



# AUSTRALIAN & NEW ZEALAND SOCIETY OF NEPHROLOGY

145 Macquarie Street Sydney NSW 2000 Australia

Phone: +61 2 9256 5461 Fax: +61 2 9241 4083

Email: [anzsn@racp.edu.au](mailto:anzsn@racp.edu.au)

Website: [www.nephrology.edu.au](http://www.nephrology.edu.au)

ABN 87 008 505 502

## ANNUAL REPORT

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## FROM THE PRESIDENT

**Paul Snelling**

The 2005/06 Year has been another challenging and successful one for the Society. It commenced with the Annual Scientific Meeting in Wellington, which was successful both in scientific and social terms and which even saw a profit (despite concerns about the Wellington weather deterring people attending). I am sure that the local organising committee here in Melbourne have planned an exciting and successful meeting for us this year and commend them on negotiating the additional complexity of the conjoint meeting with RSA.

During the tenure of the current Council there have been significant advances in the affairs of the Society. Indeed, as I joined Council six years ago at the last Melbourne meeting, it is perhaps an opportune time to review both the recent and the long-term advances in the Society, particularly as they pertain to the main objectives – education, research and fostering of nephrology both locally and further a field.

I think it is fair to say that the structure of the Society has changed a little over the last six years. This reflects the increasing complexity and activities of the Society. This has led to devolvement of responsibility for some activities that were previously the preserve of Council to a number of sub-committees. In particular the DNT, ANZDATA and CARI Sub-committees have expanded their activities and responsibilities. This has had the beneficial effect of an increased involvement of many members in activities of the Society but has also led to an increasing complexity of the reporting structures needed to ensure appropriate processes and reporting lines. This issue was acknowledge and resolved recently with a joint meeting of Council, DNT, ANZDATA, CARI, KHA and MSAC. I am sure that having a well defined, explicit pathway will be beneficial to current and subsequent members of these committees in providing effective, coordinated, executive function.

Over the last six years there has been a growing relationship and activity between the Society and Kidney Health Australia (KHA). John Knight rejuvenated the Medical Director position in the late 1990's and, in conjunction with the Society, was instrumental in driving formation of the CARI guidelines and Kidney Check Australia (KCAT) initiative. He has been ably succeeded by Tim Matthew, who has continued this momentum, focusing in particular on chronic kidney disease. Over the last year we have seen the introduction of the estimated GFR (eGFR) and development of a national Chronic Kidney Disease Strategy. It is probably fair to say that Kidney Health Australia has redefined its priorities away from primarily raising money to support research to fostering appreciation of chronic kidney disease, dialysis and transplantation in Australia and acting as a patient advocate organisation. The joint

actions of the Society and KHA in raising awareness of chronic kidney disease and its appropriate identification and treatment will remain ongoing activities of the two organisations I am sure. I firmly believe that a close working relationship between the two is extremely beneficial.

The Society remains financial healthy. We have acknowledged previously that much of the current corpus was raised from funds derived from the last International Congress in Nephrology in Sydney. Whilst opinions over the years differed as to the best approach to the use of this money, Council has acted to maintain the corpus and used much of the interest to fund ongoing initiatives. Over the last six years Council has supported the formation and ongoing activity of the Cochrane Group for a six year period, has funded, on an ongoing basis, the journal 'Nephrology' and more recently has provided, along with KHA, funding to support the development of the Australian Kidney Trials Network. It is important to maintain the financial health of the Society if we wish to be able to keep supporting such worthy initiatives. The next Asia/Pacific ICN congress is in 2013. Council believes that it would be important to bid and hopefully hold this congress here. Such an activity would require a great degree of work from those involved but, again, would help consolidate the financial solidarity of the Society.

The Jacquot Bequest continues to provide the majority of research funding at the Society's disposal. Over the last six years there has been a steady change in the nature of the awards. Whilst they initially funded primarily overseas PhDs, this has become less of the focus as more of our members perform their PhDs locally and more look to support of research beyond the initial PhD stage. Accordingly the Society has negotiated expansion of the awards to include local and overseas PhDs and, perhaps more importantly, Research Establishment Awards to support post-doctoral members attempting to maintain their research interests while returning to clinical practice. In the last year the awards have been both increased in value and also in duration. It is hoped that this will make them both more attractive to Fellows and also more useful without additional burden of having to reapply for funding every year. The corpus of the Jacquot continues to grow and thus, hopefully, we will be able to continue funding most applicants. In addition the Society, in conjunction with KHA and the NH&MRC, have developed the Career Development Award for Nephrological Scientists. This was awarded to Greg Tesh this year and ensures ongoing funding of his research activities for a five year period. We would hope that we are able to maintain this award on a recurrent five year basis to support the non-clinical scientists of the Society.

Workforce has been an ongoing issue for all members of the Council. Efforts are focused on attracting trainees,

improving their educational process and also attempting to improve nephrology practice for those in clinical practice. Introduction of a trainees weekend, post-graduate course and local re-education initiatives have enhanced both the educational and social activities for our trainees and also the opportunities for senior and junior members to interact, which can only lead to a more healthy Society. Currently the Society is looking at a proposal to extend the New South Wales monthly Kidney School activities to other States via a tele-link. This should allow education opportunities available to trainees in the larger cities to be available to those in remote and regional areas. It is one of the ways in which the College is looking to become more relevant to the activities of the various societies.

Remuneration has remained an ongoing issue for those in clinical practice. The MBS rebate for home haemodialysis has been available from November 2005 and hopefully has provided a small acknowledgement, in a financial sense, of the ongoing activities of our clinicians. However, the ongoing challenge of complex disease management and an expanding population, mean that we will need to consider other initiatives to enhance clinical practice.

There has been a continuing focus of the Society on support of nephrology and nephrologists within the Asia/Pacific region. This occurred primarily via the CREED programme supported by Fresenius which has looked at enhancing links between Indonesian and Australian and New Zealand units. Ongoing activity of this programme ensures that members of both societies are able to attend each others respective annual scientific meetings and contribute. There is also ongoing support and movement between the two units. The Society has also looked to forge links in the Pacific, both in Fiji and Samoa. This has focused in particular on enhancing identification and management of those with chronic kidney disease and enhancing the clinical skills of local doctors in this area. The Society has just been approached via the Asia/Pacific Society of Nephrology to support an initiative to provide copies of 'Nephrology' to renal physicians in disadvantaged countries. I would hope that most members would support this by directing their paper copy of the journal to such physicians and perhaps even look at supporting on-line access to the journal as well. In addition all members are now able to enjoy joint membership of ISN and ASN through the Society. This brings the benefit of cheaper access to the publications of these Societies and also a greater potential involvement in ISN activities to those who wish to be involved.

The Society had previously acknowledged the need for enhancing the ability of members to perform multi-centre trials. The creation of the Jacquot Research Initiative and subsequent idyll trial was the first step. The Society, in association with KHA, has supported the

establishment of the Australian Kidney Trials Network which has gone on to subsequently obtain further NH&MRC funding. The Network is now close to commencing its first trials. Further details of the structure and activities of the Network are provided in this report.

As mentioned above, Council has provided ongoing financial support for the Nephrology journal. In the early days there had been concerns whether the journal would be viable. However, under the current leadership of David Harris, we have seen the journal gain Medline listing and importantly is now registered, a fact which should help encourage further contributions to the journal. I would hope that Council will continue to support the journal and it continues to flourish and grow as a reflection of the scientific activities of the Asia/Pacific region.

I would finally like to thank a number of people. Firstly, all those who give their time to the various committees and sub-committees of the Society - in areas such as the CARI Working Group, ANZDATA, DNT and MSAC. Their efforts are appreciated by all and particularly by those on Council. Secondly, I would like to acknowledge and thank the outgoing members of Council for their ongoing work. In particular; Mark Cooper for his insights into the scientific mind, John Kelly for his ongoing activities supporting the South Pacific Initiative, Helen Healy for her wise management of the Council finances and Grant Pidgeon for the provision of a level headed, laconic Kiwi perspective. I would also like to thank Robyn Langham for her mighty efforts as both President-Elect and HEO. Finally, it is most important to acknowledge and thank the efforts of the Society's best asset, Aviva Rosenfeld our unflappable and always efficient Administrative Officer. I would also like to acknowledge the support she receives from her Administrative Assistant, Louise Deller.

I would like to congratulate the incoming members of Council, Steven Alexander, Adrian Gillin, Nicky Isbel, Vicky Levidiotis and Johan Rosman. I wish them, Robyn Langham and other members of Council best wishes in steering the Society wisely over the next two years.



## **HONORARY EXECUTIVE OFFICER'S REPORT**

### **Robyn Langham**

As detailed in the President's report, the last twelve months has been a busy time for ANZSN, with continued work developing our core activities of promoting renal teaching and research, in addition to ensuring the development of a number of new initiatives

aimed at identifying and meeting the needs of trainees, scientists and rural nephrologists.

#### *Membership*

The Society is continuing expansion of membership base, now totalling 639. Whilst this includes a healthy contingent of International Invited Speakers who are made honorary members of the Society, and 15 life members, we now have 552 financial members, having welcomed 54 new members to the Society, with 15 members resigning or retiring. Our membership benefits now include a joint rate of membership with the International Society of Nephrology, and a reduced subscription rate for membership of the American Society of Nephrology. These mean a significant reduction in cost to ANZSN members who take up these opportunities, in addition to improved opportunity to contribute to international issues in nephrology.

*Workforce* Over the last few years, there have been increasing concerns that current numbers of nephrologists and nephrology trainees are insufficient to meet the needs of our community. Council has been active in attempting to clarify the complex issues that have arisen from discussions in this area. One important factor is the need to formally identify our current workforce, including the relative contributions of public, private, academic and research staff, in order to outline areas of current need. This will enable a more accurate analysis of our future needs, when combined with projected retirement rates and population studies of the burden of kidney disease. Late in 2006, a new item number for treatment of home dialysis patients was introduced, as recognition of the complexity of care of dialysis patients. It is hoped that such outcomes that increase remuneration will contribute to attracting trainees to the specialty.

The Society has also been working with the PBAC to ensure adequate and appropriate access to subsidised therapeutics for our patients, of increasing importance at a time when many new therapies are appearing on our shores.

#### *Communication with the membership*

The majority of ANZSN members have provided email contact addresses to the Society. We have endeavoured to improve communication with the membership through global emails and electronic distribution of the newsletter. There has been continued enhancement of our website capability by the introduction of interactive questions on-line and electronic access to the now Medline listed *Nephrology*.

#### *Research*

The Society has continued to support research initiatives within the Society. The Jacquot bequest represents a unique opportunity of a specialty society such as ours to directly support research from within, and the Society has been working hard to ensure it remains relevant to

current needs, and improve the utilization of the funds. As well, the combined ANZSN/KHA/NHMRC Career Development Award for Scientists commenced a 5 year funding cycle with Dr Greg Tesch the first recipient. As well, Council has undertaken to support the Australian Kidney Trials Network, under the leadership of Carmel Hawley. Awarded an NHMRC Enabling Grant, it is supported by both the KHA and ANZSN, and has already commenced important nephrological clinical research.

Also, as in past years, the Society has provided a significant number of travel grants for trainees attending the local Annual Scientific Meeting, and the American Society of Nephrology Meeting.

#### *Education*

Education initiatives continue under the guidance of SPEC, chaired by Rob Walker. The ANZSN Postgraduate weekend continues to be a feature of the Renal Registrar educational calendar, and the Postgraduate Course in nephrology that precedes each ASM provides a comprehensive training programme in Nephrology. The efforts of John Kanellis and SPEC in helping to organise both these weekends is gratefully acknowledged. As well, the RACP is establishing core development areas pertaining to curriculum in Nephrology. Work has already commenced on a renal curriculum, though additional input from members of the society will be needed over coming years. Next year of course will bring opportunities for improving our clinical practice at the biennial DNT fiesta. The DNT committee, headed by Josette Eris, is hard at work already planning challenging clinical bungee jumps for all participants in Queenstown, NZ. Jet boats provided.

#### *Regional Activities*

Over the last few years, the Society has been working with the Australian centre for Diabetes Strategies (ACDS) to establish screening programs in a number of South Pacific nations. Plans are underway to continue work in Samoa, and other areas of need.

The CREED program also continues to provide important sister unit links between Indonesian units and Australasian sister city programs. Many of these Units reinforced exchange programs with assistance from the ISN Sister City programs.

#### *Future activity:*

Our focus on education and research will continue, but clearly the problem of attracting new physicians into nephrology remains particularly challenging, and one which will be of considerable importance as the burden of renal disease in the community increases while the number of physicians in nephrology workforce remains static.



## TREASURER'S REPORT

Helen Healy

A copy of the audited financial statements for the period ending June 30, 2005 is available and has been circulated to all members prior to the Annual General Meeting in August 2006.

The statements represent the 12-month period from 1 July 2005 to 30 June 2006.

The "Net Assets" of the ANZSN at 30 June 2006 outlined in "Statement of Financial Position" on page 5 stood at \$1,205,274 compared with \$1,042,231 on 30 June 2005. This is a net gain of \$163,043. The increase in assets was the result of capital gains from re-evaluation of investments (\$77,236) and receipts for the Melbourne meeting (\$146,532) whilst there was little change in the expenses (\$190,838 compared with \$188,569 on 30 June 2005) and liabilities (\$240,675 compared with \$235,949 on 30 June 2006) of the Society.

**The "Statement of Financial Performance for the year ended 30<sup>th</sup> June 2006"** for the last 12 months (page 4) reported operating revenue fell (\$354,679 compared to \$372,754 in 2005) and expenses were contained (\$190,838 compared to \$188,569 in 2005).

The fall in operating revenue (page 7) occurred in a year without a DNT workshop, a net positive financial contributor in recent years. An apparent fall in members' subscriptions was the consequence of changing the time of call for payment of subscriptions, to align with the International Society of Nephrology and the American Society of Nephrology and facilitate co-joint membership.

The expenses on page 14 included reductions in the costs of committees and in office costs. The fall in the cost of the journal Nephrology was apparent rather than real because the cost in 2005 represented 2 years subscription. The major rise in costs was awards and grants (\$69,250 compared to \$31,600 in 2005).

Currently assets exceed liabilities by about 5 times indicating a substantial safety margin for the society.

**The "2005 Annual Scientific Meeting & Post Graduate Course Operating Revenue"** on page 7 included the financial contributions of the Society's sponsors in 2005, in addition to receipts generated by the meeting and the postgraduate course minus the cost of the meeting and the postgraduate course. The contributions of the Society's sponsors in 2006 were again quarantined as a current liability to fund the 2006 meeting in Melbourne (page 5).

### **Investment Portfolio:**

The Society's investment advisor apologized that he was unable to supply a formal report in time to the treasurer compiling this report.

There have been no changes in the structure of the Society's investments, nor its advisor. The Treasurer noted that interest and dividends were comparable with 2005 (\$43,902 in 2006 and \$49,336 in 2005 on page 7) but re-evaluation of assets, mostly in the investment portfolio, were \$77,236 in 2006 compared with \$4,540 in 2005 (page 8). The investment portfolio grew to \$892,924 with \$706,284 invested and \$186,640 in cash.



## FROM KIDNEY HEALTH AUSTRALIA

Tim Mathew, Medical Director

The failure of the Australian Government to support and fund CKD in the new budget (May 9) is a reminder of how far we have to go to get kidney issues and problems recognized and addressed. It should serve as another stimulus to work harder at gathering the facts, making the case for investing in early detection and prevention of progression and above all engaging as many stakeholders as we can to lobby for the cause.

### *Economic Impact of CKD in Australia Report*

The release in early March of the "Economic Impact of CKD in Australia Part 1" (downloadable from [www.kidney.org.au](http://www.kidney.org.au)) adds to the case for change. For the first time we have a highly credible and conservative document that costs dialysis and transplantation currently and based on carefully constructed models (using actual transition probabilities from ANZDATA) projects those costs for the next 5 years. All should read this document and use its message...one of which is that we are incurring an extra cost of \$1million dollars each week just to keep up with the current caseload. Part 2 of the report addressing the cost effectiveness of investing in the early part of the CKD continuum is due for release in July/August. Alan Cass and co-authors are to be congratulated for this high quality and outstanding contribution to the CKD cause.

The CKD Strategy is with the Minister and awaits his decision about its destiny. The Strategy process (with its 54 recommendations) needs to be prioritised and taken forward with action plans for implementation.

### *Research*

A similar amount to last year of ~ \$450,000 will again be available in 2007 for allocation to research by the Medical and Scientific Advisory Committee. Advertisements for the seeding grants (closing date June 30) and biomedical scholarships (closing date August 30) are on our website. The Medical and Scientific Advisory Committee decided recently to set aside an amount of \$35,000 to support a Renal nursing scholarship and

support for the cost of doing a Master of Nursing degree. KHA is seeking advice from RSA about the most effective way for this new program to be applied.

#### *Kidney Check Australia Taskforce*

KCAT's lead initiative continues to be accredited educational workshops for General Practitioners to assist them to better diagnose and manage patients with early CKD. With the introduction of automatic reporting of eGFR, the new workshop "Is Alice at risk of CKD? eGFR – what you need to know..." is proving very popular with GPs keen to understand the implications of this reporting and correct management and referral procedures.

In 2006 KCAT has been accredited to run an Active Learning Module (ALM) which allows Divisions to offer 3 of our workshops to their members – Alice, Colin (diabetic nephropathy), Henry (CKD and hypertension). GPs receive significantly more points for attendance at an ALM, and provides us with the opportunity to provide a comprehensive CKD educational package for them.

GPs rate highly the nephrologists who generously volunteer their time and expertise to present the KCAT workshops and the opportunity to discuss the case studies and other issues of relevance with them. For the Active Learning Modules we prefer to provide, wherever possible, different nephrologists to cover these workshops, allowing GPs to experience different presentation styles and viewpoints.

Whilst workshops are generally offered through Divisions of General Practice, we have also held workshops for local GPs in hospitals (including a tour of the dialysis unit). If your hospital has a GP Liaison Officer, this may be something you would like to be involved in.

To learn more about the KCAT initiative, or to offer your services for a KCAT workshop please contact Chris Archibald (KCAT Project Manager), [chris.archibald@kidney.org.au](mailto:chris.archibald@kidney.org.au), (08) 8334 7501.

#### *eGFR*

About 90% of Australian laboratories are now automatically reporting eGFR and we believe it will be 100% soon. Several issues remain actively under consideration including

- The release of a new MDRD formula for laboratories using IDMS aligned assays (only one in Australia at this time)
- The extension to reporting eGFR up to 90ml/min/1.73m<sup>2</sup> by some major laboratory providers.
- The continued lack of reported experience in using MDRD in drug dosing
- The issue of applicability of MDRD to all racial groups

These matters are all under ongoing consideration by the eGFR working group and a new Bulletin on eGFR will be issued later in the year

#### *Accommodation for Rural and Remote Kidney patients*

KHA has acquired 2 brand new houses in Perth for exclusive use by country patients and or their families needing to be temporarily resident in the city for dialysis or transplantation related matters. The cost of staying in these properties will be low and the houses will be maintained to a high standard. KHA is keen to explore the possibility for this program to be extended to other States who have a similar need – any enquiries should be made to Julie Edmonds who is charge of the program. Julie can be contacted through Teresa Taylor at [teresa.taylor@kidney.org.au](mailto:teresa.taylor@kidney.org.au)



## **CARI UPDATE**

**Rowan Walker**

The past 12 months for CARI has again been very busy with a number of achievements being reached. Three Supplements to Nephrology have been published, which means that now most of the guidelines that were in draft form have been updated, peer reviewed, edited, printed and distributed. Newly written guidelines were also published in 2005, others will follow in 2006 and yet others are being prepared for presentation at the DNT Workshop in 2007.

Implementation activity has gone ahead, with the first stage of the Iron Project (clinical audit) completed and the second stage (work according to guideline-based protocol) begun. Overall, the response to this activity has been positive. In addition, research into the organ donation process in Australia and how donation rates could be increased has been carried out. Stage 2 of this project has not yet begun because funding needs to be found.

Research on implementation strategies that can be used in CKD is being done by Michelle Irving, while qualitative research into the research priorities for the patient, parent and healthcare provider is being performed by Allison Tong.

The Critical Appraisal Training Workshop was held in May this year and was attended by members of the Renal Vasculitis Guideline Group and the re-formed Living Kidney Donors Group. The Workshop ran over 1 day and feedback indicates that those who attended felt it was worthwhile and helpful. Both of these groups will be presenting at the DNT Workshop in 2007.

The Steering Committee wants to continue to encourage the participation of non-Guideline Group members in

the CARI Guideline process. All Guideline Group Convenors can be contacted via Denise Campbell on [DeniseC2@chw.edu.au](mailto:DeniseC2@chw.edu.au). Individuals are warmly encouraged to communicate directly with relevant Guideline Groups and their Convenors with suggestions about individual guidelines. In the normal cycle, guideline revisions are planned to occur once every 3 years – however, the Guideline Group Convenors are also the custodians of the timing of revisions for their set of guidelines. If individuals feel that there are guidelines requiring revision, please contact the relevant Guideline Group Convenor.



## NEPHROLOGY JOURNAL

### David Harris, Editor-in-Chief

2004 and 2005 were successful years for the journal *Nephrology*. Building on the achievement of Medline listing, the Journal has moved to complete electronic submission, processing and proofing of all manuscripts (using Manuscript Central). This has allowed a reduction in manuscript processing time to approximately 30 days between receipt and first decision. In general, manuscripts are published in the next issue after acceptance, or occasionally the second issue. From March 2005 Online Early was instituted, which means that all accepted manuscripts can be published electronically without any delay.

In 2004 there was a 130% increase in the number of manuscripts submitted, compared to 2003, and a further substantial increase in 2005 which is continuing in 2006. Not only has there been an increase in the number of submitted manuscripts, but also the quality. APSN has agreed that the majority of royalties can be reinvested in the Journal; this has resulted in a gradual increase in the number of pages per issue and has permitted the institution of new initiatives to improve the Journal's quality. It is likely that within the next couple of years the Journal will be published monthly.

The success of *Nephrology* depends very much on the efforts of the editorial team (which includes many members of ANZSN) as well as reinvestment in the Journal by APSN. For the latter to occur, APSN depends very much on contributions from its sponsoring societies, such as ANZSN. Don't forget that the contributions of ANZSN are offset substantially by advertising which our Society attracts to the Journal; in fact there is the potential to cover completely all ANZSN's sponsorship of APSN in this way. It is hoped that eventually *Nephrology* will become a money earner for APSN, and also ANZSN, just as the journals of ISN and ASN are for those societies.

One of our aims is to improve the impact factor of the Journal. Currently it is disappointingly low. The recent

improvements that have occurred to the Journal will not translate into an improved impact factor for another year or more (because of the way impact factor is calculated). However, pursuit of higher impact factor is not the only consideration for *Nephrology*. It is the journal of APSN, and needs to support readers and authors in our region. With that in mind, we have taken on several new initiatives:

1. The development of a section of the Journal for publication of "instructive cases" (If these are not sent out for review then they don't have an adverse effect on the impact factor and yet will allow greater authorship from our region. The only potential negative is the cost arising from increased number of published pages);
2. Reduced subscription rates for countries within our region, free subscriptions for trainees from developing nations, participation in the HINARI program of WHO and contributions to the library enhancement program of ISN;
3. Greater accent on CME and review articles.

The Journal will not survive without continuing support of ANZSN and its members. Given that ANZSN contributes substantially to the Journal, I welcome comments and suggestions from any members of ANZSN about how it may be improved further.



## COMGAN

### David Harris

Under the decade-long leadership of John Dirks, COMGAN (Commission for Global Advancement of Nephrology) has become a very important arm of ISN. John Dirks retired at the end of 2005 and now its various initiatives are coordinated by Jan Weening. Its major components include the fellowship program (chaired by John Feehally), prevention program (Guiseppe Remuzzi), CME program (Norbert Lameire) and sister renal centre program (Rashad Barsoum). To learn more about COMGAN and its activities click on <COMGAN> on the ISN page of ISN Nephrology Gateway (<http://www.nature.com/isn/society>). Bob Atkins, John Collins, David Harris, John Kelly, Peter Kerr and David Pugsley represent ANZ on the Indonesia-Philippine-South Pacific subcommittee of COMGAN. ANZSN and APSN already play an important role in COMGAN activities in our region, and are set to take on greater responsibility for these initiatives in the future.

There is likely to be a greater accent on "South-South" fellowships, whereby fellows from developing countries within our region undertake their fellowship in developed countries of the same region, rather than in the United States or Europe. With the recent

appointment of the second CREED fellow (from Indonesia) this is already happening in our region.

In terms of prevention, a screening program for chronic kidney disease is already occurring in 4 sites in Indonesia. The cross sectional part of this study should be completed within the next few months. A program was also designed for the Philippines, but this has not progressed to date due to lack of funding. John Kelly is coordinating prevention and detection efforts in the Pacific.

Yasuhiko Tomino (from Japan) is in charge of the CME program for APSN. This is set to expand substantially over the next few years, with a greater injection of funds from APSN. APSN is likely to play an increasing role in COMGAN CME activities within the region. ANZ contributed speakers to the last two annual scientific meetings of the Philippine Society of Nephrology (Gavin Becker and George Mangos in 2005; David Harris and David Pugsley in 2006) and does so regularly to each annual meeting of the Indonesian Society of Nephrology (InaSN). InaSN's next meeting will be in Makassar, Sulawesi on November 23-26, 2006.

In terms of the sister renal centre program, there are already nine active sister centre relationships between Australia and Indonesia, three of which have been registered with COMGAN, as well as a limited number with other countries such as Myanmar.

If any member of ANZSN wishes to become active participants in these programs or in other activities of ISN and APSN, there are many opportunities. If you would like to become involved, please contact me.



## NEPHROLOGY ACTIVITY IN THE SOUTH PACIFIC

John Kelly

### Background:

One of the major health challenges facing the nations of the South Pacific is the high prevalence of diabetes, which continues to rise. Current WHO data indicate a prevalence of diabetes of up to 40% in the adult population of some South Pacific nations. It is anticipated that diabetic renal disease will emerge as the major form of chronic renal disease in the South Pacific.

### Current ANZSN Activity

The World Diabetes Fund has provided a project grant to screen the diabetic population in Samoa and Vanuatu for complications of retinopathy, nephropathy and diabetic foot disease. ANZSN has established a collaborative partnership with The Diabetes Unit Australian Health Policy Institute to be involved in the renal component of this project. Initial screening visits

have occurred in Samoa and Vanuatu in 2005, which have documented a high prevalence of microalbuminuria in sample of several hundred of the diabetic population. The aim of this project is to provide assistance with building the capacity of the local health services to screen and treat these complications. Clinical databases have been established during each of the initial screening visits. Negotiations are underway with the respective Ministries of Health to employ local project officers to extend the screening programmes. These local programmes will be supported by annual clinical visits by teams comprising an endocrinologist, nephrologists and optometrist to continue and extend the screening and treatment programme. Recurrent funding for this project will continue until the middle of 2008.

Various ANZSN members provide intermittent clinical visits to Nauru and Samoa to attend to the needs of patients who are already on dialysis, or who are known to have chronic kidney disease. These visits are intermittent and occur at the request of the local Ministries of Health, subject to funding being made available.

### Future Activity

In addition to continuing current activities, ANZSN is seeking opportunities to expand its involvement in the region. In general, other potential areas of activity for ANZSN include education of communities and health care professionals about strategies to screen for and prevent renal disease and possibly some involvement in helping to establish screening and treatment programmes. All of these activities need to occur in partnership with local communities and Ministries of Health and will require appropriate financial and manpower resources. Preliminary discussions with AusAid representatives to explore potential avenues for funding this activity are scheduled for late 2006.

