



Short Bio/CV

Prof Liz Lightstone MA MBBS (Hons) PhD FRCP FISN is a clinical nephrologist and academic, Professor of Renal Medicine and ProConsul at Imperial College London and Honorary Consultant Physician at Imperial College Healthcare NHS Trust.

She excelled as a medical student at Cambridge University and Kings College Hospital Medical School. Her passion for nephrology was ignited during a junior resident stint at Guys Renal unit, under the mentorship of leaders who emphasized patient-centred care, clinical excellence, evidence-based medicine, and multiprofessional collaboration – priorities which have shaped her career.

During her renal training at Hammersmith Hospital, she completed a PhD in Immunology at University College London, followed by a clinician-scientist fellowship, both funded by the UK MRC. She was appointed as consultant in 1995 (just before her second maternity leave !)

Reflecting her commitment to improving patient outcomes in her areas of expertise, Prof Lightstone has demonstrated leadership locally, nationally and internationally in glomerular disease, kidney disease in pregnancy, health inequalities, responses to COVID-19 and mentoring the next generation of nephrologists, particularly supporting women.

Glomerular Disease (GN): she co-chaired SONG-GD which helped define patient-centred core outcomes for GN RCTs, supported and led clinical trials in lupus nephritis (LN) and other GNs, pioneered novel treatments, helped develop the new LN UK Rare Disease Group, and is on steering committees of the Renal Pathology LN working group and International Society of Glomerular Disease.

Pregnancy in women with kidney disease (KD): Having established one of the first obstetric renal clinics in the UK, providing care to more than 1500 women, she developed collaborations to improve global outcomes in pregnancy for women with KD through research and education. She coauthored the first guideline on pregnancy and KD, is a faculty member of the ISN-supported, globally focussed, Train the Trainer Program for Pregnancy and Kidney Disease and participant in 2023 KDIGO Controversies Conference on Women and Kidney Health.

Addressing health inequalities: Having identified high rates of ESKD in UK South Asian communities, she led the development of the NKRF/Kidney Research UK ABLE programme. She is Trustee lead for Kidney Research UK on their mission to address health inequalities, including launching the “Time to Act” report in 2024.

Responding to the COVID-19 Pandemic: She led the creation and implementation of her NHS Trust’s COVID-19 treatment guidelines and supported the national prioritization of kidney patients for early vaccination. She co-led the UK MELODY study evaluating immune responses in immunocompromised patients

Training and Mentoring: She led the NWThames Foundation School and Academic Foundation programme and was West London’s lead for academic renal training. She has mentored numerous nephrology trainees, and supports academic training for renal pharmacists and nurses. Recent member of Women in Nephrology Council & supported development of WiN-India.

Contributions to the ISN

She has made extensive contributions to the ISN, including educational and advocacy roles, participation in international consensus conferences and the ISN-WCN, and leadership positions within the organization. Her formal roles include elected Deputy Chair of the Western Europe Regional Board for 2021-23 and is Chair for 2023-2025; she has served on the ISN Executive Committee from 2021-2025 (as President's selection and then elected Council member).

Candidate's Statement

I am deeply honoured to have been chosen as a candidate for the election of the next President Elect of the ISN. I am even more delighted that for the first time, all the three candidates are women. I have been advocating for women in nephrology my entire career and this feels very special as a result.

I have long been committed to the ISN's vision to "*promote and work toward a future where all people have equitable access to sustainable kidney health*", and it has been an immense privilege, through my more recent leadership roles, to see how the members, executive and staff are striving to realise that vision day by day. I was elected Deputy Chair of the Western European Regional board (WERB) for 2021-2023 which gave me the opportunity to serve on the ISN Council and see how other Regional Boards function as well as how they interact with the ISN Executive Committee (ExCom). As Deputy Chair, I was delighted then to be the ISN President's selected candidate to serve on the ExCom from 2021. More recently, as Chair of WERB, I have continued to serve on ExCom but now as the member elected by the ISN Council. These roles, particularly serving on ExCom, have provided a really exceptional opportunity to understand the workings of the Society, interact closely with the outstanding, truly devoted and motivated staff and develop a more global perspective on the challenges faced in achieving our vision and mission.

We live in challenging times – the world is facing major geopolitical challenges not least from ongoing conflicts and the very real climate crisis. These challenges not only directly affect health, including kidney health, but amplify inequalities in access to healthcare and effective prevention of kidney disease, already hugely impacted by the COVID pandemic. Never has our mission – "building capacity", "bridging gaps" and "connecting community" – been more relevant or more urgent. As a member of ExCom, I have helped develop our forward-looking strategy for 2024-2030 to define how we will meet our mission. I would not be planning to change our vision or mission but see my role as President Elect and President as ensuring we effectively implement our strategy to achieve those goals and to support the new President over the next two years to do the same.

How will I achieve that? My leadership style is informal, inclusive, collaborative and I hope, engaging. If I have a key skill in life, it is in bringing people together – finding connections, promoting collaborations and working to break down barriers and find solutions to problems. I am not afraid to speak my mind, challenge orthodoxy, and to make decisions when needed – indeed as a woman in academic nephrology, working in a tertiary renal centre, I have been doing that my entire professional life! But equally, I am always prepared to listen to divergent views, to be persuaded and to admit I was wrong. Chairing WERB and being on Council and ExCom has introduced me to outstanding leaders and colleagues and demonstrated how diversity of thought and backgrounds brings fresh perspectives and innovative, creative approaches to global and local challenges.

The 2024-2030 strategy is broad in scope and bold in ambition – rightly so. We have defined four strategic priorities, each with a broad scope:

- 1) Lead on kidney health and priorities worldwide, and via local networks, through advocacy and research**
- 2) Drive innovative kidney education and professional development worldwide.**
- 3) Leverage the ISN's international community and local networks for optimal kidney care**
- 4) Champion organisational agility and resilience for a sustainable future**

My priorities, if elected, would be to achieve measurable impact in each of those strategic areas. My focus would be on:

- 1) *Amplifying our voice with global health and political bodies as well as industry and research partners in order to address ongoing inequity in kidney health care.*

We may be entering a golden era of prevention of progressive CKD. Whilst I am the first to demand we diagnose causes, we now also have a growing number of highly effective drugs that can definitively slow progression - almost agnostic of cause - of CKD to ESKD, protect from the associated cardiovascular risk and possibly reduce all-cause mortality. These advances are much needed as left unchallenged, CKD is set to be the fifth leading cause of death globally by 2040. However, the good news is tempered by massive and growing inequity globally. It is still far too common in too many parts of the world for people to have no access to screening, to early diagnosis and even if diagnosed, not to have access to affordable treatments. Not having access to effective preventative approaches is a death sentence for many patients. Dialysis remains unaffordable and transplantation a pipe dream for far too many. This has to change, we have to move towards universal health coverage, and the only path to such change is through advocacy on the world stage. The ISN is perfectly positioned to do this, representing the global kidney community as it does. It has already made great strides with its advocacy work, engaging with global organisations such as WHO and the UN.

I consider it an absolute priority to ensure kidney disease is elevated as a priority non-communicable disease globally and that we work ceaselessly to reduce inequality of access to screening and prevention of progression. We have data – from the Global Kidney Health Atlas, from registries, from health economics reports. We need to use that data to ensure our global and local health and political agencies prioritise action and funding to support kidney health. Strengthening partnerships with industry and research bodies is also needed to ensure global equity of access to trials, to drugs, and to digital health solutions and that the right treatments for the right populations are evidence based and available.

- 2) *Using our Regional Boards much more effectively for education, research, advocacy but particularly to learn from each other*

The 10 regional boards serve very disparate economies and health care systems but there is outstanding expertise and work being done in all. We need to increase engagement and dialogue between Regional Boards and with the Leadership, in order to enhance knowledge sharing, understanding of regional and local challenges and the solutions that have made an impact, many of which may be readily transferable to other Regions. Whilst Regional Boards should be a significant conduit for ensuring the strategic priorities of the ISN are being addressed regionally and engaging with local kidney associations and

societies, priorities will vary according to regional need. Tackling healthy inequity is not just about engaging globally but learning what works from the ground up. There are so many examples of this e.g. the extraordinary work being done in Egypt to improve pregnancy outcomes in women with kidney disease. Strategies that work in one Region, may well work in another but often we do not hear about them. The Leadership also needs to learn from the Regional Boards about their priorities and needs, how these are being addressed and what support is needed from the centre or other Regional Boards.

- 3) *Support our members, grow our membership and develop the next generation of leaders for kidney health*
Our members are the lifeblood of the Society. I never cease to be amazed at all the ISN appears to offer educationally, in partnerships such as sister centres, through webinars and social media, through mentoring, toolkits and much more. However, we need a greater understanding of what makes the Society a go-to place for members, how we can engage more fully with a global membership and how we can continue to grow our membership.

Whilst many of us have the luxury of returning to the unparalleled pleasure of in-person meetings, this is simply not feasible or possible for all. I commend the ISN-WCN for continuing to provide hybrid meetings to ensure inclusivity for those unable to attend in person for want of funding, visas, time or having caring responsibilities. The ISN is unparalleled in its commitment to true diversity and inclusivity in its conferences, its committees and its working groups. Building on this, my priority is to ensure we are diversifying membership of working groups and committees to ensure members who are earlier in their career are fully participating and learning to be the leaders of the future.

- 4) *Ensuring the patient voice is heard at all levels of the Society*
The Society is to be commended for the establishment of the Patient Lay Advisory Group (PLAG). A key priority for me would be to embed patients in all we do – planning conferences, reviewing strategy, reviewing grants, being involved in Regional Boards. It sounds ambitious but I know from experience with Kidney Research UK (KRUK) that it can be done – certainly at a national level; for instance, every grant submitted to KRUK is reviewed by a patient. This has ensured a much tighter focus on research in line with the strategic aims of the charity. The mantra in health care “nothing about me, without me”, which puts the patient right in the centre of decision making, could and should extend to a Society aiming to address the kidney health needs of patients and populations. I would like to learn from the PLAG how we can elevate the patient voice in all we do – not as a tick box exercise but as real partnerships and joint working.

- 5) *Measuring our impact*
This is not easy – some things take a very long time to come to fruition, but for many of our priorities, particularly tackling health inequalities, we can and should be impatient for change. We can set goals along the road and dare I say it, create a dashboard to ensure we are on target, on time and delivering real impact in all our Regions. Importantly, by setting targets and checking on progress, we can add support where needed in a much more timely fashion. This is not about identifying “failure” but ensuring success. It is also not about listing what we have done in terms of fellowships awarded, sister centres opened and so on but what those fellowships have achieved, what difference those sister centres are making. I have no doubt they are all having impact but are we able to quantify and define it? If we can, we will generate even more data to justify support from the agencies I outlined in my first priority.

Thank you for taking the time to read this and for considering me as a candidate for the Presidency of the ISN. It would be the honour of my professional life time to serve the global kidney community – I cannot promise you I would achieve everything set out here, but I can promise that I would give the time, effort and commitment needed to try.