



## **KRESCENT 2026 SUMMER STUDENTSHIP** **PARTICIPATING LABS**

### **Principal Investigator: Dr. Aminu Bello**

Professor, Department of Medicine/Nephrologist

**Institution and location:** University of Alberta, Edmonton

### **Brief overview of research program in lay language:**

Aminu Bello, MD, PhD, is a member of several professional organizations and consortia in nephrology.

His research interest is in global health, Indigenous kidney health research and remote/rural kidney care, and development of innovative care delivery platforms for optimal management of patients with kidney disease. He has supervised many graduate trainees and summer students in clinical epidemiology research. He is keenly interested in outcomes research towards improving quality of care among people with chronic diseases in Indigenous communities.

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### **Principal Investigator: Dylan Burger, PhD**

Senior Scientist and Associate professor

**Institution and location:** Kidney Research Centre, The Ottawa Hospital Research Institute, Ottawa

### **Brief overview of research program in lay language:**

The Burger laboratory explores how chronic diseases including diabetes, hypertension, and kidney disease develop. We use knowledge gained from these studies to develop new treatments and tools to for early disease detection. In particular, we study "extracellular vesicles" or EVs. EVs are tiny pieces of cell that are released into the blood and urine.

Our laboratory has shown that changes to EVs in urine can identify kidney injury before current clinical tests. We have also shown that these EVs can actually contribute to kidney scarring. Projects in our lab are therefore focused on developing an EV-based test for early detection of kidney disease and on developing drugs that prevent EVs from causing kidney scarring.

**Principal Investigator: Dr. Rahul Chanchlani**

Associate Professor, Division of Pediatric Nephrology

**Institution and location:** McMaster Children's hospital, Hamilton

**Brief overview of research program in lay language:**

My name is Rahul Chanchlani and I am a pediatric nephrologist and clinician researcher at McMaster Children's hospital, Hamilton. My funded research program aims to address critical knowledge gaps in the field of pediatric hypertension using routinely collected healthcare data, particularly improving the screening of blood pressure (BP) among Canadian children at a primary care level.

Despite increasing HTN prevalence, only 25% of Canadian children have their BP regularly checked by primary care providers, resulting in severe under-diagnosis.

To address this gap, we are developing and validating a risk prediction tool to detect high BP among children using 5 well-defined longitudinal Canadian and UK-based birth cohorts.

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**Principal Investigator: Dr. Indra Gupta**

Pediatric Nephrologist/Clinician-Scientist

**Institution and location:** Research Institute of the McGill University Health Centre, Montreal

**Brief overview of research program in lay language:**

Congenital birth defects in kidney and urinary tract formation are the most common cause of kidney failure in children. My research is focused on understanding the genetic and environmental risk factors that result in these defects. We use cell lines, animal models and the genetic study of affected individuals to do this research.

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**Principal Investigator: Dr. Jagbir Gill**

Transplant Nephrologist, Clinician-scientist

**Institution and location:** UBC Kidney Transplant Research Program, Vancouver

**Brief overview of research program in lay language:**

I am a transplant nephrologist and clinician scientist in the UBC Division of Nephrology. My research areas of interest include access to kidney transplantation, specifically examining disparate access to transplantation by race/ethnicity, socioeconomic status, geography, and age, and other barriers to living and deceased organ donation. Key research methodologies include epidemiology, health services and health policy research, and quality and implementation.

## Key areas of research in my group include:

1. **Examining sociodemographic disparities in living kidney donation:** This research is aimed at understanding disparities in living donation and has been important in informing policy to support living donation in disadvantaged populations.
2. **Developing strategies to improve access to living donor transplantation:** Building on my work examining sociodemographic disparities in living donation, I have developed a research program aimed at improving access to living donor kidney transplantation in Canada, anchored around a program of study aimed at implementing health services and health policy interventions to improve access to kidney transplantation for Indigenous populations (BRIDGE to Transplant Program). I have further expanded this work by applying the same research methodology to design, implement, and evaluate a strategy to expand living donor kidney transplantation in other racialized populations (the African/Caribbean/Black and South Asian) in collaboration with Health Canada.
3. **Transplant Tourism and Global Strategies to ensure ethical deceased donation:** Transplant tourism refers to the illegal and unethical practice of organ trafficking that has persisted for years in many countries. Efforts to curb this practice have been informed by research and policy initiatives, many of which have been led through our group. I have authored several publications relating to the outcomes and drivers related to the practice of transplant tourism and organ trafficking.

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## Principal Investigator: Oraly Sanchez-Ferras, PhD

Professeure Adjointe/Assistant Professor

**Institution and location:** Université de Sherbrooke, Sherbrooke

## Brief overview of research program in lay language:

As a new researcher, my goal is to understand how cells develop and organize to form the kidneys. During early kidney development, renal progenitor cells transform and reorganize to create a pair of nephric ducts. These ducts must elongate through collective cell migration toward the back of the embryo to initiate the formation of the kidneys. While these events are well documented, the mechanisms that govern cell fate decisions and collective migration during kidney formation remain poorly understood.

My research program aims to uncover how cell behaviors, interactions, and movements drive kidney development and how disruptions in these processes contribute to diseases such as Congenital Anomalies of the Kidney and Urinary Tract (CAKUT) and cancer. Using cutting-edge techniques like fluorescent mouse models, single-cell analysis, spatial transcriptomics, live imaging, and CRISPR/Cas9 gene editing, my team focuses on three main projects:

1. Investigating collective cell migration during kidney development.
2. Identifying key genes and mechanisms underlying CAKUT, with a focus on transcription factors like Tfap2 and Gata3.

3. Exploring the shared mechanisms between nephric duct development and cancer invasion, particularly in metastatic kidney cancer.

This research will advance our understanding of kidney development and disease, enabling more precise diagnoses and personalized treatments for CAKUT. It will also lead to the discovery of biomarkers for tracking kidney cancer progression and identifying promising therapeutic targets for invasive cancers, directly impacting public health.

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**Principal Investigator: Dr. Tomoko Takano**

Senior Scientist, Professor, Department of Medicine

**Institution and location:** Research Institute of the McGill University Health Centre, Montreal

**Brief overview of research program in lay language:**

Our laboratory aims to understand what causes protein leakage into the urine (proteinuria). Proteinuria is not only a hallmark feature of chronic kidney disease but also an indicator for progression to kidney failure. Also, in the disease form called nephrotic syndrome, heavy proteinuria causes body swelling, necessitating aggressive treatments with many side effects.

We use cultured cells, animal models, and blood samples from affected individuals to dissect what causes proteinuria and what are the responsible molecules and pathways. By doing so, our ultimate goal is to identify better biomarkers of the disease and identify novel therapeutic target, so that the affected individuals can receive personalized and specific treatment, rather than blind and non-specific one they are receiving now.

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**Principal Investigator: Dr. Greg Hundemer**

Assistant Professor/Nephrologist

**Institution and location:** Ottawa Hospital, Ottawa

**Brief overview of research program in lay language:**

My clinical research program has two key focuses. The first is studying the impact of excess aldosterone (a hormone that tells the kidneys to hold onto salt) on the development of high blood pressure, cardiovascular disease, and kidney disease. The second is using artificial intelligence computer technology to improve prediction of kidney disease progression. I am a prior KRESCENT Awardee and have active research funding from a number of organizations including the Canadian Institutes of Health Research and the Kidney Foundation of Canada. I also hold the Lorna Jocelyn Wood Chair for Kidney Research at the Ottawa Hospital. I have abundant experience in mentoring students and trainees in kidney research.

**Principal Investigator: Alex Gregorieff, PhD**

Assistant Professor/Scientist

**Institution and location:** Research Institute McGill University Health Centre, Montreal

**Brief overview of research program in lay language:**

*Defining the mechanisms underlying renal tubule regeneration during acute kidney injury.*

The decline lasting days to weeks in kidney function, known as acute kidney injury (AKI), is a major cause of hospitalizations and a frequent complication arising in patients in intensive care units. AKI is a major risk factor for developing chronic kidney disease (CKD), characterized by permanent fibrosis, systemic inflammation and progressive azotemia. Progression from AKI to CKD is thought to occur as a consequence of incomplete repair of the tubular epithelium. However, the mechanisms underlying maladaptive repair remain poorly understood. In collaboration with Dr. Tomoko Takano, a nephrologist at the RI-MUHC, we have exploited models of AKI by ischemic-reperfusion in mice and organoids to uncover novel regulators implicated in these processes. The summer project will include gaining experience with genetically engineered mouse models and organoid cultures. This project is funded by an NSERC Discovery Grant awarded in 2022.

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**Principal Investigator: Dr. Caroline Lamarche**

Clinician Scientist/Transplant Nephrologist

**Institution and location:** Centre de recherche de l'Hôpital Maisonneuve-Rosemont, Montréal

**Brief overview of research program in lay language:**

My research program aims to optimize immune function among patients in nephrology with the objective of reducing their mortality and morbidity. I am a clinician-researcher specialized in transplantation, and I operate a fundamental immunology laboratory. As part of this internship, I propose to conduct two projects, therefore. The first, a clinical project, aims to evaluate the impact and necessity of treating subclinical borderline rejection among kidney transplant recipients. It will consist of conducting a case review and drafting a journal article on the subject. The second, an immunology project, will analyze the impact of regulatory T-lymphocytes on the heart of mice with renal failure. It will consist of performing microscopy (marking and image acquisition) and will be part of a larger study.

## **Principal Investigator: Dr. Casimiro Gerarduzzi**

Associate Professor/Senior Researcher

**Institution and location:** Université de Montréal, Centre de recherche de l'Hôpital Maisonneuve-Rosemont (CR-HMR), Montreal

### **Brief overview of research program in lay language:**

Focuses on understanding kidney scarring (fibrosis) and its molecular causes. Studies how proteins regulate tissue repair and contribute to kidney damage. Aims to identify new diagnostic markers and therapies for chronic kidney disease. Seeks to improve treatments to prevent or reduce kidney damage for better patient outcomes.

Dr. Casimiro Gerarduzzi's lab employs various advanced methods to study kidney fibrosis and tissue repair. Here's a summary of the techniques used:

- **Molecular Biology Tools:**
  - Gene expression analysis to identify biomarkers associated with fibrosis.
  - Protein quantification methods (e.g., Western blot, ELISA) to study key regulators.
- **Cell Culture Models:**
  - Fibroblast and epithelial cell cultures to mimic fibrosis in vitro.
  - Co-culture systems to investigate cell-cell interactions in kidney tissue.
- **Histological and Imaging Techniques:**
  - Tissue staining (e.g., Masson's trichrome) to visualize and quantify fibrosis in kidney samples.
  - Advanced microscopy for detailed cellular and tissue-level analysis.
- **Animal Models:**
  - Use of murine models to replicate kidney injury and study scarring mechanisms in vivo.
- **Bioinformatics and Systems Biology:**
  - Computational analysis to integrate gene and protein data and identify regulatory networks.
- **Therapeutic Testing:**
  - Screening of compounds and therapeutic candidates for anti-fibrotic activity in preclinical models.

These methods allow the lab to gain insights into the mechanisms of kidney fibrosis and develop potential interventions.

## Principal Investigator: Amira Abdelrasoul, PhD

Associate Professor

**Institution and location:** University of Saskatchewan, Saskatoon

### Brief overview of research program in lay language:

Our research program focuses on advancing kidney health through the development of innovative models of the glomerular basement membrane (GBM), a critical component of the kidney's filtration system. The GBM plays an essential role in filtering waste products from the blood and maintaining the survival and function of kidney cells, including endothelial cells and podocytes. Damage to the GBM caused by oxidative stress, inflammation, or other factors can lead to kidney disease and failure. This groundbreaking platform enables us to simulate blood flow and observe its real-time effects on kidney cells, assess cell survival, attachment stability, and regeneration under dynamic and controlled conditions, and study cellular responses to injury to identify factors influencing repair, movement, and survival. By integrating engineered GBM matrices with kidney cells, we aim to uncover critical insights into how GBM damage influences kidney health. The knowledge gained from this research will pave the way for improved dialysis treatments and novel therapies to support patients with kidney failure.

### Project Opportunities for Summer Students

This project offers a **highly engaging, hands-on research experience** that aligns with the KRESCENT Summer Studentship Program goals:

1. **Cutting-Edge Research:** Students will work on our innovative GBM-on-a-chip system, applying advanced bioengineering techniques and studying live-cell interactions under simulated blood flow conditions.
2. **Skill Development:** Students will gain valuable experience in dynamic cell culture systems, biomaterials engineering, cell survival assays, and data analysis—essential skills for future research careers.
3. **Clear Project Outcomes:** The structured project will involve evaluating cell behavior and regeneration, with clear deliverables that can contribute to presentations or publications in kidney research.
4. **Mentorship and Career Growth:** Our program prioritizes student development through direct mentorship, guidance, and collaboration with a highly qualified research team. Students will be encouraged to explore career opportunities in kidney research while gaining insights into real-world applications of scientific discoveries.

### Commitment to Inclusion and Cultural Safety

Our team is dedicated to fostering a **culturally safe, inclusive, and supportive training environment** for all students. As part of the KRESCENT program, we will:

- Undergo **anti-racism, anti-oppression, and Indigenous cultural safety training** as required.
- Provide mentorship tailored to the student's learning needs and career aspirations.
- Ensure a respectful and collaborative space where students from **Black and Indigenous communities** can thrive and succeed.

We believe that empowering students to participate in cutting-edge kidney research will not only enhance their skills but also contribute to **increasing representation** of underrepresented groups in the field of kidney health. Our goal is to inspire and support the next generation of kidney researchers while advancing treatments that improve patient outcomes.

By participating in this program, students will play an integral role in advancing **innovative kidney research**, contributing to discoveries that address critical issues in dialysis treatments and kidney disease.

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## **Principal Investigator: Dr. Ana Konvalinka**

Nephrologist/Clinician Scientist

**Institution and location:** University Health Network, Toronto

### **Brief overview of research program in lay language:**

Dr. Ana Konvalinka (MD, PhD, FRCPC) is a Clinician Scientist and Transplant Nephrologist at the University Health Network in Toronto. She is an Associate Professor at the University of Toronto and a Senior Scientist at Toronto General Hospital Research Institute. Dr. Konvalinka is the director of the Multi-Organ Transplant biobank for kidney, pancreas, and liver transplant programs at the Ajmera Transplant Centre.

In addition to providing care to adult kidney transplant patients, Dr. Konvalinka leads a vibrant and innovative basic and translational research program, with a focus on identifying molecular mechanisms and novel therapeutic targets for native and transplant kidney disease. She utilizes systems biology approaches and proteomics to enhance the understanding of mechanisms, derive novel markers and identify therapeutic targets for kidney disease. Her research program focuses on three main areas, with the overarching goal of preventing premature kidney graft loss:

1. Antibody mediated rejection – the lab is using molecular approaches to study patients' kidney biopsies and concomitant blood and urine to understand the precise mechanisms that may drive injury in patients.
2. Ischemia reperfusion injury is the type of injury that harms the kidney at the time of transplant. Dr. Konvalinka's lab is studying ways to repair the kidneys at the time of transplant and is investigating how mechanisms of injury differ in males and females.
3. Kidney scarring (fibrosis) – the lab is testing whether specific proteins and sugars measured in urine can indicate the degree of scarring in the kidney.



**Principal Investigator: Dr. Tom D. Blydt-Hansen**

Associate Professor of Pediatrics, Director, Multi-Organ Transplant Program

**Institution and location:** University of British Columbia, BC Children's Hospital, Vancouver

**Brief overview of research program in lay language:**

My research program is focused on improving clinical outcomes in children who have had a kidney transplant. I lead the solid organ transplant research program, at the BC Children's Hospital Research Institute. There are two facets to our research. The first is translational, to bring new technology to bear on improving monitoring of kids with a transplant. This includes evaluating their risk for inflammation/injury in the kidney such as rejection, in order to guide when we should be doing a biopsy. Successful implementation of such technology should lead to better long term graft survival and the potential to tailor immune suppressant medications, so that we can minimize their use to avoid side effects while ensuring that the kidney transplant is safe. The second aspect is improving the quality of life experienced by young transplant recipients, with now a good understanding that a major impact on QOL is the accumulation of trauma experiences leading up to transplant and subsequently. These are often medical traumas to do with operations, ICU stays, dialysis and painful medical procedures. Our program is using multiple modalities to both understand what contributes to those experiences, and how young people are accessing support – to identify how we may improve those supports and design interventions that build resiliency and promote post-traumatic growth.

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**Principal Investigator: Dr. Ruth Sapir-Pichhadze**

Associate Professor of Medicine

**Institution and location:** McGill University; Centre for Health Outcomes Research (CORE), Research Institute of The McGill University Health Centre (RI-MUHC), Montreal

**Brief overview of research program in lay language:**

My current research program is translational in nature and seeks to identify genetic determinants of donor and recipient compatibility to inform strategies to optimize outcomes and experiences of kidney transplant candidates and patients.

I am also interested in contributing to the appreciation of each patient's status across a continuum of risk, which extends from rejection, on one side, and adverse effects of immunosuppressants (e.g., infection, malignancy, metabolic syndrome, and cardiovascular disease), on the other. Such initiatives are geared towards optimizing organ allocation schemes, developing clinically applicable instruments, guiding personalized surveillance schedules, and informing individually tailored therapies.

**Principal Investigator: Dr. Chris Kennedy**

Professor of Medicine, Senior Scientist

**Institution and location:** The Ottawa Hospital Research Institute, Kidney Research Centre, Ottawa

**Brief overview of research program in lay language:**

Dr. Kennedy's research program is a fertile training environment for undergraduates, graduates and postgraduates and is funded by the Canadian Institutes for Health Research (CIHR), the Kidney Foundation of Canada (KFOC), and the Canada Foundation for Innovation. Employing state-of-the-art animal models, his research seeks to identify how the kidney's filtration system is damaged in conditions such as infection, inflammation, diabetes and high blood pressure – *leading causes of kidney disease in Canada*, with the goal of translating his work into novel therapies that would slow down or prevent kidney disease progression.

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**Principal Investigator: Dr. Shaifali Sandal**

Associate Professor, Transplant Nephrologist, Clinician-Investigator

**Institution and location:** McGill University and Research Institute of McGill University Health Centre, Montreal

**Brief overview of research program in lay language:**

My research program is called BES3T-KCare (Building, Equitable, Stronger and Sustainable health Systems in Transplantation and Kidney Care) with the overarching goal to strengthen health systems that deliver kidney care to people living with kidney diseases and living donors, as well as address inequities in nephrology and transplantation. I have an awesome, collaborative team of trainees and research staff working across three key areas: 1) living kidney donation; 2) graft failure and re-transplantation; and 3) resilient and sustainable kidney care. If this sounds interesting, reach out and let's talk!

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**Principal Investigator: Dr. Robert L. Myette**

Assistant Professor, Clinician-Scientist

**Institution and location:** Children's Hospital of Eastern Ontario Research Institute, Ottawa

**Brief overview of research program in lay language:**

The Myette Lab studies kidney disease in children, with a focus on a condition called nephrotic syndrome. Our goal is to better understand why this disease behaves differently from child to child and why some children respond better to treatment than others.

We study substances found in urine that can give clues about how severe the disease is and how well treatments are working. A major focus of our work is on tiny particles released by kidney

cells, called extracellular vesicles, which allow cells to communicate with each other. We believe these particles carry important information about kidney health and injury.

Our research includes studying patient samples, growing kidney cells in the lab, using advanced imaging and protein analysis techniques, and developing animal models to better understand how kidney cells release these particles and how they influence disease.

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**Principal Investigator: Diana Mager, PhD**

Adjunct Professor, Department of Pediatrics

**Institution and location:** Alberta Diabetes Institute, University of Alberta, Edmonton

**Brief overview of research program in lay language:**

My research group is focused on Clinical Nutrition Research in adults and children with chronic kidney disease and liver disease before and after organ transplantation. Current endeavors include the examination of exercise interventions on frailty outcomes in adult with chronic kidney disease and food insecurity in adults and children with chronic kidney disease before and after transplantation. Dr Mager's team works closely with members of the interdisciplinary health care teams in AHS to pursue her research endeavors.

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**Principal Investigator: Dr. Lakshman Gunaratnam**

Transplant Nephrologist, Professor of Medicine, Dr. Robert Zhang Chair in Translational Transplant Research, Medical Director of the Multi-Organ Transplant Program at the London Health Sciences Center

**Institution and location:** Western University, London

**Brief overview of research program in lay language:**

Dr. Gunaratnam leads a basic and translational research program focused on the biological mechanisms underlying acute kidney injury, prolonging the lifespan of kidney transplants, and novel treatments for kidney cancer. Specifically, his lab has been focused on understanding the biology of a molecule called Kidney Injury Molecule-1 (KIM-1) and its physiological and pathophysiological roles in the kidney and the immune system. He has won many research awards, including the Canadian Society of Transplantation (CST) Research Excellence award, and is supported by peer-reviewed funding from national agencies including the Canadian Institutes for Health Research (CIHR), the Kidney Foundation of Canada (KFOC), the Natural Sciences and Engineering Research Council of Canada, the Government of Ontario, and the Canadian Foundation for Innovation.

## **Principal Investigator: Dr. Kristin K. Clemens**

Clinician-Scientist, Endocrinologist

**Institution and location:** Western University, London

### **Brief overview of research program in lay language:**

Dr. Clemens is a clinician-scientist and endocrinologist who leads clinical research to improve the care and outcomes of people living with cardiovascular–kidney–metabolic syndrome in real-world settings. Her interdisciplinary Metabolic and Chronic Disease Research Unit conducts a wide range of studies, including large population-based cohort studies, qualitative research, and randomized controlled trials. Her team also has strong expertise in knowledge translation, program development, and implementation science, ensuring that research findings can lead to meaningful improvements in patient care.

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## **Principal Investigator: Dr. Pavel Roshanov**

Assistant Professor, Nephrologist

**Institution and location:** London Health Sciences Centre Research Institute, London

### **Brief overview of research program in lay language:**

See our work at <https://londonkidney.ca>

Our team studies how to improve care for people with kidney failure. We run clinical trials across Canada to test new approaches to dialysis and other treatments. At the same time, we are building the research environment of the future by using artificial intelligence and automation to make clinical research faster, smarter, and more inclusive.

Our current projects include:

- Testing whether newer dialysis technologies can help patients feel better and live longer
- Developing computer programs that can rapidly screen patients or scientific articles to identify who might benefit from a study
- Designing studies specifically for patients who have historically been excluded from medical research

Summer students will gain hands-on experience in a modern clinical research environment where medicine meets technology. Depending on your interests, you might help with patient-oriented research, data analysis, or projects involving programming and machine learning.

**Principal Investigator: Brad L. Urquhart, PhD**

Professor

**Institution and location:** Western University, London

**Brief overview of research program in lay language:**

The Urquhart lab is interested in determining why patients respond differently to medications and why some patients get acute kidney injury following drug treatment while others appear protected. We use sophisticated analytical equipment (liquid chromatography coupled to mass spectrometry) to measure drugs and metabolites in patient urine, serum in an attempt to see how patients that get AKI differ from those that don't. Our lab also uses cell culture and other model systems to evaluate why some people get AKI, while others seem to be protected. Our lab has discovered a new metabolite called TMAP that appears to be important in both chronic kidney disease and acute kidney injury. We are working to learn more about this metabolite and what role(s) it has in kidney disease.

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**Principal Investigator: Kara Schick-Makaroff, PhD, RN**

Professor

**Institution and location:** Faculty of Nursing, University of Alberta, Edmonton

**Brief overview of research program in lay language:**

The goal of Dr. Schick-Makaroff's program of research is to enhance knowledge about use of quality of life assessment and promote equitable person-centred care, in order to improve services for people living at home with chronic and life-limiting illnesses, particularly kidney failure. Simply put: her goal is to have clinicians, administrators and programs look at the information that patients provide and act on that information with patients.

One aspect of quality of life is emotional wellbeing. Canadians receiving dialysis report symptoms of depression and anxiety far exceeding the national average, but this is often overlooked. Schick-Makaroff is leading research and healthcare system change, provincially and nationally, to address emotional wellbeing in dialysis care. Her work is co-led by a Community Advisory Committee made up by people with lived experience to create a culture change and address this gap in care.

**Principal Investigator: Dr. Rita Suri**

Scientist, Associate Professor

**Institution and location:** McGill University, Montreal

**Brief overview of research program in lay language:**

Dr. Suri is the Director of Nephrology at McGill University. Her research focused on improving health outcomes and quality of life for patients receiving hemodialysis through clinical trials and quality improvement initiatives. Students participate in all aspects, including literature review, study design and execution, and analysis and presentation of results. For the KRESCENT studentship program, the student will help to elucidate the reasons underlying gender based disparities in hemodialysis outcomes, with the goal of informing interventions to improve them.

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**Principal Investigator: Dr. Istvan Mucsi**

Professor of Medicine

**Project 1:**

**Institution and location:** University Health Network, Toronto

**Brief overview of research program in lay language:**

In this project, we are using quantitative, epidemiology methods, and qualitative methods to better understand current access to kidney health and various treatment options, knowledge, perception, and concerns around chronic kidney disease, kidney failure, dialysis, and kidney transplant among ACB communities. We continue to analyze the qualitative data collected in the action project, to better understand the medical and kidney health treatment systems, the significance of stigma, and the specific approaches to risk assessment in these communities. We also work with ICES to analyze administrative, population data to understand, cardiovascular disease, and clinical outcomes, access to kidney transportation in ACB communities in Ontario.

**Project 2:**

**Co-PI:** Christopher Musquahs

Professor of Psychology, Lakehead University

**Institution and location:** UHN, Toronto, Thunder Bay Regional Health Centre, Thunder Bay

**Brief overview of research program in lay language:**

This project seeks to centre First Nations voices and perspectives throughout the research process. By working in partnership with patients, families, Elders, Knowledge Keepers, and healthcare professionals, we will explore how settler colonialism and the lack of cultural safety in the health system shape health care experiences. An Indigenous Advisory Council will guide the process at every stage to ensure the research is culturally respectful and aligned with

community priorities. We will hold interviews and sharing circles, guided by Indigenous Storywork, to learn about patient journeys—from diagnosis, through dialysis, referral for transplant, and transplantation. We will explore care needs, barriers and supports that exist. Participants: caregivers, family members, community leaders, and healthcare professionals. We will review de-identified medical records from kidney programs in Thunder Bay and the Ajmera Transplant Centre in Toronto to track the patient journeys through the healthcare system. This will allow us to identify where delays, gaps, or inequities.

### **Project 3:**

**Institution and location:** UHN, Ajmera Transplant Program, Toronto

#### **Brief overview of research program in lay language:**

Patient-reported outcome measures (PROMs) are surveys where patients share how they feel physically and mentally. Electronic survey (ePROMs) results can be seen right away and stored in medical records. At the University Health Network (UHN), ePROMs are already part of a surgical prehabilitation program. In this project, we will use ePROMs before and after kidney transplant, to screen for physical function impairment and study the impact of pre-transplant prehabilitation on physical functioning, quality of life, and post-transplant hospital stay and re-admissions. Patients who are referred for kidney transplant assessment, will receive ePROMs via the patient portal before they see the transplant nephrologist. Based on the ePROMs scores patients with a concern about their physical functioning will be referred to the prehab program. Waitlisted patients will be followed by three monthly ePROMs questionnaires. Patient will also complete ePROMs regularly after their transplant.