Chronic Kidney Disease

Research landscape and competitive pipeline — a specimen combining two live intelligence layers

This specimen pairs two products built on different, complementary evidence bases: a peer-reviewed literature landscape (what has been published and validated), and a live clinical-trial-registry radar (what is being registered, funded, and quietly stopped right now — typically two to five years ahead of any publication). Every figure below traces to a named, checkable source.

Literature base	134 peer-reviewed publications · 56 journals
Trial registry base	5,746 registered CKD trials · 1,858 distinct sponsors
Sources	PubMed, Springer Nature journals, ClinicalTrials.gov API v2
Retrieved	Dashboard: 2026 · Radar: 2026-08-21

HOW TO READ THIS

Every trial cited carries its NCT identifier — searchable in one click at clinicaltrials.gov. Every literature finding carries its DOI. Nothing here is an unsourced inference, and every signal is a candidate for a specialist to confirm, not a finished conclusion.

PART 1 · LITERATURE LANDSCAPE

1. What the published evidence shows

A systematic review of 134 peer-reviewed nephrology publications across 56 journals, thematically clustered and cross-checked against source text before inclusion.

134	56	32.8%	82% / 0.86
PUBLICATIONS REVIEWED	JOURNALS COVERED	SHARE ON CKD & AKI	PREDICTOR SENSITIVITY / AUC

Thematic distribution

Theme	Papers	Share
CKD & AKI (baseline reference)	44	32.8%
Dialysis & renal replacement therapy	21	15.7%
Biomarker discovery (Cystatin-C / NGAL)	14	10.4%
Critical care & ICU (fluid / pressure dynamics)	13	9.7%

Leading journal: **BMC Nephrology** (Springer Nature), 38 papers — 28.4% of the corpus.

Three findings from the corpus

ANTI-FIBROTIC MECHANISM
Roxadustat / CX43–ZO-1

Preclinical work published in the *European Journal of Medical Research* links roxadustat's anti-fibrotic effect in the kidney to modulation of the CX43/ZO-1 cell-junction signalling pathway.
doi.org/10.1186/s40001-026-03001-x

ADJUVANT NEPHROPROTECTION
Resmetirom + curcumin

Combined molecular modelling and in-vivo work found that pairing resmetirom with curcumin meaningfully reduced oxidative kidney damage caused by aminoglycoside antibiotics such as gentamicin.
doi.org/10.1186/s12882-026-04801-y

HEALTH-ECONOMICS SIGNAL
Weekend admissions, Poland

A nationwide study covering 184,299 CKD-related hospitalisations examined whether weekend admission is associated with higher mortality risk.
doi.org/10.1186/s12882-026-04847-x

Full interactive corpus — all 134 papers, searchable and filterable — at
research.transitionconsultings.com/nephrology-dashboard.html

PART 2 · COMPETITIVE & PIPELINE RADAR

2. What the trial registry shows — live, 2026-08-21

Publication counts are a lagging indicator: trial registrations lead them by two to five years. This layer scans ClinicalTrials.gov directly for who is entering the space, what was quietly stopped, and what just moved into late-stage development.

5,746	1,858	45	74
CKD TRIALS SCANNED	DISTINCT SPONSORS	NEW INDUSTRY ENTRANTS	STOPPED IN WINDOW

Two terminations worth a closer look

NCT05746559 · ALEXION PHARMACEUTICALS · PHASE 3 · TERMINATED 2026-07-22

ARTEMIS — ravulizumab, 555 patients enrolled, evaluating protection against CSA-associated acute kidney injury. Discontinued for lack of efficacy across the study population. A late-stage, large-enrollment programme failing is exactly the kind of movement that doesn't reach a publication for years, if at all.

NCT07020832 · APELLIS PHARMACEUTICALS · PHASE 3 · SUSPENDED 2026-06-18

Pegcetacoplan, 320 patients, for delayed graft function after kidney transplant. Suspended two months before this report, pending a corporate acquisition and strategic review of the programme — an M&A signal visible in the registry well before any public announcement.

New industry entrants (18-month window, sample)

Sponsor	Trials	First start / note
United Therapeutics	2	2025-10-29
Biohaven Therapeutics Ltd.	2	2025-07-30 — Phase 3, IgA nephropathy, 420 enrolled
HemoCept Inc.	2	2025-03-19
SeaStar Medical	1	2025-10-02
Regend Therapeutics	1	2026-01-08
Qilu Pharmaceutical Co., Ltd.	1	2025-12-31
R1 Therapeutics	1	2026-06-01
Nipro Medical Corporation	1	2025-09-08

Full list: 45 industry entrants. A parallel academic/hospital-sponsor list is tracked separately so genuine competitive moves aren't buried under investigator-initiated studies.

3. Method, limits, and what's not included here

Both layers follow the same discipline: systematic multi-pass search, every record checked against its source before use, and every output presented as a candidate for a specialist to confirm — not a finished conclusion.

Limits, stated plainly

— Registry data reflects what sponsors chose to register and when they updated it — absence of a trial is not absence of a programme.
— Sponsor names are not harmonised across corporate entities; a group may appear under several names.
— Termination reasons are self-reported and sometimes uninformative.
— Publication counts lag registrations by years by construction — that lag is the point of pairing the two layers, not a defect in either one.

What's deliberately not in this specimen

The live dashboard includes further interactive views — the yearly trial-start trend, sponsor-activity charts, and a full searchable literature matrix — that depend on the complete underlying dataset. Rather than reconstruct approximations of them here, we've linked to the live versions instead.

This specimen was built at no cost, but the same two-layer method — literature plus live trial-registry movement — scales to any indication or account your team is working, delivered in 48–72 hours and formatted to drop straight into your own materials. A focused single-topic brief starts at $500; a full multi-axis landscape, the kind that anchors a congress-season competitive deck, runs $1,500–$3,000.

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