CNTN|RCEN
Canadian Nephrology Trials Network
Réseau canadien d'essais cliniques en néphrologie

CNTN Research Symposium

Summary Report

May 6, 2026

CNTN Symposium Report

This report summarizes the discussions and presentations at the CNTN Research Symposium held May 6, 2026, in Québec City. A total of **40** network members participated **in person**, and **6 members joined online via Zoom**. Participants included patient partners, researchers, KRESCENT trainees, and Can-SOLVE CKD Operations Team members.

Meeting Discussion and Research Presentations

The CNTN Annual Research Symposium 2026 convened clinicians, researchers, patient partners, and administrators to share learnings from ongoing nephrology clinical trials, hear about new networks, and participate in a strategic sustainability discussion. The symposium emphasized patient partnership, inclusive clinical trial design, and collaborative national efforts to accelerate and improve kidney-related clinical research in Canada.

Click here to watch the recording of the full meeting.

1. Opening Remarks & Patient Partnerships

- Moderated by Dr. David Collister, with patient partner co-lead Arlene Desjarlais contributing, emphasizing the importance of patient voice in kidney research.
- A tribute was paid to the late Hans Vorster, a dedicated patient partner who greatly influenced patient engagement in kidney trials.

2. The Canadian Nephrology Trials Network (CNTN) Services Overview

- CNTN provides:
    - Peer review of trial protocols including patient partner input
    - Support letters for grant applications
    - Kidney Link platform for recruitment and dissemination of studies across Canada
    - Resources guiding clinical trials across CKD, dialysis, and transplant
- Attendees were reminded of the need for new and diverse committee members. Canadian patient-partners and nephrologists, from early-career to established, are encouraged to join the network. There is an open call on the website: cntn.ca/researcher-sign-up/.

3. Accelerating Clinical Trials (ACT) Consortium: Updates and Future Directions

Key Initiative	Details
National Harmonized Ethics Board	In development to enable multi-institutional trial approvals rapidly, inspired by the UK model.
Harmonized Contract Templates	Streamlined regulatory and non-regulatory agreements facilitating trial setup across provinces.
Expansion of Portfolio Hospitals	Inclusion of community and mid-size hospitals beyond academic centres to widen trial access.
Indigenous Clinical Trials Units	Focus on Indigenous-led research addressing community-relevant kidney disease priorities.
Strategic Focus ACT 2.0	Enhancements in system-wide trial efficiencies, electronic health records integration, AI use.
Rapid Support Units	Specialized assistance including a dedicated kidney disease unit to support inclusive trial design.

- ACT 1.0 achieved over **$38 million in funded projects** involving ~50 trials.
- CNTN members have 7 projects funded by ACT, totaling about **$1.7 million**.
- CNTN was not funded in ACT 2.0 but continues to be engaged as an affiliate.

4. Canadian Childhood Kidney Disease and Blood Pressure Trials Network (KidBP)

- Presented by Dr. Cal Robinson
- **Rationale:** Pediatric CKD trials lag adult trials by an average of 13 years, with challenges such as small, geographically dispersed populations and ethical consent complexities.
- **Mission:** Establish a national platform to streamline and increase pediatric nephrology clinical trials.
- **Vision and Approach:**
    - Collaborative trial platform spanning all Canadian children's hospitals
    - Patient and family engagement integrated throughout trial design and agenda setting
    - Support for innovative trial designs and international collaborations
    - Facilitate pediatric inclusion in adult trials, especially for adolescents
- **Examples of Planned Trials:**
    - Response trial for nephrotic syndrome steroid dosing
    - Studies on blood pressure therapies, acute kidney injury, and genetic kidney disease treatments
- Launch of the inaugural network workshop occurred May 22, 2026 (hybrid format).

5. Guard One Trial: Pilot RCT of Semaglutide in Dialysis Patients

- Presented by Dr. Kevin Yau
- **Background:**
    - GLP-1 receptor agonists (especially semaglutide) show cardiovascular and kidney benefits in diabetics.
    - Limited evidence in patients with end-stage kidney disease (ESKD) on dialysis.
- **Trial Design:**
    - Open-label pilot randomized controlled trial, 100 patients on maintenance dialysis with type 2 diabetes
    - Intervention: Semaglutide up to 1 mg weekly vs. usual care
    - Primary objective: Feasibility, adherence, and safety over 26 weeks
    - Outcome data on cardiovascular events, weight, blood pressure, insulin use, and quality of life collected

- **Significance:**
    - Addresses an evidence gap specific to dialysis population
    - Supports future larger cardiovascular outcome trials
- **Status:** 21 patients randomized; multiple sites activated across Canada

6. DLITE Trial: Incremental Twice-Weekly Hemodialysis in Older Adults

- Presented by Dr. Christine White and Dr. Rachel M. Holden
- **Background:** Dialysis burden is high, particularly in older adults (>70 years). Patients prioritize quality of life and reduced hospital visits.
- **Pilot Study:**
    - Compared twice-weekly vs. thrice-weekly hemodialysis without requiring minimal residual kidney function
    - Used clinical judgement and outcomes (e.g., potassium levels, ultrafiltration rates) to identify eligibility
    - Feasibility, safety, and quality of life assessed
- **Results:**
    - High adherence rates and similar outcomes in urgent dialysis, potassium levels, and mortality between arms
    - Larger randomized controlled trial ongoing, with primary endpoint: days alive and out of hospital at 365 days
- **Additional Focus:** Inclusion of frailty scoring and safety monitoring relevant to elderly population

7. New Brunswick Hemodialysis Prescribing Patterns Study

- Presented by Sarah Melville
- **Trial design:**
    - Observational study of hemodialysis prescriptions in New Brunswick
    - Majority on conventional thrice weekly dialysis; a small subset prescribed less than 720 minutes/week or twice weekly
- **Results:**

    - Patients on less dialysis were older, with fewer medications, fewer emergency visits, and higher symptom-related quality of life scores.
    - No differences in hospitalization or mortality were observed.
- Findings support individualized hemodialysis prescriptions.

8. EASI Kidney Trial

- Presented by Dr. Adeera Levin
- Trial testing the addition of an aldosterone synthase inhibitor (vicadrostat) to standard care (empagliflozin) in CKD patients with and without diabetes
- Aims to enroll ~11,000 patients globally; Canada targets >600 participants
- Recruitment lags, with ~264 Canadian patients enrolled; efforts underway to increase screening and enrollment
- Trial addresses underrepresented CKD populations excluding diabetics, low proteinuria, or low GFR in prior trials
- Strong call for clinicians/investigators to actively recruit, broaden patient pre-screening, and reduce biases

9. Sustainability and Future Directions Discussion

- Recognition that CNTN funding from Can-SOLVE CKD is ending; and unsuccessful ACT 2.0 renewal
- Emphasis on sustaining the network's infrastructure, patient engagement, and national collaboration
- Challenges identified:
    - Limited engagement from late-career investigators
    - Multiple competing meetings (CSN, KRESCENT, etc.) dilute participation
    - Need for alignment and integration with broader nephrology meetings
    - Outreach to community nephrologists is essential for broader trial participation
- Proposed solutions:
    - Explore hybrid or virtual quarterly meetings for continual knowledge sharing
    - Consider new funding models: industry partnerships, division contributions, grants, possibly membership fees with appropriate value propositions

    - Increase visibility and advocacy with government, industry, and patient communities
    - Patient-driven advocacy campaigns to underline the social value of kidney research
- Discussion of balancing ethical, autonomy, and practical considerations in industry collaborations

CNTN Supports and Services

Letters of Support

See Request form: Letters of Support – CNTN. Takes about 3-4 weeks to provide.

Peer Review Request Form

See Request form: Peer Review - CNTN. Takes about 6 weeks to provide review in English, 8 weeks for French.

Peer Review Module for Patient Partners

The People with Lived Experience in Peer Review Module is designed to educate and empower people with lived experience – patients, caregivers, family members, living organ donors, family members of deceased or living donors – on how to actively participate in the peer review process. This module takes approximately 30 minutes to complete.

KidneyLink

KidneyLink is a platform that connects people affected by kidney disease—patients, caregivers, and families—with research opportunities, while helping researchers engage diverse participants and integrate patient voices meaningfully into their work.

For any questions or more information please contact Omo Enilama (omo.enilama@phc.ca).