



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Discontinuation of Chronic Kidney Disease Clinical Studies: A Cross-Sectional Analysis

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Objectives : Clinical studies on chronic kidney disease (CKD) are vulnerable to discontinuation and non-publication, representing significant sources of research waste in clinical medicine. This study evaluates the characteristics of clinical studies on CKD to identify the reasons behind early discontinuation and non-publication, aiming to prevent these issues in the future.

Methods : We searched ClinicalTrials.gov for all clinical studies related to CKD up to February 2026. Data on enrollment, study location, Funder type, and study type were extracted and analyzed using binomial logistic regression.

Results : A total of 3,639 eligible registered clinical studies were included in the analysis. Of these, 3,117 (85.7%) were completed, and 522 (14.3%) were discontinued. Unadjusted logistic regression analysis identified several significant predictors: - Studies with small sample sizes (fewer than 100 participants) were significantly more likely to be discontinued (OR = 0.30, 95% CI [0.23–0.40], $P < 0.001$). - Studies conducted at a single location were more likely to be completed than those conducted at multiple locations (OR = 1.45, 95% CI [1.13–1.86], $P = 0.004$). - Intervention studies were more likely to be discontinued than observational studies (OR = 0.61, 95% CI [0.39–0.94], $P = 0.026$). - There was no significant difference between industrial and non-industrial funding studies (OR = 1.17, 95% CI [0.90–1.53], $P = 0.25$).

Conclusions : A substantial proportion of CKD clinical studies are discontinued before completion, contributing to research waste and delayed scientific progress. Our findings indicate that smaller sample sizes, multi-site designs, and interventional study types are associated with a higher likelihood of discontinuation, while funding source does not appear to significantly influence study completion. These results highlight the importance of realistic recruitment planning, efficient study design, and strengthened coordination across study sites to improve trial completion rates. Addressing these challenges may reduce research waste and enhance the efficiency and impact of CKD clinical research.

CKD_figure.png



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Model Coefficients - coded status

Predictor	Estimate	95% Confidence Interval		SE	Z	p	Odds ratio	95% Confidence Interval	
		Lower	Upper					Lower	Upper
Intercept	- 2.63 01	- 3.25 4	- 2.006 6	0.31 8	- 8.26 83	< .0 01	0.07 21	0.03 86	0.134
coded location:									
1 – 0	0.37 03	0.12 0	0.620 3	0.12 8	2.90 35	0.0 04	1.44 82	1.12 79	1.860
Study Type:									
OBSERVATION AL – INTERVENTIO NAL	- 0.49 53	- 0.93 0	- 0.060 6	0.22 2	- 2.23 31	0.0 26	0.60 94	0.39 45	0.941
coded funder:									
Non-Industry – INDUSTRY	0.15 76	- 0.11 0	0.425 5	0.13 7	1.15 31	0.2 49	1.17 07	0.89 56	1.530
coded enrolment:									
1 – 0	- 1.20 27	- 1.48 4	- 0.921 7	0.14 3	- 8.39 02	< .0 01	0.30 04	0.22 68	0.398