Newsletter

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A late, but well-meant Happy New Year!

The first month of 2025 has flown by, but we would still like to extend our best wishes to you for the year ahead! Recruitment is progressing steadily, with nearly 1,200 randomizations completed! **We hope to reach our target of 1750 patients at the end of this year, early next year.** To achieve this we need your help. Belgium (led by prof. Dirk Kuypers from Leuven) and Spain (led by dr. Jose Gorriz from Valaencia) will start enrollment the coming months. We look forward to completing recruitment and appreciate your continued support!

Potential endpoints

Reporting potential endpoints is of great importance for our trial. The Steering Committee noted that sometimes possible endpoints were not reported as such

- ***Heart failure endpoint***

In the end it is up to the Clinical Adjudication Committee to make the decision whether endpoints count as heart failure events. **So please report also ambiguous cases were heart failure could have played a role as reason of admission or could have caused prolongation of hospital stay, but was not certain.**

- ***Kidney failure endpoint***

The Clinical Adjudication committee will also adjudicate cases of death resulting from kidney failure. *Death to kidney failure is defined as death due to kidney failure but kidney replacement treatment was deliberately withheld (dialysis was not started or discontinued, a kidney transplant was not considered) for any reason e.g. patient refuses dialysis, or the treating physician considers the dialysis futile.* So, in case a patient dies because of a rhythm disturbance, but the reason for this were electrolyte abnormalities caused by kidney failure for which dialysis was not started, this should be reported as kidney failure endpoint. Again the Clinical Adjudication Committee will decide the validity of the endpoint.

Cognition test

Importantly , except for germany, sites have to perform the cognition test in all patients. It has been suggested that SGLT2 inhibition prevents cognition loss over time, and we know that CKD patients have accelerated cognition loss. This topic is therefore an important outcome measure of our trial. Cognition test should be taken at baseline, 6 months, 1 year and hereafter each year and at EoT/EET. Cognition test scores should now be entered into REDCap. Each site will receive an overview of their participants' cognition test scores via email from the UMCG team.

Before entering scores into REDCap, please ensure the following:

1. The box *'Participating in sub-study Symbol Digit Modalities Test'* is checked on the visit form related to sub-studies in REDCap.
2. The box *'I give permission to participate in the additional research with the cognitive test and my email address may be used for that'* is checked on the informed consent form in REDCap.

Scores can only be entered if both boxes are ticked.

Drug accountability

Adherence to the study medication is a critical aspect of the trial. Please verify this at each study visit, and document any minor deviations in the comment field in REDCap. This includes situations such as missing pills or instances where a participant has lost a bottle of medication.

Expanding to Singapore!

We are excited to announce that Prof. Angela Wang has received a grant from the Singapore government to launch the Renal Lifecycle trial in her country. She will head 5 sites and aims to participate also in the ultrasound and MRI substudies. We look forward to collaborating.

Prof. Angela Wang