Newsletter

Issue 20· May 2025

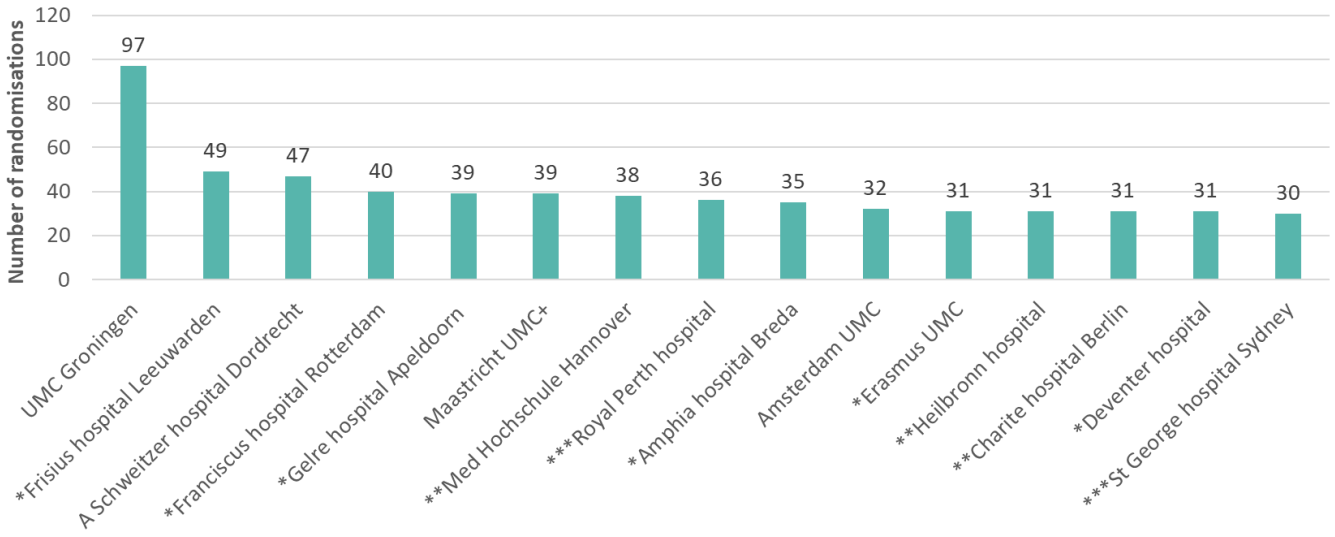
RENAL LIFECYCLE TRIAL

Recruitment , retention and authorship

The current number of randomized participants has now reached **1349**. The graph below provides an overview of the top enrolling centers per May 26, 2025 – great work by all involved !!!

The Trial Steering Committee (SC) decided that the top 10 enrolling sites of which the PI is not a member of the SC will receive full authorship on the primary publications. All other participating sites will be acknowledged with a banner authorship. This means that publications will bare the addition “On behalf of the Renal Lifecyce trial”. This banner contains the names of the PIs of the various participating sites. Your name will be PubMed retrievable and such authorships can be used for a CV. In principle, there will be one banner author per site, but in case a center enrolled more than 10 participants two banner authorships will be offered. In addition, sites that enrolled more than 15 participants will be offered full authorship on secondary publications related to the trial.

As the trial will last for some time, participant retention remains a top priority. We understand there is significant interest in the trial’s duration from both investigators and participants. At this time, we are on schedule, with the trial expected to continue until the end of 2027. However, the exact completion date depends on various factors (among others the number of primary endpoints observed), so a definitive end date cannot be provided yet.



DSMB decision

Thank you all for updating the eCRF pages. This ensured that the Data Safety Monitoring Board (DSMB) could be presented the latest data. The Board was happy with the progress of the study and the quality of the data entered. No major safety issues were noted and the trial can be continued unmodified.

Cognition test

We would like to remind you of the cognition test that is mandatory for Dutch, Belgian and a select number of Australian sites. Since data collection begins at baseline, all new participants must be asked to complete the test and to take this test at selected timepoints during the trial.

Another unique feature of our trial

Another unique feature of our trial is the inclusion of patients with autosomal dominant polycystic kidney disease (ADPKD). These patients have been excluded from all other renal SGLT2 inhibitor trials because these drugs increase vasopressin, whereas vasopressin blockers are renoprotective in ADPKD patients. We argued that in late stage CKD, especially on dialysis and when living with a kidney transplant, the underlying cause of disease is less important. We are pleased to announce that two new studies will start soon that will investigate SGLT2 inhibitors also in specifically early stage ADPKD: the STOP-PKD and DAPA-PKD trials. Recently, an editorial was published in NDT describing these upcoming studies (see attachment).

www.renal-lifecycle.com

renal.lifecycle.trial@umcg.nl

rlt.monitoring@umcg.nl