

# Paradox of Exclusion of Most Interesting Futuristic Subjects from Meeting Programs and Summit Papers

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## Abstract

In the past when there were fewer modes of communication physicians could rely upon national and international meeting programs to alert them to new areas of scientific inquiry they should explore to keep up with developments in their field. Similarly summit papers and reviews in the medical literature could be counted on to include new information about evolving areas of the discipline in question the reader should explore. With the advent of social media and its myriad of new communication modes this is no longer true and physicians who rely on only old fashioned traditional means of keeping up with their field are at significant risk of being blind-sided by new developments they know nothing about. Whether it is intentional and overt or accidental and subconscious, those areas of science being actively pursued by the major funders of meetings tend to be highlighted in meeting programs and summit paper reviews whereas other subjects less in the funding mainstream are excluded. For instance the Global Kidney Disease Summit of 2016 published in a series of papers in *Kidney International* and the *Lancet* in October 2017 had not a single reference or mention of these terms which are central to the future of kidney disease research: "repair", "ex vivo perfusion", "regenerative medicine", "tissue engineering", "artificial intelligence", "artificial organs", "xenotransplantation", "human cell atlas". The conflict of interest disclosures show that the authors have many financial connections with traditional pharma and dialysis companies, no links to regenerative medicine companies or entities. The excluded subjects are central to the future of medicine. Organizers of major medical meetings and summit papers should become social media savvy and assure that all relevant subjects are included in future meetings and summit paper reviews. Promising subjects on which the future of medicine will rely cannot be excluded from meeting programs and summit paper reviews.

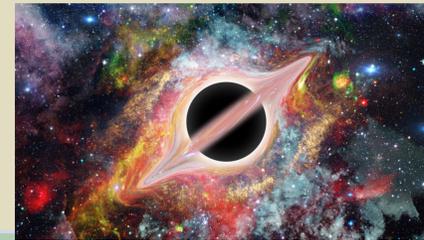
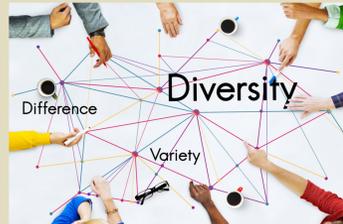
## Introduction

A major trial on the bioengineered kidney is already funded and underway, and major advances are being made in the areas of tissue engineering, xenotransplantation, ex vivo repair, enhanced organ donation, tolerance induction, and improved single cell transcriptomics (the human cell atlas project). It does not make sense to discuss the future of chronic kidney disease treatment and prevention as if none of these things existed!

## -Acknowledgements

Presented in part in YouTube video:  
<https://www.youtube.com/watch?v=dAb6EpwpEkM>

## Ideal: Diversity of Subjects in Meetings



## Global Kidney Disease Summit 2016-17



Global kidney health 2017 and beyond: a roadmap for closing gaps in care, research, and policy

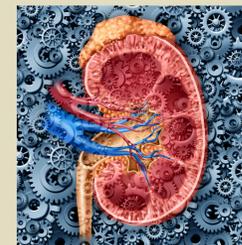
Adrian Levin<sup>1</sup>, Marcello Tonelli<sup>1</sup>, Joseph Bonventre, Josef Coresh, Jo-Anne Durrant, Agnes B. Fogo, Caroline S. Fox, Ron T. Gansevoort, Hideo J. Iseki, Mag. Jasline, Bertram Kasiske, Anna Köttgen, Matthias Kretzschmar, Andrew S. Levey, Valeri A. Luyck, Raminia Mehrez, Oreste Mero, Giuseppe Moroni, Neel Patel, Cheng H. Pao, Vlado Perkovic, Carol Pollock, Peter Stenvinkel, Katherine R. Tuttle, David C. Wheeler, Kai-Uwe Eckardt, on behalf of the ISN Global Kidney Health Summit participants<sup>2</sup>

The global nephrology community recognizes the need for a cohesive plan to address the problem of chronic kidney disease (CKD). In July 2016, the International Society of Nephrology hosted a CKD summit of more than 85 people with diverse expertise and professional backgrounds from around the globe. The purpose was to identify and prioritize key activities for the next 5-10 years in the domains of clinical care, research, and advocacy and to create an action plan and performance framework based on ten themes: strengthen CKD surveillance; tackle major risk factors for CKD; reduce acute kidney injury—a special risk factor for CKD; enhance understanding of the genetic causes of CKD; establish better diagnostic methods in CKD; improve understanding of the natural course of CKD; assess and implement established treatment options in patients with CKD; improve management of symptoms and complications of CKD; develop novel therapeutic interventions to slow CKD progression and reduce CKD complications; and increase the quantity and quality of clinical trials in CKD. Each group produced a prioritised list of goals, activities, and a set of key deliverable objectives for each of the themes. The intended users of this action plan are clinicians, patients, scientists, industry partners, governments, and advocacy organisations. Implementation of this integrated comprehensive plan will benefit people who are at risk for or affected by CKD worldwide.

Subjects  
Left  
Out  
of  
Summit  
Papers



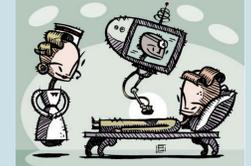
## Increased Organ Availability is the Future



"But he says we could knock down all our silos, and build one big one that reaches to the sky."

This is not just about diversity of people, but diversity of ideas we are advocating. The current negative situation where significant subjects are left out of meetings and summit papers affects everyone in science and medicine! A future where there are enough organs for transplantation for everyone is possible if one takes into account bioengineered organs, tissue engineering, and the other initiatives to increase organ availability. These should be major discussion subjects in all chronic kidney disease meetings and summit papers.

## We Are Not Limited to Today's Tech



The senior author teaches a course on Technology and the Future of Medicine where specific future advances in medicine are discussed. It is not reasonable to discuss the future of chronic kidney disease therapies as if we will have in the future only the therapies we have today for end stage renal disease. Being silent about futuristic technologies results in meetings and summit papers of limited usefulness, and sets up participants and readers to be blind-sided by the real future when it arrives.

Chronic kidney disease research and renal replacement therapy research are not separate "camps" but rather closely integrated related disciplines. No one benefits when they are discussed in isolation. New therapies and techniques such as bioengineered kidneys, regenerative medicine, xenotransplantation and the human cell atlas project should not be left out of meeting programs and summit papers. If their inclusion becomes the norm, industry would adapt to this less siloed approach, and everyone would benefit.

## Conclusions

We need to be open to new ideas not in the area of interest of major funders of meetings and summit papers. Champion diversity of ideas and approaches. Avoid silos. Avoid saying "We can't talk about everything. We had to make certain choices. The subjects you are suggesting are just out of the scope of the meeting." A restrictive approach guarantees audiences will be blind-sided by the future. Include components of the true future in discussions.

## References

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