

# Sharing knowledge on dialysis registries worldwide

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This issue of the *Kidney International Supplements* contains parts of the proceedings of the 59th Japanese Society for Dialysis Therapy (JSDT) meeting that took place in Kobe, Japan on 13–15 June 2014 (President: Yoshiharu Tsubakihara). The annual JSDT meeting is an academic landmark for the society, and it provided an opportunity for learning about advances in dialysis medicine and exchanging experiences throughout Japan. In 2014, there were > 18,000 attendees and 3449 abstracts.

The annual report on the current status of chronic dialysis therapy in Japan has been provided by the Committee of Renal Data Registry of JSDT.<sup>1</sup> It was made possible with a collaboration of > 4000 facilities. A news flash version is reported at each meeting. At the 2013 JSDT meeting, ‘Recent advances in chronic kidney disease-mineral and bone disorder research’ was reported.<sup>2</sup>

This issue of *Kidney International Supplements* is based on the symposium at the 59th JSDT meeting. At the symposium, experts from several countries, including JSDT, discussed the demographics and problems of the dialysis registry. We hope that this supplement will help clinicians and researchers find ideas for improving quality of life and outcomes of dialysis patients. The dialysis patient population is expected to increase in Asian countries and in other developing countries.

In addition, we asked Dr N Hanafusa to write general features of the JSDT registry. Prevalence of chronic dialysis patients is still increasing and was 2468.1 per million population in 2013. In Japan, prevalence is ~1 per 400 population. Mean age is also increasing and was 67.2 years in 2013.

Outcomes for Japanese dialysis patients are the best in the world.<sup>3</sup> However, much room for improvement remains in dialysis regimens and medical treatments, as the prognosis is still much worse than for the general population. Further, the socio-economic burden is an important issue to be discussed openly.<sup>4</sup>

## DISCLOSURE

KI received consulting fee from Kyowa Hakko Kirin Co., Ltd; lecture fees from Bayer Yakuhin, Ltd, Chugai Pharmaceutical Co., Ltd, Kyowa Hakko Kirin Co., Ltd, Merck Sharp & Dohme Corp., Teijin Pharma Limited, Astellas, Daiichi-Sankyo, Mochida, and Torii Pharmaceutical Co., Ltd. AJC has provided consultation to Amgen, Relypsa, NxStage, and Bayer; received lecture fees from Hospira; and grant support from Amgen and National Institute of Health/National Institute of Diabetes and Digestive and Kidney Disease.

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