Distribution of demographics showed some regional distinctions by world region. The age of patients at the progression to kidney failure and initiation of dialysis was most commonly 45-64 years old in APAC, EMEA, LatAm, and NorAm (Table 1).

Table 1: Apollo*DialDb* v2.0: Patient Characteristics by Region

		Total	APAC	EMEA	LatAm	NorAm
Age at dialysis start	18-44	16.1%	19.5%	16.2%	20.6%	15.1%
	45-64	40.1%	44.5%	37.0%	41.2%	40.1%
	65-74	24.9%	22.4%	26.1%	22.8%	25.3%
	>=75	18.9%	13.5%	20.7%	15.5%	19.6%
Biological Sex	Female	41.6%	41.4%	39.6%	40.7%	42.1%
	Male	58.4%	58.6%	60.4%	59.3%	57.9%
	Missing	0.002%	0.008%	0.011%	0.004%	N/A
Race	Asian	3.6%	20.0%	0.2%	0.5%	3.3%
	Black	20.7%	0.1%	2.1%	5.1%	28.4%
	White	50.9%	13.9%	61.9%	36.9%	54.1%
	Other	8.4%	17.9%	3.2%	44.3%	2.9%
	Unknown	7.8%	0.2%	N/A	0.1%	11.2%
	Missing	8.6%	47.9%	32.6%	13.2%	N/A

Despite this, there was a higher proportion of 18-44 year old patients in APAC and LatAm versus EMEA and NorAm respectively, and vice versa was observed for older patients ≥75 years old. About 40% of patients were female across world regions. Race varied by region, with high missingness in APAC and EMEA, and most patients being classified into "Other" race category in LatAm which characterizes mix and indigenous racial groups.

Conclusion: The research ready dialysis database Apollo*DialDb* v2.0 offers a view into more than 850,000 CKD patients treated by dialysis across 41 countries. It includes longitudinal data from three times more fields than the initial version of the database (Wolf M, 2025, KI Reports). Patient characteristics show that the demographics of patients vary by world region. These profiles act as benchmarks for the nephrology community.

I have potential conflict of interest to disclose.

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I did not use generative AI and AI-assisted technologies in the writing process.

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THE IMPACT OF ACTIVE LUPUS NEPHRITIS ON WORK PRODUCTIVITY IN PATIENTS FROM A LATIN AMERICAN LUPUS COHORT

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Introduction: The Latin American Group for the Study of Lupus (GLADEL) 2.0 is an observational prevalent and incident cohort of patients with systemic lupus erythematosus (SLE) in Latin-American countries. Here we evaluated the work productivity and activity impairment (WPAI) in patients with active lupus nephritis (LN) at cohort entry and 12 months after treatment initiation according to their renal response.

Methods: Forty-four centers from Latin-American countries enrolled patients ≥18 years of age who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria for SLE. Patients from different subsets of LN were enrolled. For this analysis, patients in Group II (prevalent inactive LN), III (prevalent active LN), and IV (incident LN) and 12-month follow-up data were included. Demographic, clinical manifestations, disease activity (SLEDAI-2k) and damage SLICC/ACR Damage Index (SDI) were examined. At baseline, WPAI scores stratified by the presence of active or inactive LN were compared. At 12 months, absenteeism, presenteeism, global work impairment in employed patients and activity impairment in patients with active LN were compared according to their renal response. Renal responses were defined according to EULAR/Kidney Disease Improving Global Outcomes (KDIGO) – complete clinical response: urine protein creatinine ratio (UPCR) < 0.5 g/g; partial clinical response: ≥ 50% reduction in UPCR; no response: < 50% reduction in proteinuria. Descriptive analyses were performed.

Results: Of the 1081 patients included in the cohort, 651 with history of LN were evaluated (423 with active LN and 228 with inactive LN). Of the active LN patients, 369 (87.4%) were women, were younger at cohort entry, of a lower socioeconomic status, had a higher unemployment rate and a higher SLEDAI than patients with inactive LN. Of the LN patients, 257 (39.5%) were employed (salaried work) at cohort entry and were included in this analysis. Patients with active LN showed higher rates of impairment in the WPAI score with greater impact and lower work productivity in all domains than in patients with inactive LN (Table 1). At 12 months, there was no evidence of a positive impact on work productivity as measured by the WPAI in patients who achieved renal response (Table 2).

WPAI	Total (N=257)	Groups II Prevalent Inactive LN (n=109)	Groups III + IV Prevalent Active + Incident LN (n=148)	*p* value
Absenteeism[a], Median (IQR)	0.0 (0.0-54.5)	0.0 (0.0-0.0)	26.5 (0.0-100.0)	<0.0001[1]
Presenteeism[b], Median (IQR)	20.0 (0.0-60.0)	0.0 (0.0-30.0)	50.0 (0.0-80.0)	<0.0001[1]
Overall Work Impairment[c], Median (IQR)	40.0 (0.0-89.6)	0.0 (0.0-34.4)	70.3 (21.4-100.0)	<0.0001[1]
	Total (N=651)	**Groups II Prevalent Inactive LN (n=228)**	**Groups III + IV Prevalent Active + Incident LN (n=423)**	***p* value**
Activity Impairment[d], Median (IQR)	40.0 (10.0-70.0)	20.0 (0.0-50.0)	50.0 (20.0-80.0)	<0.0001[1]

[1]Kruskal-Wallis p-value; [a]time missed from work due to health; [b]impairment of productivity while working due to health; [c]due to health; [d]impairment in activities of daily living outside of work due to health.
IQR, interquartile range; LN, lupus nephritis; WPAI, work productivity and activity impairment.

Table 1. Baseline Evaluation of Work Productivity with the WPAI in the GLADEL 2.0 SLE Cohort of Patients with Lupus Nephritis from Different Groups

	NR (n=26)	PRC+CCR (n=58)	Total (N=84)	*p* value
Absenteeism[a], Median (IQR)	0.0 (0.0- 20.0)	0.0 (0.0-0.0)	0.0 (0.0-6.3)	0.212[1]
Presenteeism[b], Median (IQR)	5.0 (0.0-30.0)	10.0 (0.0-30.0)	0.0 (0.0-30.0)	0.950[1]
Overall Work Impairment[c], Median (IQR)	20.0 (0.0-60.0)	10.0 (0.0-40.0)	10.0 (0.0-50.0)	0.465[1]
	NR (n=75)	**PRC+CCR (n=150)**	**Total (N=225)**	***p* value**
Activity Impairment[d], Median (IQR)	30.0 (10.0-60.0)	20.0 (0.0-50.0)	30.0 (0.0-50.0)	0.075[1]

[1]Kruskal-Wallis p-value; [a]time missed from work due to health; [b]impairment of productivity while working due to health; [c]due to health; [d]impairment inactivities of daily living outside of work due to health.
CCR: complete clinical response; IQR, interquartile range; NR, no response; PRC, partial response criteria.

Table 2. Evaluation of the Impact of Achieving Renal Response at 12 Months on WPAI in Patients with Active Lupus Nephritis

Conclusion: Patients with active LN presented a greater impairment on WP compared to patients with inactive LN. There was no evidence of a positive impact on WP in patients who achieved a complete or partial renal response after 12 months of treatment. Future analyses with a larger number of patients being followed up would be necessary to provide more definitive data.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.