

Short Bio/CV



Magdalena Madero, MD, is a Professor of Medicine and the Chief of Nephrology at the National Heart Institute in Mexico City. She was trained in Internal Medicine at St Elisabeth's Medical Center in Boston, MA, and then underwent her nephrology training at Tufts Medical Center also in Boston, MA. She went back to Mexico City in 2007 where she joined the nephrology staff at the National Heart Institute and became the Head of the Nephrology Division in 2011.

Dr. Madero's research interests include CKD progression, complications and outcomes, CKD of unknown origin and hemodialysis. She has over 130 publications and more than 8500 citations (h index 43, i10 index 85). She was awarded with the Miguel Aleman award in 2015, given to the most outstanding young researcher in the country. As part of her educational activities, she runs the largest renal fellowship programs in the country at the National Heart Institute (affiliated to the main National Mexican University [UNAM]), has been a research mentor for numerous students and has lectured in multiple international forums. She enjoys patient care and is active in taking care of CKD patients.

She was the former President of the Mexican Society of Nephrology (IMIN-2014), served as a member of the Kidney Disease Improving Global Outcomes Executive Committee (2018-2021) and chaired the KDIGO executive nominating committee (2022-2023).

She has a long-standing commitment with the International Society of Nephrology. She served as the Chair for the International Society of Nephrology (ISN) for Latin America and the Caribbean (2021-2023) and has served in multiple committees for the ISN including the Meetings Committee, Green K Committee and CKDu Committee. She has co-chaired many scientific activities for the World Congress of Nephrology (WCN) including the Abstracts Committee (2017, 2021), Scientific committee (2024), and Local Organizing Committee (2017) and is part of the steering committee for the Home Dialysis International Consortium, an ISN-ISPD joint initiative.

She was part of the KDIGO CKD 2024 guideline writing group and has been part of the steering committee at some KDIGO controversies meetings. She led the Mexican kidney disease project (2022-2024) to grant universal dialysis coverage for the uninsured patients in Mexico City. She is currently on council for the International Society of Peritoneal Dialysis (2022-2024). She served as the International Editor for the American Journal of Kidney Diseases (2016-2021) and more recently she became an Associate Editor for the Journal of the American Society of Nephrology (2024-2029).

Candidate's Statement

Throughout my career, I have been committed to and have identified with the vision and mission of the ISN. In the following paragraphs I will briefly summarize my qualifications and experience and propose my vision for the next chapter of the ISN if am elected as President.

QUALIFICATIONS AND EXPERIENCE

Advocacy

I have worked tirelessly to bridge the gap between the population needs for kidney care and the ability to access it, on both regional and global levels. One of my significant contributions to public health is my leadership of the Mexican Kidney Disease Project (2022-2024), which aims to provide universal dialysis coverage for uninsured patients in Mexico City. This project, which has been successful at the state level has the ambitious plan to expand nationally through the IMSS Bienestar, a social insurance program created for the 50% of the Mexican population that is not insured.

In addition, I had opportunity to identify and document the first hot spot of Chronic Kidney Disease of unknown origin (CKDu) in Mexico in Tierra Blanca, Veracruz. This discovery has been pivotal in advancing research and awareness of CKDu in the region, contributing to global efforts to understand and address this emerging health challenge. As of today, we have successfully performed over 60 kidney transplants at the Cardiology Institute in young agricultural workers with marginal socioeconomic conditions, who have CKDu.

More recently, I was a member of the working group that updated the renal replacement therapy law regulation in Mexico. The major contribution that we made was the requirement that all hemodialysis units be supervised by a nephrologist and adhere to established regulations in order to operate. This change will increase the number of nephrologists in Mexico, and result in better outcomes for our patients.

In sum, I have advocated for improved care for patients with kidney disease, regardless of their economic situation, and have worked tirelessly to reach the goal that no patient with kidney failure should be denied kidney replacement therapy. I plan to use this model to achieve similar success on a global level.

Service to ISN

Providing service to the ISN has been a priority over the past years. Examples include the following:

1. ISN Deputy Chair and Chair for Latin America and Caribbean Regional Board (2019-2023)
2. Editorial Board Member Kidney International (2022-present)
3. Green K Steering Committee ISN (2023-present)
4. Steering Committee CKDu ISN (2019-present)
5. Co-Chair, Meetings Committee International Society of Nephrology (2018)
6. Co-Chair, Local Organizing Committee World Congress of Nephrology (2017)
7. Co-Chair Abstract Committee WCN 2017, 2021
8. Co-Chair Scientific Committee WCN 2024
9. Steering Committee/Council International Home Dialysis Consortium (ISN-ISPD Initiative) (2022-Present)
10. ISN Regional Board (2017-present)

11. ISN Initiative (Global Kidney Health Atlas) (2019-2023)

Leadership Roles

I have been appointed Chief of the Division of Nephrology at the National Heart Institute (2011-present). This division has the largest renal fellowship program in Mexico and trains fellows from Mexico and other countries in Latin America who then return to their countries of origin to practice nephrology. The Division is affiliated to the National Mexican University [UNAM], where I have been a mentor for numerous physicians for their thesis projects, Masters in Science, and PhD degrees.

I am the former President of the Mexican Society of Nephrology (IMIN-2014), was a member of the Kidney Disease Improving Global Outcomes Executive Committee (2018-2021) and chaired the KDIGO executive nominating committee (2022-2023). I have also been on the steering committee of several other KDIGO controversies meetings. I co-chair the hypertension committee, the CKDu committee and the educational committee for the Latin American Society of Nephrology and Hypertension (SLANH). Additionally, I am on the council representing Latin America for the International Society of Peritoneal Dialysis (2022-2024) and was a Steering Committee Member for the KDIGO CKD 2024 guideline. I served as the International Editor for the American Journal of Kidney Diseases (2016-2021). Most recently, I became an Associate Editor for the Journal of the American Society of Nephrology (JASN), (2024-2029).

Research

Engaging and leading studies in clinical and translational research is one of my passions. I have been and continue to be the principal investigator on several research projects and clinical trials, have published more than 130 articles, with more than 8500 citations. I have lectured in many international forums around the globe. My research has primarily focused on the epidemiology and risk factors of CKD progression, CKDu, as well as kidney replacement therapy and its complications.

VISION:

My vision as the ISN president is described below. I am confident the learnings and achievements we have conquered for Mexico and LATAM will serve as a solid foundation for the ISN to continue to reach its goals.

1. Strengthen Health Systems and Infrastructure:

- *Capacity Building:* Invest in healthcare infrastructure, particularly in low and middleincome countries (LMICs), by supporting the development of nephrology clinics and dialysis centers. One of the main strategies should be on the development of training programs and technology integration. I want to highlight my experience in chairing the Latin America Region for the ISN and the efforts in capacity-building initiatives. I have fostered collaboration and education in underserved areas and my mission would be to expand these efforts globally. This reflects my abilities as a unifying figure capable of representing diverse regions. I want to stress that my leadership will be inclusive, valuing the unique needs of all regions.
- *Training Programs:* Provide continuous education and specialized training for healthcare professionals in nephrology, focusing on resource-limited areas to build local expertise. Identifying centers for

excellence is key to foster under resourced health centers. At Mexico's Cardiology Institute, we became an ISN training center for Interventional Nephrology and General Nephrology educating nephrologists on how to implement the acquired tools in their home countries. I am committed to expanding these educational strategies around Latin America and other underserved areas in the world.

- *Technology Integration:* The implementation of telemedicine and digital health tools to expand access to specialized kidney care in remote and underserved areas has been an effective strategy at our Cardiology Institute. This is a low-cost tool that has been extremely useful in our communities. Strategies such as remote monitoring platforms have helped us identify at an early stage which patients require closer follow-up.

2. Promote Universal Access to Kidney Care:

- *Policy Advocacy:* Collaborate with governments and stakeholders to promote policies that ensure universal access to essential kidney services, including dialysis and transplants for non-insured populations. My work in Mexico is a model for what can be achieved globally. Although each country has individual policies, I plan to scale similar initiatives to address access gaps in regions where patients face barriers to essential care.
- *Community-Based Care:* Develop community-level care models that empower local healthcare workers to diagnose and manage early stages of kidney disease, particularly in rural areas. Pilot programs in Latin America such as the Kidney Early Evaluation Program (KEEP) and World Kidney Day have been successful in early CKD diagnosis and management.

3. Equity in Research and Innovation

- *Research Collaboration:* Promote global partnerships to conduct research on chronic kidney disease of unknown origin (CKDu) and other kidney diseases that disproportionately affect vulnerable populations. I have been part of the CKDu initiative for the ISN conducting research and addressing advocacy for vulnerable populations.
- *Innovation for Low-Cost Solutions and Support for Peritoneal Dialysis:* Support the development of low-cost technologies and therapies that can be implemented in resource-constrained settings, including local PD fluid production. I am a member of the steering committee for the International Home Dialysis Committee (IHDC), which is a joint initiative between ISN and ISPD. We recommend that pathways of care should be implemented in all healthcare settings to facilitate successful transition of people with CKD to home dialysis following shared decision making. The 6-step model (Identification, Assessment, Eligibility, Offer, Choice and Receipt) should form the basis of a standardized pathway to support modality choice during both planned and unplanned dialysis start and modality transition. A set of tools, respecting the different local dialysis program needs across all countries will be collated from existing resources and/or developed by the IHDC to support implementation.

- *Inclusion in Clinical Trials:* Ensure that clinical trials for new kidney therapies include diverse populations from across different regions, especially LMICs, to address the unique challenges they face.

4. Education and Public Awareness:

- *Public Health Campaigns:* Launch global public health campaigns to raise awareness about kidney disease prevention, focusing on lifestyle changes, early detection, and risk factors like diabetes and hypertension. World Kidney Day is a great example of public health campaigns that have made a difference in LMIC. My goal would be to further support these types of campaigns and launch early detection programs in high-risk communities.
- *Patient Empowerment:* Develop educational programs that empower patients to manage their kidney health and advocate for their care, with culturally tailored resources.

5. Address Social Determinants of Health:

- *Socioeconomic Support Programs:* Create partnerships with governments and NGOs to address social determinants of kidney health, such as nutrition, clean water access, and housing. I applaud the ISN initiative with WHO and PAHO. These types of alliances would be fully supported during my term.
- *Equitable Resource Allocation:* Advocate for equitable allocation of healthcare resources, ensuring that funding for kidney care is not disproportionately directed towards wealthier populations or regions. I fully endorse the International Home Dialysis Consortium where I have been advocating for home therapies for LMIC. These initiatives should be further supported during my term.
- *Workforce Diversity:* Encourage diverse representation within the nephrology workforce, with a focus on recruiting and training professionals from underrepresented regions and communities.

6. Environmental Sustainability in Kidney Care:

- *Green Initiatives:* Integrate sustainability into kidney care by promoting green dialysis initiatives, reducing the environmental impact of kidney therapies, and ensuring access to clean water and safe waste disposal. Many great initiatives have been launched with the Green Nephrology Committee, being a part of this group has changed my outlook for integrating sustainability into kidney care. Two specific green nephrology actions are being implemented at our National Cardiology Institute to decrease water waste in our hemodiafiltration unit and to decrease PVC waste in our PD program. These are easy to implement strategies that could potentially have a great impact. In addition, we have incorporated young green nephrology enthusiasts to promote diffusion in social media. These strategies could be further implemented in our region and globally.
- *Global Climate Action:* Address the links between climate change and kidney disease, particularly CKDu, by advocating for global climate action that reduces the exposure to environmental risk factors. Being part of the CKDu steering committee at the ISN has changed my perspective on this area. Building tools such as the minimal data set to develop global CKDu registries and promote kidney biopsies in these populations would continue to be an important part of my administration.

In summary, I believe I have demonstrated the ability build capacity globally, through my extensive involvement and authorship of clinical practice guidelines, management of academic training programs, high impact publications, and editorial roles of the renowned nephrology scientific journals. My commitment to patient care and advocacy for equitable healthcare access underscores my suitability for the role of ISN President.

I believe that my qualifications, dedication to advancing nephrology, community engagement, and proven leadership make me an excellent candidate for the 2025-2027 president-elect position of the International Society of Nephrology. I have crafted an ambitious and comprehensive working plan and collaboration would be crucial for success. I am committed to fostering an inclusive environment where the diverse perspectives and expertise of our members can thrive.

My hope is that my election would undoubtedly benefit the global nephrology community and continue to advance the mission of the ISN.