

ISSUE 6 | VOL 2 | APRIL TO JUNE 2026

Know the First
Women Nephrologist from Assam



WINGS

WOMEN IN NEPHROLOGY GUP SHUP

OFFICIAL NEWSLETTER OF WOMEN IN NEPHROLOGY INDIA





WOMEN IN NEPHROLOGY
INDIA



CONTENTS

1.	Editorial	1
2.	The Woman Who Gave Assam Its First Breath of Nephrology Dr Gayatri Pegu	2-4
3.	Teaching Point • Sodium Profiling and Ultrafiltration Profiling Events Dr Sai Vani	5-9
4.	Events • Webinars • Upcoming Event	10-14 15-29
5.	WIN Clinical Research Training Programme	30-32
6.	Gallery	33

EDITORIAL

The year 2026 has been an inspiring year for WIN India, with women nephrologists across the country contributing through clinical care, academics, research and community outreach. In this issue, we celebrate the remarkable journey of Dr Nandita Choudhary, whose pioneering contribution helped establish and strengthen nephrology services in Assam. Her dedication and perseverance stand as an inspiration to generations of nephrologists, particularly young women entering the specialty.

Equally encouraging is the growing focus on nurturing young faculty in clinical research. The WIN Clinical Research Training Programme has created a valuable platform for young nephrologists who are passionate about research but may lack formal training in research methodology. Through mentorship and practical learning, the programme aims to transform clinical questions into meaningful research and encourage a culture of scientific enquiry among the next generation.

The WIN family now looks forward to WINICON 2026 in Guwahati in September. Bringing the conference to the Northeast is particularly meaningful as we celebrate the region's contribution to the growth of nephrology. WINICON will provide an opportunity for learning, collaboration, mentorship and networking, while bringing together women nephrologists from across the country.

From celebrating our pioneers to empowering young researchers and creating platforms for collaboration, WIN India continues to grow with a shared vision—to learn, lead, support and inspire, while advancing kidney care across the country. We look forward to welcoming the WIN community to Guwahati and beginning yet another chapter together.

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The Woman Who Gave Assam Its First Breath of Nephrology

There are some lives that do not merely follow a path; they create one.

Prof. (Dr.) Nandita Choudhury belongs to that rare generation of doctors who did not wait for systems to evolve; they built them from nothing.

At a time when kidney care in Northeast India was almost unheard of, when patients had little choice but to travel far from home for treatment, she chose to return not to comfort, but to challenge.

Her journey began with brilliance, but not without transformation. As a young student, she was not someone who immediately stood out for academic obsession. Yet, somewhere along the way, discipline found her, and she embraced it fully. By the time she graduated with her MBBS from Gauhati University in 1968, she had not only excelled but also earned the President's Medal as the Best Lady Graduate of the year.

That achievement was only the beginning.

She went on to complete her MD in Medicine in 1976 and later pursued DM in Nephrology from the prestigious Postgraduate Institute of Medical Education & Research in 1980 at a time when nephrology itself was still evolving as a super-specialty in India.

Her academic journey then took her beyond India to Guy's Hospital, where she trained under the globally respected nephrologist J. Stewart Cameron. There, she saw what advanced renal care could look like: structured systems, modern machines, and trained manpower.

But what makes her story remarkable is not that she trained abroad but that she chose to come back.

Returning to a Place That Had Nothing; Yet Needed Everything

When she returned to Guwahati in the early 1980s, she stepped into a healthcare system with no foundation in nephrology. There were no dedicated dialysis units, no infrastructure, and very little awareness about kidney diseases. In fact, there wasn't even a proper space to begin.

One of the most telling moments from her early career captures the reality of those times. A critically ill patient needed dialysis. The machines had to be brought in from Mumbai. There was no hospital facility ready to accommodate such a procedure. And so, treatment began not in a specialized unit but in a minister's residential quarters.

It sounds almost unimaginable today.

But that was how nephrology began in Assam not with infrastructure, but with intent.

Building a Specialty Brick by Brick

From those improvised beginnings, Prof. Choudhury went on to establish something that would change the region forever, the first Department of Nephrology in Northeast India at Gauhati Medical College & Hospital.

This was not just the creation of a department. It was the beginning of access. She introduced renal clinics, initiated kidney biopsy services, and established both hemodialysis and peritoneal dialysis at a time when even basic equipment was difficult to procure. Supplies were scarce, trained technicians were almost nonexistent, and patient awareness was minimal. Yet, she persisted.

She trained doctors, nurses, and technicians, knowing that the sustainability of care depended not on one individual but on a system of skilled hands. She helped set up dialysis units across hospitals in Assam and even extended her efforts to other northeastern states.

And then came another milestone, coordinating the first kidney transplant initiative in the region in 1989. Each of these achievements may read like milestones today. But at that time, they were acts of courage.

A Teacher, A Leader, A Builder of Generations

While she was building infrastructure, she was also shaping minds.

For decades, she served as a teacher in internal medicine and nephrology, mentoring undergraduate and postgraduate students. She guided research, examined across universities, and contributed to shaping nephrology education across India.

Her journey later moved into leadership, serving as Principal of Assam Medical College & Hospital and later as the founding Vice Chancellor of Assam Down Town University.

But titles never defined her work.

Her influence lived on in the doctors she trained, the systems she built, and the countless patients who received treatment closer to home because she chose to stay back.

A Legacy That Lives On

- Over the years, her contributions have been recognized nationally through leadership roles in the Indian Society of Nephrology, numerous awards, and lifetime achievement honors.
- But beyond recognition, there is something more enduring.
- She is often referred to as the “Mother of Nephrology in Northeast India.”
- It is not a title given lightly. It reflects a truth that, before systems existed, she created them.
- Before awareness existed, she spread it; and before access existed, she ensured it.

More Than a Doctor

There is a quiet humility in the way her story unfolds. It does not speak of ambition alone, but of purpose discovered along the way. As one reflection beautifully puts it, sometimes we achieve something we never planned, and when we become pioneers in that journey, the satisfaction is beyond measure.

Prof. (Dr.) Nandita Choudhury's life is exactly that kind of journey.

Not planned to make history, but determined enough to change it.

And in doing so, she gave an entire region something it never had before: the chance to heal closer to home.

By

Dr Gayatri Pegu,

Associate Professor,

Guwahati Medical College Hospital, Guwahati



Teaching Point

Sodium profiling and ultrafiltration profiling

One of the most common complications we hear about during dialysis rounds is intradialytic hypotension (IDH), and it is the most common complication faced across the world during hemodialysis (7.5 to 69%). (Arasnezhad M et al., BMC Nephrol 2024) According to KDOQI NKF guidelines, IDH has been defined as an SBP > 20 mm Hg or MAP > 10 mm Hg fall leading to symptoms. This definition includes any episode of hypotension that requires intervention, such as UF reduction or saline infusion. (Kanbay M et al., CKJ 2024). IDH limits fluid removal during HD, vascular access thrombosis, and severe ischemic effects like cerebral, cardiac, and mesenteric ischemia and even increases mortality. Sodium is the most prominent extracellular ion, and it maintains the extracellular volume and serum osmolality. During hemodialysis, sodium mass balance is maintained by interdialytic salt absorption and intradialysis sodium removal. (Ertuglu L A et al., HDI, 2020) There are many options for treating IDH; among the commonly employed strategies are sodium profiling and ultrafiltration profiling.

Sodium profiling:

Sodium profiling is a method where dialysate sodium follows a time-dependent gradient, initially increasing the sodium concentration (high sodium period) in the dialytic fluid and then gradually decreasing it over the course of dialysis. Initial high sodium prevents IDH; later low sodium (low sodium period) maintains extraction of accumulated sodium. This approach helps prevent an acute decline in intravascular volume during ultrafiltration (UF) and reduces the risk of disturbances in plasma osmolality and dialysis disequilibrium syndrome. So it protects against IDH, muscle cramps, and dialysis disequilibrium.

During dialysis, the initial ultrafiltration (UF) is drawn from the intravascular volume, and the extravascular fluid refills this volume. However, this process takes time, so in the usual approach, IDH occurs. In contrast, sodium profiling starts with a high initial sodium level, which prevents a sudden fall in intravascular volume and thereby prevents IDH. However, this approach has drawbacks, including sodium retention, interdialytic weight gain (IDWG), fatigue, and thirst in some individuals. The intradialytic sodium balance and IDWG both depend on the time-averaged concentration of dialysate sodium (TAC Na), and it should be 0.5 to 0.8 mmol/L lower than the patient's predialysis sodium, the sodium between 137.8 to 143.5 mmol/L (KIM MJ et al, APSN 2003).

So careful planning and combining this technique with ultrafiltration profiling are important.

Various types of sodium profiling:

1) **Increasing:** Initial dialysate sodium was low, and during the process, the sodium value increased.

2) **Decreasing:** Initial dialysate sodium was high during the course, and the levels decreased.

There are three variations seen; all are self-explanatory, and the most common is the stepwise approach used.

2a) Linear approach: The levels of dialysate sodium decreases linearly

2b) Stepwise approach: the dialysate sodium decreases stepwise. The recent meta-analysis suggests the stepwise method is superior in preventing the IDH (Dunne N, HDI 2016)

2c) Exponential: The dialysate sodium decreases exponentially

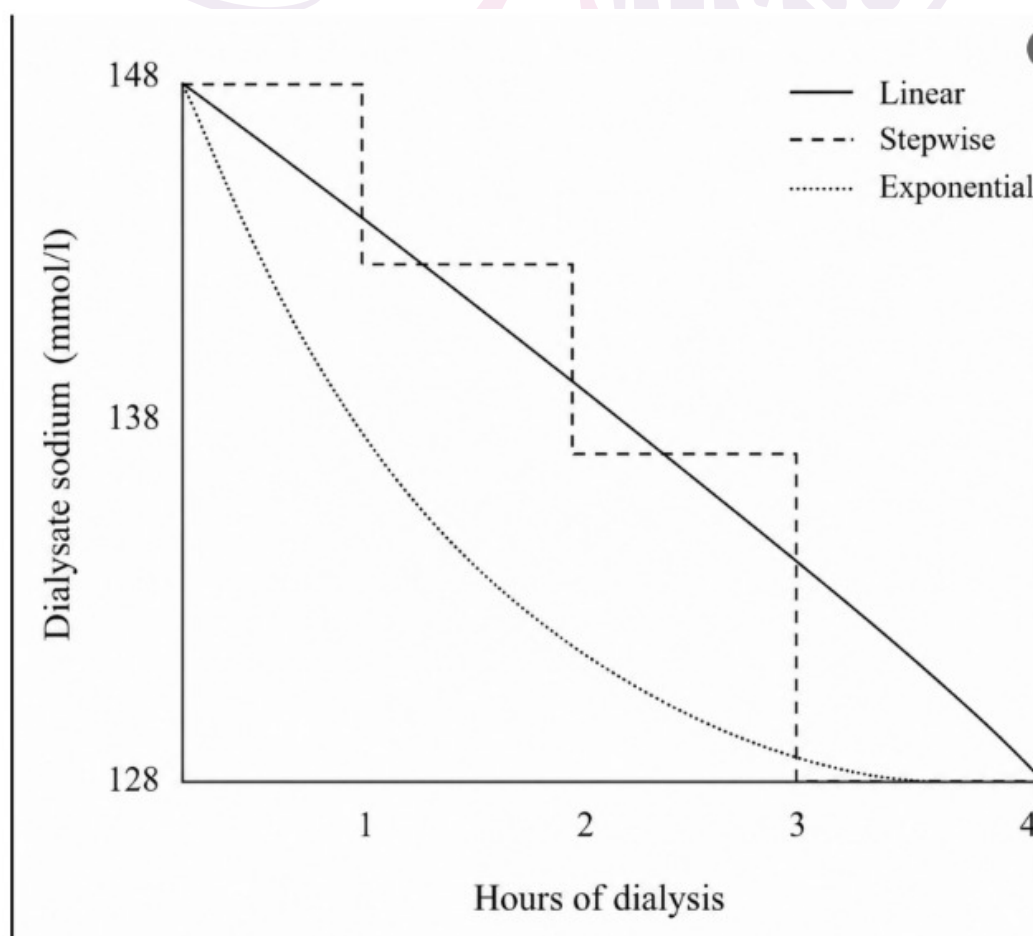


Figure from Ertuglu L A et al., HDI, 2020

3) Alternative approach: Here the sodium is increased and decreased alternately to decrease the disequilibrium syndrome.

Another method of sodium profiling classification based on net sodium change that occurs at the end of dialysis is

Positive sodium balance—Net gain of sodium

Neutral sodium Balance - Net loss of sodium

Negative sodium balance—Does not alter serum osmolarity and serum concentration

Neutral sodium balance is most physiologic. The RCT observed neutral sodium profiling, with the UF profiling decreasing the IDWG and symptoms during the interdialytic period and achieving dry weight post-dialysis (Joon H S et al., JASN, 2005).



Figure from Ertuglu L A et al., HDI, 2020, on ultrafiltration and sodium profiling types and their advantages and disadvantages.

Evidence of profiling on long-term effects:

Most of the research in sodium profiling is focusing on incidence of IDH, muscle cramps, and dialysis disequilibrium syndrome, but only a few are focusing on the long-term impact of sodium profiling, such as cardiovascular morbidity and mortality. The majority of studies showed increased cardiovascular events with sodium profiling, with a hazard ratio (HR) of 1.21, but they did not specify whether the profiling was increasing or decreasing. (Dasgupta et al., CJASN 2019) In another study, lower sodium dialysis was associated with better outcomes, but the risk of IDH was not mentioned. (Marshall MR, CD, 2024). In another study, sodium profiling was associated with lower renin levels, which were more pronounced with HDF than with HD. The clinical relevance of sodium profiling to IDH incidence has not been studied. (Papasotiriou et al., NDT, 2019)

Sodium profiling as a part of dialysis modalities and biofeedback:

Is sodium profiling different in HDF?

Yes, during HDF the substitution fluid infused also contains sodium (Pedrini LA et al, KI 1991), and the Donnan effect related to high imposed UF values will result in a positive sodium balance to maintain isonatricity, the diffusion has to be increased by increasing the gradient between plasma water and dialysate sodium (9.4 and 14.6 meq/l) rather than HD (6.8 meq/l).

Role of Biofeedback?

With the advanced technology and automated computer-based programs, the Hemocontrol Biofeedback System (HBS), we can calculate intradialytic sodium removal and intradialytic blood volume changes. It modulates BV contraction rates by adjusting the UFR and the refilling rate, as well as the dialysate conductivity (DC). These models use real-time data to reach end-dialysis sodium, weight, and blood volume targets; with these models, we can achieve a neutral sodium profile. (Basile C et al., NDT, 2001) With automatic adaptive system dialysis (AASD), the incidence of IDH, cramps, and nausea due to dialysis disequilibrium decreased from 58.7% to 7.3%, then to 0.9%, to 0.6% ($p < 0.001$). (Coli L, AJKD, 2011)

UF profiling

Rapid ultrafiltration results in all-cause and cardiovascular mortality due to end organ damage by hemodynamic instability and repeated subclinical ischemia, leading to myocardial stunning and heart failure in the future.

UF profiling is used to decrease the incidence of IDH and associated end-organ ischemia

UF profiling indicates higher UF initially, followed by a later decrease in the UF rate.

UF profiling is usually used along with sodium profiling, as sodium profiling with higher sodium initially ensures vascular refill, which enables UF profiling. The two determinants of the change in plasma sodium are diffusion, which depends on the dialysate sodium controlled by sodium profiling, and the convective flux, which depends on the UF rate controlled by UF profiling. So the majority of the studies on UF profiling are in combination with the sodium profiling.

Different UF profiles: similar to sodium profiling (Donauer J et al, AJKD 2000)

Linear: The UF rate decreases linearly: less incidence of IDH

Stepwise: Similarly, the initially high UF rate later decreases stepwise, but the incidence of IDH seen may be due to the target UF being 1.5 times the normal in the study.

Intermittent: Dialysis with intermittent sessions was associated with more fatigue due to a decrease in relative blood volume in the initial 20 min.

Evidence for sodium and UF profiling on quality of life (QOL):

Few studies exist on the quality of life (QOL) in dialysis patients who undergo sodium and UF profiling, highlighting the urgent need for further research in this area.

Conclusion:

Sodium profiling and ultrafiltration profiling are age-old concepts that are not routinely implemented due to concerns about IDWG and sodium retention; however, they can be tried in hemodynamically unstable patients, and both profiling methods can be used together as they are complementary. In sodium profiling, neutral sodium and a stepwise approach are better. In UF profiling, a linear approach can be tried, and the use of a biofeedback system definitely helps to monitor BV and prevent IDH.

Future directions:

There should be robust prospective RCTs and long-term trials to identify short-term complications like IDH, DDS, and muscle cramps and also target the long-term complications like cardiovascular mortality in the same population. Studies that compare different types of UF profiling and sodium profiling are useful.

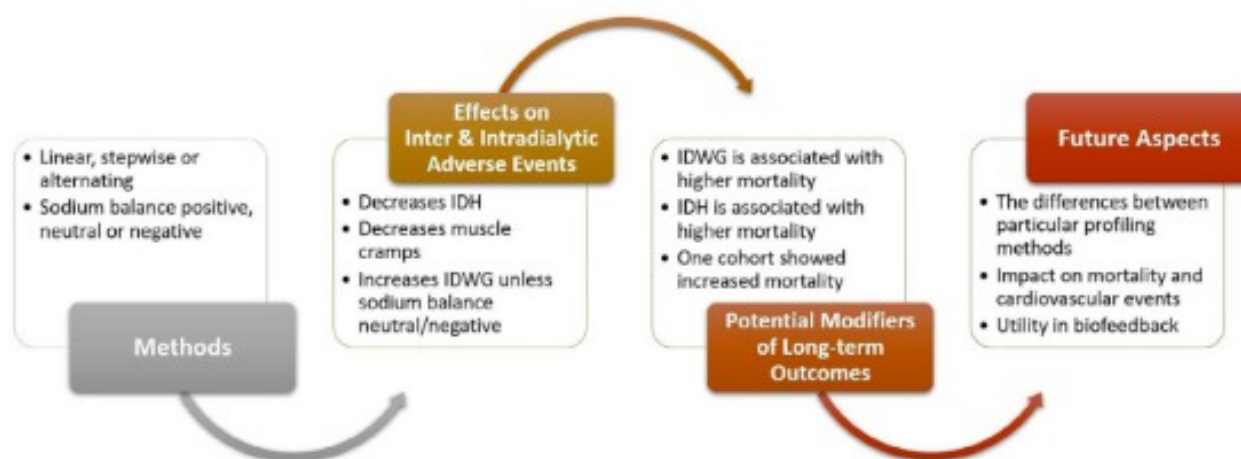


Figure from Ertuglu L A et al., HDI, 2020, on ultrafiltration and sodium profiling types and their advantages and disadvantages.

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Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 07th April 2026 | Time: 07:00 PM - 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 7th April 2026 | (Weekly Online Modules) (7:00pm to 8:30pm)

Topic : Scientific Writing

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Professor and Head, Pharmacology, Ex Vice Dean
Head, Division of Clinical Research and Training,
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CHAIRPERSON



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MODERATOR



Dr. Priyadarshini John

Assistant Professor of
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SESSION RECAP



Dr. Medhavi



Dr. Sajmi

PROGRAM DIRECTORS



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Prof and HOD, Dept of Nephrology,
NIMS, Founder Nodal officer Jeevandan,
Deceased donor program, Telangana



Dr. Divya Bajpai

Senior consultant Nephrologist
Fortis Hospital Mulund
Ex - Professor Seth G.S.M.C. and K.E.M.
Hospital, Mumbai



Dr. Mythri Shankar

Associate Professor, Department of
Nephrology, Institute of Nephro-Urology,
Bengaluru, India

Zoom meeting:

Meeting ID: 894 3935 1734
Passcode: 866595



Click here to join the zoom link

Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 14th April 2026 | Time: 07:00 PM – 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 14th April 2026 | (Weekly Online Modules) (7:00pm to 8:30pm)

Topic : Decoding Study Presentation

FACULTY



Dr. Denis Xavier

Professor and Head, Pharmacology, Ex Vice Dean
Head, Division of Clinical Research and Training,
St. John's Medical College and Research Institute,
Bangalore, India

CHAIRPERSON



Dr. Sourabh Sharma

Associate Professor of Nephrology
VMC and Safdarjung Hospital,
New Delhi

MODERATOR



Dr. Priyadarshini John

Assistant Professor of
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SESSION RECAP



Dr. Ambily



Dr. Sakthi Selvakumar

PROGRAM DIRECTORS



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Dr. Mythri Shankar

Associate Professor, Department of
Nephrology, Institute of Nephro-Urology,
Bengaluru, India

Zoom meeting:

Meeting ID: 894 3935 1734
Passcode: 866595



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Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 21st April 2026 | Time: 07:00 PM – 08:30 PM IST

Women in Nephrology – India

Clinical Research Training Program For Nephrology Residents & Consultants



Date: 21st April 2026 | (Weekly Online Modules) (7:00pm to 8:30pm)

Topic : Creation of Visual Abstract

CHAIRPERSON



Dr. Cristina Popa

MD Nephrologist, Nephrology Clinic,
Dialysis and Renal Transplant
Center, "C.I. Parhon" University
Hospital, Iasi, Romania

SPEAKER



Dr. Divya Bajpai

Senior consultant Nephrologist
Fortis Hospital Mulund
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K.E.M. Hospital, Mumbai

MODERATOR



Dr. Priyadarshini John

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Prof and HOD, Dept of Nephrology,
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Zoom meeting:

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Passcode: 866595



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Events

Clinical Research Training Program For Nephrology Residents & Consultants

Date: 03rd April 2026 | Time: 09:30 AM - 05:00 PM IST

Women in Nephrology – India

Clinical Research Fellowship Course (Final In-Person Session)



Date: 3rd May 2026 | Time: 9:30 am to 5:00 pm | Venue: Citrine Hotel

Address: 211, Subedar Chatram Rd, Nehru Nagar, Seshadripuram,
Bengaluru, Karnataka 560020

TIME	SESSION TITLE	SPEAKER
9:30 – 9:45 am	Welcome Address	Dr. Swarnalatha Guditi
9:45 – 10:00 am	Best Clinical Practices with Desidustat/HIF-PHI – Insights from Real World	Dr. Mythri Shankar
10:00 – 11:00 am	How to Make Scientific Presentations: Oral, Poster & Online	Dr. Denis Xavier
11:00 – 11:15 am	Tea Break	
11:15 – 12:00 pm	Project Presentation with Feedback (Group 1)	
12:00 – 12:45 pm	Project Presentation with Feedback (Group 2)	
12:45 – 1:30 pm	Project Presentation with Feedback (Group 3)	
1:30 – 2:00 pm	Lunch	
2:00 – 2:45 pm	Project Presentation with Feedback (Group 4)	
2:45 – 3:45 pm	Building a Culture of High-Quality Research	Dr. Denis Xavier
3:45 – 4:00 pm	Tea Break	
4:00 – 5:00 pm	Valedictory Oral feedback - 2 fellows from each group Award for the best group project and group picture	

PROGRAM DIRECTORS



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Ex Vice Dean Head, Division
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Events

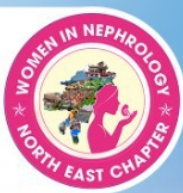
WIN INDIA North Zone Webinar

"Advances in Nephrology 2026: From New Evidence to Real-World Practice"

Date: 18th June 2026 | Time: 07:00 PM - 08:30 PM IST

Noth Zone WIN Webinar June 2026 "Advances in Nephrology 2026: From New Evidence to Real-World Practice"  Date: 18th June 2026  Timings: 7:00 pm-8:30 pm		
7:00 pm-7:05 pm	Opening Remarks	Dr Medhavi Gautam
7:05 pm-7:10 pm	Address by WIN Secretary	Dr Swarnalatha Guditi
7:10 pm-7:15 pm	Address by WIN Advisor	Dr Urmila Anandh
Time	Session / Topic	Participants
7:15 pm - 7:40 pm (Discussion: 10 minutes)	Is Remission the New Goal in Chronic Kidney Disease?	Moderator: Dr Namrata Rao Speaker: Dr Arushi Nautiyal Chairpersons: Dr Anupama Kaul, Dr Payal Gaggar, Dr Sakshi Jain, Dr Ritika Bansal
7:40 pm - 8:00 pm	Beyond Glycaemic Control: Unravelling the Renal Mechanisms of Semaglutide in CKD – A panel discussion	Moderator: Dr Jasmine Panellists: Dr Kajaree, Dr. Ashwini Gadee, Dr Niveditha, Dr Taruna Pahuja
8:00 pm - 8:25 pm	IgA Nephropathy: Are We Treating Patients Differently in 2026? - A Panel discussion	Moderator: Dr Chandani Bhagat Panellists: Dr Lovy Gaur, Dr Simran Kaur, Dr Nehal, Dr Mahak, Dr Kairavi
8:25 pm - 8:30 pm	Closing Remarks: Dr Medhavi Gautam	

Upcoming Events



WIN-ICON 2026

5th Annual Conference of Women in Nephrology India

 **DATE:**
5th & 6th
SEPTEMBER 2026

 **VENUE:**
RADISSON BLU HOTEL,
GUWAHATI, ASSAM



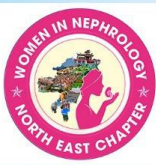
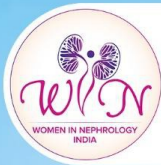
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A Lifetime of Purpose

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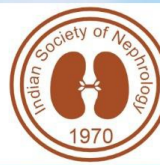
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INTERNATIONAL SOCIETY
OF NEPHROLOGY



WIN-ICON 2026

5th Annual Conference of Women in Nephrology India

DATE:
5th & 6th
SEPTEMBER 2026



VENUE:
RADISSON BLU HOTEL,
GUWAHATI, ASSAM

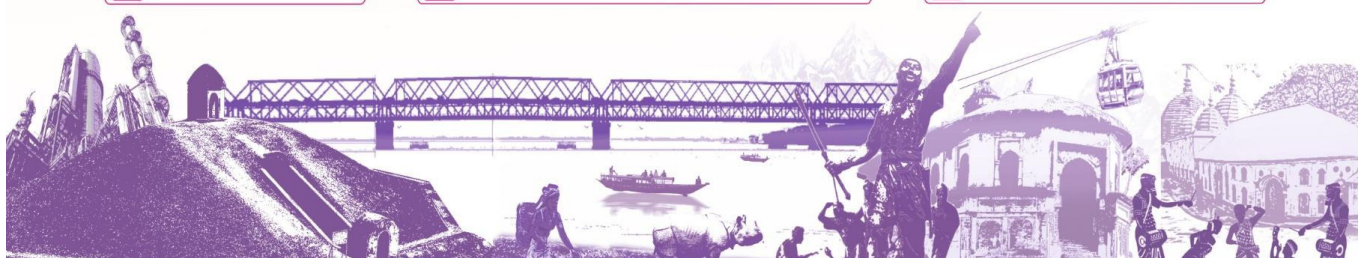
Scientific Agenda

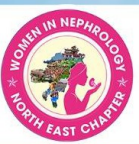


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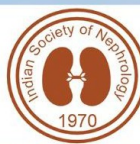
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ISN
INTERNATIONAL SOCIETY
OF NEPHROLOGY



Namaskar!

Greetings from WINICON 2026!

It gives us immense pleasure to invite you to the 5th Annual Conference of Women in Nephrology India - WINICON 2026, scheduled to be held on 5th & 6th September 2026 at Radisson Blu Hotel, Guwahati, Assam.

Over the years, WINICON has evolved into a unique academic and collaborative platform dedicated to strengthening the role of women in nephrology while fostering scientific excellence, mentorship, leadership, inclusivity and compassionate patient care. The conference aims to bring together eminent nephrologists, academicians, researchers, physicians, trainees and healthcare from across the country to exchange knowledge, inspire future leaders and collectively shape the future of renal healthcare.

WINICON 2026 will feature enriching scientific sessions, expert panel discussions, research presentations, interactive learning opportunities and meaningful networking designed to encourage academic growth and professional empowerment within the nephrology community. Hosted in the gateway to Northeast India, Guwahati offers a unique blend of natural beauty, cultural richness and modern hospitality. Assam, renowned for its tea gardens, wildlife, river landscapes and cultural diversity, provides an unforgettable experience for delegates beyond the academic sessions.

We sincerely look forward to your gracious presence and active participation in making WINICON 2026 a memorable academic celebration.

THE THEME THIS YEAR IS:



International Faculty



Prof. Dr. Dibya Singh Shah
M.B.B.S., M.D. (Internal Medicine)
FISN Fellowship in Nephrology &
Transplant Medicine
Dean at Institute of Medicine, Tribhuvan University
Teaching Hospital Kathmandu



Dr Anushree Shirali
Assoc Prof. of Medicine (Nephrology),
Director of the Onco-Nephrology P Medical
Director, Peritoneal Dialysis Unit, DaVita;
Medical Director, Hemodialysis Unit DaVita



Dr. Vandana Dua Niyyar
MD, FASN, FNKF, FASDIN
Prof of Medicine Nephrology,
Emory University
Past President (ASDIN),
Chair (TDAT)

Warm Regards,

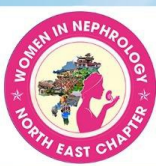
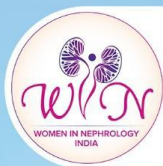


Dr Manjuri Sharma
Organizing President
WINICON 2026

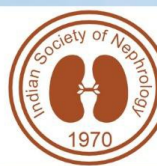


Dr Gayatri Pegu
Organizing Secretary
WINICON 2026





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WIN-ICON 2026

5th Annual Conference of Women in Nephrology India

DATE:
5th & 6th
SEPTEMBER 2026

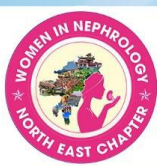


VENUE:
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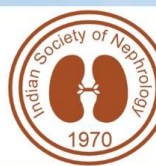
DAY 1: 5th September 2026 - Hall A

Time	Program	Speaker	Chairperson
ACUTE KIDNEY INJURY SYMPOSIUM			
9:00 AM - 9:20 AM	Onco-nephrology in the Balance- Managing AKI and Electrolyte Chaos	Dr. Anushree Shirali	Dr. Priya John
			Dr. Muktanjalee Deka
			Dr. Neelakshi Mahanta
			Dr. Upasana Baruah
9:20 AM - 9:40 AM	Tropical AKI- The Hidden burden of Infectious diseases	Dr. Aruna Acharya	Dr. Ranjanees Muthu
			Dr. Arushika Rabha
			Dr. Neena Nath
			Dr. Rashmita Upadhyay
9:40 AM - 10:00 AM	PrAKI- The long shadow of pregnancy-related AKI	Dr. Smriti Sinha	Dr. M Sreelatha
			Dr. Mitali Barman
			Dr. Sharon Kandari
			Dr. Gitanjali Das
10:00 AM - 10:30 AM	AKI to AKD; Updated Guidelines KDIGO 2026	Dr. Divya Singh Shah	Dr. Tamilrasi V.
			Dr. Vimala
			Dr. Urmila Anandh
			Dr. Nandita Choudhury
10:30 AM - 11:00 AM	Oration Topic: My three decades of nephrology -Reflection, Challenges and Triumphs	Dr. Manjuri Sharma	
TEA BREAK (11.00-11.30 am) / TEACHER DAY CELEBRATION			
GLOMERULAR DISEASE SYMPOSIUM			
11:30 AM - 11:50 AM	IgA Nephropathy-Old Disease New Targets; From steroid to Precision therapy	Dr. Piyali Sarkar	Dr. K Anitha Jaganath
			Dr. Manjusha Yadla
			Dr. P.N Jikki
			Dr. Karan Saraf





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WIN-ICON 2026

5th Annual Conference of Women in Nephrology India

DATE:
5th & 6th
SEPTEMBER 2026

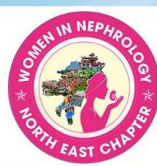
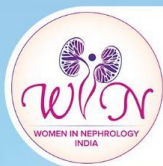


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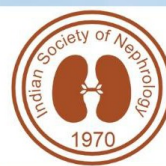
DAY 1: 5th September 2026 - Hall A

Time	Program	Speaker	Chairperson
11:50 AM - 12:10 PM	Membranous Glomerulopathy; Antigen Landscape & Clinical Application – Role of Targeted Therapy	Dr. Priti Meena	Dr. K Abirami
			Dr. Kiranmai Ismail
			Dr. Geeta Sheth
			Dr. Tonmoy Das
12:10 PM - 12:30 PM	Optimizing Management of Lupus Nephritis across the Ages-From Childhood onset to adult precision therapy	Dr. Deepthi Bobbity	Dr. S Gomathi
			Dr. Chitralekha Baruah
			Dr. Kasturi Hazarika
			Dr. Lakshmee Naorem
12:30 PM -12:50 PM	ANCA-associated Vasculitis: Recent insights and future perspectives	Dr. Rajeeva Lochana Parthasarthy	Dr. Manju Thampi
			Dr. Jyotsna Zope
			Dr. Dhruva Jyoti Choudhury
			Dr. Rebecca R Marak
12:50 PM -1:30 PM	Panel Discussion: The Genetic revolution in Glomerulonephritis: Clinical necessity or Academic luxury	Moderator- Dr. Sayali Thakare	Dr. Arpita Roy Choudhury Dr. Swarnalata Guditi
		Panelist- Dr. Suceena Alexander Dr Mythri Shankar Dr. Pragya Pant Dr. Pallavi Prasad	
LUNCH (2-3 pm)			
2:30 PM TO 3:30 PM	POSTER VIEW TIME		
3:00 PM - 3:30 PM	Debate: HIF PHI in Anemia of CKD: A paradigm shift and not only a pill of convenience	For the motion- Dr. Tulsi Modi	Dr. Pranab Jyoti Mahanta Dr. Smita Das
		Against the motion- Dr. Ashwini Joga	
		Moderator- Dr Manisha Sahay	





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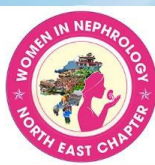


VENUE:
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DAY 1: 5th September 2026 - Hall A

Time	Program	Speaker	Chairperson
TRANSPLANTATION SYMPOSIUM			
3:30 PM - 3:50 PM	1. Immunological Workup: Transplant immunology made easy	Dr. Isha Tiwari	Dr. Beena Unnikrishnan Dr. Chandni Bhagat Dr. Payal Gaggar Dr. Himamoni Deka
3:50 PM - 4:10 PM	2. Antibody-Mediated Rejection- From Conventional Immunosuppression to Targeted Therapy	Dr. Jasmine Sethi	Dr. Nehal Aggarwal Dr. Anitha A Dr. Mitul Bora Dr. P. K Doley
4:10 PM -4:30 PM	3. Redefining Donor Eligibility in the Current Era; Increasing the Donor Pool & Reducing Gender Biases in Transplantation	Dr. Anuradha K	Dr. Indakieulin Kharbuli Dr. Kanak Bhuyan Dr. G Dhanalaxmi Dr. Sasanka Baruah
4.30 PM -5.15 PM	PANEL DISCUSSION- Successful Renal Transplant at the Crossroads of Infection and Immunosuppression	Moderator- Dr. Suman Lata Nayak Panelist- Dr. Swarnalata Guditi Dr. Sharmila Thukral Dr. Anupama Kaul Dr. Shruti Tapiawala	Dr. Arup Ratan Dutta Dr. Urmila Anandh
5.30 PM - 6:00 PM	WIN INDIA General Body Meeting (HALL B)		
INAUGURAL FUNCTION & CULTURAL PROGRAM 6.30 PM onwards			





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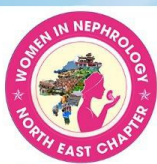
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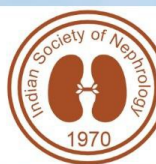
VENUE:
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DAY 1: 5th September 2026 - Hall B

Time	Program	Speaker	Chairperson
9:30 AM -10:30 AM	PODIUM PRESENTATION		Judges: Dr. Mythri Shankar Dr. Miranda Pegu
DIALYSIS SYMPOSIUM			
10:45 AM - 11:00 AM	Incremental Dialysis- Less can be More	Dr. Shalini Priya	Dr. Shilpa Shetty
			Dr. Meena Rajbongshi
			Dr. Brijesh Singh
			Dr. Amit Roy
11:00 AM - 11:15 AM	Peritoneal Dialysis -Renaissance	Dr. Akshaya Jayachandran	Dr. Prabha Sengottuvan
			Dr. Shruti Dange
			Dr. Sudipta Hajong
			Dr. Barnali Sarmah Dutta
11:15 AM - 11:30 AM	Dialysis in 2026- green is the New Norm	Dr. Hima Deepti Alla	Dr. Jayameena P
			Dr. Kavita Vishwakarma
			Dr. Bishal Agarwalla
			Dr. Himanish Goswami
11:30 - 11:45 AM	Palliative care Beyond Dialysis – Caring when a cure is no longer possible	Dr. Megha Saigal	Dr. Sajmi Shaji
			Dr. Snigdha Bachalakuri
			Dr. Medhavi Gautam
			Dr. Moinul Islam
TEA BREAK 11:45 AM to 12:00 PM			
CRITICAL CARE NEPHROLOGY WORKSHOP			
12:00 PM - 01:30 PM	Point- of-Care Ultrasound (POCUS) in Nephrology- From Diagnoses to Intervention		
	Diagnostic USG of the Graft Kidney & Bladder	Dr. Priyanka Priyadarshini	Dr. Jaya Goswami Dr. Niyor Hazarika Dr. Tanu Rekha Hazarika Dr. Nirupama Joshi
	USG for Volume Assessment- Lung & IVC imaging	Dr. Rakhee Baruah	
	USG for Kidney Biopsy	Dr. Moushumi Gogoi	
	USG for Tunneled Central Venous Catheterization	Dr. Bhayolina Bora	
1:30 PM to 3:00 PM	CRRT/ Extracorporeal Therapy in Critically Ill patient		
	1. The Art & Science Of CRRT- Right Patient, Right Time & Right Technique	Dr. Garima Aggarwal	Dr. Sweety Kakoti Dr. Ankita Barman Dr. Sonai Dutta Dr. Suman Talukdar
	2. Hemoperfusion in Drug and Toxin Removal	Dr. Sandhya Suresh	
	3. Apheresis in Sepsis.	Dr. Sowrabha Rajanna	
	4. Bridging the storm- CRRT in Acute Liver Failure	Dr. Adelene Teena	
3:30 - 4:30 PM	NEPHROQUEST PRELIMS		



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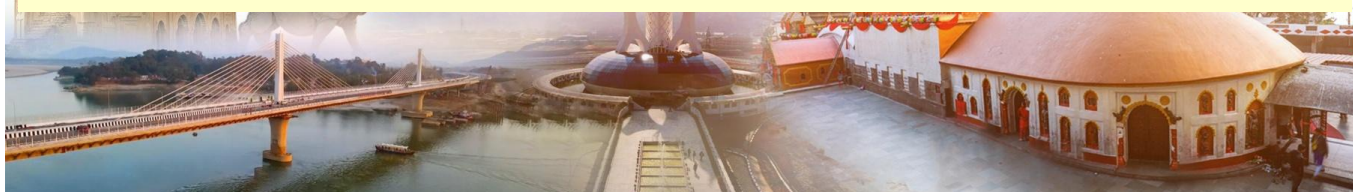
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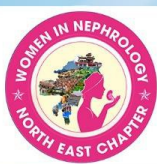


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DAY 2: 6th September 2026 - Hall A

Time	Program	Speaker	Chairperson
9:00 AM to 9:30 AM	Beyond the CV: Lessons from an Academic Journey (Hybrid)	Dr. Vandana Dua Niyar	Dr. Manjuri Sharma
			Dr. Manisha Sahay
			Dr. Swarnalata Guditi
			Dr. Manjusha Yadla
1. Conservative Management of CKD			
9:30 AM - 9:45 PM	a) The Nighttime Trio: Taming Pruritus, Restless Legs & Insomnia	Dr. Oiyk Tamut	Dr. Scientia Sanjeevani
			Dr. Reshmi Das
			Dr. Subhasri M
			Dr. Papori Borah
9:45 AM - 10:00 AM	b) Gut Feeling in CKD: Navigating Constipation in Kidney Care	Dr. Padmini Sirkanungo	Dr. Kairavi Bhardwaj
			Dr. Amruto Devi
			Dr. Tanushree Maitra
			Dr. Mallika Bhattacharya
10:00 AM - 10:15 AM	c) Lifting the Burden: Strength training & Exercise	Dr. Kity Sarkar	Dr. Sujata Hazarika
			Dr. Bhayolina Bora
			Dr. Sanchitta Sarma
			Dr. Sthapana Sharma
2. Reproductive Health & the Kidney			
10:15 AM - 10:30 AM	a) Menstrual Disorders in CKD	Dr. Shalini Sinha	Dr.Lipika Panigrahi
			Dr. Arpita Gogoi Borgohain
			Dr. Babie Thiek
			Dr. Tanma Saikia
10:30 AM - 10:45 AM	b) Hypertensive Disorders of Pregnancy & Future Risk of CKD	Dr. Ratnaprabha	Dr. Anuradha Deori
			Dr. Kavita Vishwakarma
			Dr. Neelakshi Goswami
			Dr.Nabanita Deka
10:45 AM - 11:00 AM	c) Successful Pregnancy in CKD: From preconception to postpartum kidney care in pregnancy	Dr. Khushboo Rani	Dr. Snigdha Bachalakuri
			Dr. Mrinalini Pegu
			Dr. Kalpana Choudhury
			Dr. Pratibha Pasari





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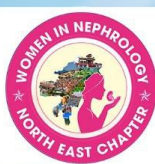
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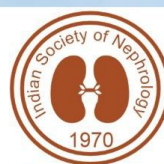
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DAY 2: 6th September 2026 - Hall A

Time	Program	Speaker	Chairperson
3. The CKM Syndrome: A new era of organ protection beyond glucose and blood pressure control and role of (11:00 AM to 11:45 AM)			
	a) nsMRA	Dr Sai Vani Yellampalli	Dr Manashi Barman Dr. Abhamoni Baro Dr. Shilpi Lahoty Dr. Hrishika Baruah
	b) SGLT2 Inhibitors	Dr. Shamini AjitKumar	
	c) GLP1 RA	Dr. Dibya Bajpai	
TEA BREAK 11:45 AM to 12:00 PM			
12:00 PM - 12:30 PM	Clinico-Pathological Conference	Dr. Garima Garg, Dr. Miranda Pegu	Dr. Arpita Roy Choudhury
			Dr. Urmila Anandh
			Dr. Ronica Baruah
			Dr. Ena Dowerah
MIXED BAG - (15+5 min)			
12:30 PM to 12:50 PM	1. The Uncheck Cascade: Navigating Complement-Mediated TMA	Dr Aditi Sinha	Dr. Susan Utupe
			Dr. Kalaivani Ganesan
			Dr. Chandana Sarma
			Dr. Rekha Khaound Borkotoky
12:50 PM to 01:10 PM	2. Hyperkalemia without fear- the end of potassium panic	Dr. Ishani Haldar	Dr. Bornali Dutta
			Dr. Chiranjita Phukan
			Dr. Arpita Chakraborty
			Dr. Tandra Biswas
01:10 PM to 01:30 PM	3. Tubulo-interstitial Disease- The Forgotten Frontier	Dr. Shiva Parvati	Dr. Lavanya SR Bhat
			Dr. J Dhanapriya
			Dr. Sangeeta Choudhury
			Dr. T.A Choudhury
01:30 PM to 01:50 PM	4. Artificial Intelligence in Nephrology – Is it a threat or an opportunity?	Dr. Krithika Mohan	Dr. Kasturi Bhattacharya
			Dr. Bobby Das
			Dr. Malavika Barman
			Dr. Preeti Sarmah
01:50 PM to 02:10 PM	5. The Nephrologists in the Court- when clinical decision meets Legal Scrutiny.	Dr. Putul Mahanta	Dr. Vivek Kute
			Dr. Jutika Ojah
			Dr. Moromi Das
			Dr. Raktim Tamuli



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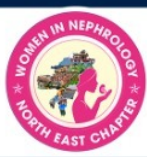


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DAY 2: 6th September 2026 - Hall B

Time	Program	Speaker	Chairperson
9.30 AM - 11.00 AM	NEPHROQUEST FINAL QUIZMASTER (Dr. Arunima Mahanta)		
	TEA BREAK 11:00 AM to 11:15 AM		
11:15 AM - 01:30 PM	DIALYSIS TECHNICIAN & NURSES SYMPOSIUM (Empowering Excellence in Dialysis Care)		
	1. Vascular Access Care	Dr. Indakieulin Kharbuli	Dr. Farha Yeshmin Dr. Zenilia Bordoloi Dr. Angelia K Dr. Tanurekha
	2. Crash & Code Blue in Dialysis Unit	Dr. Reshu Gupta	
	3. Dialysis Prescription and Medication Safety	Dr. Shruti Dange	
	4. Dietary counseling in a chronic dialysis patient	Dr. Sweety Kakoti	
	5. Infection control in the Dialysis Unit	Dr. Pranamita Kalita	
	CRRT WORKSHOP SESSION FOR DIALYSIS TECHNICIAN AND NURSES -HAND ON WORKSHOP	Dr. Deblina Dasgupta	
	VALEDICTORY FUNCTION		
	LUNCH		





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WORKSHOP 1

**Title: Point of Care Ultrasound (POCUS) in Nephrology-
From Diagnoses to Intervention**

5th SEPTEMBER 2026

12:00 PM - 1:30 PM

HALL B - DAY 1

SPEAKER



**Diagnostic USG of the
Graft Kidney & Bladder**

Dr. Priyanka Priyadarshini



**USG for Volume Assessment-
Lung & IVC Imaging**

Dr. Rakhee Baruah



**USG for
Kidney Biopsy**

Dr. Mousumi Gogoi



**USG for Tunneled Central
Venous Catheterization**

Dr. Bhayolina Bora



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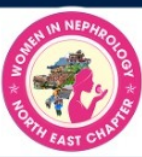


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WORKSHOP 2

Title: CRRT/ Extracorporeal Therapy in Critically Ill patient

5th SEPTEMBER 2026

1:30 PM - 3:00 PM

HALL B - DAY 1

SPEAKER



**The Art & Science Of CRRT-
Right Patient, Right Time &
Right Technique**

Dr. Garima Aggarwal



**Hemoperfusion in
Drug and Toxin
Removal**

Dr. Sandhya Suresh



**Apheresis in
Sepsis.**

Dr. Sowrabha Rajanna



**Bridging the Storm-
CRRT in Acute Liver
Failure**

Dr. Adelene Teena



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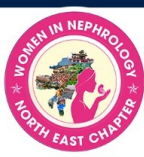


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CLINICO PATHOLOGICAL CONFERENCE

6th SEPTEMBER 2026

12:00 PM - 12:30 PM

HALL A - DAY 2

SPEAKERS



Dr. Miranda Pegu



Dr. Garima Garg

CHAIRPERSON

Dr. Arpita Roy Choudhury

Dr. Urmila Anandh

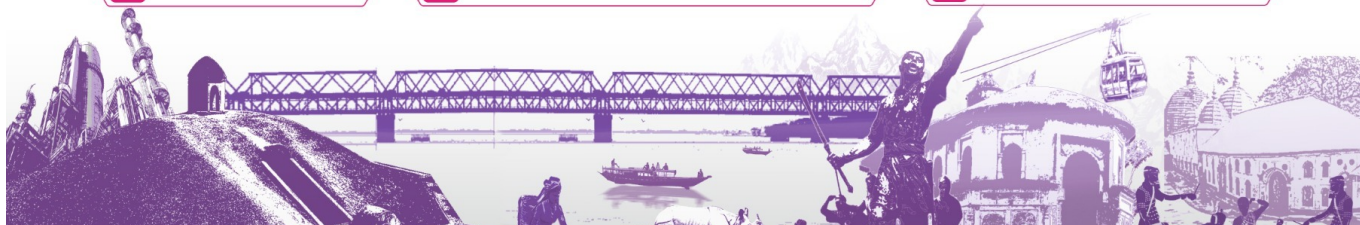
Dr. Ronica Baruah

Dr. Ena Dowerah

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DEBATE

5th SEPTEMBER 2026

3:00 PM - 3:30 PM

HALL A - DAY 1

Dr. Tulsi Modi

FOR THE MOTION

SPEAKER

Dr. Ashwini Joga

AGAINST THE MOTION

***HIF PHI in Anemia of CKD:
A paradigm shift and not only
a pill of convenience***

— MODERATOR —
Dr Manisha Sahay



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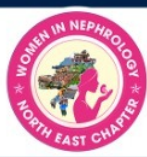


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DIALYSIS TECHNICIAN & NURSES SYMPOSIUM

Empowering Excellence in Dialysis Care

6th SEPTEMBER 2026

11:15 AM - 1:30 PM

HALL B - DAY 2

SPEAKER



**Vascular
Access Care**

Dr Indakiewlin Kharbuli



**Crash & Code Blue in
Dialysis Unit**

Dr. Reshu Gupta



**Dialysis Prescription and
Medication Safety**

Dr. Shruti Dange



**Dietary Counseling in a
Chronic Dialysis Patient**

Dr. Sweety Kakoti



**Infection Control in the
Dialysis Unit**

Dr. Pranamita Kalita



**Crrt Workshop Session for
Dialysis Technician and Nurses -
Hand on Workshop**

Dr Deblina Dasgupta



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WIN Clinical Research Training Programme: Empowering Nephrologists in Clinical Research

The WIN Clinical Research Training Programme was designed to strengthen research capabilities among practicing nephrologists who are actively engaged in clinical care but have had limited formal training in clinical research methodology. By providing structured guidance and practical insights, the programme has opened new avenues for young nephrologists to undertake high-quality clinical research.

The programme was led by Dr. Dennis Xavier, a globally renowned clinician-scientist, whose expertise, dedication, and exceptional teaching skills made every session highly interactive, engaging, and easy to understand. His unwavering commitment to mentoring the participants deserves sincere appreciation and gratitude.

The successful execution of this programme would not have been possible without the meticulous planning and tireless efforts of Dr. Swarnalatha G., Dr. Mythri Shankar, Dr. Priya John, and Dr. Divya Bajpai, whose groundwork and coordination ensured its smooth implementation.

Conducted from November 2025 to May 2026, the programme followed a sandwich model of learning, with the inaugural and concluding sessions held through live, in-person interactions, while the intervening sessions were delivered as fortnightly webinars. The curriculum comprehensively covered the fundamentals of clinical research, study design, biostatistics, data analysis, and the methodology of developing and writing a research proposal.

During the valedictory session, the participants were divided into four groups, each of which presented a sample research project before an expert panel of judges. Group D was adjudged the winner for its well-designed randomized controlled trial (RCT) proposal.

The WIN Clinical Research Training Programme has been an immensely impactful initiative, equipping nephrologists with the knowledge, confidence, and practical skills required to undertake meaningful clinical research. It is expected to foster a strong culture of scientific inquiry and evidence-based practice among the next generation of nephrologists.



Group A



Group B

Group D





GALLERY



@ SRNMCON 2026

In Patients **At Risk** of Rejection

Rx **Thymoglobuline**[®]

Anti-human thymocyte immunoglobulin (Rabbit) E.P.



WHEN TRUST MATTERS...

First T cell-depleting therapy approved by USFDA*¹

rATG is an **effective and well-tolerated** induction therapy
in **Indian** patients undergoing renal transplantation³



Low incidence of acute
graft rejection of 7.7%
at 12 months³

Rejection-free graft
survival rate of 92.3%
at 12 months³

Low incidence of
overall infection rate
of 17.7%³

Abbreviations: rATG: Rabbit Anti-human thymocyte Globulin, USFDA: U.S. Food and Drug Administration

References: 1. Alloway RR, et al. Anti-human thymocyte immunoglobulin (Rabbit) for the prevention of acute rejection in kidney transplantation. American Journal of Transplantation. 2019 Aug; 19(8):2252-2261. 2. Gaber AO et al, Rabbit Antithymocyte Globulin (Thymoglobulin) 25 Years and New Frontiers in Solid Organ Transplantation and aematology. Drugs 2010; 70 (6): 691-732. 3. Adapted from Ray DS, et al. Poster Presented at 58 ERA-EDTA Congress, Fully Virtual, June 5-8, 2021, Please refer to the link for RISE abstract available on page 543 of the PDF: https://www.era-edta.org/en/virtualcongress2021/wp-content/uploads/sites/5/2021/05/NDTJ_36_Suppl-1_LR.pdf. *For the prophylaxis of acute rejection in patients receiving a kidney transplant.

Abridged Prescribing Information

Antihuman thymocyte immunoglobulin (Rabbit) E.P.

THYMOGLOBULINE@ 5mg/ml

Powder for concentrate for a solution for infusion

COMPOSITION: After reconstitution with 5 ml Water for Injection (WFI) I.P., the solution contains 5 mg rabbit anti-human thymocyte immunoglobulin/ml (concentrate) corresponding to 25 mg/5 ml of rabbit antihuman thymocyte immunoglobulin per vial. **THERAPEUTIC INDICATIONS:** Immunosuppression in transplantation: prophylaxis and treatment of graft rejection: Prophylaxis of acute and chronic graft versus host disease in haematopoietic stem cell transplantation: Treatment of steroid-resistant, acute graft versus host disease; Haematology: treatment of aplastic anaemia. **DOSAGE AND ADMINISTRATION:** The posology depends on the indication, the administration regimen and the possible combination with other immunosuppressive agents. Recommendations may be used as reference. The treatment may be discontinued without gradual reduction of dose. Administer doses of corticosteroids and antihistamines are required prior to infusion of rabbit anti-human thymocyte immunoglobulin. **SAFETY-RELATED INFORMATION:** Contraindications: Acute or chronic infections, which would contraindicate any additional immunosuppression. Hypersensitivity to rabbit proteins or to any product excipients. **Pregnancy and Lactation:** Thymoglobuline should not be given unless absolutely required. Breast feeding should be discontinued. **Warnings and Precautions:** Must be used in a hospital setting. Acute Infusion Dissociated reaction (IARs) may occur following the administration of Thymoglobuline and may occur as soon as the first or second infusion during a single course of Thymoglobuline treatment. In the event of an anaphylactic shock, the infusion has to be stopped immediately and any further administration must only be carried out after the benefits and the risks have been carefully weighed up. Thrombocytopenia and/or leucopenia have been identified: white blood cell and platelet count must be monitored during and after the treatment. Infections, reactivation of infection, and sepsis have been reported after administration of Thymoglobuline in association with several immunosuppressive agents. The use of immunosuppressive agents, including Thymoglobuline may increase the Incidence of malignancies. Reactions at the infusion site can occur and may include pain, swelling, and erythema. Immunization with attenuated live vaccines is not recommended for patients who have recently received Thymoglobuline. **ADVERSE REACTIONS:** Infection (including reactivation of infection). Sepsis, Lymphoproliferative disorder, Lymphomas (which may be virally mediated), Neoplasms malignant (Solid tumors), Febrile neutropenia, Disseminated intravascular coagulopathy, Coagulopathy. Cytokine release syndrome (CRS), Anaphylactic reaction, Serum Sickness (including reactions such as fever, rash, urticaria, arthralgia, and/or myalgia), Transaminases increased, Hepatocellular injury, Hepatotoxicity, Hepatic Failure, Infusion related reactions (IARS).

For full prescribing information please contact: Sanofi Healthcare India Private Limited, Sanofi House, CTS No. 117-B, L&T Business Park, Saki Vihar Road, Powal 400072.

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Source: 1) CCDS version no. 2 dated 16 July 2015. 2) UK Summary of Product characteristics dated 03 May 2015.

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