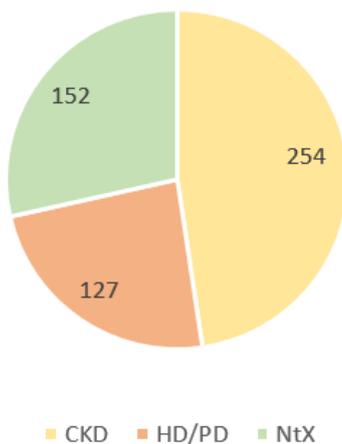


Recruitment and study progress

Currently, 541 patients were screened and 458 patients were successfully randomized. There are surprisingly few screening failures (30) indicating that the in- and exclusion criteria are not very problematic. The main reasons for screening failure are that patients do not meet the eGFR criteria for the strata of “advanced CKD with eGFR \leq 25 mL/min/1.73m²” and “kidney transplant recipient with eGFR \leq 45 mL/min/1.73m²”. Please note that in such cases patients can be re-screened to see whether at that moment they meet the eGFR criteria. In the figure below the inclusion per subgroup is shown.

Number of participants per subgroup:



Symposium

We are happy to announce that on April 5th 2024 we organize a symposium concerning optimization of cardio-and renoprotective treatment in severe kidney disease with several inspiring speakers!

Moreover, practical experiences regarding inclusion and follow-up of the Renal Lifecycle trial will be discussed.

The symposium will be held at the Paushuize, Utrecht.

Please sign up by sending an e-mail with your BIG-code and name to: renal.lifecycle.trial@umcg.nl.

We look forward to see you on April the 5th!

Top 5 recruiting centers period december-january (screening visits)

1. University Medical Center Groningen
2. Universitätsklinikum Halle
3. Charité Berlin
4. Dianet Amsterdam
5. Hospital Bernhoven, Uden

SAE form

On behalf of the SAE monitoring team, we would like to share the following tips and tricks as several mistakes are repeatedly made:

- It was noted that many follow-up request from the event team were related to missing data. To prevent such requests please ensure that SAE forms are filled in as complete as possible.
- Use the REDCap subject identification number at the top of the pages (not the ALEA randomization number).
- Death/hospitalization is not a diagnosis. If diagnosis is not yet known, list symptoms.
- Complete SAE description with information available up to date of report (can be completed/adjusted during a follow-up report).
- Make changes according to GCP (cross out mistakes with single strike and add initials and date).
- Complete the form in English and try to write clearly.
- Send the whole form (including the last 2 pages where the assessment should be done).
- In case of a Follow Up, please use a copy of the initial report and complement this.
- Complete the AE page in REDcap as soon as possible.

On behalf of the Renal Lifecycle Even team — Thank you!

