THANKS FOR ALL YOUR SUPPORT

On behalf of the Hong Kong Society of Nephrology HKSN, I would like to extend my warm welcome to our new Council in 2021. This is the first year I have taken up the chairmanship, following the excellent work of Dr. YL Cheng. My sincere thanks to our past chairmen Dr. Cheng and Prof. Sydney Tang, and Senior Advisor Prof. Richard Yu for the advice. Welcome Dr. Clara Poon and Wong PN to our new Council, too.

Here are few important things you might wish to know, as our members.

Want to have the educational material, membership payment at your fingertips?

You got it. The HKSN Membership Portal is easy to navigate. Go to our Society website https://www.hksn.org/index.html and you will be able to login at the top right corner. There will be less hassles of writing cheque or paying cash to renew your membership. Members who need to apply for sponsorship and reimburse conference expenditure can also go to the website.

Q: Can I access the presentation files of the 2021 HKSN ASM and CME course?
A: Under the education column, you will be able to find all the PowerPoint files, including the excellent talks on membranous nephropathy by Prof. Pierre Ronco, the Richard Yu Endowment Fund Award Lecture by Prof. Vlado Perkovic. The same applies to most of our webinars.

Q: How can I engage more trainees to learn nephrology?
A: Yes, think about our Inter-Hospital Renal Meeting. Now that we hold the meetings in format of zoom, you’re encouraged to invite your trainees to join. The basic physician trainees can then learn more our nephrology pearls.

Learning from real case sharing and brief topic review by nephrologists during Inter-Hospital Renal Meetings
Want to engage more public in kidney disease education?

You can be follower of our Facebook page and have up-to-date announcement of events. In addition, it’s an important platform to promote kidney health, because your Friends can also see the posts you “Like”.

Be ambassador for exercise

We are teaching patients to aim for lifestyle modification. One of the best ways is to share video on the social media platform, and have more patients to watch.

One of the recent posts on our Facebook page focus on promoting exercises. This is an important for our dialysis patients (and renal transplant recipients too). Most of the doctors and nurses won’t have time to address this during the busy clinic consultation.

THE ISPD GREX RECOMMENDATION

The real issue is we might not have the knowledge, not just time, to advise our peritoneal dialysis patients on the way to exercise. In case you haven’t read the most recently published clinical practice recommendation from the Global Renal Exercise Network (GREX), you should do so. That’s consensus from a panel of experts in exercise and peritoneal dialysis. I hereby give you few key points:

Q: Should I advise patients to have exercise after PD catheter insertion? If not, how long should they wait?
A: Regardless of surgical technique, walking is safe and should be encouraged as soon as possible following catheter insertion (1D).

Activities that are associated with an increase in intra-abdominal pressure (lifting anything over 5-10 kg, sit-ups) should be delayed for at least 4 to 6 weeks after open surgery (2D).

Q: Should I ask my patients to drain abdomen empty to exercise?
A: For activities that are not associated with a significantly higher intra-abdominal pressure such as walking, hiking and jogging, PD fluid does not need to be drained prior to exercise unless the “fullness” contributes to patient discomfort (2D).

For activities such as weightlifting and jumping, which are associated with much higher intra-abdominal pressure, PD fluid should be drained prior to exercise (2C).

Q: Should we discourage swimming for PD patients?
A: We suggest that swimming or other water sports should preferably take place in either sea water or swimming pools that are known to be well maintained (private or municipal) to limit exposure to waterborne pathogens (2D).

We suggest avoiding swimming or other water sports in open water directly after storms to limit exposure to waterborne pathogens (2D).

A clear waterproof dressing or colostomy bag to secure and protect the catheter and exit site from getting wet during bathing or swimming, although it remains uncertain as to whether this strategy mitigates the risk of infection (2D).

We recommend that routine exit-site care should be performed after swimming and water sports (1C).

During the Practical Statistics Workshop on 5 September 2021, we learned few lessons:
Prof. Szeto: We don’t need too much flavors (flowery figures) if we have good fish (data) to cook (impress reviewers).
Dr. Helen Zhi and Prof. Terry Yip: We have to think ahead of conducting trials: ask ourselves the key question to answer and be prepared for the pitfalls of bias.

Once again, our gratitude to the speakers and the HKSN Young Nephrologist Committee for the workshop with overwhelmingly positive feedback.
The physical and virtual meeting attendance for our CME 2021 - over 100 participants - speaks for the flexibility of meeting during the pandemic. Having said that, over 80% of the participants chose to attend physical meeting. That means we should keep face-to-face meeting as much as allowed (and feasible).

To allow more interaction between speakers, chairpersons and audience, physical attendance remains the best channel.

Our partnership with other organizations, including Asian Pacific Society of Nephrology, allows 11 APSN young nephrologists to join our CME online education. That’s another way to maximize virtual meeting for education.
We are pleased to have a successful Annual Scientific Meeting in 2021, with physical attendance and virtual attendance of 250 and 169 respectively.

Richard Yu Endowment Fund Award Lecture
Prof. Vlado Perkovic gave us an overview of kidney protection in diabetes and the suggestion to improve uptake of proven strategy.

Chan Woon Cheung Memorial Fund Award Lecture
Prof. Pierre Ronco narrated the amazing discoveries in membranous nephropathy MN, improving the understanding and management of MN.
This year, we have two keynote lectures on Covid-19 and kidney, one from Prof. Sydney Tang and another from KM Chow. Young Fellow Showcase remains a key feature of our annual meeting, with a view of encouraging young investigators to share their research results. Dr. Becky Ma gave a presentation on her study of influenza vaccination, as supported by the HKSN research grant.
The Hong Kong Society of Nephrology aims to foster research activities among members, and more so for the young generation. We are happy to share with you the list of awardees in 2021.

<table>
<thead>
<tr>
<th>Name</th>
<th>Project</th>
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<tr>
<td>Dr. Eugene Yu Hin CHAN</td>
<td>Prostacyclin analogue in patients with atypical hemolytic uraemic syndrome due to prostacyclin deficiency – using Patient Derived Pluripotent Stem Cells as Platforms for characterization and treatments</td>
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<tr>
<td>Dr. Win Hlaing THAN</td>
<td>Circulating and adipose tissue levels of insulin-sensitizing adipokines in peritoneal dialysis patients</td>
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<tr>
<td>Ms. Jingyuan MA</td>
<td>The role of C5a/C5aR axis in autophagy/mitophagy during acute kidney injury</td>
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<tr>
<td>Dr. Ronald Chi Chun LIN</td>
<td>BK viraemia and viruria in patients with chronic kidney disease – a cross-sectional, single centre study</td>
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<tr>
<td>Dr. Michelle LAM</td>
<td>B cell-related microRNAs in patients with primary membranous nephropathy</td>
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<tr>
<td>Mr. Ronnie Chung Long MAK</td>
<td>A Pilot Study on the Efficacy of Xiao-Feng-San in Aqueous Cream versus Aqueous Cream Alone on Quality of Life in Patients with Uremic Pruritus</td>
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The certificates for these projects were presented on stage, including the best project (by Dr. Eugene Chan) being awarded the HKSN / HKKF Award. Congratulations to all the candidates, and our thanks to the reviewers (Prof. Joanne Bargman, Prof. Lee Kaplan, Dr. PN Wong, Mathew KH Tong) and the coordination by Dr. Chow CC.
As nephrology doctors and nurses, we should be mindful that fatigue is ranked a critically important outcome in patients receiving dialysis. From the patient perspective, fatigue is disabling and affects social functioning. On the other hand, low levels of physical activity aggravates disability and leads to fatigue. A vicious cycle indeed.

According to a narrative review on fatigue (see above) by Gregg LP et al, published in *Clin J Am Soc Nephrol* last month, approximately two-thirds to three-quarters of patients with chronic kidney disease experience fatigue, with as many as one in four reporting severe symptoms.

HKSN advocates participation in exercise program and fully recognises the priority of strengthening patient participation. That is the reason we strive for the actual (and not virtual) gateball activity this year, even in the midst of pandemic.
We are grateful to Dr. Anthony Hau, Lorraine Kwan in coordinating with the Hong Kong, China Gateball Association. The efforts to make the event happen are much appreciated, when 135 patients from different dialysis units can join the competition at the Kowloon Park Sports Centre on a sunny Sunday in October 2021.

We have 14 teams from different hospitals, and one from Hong Kong Transplant Sports Association HKTSA, joining the event. Nephrologists and pharmaceutical industry partners were also invited to join exercise. That’s fun for all.

Stay tuned for the coming event of GateBall activity next year; all of you are encouraged to join, supporting our dialysis patients for the life participation.
HKSN Membership reminder

Remember to renew your annual membership subscription. You may either renew online via the HKSN Membership portal or by cheque made payable to Hong Kong Society of Nephrology Ltd.

By becoming a full member, through the corporate membership program, you will enjoy the benefit of becoming a member of The International Society of Nephrology and International Society of Peritoneal Dialysis, and the full benefits of the two societies including access to their official journals, *Kidney International* and *Peritoneal Dialysis International*. Members without paying annual subscription fee for 3 consecutive years will have their membership removed and new membership application to rejoin our society will be required.
You really must read the research paper by Olivier Devuyst’s group, who makes the topic on peritoneal dialysis to appear in *New England Journal of Medicine* (yes, that’s uncommon), but I’ll summarise the gist here.

In brief, we are reminded by the study that water channel aquaporins are the requisite for the technique survival of peritoneal dialysis patients.

The aquaporins, probably familiar to nephrologists, belong to a family of membrane proteins that function as water-selective channels in many water-transporting tissues. The first identified one, aquaporin-1 AQ1, is present in red cells, proximal and descending tubules of the kidney, and other tissues. For more than a decade, the water channel AQ1 is known to play a pivotal role in sodium sieving and ultrafiltration during peritoneal dialysis.

The new finding that common *AQP1* promoter sequence rs2075574 determines quantitative differences in peritoneal ultrafiltration from cell lines, mice, and then human (translational medicine indeed): data from 1851 peritoneal dialysis patients confirmed that a defective ultrafiltration in carriers of the TT genotype at rs2075574, as compared with carriers of the CC genotype. That means characteristics of our peritoneal membrane (capacity for water transport and ultrafiltration) is not just explained by clinical factors or cause of kidney failure. Genetic factor is an important determining factor to drive the success (or failure) of peritoneal dialysis.

Time-to-event analyses showed that CC carriers had a higher risk of the composite of death or technique failure as well as a higher risk of death from any cause (24% vs. 15%, P=0.03). Fortunately, use of a colloid osmotic agent (icodextrin) mitigated the water-transport defect associated with the *AQP1* risk variant.

As highlighted by the editorial accompanying the publication, one of the clinical implications is to test the patients for the high-risk TT genotype, and then adjust the prescription strategy. We can even consider preemptive arteriovenous fistula creation for such patients, as an example of personalized renal replacement therapy.