

## EDITORIAL COMMENT

# From WEDA to EDTA to ERA: 60 years of supporting European nephrology and counting

## The ERA Council and ERA Headquarters

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### ABSTRACT

Nephrology has evolved from treating kidney failure, first with dialysis and then with kidney transplantation, to identifying and treating early stages of kidney disease and eventually to prevent kidney disease from occurring. Similarly, the name of the European scientific society caring for people with kidney disease has evolved from the West European Dialysis Society Association to the European Dialysis and Transplant Association to the European Renal Association. These name changes reflect a deeper change in the mission of the society to the current mission of leading European nephrology by promoting kidney health for all, improving kidney care for patients, and strengthen the kidney community and the vision of a Europe where kidney health is prioritized, kidney health is accessible and the kidney community is thriving. We now review the major changes in the society over the years and present its current structure and focus as we face the largest projected increase to date in the global burden of kidney diseases.

**Keywords:** kidney disease, kidney failure, nephrology, prevention, renal replacement therapy

### INTRODUCTION

From the time when the West European Dialysis Association (WEDA) was founded in 1963 until today, the European Renal Association (ERA) has constantly been evolving and adapting its activities to maintain its role as a backbone of the European nephrology community. The association will soon be marking its 60th anniversary, presenting an occasion to honour the past and anticipate future trends in creating equitable access to sustainable renal health care.

### HISTORY OF THE ASSOCIATION

The early history of ERA begins in the 1960s when Stanley Shaldon, William Drukker and David Kerr foresaw that the future of nephrology would require more activity in the technical aspects of treating humans rather than just academic interest and animal research. The first successful maintenance haemodialysis treatments have only just begun, with no ultimate therapy for end-stage kidney disease (ESKD) other than transplantation,

which was pioneering at the time. The idea to form a European Association for Dialysis was conceived during an International Symposium on Acute Renal Failure, organized by Shaldon at the Royal Free Hospital in London, in 1963. It was during this meeting that Kerr suggested to Shaldon that there should be an annual symposium on dialysis, bringing together nephrologists from all over Europe. A similar idea had been proposed to Shaldon by Drukker at the meeting of the West European Clinical Chemistry Society a year earlier.

The three experts (Fig. 1) thus created the WEDA, envisioning it as a small association, with a limited number of active members from a few Western European countries [1]. Later that year, Gabriel Richet suggested name alteration to avoid raising suspicion of being politically biased, and so the European Dialysis and Transplantation Association (EDTA) was born [1]. The first EDTA congress, which took place in Amsterdam in 1964, was a great success, with guest lecturers such as Willem Kolff and Sergio Giovannetti, and 210 participants from 16 European and several non-European countries, including the USA, Australia, Panama and Ghana. The first EDTA Constitution was drafted (Table 1),

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FIGURE 1: William Drukker, David Kerr and Stanley Shaldon.

Table 1. Main points of the first EDTA Constitution

1	A congress is held once a year for 1–2 days
2	A business meeting is held once a year before the congress
3	Every year the President is elected by the members at the business meeting among the members where the congress of the following year will be held
4	The Secretary-Treasurer is also elected by the members on an annual basis (but he/she can be re-elected)
5	The functions of the President and the Secretary-Treasurer are outlined
6	Only EDTA members can present works at the annual congress
7	Honorary membership is recognized
8	The Council is made up of 7 members (5 ordinaries plus the President and the Secretary-Treasurer)
9	The Editor of the Proceedings is appointed by the Council and has a 3-year term (renewable for another 3-year term)

and the association logo, created by Shaldon, was presented on the same occasion (Fig. 2).

On EDTA's 5th anniversary, in 1968, the Paper Selection Committee was established and the first 'Annual Report' was presented to the members. This report included the Directory of Members with the list of European dialysis centres. The anonymous abstract selection procedure for the annual congress was introduced in 1969. The proceedings of the 1977 congress for the first time included summaries of the poster presentations, which were allotted 8–10 min of chaired discussion time at the congress itself. In the same year, a close collaboration between the national nephrological societies and EDTA was initiated. With the evolvement of clinical nephrology and with the idea of including all the specialties linked to nephrology that were growing rapidly in those years, the society name was further

modified from EDTA to EDTA-ERA in 1981, thus adding the ERA to the name/acronym. Two years later, at the 1983 congress, for the first time, the abstracts related to clinical nephrology exceeded those dealing with dialysis. Thanks to the fine diplomacy of Vittorio Andreucci, the then-president of the society, later that year nephrology was officially acknowledged as one of the key missions of the EDTA, deserving a more prominent role in the society's name, and EDTA-ERA became the European Renal Association-European Dialysis Transplantation Association (ERA-EDTA) [2].

In 1990, Vincenzo Cambi was elected as Secretary-Treasurer, and he decided that it would be much more efficient to have a permanent secretarial office that could support with professional hired staff the ever-growing membership as well as the Council and the many growing and new initiatives. It was thanks to Cambi that, in 1991, the society's HQ was established in Parma (Italy).

The year 1996 was significant in ERA-EDTA's history as the society established a new constitution, fully incorporating the Registry and the *Nephrology Dialysis Transplantation* (NDT) journal. In the following year, the ERA-EDTA became an English and Welsh charity, thus moving its legal residence from the Netherlands to the UK. In the same year, Michèle Kessler from France became the first woman to be elected as an ordinary Council member. In 2002, the society instituted Continuing Medical Education (CME) programmes, and in the following year, scientific research was added to the statutory aims of the association in the constitution. Furthermore, the Scientific Advisory Board (SAB) was created to support the Council in the evaluation of future fellowship and research programmes. The ERA-EDTA Ethics Committee and the first Working Groups were established in 2009, and in 2013, the Committee for International Affairs (ComIA) and the Young Nephrologists' Platform (YNP) were founded.

Closely keeping up with the new technological developments, the digital transformation of the society began as early as 1996, when the ERA-EDTA website was introduced. From 2002, a freely accessible educational journal is published online, *NDT-Educational* and congress abstracts are submitted in the same way. The association introduced an app at the 2012 annual congress in Paris. One year later, on the occasion of its 50th anniversary, the digital modification of ERA-EDTA continued with the introduction of *Follow Us Flash*, a biweekly electronic



FIGURE 2: Left: the original EDTA logo from 1964 with the figure of the kidney in the centre and the antique cryptographic symbols of water, salt, acid and alkali. Middle: the ERA-EDTA logo from 2010. Right: the present ERA logo, introduced in 2021.

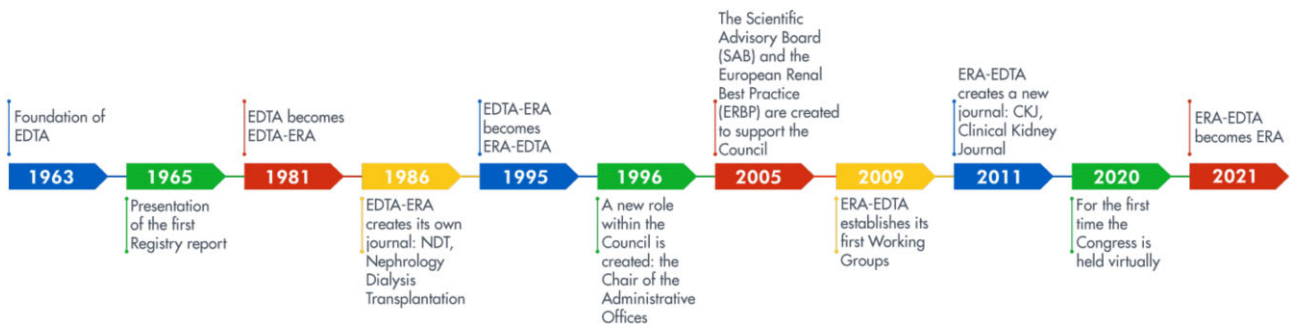


FIGURE 3: Facts and dates.

newsletter. In 2016, ERA-EDTA began with social media activities by endorsing tweeting activity and launching the European Nephrology Portal (ENP).

The year 2018 brought more innovation into ERA-EDTA. The society introduced a completely new logo, with a more vibrant colour code, albeit keeping the *Leading European Nephrology* strapline. Also, several new committees were formed. The Continuing Education and Professional Development (CEPD) committee replaced the old CME committee. The Scientific and Educational Interaction Day (SEID) committee was appointed to organize a new educational and interactive day to be held separately from the congress. Finally, the Green Nephrology Committee, the Nephrology and Public Policy Committee and the Electronic Communications Committee were founded. Ultimately, in 2021, a major change of the organization’s name was introduced, supported by a majority vote of the membership and reflecting the drift towards modern-era communications. The new name is short, practical and easy to spell, and highlights the organ that lies at the very foundation of the nephrology practice and science. The ERA was finally born (Fig. 3).

### MISSION AND VISION

ERA’s latest mission and vision reflect its fundamental and connecting role in European nephrology (Table 2). This specialty is truly becoming more essential with population ageing and the increasing prevalence of diseases that lead to chronic kidney disease and renal failure, which are estimated to become the 5th global cause of death by 2040 [3]. In previous years, ERA sought to expand its efforts to promote nephrology as a crucial, constantly

Table 2. ERA’s mission and vision approved at the Council Meeting in December 2021

<b>Mission</b>	To lead European nephrology by promoting kidney health for all, improving kidney care for patients, and strengthening the kidney community
<b>Vision</b>	A Europe where: <ul style="list-style-type: none"> <li>• kidney health is prioritized</li> <li>• kidney health is accessible</li> <li>• the kidney community is thriving</li> </ul>

evolving medical discipline that integrates clinical practices, basic science and scientific research.

The organization has set up several important goals for the future: to promote public awareness of kidney diseases and develop a global outlook to kidney health; to facilitate the equity of access to kidney health, diagnosis and treatment, especially in the neglected regions and populations; to respect and enhance patient voice and choice; to stimulate innovative research related to kidney health and care; to foster a stronger sense of identity and community among the association members; to harmonize and standardize good nephrology practice across Europe through educational programmes; to inspire the future generations by reimagining the role of a modern nephrologist and to address the pressing issues of nephrology workforce recruitment and retention. The ultimate goal set for ERA in the forthcoming years is to be perceived as an umbrella for the

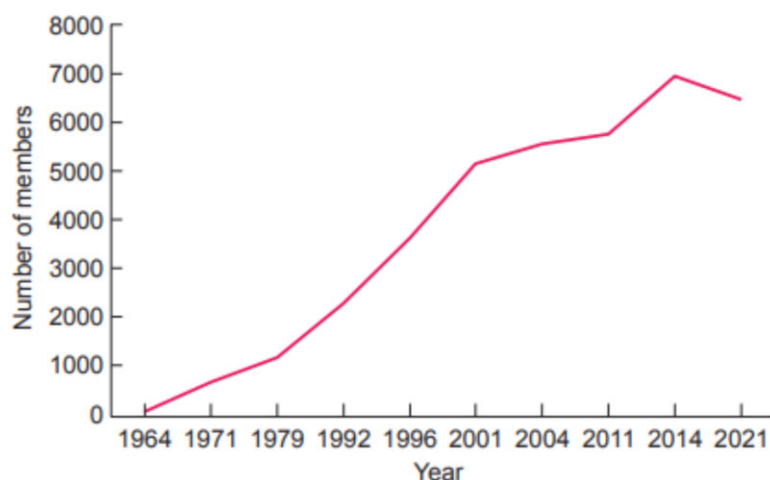


FIGURE 4: Number of members in the period 1963–2021.

European nephrology community that connects professionals through continuous education and scientific projects.

## ERA MEMBERSHIP

In its founding year, EDTA had 82 active members. On its fifth anniversary, in 1968, the number had already risen to 490 members and continued to grow at a steady pace, reaching 700 in 1971, 1200 in 1979 and 7000 in 2014. The association currently has >6500 active members, making ERA one of the largest nephrology societies globally (Fig. 4).

ERA cherishes collaboration with national nephrology associations and has installed several incentives and membership benefits to enhance its network. Medical students under the age of 28 enjoy free membership, and trainees (>40 years of age) have their own committee (YNP), special dedicated initiatives and are fully integrated into all the initiatives and committees of the Society, as well as a very low discounted annual membership fee, while other members are entitled to discounted article processing charges in the *NDT* journal, *Clinical Kidney Journal* (CKJ) and medical books published by Oxford University Press. All members can enjoy numerous other privileges related to educational, scientific and networking ERA activities (Table 3).

## ERA REGISTRY

The ERA Registry is one of the most important endeavours of the society [4]. The first Registry Committee was appointed at the congress in Amsterdam in 1964, with William Drukker as its first Chair. Merely a year later, the first Registry report presented data on 271 chronic renal patients on Renal Replacement Therapy (RRT) from 41 European nephrology centres, 258 performed renal transplant procedures and details on 187 transplanted patients. The Registry soon became a marvellous example of international cooperation, and in 1986 already provided data from 82% of all European renal centres, including 111 300 patients living with the support of either dialysis or a functioning transplant. In 2000, the ERA-EDTA Registry moved from London to Amsterdam at the Amsterdam Medical Centre (AMC), and the procedures for collecting and processing data were thoroughly transformed. The paediatric registry was first added to the ERA-EDTA in 1971 and was later restored in 2007, thus creating the

ESPN/ERA-EDTA Registry thanks to an agreement between the European Society of Pediatric Nephrology (ESPN) and ERA-EDTA. The Registry now provides the most comprehensive record on the care of patients requiring RRT, relying on the voluntary devotion and commitment of the renal centres [5].

## LEADING EDUCATION IN NEPHROLOGY—ERA CONGRESS AND BEYOND

### Education through ERA meetings

The major ERA-endorsed educational and networking event is the ERA congress, with a tradition spanning >50 years. The congress evolved from a one-day event to a large-scale, multiple-day occurrence with ten parallel sessions, poster presentations and thousands of participants from both European and non-European countries. Today, the congress focuses on key learning features in clinical practice, as well as on the scientific advances and latest technical innovations in the field of nephrology. The papers presented at the annual congresses were initially published in the EDTA Proceedings, which grew in parallel with the number of participants [4]. In 1986, the proceedings were replaced by the peer-reviewed *NDT* journal [2].

In the past decade, the congress has been held in alternate parts of Europe, moving to different regions by rotation: in Prague (2011), Paris (2012), Istanbul (2013), Amsterdam (2014), London (2015), Vienna (2016), Madrid (2017), Copenhagen (2018) and Budapest (2019). In 2020, ERA-EDTA had to quickly adapt to the new circumstances imposed by the COVID-19 pandemic. By switching from a traditional live form to a fully virtual one in merely 11 weeks, thus neither cancelling nor postponing the event, ERA successfully rose to this unprecedented challenge. The 2021 congress was also fully virtual and still gathered participants from all over the world (Fig. 5), but the 59th congress in 2022 is expected to take a hybrid form and proceed both virtually and face-to-face, heading back to Paris. Based on the positive experience with the virtual component imposed by the pandemic, the Council has decided to keep a very strong virtual component in the future annual congresses, thus making them more inclusive and sustainable.

The congress scientific programme continues to cover most aspects of nephrology and attempts to provide a focus on issues that are most important in both clinical practice and science.

Table 3. Membership benefits

Education	Science	Networking
<ol style="list-style-type: none"> <li>1 Learning via e-seminars providing knowledge and the latest updates on hot topics in nephrology.</li> <li>2 Exclusive travel grants for our annual congresses, given to authors of the highest-scoring abstracts.</li> <li>3 Access to 'Nephrology Education Portal (NEP)' a journal including more than 50 reviews and reports every year.</li> <li>4 Mentorship program supported by YNP (Young Nephrologists' Platform).</li> <li>5 Fellowships to support your career through research and clinical projects.</li> <li>6 Your membership supports the nephrologists of the future. Medical students under the age of 28 enjoy free membership (including congress registration).</li> <li>7 35% discount on medical books published by Oxford University Press.</li> <li>8 Slide presentations and webcasts from the ERA CME courses.</li> <li>9 Training by <i>NDT</i> and <i>CKJ</i> theme editors to become a reviewer.</li> </ol>	<ol style="list-style-type: none"> <li>1 Large visibility given to all mini oral presentations at our annual congress, with Q&amp;A with the authors.</li> <li>2 Subscription to the prestigious scientific journals <i>NDT</i> and <i>CKJ</i> (fully open access), with more than 30 original scientific articles per month.</li> <li>3 Free membership for young authors of original articles published in <i>NDT</i> and <i>CKJ</i> (only YNP Members can enjoy this benefit).</li> <li>4 Opportunity to be part of our Working Groups and Scientific Committees and help us further improve scientific knowledge, research and education.</li> <li>5 Access to top scientific sessions on the most relevant and innovative subjects presented during our annual congress at preferential rates.</li> <li>6 33% discount on article processing charges for articles published in <i>CKJ</i>.</li> <li>7 25% discount on article processing charges for articles published open access in '<i>NDT</i>'.</li> </ol>	<ol style="list-style-type: none"> <li>1 Join the ERA community and connect directly with other Members through our Directory.</li> <li>2 Have a voice within the Association at the annual General Assembly.</li> </ol>

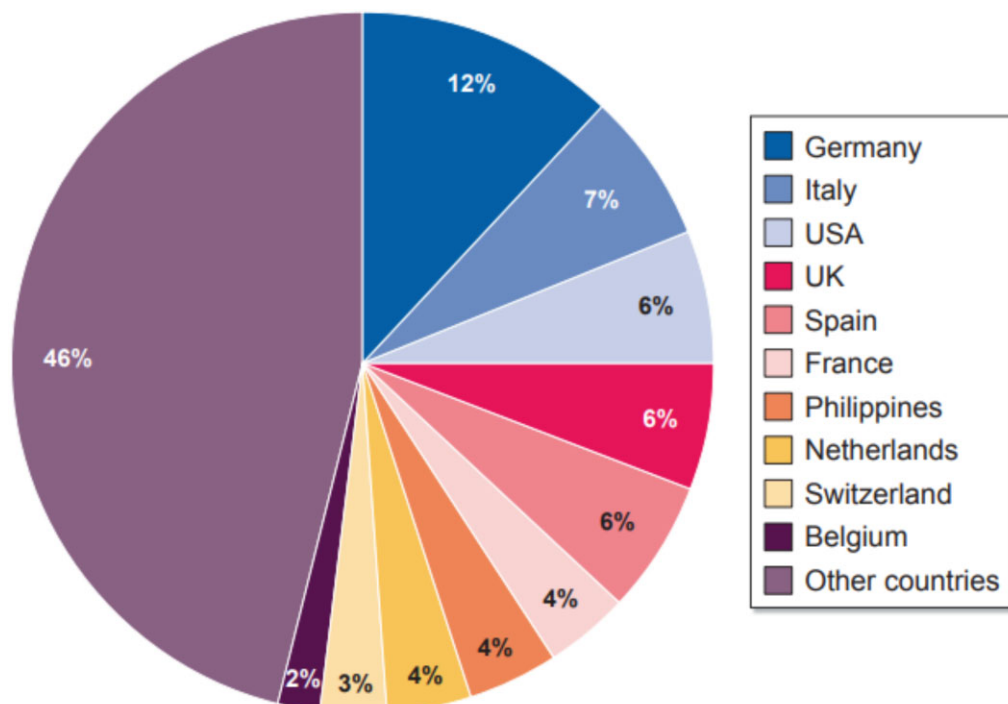


FIGURE 5: Participants by countries attending the 58th ERA-EDTA congress (2021).



FIGURE 6: ERA working groups.

The 2021 congress had four plenary lectures, 33 free communications sessions, 31 industry symposia, eight CEPD courses, four mini-oral sessions and two hands-on courses. The virtual format presented an opportunity for all participants with an accepted abstract to gain more visibility by presenting their work as a mini-oral presentation. Selected congress lectures were covered by summary reports published on the Nephrology Education Portal (NEP), the former *NDT-Educational* e-journal, which significantly increased their visibility. In the last years, ERA has been dedicated to increasing the sustainability of congress activities, with an accent on the simplification of logistics, organization and environmental awareness.

ERA's many other activities in education, research and advocacy, such as CME courses, NEP summary reports, the SEID, journals, etc., aim to provide healthcare professionals with straightforward information on the innovations in nephrology. ERA's working groups are dedicated to chronic kidney disease and mineral and bone disorder (CKD-MBD), Developing Education Science and Care for Renal Transplantation in European States (DESCaRTES), European Renal Nutrition (ERN), Diabetes and Obesity (DIABESITY), European Dialysis (EUDIAL), European Renal and Cardiovascular Medicine (EuReCa-M), Immunonephrology (IWG) and Inherited Kidney Disorders (WGIKD). They encourage research, communication of knowledge, teaching and education in the nephrology community (Fig. 6). All working groups regularly organize educational meetings and seminars throughout Europe, but recently most of the groups have transferred their activities to online educational activities using the society's successful e-seminar series. Starting in 2020, these e-seminars have focused on hot topics in the field of nephrology and related subjects, including the nephrology-related aspects of the COVID-19 pandemic. The DESCaRTES working group also organizes Clinical Transplantation Day (CT Day), an educational event dedicated to disseminating knowledge on current practices in kidney transplantation. This year, the fully virtual 7th edition of CT Day focused on the new insights related to the COVID-19 pandemic, with an emphasis on how to optimize the chances for transplant patients in the aftermath of the pandemic. Furthermore, the CKD-MBD group continued with the European Renal Osteodystrophy (EUROD) Winter meetings, albeit in a fully virtual format.

Another ERA educational initiative, introduced in 2019, the SEID, is a meeting that boasts educational lectures focused

mainly on clinical issues, from diagnosis to prevention and therapy. Sessions at the first SEID meeting focused on systemic diseases affecting the kidney (ANCA-associated vasculitis, lupus nephritis and anti-GBM disease), updates on recent studies related to the treatment of anaemia, hyperkalaemia and diabetes, ethical aspects of using genetic results in clinical daily practice, and stimulating discussions on patients' and nephrologists' considerations on the choice of kidney failure treatment. The conference also included practical sessions, involving demonstrations of ultrasound scanning and fistula imaging on real patients. SEID is expected to continue as soon as the epidemiological situation allows it.

### ERA journals

*NDT* remains ERA's leading journal, but *CKJ* has also achieved recognition as an important educational and training resource, integrating clinical, translational and educational research into clinical practice. *CKJ* evolved from the *NDT Plus* journal in 2011 as a fully open-access, online-only journal, publishing original articles, reviews, editorial comments and exceptional case reports. Starting from 1 January 2020, articles accepted for publication are subject to a processing charge, and ERA members have a special discount.

*NDT* continues publishing editorials, reviews, *NDT* digests, special reports (containing working group papers, position statements and guideline papers), original articles on basic research, clinical research, dialysis and transplantation, research letters and e-letters. The content covers the whole territory of nephrology research, including experimental work in animal models and molecular biology studies, clinical trials, observational studies at large and original work on health economy as applied to nephrology.

To attract the readers and help them quickly gain an overview of the purpose and results of the articles, both journals include graphical abstracts for selected papers, and all figures are redesigned by a professional medical illustrator. In line with the digital era, there is also the possibility to publish a video or audio abstract in both *NDT* and *CKJ*. *NDT*'s impact factor grew from 4.531 in 2019 to 5.992 in 2020, while *CKJ* increased its initial impact factor from 3.388 in 2019 to 4.452 in 2020, positioning both publications among the top-ranked nephrology journals (Table 4).

Table 4. Impact factor—*NDT* and *CKJ*

Year	<i>NDT</i> Impact Factor	<i>CKJ</i> Impact Factor
2020	5.992	4.452
2019	4.531	3.388
2018	4.198	2.975
2017	4.602	—
2016	4.470	—
2015	4.085	—

## THE WORLD IS CHANGING... AND SO IS ERA

The world underwent many changes in 2020 that also reflected on the ERA and its activities. The pandemic has only highlighted the need for efficient and straightforward delivery of information, science and education to all ERA members for the final benefit of the patients. But in ERA, changes started even earlier. All the core ERA initiatives (the Registry, the ERBP and all webcasts of ERA-endorsed courses and congresses) were grouped under one single umbrella website in 2019 when the website received a new graphic visual look. In 2020, the Council decided to modify the mission of the European Renal Best Practice (ERBP) Committee. Instead of actively producing guidelines, a group of distinguished experts now provides factual position statements and supports the implementation of already existent guidelines in

the field of nephrology. Furthermore, a European Renal Association Curatorium (ERAC) was created in May 2020 to facilitate the collaboration between the society and its supporting members and achieve goals through specific joint projects and initiatives. Finally, the ERA-EDTA endorsed initiatives, Nephrology Pathway (NEPHROPATH) and Cognitive decline in Nephro Neurology: European Cooperative Target (CONNECT), were rewarded with EU funding support in 2020.

Since only two face-to-face meetings were held in 2020, in Glasgow on February 20–22, and in Frankfurt on July 21, Christoph Wanner, the elected president of 2020, introduced a new initiative of having virtual Council meetings bimonthly with all current Council members (Fig. 7), as driven by necessity during the pandemic. This agenda will be kept in the future, as it builds a superior collaboration among all Council members to achieve implementation of the many actions of the Association. At the General Assembly that took place on 7 June 2021, several important changes were ratified. The road to these transformations had been paved in 2019 when, after many years, a new constitution was presented and approved for the first time by the General Assembly. This constitution is fully compliant with the current charity laws and more effective for the present needs of the association, allowing more flexibility for ongoing initiatives fully in line with the new code of conduct. One of these is a name change from ERA-EDTA to ERA, which was indeed approved in 2021, on the grounds that present-day communications demand shorter and simpler names for professional societies. Another important change that was introduced following the 2021 General Assembly is granting more independence to the Editors in Chief of the ERA journals by releasing them from the Council. The Council elected the new CKJ Editor in Chief Maria Jose Soler (Spain) who shall start her term in June 2022, as the first woman Editor of an ERA Journal.



FIGURE 7: Current ERA Council members, October 2021 (Back row, left to right: Ronald Gansevoort, Netherlands; Alberto Ortiz, Spain; Ivan Rychlik, Czech Republic; Pantelis Sarafidis, Greece; Albert Ong, UK; Danilo Fliser, Germany. Front row, left to right: Mario Gennaro Cozzolino, Italy; Alexander Rosenkranz, Austria; Serhan Z. Tuglular, Turkey; Christoph Wanner, Germany; Roser Torra, Spain; Giovanni Gambaro, Italy).

## BRINGING NEPHROLOGY CLOSER TO NEPHROLOGISTS

Recent years witnessed a decline in the interest in nephrology careers among residents worldwide, possibly due to perceptions of the field and training aspects. ERA was always aware of the importance of promoting interest in nephrology training among young physicians to strengthen the nephrology community and sustain a workforce adequate to meet the projected demands, new initiatives are being set up to address this important future need. ERA also focuses on the needs of nephrology trainees and dedicates several initiatives to this cause. From February 2020, the Specialty Certificate Examination (SCE) in Nephrology and the European Certificate in Nephrology, which initially developed between ERA and the UEMS Renal Section and Boards, became a single examination called the European Specialty Examination in Nephrology (ESENeph). Its primary goal is to promote the harmonization of training across the European Union while maintaining a high standard of education. Furthermore, the ERA Fellowship programme has been successfully supporting clinical research in nephrology, particularly favouring the growth of young clinical investigators. From 2017 till 2021, a total of 12 long-term and 23 short-term fellowships have been completed. Unfortunately, the COVID-19 pandemic has temporarily suspended the programme, which is expected to be restored as soon as global travel and health circumstances are restored. The YNP, on the other hand, continued assisting young professionals in building and improving their careers in nephrology through mentorship programmes and opportunities to present their scientific works at the ERA annual congress. In 2021, a joint meeting was held between the YNP and the Japanese Society of Nephrology for the first time, featuring talks by eminent lecturers from Europe and Japan. Last but not least, a series of training courses in diagnostic and interventional nephrology, the N-Path initiative, was launched in 2021, to bring certain skills back and closer to nephrologists. The programme consists of four courses dedicated to kidney biopsy and histopathology, vascular access management, ultrasound techniques and surgical techniques for correct peritoneal catheter placement, and is projected to last until 2023.

## WHAT THE FUTURE HOLDS

ERA activities have tremendously increased and diversified in the last years, further establishing the society as the most important professional nephrologists' organization in Europe. Many important figures from ERA's history were mentioned in this report, but many without whom ERA would not be thriving remained unnamed, including the staff who worked for ERA and the many members from all regions who contributed to the task forces, committees and other groups. ERA has always relied not only on the productive cooperation with national nephrology societies, but also on the successful collaboration with numerous international associations, and will continue to do so in the future.

The transforming effects of the digital era have influenced the ERA's approach to communications since the first electronic educational journal, *NDT-Educational*, was installed two decades ago (now *NEP*). Regular ERA communications with the membership are now condensed into a fortnightly ERA newsletter, keeping additional e-mail communications to a minimum for greater impact. The website remains the primary source of information and will undergo a serious restructuring in 2022 to enhance the User Experience (UX). At the same time, ERA is steadily in-

creasing its activity on social media and is now present on Twitter, Instagram, Facebook, LinkedIn and YouTube. Finally, in 2020, some previously planned initiatives have been accelerated due to the COVID-19 pandemic. These include a very successful e-seminar programme that now comprises both a freely available list of titles, as well as specific ones for members only that receive EACMEE accreditation. A series of special and "practical" e-seminar courses, still with EACMEE accreditation, is also expected to be available soon.

Finally, in 2021, in view of complete transparency, the ERA Council has made major changes in the evaluation procedure of all the output and projects (including surveys) of all ERA bodies that now must go through the evaluation of the SAB. Very importantly, no current Council member is part of the SAB in order to avoid any kind of potential conflict of interest in this new evaluation procedure. We hope to see the association evolve further in the coming years and continue to promote important initiatives such as providing more space for young professionals, gender equity in nephrology, cooperation with renal patients' associations and overall sustainability and transparency of the association.

On [era-online.org](http://era-online.org), you can find more detailed reports from specific bodies and activities of ERA in the previous years as well as the current and future ones.

## ACKNOWLEDGEMENTS

A special word of thanks goes to all the members of the ERA family. The society's success and growth would not be possible without our highly valued members.

## CONFLICT OF INTEREST STATEMENT

None related to this specific work.

## APPENDIX

The ERA Council:

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On behalf of the ERA Headquarters:

Monica Fontana, Laura Azzolini and Caroline Vinck.

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