

<b>Topic</b>	<b>Precision Medicine for Nutritional Management of End Stage Kidney Disease and Transition to Dialysis</b>
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<p>Chronic kidney disease (CKD) is a global public health burden with an estimated prevalence ranging from 9 to 15%. Dialysis is not only costly but may not readily be available in developing countries. Even in highly developed countries, many patients prefer to defer or avoid dialysis. Thus, strategies to delay CKD progression and need for dialysis treatment are among the most important objectives for CKD management and could bring huge clinical and economic implications globally.</p> <p>The role of nutritional therapy as a strategy to retard CKD progression was initially explored in the 1970s. Recently, there are revived interests in nutritional therapy in CKD due to encouraging data as well as the introduction of ‘Precision Medicine’ with emphasis on a personalized approach. Although variations in study design and dietary prescription, diversity in genetic make-up may in part explain the inconclusive data with low protein dietary therapy, intra-individual variations in the responses to dietary and non-dietary therapy, psychosocial factors as well as patients’ adherence to dietary therapy may also be important contributing factors to the heterogeneous data and responses to nutritional therapy. This brings forward the concept of ‘Precision Medicine’ of which CKD management should be tailored and individualized according to not only clinical manifestations but also to the genetic makeup and biologic responses to therapy that may vary depending on the genetic composition.</p> <p>Precision Nutrition Management should take into account of patients’ demographics, social, psychological, education and compliance factors, all of which may influence the therapeutic needs and patients’ responses to the nutritional therapy prescribed.</p> <p>My talk will describe this novel approach of ‘Precision Nutrition Management’ in end-stage kidney disease (ESKD) and Transition to Dialysis and I will discuss why this approach should be adopted for nutrition management in the CKD population.</p>	