Newsletter

Issue 6 • February 2026

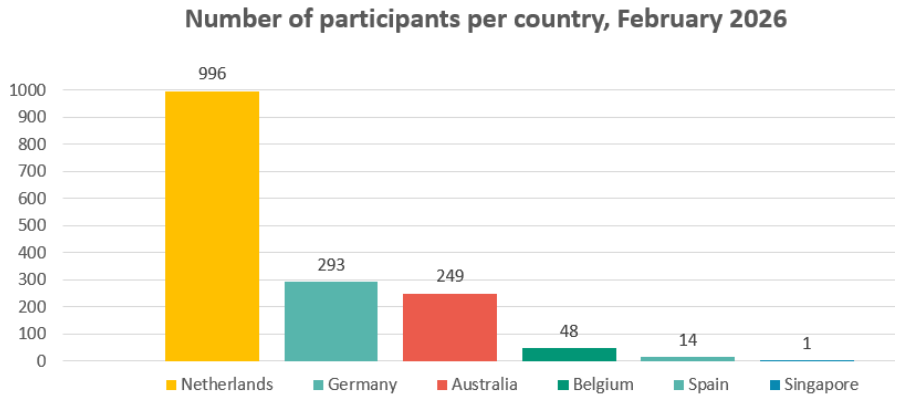
Dear Renal Lifecycle participant,

Thank you for participating! In this newsletter we would like to emphasize the importance to continue study medication and we are pleased to introduce a few members of the international patient representatives board.

Would you like to share your experiences in this newsletter? Or do you have any questions, comments, or suggestions for the newsletter? We would be happy to receive them via the following email address: renal.lifecycle.trial@umcg.nl.

Progress update

We are happy to inform you that as of today, a total of **1,600 participants** have been randomized in the trial. In our previous newsletter, we shared that Spain had commenced enrolment, and we are excited to now report that more than 10 participants have already been randomized in Spain. Furthermore, Singapore achieved its first inclusion in January. The graph on the right illustrates the number of randomized participants per country.



The importance of restarting and continuing study medication

Sometimes study medication needs to be stopped for a short period, for example after a hospital admission or another medical event. However, once your situation is stable again, it is **important to restart the study medication** as soon as your doctor considers it safe. If you have had a temporary stop of your study medication, and you are unsure when or how to start again, please contact your local study team. **Reasons why it is important to continue study medication**:

- SGLT2 inhibitors (including dapagliflozin) **can help protect the kidneys as well as the heart**. It is important that when you had a change in your health status, you still should continue study medication. For instance, when you have kidney failure and start dialysis, it is essential that you continue study medication after your start of dialysis. The data on dialysis will be used to investigate whether the medication protects the heart.
- Every patient who continues study medication **strengthens the study** as a whole. By taking your medication consistently, the chance to find significant results increases. This ensures that your contribution as well as the contribution of all other participants has full impact.
- Patients with severe kidney failure, those on dialysis, and transplant recipients are often **underrepresented in research**. By continuing your treatment, you can help generate important knowledge that can **improve care for these categories of patients in the future**.

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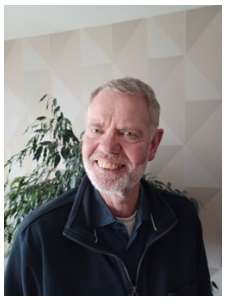
STOP-HF-in-PD sub-study

In the stop heart failure in peritoneal dialysis sub study (**STOP-HF-in-PD sub-study)** of the Renal Lifecycle Trial, it is investigated with ultrasound what the effect is of dapagliflozin on **cardiac function** in 100 patients on peritoneal dialysis. This is of interest because there are some data suggesting that SLGT2 inhibitors (ncluding dapagliflozin) may have direct, positive effects on the heart as well as on the peritoneal membrane. If you are interested, you can read the full article about the design of this sub-study here: *link to article*. At the moment there are already 95 participants.

Introduction members international patient representatives board

We are delighted to introduce several members of the International Patient Representatives Board of the Renal Lifecycle trial. This board consists of **9 patient representatives from multiple countries** (Netherlands, Belgium, Germany, Australia, New Zealand and Spain). Below you will find a short bio of four of them. By working together our aim is to ensure that the perspectives and priorities of patients are integrated into all stages of the trial, thereby improving the study experience for participants. **If you have questions for the patient representatives please feel free to reach out to: renal.lifecycle.trial@umcg.nl.**

Uwe Korst is patient representative from **Germany**. Although Uwe is not participating in the Renal Lifecycle Trial himself, he brings valuable experience from his involvement in other research studies. His motivation to join our patient representatives board is that he sees a strong need to enhance studies also for transplanted patients and rare kidney diseases, such as ADPKD.



Robert Flipsen is patient representative from **the Netherlands**. Robert received a kidney transplant. As the trial started in the Netherlands, Robert is part of the patient representative board since the beginning of the trial. Later on he also became a participant of the Renal Lifecycle trial himself as a kidney transplant recipient. His motivation to join the patient representative board was out of curiosity and he wanted to support research to improve the prospects of kidney patients.

Nathalie Brown is patient representative from **New Zealand**. Nathalie received a kidney transplant 31 years ago. She is not participating in the Renal Lifecycle Trial herself, but she uses her experience from other trials to provide her advice. Her motivation to join the board is that she is very passionate about research that will help patients with Chronic Kidney Disease and bring the consumer perspective to clinical trials to better understand the needs of patients.

Brenda Aendekerk is patient representative from **Belgium.** Brenda is not participating in the Renal Lifecycle Trial herself, but she uses her own experiences to provide us advice. Her motivation to join the patient representatives board is that she would like to support patients and contribute to making care and research more patient-centred. At the same time, she aims to ensure that patient needs are taken into account to increase the likelihood of success in research.