

# Research Strategy to 2030

Part of our charity strategy:  
Leading transformation in kidney health

Updated May 2026



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## Executive summary.

We are living through a revolution in biomedical science and the opportunity to accelerate progress against kidney disease has never been greater. Research and innovation are already improving outcomes, but not fast enough and not equitably. We are proud of all that we have achieved, but the time is right to push forward.

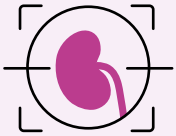
An estimated 7.2 million people in the UK are living with chronic kidney disease and rising. As the UK's leading kidney research charity, we are responding by scaling up. We will increase our investment, harness emerging technologies, and drive progress where the need is greatest. We will unite researchers and funders behind pressing challenges and remove barriers that slow scientific progress from reaching patients.

By accelerating discoveries and making them count, we will prevent kidney disease, protect kidney function, and transform treatments for kidney failure.



## Our objectives

We fund and facilitate high quality research to transform kidney health through the delivery of four objectives: understand, prevent, protect and transform treatments.



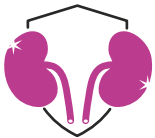
### Understand

the underpinning drivers and mechanisms of kidney health and disease.



### Prevent

more people from developing kidney disease.



### Protect

those living with kidney disease from kidney failure.



In the meantime,  
**transform treatments**  
for people with kidney failure.

## Our actions

We will continue to focus on unlocking new knowledge, with additional funding and support to ensure that these insights change outcomes for people affected by kidney disease:



### Accelerate discovery

Building new knowledge to tackle kidney disease and improve kidney health.



### Make it count

Ensuring outcomes of research and innovation are delivered to patients as quickly as possible.

## Our development areas

We **remain committed to funding investigator driven research** across the whole spectrum of kidney health and chronic kidney disease, from discovery science to health service research and implementation science.

But some areas of kidney health and disease are poorly served by current research efforts, and it is our job to drive focus and momentum where the need is greatest. We have selected **four development areas** around which we will bring researchers together, work with partner organisations and launch targeted funding calls – alongside continuing to make general calls covering our core research agenda.

- Acute kidney injury
- Kidneys and cancer
- Kidney disease interaction with other long-term conditions and mental health
- Paediatric, rare and hereditary kidney disease

## Our principles

All our research activity is underpinned by six principles which will help us to drive greater progress, faster.

- Tackling health inequities
- Harnessing the power of data science and AI
- Patient involvement and engagement
- Maximising impact through collaboration and partnership
- Investing in talent
- Funding the continuum of research

## Join us

The opportunity to transform kidney health has never been greater. We are here to enable bold kidney research, support careers and help discoveries reach patients. Whether you are working in kidney research or bringing relevant expertise from an adjacent field, we want to hear from you.

[research@kidneyresearchuk.org](mailto:research@kidneyresearchuk.org)

# A message from our chief research officer.

"We are living through a revolution in biomedical science. Genomics, AI and advanced therapeutics are transforming what is possible. The opportunity to accelerate progress against kidney disease has never been greater."

"But the pace of change is not matching the scale of need. More and more people are developing kidney disease and progressing to kidney failure. The gaps in kidney health are widening.

"Our vision is the day when everyone lives free from kidney disease. This means prevention is embedded into our healthcare systems, kidney disease is detected and intercepted at the earliest stage, and treatments – when they are needed – are effective, accessible to all and allow people to live a normal life.

"Our research strategy sets out a roadmap to this point. We will enable the best and most promising research. We'll support early-stage findings, be there to bridge into product innovation and development, and onto implementation in the clinic to make a life-changing difference to the people we serve. We'll forge the partnerships needed for change and work closely with people affected by kidney disease. We'll drive advances that benefit everyone.

"We will champion work harnessing the power of data and AI to drive change. Renal is behind the curve in applying these tools and we need to change that.

"I truly believe in the power of following the science, by funding investigator-led research

across the full spectrum of kidney disease and health. Alongside this, we also need to drive much-needed progress for people affected by underexplored areas of kidney disease. That's why we've set our intention for strategically targeted action and investment in a small number of development areas.

"Strategies are not static documents and we encourage discussion, questions and – of course – ideas from the kidney community and from scientific disciplines who have not traditionally been involved in kidney diseases.

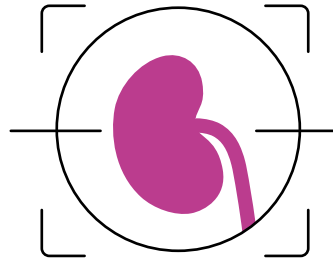
"How can your work contribute to a future free from kidney disease, and how we can work together differently to get there faster?"



**Dr David Crosby**  
Chief research officer

# Our objectives.

**Understand** the underpinning drivers and mechanisms of kidney health and disease.



We must further our fundamental understanding of kidney health and disease in order to enable tomorrow's advances in prevention, protection and treatments.

## We will:

- Deepen our understanding of the genetic, biological, social and environmental drivers and pathways of kidney development and function, kidney disease initiation and progression.
- Identify markers of disease progression.
- Harness new technologies, including AI and multiomics, to drive advances.
- Apply mechanistic knowledge to identify the targets and markers that will underpin the next generation of diagnostics, risk stratification tools and therapeutics.
- Investigate the interactions between kidney disease and other long-term conditions.

## What this will mean:

- This knowledge will fuel the next chapter of research to find new ways to detect, treat or prevent kidney disease and its progression.
- This will lay the foundations for precise and personalised risk stratification, detection, prevention and treatment.

Despite significant progress in discovering common pathways and risk factors along with new therapeutics, there are still many gaps in our knowledge.

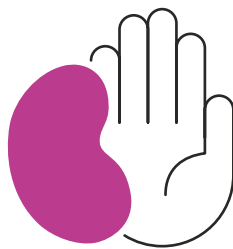
For example, we still don't know why some patients progress faster than others, the precise drivers of scarring or the causes of many cases of chronic kidney disease. Unlocking this knowledge is key to developing targeted and more effective therapies in the future.

**Professor Moin Saleem**  
Consultant paediatric nephrologist



# Prevent

more people from developing kidney disease.



Kidney disease should not be inevitable. Many of the biological, genetic and environmental factors that drive its development can be identified and targeted. We want to understand who is most at risk, and to get ahead of kidney disease by intervening before it starts.

## We will:

- Generate and apply insights to identify and target those at greatest risk of kidney disease, including those with elevated risk identifiable early in life.
- Develop therapies for hereditary kidney conditions that prevent kidney disease.
- Understand the mechanisms leading to kidney disease (including kidney cancer and its treatment), identify new targets and interventions to reduce risk and prevent kidney disease.
- Understand and address inequalities in the incidence of kidney disease.
- Ensure these insights and innovations benefit patients.

## What this will mean:

- New interventions mean that fewer people develop kidney disease.
- New therapeutics for rare and hereditary kidney disease mean fewer people progress to kidney disease.
- Fewer people develop kidney cancer or experience worse kidney function because of cancer treatment.
- Everyone has a fair chance of good kidney health because social, environmental and commercial determinants and inequities in kidney disease are understood and tackled.



We must prevent more people from suffering the never-ending cycle of kidney disease. The physical and emotional effects, along with the cost is going to become harder and harder to manage.

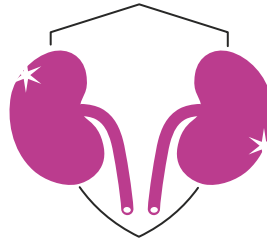
We can all do better to educate those who may be at the brink of kidney disease, so they can live a less burdensome life.

**Fez Awan**  
Expert by experience



# Protect

those living with kidney disease from kidney failure.



We want to see an end to kidney failure by stopping progression towards advanced disease.

## We will:

- Develop, test and deploy new and equitable ways to identify, target and diagnose early, monitor non-invasively and intervene to slow or stop disease progression.
- Identify the complex interaction of factors which determine when kidney decline becomes irreversible.
- Understand the interactions between kidney disease, the immune system and other long-term conditions.
- Identify biomarkers of kidney disease in saliva, urine or blood to enable early detection.
- Build the evidence base to facilitate NHS implementation of new models of early detection and management of kidney disease.

## What this will mean:

- More people being diagnosed in the early stages of kidney disease, enabling improved access to existing, new and emerging treatments, so that fewer people progress to kidney failure.
- More innovative treatments are available to patients earlier in the disease course.
- Fewer people with acute kidney injury (AKI) or inherited conditions progress to chronic kidney disease.
- Fewer people progress to kidney failure.
- Best practice detection, diagnosis and treatments are offered and accessible to all.
- Children and young people have access to available and new treatments sooner.
- Silos between organisations and teams working on kidney disease and related conditions are broken down so that treatment and care is person-centred.

While major advances in treatment are helping to slow the progression of chronic kidney disease, too many people are still diagnosed late or navigate fragmented services that fail to reflect the realities of living with multiple long-term conditions. Although effective guideline-directed therapies exist, uptake remains variable and many patients are not benefiting from advances in care.

Research must now move beyond treatment alone to focus on earlier identification, more personalised approaches, and better integration of services across the patient pathway. How care is organised and commissioned has a direct impact on access, experience and outcomes, particularly for those already facing health inequalities.

Ensuring that innovation reaches routine practice and the people who need it most will be critical if we are to truly reduce the burden of kidney failure.

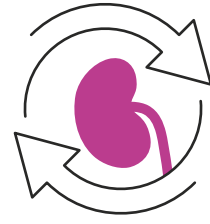
### Dr Hellena Habte-Asres

Lead clinical academic research nurse in diabetes and chronic kidney disease



# Transform treatments

## for people with kidney failure.



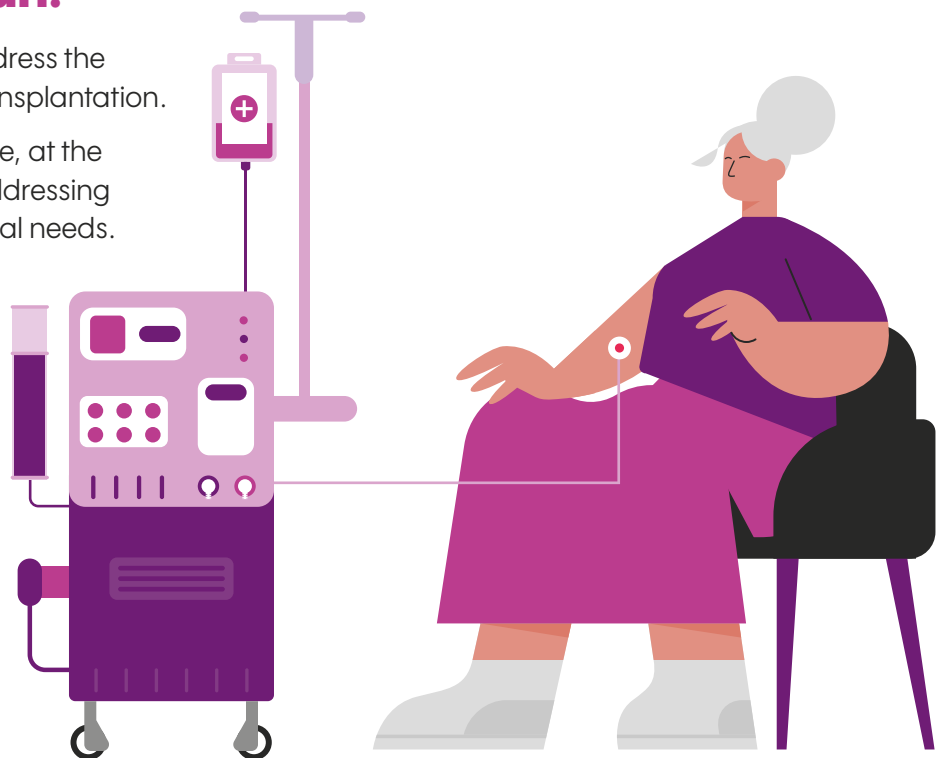
While we work towards a future with fewer people reaching kidney failure, we must also improve the lives of those who are there now, through treatments that are more effective, less gruelling and disruptive.

### We will:

- Improve the safety and long-term effectiveness of dialysis and transplantation.
- Develop, test and support implementation of new and equitable treatments.
- Seek new ways to treat end stage kidney disease through technology innovation.
- Test and develop more accurate and less invasive approaches to monitoring and testing.
- Seek to improve the environmental sustainability of treatments.

### What this will mean:

- New treatment options that address the shortcomings of dialysis and transplantation.
- Patients experience the right care, at the right time, in the right place – addressing both their physical and emotional needs.
- Transplanted kidneys last for a lifetime.
- The burden of regular testing and monitoring is reduced, and self-care improved, by new technologies.



The burden of living with kidney disease is immense and reaches into every part of our lives. As patients, we desperately need change, to have better treatments and care which help us live longer, better lives. Nothing should get in the way!

**Miranda Scanlon**  
Expert by experience



# Our principles.

Six principles are at the heart of our planning, delivery and decision-making in funding and facilitating research.

## Principle 1: Tackling health inequities

Kidney health inequity is extensive and severe. We will act to understand and address inequities in kidney disease incidence, management and outcomes.

The genes we are born with and the circumstance in which we live, work and age, as well as wider societal and political factors, can have an enormous impact on kidney health and the risk of developing and dying from kidney disease. Those most at risk are living in the poorest parts of the country, and people of South Asian, Black African and Black Caribbean descent.

Far too often these inequities are reflected in science, with underrepresentation in research, clinical trials and in the data used to power research. This means that medical advances are built on discoveries that may not apply to everyone.

We must prioritise research to understand health inequities and bring an equity-led approach across our entire research portfolio.

### We will:

- Provide focused research investment to understand and address disparities in the incidence and outcomes of kidney disease.
- Support researchers to embed equity into research design, delivery and adoption and set high standards for diverse research design and participation.
- Work with others (for example the NHS, industry, regulators and patients) to pilot and evaluate new models of care to help transform the patient pathway and make it more equitable.

- Support research careers and leadership among underrepresented groups.
- Work with others across research and healthcare to improve representation in sample and data collection, data studies and clinical trials.
- Ensure that there is appropriately diverse representation in the groups we consult in planning research strategy and making funding recommendations.

Living with kidney disease has shown me the critical need for equitable care. It is imperative that we address the health inequalities present in our system to ensure that every patient has access to the comprehensive and compassionate care they require. Additionally, we must provide targeted support to communities lacking digital resources, enabling them to leverage technology for improved health outcomes and equitable access to necessary care services.



**Sanjay Mistry**

Expert by experience

Read Time to Act – our report on kidney health inequities  
[www.kidneyresearchuk.org/time-to-act](http://www.kidneyresearchuk.org/time-to-act)

# Principle 2: Harnessing the power of data science and AI

Data science and AI offer huge opportunities to help us better understand kidney health and disease, potential treatments and interventions. We will champion these transformative technologies for high-impact research and delivery of fairer, faster, and more personalised outcomes. This will include growing the talent community and driving system wide change across the NHS to ensure innovation reaches patients equitably and improves kidney health at scale.

## We will:

- Embed data science and AI as core methodologies across our entire research programme.
- Attract and develop data and AI scientists to work in kidney research, build a multidisciplinary data and AI enabled kidney research community, and drive ambition and progress through dedicated funding.
- Champion ethical, transparent, and equitable use of data and AI, focusing on informed patient consent, ensuring patient data is safeguarded and inequities are actively reduced through representative datasets and fair, community coproduced research tools.
- Strengthen and connect the UK's kidney data infrastructure, expanding access, improving linkage, and building shared standards that enable high quality, high reuse data science and AI research at scale.
- Drive data enabled transformation in kidney healthcare delivery, supporting integrated care pathways and community based models that bring innovation into real world patient care faster and more fairly.

## Impact case study

### NURTuRE – A unique resource for kidney research

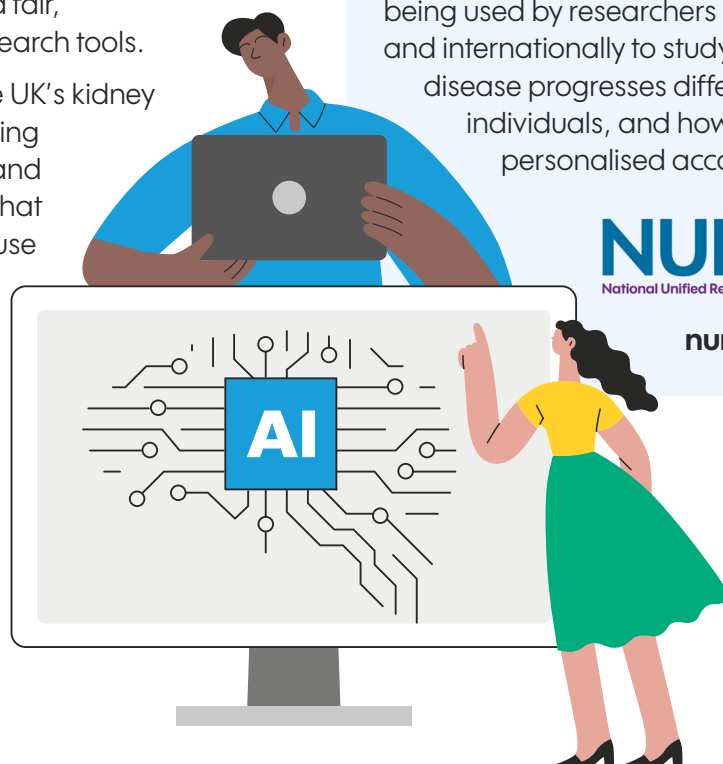
Led by Kidney Research UK, NURTuRE brings together information from people living with kidney disease, including genomic data, health records, and blood and urine samples, all collected with consent and stored securely.

It is designed as shared infrastructure for the whole kidney research community. By making it easier to safely share and reuse data and samples, NURTuRE supports a collaborative approach and aims to ensure that research delivers maximum benefit for people affected by kidney disease.

So far, more than 3,700 people with chronic kidney disease, idiopathic nephrotic syndrome, and acute kidney injury have taken part. Their data and samples are being used by researchers in the UK and internationally to study why kidney disease progresses differently between individuals, and how care could be personalised accordingly.

**NURTuRE**  
National Unified Renal Translational Research Enterprise

[nurturebiobank.org](https://nurturebiobank.org)



# Principle 3: Patient involvement and engagement

Everything we do is informed by the insights and experiences of the people we serve; those living with, affected by and at risk of kidney disease. This ensures the research we support is relevant to the realities of living with kidney disease and focused on impact.

## We will:

- Continue to make sure that diverse voices and lived experiences are heard and built into everything we do in research: strategy planning, priority setting, grant review, planning, implementation and influencing.
- Use our reach to create closer connections between patients and scientists, to improve the design, delivery and diversity of research.
- Give more patients the chance to be actively involved in research, including by promoting research via our Kidney Voices for Research network and our Kidney Community forum, and by working with others such as NIHR Be Part of Research.
- Work in partnership with other organisations to increase engagement and trust and promote research involvement and participation in underserved communities.
- Feedback to those involved and interested, by publishing accessible lay summaries and demonstrating the outcomes of the research we've funded and supported.

It was great to be included in reviewing the research proposal and being part of the video call with David and his team. As a patient, knowing that your views are being heard, listened to and acted upon directly by the researcher to influence a research project, particularly at such an early stage, makes you feel valued.

**Kathryn Croker**  
Expert by experience



Kidney Research UK helped us set up a virtual meeting with three patients who had already seen a summary of our clinical trial. We found it really valuable to discuss the trial with the patients, particularly the 'opt out' consent process that we had proposed.

**Professor David Wheeler**  
Consultant nephrologist



**Kidney Voices for Research** is our community of patients interested in research. Kidney Voices is a way for you to connect with patients, to share events and opportunities and find the patient voice to inform your work.

Our Patient and Public Involvement team can help you consult patients on research questions, get patient input on materials and lay summaries or develop patient-led outcomes. Get in touch [patients@kidneyresearchuk.org](mailto:patients@kidneyresearchuk.org)



# Principle 4:

## Collaboration and partnership

No single organisation can transform kidney health. Collaboration is key to generating ideas, unlocking scientific potential, going beyond what we thought possible and making discoveries count through translation and implementation of advances.

### We will:

- Work in powerful, progressive and innovative partnerships that deliver more, faster, than any of us could achieve alone.
- Invite collaboration with a diverse range of research funders, charities and professional bodies, the private sector, bioscience organisations and the NHS, to drive research progress.
- Create meaningful opportunities for collaboration between researchers in different fields, and with patients, by establishing and supporting networks centred around kidney research challenges.
- Collaboratively with academia, funders and industry in the UK and internationally to develop new partnerships.
- Work with others to advocate for increased investment in kidney research.



### Impact case study

#### Alport Research Hub

Alport syndrome is a rare, inherited kidney condition that often presents in childhood and can progress to



kidney failure in early or mid-adulthood. It can also affect hearing and vision, with lifelong consequences for those living with the condition and their families.

As a rare disease, Alport syndrome has historically lacked the critical mass needed for coordinated research progress. Expertise has been dispersed and investment spread too thinly to move at pace. The Kidney Research UK-Stoneygate Trust Alport Research Hub was established to address this challenge, providing a dedicated, coordinated programme to accelerate research, transform early diagnosis, and support the development of targeted treatments.

The Hub brings together leading UK and international researchers and connects existing expertise through a collaborative research platform. By strengthening and linking the Alport research community, it supports progress along the entire research pathway, from discovery science through to diagnosis and new treatment approaches.

The Hub comprises both a physical research hub, using advanced laboratory and experimental systems, and a virtual hub that connects researchers with people living with Alport syndrome and shared data resources.

Through this coordinated approach, the Alport Research Hub supports innovation across the research pathway and helps ensure that promising discoveries can be developed, tested, and translated more effectively for patient benefit. It provides a model for how focused, long-term investment and collaboration can overcome the barriers that often slow progress in rare and hereditary kidney diseases, bringing new diagnostic and treatment opportunities within closer reach for patients and families.

# Principle 5: Investing in talent

Attracting, retaining and developing the next generation of researchers is vital for the future of kidney research. To drive research and innovation, we need to work with talented, multi-disciplinary and world-leading researchers, capable of making life-saving advances.

We must share the excitement and importance of kidney research to attract people into the field and to engage with researchers from adjacent fields, whose insights can contribute to our mission. We must retain emerging talent by providing a wide portfolio of support.

## We will:

- Provide a range of funding across career stages.
- Support early career researchers not just through funding but through enabling connections with others who can further their development and enhance their work, across disciplines.
- Consider the skills needs of the future and help to equip early career researchers for the world of tomorrow.
- Support researchers to design studies that support the implementation and adoption of evidence into real world practice.
- Facilitate the collaborations that maximise progress towards our goals.

I am delighted to have been awarded a Kidney Research UK training fellowship to investigate how we can improve blood transfusion methods to minimise antibody formation. These antibodies can make it harder to find a suitable transplant match and increase the risk of rejecting a donated kidney. Working with the charity to address this important clinical problem will enable me to generate meaningful insights into this vital area of research, while helping me to kickstart my clinical academic career.

**Dr Katrina Spensley**  
Clinical academic



## College of experts

Our college of experts involves a diverse range of specialists, including academic researchers, clinicians, data scientists, and allied health professionals, from across a range of research disciplines alongside patients (experts by experience).

Panels formed from our college review all research proposals we receive helping to ensure we support the highest quality research and research relevant to patient needs. Panels are also formed to review exceptional research opportunities arising from other collaborations with other funders or industry.

Succession planning and opportunities to be part of the college will be advertised on the website.

# Principle 6:

## The continuum of research

Only by supporting the complete spectrum of research will we ensure that discoveries become advances in clinical care, benefiting everyone with or at risk of kidney disease.



### We will:

- Ensure that membership of our college of experts reflects the continuum of research discovery and translation.
- Increase our funding for translation and offer new ways to support innovation, for example through our Translation Accelerator Kidney Awards and our social investments into spin-out and start-up companies.
- Continue to invest in discovery science to underpin new approaches to detection, diagnosis and treatment through our response mode and targeted calls.
- Drive the adoption of research into real-world policy and practice by investing in implementation science and health services research.

### Impact case study

#### Podocyte-targeted renal gene therapy for nephrotic syndrome and other rare diseases

The podocyte is the central cell of the kidney filtration barrier, and implicated in most forms of kidney disease where large amounts of protein leak into the urine.

University of Bristol research, supported by Kidney Research UK, has revealed underlying molecular mechanisms for kidney diseases caused by dysfunctional podocyte cells. The research has developed genetic testing for podocyte disorders and has enabled rapid diagnosis and precision targeting of therapies,

additionally leading to new international clinical practice guidelines.

Further Kidney Research UK funding underpinned the development of novel gene therapies to treat disorders such as steroid resistant nephrotic syndrome (SRNS), a devastating renal disease which, until the mid-2010s, was treated with heavy immunosuppressive drugs, with high morbidity. The research has informed and led to a spin-out company with significant industry investment.

# Development areas.

We are committed to investigator-driven research; to enabling researchers to follow the science where it takes us.

Some areas of kidney health and disease are particularly poorly served by current research efforts. It is our job to drive research that addresses these pressing gaps in knowledge and make a difference to people with and at risk of kidney diseases.

In addition to supporting research across the whole spectrum of kidney health and chronic kidney disease, we will also act to convene communities, stimulate new thinking and create funding opportunities to generate focus and accelerate progress in four development areas that we know are currently underserved.

- Acute kidney injury
- Kidneys and cancer
- Kidney disease interaction with other long-term conditions and mental health
- Paediatric, rare and hereditary kidney disease

## In these areas, we will:

- Bring together diverse groups of researchers, across disciplines and fields, to generate novel ideas and concepts.
- Fund specific themed calls or other strategic research investments.
- Set researchers specific challenges to address some of the unmet needs in these areas.
- Offer large-scale funding to support collaborations between research teams with different skills and perspectives.
- Work collaboratively with partner organisations to co-fund research, stimulate collaboration and do things at greater pace and scale than we can do on our own.

## Acute kidney injury



Acute kidney injury (AKI) occurs when the kidneys suddenly lose function, most commonly as a complication of another illness (such as severe infection / sepsis), surgery or medication. It is a major cause of death and long-term kidney damage, and survivors face significantly elevated risk of developing chronic kidney disease and kidney failure. Many cases are preventable, yet AKI remains underdiagnosed, undertreated and poorly understood in community settings.

Despite its scale and impact, AKI attracts relatively little dedicated research funding. Key questions include how to identify those most at risk, how to detect and diagnose AKI earlier, how to limit kidney damage once AKI has occurred, and how to prevent the transition from acute injury to chronic kidney disease.

## Kidneys and cancer



The relationship between kidneys and cancer is multi-faceted. Kidney cancer is among the ten most common cancers in the UK. Many cancer treatments carry significant risk of kidney damage. And people living with chronic kidney disease – especially kidney transplant recipients – face higher rates of certain cancers.

Yet the intersection of kidney disease and cancer remains a largely neglected research space, falling between oncology and nephrology.

Key research questions include how to reduce the renal toxicity of cancer treatments, how to improve cancer outcomes in people with pre-existing kidney disease, what are the biological links between kidney disease and cancer risk, how to manage and mitigate cancer risk in immunosuppressed transplant recipients, and how to ensure people with kidney disease have equitable access to cancer clinical trials and treatments from which they are frequently excluded.

## Kidney disease interaction with other long-term conditions and mental health



Most adults living with kidney disease also have other conditions, such as heart and cardiovascular disease, diabetes, mental health conditions, and obesity. However, medical research tends to study conditions in isolation. It's crucial that we improve our understanding of how kidney disease influences and is influenced by common co-existing health issues, and how the underlying disease mechanisms interact. This will lead to more effective treatment and diagnostic approaches, alongside a more streamlined and holistic experience for patients.

In order to enhance patient outcomes, we need a greater mechanistic understanding of the development (and therefore prevention) of chronic kidney disease in the context of other multiple long-term conditions, particularly diabetic kidney disease pathogenesis, the connection between hypertension and CKD as well as the cross-pathways with overweight/obesity, mental health and liver/cholesterol dysfunction.

Understanding these processes may highlight opportunities for future biomarker development, allowing enhanced patient stratification and subsequent personalised care. Fundamental to the success of this is addressing inequalities around ethnicity and socioeconomic deprivation to ensure broad representation.

## Paediatric, rare and hereditary kidney disease



Rare and hereditary kidney diseases collectively affect 160,000 people in the UK, and many manifest in childhood or early adulthood.

These conditions can have devastating consequences, often leading to kidney failure at a young age and affecting education,

development and quality of life at critical life stages. For families, a hereditary diagnosis carries additional weight, the knowledge that the condition may be passed to the next generation.

Our report [Collectively common: the devastating impact of rare kidney diseases in the UK](#) set out the scale of unmet need across rare kidney diseases and made the case for greater research investment and coordination.

Key research questions include how to improve and accelerate diagnosis, how to understand the genetic and molecular basis of rare, hereditary and paediatric kidney conditions, how to develop and evaluate disease-modifying and curative therapies including gene therapy and precision medicine approaches, how to design and deliver clinical trials that work for small patient populations, and how to ensure children and young people have access to trials and emerging treatments at the earliest opportunity.

### Impact case study

#### Improving outcomes for people on peritoneal dialysis

Peritoneal dialysis (PD) provides a home-based treatment choice that enables people to survive with kidney failure, it is used to treat 400,000 people with kidney failure worldwide. Research at University of Keele, supported by Kidney Research UK, has contributed to sustained improvement in patient survival in the US, Canada, Australasia and Europe at almost double the rate seen for in-centre haemodialysis treatment. The research has identified three types of peritoneal membrane problem which require different approaches to improve fluid management, while avoiding excessive harmful exposure from glucose in dialysis fluids. This has informed international guidelines for membrane assessment and improved prescription of peritoneal dialysis, including optimal time on treatment.

# Identifying research priorities to drive better outcomes.

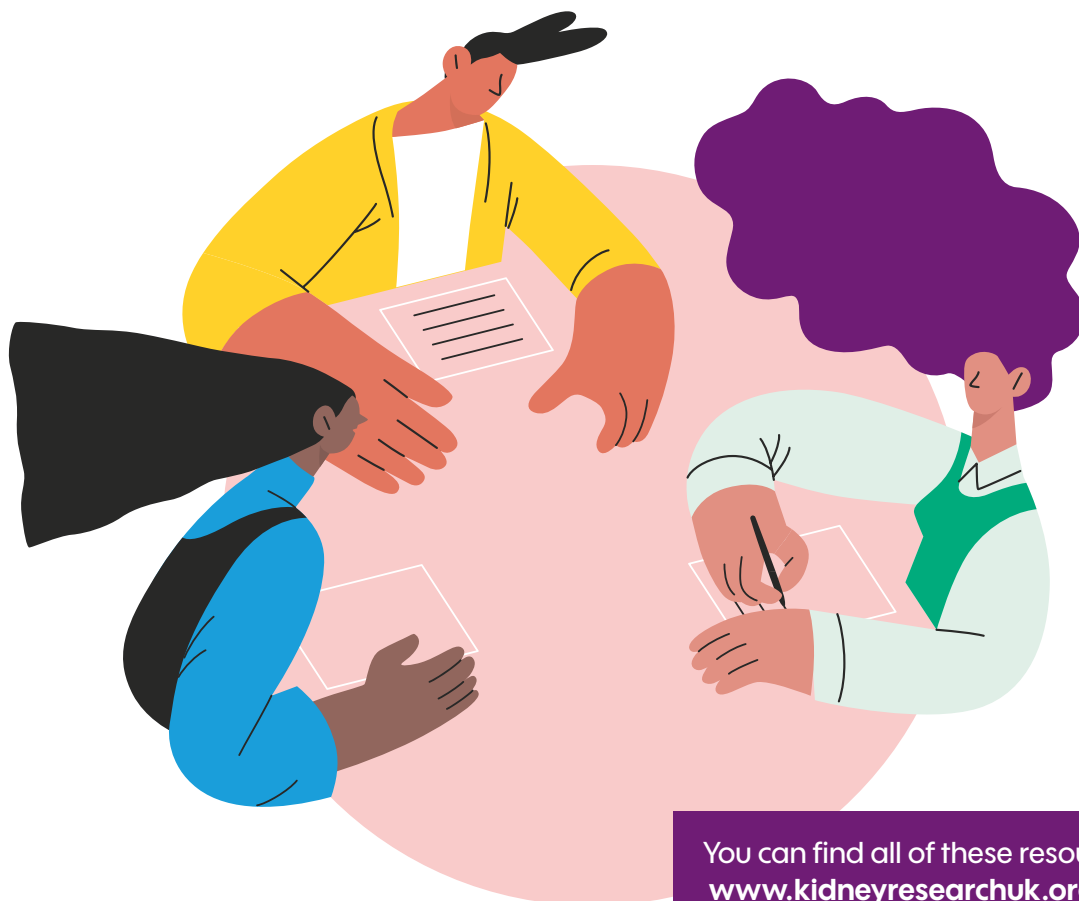
Over recent years, we've brought together researchers, people living with and at risk of kidney disease, health care professionals, charity and life sciences partners in several workshops to identify unmet needs in key areas of importance for the kidney patient community.

The reports and journal articles generated from these sessions have informed our development areas, but they are also available for the wider research community. We encourage researchers to use these insights and research recommendations when considering new research projects and collaborations.

Resources currently include:

- Time to Act: A new review of health inequalities
- Primary prevention workshop findings
- Research recommendations from the Breakthrough T1D, Diabetes UK and Kidney Research UK, diabetes and kidney disease expert workshop
- Collectively Common: the devastating impact of rare diseases in the UK
- Kidneys and cancer workshop findings

We will continue to bring together multi-disciplinary groups to identify research evidence and research implementation and adoption gaps so that we can focus our efforts and drive change.



You can find all of these resources online at:  
[www.kidneyresearchuk.org/research-strategy](http://www.kidneyresearchuk.org/research-strategy)

# How we fund and facilitate research.

We have a wide range of mechanisms to support high quality kidney research and provide support for the translation and adoption of research evidence. We welcome conversations with researchers, clinicians and startups about the best route of support for your idea.

## Project grants

We offer a range of response-mode funded grants for focused studies. Some are funded in partnership with other organisations.

## Startup grants

We offer researchers small awards for preliminary research or pilot studies.

## Career development

Our range of fellowships, studentships and MRes funding supports scientists at key stages of their career and health and care professionals who are, or wish to become, research active.

We often partner with other organisations (such as NIHR, MRC, AMS) in our career awards. This includes support for those returning to research after a career break, co-funded with Daphne Jackson Trust.

We also offer support for the development of the next generation of research leaders. This includes conference attendance and networking, personal development, provision of access to expert advice, patient and public involvement and engagement, and commercial partnerships.

## Directed and commissioned research

We regularly launch specific calls for applications in areas of unmet need, such as our development areas.

Alongside traditional grants, we will also look to support ambitious, large-scale strategic investments which allow for multi-partner research addressing an unmet need or timely opportunity that aligns with our strategic goals.

## Translation

Our Translation Accelerator Kidney Award Scheme provides funding to help UK-based researchers turn their scientific discoveries and innovation into clinical advances such as new therapies, devices and diagnostics for kidney diseases.

## Open door

Anyone with an idea that could make a difference to people affected by kidney disease, but do not meet the criteria of standard funding schemes, is invited to approach us for support through our 'open door'.

This includes, but is not limited to, people affected by kidney disease, inventors, entrepreneurs, researchers, scientists or health professionals.

## Investment in infrastructure

We support central infrastructure to accelerate kidney research, including high quality biobanks, databases and registries.

These include:

- NURTuRE (National Unified Renal Translational Research Enterprise)
- RaDaR (National Registry of Rare Kidney Diseases)
- Kidney Data Science Catalyst

## Spin-out and start-up companies

We offer pre-seed and seed capital investment in early-stage startup propositions and companies working in kidney research.

## UK Kidney Research Consortium (UKKRC)

We jointly host and support the UKKRC with the UK Kidney Association. This network brings researchers and patients together to share ideas and collaborate for faster progress and greater impact.

## Meetings and conferences

We offer sponsorship support for UK scientific meetings that have a clear kidney focus and are open to all UK researchers. We also host our own yearly scientific conference, Driving Discoveries, which offers an opportunity for researchers at all career stages, to network, form collaborations and submit abstracts for presentations or posters.

## Adoption of research evidence

We support adoption projects to help turn evidence-based interventions and academic findings into actionable tools and solutions in the healthcare system for the benefit of people with or at risk of kidney disease.

## Industry partnership programme

A unique opportunity for life-science companies who want to collaborate to support the development of products, treatments, therapies and diagnostics for kidney disease.

This includes a specific programme for small to medium businesses, and startups.

For more information, and our calendar of application deadlines, go to [www.kidneyresearchuk.org/research](http://www.kidneyresearchuk.org/research)

If you have an idea you'd like to discuss with a member of the team pre-submission, get in touch [research@kidneyresearchuk.org](mailto:research@kidneyresearchuk.org)



# Measuring progress.

There is a great deal to do to achieve real change for kidney patients. Our research strategy is necessarily bold, and we will be transparent in reporting the progress made.

We will collect quantitative and qualitative data to measure how we're doing in meeting our research principles of expert review, in funding high quality research, and to show where we've got to in bringing about change.

It is part of our responsibility as a member of the Association of Medical Research Charities to maintain high standards of research governance and fund the best quality research that has relevance to patients.

We will collect and report these data in our annual report.

Action	Examples of where we will measure progress	Expected outcomes
<b>Accelerate discovery</b> 	<ul style="list-style-type: none"> <li>• Our investment in research</li> <li>• The health of the kidney research environment</li> <li>• Diversity of research participation and involvement</li> <li>• Outcomes of our research portfolio (i.e. publication, citation, additional funding)</li> </ul>	<p>We gain new knowledge of how to tackle kidney disease and improve kidney health.</p>
<b>Make it count</b> 	<ul style="list-style-type: none"> <li>• Our investment in translation, innovation and enterprise</li> <li>• Researcher engagement with translational activity</li> <li>• Outcomes from real-world evidence activity</li> <li>• Policy recommendations adopted by governments in all four nations</li> <li>• Outcomes from engagement in relevant regulatory body appraisals</li> </ul>	<p>More research progresses and leads to improved patient outcomes.</p>

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- Lay advisory group members
- Kidney Voices for Research
- UK Kidney Research Consortium members
- Grant holders past and present
- Development Advisory Board
- Research workshop attendees
- Partners and collaborators

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**kidney disease  
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