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ASN Research Goals & Recommendations for Kidney Disease

In the spring of 2004, the ASN conducted a series of research retreats to establish priorities for combating the growing prevalence of kidney disease in the United States. The ASN joined experts from both within and outside the renal community, and identified five areas requiring **immediate and additional** attention: acute renal failure, diabetic nephropathy, hypertension, transplantation, and kidney-associated cardiovascular disease.

The final research retreat report(s) highlighted these priorities and contained three overriding recommendations.

1. Development of Core Centers for kidney disease research.

Expansion of the kidney research infrastructure in the U.S. can be achieved by vigorous funding of a program of kidney research core centers. *Specifically, we propose that the number of kidney centers be increased with the goal of providing core facilities to support collaborative research on a local, regional and national level.* It should be emphasized that such a program of competitively-reviewed kidney research core centers would facilitate investigator-initiated research in both laboratory and patient-oriented investigation. This approach is highly compatible with the collaborative research enterprise conceived in the NIH Road Map Initiative.

2. Support programs/research initiatives that elucidate the relationship between kidney and cardiovascular disease.

It is now well recognized that chronic kidney dysfunction is a major risk factor for the development of cardiovascular disease. *It is recommended that the NIDDK and NHLBI work cooperatively to support both basic and clinical science projects that will shed light on the pathogenesis of this relationship and to support the exploration of interventions that can decrease cardiovascular events in patients with chronic kidney disease. We specifically propose that NHLBI support investigator-initiated research grants in areas of kidney research with a direct relationship to cardiovascular disease.* Similarly, NHLBI should work collaboratively with NIDDK to support the proposed program of kidney core research centers.

3. Expansion of investigator initiated research projects.

In each of the five priority areas of fundamental investigation continued and even expanded support is required if, ultimately, progress is to be made in elucidating the basic mechanisms that underlie the diseases processes. *It is recommended that support for quality research in the areas be expanded by encouraging applications with appropriate program announcements and requests for proposals.* In addition to vigorous support for RO1 grants, continued funding of Concept Development and R21/R33 grants is essential to support development of investigator-initiated clinical studies in these areas of high priority. This latter funding is the key to accelerating the transfer of new knowledge from the bench to the bedside.

In summary, the ASN foresees the following directions as essential to in the future kidney disease research impacting on the growing prevalence of kidney disease in the United States:

- Accelerate research in the 5 priority areas (acute renal failure, diabetic nephropathy, hypertension, transplantation, and kidney-associated cardiovascular disease) by making available additional funds;
- Expand (and provide funds to support) the number and type of core centers for kidney disease research;
- Increase awareness of the effect of chronic kidney disease on the development of cardiovascular disease, including hypertension, and urge NHLBI to support research in this area and fostering collaborate with NIDDK on key projects;
- Expand funding for investigator initiated research projects for both basic- and clinical-science investigation at all levels (RO1, R21/R33, etc.).

The ASN will strive to fulfill its mission statement and research recommendations (agenda). The ASN will remain active on Capitol Hill and assist members of Congress and the Administration in their understanding of kidney disease and the problems facing chronic kidney disease and end stage renal disease patients and the health care providers who serve them.

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