fistula maturation in hemodialysis patients by regulating TGF - β 1 through negative feedback Qunpeng He (Nanjing)
510	Evaluation of Bone Mineral Density (BMD) by Calcaneal Quantitative Ultrasound (QUS) in Patients on Peritoneal Dialysis Chun Kau Gordon Chan (Hong Kong)

Free Paper Presentation #6

15 December 2024

09:30 – 10:45

Room S423-4

Moderators: Hui-yao Lan (Melbourne), Chi-kwan Wong (HK)

Paper No.	Details
111	RGMB Released from Renal Tubular Cells Promoted the Infiltration of Macrophages into the Kidney Xiaoyi ZHANG (Hong Kong)
208	Abelmoschus Manihot Suppresses Macrophage-mediated Kidney Injury via Mincle/Syk/NFkB dependent mechanism

LIST OF ORAL PRESENTATIONS

	Sifan Sun (Nanjing)
189	FSTL1 exacerbates lupus nephritis by promoting Th17 cells differentiation Chi Liu (Sichuan)
230	The role of myeloid MST1/2 in renal inflammation and fibrosis Wenqian XU (Hong Kong)
317	LYVE1 ectodomain shedding promotes renal interstitial retention of macrophages cleared by lymphatic vessels and renal fibrosis Jing LIU (Shanghai)
658	Acid sensitive potassium channel TASK2 as a metabolic checkpoint of hexokinase 2 in acute kidney injury Nana SONG (Shanghai)
501	Stratifying Metabolic-Related Risk Factors Using Latent Class Analysis to Explore the Risk of Renal Composite Endpoints in Patients with Diabetic Kidney Disease. Xiaojie Chen (Guangzhou)
760	Renal Epithelial Knockout of STING Alleviates Kidney Inflammation and Fibrosis in Diabetes, and Reduces Diabetes-Associated Cardiac Fibrosis Through Glutamine Metabolism/Tricarboxylic Acid Cycle Li Gao (Anhui)
679	Soluble PD-1 promoting renal interstitial fibrosis in IgA nephropathy patients by blocking PD-1/PD-L1 pathway Yuting Zhang (Xian)

Free Paper Presentation #7

15 December 2024

15:15 – 16:30

Room S423-4

Moderators: Chia-Te Liao (Taipei), Sze-kit Yuen (HK)

Paper No.	Details
89	Efficacy and safety of rituximab in young children less than 6 years with frequently-relapsing, steroid-dependent idiopathic nephrotic syndrome: an international study Eugene Yu-hin Chan (Hong Kong)
95	How Do We Treat Infants (2 month–2 years) With A Febrile UTI Who Have Responded To The Initial Antibiotic Despite Having An Infection Due To Extended-spectrum beta-lactamase-producing Enterobacteriaceae? Sze Wa Wong (Hong Kong)
92	Acquired Cystic Kidney Disease in Children with Kidney Failure: A territory-wide cross-sectional study Justin Ming Yin MA (Hong Kong)
197	Safety and Effectiveness of Erythropoietin versus Roxadustat for Anemia in Hemodialysis-dependent Peridialytic Chronic Kidney Disease Patients: An Observational Retrospective Matched Real-World Study Lihua Wang (Tianjin)
245	Uromodulin p.His36Tyr Mutation Actuates Kidney Injury By Activating Ferroptosis Via Down-regulating FoxO3a Expression Qianqian Wu (Jiangsu)
239	The AMPK/ULK1/autophagy pathway: FGF23's weapon against GSDME mediated pyroptosis in folic acid-induced acute kidney injury

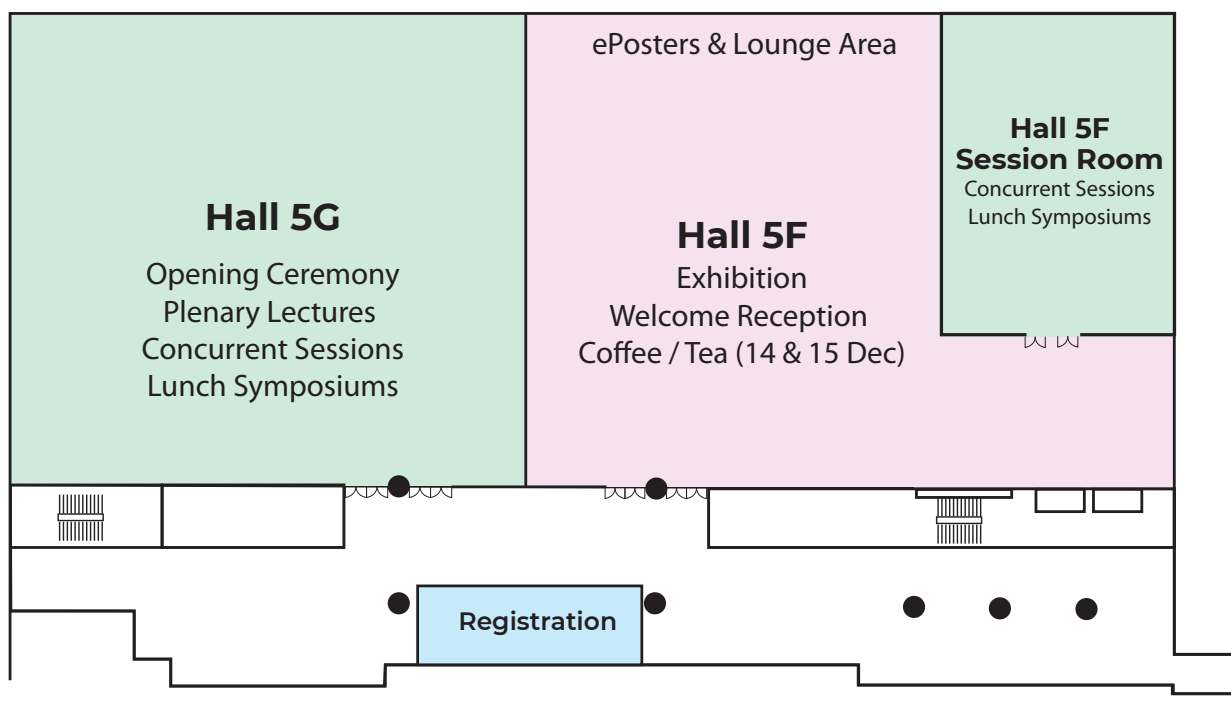
LIST OF ORAL PRESENTATIONS

	Lina Zhang (Henan)
439	CD38hi Macrophages: Critical Mediators of AKI-to-CKD Progression and Novel Therapeutic Targets Qingqing Zhou (Beijing)
570	Single Urinary Extracellular Vesicle Proteome Analysis Reveals CD35 As Novel Biomarker Of Sepsis-associated Acute Kidney Injury Ning Li (Jiangsu)

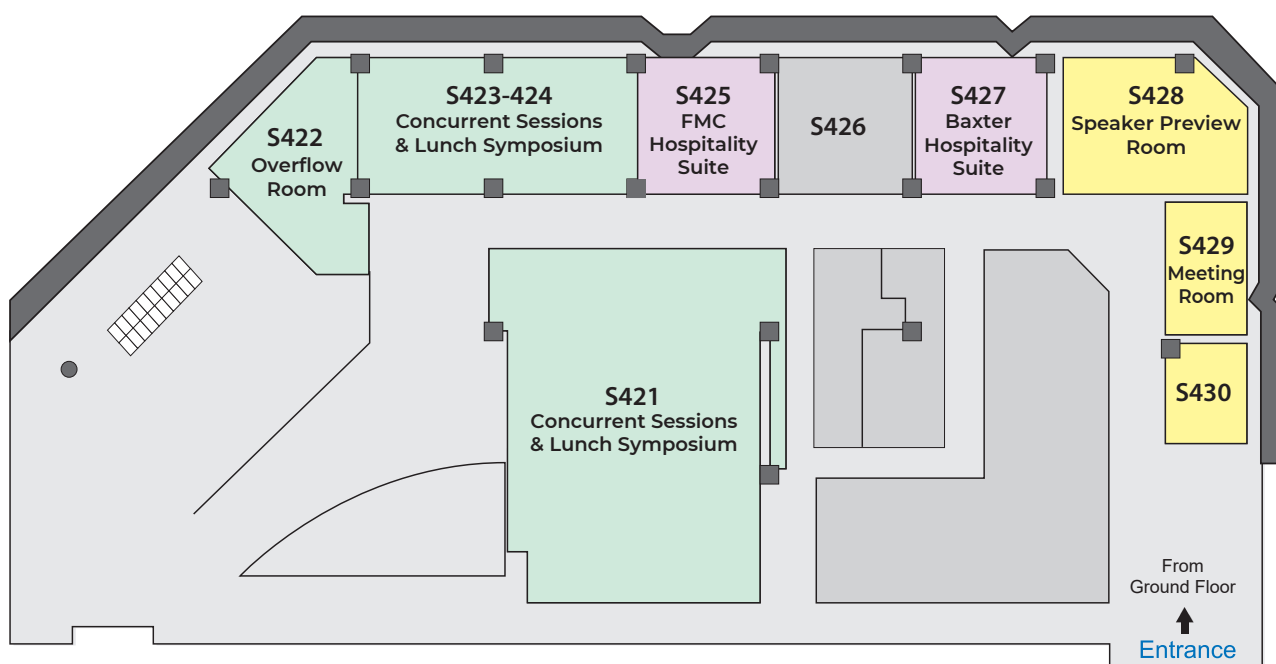
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Hong Kong Convention and Exhibition Centre

Hall 5FG

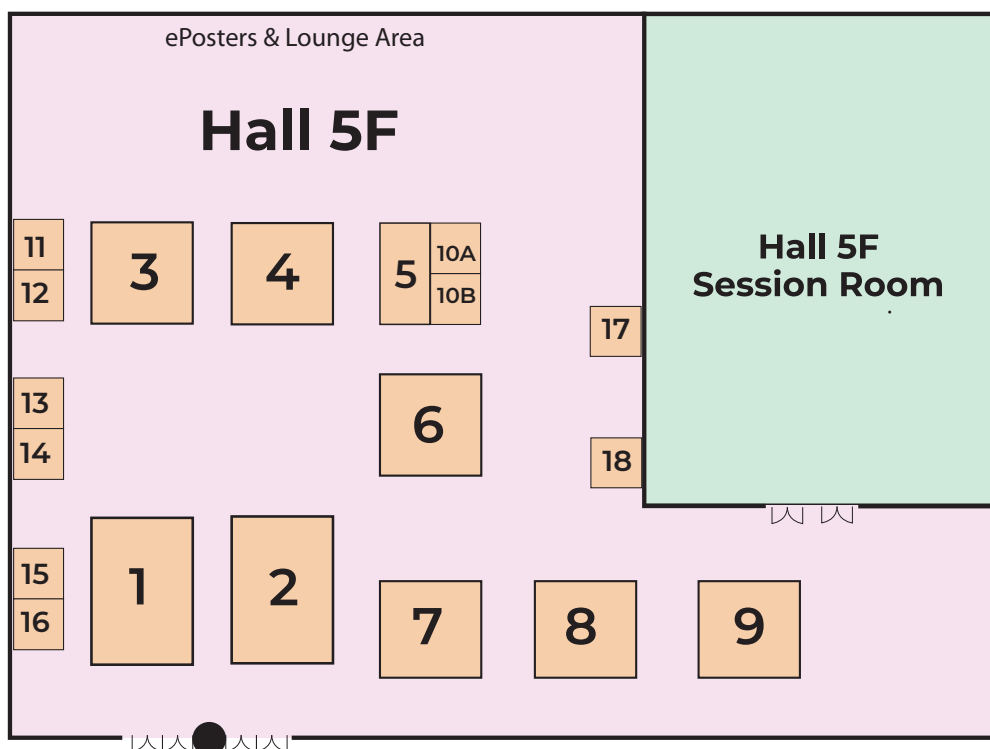


Rooms S421-430



EXHIBITION & FLOOR PLAN

Exhibition



Exhibitors	Booth Number
AstraZeneca Hong Kong Ltd.	6
Baxter Healthcare Ltd.	2
Bayer HealthCare Ltd.	8
Boehringer Ingelheim (Hong Kong) Ltd.	7
Everest Medicines Ltd.	3
Fresenius Medical Care Hong Kong Ltd.	1
Kyowa Kirin Hong Kong Co., Ltd.	4
Otsuka Pharmaceutical (H.K.) Ltd.	9
Astellas Pharma HK Co., Ltd.	5
DKSH Hong Kong Limited	18
Fresenius Kabi Hong Kong Ltd.	11
GlaxoSmithKline Ltd.	15&16
Novartis Pharmaceuticals (HK) Limited	10A
Novo Nordisk Hong Kong Ltd.	10B
Pfizer Corporation Hong Kong Ltd.	17
Sanofi Hong Kong Ltd.	12
Viartis Healthcare Hong Kong Ltd.	13&14

CONGRESS INFORMATION

[Congress Venue](#)

Hong Kong Convention and Exhibition Centre (HKCEC)

Address: 1 Expo Drive, Wan Chai, Hong Kong

Location & Transportation:

www.hkcec.com/en/location-transportation

[Congress Registration Desk](#)

The Congress Registration Desk is located at Hall 5FG Foyer, HKCEC and will be operated during the following hours:

Date	Time
13 December (Fri)	12:30 – 19:00
14 December (Sat)	08:00 – 17:00
15 December (Sun)	08:00 – 16:30

[Speakers Preview Room](#)

To ensure the smooth running of sessions, speakers are requested to report to the Speakers Preview Room at Room S428, Level 4, HKCEC to upload and check your Presentation(s) at least half day prior to your session(s). The opening hours of Speakers Preview Room are:

Date	Time
13 December (Fri)	11:00 – 17:00
14 December (Sat)	08:00 – 17:00
15 December (Sun)	08:00 – 15:00

[Exhibition](#)

An exhibition featuring the latest products, equipment and educational materials in cardiac diseases will be held on 13-15 December 2024 at Hall 5F, Level 5, HKCEC. The opening hours of the exhibition are:

Date	Time
13 December (Fri)	17:00 – 20:30
14 December (Sat)	09:00 – 17:30
15 December (Sun)	09:00 – 16:30

[Coffee/Tea](#)

Coffee / tea and refreshments will be served at the Exhibition, Hall 5F, HKCEC at the designated times.

[Lunch Symposiums](#)

Lunch will be provided during the lunch symposium at designated times. Seat is available on first-come-first-served basis.

Date	Time	Venue
14 December (Sat)	12:45 – 13:45	5G, 5F, S421, S423-4
15 December (Sun)	12:45 – 14:45	5G, 5F

[ePosters Display](#)

ePosters display on TV Kiosk is located at Hall 5F, Level 5, HKCEC.

[Language](#)

The official language of the Congress is English. AI translation will be provided in most of the sessions.

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Each participant will receive a name badge upon registration. All participants are requested to wear their name badges throughout the Congress and social programmes. Only badge holders will be admitted to the Congress venue, meeting rooms and social programmes.

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E-certificate of attendance will be sent to those attended the Congress by email within one week after the Congress.

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The organizers will not be liable for personal accidents, or any loss or damage of private property during the Congress. Participants should make their own arrangements with respect to personal insurance.

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ACKNOWLEDGEMENT

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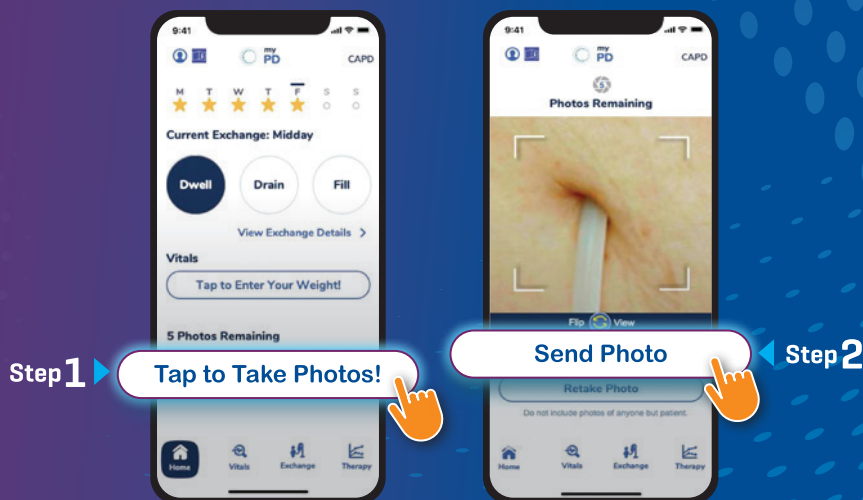
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1. Pérez-Alba A, et al. Expanded home hemodialysis: case reports.

Int Urol Nephrol. 2020;52(5):977-980.

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GLBL/MG208/20-0004 September 2020

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23%

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1. Effect of Hemodiafiltration or Hemodialysis on Mortality in Kidney Failure, Blankestijn PJ, Vernooij RWM, Hockham C, Strippoli GFM, Canaud B, Hegbrant J, Barth C, Covic A, Cromm K, Cucui A, Davenport A, Rose M, Török M, Woodward M, Bots ML; CONVINCE Scientific Committee Investigators. N Engl J Med 2023;389:700-9. DOI: 10.1056/NEJMoa2304820.



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BRING PROTECTION TO LIFE IN CKD



Now Recommended as
First-Line Treatment in
KDIGO 2024 CKD Guideline^{*,11,1}



↓39%

Composite of CKD progression, ESKD, or renal or CV death vs placebo (NNT=19 patients)[§]

(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)²



↓31%

All-cause mortality vs placebo

(HR 0.69; 95% CI, 0.53, 0.88; p=0.004)²



↓29%

Composite of CV death or hHF vs placebo

(HR 0.71; 95% CI, 0.55, 0.92; p=0.009)²



Slowed eGFR deterioration

(Between-group change/year in mean eGFR (chronic slope)):
1.9 mL/min/1.73 m² (FORXIGA/placebo)²



Consistent efficacy[§]

Regardless of T2D status³, baseline eGFR^{11,2}, CKD stage^{**} and aetiology^{††,3,4}



Simple and well tolerated

Consistent safety shown in patients with CKD, with or without T2D^{2,3}.
Similar hypoglycaemia rates¹ and less frequent AKI-related SAEs vs placebo^{3,5}

INITIATE TREATMENT^{§§}

GFR

≥25



For broad range* of CKD patients,
TREAT EARLY WITH FORXIGA NOW**

* FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D.[§]

† Primary composite endpoint of ≥50% sustained decline in eGFR, reaching ESKD, or renal or CV death. ESKD is defined as maintenance dialysis for ≥28 days, kidney transplantation, or an estimated GFR of <15 mL per minute per 1.73 m² confirmed by a second measurement after ≥28 days.

‡ Baseline eGFR categories: <45 mL/min/1.73m² and ≥45 mL/min/1.73m².

§ Observed only in T2D patients.

** CKD stage groups: Stage 4 and Stage 2/3.

†† Diabetic nephropathy, glomerulonephritis, ischaemic or hypertensive CKD, or CKD of other or unknown cause.

‡‡ In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.

§§ In DAPA-CKD, patients may continue on FORXIGA 10 mg once daily if eGFR falls below 25 mL/min/1.73m².

*** Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR <25 mL/min.

§§§ Consistent efficacy regardless of T2D status and eGFR baseline.

AKI, acute kidney injury; CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; GFR, glomerular filtration rate; HF, heart failure; hHF, hospitalization for heart failure; HR, hazard ratio; KDIGO, Kidney Disease Improving Global Outcomes; NNT, number needed to treat; SAE, serious adverse event; SGLT2, sodium-glucose co-transporter-2 inhibitor; T2D, type 2 diabetes; UACR, urine albumin-creatinine ratio.

References: 1. KDIGO. Kidney Int. 2024 Apr;105(4S):S117-S314. 2. Heerspink HJL, et al. N Engl J Med. 2020;383:1436-1446. 3. Wheeler DC, et al. Lancet Diabetes Endocrinol. 2021;9:22-31. 4. Chertow GM, et al. J Am Soc Nephrol. 2021;32:2352-2361. 5. Heerspink HJL, et al. Kidney Int. 2021;S0085-2538(21)00865-6. 6. FORXIGA 10 mg film-coated tablets. Hong Kong Prescribing Information. December 2023.



For FORXIGA Abbreviated Prescribing Information
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Reduce the risk of CV events¹



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Why hold back?

^{*}As of 14 Nov 2024.

CKD=chronic kidney disease; CV=cardiovascular; MRA=mineralocorticoid receptor antagonist; T2D=type 2 diabetes.

Reference: 1. Kerendia (finerenone) 10 / 20 mg tablet Hong Kong Prescribing Information (Aug 2023). 2. American Diabetes Association. Standards of Medical Care in Diabetes. Diabetes Care 2024; 2024;45(Suppl. 1):S1–S321. 3. Drug Office, HKSAR. Available at https://www.drugoffice.gov.hk/eps/drug/productDetail/en/pharmaceutical_trade/140639. Accessed 14 Nov 2024.

Kerendia 10 / 20 mg tablets Abbreviated Prescribing Information

(Please refer to the full prescribing information before prescribing)

Composition: Active ingredient: finerenone. Excipients: croscarmellose sodium, hypromellose 5 cP, lactose monohydrate, magnesium stearate, cellulose microcrystalline, sodium laurilsulfate, talc, titanium dioxide, ferric oxide yellow (for 20 mg tablet), ferric oxide red (for 10mg tablet). **Indication:** Delay progressive decline of kidney function and to reduce the risk of cardiovascular mortality and morbidity in adults with chronic kidney disease (with albuminuria) associated with Type 2 diabetes, in addition to standard of care. **Dose and method of administration:** *Recommended target dose:* 20 mg once daily. *Initiation:* Recommended when serum potassium is ≤ 4.8 mmol/L; may be considered with additional serum monitoring within the first 4 weeks based on patient characteristics and serum potassium levels if serum potassium >4.8 to 5.0 mmol/L; not recommended if serum potassium >5.0 mmol/L or in patients with eGFR <25 mL/min/1.73m². The starting dose is: • 20 mg once daily if eGFR ≥ 60 mL/min/1.73m² • 10 mg once daily if eGFR ≥ 25 to <60 mL/min/1.73m². *Continuation:* Four weeks after initiation or re-start or up-titration, remeasure serum potassium and eGFR. Thereafter, remeasure serum potassium periodically and as needed based on patient characteristics and serum potassium levels. **Contraindications** • Taking concomitant medications that are strong CYP3A4 inhibitors • With adrenal insufficiency. **Warnings and precautions:** • Hyperkalaemia. • Avoid concomitant use with potassium-sparing diuretics and other mineralocorticoid receptor antagonists. Used with caution and monitor serum potassium when taken concomitantly with potassium supplements, trimethoprim, or trimethoprim-sulfamethoxazole. • Avoid in patients with severe hepatic impairment (Child Pugh C). Consider additional serum potassium monitoring in patients with moderate hepatic impairment (Child Pugh B). • Initiation of Kerendia treatment is not recommended in patients with eGFR <25 mL/min/1.73m². Continue Kerendia with caution regarding serum potassium levels in patients with end-stage renal disease (eGFR <15 mL/min/1.73m²). • No dose adjustment is required in the elderly. • Kerendia is not recommended in paediatric patients. • Kerendia should not be used during pregnancy unless there has been careful consideration of the benefit for the mother and the risk to the fetus. If the patient becomes pregnant while taking Kerendia, the patient should be informed of potential risks to the fetus. Advise women of childbearing potential to use effective contraception and not to breastfeed during treatment of Kerendia. • Monitor serum potassium especially during initiation of or changes to dosing of Kerendia or a moderate or weak CYP3A4 inhibitor. Avoid concomitant use with strong CYP3A4 inducers, moderate CYP3A4 inducers, or concomitant intake of grapefruit or grapefruit juice. **Undesirable effects:** *Very common ($\geq 10\%$):* hyperkalaemia. *Common ($\geq 1\%$ to $<10\%$):* hyponatremia, hyperuricemia, hypotension, glomerular filtration rate decreased. For further details, please refer to the full prescribing information (Aug 2023) (MA-M_FIN-HK-0140-1 Apr 2024).

PP-KER-HK-0104-1 11/2024



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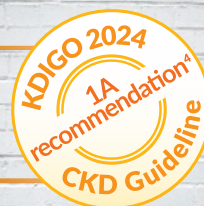
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Can be initiated down to eGFR of 20mL/min/1.73m²



Abbreviations: CKD: Chronic kidney disease; CV: Cardiovascular; eGFR: Estimated glomerular filtration rate; RRR: Relative risk reduction; uACR: Urine albumin-creatinine ratio; KDIGO: Kidney Disease Improving Global Outcome

References: 1. Jardiance® (Empagliflozin) Hong Kong Prescribing Information. 2. Herrington WG, et al. Empagliflozin in Patients with Chronic Kidney Disease. *N Engl J Med.* 2023;388(2):117-127. 3. Heerspink HJL, et al. Rationale and Protocol of the Dapagliflozin and Prevention of Adverse Outcomes in Chronic Kidney Disease (DAPA-CKD) Randomized Controlled Trial. *Nephrol Dial Transplant.* 2020;35(2):274-282. 4. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024;105(4S):S117-S314.



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REFERENCE 1. Zhang, H., et al. (2023). "Long-term renal benefit with NEFECON in Chinese patients with primary immunoglobulin A nephropathy: Two-year NeflgArd trial results." In Proceedings of the ASN Kidney Week 2023 (Abstract TH-PO1123). Pennsylvania Convention Center. **2.** Lafayette, R., et al. (2023). "Efficacy and safety of a targeted-release formulation of budesonide in patients with primary IgA nephropathy (NeflgArd): 2-year results from a randomised phase 3 trial." The Lancet, 402(10405), 859-870. [https://doi.org/10.1016/S0140-6736\(23\)01554-4](https://doi.org/10.1016/S0140-6736(23)01554-4). **3.** Everest Medicines II (HK) LIMITED. (2024). NEFECON (budesonide) modified-release capsules 4 mg [Product information].

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Abbreviations: PHPT, primary hyperparathyroidism; SHPT, secondary hyperparathyroidism

Abbreviations: PHPT, primary hyperparathyroidism; SHPT, secondary hyperparathyroidism

References: 1. Orkedia® Hong Kong Prescribing Information, 3rd Version: Aug 2024. 2. Ni Z, et al; Orchestra Study Group. *Kidney Int Rep.* 2023;8(11):2294-306. 3. Ni Z, et al; Orchestra Study Group. *Kidney Int Rep.* 2023;8(11):2294-306 (suppl). 4. Fukagawa M, et al; Evocalcet study group. *Kidney Int.* 2018;94(4):818-25.

Abbreviated Package Insert of Orkedia® Tablets

Composition: Evocalcet. **Indication:** Secondary hyperparathyroidism in patients on maintenance dialysis (SHPT). Hypercalcaemia in patients with parathyroid carcinoma and hypercalcaemia in patients with primary hyperparathyroidism who are unable to undergo parathyroidectomy or patients with recurrent primary hyperparathyroidism after parathyroidectomy (PHPT). **Dosage & Administration:** <SHPT> Initially 1 mg once daily, may start with 2 mg once daily, depending on patient's PTH and serum Ca level, subsequent dose may be adjusted to 1 - 8 mg once daily. Maximum dose up to 12 mg once daily if the patient has an inadequate response. <PHPT> Initially 2 mg once daily, may start with 2 mg twice daily, depending on patient's serum Ca levels, subsequent dose may be adjusted to maximum of 6 mg 4 times daily. **Contraindications:** History of hypersensitivity to any component of Orkedia; pregnant or possibly pregnant women. **Precautions:** Confirm serum Ca level is ≥ 8.4 mg/dL before starting administration. Decrease dose as needed if serum Ca level is < 8.4 mg/dL or w/draw if ≤ 7.5 mg/dL. Hypocalcaemia, hepatic impairment, pregnancy & lactation, children, elderly, patients not on dialysis, adynamic bone disease, hungry bone syndrome. **Clinically significant adverse reactions:** hypocalcaemia; prolonged QT interval; **Interaction:** Denosumab, bisphosphonates, calcitonin, corticosteroids, theophylline, digoxin, diazepam. **P/P:** 1 mg, 2 mg Tab with 10 Tabs x 10. Approved version of package insert: Aug 2024

Please refer to the full prescribing information before prescribing. Further information is available upon request



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Delay the Renal Deterioration with JINARC® in ADPKD^{1,2}



Effectively slow kidney growth
and renal function decline¹



Slower decline in eGFR at 1 year in patients
with later-stage ADPKD vs placebo
(1.27ml/min/1.73m² net difference; 95% CI,
0.86 to 1.68; P<0.001)²



Effectively reduced incidence of
kidney pain, kidney stone,
urinary tract infection, and
haematuria³

ERA WGKD / ERKNeT Position Statement 2021

JINARC® is recommended in:

Adult ADPKD patients ≤55 years of age
with an eGFR ≥25ml/min/1.73m².^{^4}

Start as soon as rapid disease progression
determined in patients ≥ 18 years of age.⁴

[^]Who have demonstrated or who are likely to have rapidly progressive disease based on a hierarchical decision algorithm in 2021 consensus statement by ERA, WGKD, ERKNet and PKD International.

ADPKD: autosomal dominant polycystic kidney disease; CI: confidence interval; eGFR: estimated glomerular filtration rate; ERA: European Renal Association; ERKNet: European Rare Kidney disease reference Network; PKD: polycystic kidney disease; WGKD: Working Group on Inherited Kidney Disorders.

References:
1. Torres VE, Chapman AB, Devuyst O, Gansevoort RT, Grantham JJ, Higashihara E, Perrone RD, Krasa HB, Ouyang J, Czerwiec FS; TEMPO 3:4 Trial Investigators. Tolvaptan in patients with autosomal dominant polycystic kidney disease. N Engl J Med. 2012 Dec 20;367(25):2407-2418. 2. Torres VE, Chapman AB, Devuyst O, Gansevoort RT, Perrone RD, Koch G, Ouyang J, McQuade RD, Blais JD, Czerwiec FS, Sergeyeva O; REPRISSE Trial Investigators. Tolvaptan in Later-Stage Autosomal Dominant Polycystic Kidney Disease. N Engl J Med. 2017 Nov 16;377(20):1930-1942. 3. Castelleijn NF, Blais JD, Chapman AB, Czerwiec FS, Devuyst O, Higashihara E, Leliveld AM, Ouyang J, Perrone RD, Torres VE, Gansevoort RT; TEMPO (Tolvaptan Efficacy and Safety in Management of Autosomal Dominant Polycystic Kidney Disease and Its Outcomes) 3:4 Trial Investigators. Tolvaptan and Kidney Pain in Patients With Autosomal Dominant Polycystic Kidney Disease: Secondary Analysis From a Randomized Controlled Trial. Am J Kidney Dis. 2017 Feb;69(2):210-219. 4. Müller RU, Messchendorp AL, Birn H, Capasso G, Cornec-Le Gall E, Devuyst O, van Eerde A, Guirchoun P, Harris T, Hoorn EJ, Knoers NVAM, Korst U, Mekahl D, Le Meur Y, Nijenhuis T, Ong ACM, Sayer JA, Schaefer F, Servais A, Tesar V, Torra R, Walsh SB, Gansevoort RT. An update on the use of tolvaptan for autosomal dominant polycystic kidney disease: consensus statement on behalf of the ERA Working Group on Inherited Kidney Disorders, the European Rare Kidney Disease Reference Network and Polycystic Kidney Disease International. Nephrol Dial Transplant. 2022 Apr 25;37(5):825-839.

Abbreviated Prescribing Information

JINARC (tolvaptan) 15mg, 30mg, 15mg + 45mg, 30mg + 60mg, 30mg + 90mg tablets.

INDICATION: Indicated to slow the progression of cyst development and renal insufficiency of autosomal dominant polycystic kidney disease (ADPKD) in adults with CKD stage 1 to 4 at initiation of treatment with evidence of rapidly progressing disease.

DOSAGE: twice daily in split dose regimens: initially 60mg/day as 45 mg + 15 mg (45 mg taken upon waking & prior the morning meal and 15 mg taken 8 hours later). Titrate upward to 90mg/day (60 mg + 30 mg) and then to a target dose of 120mg/day (90 mg + 30 mg), if tolerated, with at least weekly intervals between titrations. Based on tolerability, down-titrate and maintain on the highest tolerable dose. Take morning dose at least 30 min before breakfast. Take 2nd dose with or without food. Swallow whole with a glass of water, do not chew or crush. Avoid grapefruit juice. **CONTRAINDICATION:** Hypersensitivity to this product, or to benzazepine or its derivatives; Elevated liver enzymes and/or signs or symptoms of liver injury before initiation of treatment; Anuria; Volume depletion; Hyponatraemia; Patients who cannot perceive or respond to thirst; Pregnancy and breastfeeding. **WARNINGS AND PRECAUTIONS:** Idiosyncratic hepatic toxicity. Perform blood testing for hepatic transaminases & bilirubin prior to initiation of treatment, continuing monthly for 18 months & at regular 3-monthly intervals thereafter. Monitor for symptoms that may indicate liver injury. Drink water or other aqueous fluids to avoid excessive thirst or dehydration. Monitor volume, fluid & electrolyte status. Urinary output must be secured. Correct hyponatraemia before initiation of treatment. Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. Exclude pseudohyponatraemia in DM patients prior & during treatment. May cause hyperglycaemia. Evaluate uric acid concentration prior to initiation of therapy & as indicated during treatment based on symptoms. Reversible reduction in GFR. Discontinue treatment if renal insufficiency progresses to CKD stage 5. Severe hepatic impairment. Minor influence on the ability to drive or use machines. Not recommended in the paediatric age group. **ADVERSE REACTIONS:** Very common - polydipsia; headache, dizziness; diarrhoea, dry mouth; nocturia, pollakiuria, polyuria; fatigue, thirst. Common - dehydration, hypernatraemia, decreased appetite, hyperuricaemia, hyperglycaemia; insomnia; palpitations; dyspnoea; abdominal pain, abdominal distension, constipation, dyspepsia, GERD; abnormal hepatic function; rash, pruritus; muscle spasms; asthenia; increased ALT & AST, decreased weight. **DRUG INTERACTIONS:** Increased exposure with moderate or strong CYP3A4 inhibitors. Decreased exposure & efficacy with potent CYP3A4 inducers. Higher risk for developing hyponatraemia with medicinal products that increase serum Na concentration. Potential to lead to severe dehydration with loop & thiazide diuretics. Increased steady state concentration of digoxin. Use with caution when co-administered with OATP1B1 & OATP1B3 substrates (e.g. statins), OAT3 substrates (e.g. methotrexate, ciprofloxacin), BCRP substrates (e.g. sulfasalazine) or OCT1 substrates (e.g. metformin). Possible attenuation of effect of vasopressin analogues e.g. desmopressin. **Please see full Prescribing information for details.** (Ref: HKPI Revised May 2020; Last Update: Oct 2022)

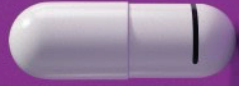


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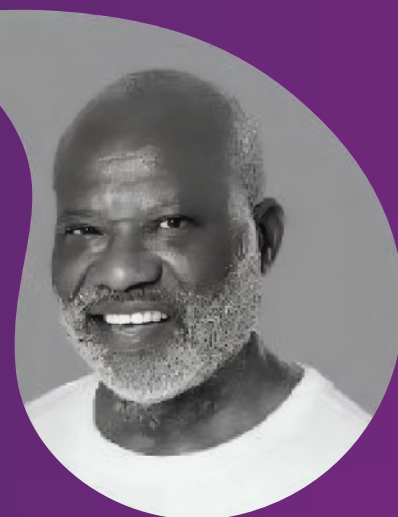


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FREEDOM OF LESS FREQUENT ESA INJECTIONS^{1-8†}

† MIRCERA offers once-monthly dosing in both dialysis and non-dialysis patients for Hb maintenance by SC or IV administration¹⁻⁸



References: 1. Mircera Product information 2. Recormon Product Information 3. Epoetin Alfa Product Information. 4. Darbepoetin Alfa Product Information. 5. Kessler M *et al.* Hemodial Int 2010;14:233-239. 6. Roger SD *et al.* Nephrol Dial Transplant 2011;26:3980-3986. 7. Levin NW *et al.* Lancet 2007;370:1415-1421. 8. Sulowicz W *et al.* Clin J Am Soc Nephrol 2007;2:637-646.

Please refer to the MIRCERA full prescribing information by scanning the QR code.

Date of preparation: May 2024
Full prescribing information should be viewed prior to prescribing.



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