APCN x TSN 2025
23rd Asian Pacific Congress of Nephrology

Clinical Research: From Clinical Insight to High-Quality Publication: Editorial Perspectives on Clinical Nephrology Studies

Sydney Tang
The University of Hong Kong

HKU Med School of Clinical Medicine
Department of Medicine
香港大學內科學系

Meet the Editors: Publishing in the Top Nephrology Journals
December 6, 2025
Taipei, Taiwan

Disclosures

- Advisory fees received from:
  - Travere Therapeutics
  - Boehringer Ingelheim
  - Novartis
- Speaker's honoraria received from:
  - AstraZeneca
  - Bayer
  - Boehringer Ingelheim
  - Everest Medicines
  - GSK
  - Novartis Pharma AG
  - Vera therapeutics
  - Vantive
- Local Lead of PROTECT and DUPLEX (Travere); ALIGN study (Chinook Therapeutics -> Novartis), BI690517 (Boehringer Ingelheim); DIMERIX (Dimerix Bioscience); iCAN Study (AZ); ARTEMIS (Alexion); PREVAIL (Biogen) multi-centre studies
- KDIGO Executive Committee 2020-2023
  - Core member of IgAN and IgAV Clinical Practice Guideline Work Group 2025

Disclosures on Editorial Roles

Associate Editor (2024-): *Journal of the American Society of Nephrology*
Editor-in-Chief (2018-2022): *Nephrology* (Carlton)
Theme Editor in DKD (2013-2023): *Nephrology Dialysis Transplantation*
Associate Editor (til 2023): *Glomerular Diseases*

Editorial Boards (ongoing): *Kidney International*, *Clinical Journal of the American Society of Nephrology*, *American Journal of Nephrology* and *Kidney Diseases*

General principles (1)

Formulate your research question / hypothesis / trial

- Novelty & Impact: Does it address a major unmet need, change clinical practice, or challenge a prevailing paradigm? "Incremental (me too or similar observation in a different ethnic group)" is often not enough for top journals such as JASN
- Clinical Relevance: Focus on patient-important outcomes (mortality, morbidity, quality of life) rather than just surrogate markers
- Clear & Focused: Frame it using PICO (Population, Intervention, Comparator, Outcome)

General principles (2)

Choose the appropriate Study Design

- for therapeutic questions, RCT is the gold standard; Target Trial Emulation Studies; for other questions, choose the strongest design possible (prospective cohort, case-control, …)
- Register your RCT on ClinicalTrials.gov, WHO ICTRP, … framed using PICO (Population, Intervention, Comparator, Outcome) - mandatory for top journals and prevents outcome switching; editors and reviewers look at it
- Statistical Analysis Plan (SAP): Develop a detailed SAP upfront. Specify primary/secondary endpoints, subgroup analyses, handling of missing data, and the exact statistical tests – statistical reviewer; Underpowered studies and statistical flaws are major reasons for rejection (Overstating conclusions beyond what the data support)

General principles (3)

Ethics and Checklists

- Ethics: IRB approval
- Checklists: Follow the appropriate EQUATOR Network guideline from the start (e.g., CONSORT for RCTs, STROBE for observational studies, STARD for diagnostic studies

ASN journals - guidelines for preclinical and clinical research

1. ARRIVE Guidelines (Animal Research: Reporting of In Vivo Experiments)
2. Checklist for Reporting of Race and Ethnicity
3. CHEERS Checklist for Economic Evaluation of Health Interventions
4. CONSORT Checklist for Clinical Trials
5. COREQ Checklist for Reporting Qualitative Studies
6. PRISMA Checklist for Systematic Reviews and Meta-Analysis
7. SQUIRE Checklist (Standards for Quality Improvement Reporting Excellence)
8. STROBE Checklist for Observational Studies
9. TRIPOD Checklist for Prediction Model Development and Validation

Clinical Research articles are allowed 3500 words, including the Introduction, Methods, Results, and Discussion.

Categories include the following:

- Acid Base and Electrolyte Disorders
- Acute Kidney Injury and ICU Nephrology
- Chronic Kidney Disease
- Clinical Nephrology
- Cystic Kidney Disease
- Development of the Kidney
- Diabetes and the Kidney
- Dialysis
- Genetics
- Glomerular and Tubulointerstitial Diseases
- Hypertension
- Nephrolithiasis
- Normal Kidney Structure and Function
- Renal Repair
- Transplantation

https://journals.lww.com/asnjournals/Pages/Information-for-Authors.aspx

Let’s look at some examples

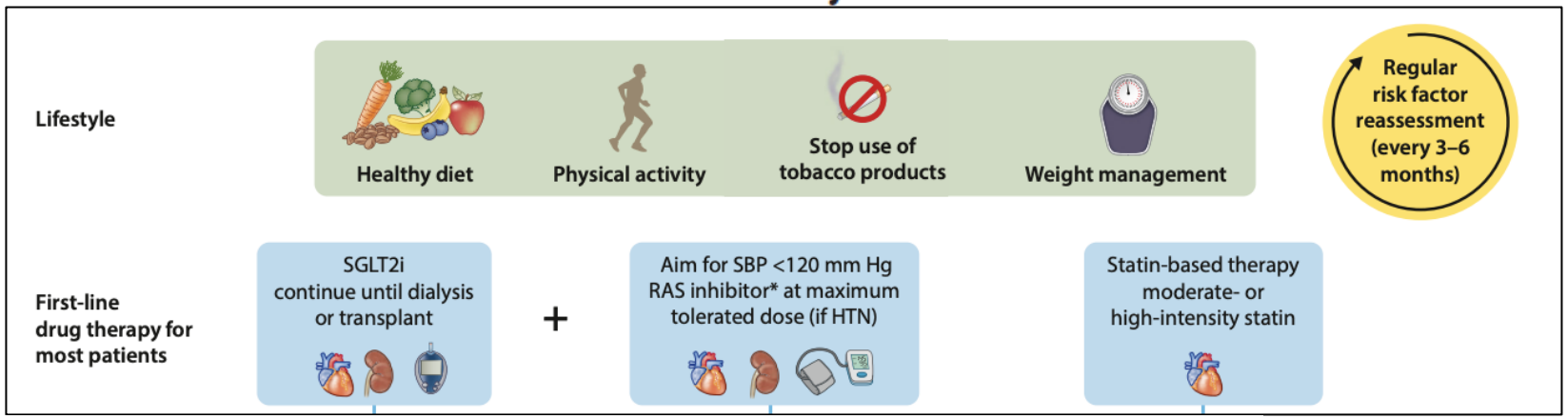
- First SGLT2i study to include nondiabetic CKD
- Potentially impactful
- Adequately powered

- Subsequently influenced practice

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Dapagliflozin in Patients with Chronic Kidney Disease



Holistic treatment approach to CKD care
KDIGO 2024
SGLT2i is the first-line drug therapy for most patients

Heerspink HJL, et al. 2020

www.kidney-international.org

clinical trial

A pre-specified analysis of the DAPA-CKD trial demonstrates the effects of dapagliflozin on major adverse kidney events in patients with IgA nephropathy

see commentary on page 24

OPEN

David C. Wheeler[1,2], Robert D. Toto[3], Bergur V. Stefánsson[4], Niels Jongs[5], Glenn M. Chertow[6,7], Tom Greene[8], Fan Fan Hou[9], John J.V. McMurray[10], Roberto Pecoits-Filho[11,12], Ricardo Correa-Rotter[13], Peter Rossing[14,15], C. David Sjöström[4], Kausik Umanath[16,17], Anna Maria Langkilde[4] and Hiddo J.L. Heerspink[5]; for the DAPA-CKD Trial Committees and Investigators

N=270

N Engl J Med. 2020 Mar 26;382(13):1199-1207. doi: 10.1056/NEJMoa2001316. Epub 2020 Jan 29.

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia

Qun Li [1], Xuhua Guan [1], Peng Wu [1], Xiaoye Wang [1], Lei Zhou [1], Yeqing Tong [1], Ruiqi Ren [1], Kathy S M Leung [1], Eric H Y Lau [1], Jessica Y Wong [1], Xuesen Xing [1], Nijuan Xiang [1], Yang Wu [1], Chao Li [1], Qi Chen [1], Dan Li [1], Tian Liu [1], Jing Zhao [1], Man Liu [1], Wenxiao Tu [1], Chuding Chen [1], Lianmei Jin [1], Rui Yang [1], Qi Wang [1], Suhua Zhou [1], Rui Wang [1], Hui Liu [1], Yinbo Luo [1], Yuan Liu [1], Ge Shao [1], Huan Li [1], Zhongfa Tao [1], Yang Yang [1], Zhiqiang Deng [1], Boxi Liu [1], Zhitao Ma [1], Yanping Zhang [1], Guoqing Shi [1], Tommy T Y Lam [1], Joseph T Wu [1], George F Gao [1], Benjamin J Cowling [1], Bo Yang [1], Gabriel M Leung [1], Zijian Feng [1]

Affiliations + expand

PMID: 31995857 PMCID: PMC7121484 DOI: 10.1056/NEJMoa2001316

Abstract

Background: The initial cases of novel coronavirus (2019-nCoV)-infected pneumonia (NCIP) occurred in Wuhan, Hubei Province, China, in December 2019 and January 2020. We analyzed data on the first 425 confirmed cases in Wuhan to determine the epidemiologic characteristics of NCIP.

N=425

Kidney Int 2020

Kidney disease is associated with in-hospital death of patients with COVID-19

Check for updates

OPEN

Yichun Cheng[1,2], Ran Luo[1,2], Kun Wang[1,2], Meng Zhang[1], Zhixiang Wang[1], Lei Dong[1], Junhua Li[1], Ying Yao[1], Shuwang Ge[1] and Gang Xu[1]

In December 2019, a coronavirus 2019 (COVID-19) disease outbreak occurred in Wuhan, Hubei Province, China, and rapidly spread to other areas worldwide. Although diffuse alveolar damage and acute respiratory failure were the main features, the involvement of other organs needs to be explored. Since information on kidney disease in patients with COVID-19 is limited, we determined the prevalence of acute kidney injury (AKI) in patients with COVID-19. Further, we evaluated the association between markers of abnormal kidney function and death in patients with COVID-19. This was a prospective cohort study of 701 patients with COVID-19 admitted in a tertiary teaching hospital that also

AJN
American Journal
of Nephrology

Mass Screening Is Associated with Low Rates of Acute Kidney Injury among COVID-19 Patients in Hong Kong

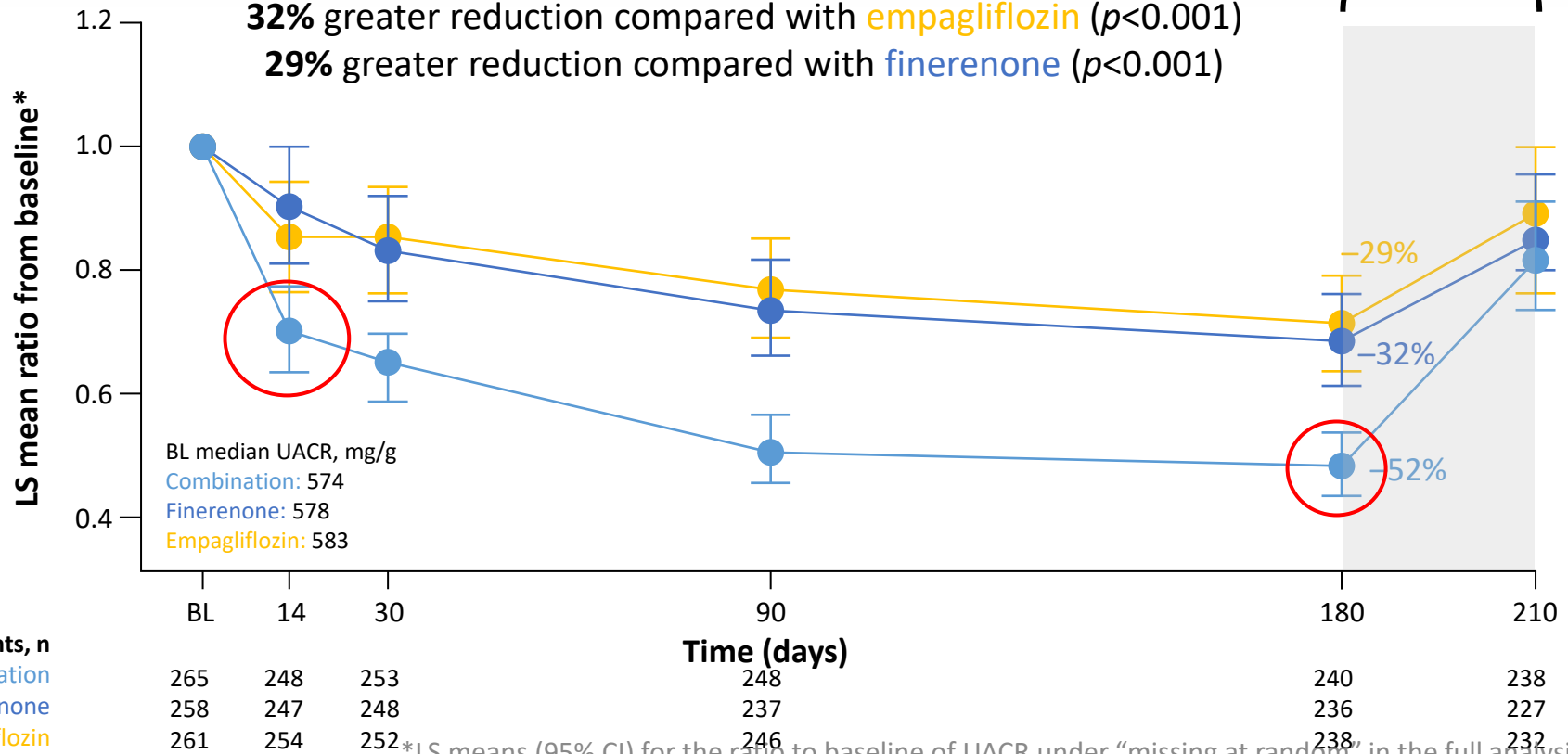
Kam Wa Chan[a] Ivan Fan-Ngai Hung[b,c] Owen Tak-Yin Tsang[d,e] Tak Chiu Wu[f]
Eugene Yuk-Keung Tso[g] Kwok Cheung Lung[h] Chung Man Lam[d] Gary Chi-Wang Chan[i]
Sunny Sze-Ho Wong[g] Kam Yan Yu[a] Johnny Wai-Man Chan[f] Sydney Chi-Wai Tang[a]

Secondary Analyses

CONFIDENCE

Primary endpoint:
UACR reduction with combination therapy at Day 180

32% greater reduction compared with empagliflozin (*p*<0.001)
29% greater reduction compared with finerenone (*p*<0.001)



Patients, n	BL	14	30	90	180	210
Combination	265	248	253	248	240	238
Finerenone	258	247	248	237	236	227
Empagliflozin	261	254	252	246	238	232

LS mean ratio (95% CI)
0.68 (0.59–0.79)
0.71 (0.61–0.82)

Consistent benefit:
Combination therapy generally resulted in a **greater reduction in UACR from baseline to Day 180** compared with either treatment alone **across prespecified subgroups**

*LS means (95% CI) for the ratio to baseline of UACR under "missing at random" in the full analysis set.

BL, baseline; CI, confidence interval; CKD, chronic kidney disease; LS, least-squares; SGLT-2i, sodium-glucose co-transporter-2 inhibitor; T2D, type 2 diabetes; UACR, urine albumin-to-creatinine ratio.

Agarwal R, et al. *N Engl J Med.* 2025; doi:10.1056/NEJMoa2410659.

Secondary Analyses

Randomized Controlled Trial > Diabetes Care. 2025 Nov 1;48(11):1904-1913.
doi: 10.2337/dc25-1673.

Impact of Baseline GLP-1 Receptor Agonist Use on Albuminuria Reduction and Safety With Simultaneous Initiation of Finerenone and Empagliflozin in Type 2 Diabetes and Chronic Kidney Disease (CONFIDENCE Trial)

Rajiv Agarwal [1 2], Jennifer B Green [3], Hiddo J L Heerspink [4], Johannes F E Mann [5 6], Janet B McGill [7], Amy K Mottl [8], Masaomi Nangaku [9], Julio Rosenstock [10], Muthiah Vaduganathan [11 12], Meike Brinker [13], Charlie Scott [14], Li Li [15], Na Li [16], Katja Rohwedder [15], Peter Rossing [17 18]

> J Am Soc Nephrol. 2025 Nov 6. doi: 10.1681/ASN.0000000928. Online ahead of print.

Baseline Kidney Function, Albuminuria, and Urine Albumin–Creatinine Ratio Reduction with Finerenone, Empagliflozin, or Both: Post Hoc Analyses of CONFIDENCE Trial

Amy Mottl [1], Charlie Scott [2], Jennifer B Green [3], Hiddo J L Heerspink [4], Johannes F E Mann [5], Janet B McGill [6], Masaomi Nangaku [7], Julio Rosenstock [8], Peter Rossing [9], Li Li [10], Na Li [11], Muthiah Vaduganathan [12], Rajiv Agarwal [13]; CONFIDENCE Trial Investigators

What about nonpharmacologic RCTs?

YES

The NEW ENGLAND JOURNAL of MEDICINE

Home-Based Care for Hypertension in Rural South Africa

A Research Summary based on Siedner MJ et al. | 10.1056/NEJMoa2509958 | Published on September 1, 2025

WHY WAS THE TRIAL DONE?

Elevated blood pressure results in approximately 10 million deaths per year. Numerous low-cost, effective therapies are available, but poorly controlled hypertension is common — particularly in populations with structural barriers to health care, such as overcrowded clinics and transportation costs. Whether home-based blood-pressure management can improve outcomes in places with such barriers is unknown.

HOW WAS THE TRIAL CONDUCTED?

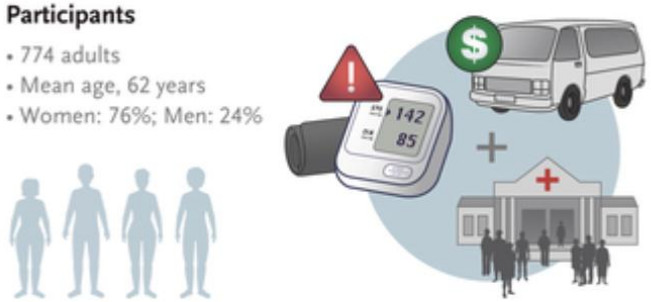
Adults in rural South Africa with uncontrolled hypertension were assigned to receive home-based care, enhanced home-based care, or standard, clinic-based care. Home-based care comprised patient monitoring of blood pressure, home visits from a community health worker (CHW) for data collection and medication delivery, and remote nurse-led decision making supported by a mobile application (CHW group). Enhanced home-based care was similar but used blood-pressure machines that transmitted readings directly to the nurses' mobile app (enhanced CHW group). The primary outcome was the systolic blood pressure at 6 months. Safety was also assessed.

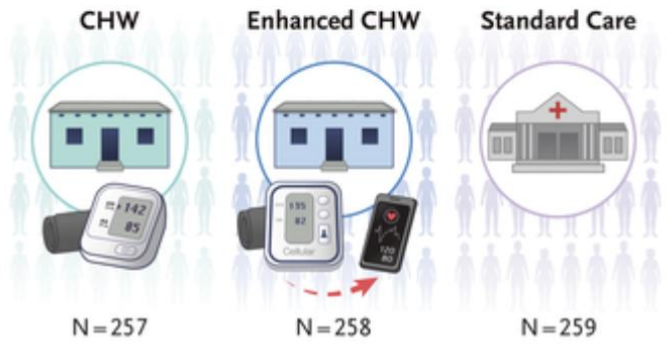
TRIAL DESIGN

- Open-label
- Randomized
- Controlled
- Location: Rural South Africa

Participants

- 774 adults
- Mean age, 62 years
- Women: 76%; Men: 24%





Change in Mean Systolic Blood Pressure at 6 Months

P<0.001 for both comparisons with standard care

In South Africa, home-based hypertension care led to a significantly lower mean systolic blood pressure at 6 months than standard, clinic-based care. (Supported by the National Institutes of Health and others; IMPACT-BP ClinicalTrials.gov number, NCT05492955; South African National Clinical Trials Register number, DOH-27-112022-4895.)

Randomized Controlled Trial > Nat Med. 2025 Apr;31(4):1203-1213.
doi: 10.1038/s41591-025-03498-w. Epub 2025 Feb 7.

Telemedicine-supported lifestyle intervention for glycemic control in patients with CHD and T2DM: multicenter, randomized controlled trial

Stephan Mueller [1 2], Sophia M T Dinges [1 2], Felix Gass [1 2], Isabel Fegers-Wustrow [1 2], Julian Treitschke [1], Pia von Korn [1 2], Alessandra Boscheri [1 3], Janosch Krotz [4], Felix Freigang [4], Clara Dubois [4], Ephraim B Winzer [5], Axel Linke [5], Frank Edelmann [6 7 8], Anna Feuerstein [6 7 8], Oliver Wolfram [9], Kerstin Schäfer [9], Marlo Verket [10], Bernd Wolfarth [11], Marcus Dörr [12 13], Rolf Wachter [14 15 16], Björn Hackenberg [17], Sarah Rust [18], Thomas Nebling [18], Volker Amelung [4], Martin Halle [19 20]

Target Trial Emulation Studies

- RCTS can be prohibitively expensive, unethical, or take too long
- Observational data can be used to answer similar questions
- Applies the study design principles of randomised trials to observational studies that aim to estimate the causal effect of an intervention

Discontinuation of Renin-Angiotensin System Inhibitors during Acute Kidney Injury Episode and All-Cause Mortality: Target Trial Emulation Studies

JASN
Journal of the American Society of Nephrology
Clinical Research

Cohort study using sequential target trial emulation framework from the China Renal Data System and Medical Information Mart for Intensive Care IV databases

Adult patients with hospital-acquired AKI who had been receiving ACEi or ARB treatment for at least 90 days

The primary outcomes were 30-day and 180-day all-cause mortality

27,003 person-trials were identified

The adjusted cumulative incidence of 30-day all-cause mortality with RASi discontinuation within two days after the hospital-acquired AKI versus continuation

4.36% vs. 5.91%

Risk difference of -1.55% (95%CI, -2.43% to -0.55%)

Discontinuation of RASi was consistently associated with lower risk of all-cause mortality, with similar benefits observed across stratified analyses and multiple sensitivity analyses

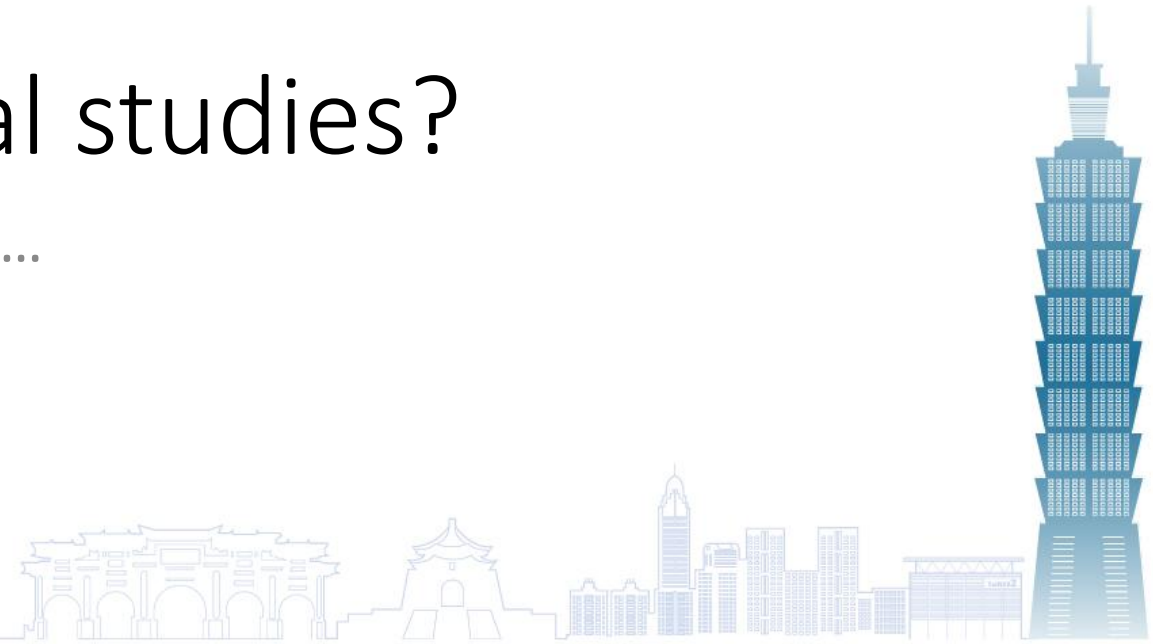
ACEi= angiotensin-converting enzyme inhibitors, ARB= angiotensin receptor blockers, RASi= renin angiotensin system inhibitor

Conclusions: This study suggests that stopping RASi within the first two days of AKI detection is associated with a lower risk of all-cause mortality.

Sheng Nie, Yanqin Li, Yinfang Sun, et al. ***Discontinuation of Renin-Angiotensin System Inhibitors during Acute Kidney Injury Episode and All-Cause Mortality: Target Trial Emulation Studies***. JASN doi: 10.1681/ASN.0000000775. **Visual Abstract by Brian S. Rifkin, MD**

What about observational studies?

Yes if well conducted, novel, game changing……



The NEW ENGLAND JOURNAL of MEDICINE

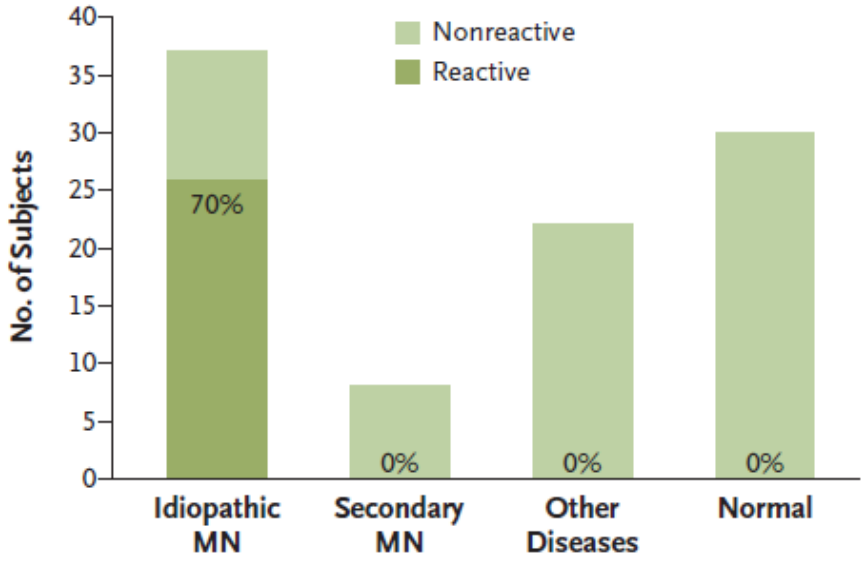
ESTABLISHED IN 1812 JULY 2, 2009 VOL. 361 NO. 1

M-Type Phospholipase A_2 Receptor as Target Antigen in Idiopathic Membranous Nephropathy

Laurence H. Beck, Jr., M.D., Ph.D., Ramon G.B. Bonegio, M.D., Gérard Lambeau, Ph.D., David M. Beck, B.A., David W. Powell, Ph.D., Timothy D. Cummins, M.S., Jon B. Klein, M.D., Ph.D., and David J. Salant, M.D.

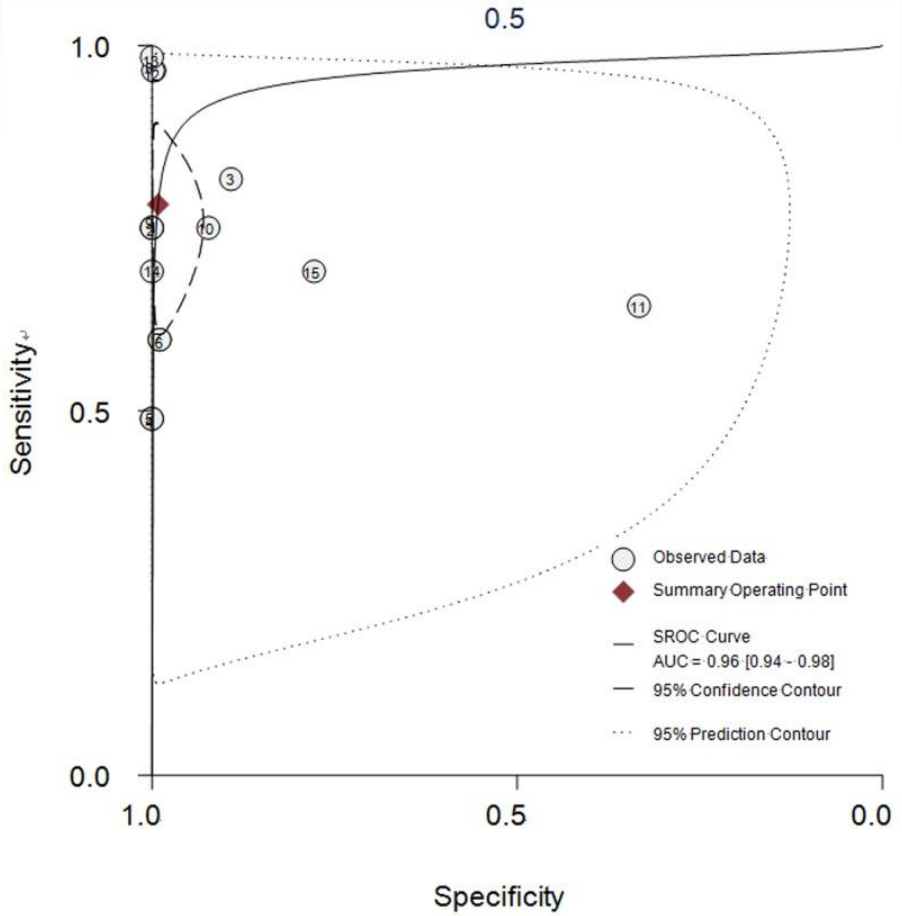
N < 100, but

- Novel
- Clinically significant
- Potentially game changing
- Mechanism revealing
- Track record of group



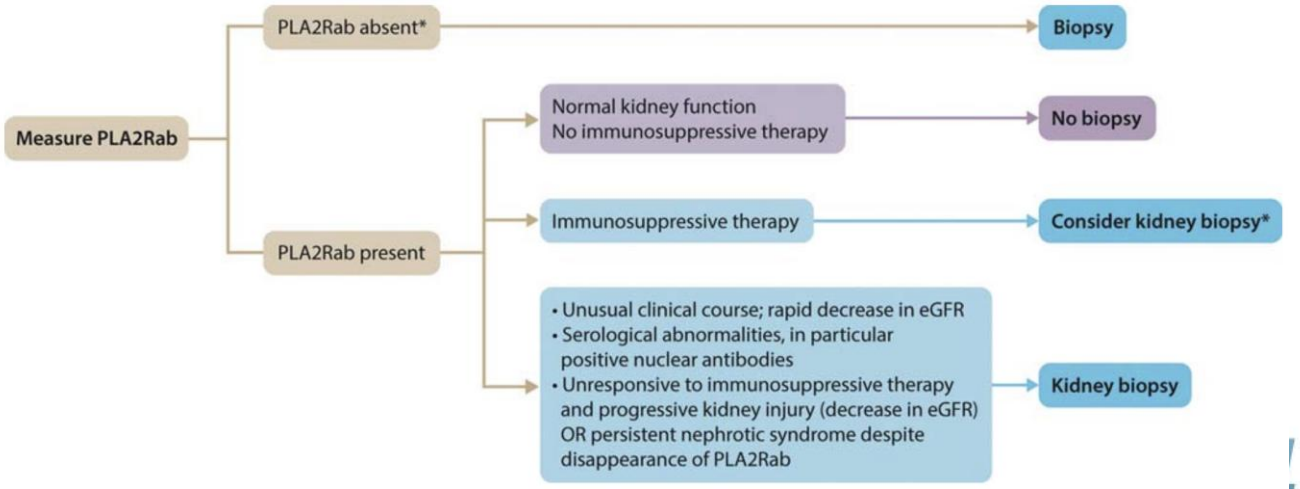
No. of Subjects				
Reactive serum	26	0	0	0
Nonreactive serum	11	8	22	30

Diagnosis value of PMN by anti-PLA2R



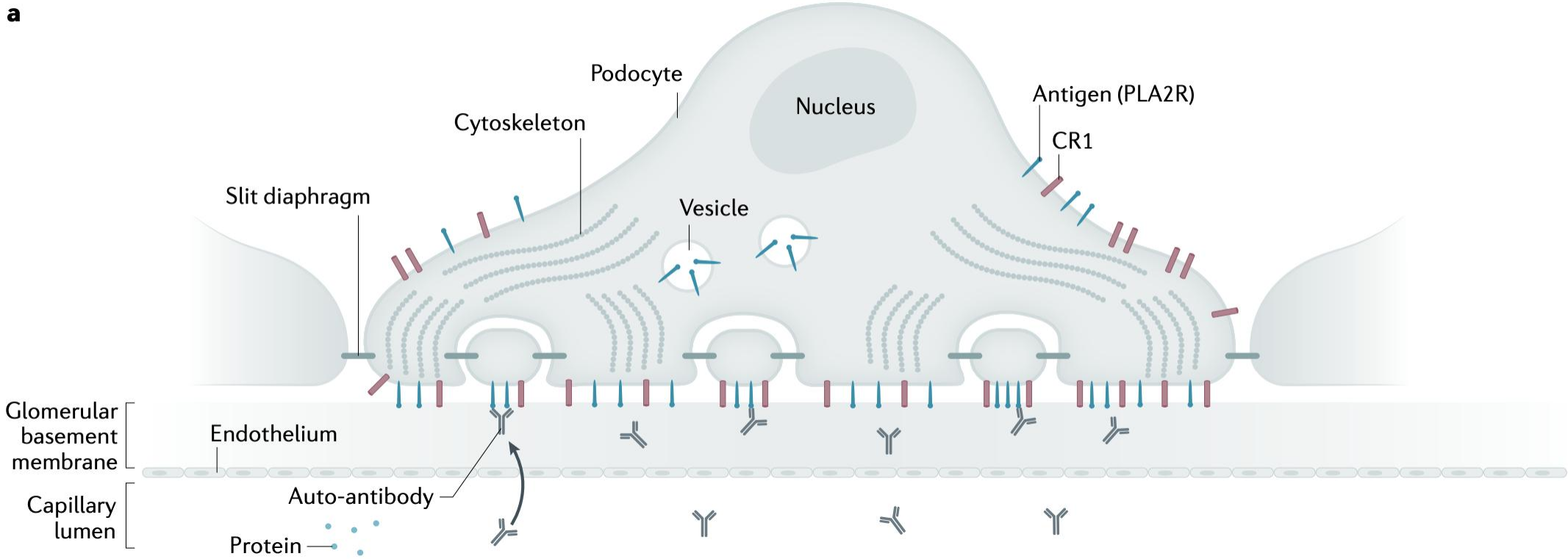
Du Y, *et al.* Plos One 2014

KDIGO CPG: anti-PLA2R in PMN



KDIGO 2021

Pathomechanisms of injury in PLA2R-associated membranous nephropathy



Ronco P, et al. Nat Rev Dis Primer 2021

The NEW ENGLAND JOURNAL of MEDICINE

Rituximab or Cyclosporine for Membranous Nephropathy

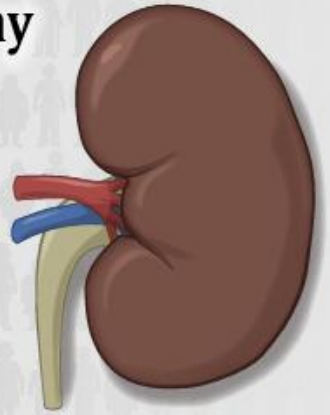
OPEN-LABEL, MULTICENTER, RANDOMIZED TRIAL

130 Patients

with membranous nephropathy

RASB run-in for 3 mo

UP 8.9 g/d
sAlb 25 g/L
CrCl 85-87 ml/min



Rituximab

1000 mg
2 doses, 14 days apart

2nd course if no CR at 6 mo regardless of CD19+ count

N=65

Cyclosporine

3.5 mg/kg/day

For 12 mo
T12: 125 – 175 ng/ml

N=65

Complete or partial remission of proteinuria at 24 mo

60%

20%

Risk difference, 40 percentage points
(95% CI, 25 to 55; P<0.001)

F.C. Fervenza et al. 10.1056/NEJMoa1814427

The STARMEN trial indicates that alternating treatment with corticosteroids and cyclophosphamide is superior to sequential treatment with tacrolimus and rituximab in primary membranous nephropathy.

86 adult patients

Biopsy-proven Primary Membranous Nephropathy

eGFR ≥45 ml/min/1.73m²
Proteinuria >4 g/24h
Serum albumin ≤3.5 g/dl

N=43
- Methylprednisolone at months 1, 3 and 5
- Cyclophosphamide at months 2, 4 and 6

6 months observational period

At 24 months

N=43
- Oral tacrolimus (full-dose for 6 months and tapering for another 3 months)
- Rituximab 1g at month 6

	PRIMARY ENDPOINT Complete/Partial Remission	SECONDARY ENDPOINT Complete Remission
Corticosteroid-Cyclophosphamide	83.7%	60%
Tacrolimus-Rituximab	58.1%	26%

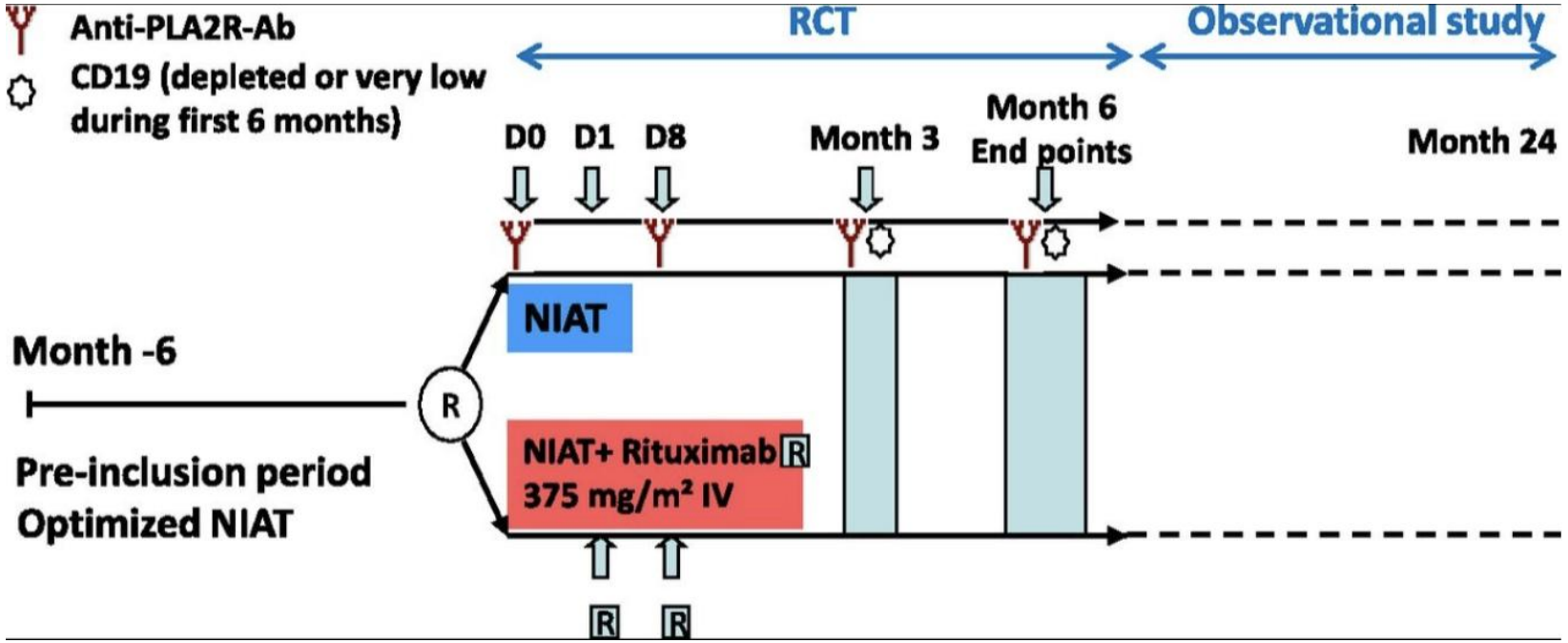
- **Immunological response** significantly faster in Corticosteroid-Cyclophosphamide group.
- **Relapses**: 2.7% in Corticosteroid-Cyclophosphamide group, 12% in Tacrolimus-Rituximab group.
- **No differences in serious adverse events**.

CONCLUSION: Treatment with Corticosteroid-Cyclophosphamide induced significantly more remissions of nephrotic syndrome than treatment with Tacrolimus-Rituximab.

ISN kidney INTERNATIONAL
OFFICIAL JOURNAL OF THE INTERNATIONAL SOCIETY OF NEPHROLOGY

Fernández-Juárez et al, 2020

Gemritux



Variable	NIAT-Rituximab Group, *n*=37	NIAT Group, *n*=38	*P* Value
Remission, complete and partial[a]	13 (35.1; 19.7 to 50.5)	8 (21.1; 8.1 to 34.0)	0.21

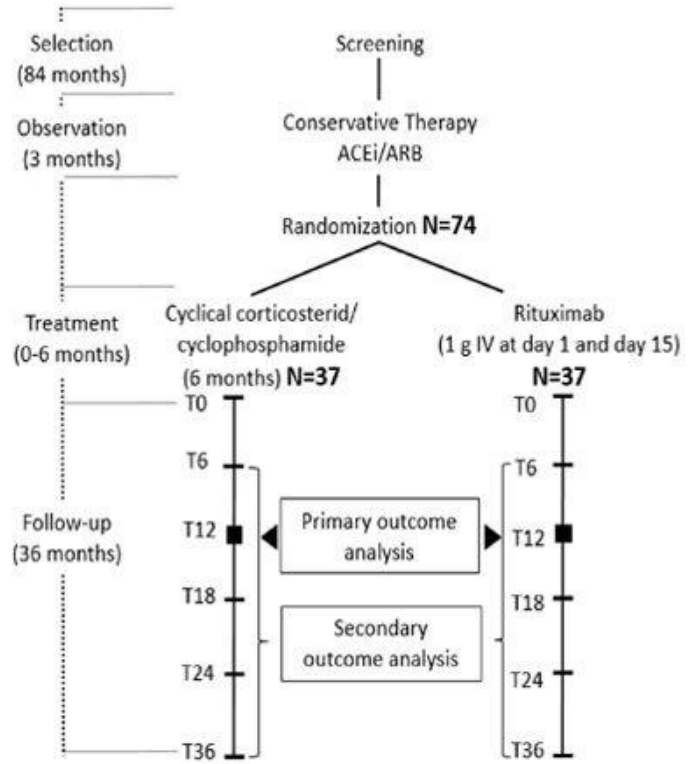
Dahan K, et al. JASN 2017

Rituximab or Cyclical Regimen for Membranous Nephropathy

The RI-CYCLO randomized controlled trial

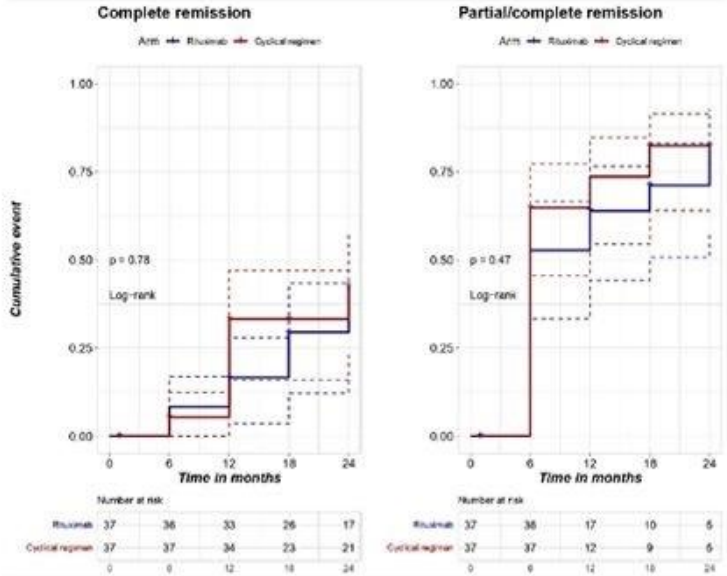
no signal of more benefit or less harm associated with RTX versus a cyclic corticosteroid-CTX regimen

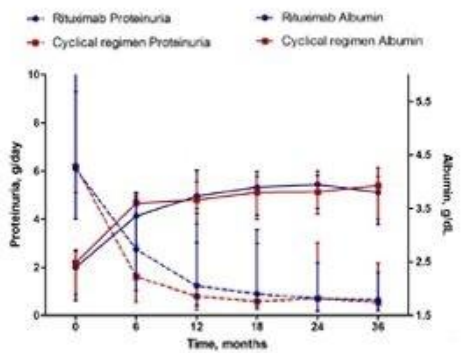
METHODS



74 patients recruited in 84 months

OUTCOME





CONCLUSIONS

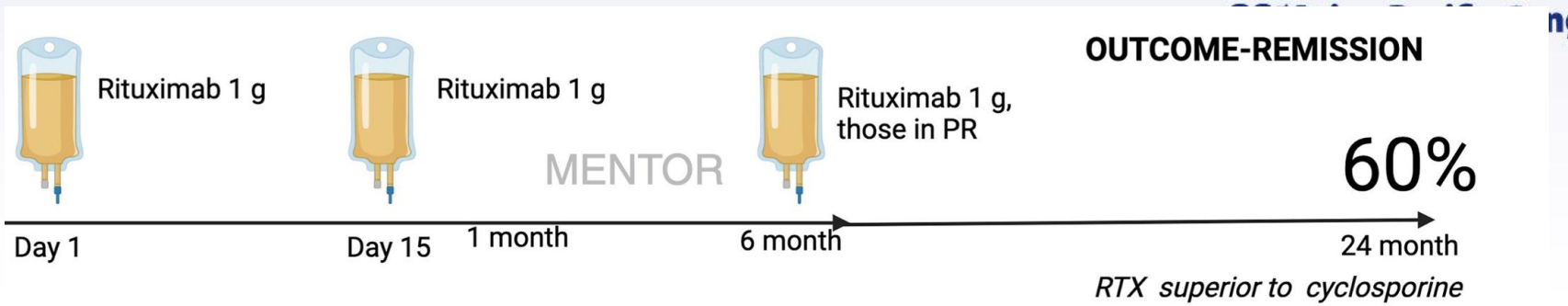
- Our pilot study shows that completing a larger trial may be challenging.
- While non-significantly different, the point estimate of one-year probability of complete remission was lower in the rituximab arm.
- Throughout the follow-up, the probability to achieve partial or complete remission was similar by study arm.
- The cyclical regimen tended to induce complete remission earlier; rituximab appeared to have a delayed effect.
- The frequency of adverse events was comparable.

Scolari F, et al. JASN 2021

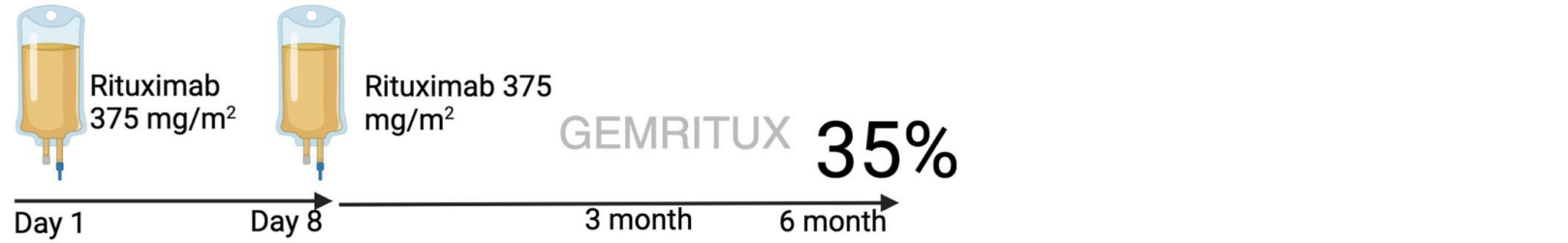
Summary of Landmark PMN trials

Publication year

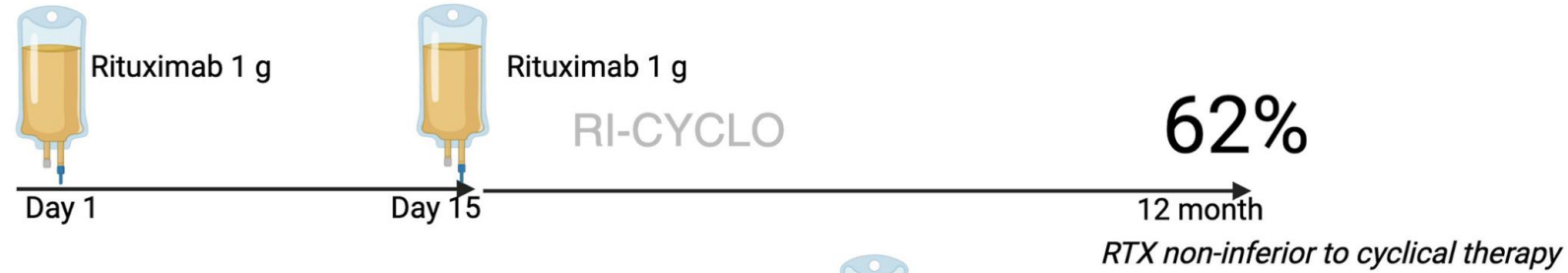
2019



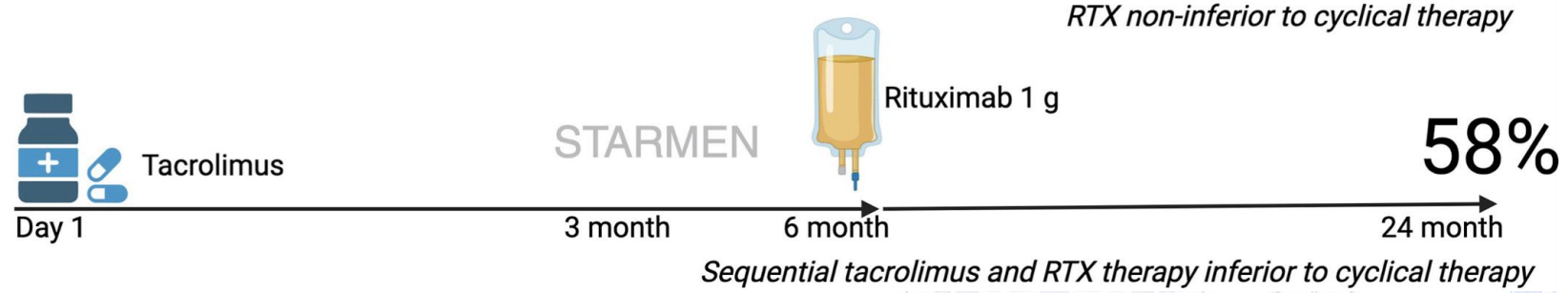
2017



2021



2020



Bharati J, et al. Adv Kidney Dis Health. 2024

What about negative studies?

Yes if novel, clinically significant and well conducted……

JASN
JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY

CLINICAL RESEARCH

A Randomized, Controlled Trial of Rituximab in IgA Nephropathy with Proteinuria and Renal Dysfunction

Lafayette, Richard A.*; Canetta, Pietro A.; Rovin, Brad H.; Appel, Gerald B.; Novak, Jan; Nath, Karl A.; Sethi, Sanjeev; Tumlin, James A.**; Mehta, Kshama*; Hogan, Marie; Erickson, Stephen; Julian, Bruce A.; Leung, Nelson; Enders, Felicity T.; Brown, Rhubell; Knoppova, Barbora; Hall, Stacy; Fervenza, Fernando C. 2017

Key findings: Rituximab did not alter the level of proteinuria nor eGFR… Lack of efficacy of rituximab may reflect a failure of rituximab to reduce levels of specific antibodies ……. in IgA nephropathy

Construct a succinct **Abstract**:

- First thing an EIC/AE/Reviewer looks at
- Affects whether the paper will be
  - desk-rejected (most journals have rejection rates over 70%)
  - filtered down to an AE/SE who may still reject
- AE/SE may then send paper out for peer review
- Most journals require 3 reviews but can settle on 2
- Reviewers are busy

This material/event is funded by the Professional Services Advancement Support Scheme of the Government of the Hong Kong Special Administrative Region.
Any opinions, findings, conclusions or recommendations expressed in this material/any event organised under this project do not reflect the views of the Government of the Hong Kong Special Administrative Region or the Vetting Committee of the Professional Services Advancement Support Scheme.

A simple message is King

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Cardiovascular Events with Finerenone in Kidney Disease and Type 2 Diabetes

B. Pitt, G. Filippatos, R. Agarwal, S.D. Anker, G.L. Bakris, P. Rossing, A. Joseph, P. Kolkhof, C. Nowack, P. Schloemer, and L.M. Ruilope, for the FIGARO-DKD Investigators*

RESULTS

A total of 7437 patients underwent randomization. Among the patients included in the analysis, during a median follow-up of 3.4 years, a primary outcome event occurred in 458 of 3686 patients (12.4%) in the finerenone group and in 519 of…….

CONCLUSIONS

Among patients with type 2 diabetes and stage 2 to 4 CKD with moderately elevated albuminuria or stage 1 or 2 CKD with severely elevated albuminuria, finerenone therapy improved cardiovascular outcomes as compared with placebo. (Funded by Bayer; FIGARO-DKD ClinicalTrials.gov number, NCT02545049.)

This article was published on August 28, 2021, at NEJM.org.

So....publishing in a top journal is a marathon

The most important work happens before the first patient is enrolled

Meticulous planning, registration, SAP, Execution, Data collection, analysis...

Save the date and join us for the

ISN WORLD CONGRESS OF NEPHROLOGY 2026

MARCH 28-31, 2026 | YOKOHAMA, JAPAN

Hosted by

ISN
INTERNATIONAL SOCIETY OF NEPHROLOGY

WCN'26

theisn.org/wcn26

30 September – 3 October 2026

ISPD 2026 CONGRESS

Cape Town International Convention Centre (CTICC)

Cape Town, South Africa

In conjunction with the South African Renal Congress

www.ispd2026.org.za