



ANZSN

Australian and New Zealand Society of Nephrology

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1. **PRESIDENT'S REPORT**
Robyn Langham

Welcome to the first newsletter for 2007, which details a number of other firsts for the Society. Whilst some of us are still unpacking from the DNT meeting in sunny Queenstown, the transport capital of New Zealand, and soon to be the location for the new movie, *On the Buses*, it gives me great pleasure to write about some new developments from the ANZSN.

Not the least of which is the frenzied planning being undertaken by Nikky Isbel, Troy Kay, and the rest of Queensland Health, in anticipation of the 43rd Annual Scientific Meeting, which will be held on the Gold Coast. Abstract and registration sites are active and details can be found at the website, www.nephrology2007asm.com. Don't forget to work on your fake tan, white shoes and bling collection.

Alternatively, you can visit the new ANZSN Website, still at its old URL www.nephrology.edu.au. The new website is a major initiative of Aviva Rosenfeld, who worked closely with the web developers Between Coffees, and has resulted in a much more user friendly site that will allow rapid updates and easier navigation. Visit the ANZSN site on your way to the Gold Coast ASM.

They say that all that is old is new again, or is that the other way around?? Either way, the ANZSN Council welcomed a number of new members to Council, namely Steve Alexander, Adrian Gillin, Nikky Isbel, Vicki Levidiotis, and Johan Rosman. In

doing so, we farewelled the likes of Paul Snelling, John Kelly, Mark Cooper, Grant Pidgeon and Helen Healy, with thanks for their loyal service.

To keep with the theme of new things becoming old, the Society has recently received notice from some of our better-known faces that their tenure as heads of ANZSN sub-committees will come to an end. Rowan Walker has stepped down as chair of the ANZDATA executive committee, his place to be taken by Steve Chadban. Also Josette Eris, after six years as chair of the DNT subcommittee will step down in May. We extend our heartfelt thanks to them and wish them well in deciding what to do with their spare time.

There have also been some new changes to research. Together with Kidney Health Australia and the NHMRC, a new offer of the not-so new Renal Scientist Career Development Grant has been announced for 2008. This allows an additional CDG to be awarded under the existing NHMRC CDGs, but solely for renal research. As well, there will shortly be a call for expression of interest for the Jacquot Clinical Trials Initiative for award in 2008-2011. Whilst strictly speaking not a new award, it is anticipated that the award will be expanded to attract a wider array of proposals than has previously been received. Details to follow.

So, at risk of entering a discourse on making old things new again, or even finding new uses for older things, I will finish. Enjoy 2007.

2. HONORARY EXECUTIVE OFFICER'S REPORT

Randall Faulk

There is much activity to report, and this newsletter is lengthy. Most of the items are included under individual reports. I will highlight some specific areas in this section.

I am pleased to report that the society is not only financially healthy, but is also seen as the peak educational and professional body for virtually all nephrologists in Australia and New Zealand. As part of my efforts to quantify our workforce, I have been very gratified to discover that only a handful (<10) of the practising nephrologists in our two countries (approximately 300) are not members of ANZSN.

Most of you will have by now accessed the new society website. It is much improved and considerably cheaper. One of the main advantages is that it is considerably easier for Aviva to make changes and to keep it up to date. We are very grateful for the hard work that Aviva put in to make it happen, using a small company with the interesting name of "Between Coffees".

The society continues to have a close working relationship with Kidney Health Australia, and a summary of the many KHA activities is included in the newsletter. A good example of the two groups working together was our joint submission to the National Drugs and Poisons Schedule Committee on the proposal to make aspirin in combination products available over the counter in Australia. Our advice was sought in view of the renal expertise in Analgesic Nephropathy, from the "bad old days" of abuse of over the counter compound analgesics.

Education of our members, young and old, remains one of the main aims of the society. Recently another very successful ultrasound course for registrars was run at Liverpool Hospital in Sydney. This is an excellent example of a society initiative that benefits our trainees. We must thank and congratulate Tim Spicer for organising such a well-received educational activity.

Our healthy balance enables us to put more money into other educational and training activities. Encouraged by the success of the first Career Development Award for renal scientists (awarded to Dr Greg Tesch at Monash Medical Centre), the society has committed to support a second 5 year Career Development Award. These fellowships, jointly funded by ANZSN, KHA and the NH&MRC, will help us attract and retain those high quality renal scientists that are crucial to our nephrology research efforts.

The annual scientific meeting is an annual highlight for the society. This year it will be held on the Gold Coast, and reports from Nikky Isbel (chair of the local organising committee) and Richard Kitching (now chair of SPEC, replacing the long-serving Rob Walker) are included in the newsletter. The 2008 meeting will be held in Newcastle, and Paul Trevillian and Al Gillies have started the ball rolling there. I look forward to some fine Hunter Valley experiences. Matthew Jose and Geoff Kirkland have bravely agreed to host the 2009 meeting in Hobart. You will note that these three meetings are being held outside of the major capitals. While this adds great variety to our venues, it puts a lot of strain on the small band of enthusiasts (fools?) at each site. We owe it to them to support their meetings and efforts with unbridled enthusiasm.

Continuing the education theme, the society council is working to ensure a close and collaborative relationship between ANZSN and the Specialist Advisory Committee (SAC) in Nephrology. The latter is a committee of the Royal Australasian College of Physicians (RACP), currently chaired by Troy Kay, which has responsibility for overseeing registrar training and accreditation. An important task they have been involved with is development of a curriculum for nephrology advanced training, at the insistence of the RACP. Despite a notable lack of resources for this big task, George Mangos has led the curriculum team and they have made impressive progress. A logical extension of this process is to develop recommendations for renal teaching within our medical schools. The current explosion of new medical schools and the doubling of medical graduates in Australia in the next 5 years make it imperative that we lobby to ensure adequate renal teaching in all programs.

Another success story for the society has been the birth of the Australian Kidney Trials Network (AKTN), with Carmel Hawley ably leading a large collaborative group. A trial in vascular access, initiated by Ashley Irish, has received funding, and will be coordinated by the AKTN. I encourage all units to support this and other trials that come from the network.

A small administrative matter. You will note periodic global emails to ANZSN members coming from the society office. Another set of emails also are sent just to Heads of Units, and occasionally a set of emails will go just to Advanced Trainees in Nephrology. These are not intended to be nuisance emails for automatic deletion. Requests to send emails to members are carefully considered, and Aviva and I pass on those we consider to contain important information. Common examples are advertisements for nephrology positions.

I will end with a more important administrative matter. The society only functions as well as it does because of Aviva's outstanding hard work, and she makes my job bearable. We should also be thankful for the important contribution of her able sidekick, Louise. The society is very fortunate to have such a well run office.

3. SPEC REPORT Richard Kitching

This is my first report to the Society as Chair of the Scientific Program and Education Committee (SPEC). I would like to begin by thanking Professor Rob Walker for his years of service as Chair of the committee. Rob has been the key driver in the increasing professionalism and success of the Society's scientific and educational activities over the past five years. Though stepping down as chair, I am pleased to say that Rob has agreed to continue to serve on the committee for 2007. As the new chair, I am aware of some of the challenges in providing for the scientific and educational needs of members with a diverse range of interests and profiles, all within a relatively small society. The committee hopes to be able continue working for you and improving the scientific and educational activities of the Society. I would also like to thank Dr. Sharan Dogra for her service to the committee and to the Society. Dr. Dogra stood down from SPEC this year and Prof. Paolo Ferrari has replaced her on the committee. Dr. Toby Coates has replaced Assoc. Prof. Randall Faull. The 2008 Annual Scientific meeting will be held in Newcastle, so Dr. Paul Trevillian is welcomed onto the committee for 2007 and 2008 for liaison between the Newcastle local organising committee and SPEC.

2007 Annual Scientific Meeting, Gold Coast

The Annual Scientific Meeting is being held on the Gold Coast from Monday Sept 10th to Wednesday Sept 12th 2007. Dr. Nikky Isbel and the local organising committee have been working extremely hard to ensure an excellent meeting will be held. We are very happy that Professor Caroline Savage (Professor of Nephrology and Renal Physician, University of Birmingham/University Hospitals, Birmingham; Programme Director of the Wellcome Trust Clinical Research Facility, Birmingham) is one of the visiting speakers. She has both clinical and basic research interests in immune renal disease, and is an international expert in the pathogenesis and treatment of vasculitis. Unfortunately very recently, our second international speaker has indicated that he is now unavailable. SPEC is working to secure another high quality speaker, preferably a clinician scientist who has a focus on clinical research.

The abstract closing date for the 2007 ASM is April 26. We have extended the closing date to given as much time as possible for abstract submission. However, please note that if you are attending the WCN in Brazil (April 21-25) you will need to submit your abstract(s) before or at the meeting. Registrations are now open at <http://www.nephrology2007asm.com/>. Early bird registration fees apply until July 31. For 2007, there is a new category of registration, with a very low registration fee created to encourage attendance at the meeting by non-medical postgraduate students in renal science.

The ANZSN BMS Young Investigator Award is a showpiece of the ASM. We are very keen that the best research by our younger members of the society is presented. Research across the wide spectrum of research areas in nephrology is eligible, and

includes clinical research and basic research areas. Can I ask all members of the society, including research group heads and research leaders, to encourage young members of the society, especially those active in clinical research, to enter for this award?

Abstract review is a vital part of a scientific meeting. SPEC would like to ensure senior members, as well as some of the up and coming members of the society, participate in reviewing abstracts for the ASM. Research leaders in both clinical and basic areas of research in renal disease need to be available to spend what is approximately 3 hours reviewing 25-30 abstracts for the meeting, within a time frame of 2-3 weeks in mid to late May. It is intended to put together panels so that each abstract is reviewed by at least six reviewers. In addition, all abstracts for the Young Investigator Award, that encompasses the spectrum of research within the society, will be reviewed by a panel of around 15 people (to select the best six for presentation at the meeting). For 2007, we are calling for expressions of interest from members of the society who are prepared to review abstracts for the ASM. Please email Ms Aviva Rosenfeld with your name and whether you feel that you are suited to review in the areas of "clinical research" or "basic research" (or both). Panels of reviewers will be established and some of the nominees, as well as others, will be selected to review abstracts. All abstract reviewers will be acknowledged in the ASM Abstract book. If research leaders are unable to make this small commitment to the smooth and successful running of the ASM, then they might consider whether their group should be submitting abstracts to the meeting, particularly for consideration of prizes.

Travel Grants and Future Meetings

Travel grant applications to attend this year's Annual Scientific Meeting (will close on April 26) and for the 2007 American Society of Nephrology meeting will be called for later this year. These awards are, as always, conditional upon acceptance of an abstract at the meeting. We are keen to support the attendance of young members of the society at these meetings. The society will support attendance up to 3 local meetings and 2 international meetings during their training or their time enrolled in suitable postgraduate course of study.

In 2008, the Annual Scientific Meeting will be held in Newcastle. When dates are confirmed, they will be published. For future meetings, if you come across an excellent speaker at any international meeting you attend who you think might be suitable for our own meeting; please forward their name(s) to me or another member of SPEC.

Educational Activities

Dr David Mudge and Dr Steve May have taken over as the key educational organisers within SPEC and are working to organise what was formerly known as the Postgraduate Course (renamed Nephrology Update Course for 2007). This course, on Saturday Sept 8th and Sunday Sept 9th should be attractive to Advanced Trainees, Postgraduate Students and Renal Physicians and will on the Sunday focus on Renal Transplantation. You will need to register using the application forms which are available online at the ASM website link.

The postgraduate weekend course for registrars will be held in Melbourne from the evening of May 3rd to May 5th. This course is generously sponsored by Amgen Australia. We are fortunate to have Professor Adeera Levin attending as our invited

speaker. The course is for advanced trainees in Nephrology and a limited number of basic Trainees who are expressing an interest in Nephrology. There were still places for suitable basic trainees recently, so if heads of units can identify suitable course attendees, please contact Dr David Mudge.

4. **ASM & NEPHROLOGY UPDATE REPORT** **Nikky Isbel**

43rd Annual Scientific Meeting and the **Nephrology and Transplantation Update (postgraduate course)** will be held on the beautiful Gold Coast at the Gold Coast Convention Centre from the 8-12 September 2007. The convention centre is a state of the art facility and conveniently located at Broadbeach (just across the road from an excellent surf beach). The weather in September is usually warm and fine – arguably the best time of year to visit – no promises though.

SPEC have organized an excellent scientific program aimed at achieving a balance between clinical and basic science research with a stellar array of international and national speakers. A new focus this year will be the ‘Update in Transplantation for Practicing Clinicians’ and will be held in conjunction with the postgraduate course. More on the program and other developments in the section by Richard Kitching.

In keeping with the relaxed Queensland atmosphere, the conference dinner will be at the Raddisson Resort and entertainment will be provided by Ingrid James – a fantastic Jazz singer.

The convention centre is approximately 85km/80 mins from the Brisbane airport and 35km/30 mins from the Coolangatta airport, so that it is important that transfers are organized in advance. There is a wide range of accommodation available and will allow for all budgets and tastes. Details regarding transfers and accommodation are available on the website: www.nephrology2007asm.com

**Abstract submission and registration is now open. Abstracts close 26/4/2007.
Early bird registration closes 31/7/2007.**

The conference organizers can be contacted by telephone: (07) 3854 1611 or email: nephrology2007@ozacom.com.au

Looking forward to seeing you in September.

Note from the HEO: The organising committee is willing to consider discounted registration rates for Allied Health attendees at the conference (eg nurses, pharmacists, dietitians). Please contact the meeting organisers if you think you or one of your staff would qualify.

5. **DNT WORKSHOP 2007** **Helen Pilmore**

The DNT workshop took place in Queenstown from 3 – 7 March. Participants were greeted by the spectacular scenery of the Southern Alps whilst flying in to

Queenstown while all the rooms at the conference venue had views of the lake and surrounding mountains.

The workshop was generously sponsored by Amgen, Baxter, Fresenius, Genzyme, Janssen-Cilag, Novartis, Roche and Wyeth. 140 attendees enjoyed an energetic and interactive workshop based around the three themes of Nephrology, Dialysis and Transplantation. In particular a new CARI guideline on the diagnosis and management of ANCA-positive vasculitis was presented by Robyn Langham and her CARI team.

Delegates also enjoyed the scenery in the setting of good food and (I hope) fine New Zealand wine with meals both at the conference venue and the Skyline restaurant.

Unfortunately no meeting can be flawless and on the final day we were treated to rain, a fire alarm and finally the closure of Queenstown airport resulting in some interesting trips across the New Zealand countryside and sadly significant delays for many in getting home. Doubtless the stories from this part of the meeting will be told in ANZ nephrology circles for some time!

Thanks to the DNT subcommittee for organising a successful and interesting workshop, in particular Steve May who co-ordinated the programme and Josette Eris for her energy and wisdom as the chair of the DNT. A particular thanks to the conference organising company *Dinamics* for their flawless management of the workshop and their personalised service to all delegates. Finally thanks to all those who attended – I hope you enjoyed the workshop. See you all in Victoria in 2009.

6. WORKFORCE REPORT Randall Faull

Many of the consultant members of the society attended my summary of the current and projected Australian and New Zealand nephrology workforce and workload at the recent DNT workshop in Queenstown. A lively discussion ensued, and there was a strong move from the floor that more resources needed to put into this process. A copy of my presentation, summarising the current data and initiatives, is available on the CD from the workshop. I will highlight a few points here:

- currently there are approximately 300 practicing nephrologists in Australia and New Zealand, amounting to about 8 per million population.
- there is a clear trend to more females and more part-time work amongst younger nephrologists.
- it is not simple to make a case for a current numerical shortage of nephrologists – the clearest problem is shortage in regional areas, so we have a problem of distribution of services rather than absolute numbers.
- projecting into the future is more bleak – with the anticipated growth in the burden of renal disease management, I estimate that we are only training about half of the number of new nephrologists required to maintain the current level of services in 5 to 10 years time.
- attracting trainees into nephrology is a problem, and there are important differences between regions. For example, NSW currently has great difficulty

recruiting local trainees, whereas Victoria appears much healthier. Improving the training experience in nephrology is a major aim of the society.

- relatively poor remuneration of nephrologists is widely perceived as a major disincentive to trainees. A number of initiatives are attempting to improve this, include negotiations for new item numbers (eg for supervision of home dialysis, and for complex consultations) (in Australia), impending reforms in Private Health Insurance, and submissions to the Productivity Commission and the National Health Workforce Secretariat.
- the prospect of increasing renal disease work in the future by a diminishing workforce means we will need to seriously consider alternative work practices and practitioners; involvement of the RSA in such initiatives seems logical and timely.

7. **NEPHROLOGY 2006**
David Harris, Editor-in-Chief

Last year was another bumper year for the Journal with over 370 submitted manuscripts, an almost 30% increase over 2005, and a more than 40% increase over 2004. It is perhaps disappointing that only 12% of the submitted manuscripts were from Australia, and less than 2% from New Zealand. The acceptance rate for Australian manuscripts was 75% for Australia and 40% for New Zealand and significantly less than this for the Journal as a whole. The countries with the greatest number of submissions were (in order): Turkey, Australia, China, Japan and Taiwan. The mean time from receipt of the manuscript until first decision was 38 days which compares favourably with most other journals and which we aim to reduce to under 30 days. The mean time from manuscript acceptance until on-line publication was 60 days and until print publication was 90 days. Whereas we aim to improve the time to both on-line and print publication in 2007, the time to print publication is dictated somewhat by the fact that there are only 6 issues per year.

In 2006 there were 115 publications in Nephrology, more than 50% being original articles and more than 20% reviews. We plan to limit the number of pages per issue to 100 and when there are sufficient pages gradually increase the number of issues per year.

The continuing success of the Journal is very dependent on the dedication of its Editors and the generosity of its reviewers. Not overtaxing existing reviewers and finding new reviewers is an ever-present challenge. Of course, the majority of the editors and many of the reviewers are from ANZSN. Without the support of ANZSN and its members, including by way of your subscriptions, the Journal would not be viable. Therefore, as it is your Journal, the editorial staff is very keen to receive suggestions about how to improve it.

8. **ISN REPORT**
David Harris

Members of ANZSN continue to make important contributions to ISN, particularly in regards to COMGAN activities, where ANZ's involvement is highly regarded by ISN. ANZSN speakers regularly contribute to the Annual Scientific Meeting and

Postgraduate course of the Indonesian Society of Nephrology (Pernefri) and also in recent years to the Annual Scientific Meeting of the Philippine Society of Nephrology. In addition, we sent speakers to the recent 2nd International Nephrology Conference in Brunei. The CREED program (supported by Fresenius and members of ANZSN and Pernefri) continues to underwrite sister centre exchanges between Australia and Indonesia, ANZSN participation in Indonesian meetings and involvement of Indonesian nephrologists and trainees in our Annual Scientific Meeting.

John Kelly and John Collins lead a small team providing expert assistance to CKD programs in Samoa, Vanuatu and several other South Pacific nations. ANZSN members have provided expert advice to CKD screening and treatment programs in Indonesia and the Philippines, and in the future in Brunei.

The Disaster Relief Task Force of ISN, which provides practical expert assistance (mainly in the form of dialysis supervision) following natural disasters (usually earthquakes) has set up a new cell in Asia. This is being coordinated by Vivek Jha from India. Already a number of ANZSN members have expressed interest in being involved.

If any of you are interested in contributing to any of these ISN programs, please contact David Harris via email: dch@med.usyd.edu.au

9. NEWS FROM KIDNEY HEALTH AUSTRALIA **Tim Mathew**

Liaison with Australian Government

There continues to be little focus on CKD at the Commonwealth Govt level despite considerable activity and commitment to the area of chronic disease and prevention. The ANZSN joined with KHA in a representation to Min Abbott in mid-March to present him with information arising from the 2 studies on Economic Impact and Cost-effectiveness of early detection that have recently been completed and to seek his support for extension of GP education and early detection programs that are being currently mounted (see below).

The kidney sector now has representation on various Advisory Committees of the Government (Diabetes and Chronic Disease) but still no specific programs addressing our special needs in the area of early detection and best practice in primary care.

The general thinking is that programs addressing CVD risk reduction and diabetes will take care of CKD needs ignoring the fact that 70% of CKD is non-diabetic and that unless you measure kidney function you will not recognise its presence (the diabetic special incentive program with its annual cycle of care still doesn't require kidney function measurement!). We have continuing evidence of the gap that exists in delivering best kidney care in general practice and no evidence that the situation is improving.

At the State and Territory level there is increasing activity and interest in early detection and management of CKD but these programs are generally in pilot mode and are unlikely to have much impact without much more resource being applied.

KCAT

The KCAT GP education program continues to be well supported by the our generous sponsors and wonderfully supported by the volunteer nephrology speakers – we have now conducted nearly 280 face to face workshops over the last 3-4 years and reached probably 10% of GPs. In addition our on-line CKD modules (www.primed.com.au) are proving popular and now cover 6 hours of learning. Publications in Australian Doctor, Medicine Today and Medical Observer in recent months all have been additional ways of getting the message across.

New teaching modules have been created including “Problem Cases”, “Managing CKD3 in primary care” and a thorough updating and re-working of the older modules. We still have a long way to go to accomplish the aim of having the majority of CKD detected early and of having best care applied to detected cases. With additional support the KCAT program can be more effectively promoted, the teaching materials greatly improved and the scope of the program expanded. Such support realistically must come from Government.

We strongly encourage any of you wanting to conduct a workshop with your local GPs to directly contact your Division (Network) and negotiate a date. We will do the rest!

Booklet “The management of CKD in General Practice”

This booklet (about 25 pages) is close to finalisation and will be first serious attempt to deliver the messages around CKD in written form to all general practitioners and specialists in Australia. The booklet has been generously funded by an educational grant by Servier and should be distributed in April. It is being produced with the assistance of the RACGP and has had strong input from our team of advisory GPs. Thanks to all of you who have contributed to the booklet that we hope will be another significant step in up-skilling GPs in CKD.

eGFR

The Australasian Creatinine Consensus Working Group recommended in June 2005 that Australasian laboratories automatically report an estimate of the glomerular filtration rate (eGFR) each time a serum creatinine was ordered¹. This Working Group met again on December 11, 2006 to consider progress and address certain issues. The Working Group consisted of 12 nephrologists and 6 pathologists nominated by the parent bodies of this process (Australian and New Zealand Society of Nephrology, Kidney Health Australia, Australasian Association of Clinical Biochemists, and Royal College of Pathologists of Australasia).

Survey and anecdotal information indicates that the vast majority of laboratories are now believed to be automatically reporting eGFR. In addition standardisation of $\mu\text{mol/L}$ as the units for serum creatinine concentration had largely been achieved. The clinicians’ response to the introduction of eGFR had been strongly positive with easier identification of chronic kidney disease, better decision making for affected individuals, and more appropriate referral patterns being identified as outcomes.

Issues that had led to the reconvening of the Working Group included changes to the measurement and calibration of serum creatinine assays that had implications for the Modification of Diet in Renal Disease (MDRD) formula, questions about the use of eGFR in certain ethnic populations including the Aboriginal and Torres Strait Islander

people, the use of eGFR for decisions on drug dosing and the issue of introducing age-related eGFR decision points. These issues had been raised by members of the Working Party as well as by individual laboratories and nephrologists.

Recommendations were agreed in each of these areas and at the time of writing are close to finalisation. The Working Group report will be published in the Medical Journal of Australia. It appears that eGFR is here to stay – it already is the basis of CKD staging and clinical management and is the basis of changes to the ICD10AM coding of CKD that are currently under review.

One outcome of the recent focus on serum creatinine concentration and its use for eGFR determination has been the commitment to improve the accuracy of laboratory measurement and the reduction in the intra-hospital variability previously seen in Australia and overseas. Undoubtedly refinements in the measurement of serum creatinine concentration and the eGFR formula will continue to occur and allow increased accuracy and thus improved applicability of this tool.

The changes to the recommendations for reporting range of eGFR and the messages assisting the interpretation of eGFR values in the elderly, and its use for drug dosing adjustment and in Aboriginal and Torres Strait Islander people consolidate the role of eGFR in clinical practice.

Inaugural Allied Health Weekend Workshop (April 20-22 in Sydney)

Amgen are funding (with KHA as a co-sponsor) this inaugural meeting that aims to provide a vehicle for pharmacists, social workers and dieticians to gather and share information in the area of CKD. It is a wonderful initiative and already over subscribed! Hopefully it will lead to increased focus on CKD from within these important allied health areas. If the workshop is a success it is envisaged it may become an annual event.

Research Funding

KHA is again increasing its allocation to research for the year 2008. Guidelines for funding categories of seeding grants (close 30 June), PhD and Masters in Nursing study scholarships (close August 30), are available at www.kidney.org.au/?section=86 or email teresa.taylor@kidney.org.au

At this stage it is envisaged that \$600,000 will be available in addition to the continuing support for our Bootle projects – lifting our total research support to over \$1 million year.

Publications

Many of you would have received hard copies of the studies recently completed on the “Economic Impact of ESKD in Australia” and “The Cost Effectiveness of early detection and intervention to prevent progression of CKD” and the “CKD Strategy”. These documents that are all major contributions to knowledge bank on CKD are downloadable on the KHA website www.kidney.org.au – a limited number of hard copies are available from the Adelaide office of KHA.

Kidney Health Australia has developed a newsletter for kidney kids and their brothers and sisters. The newsletter named **KIDney Chat** is a national newsletter that aims to

- Provide families with up to date information about what Kidney Health Australia and other groups are doing around Australia.
- Provide stories of what other children are doing.
- Provide the children with lots of fun games, jokes, puzzles and competitions.

KIDney Chat will bring the kidney kids around Australia together and give them the opportunity to get involved by sending in their own stories, profiles and jokes. KIDney Chat will be published three times a year.

Kidney Health Australia's Consumer Participation Program

Kidney Health Australia has Consumer Participation Committees in most states. These committees meet regularly and work towards resolving issues at a state level. Each committee has representatives from a range of groups including people with chronic kidney disease, those on dialysis or with a kidney transplant, carers and renal nurses or allied health professionals and nephrologists.

The chairpersons of each state committee come together on a regular basis to form the National Consumer Participation Council. The Council deals with, and endeavours to make positive changes to Australia-wide issues. The focus of this Council in 2007 will be on; private health insurance, holiday dialysis, transport to and from dialysis, organ donation and transplant waiting times.

Consumer Participation Website

A new feature on the Kidney Health Australia website is the consumer participation page. Here, interested people can learn more about consumer participation, access national and state-based links to consumer participation and have their say.

If you or someone you know is interested in visiting this site, please visit www.kidney.org.au/?section=13&subsection=726 or email consumerparticipation@kidney.org.au

Transport Survey Update

Recently, Kidney Health Australia's Consumer Participation Committee in South Australia undertook the first in a series of state transport surveys for non-home based consumers. NSW, Victorian and Tasmanian Consumer Participation Committee's also recommended that transport surveys be undertaken in these states.

New South Wales

350 Surveys were returned in New South Wales. A report generated from these findings will be presented to Kidney Health Australia's NSW Consumer Participation Committee. The committee will then assist in deciding a suitable course of action to address the issues raised.

Tasmania

150 surveys were distributed in Tasmania; a 61 per cent response rate was achieved. The final report is currently being finalised and will be distributed for discussion with the Tasmanian Consumer Participation Committee. It is anticipated that the committee will provide recommendations for a suitable action plan to address the issues. The final report will also be presented to Kidney Health Australia at a national level.

Victoria

Close to 800 completed surveys were returned in Victoria. The data has been collected and collation is currently underway. They look forward to being able to provide an extensive report on findings within Victoria as well as providing feedback to both the Victorian Department of Human Services and Kidney Health Australia at a national level.

If you would like to know more about this survey or the work of the Consumer Participation Committees, please contact Janine Bevan at Kidney Health Australia on 1800 682 531 or email janine.bevan@kidney.org.au

Holiday Dialysis Survey Update

The Kidney Health Australia ACT Consumer Participation Committee has overseen the development of a survey that was conducted to explore the issues surrounding people who are utilising dialysis who need to have a vacation.

The aim of this project was to;

- influence the availability of services for people living in the region if they wish to move outside the region for a short period of time for a holiday.
- identify areas where assistance is required for people living with kidney failure who wish to take a holiday.
- improve the quality of life for people with kidney failure.

Concern was expressed from many people living in the Canberra region that they have been unable to take a holiday for some time, and in order to clarify this further, Kidney Health Australia in conjunction with the Canberra Hospital Renal Unit, decided to conduct a survey that will further inform and help identify the future needs of people in this region who are on dialysis. We also asked some questions that allowed us to obtain some information on other factors that may affect the consumer's ability to take a holiday.

Summary of findings

- 200 surveys were mailed to people currently on dialysis at the Canberra Hospital and at the two satellite centres
- A total of 47 completed surveys were received, resulting in a response rate of 23.5%.
- The most commonly reported duration of dialysis was 2 to 5 years (26%), followed by less than 1 year (24%), 1 to 2 years (24%), and 5 to 10 years (20%). Three people (7%) had been on dialysis for more than 10 years.

- 36% of respondents had tried to take a holiday while on dialysis and had been unable to do so.

One-third of the respondents (33%) indicated they had not had a holiday in the past five years, with some reporting it had been 15 to 20 years since their last holiday. Only 24% of the sample reported they had taken a holiday in the past 12 months.

People without the support of a spouse, carer or significant other were more likely not to have had a holiday in the past 5 years (41%) compared to people who had a spouse or carer (25%).

The majority of respondents (77%) indicated they would like to take a holiday, with 89% of these people preferring to have a holiday within the next 12 months. Of those that wished to take a holiday, 61% reported they would like to go to Queensland, 42% indicated they would like to visit the NSW South Coast, 31% highlighted Victoria as a holiday destination, and 22% reported they would like to go to the NSW North Coast. (Respondents could select more than one holiday destination).

When asked for possible reasons why they could not take a holiday, 28% reported they were financially unable to do so, 9% indicated they would not feel safe dialysing in an unfamiliar place, and 2% reported they were unable to get time off work.

The majority of respondents (83%) were not aware that Kidney Health Australia has a publication called the Dialysis Unit Guide (DUG), which lists renal units and their location within Australia.

Kidney Health Australia have reprinted the Dialysis Unit Guide in a compact version. If you would like to purchase a copy of this publication, contact us on 1800 682 531.

Kidney Kids Camp

This year, the Kidney Health Australia Kids Camp will be held in Tallebudgera, Queensland, from 9 to 13 July.

10. JACQUOT RECIPIENTS 2007

Jacquot Research Entry Scholarships:

* Dr Michael Lian, will study mesenchymal cell pathology in progressive renal disease at the University of Melbourne, Department of Nephrology.

* Dr Sharon Ong, will study the mechanisms of glucocorticoid-induced hypertension at the John Curtin School of Medical Research, The Australian National University, Canberra.

Don and Lorraine Jacquot Fellowship:

* Dr Usha Panchapakesan, for a second years funding, who will continue researching the role of endothelial stem cells and atorvastatin in vascular disease observed in patients with diabetes and/or chronic kidney disease at the Renal Research Lab,

Kolling Institute of Medical Research, Royal North Shore Hospital, Sydney.

Jacquot Research Establishment Awards:

* Dr Karen Dwyer, who will research the role of CD39 in pregnancy associated renal disorders-hypertension, proteinuria and preeclampsia, at the Immunology Research Centre, St Vincent's Health, Melbourne.

*Dr Peter Mount, who will research disordered energy-regulation in the prevention and treatment of diabetic kidney injury, at the Burnet Institute, Austin Health, Melbourne.

* Dr Vicki Levidiotis, who will research podocyte derived heparanase liberation and its interrelationship with VEGF in models of Type 2 Diabetes, at the Burnett institute, Austin Health, Melbourne.

* Dr Hilton Gock, who will continue his research into the role of innate immunity and endothelial cell protein C receptor in Xenotransplantation, at the Immunology Research Centre, St Vincent's Hospital, Melbourne.

11. TRAVEL GRANT REPORTS

International Society for Study of Hypertension in Pregnancy

Jane Holt

I have recently returned from Lisbon and the ISSHP Conference (International Society for Study of Hypertension in Pregnancy) and would like to express my sincere thanks to the Australian and New Zealand Society of Nephrology for its generous contribution to my travel.

I am now in my third year of MD studies in the field of hypertension in pregnancy and travel to this conference awarded me the opportunity to present some of my work to date on an international stage.

My studies have included work on the presence of urinary protein fragments as well as insulin resistance and adiponectin in both normal and hypertensive pregnancy. Other areas of study include non immune urinary albumin and the presence of circulating endothelial cells in pre eclampsia.

As expected, the conference was buzzing with multiple international speakers and delegates and for my personal interest, there were many topical discussions inclusive of subjects particular to my MD.

As always, and particularly when doing research, the conference provided an invaluable opportunity to canvas international opinion in an area of interest as well as the exciting opportunity to make ones own contribution.

I would encourage other post graduate students to avail of similar opportunities and would like to once again express my thanks to the College and my other sponsors, The Jacquot Foundation (RACP) and CVL grant (Pfizer).

ASN - Philadelphia October 2005

Jason Coombs

I am writing to thank you for your travel grant to attend the ASM in Philadelphia, November 2005. Without it I would not have been able to attend the meeting.

Philadelphia itself is a city of great contradictions, both beautiful and derelict in parts. Great affluence, academia and art exist in tense separation from poverty, crime and shabbiness. It's a place where the Amish come to sell their wears to the city's modern business people and tourists, and where Rocky shares in the limelight of one of the world's great art collections. And this spirit of contradiction by no means excludes the activities within the convention center!

The ASM is a terrific meeting for young nephrology researchers such as myself to attend because one is exposed in one go to all of the education, experience, salesmanship, inspiration and exasperation of a growing field of medical research.

The highlight of the meeting was the Advances in Research symposium held in the two days immediately prior to the commencement of the main activities. Here, most of the world's foremost nephrology researchers gathered to keenly present their newest ideas and argue over new controversies. It was quite inspirational at times, and certainly stimulated the imagination.

During the meeting I presented a poster on the impact of the drug sirolimus on a rodent model of FSGS and the questions in cell biology it raises, and it met with an unexpected level of interest! Questions flew at me from all directions as a small group of seemingly all the mythical characters I had referenced throughout the work gathered to discuss and argue their own work and mine! It could have been quite an intimidating experience but was really quite rewarding to interact so directly with respected figures in nephrology on this hot topic. And our work seemed to be quite well regarded.

At any one time an entertaining presentation can be found at the ASM, and there is always something new to learn. And where else can one go to share protocols with researchers from France and Sweden, meet with collaborators from Holland, and dine with nephrologists from Korea?

Once again, thanks go to the ASZSN for making my trip possible. For anyone traveling to Philadelphia I heartily recommend a wander around the University district for its history and eclecticism, and save plenty of time for the Museum of Art, which is worth the effort for the wonderful collections of Duchamp, Johns, and Picasso at the least. I look forward to my next ASM sometime in the future.

Meg Jardine

I would like to thank the ANZSN for supporting me in attending the ASN in Philadelphia, October 2005. The depth and breadth covered by the meeting was breathtaking as always.

Presenting my work on phenotypic and functional aspects of CD4+25+ and CD4+25- cells from a tolerant transplant model to an international audience was of course a personal highlight. The field of tolerance research continues to increase exponentially

and was well represented at ASN giving me many opportunities to hear updates from world-leading groups in the area.

Dialysis themes included a range of presentations on newer treatments for calcium, phosphate and PTH management and on the detection and treatment of renal bone disease. The overview of the 2005 ERA-EDTA conference was an efficient session that distilled that conference down to its highlights. The Clinical Nephrology Conferences provided great opportunities to update in a range of areas from management of autoimmune disease to vascular access management to peritonitis management.

The conference provided great opportunities for informal discussions with other nephrologists. I had some interesting conversations with nephrologists from South East Asia as well as meeting up of course with the home grown variety. I would like to thank the Society again for their support in attending the ASN, 2005.

Rebecca Pellicano

I take this opportunity to express my sincere gratitude to the ANZSN for offering me a travel grant to attend the American Society of Nephrology Meeting in Philadelphia in 2005.

It was my first attendance at the ASN and, as anticipated, I was amazed by the comprehensiveness and sheer size of the meeting. With several sessions running concurrently there was always a symposium of interest to attend, while navigating the conference centre from one session to another and arriving on time was often a challenge. Each day started with a plenary session given by an expert in their field, followed by a plethora of basic science and clinical symposia all of which were excellent and highly topical, as evidenced by the fact it was often difficult to find a seat. A highlight for me was hearing, from one of the leading researchers in the area, about the role of hepcidin in linking inflammation and anaemia, as I was presenting a poster from a segment of my PhD studies exploring the impact of increased dialysis on hepcidin levels.

Other themes of the meeting that were of special interest to me were vascular calcification focusing on novel uremic toxins and possible future interventions, and the ever present problem of increased incidence of obesity and diabetes and their associated complications and treatment challenges. The range and number of poster presentations was at times overwhelming but these sessions enabled me to discuss my research with others interested in the same area, which gave me helpful ideas and increased motivation for further research.

As for Philadelphia itself, it turned on great tourist weather with clear, crisp winter days, perfect for exploring. Highlights included the Independence Hall, the Rodin Museum, and the Liberty Bell complete with famous crack. Not even the notably increased level of security requiring the removal of all warm woollen jackets and jumpers upon entering the sites - time and time again – could dampen our enthusiasm. Finally we travelled along the East Coast of America stopping at the amazing Smithsonian Museums in Washington - which remain free to this day - walking the Freedom Trail in Boston, and marvelling at the fast pace and excitement of New York City in the lead up to Christmas.

Once again I thank the ANZSN for providing me with the financial support that enabled me to attend one of the largest and most exciting nephrology meetings of the year. It was an invaluable and rewarding experience, both professionally and personally.

Richard Phoon

I would like to thank the ANZSN for their generous support in enabling me to attend the American Society of Nephrology Annual Scientific Meeting which was held in Philadelphia in November, 2005.

This provided me with the opportunity to present work which I have done on the effects of HMG-CoA reductase inhibition in a model of experimental glomerulonephritis. The well-attended ASM (12700 registrants) provided a wonderful depth and breadth of clinical and basic science research/presentations. I feel fortunate, if not somewhat 'extended', to have attended a smorgasbord of symposia relating to both clinical (*Evolving therapeutic strategies in lupus nephritis and other glomerular diseases, Post-transplant infections, Refractory hypertension*) and basic science (*Fc receptors and renal disease, Mechanisms of Systemic Vasculitis*) aspects of nephrology. Additionally, I attended a 2-day, Postgraduate Education course entitled *Glomerulonephritis Update: Diagnosis and Therapy* – I would highly recommend this or any of the other courses on offer given the expert Faculty lists (Cattran, Glassock, Appel, Falk, etc.).

Philadelphia provided an excellent backdrop for the meeting both in terms of its historical aspects and retail appeal (no sales tax on clothing!) and, again, I am extremely grateful to have availed myself of all of the above aspects of the meeting in Philadelphia.

Cindy Wang

I would like to thank the ANZSN sincerely for supporting my travel to attend the ASN 2005 in Philadelphia. This was a great opportunity for me to learn more about the current progress in renal research.

In particular, the basic renal pathology course I attended was very interesting and provided the opportunity to learn key diagnostic lesions for selected, common renal diseases as well as to obtain an overall approach to renal biopsy diagnosis and how all diagnostic information is integrated to arrive at a diagnosis. I was greatly overwhelmed and impressed that each attendant was provided a microscope and a set of slides (with person-to-person explanation). Symposia including the discussion of MPGN by Dr. Agnes Fogo, TI diseases by Dr. Arthur Cohen, Vascular diseases by Dr. J. Charles Jennette and renal transplant by Dr. Robert Colvin and Dr. Sharon Adler. Furthermore, other sessions discussing macrophage phenotypic heterogeneity were of particular interest for my current research. I found the symposium presenting by Dr Andrew Rees fascinating.

My PhD study mainly involves macrophage phenotypic heterogeneity in chronic renal disease. The results from our preliminary experiments are promising. Our studies have shown that *ex vivo* phenotypic switching of macrophages determined their damaging versus protective effect in murine adriamycin nephrosis. I also found that only small numbers of macrophages are required to modify renal injury in adriamycin nephrosis, suggesting that macrophages are remarkably potent. As macrophages have a role in a number of disease processes, this work may have broad implications.

As that was almost the end of my 2nd year of PhD, my research is at a critical stage where feedback from international researchers is especially important. Presentation of my research at ASN 2005 had an important impact on my research direction. During the time of presenting my research that morning, Dr Andrew Rees showed great interest in our work and we even discussed the detailed future directions.

Other members of our laboratory presented their research including Dr Deepika Mahajan who had an oral presentation discussing CD4+CD25+ cells adoptive transfer in the Adriamycin nephrosis murine model, Dr Guoping Zheng, who discussed beautiful EMT work and Dr Xiaohong Qin's PD-1 study.

This was the first American conference I have attended which provided me with exciting scientific and clinical advances in related disciplines and so to expand my scope of research and clinical knowledge in nephrology. I am very grateful to the ANZSN for supporting me and providing me with this opportunity to expand my knowledge of renal research, and to discuss with key speakers involved in this research. I look forward to completing my PhD thesis next year, and attending the ANZSN annual conference in 2007.

ASN San Diego November 2006

Natasha Cook

I attended the 2006 American Society of Nephrology Annual Scientific Meeting held last November in San Diego. At this meeting I was fortunate to have the opportunity to present my poster titled 'The energy sensor AMPK is activated by low salt and phosphorylates a regulatory site in the salt co-transporter, NKCC2.' This work was carried out as part of my current PhD studies in Professor David Power's laboratory at the Burnet Institute. During the poster sessions I was very pleased to meet fellow researchers in the fields of co-transporter physiology and AMPK in the kidney. The experience of talking to them directly about their work and receiving feedback and suggestions about my work was extremely valuable.

This was my first ASN meeting and I was amazed by the vast quantity of interesting and relevant sessions from both a scientific and clinical perspective. The provision of a syllabus was helpful because many things I would have liked to attend were concurrent. Highlights for me included the clinico-pathological sessions, the clinical nephrology conference on viral diseases and the kidney and the symposium on macula densa physiology chaired by Professor Jurgen Schnermann.

I would like to take this opportunity to thank the ANZSN for their generosity in awarding me a travel grant and enabling me to benefit from such a worthwhile experience.

Anne Durkan

Thanks to the generous financial assistance offered by the Australian and New Zealand Society of Nephrology travel award, I was able to attend the ASN and present my work on the sodium hydrogen ion exchanger isoform 3 (NHE3). The meeting allowed me to interact with other researchers in the same field and to share ideas and theories. This was particularly valuable as this field is relatively small and there are only a limited number of forums in which interested researchers can meet. In addition to furthering my understanding of a specific scientific area, the meeting

offered the opportunity to expand my knowledge of other areas of basic research and to learn about techniques that could be incorporated into my future research. I also have an active interest in the chemokine, CX3CL1, and there were several posters presenting work looking at this protein in the kidney.

The meeting also afforded the chance to keep abreast of the newest developments in clinical nephrology. The results of some of the larger trials were obviously of great interest but so too were some of the case reports and case series. For example, working as a paediatrician, pregnancy in kidney disease is only rarely encountered and can therefore be a difficult condition to manage. Several of the free oral communications were very helpful in expanding my knowledge in this area.

I have an interest in adolescent nephrology and the session on the transition process from paediatrics to adult medicine was particularly interesting, as both paediatricians and adult nephrologists contributed to the discussion. Useful contacts and sources of further information were obtained and I hope to use these to develop an adolescent service in the hospital where I work.

I would like to thank the ANZSN for their support in awarding the travel grant. I believe that I benefited greatly from attending the ASN and hope that some of the experience gained will disseminate into my daily practice of nephrology.

John Holian

I would like to express my sincere gratitude to the ANZSN for providing me with the financial assistance to attend and present my research at the 2006 ASN in San Diego. Armed with my well-thumbed program, I joined thousands of other delegates in the scramble to find out 'what's hot and what's not' this year.

My specific area of research – Epithelial to Mesenchymal Transition (EMT) had an entire symposium devoted to it, with four leading experts (Youhua Liu, David Lovett, Jeff Barnes and Wilhelm Kriz) presenting quite different view-points on the relative contribution of EMT to the process of interstitial fibrosis. While conventionally EMT is believed to account for about 30% of the matrix producing pool of fibroblasts in the interstitium, this figure has been challenged in the recent literature, with the latter two speakers arguing its overall contribution is fairly negligible. The EMT poster session, at which I presented a poster, had little on KLF transcription factors in EMT (my particular focus), but none the less provided a great opportunity to see what others are doing in this area, and to compare experimental techniques and methodologies. Work investigating the role of MMP's figured prominently in this session, and served to further complicate the debate as to whether they are good or bad in the context of EMT.

From a clinical perspective, while there was no new landmark trials presented at this years meeting, there was still plenty to talk about. The relative underuse of AICD's in dialysis patients (presented by Charles Herzog) highlighted a degree of therapeutic nihilism in respect of the ESRD population, with only 7% (versus 31% of the general population) receiving an AICD despite appropriate indications (USRDS data). While the complication rate is high at ~ 35% (graft stenosis/ infection etc), as nephrologists we should heighten our awareness in identifying those dialysis patients who could potentially benefit from these devices.

Regarding the search for more effective biomarkers of AKI, Chirag Parikh made a convincing argument for the measurement of urinary IL-18 and NGAL levels. IL-18, which is known to mediate ATN in mice – is a good marker of tubular injury and doesn't rise in pre-renal states. NGAL expression is upregulated after ischaemia in tubule cells and is also easily measured in urine. Both markers rise within 2-6 hrs of injury, their relative levels predict severity, and both have a turn around time of around 4 hrs on ELIZA, thus making them attractive markers in facilitating prompt diagnosis of AKI. Measurement of these markers may allow better patient selection for various therapies, and a phase 5 study (TRIBE-AKI Network trial) should clarify their usefulness in coming months.

Interesting USRDS data was also presented with regard to pre-emptive transplantation in diabetics. Graft failure is now the 3rd leading cause of ESRD in the US. This data analyzed the outcome of over 23,000 diabetic transplant recipients (11% of whom underwent pre-emptive transplantation) and showed a survival advantage only in patients who underwent a living donor transplant (or a SPK). Pre-emptively transplanting graft failures (of any kind) were associated with significant cost-benefit ratios, while Type I DM patients pre-emptively transplanted had a 48% chance of returning to work within 1 yr. (Not seen in non-pre-emptive type I DM patients or any of type II DM patients).

The ASN is also a great social event, and the thirst generated by the constant running to and from the various symposia was invariably slaked most evenings in one of the many Irish pubs in San Diego, catching up with colleagues from back home and doing my bit for Irish-Australian relations. This is a meeting which is of enormous benefit to researchers/ advanced trainees alike, and I would encourage all to make every effort to get to it during their studies. Thanks again to the ANZSN for making it possible for me to attend.

Jun Li

I would like to thank the ANZSN for a travel grant to attend the American Society of Nephrology, Renal Week 2006 which was held at the San Diego Convention Centre, 14-19th November. This was the first time I have attended an ASN Renal Week and I found it a very educationally rewarding experience. All the sessions I attended were of a high quality and very informative.

In the first two days I attended the “Advances in Research Conference, Stem Cells in Organ Maintenance and Repair”. There were 19 presentations by international renowned researchers with a special interest in the area of stem cells. Of particular interest were presentations by Joseph Bonventre and Lloyd Cantley which demonstrated the effectiveness of bone marrow derived mesenchymal cells (BMDC) to protect the kidney and promote renal regeneration after ischaemic damage. Both of these presenters have found no evidence of tubular cell replacement by bone marrow cells in rodent models of ischaemia/reperfusion injury. In these models it appears that factors released by BMDC are responsible for protection and repair of tubular cells. Other presentations I found interesting included the use of mesenchymal stem cells to treat Osteogenesis Imperfecta and embryonic stem cells to promote cardiac repair.

The next 3 days consisted of the scientific meeting of the ASN. Of particular interest to me were sessions on secondary hypertension, anemia and cardiovascular disease in chronic kidney disease. A number of studies have now shown that the correction of

anemia in chronic renal disease patients is not of cardiovascular benefit and it may be harmful. The conference was accompanied by publication in the NEJM of the results of two studies (CHOIR & CREATE) which looked at the cardiovascular effects of haemoglobin correction in chronic kidney disease patients. These were discussed in a number of conference sessions. The CHOIR study demonstrated that the use of a target hemoglobin level of 13.5 g per deciliter (as compared with 11.3 g per deciliter) was associated with increased risk of cardiovascular events and no incremental improvement in the quality of life, whereas the CREATE study demonstrated that in patients with chronic kidney disease, early complete correction of anaemia does not reduce the risk of cardiovascular events.

I presented a poster on research work from my PhD which was entitled “Effects of PKC regulation on the cyclin-dependant-kinase (cdk) inhibitor p21 in normal kidney versus kidney cancer cells”. There was some interest in my work from people that visited the poster and this enabled me to discuss it with them and resolve some experimental issues that have arisen during my project.

Thanks again to the ANZSN for providing support for me to attend this meeting.

Richard Phoon

I would like to thank the ANZSN and Genzyme for their generous support in enabling me to attend the American Society of Nephrology Annual Scientific Meeting which was held in San Diego in November, 2006.

This provided me with the opportunity to present work which I have done on the role of a novel Th1-related transcription factor, T-bet, in a model of experimental glomerulonephritis. The ASM again reached a record attendance in excess of 13000 registrants and provided a wonderful depth and breadth of clinical and basic science research/presentations. I attended a number of informative clinical and basic science symposia covering topics such as lupus nephritis, systemic vasculitis, Fc receptors in renal disease, refractory hypertension, post-transplantation infections and illicit drugs and kidney disease (no samples were provided).

The meeting also provided the opportunity to interact with a number of other researchers with similar interests in renal immunology. Having relocated from Sydney to Melbourne for my PhD, I am also grateful to have been able to catch up with several of my Sydney colleagues (supported by the pleasant San Diegan backdrop and James Bond [the movie]).

Scott Stanners

I would like to express my gratitude for the support I received from the ANZSN and Genzyme. As a PhD student at the Kolling Institute of Medical Research, the funding from ANZSN on behalf of Genzyme enabled me to attend the American Society of Nephrology (ASN) in San Diego, USA in November this past year.

The ASN is the most important international scientific meeting for renal research. As many of your readers would be aware, diabetes mellitus is an increasingly common cause of chronic renal failure. The progression of chronic kidney disease is considered to be an irreversible process that eventually leads to end-stage renal failure, a devastating condition that necessitates the patients to be dependent on life-long treatment with dialysis or renal transplantation. In Australia and New Zealand, end-

stage renal disease now accounts for more than 25% of patients commencing dialysis or receiving a renal transplant. The incidence of diabetic nephropathy as a cause of end-stage renal failure is similar in Europe and even higher in the USA, indicating the utmost importance and urgency of research in this field.

The main benefit of attending the conference was the experience of presenting my research to an international audience. Aside from a poster presentation, I was given the opportunity to present my work in a free communication session. I cannot explain the exhilaration followed by great satisfaction at delivering my research and being confident in my responses to the questions from the audience. My supervisor and colleagues were very complementary. I would also like to say that I acknowledged the support from the ANZSN and Genzyme and also showed the logos. Furthermore, my poster presentation involved a novel pathogenic mechanism in patients with diabetes received a lot of attention and I was able to share some of our techniques with other scientists.

The conference also gave me the opportunity to meet other physicians and researchers. You would be aware that this opens up the possibility of international collaborations, a notion that excites everyone involved.

As this was the largest conference I have ever attended, I gained an appreciation of the diversity of research involving the effect of type I diabetes on the kidney. The span of research included bone mineral density, nephrinuria and albuminuria, and Aboriginal specific concerns to name a few. The advancement of scientific techniques worldwide makes it a very exciting time to be involved in research.

Finally, I would also like to thank Genzyme for the exquisite dinner at the University Club, atop the Symphony Towers. Everything about the evening was wonderful and the view was incredible. Well done!

Nigel Toussaint

I would like to express my appreciation to the Australian and New Zealand Society of Nephrology for assisting me with the opportunity to travel to the American Society of Nephrology meeting in San Diego in November. This was my first international conference and an invaluable experience.

The conference was initially overwhelming with the sheer number of participants (12,000), and one must quickly adapt to the lay out of the meeting. I had been advised by colleagues that you need to study the programme well before embarking on session attendance and I now know why with the huge number of concurrent lectures.

The quality of the conference was excellent although there was of course too much to choose from and it was difficult to select certain sessions to attend over others. My major interests were cardiovascular risk related to chronic renal disease and vascular calcification, and I attended selected talks on these topics. However, more than the individual sessions, I also found the opportunity to make contact with certain Nephrologists who are involved in similar areas of research.

This year I had a poster presentation at the ASN in San Diego titled “Measurement of vascular calcification using CT fistulograms”. It was challenging but also educational to have many questions asked to me by international Nephrologists regarding the

study. It was also impressive to see (in person) and meet so many prominent people in the field in which I have been researching.

Highlights of the meeting for me were the debates on calcimimetics (to use or not?) and ACE inhibitors (any additional effects than blood pressure control?), the updates on SLE and membranous nephropathy, and the session on home haemodialysis (the latter with excellent presentations from Andreas Pierratos and Christopher Chan, the Canadian international leaders in home/nocturnal haemodialysis). There were several sessions on the mechanisms of vascular calcification in CKD, I would imagine more so than previous years, given this is a growing area of interest and research. Many of these were very scientific based, but reflected to multifactorial and complicated nature of this disorder. It was also a privilege to see and hear Geoffrey Block talk at an excellent lunch time session on calcification and cardiovascular disease in CKD.

I can now appreciate the great educational benefit of visiting the ASN and I hope to make this meeting an annual event to maintain current knowledge in my areas of interest as well as keep up to date with other advances in Nephrology.

Apart from the five days of conferencing, I was also able to spend a few extra days sightseeing with my colleagues Michael Desmond and Adam Hedley. San Diego is a fantastic place with many tourist attractions including the world famous zoo (a full day's viewing). Three days in Los Angeles (only 2 hours away) also enabled us to visit Disneyland and Universal Studios, as well as travel around Santa Monica, Venice Beach and Malibu.

The ANZSN has always been extremely generous with the provision of financial support to trainees and fellows and it is an honour to be part of such a supportive and professional society. Again, thank you very much to the Australia and New Zealand Society of Nephrology for my travel grant, and hopefully the Society continues to maintain the high level of support for ongoing education.

Carolyn van Eps

I would like to thank the ANZSN for awarding me a travel grant to attend the American Society of Nephrology Postgraduate Education Course, entitled "Essential Concepts of Diagnostic and Interventional Nephrology" and the Annual Scientific Meeting 2006 in San Diego. The postgraduate course has refined my skills in examining and diagnosing problems with arterio-venous fistulae and grafts. I have also gained some hands-on experience with placing tunnelled, cuffed, dialysis catheters and Tenckhoff catheters. At the Annual Scientific Meeting, I presented two posters, "Effects of Alternate Night Nocturnal Hemodialysis on Oxidative Stress and Anti-Oxidant Enzymes" and "Nutritional Status and Appetite Regulation in Alternate Night Nocturnal Hemodialysis". Both were well received with many other delegates taking the time to discuss issues with me during the poster presentation session. I attended many interesting sessions on topics including, renal bone disease, vascular calcification, inflammation, oxidative stress, sepsis and sudden death in dialysis patients. The new knowledge is helping me to approach my PhD studies and clinical practice with new perspective.

Sarah White

I would like to thank the Australian and New Zealand Society of Nephrology for the opportunity to attend the 2006 ASN Renal Week held in San Diego, where I presented

my poster entitled 'Chronic Kidney Disease and Individual-Level Socio-Economic Factors'. During the poster presentation session I had the opportunity to discuss the results of this study with several researchers who share an interest in social determinants of disease and from whom I received valuable feedback. I was also contacted by a Canadian journalist via the conference media centre who was interested in our findings, resulting in my first ever media interview - definitely a learning experience in itself!

While at the conference I was interested to hear about continuing KDOQI guideline development, and I particularly enjoyed what was a thought-provoking session on organ allocation policies for kidney transplantation. The conference also gave me the opportunity to seek out new and interesting epidemiological data from different countries. Of note was Danish data demonstrating falling incidence and improved outcomes for diabetic ESKD patients, and several posters examining the performance of GFR estimating equations in different populations.

I greatly appreciate the Travel Grant from ANZSN which enabled me to attend this international conference. My experience at the ASN Renal Week 2006 was enjoyable, constructive and has given me a fantastic motivational boost heading into the final months of my PhD.

Kate Wiggins

I would like to thank the Australian and New Zealand Society of Nephrology, and Genzyme Australia, for providing me with a travel grant that enabled me to attend the American Society of Nephrology Renal Week in November 2006, held in San Diego. As I found when I last attended the meeting in 2004 the immense scale of the conference, including the enormous number of delegates and wealth of information presented was absolutely fantastic. At the same time there were so many Australians present that there was usually a familiar face around.

Many of the clinical sessions that I attended were very interesting, particularly sessions on peritoneal dialysis and transplantation. In a session on longterm survival in peritoneal dialysis patients Michael Flessner spoke about inflammatory changes in the peritoneal membrane. As well as discussing the adverse effects of bioincompatible dialysis solutions on the membrane he spoke about the dialysis catheter as a potential source of inflammation. This introduces a new target in considering ways to improve membrane longevity. Philip Halloran spoke in The Year in Review session on transplantation, and discussed among other things late antibody mediated rejection, and its role in mediating late graft loss. He suggested one strategy to assist monitoring for this condition would be annual testing for donor-specific alloantibody.

From the viewpoint of my PhD a highlight of the meeting was the opportunity to present work from my PhD in a free communication session. I found it very rewarding to present to an unfamiliar and multinational audience. It was also rewarding to be presenting in the same sessions as esteemed transplant physicians such as Graeme Russ and Daniel Brennan.

Another aspect of the meeting that I very much enjoyed was the opportunity to catch up with colleagues from other hospitals in Melbourne, and from interstate. I found it

very interesting to learn about the work that other PhD candidates are doing, as well as talking in a more relaxed fashion over dinner and at other social events.

12. OTHER MATTERS OF INTEREST

NICS ANNOUNCES SIX NEW LEADERS IN AUSTRALIAN HEALTH CARE

The National Institute of Clinical Studies (NICS) has announced the award of six 2007 NICS Fellowships to help improve the use of evidence in six key health areas: stroke rehabilitation, mental health, reduction of birth defects, pain management, osteoporosis and Indigenous health.

For more information about the NICS Fellowship Program including media releases for each Fellowship: www.nicssl.com.au (program section).

AN IMPORTANT CPD OPPORTUNITY FOR RACP FELLOWS AND TRAINEES

RACP Congress, Melbourne 6-10 May 2007

The RACP Adult Medicine Divisional Committee is delighted with the program for the Adult Medicine scientific meeting put together by A/Professor Michael Hooper and his team for this year's RACP Congress. The meeting will be held on 8-9 May 2007 at the Melbourne Convention Centre.

The program consists of high-quality specialty updates on a range of clinical topics and is designed to appeal to both Fellows and Trainees. The emphasis will be on the 'Clinical Year in Review', with presentations of the most important new papers on evidence-based medicine and key messages for general clinical practice from recent trials.

The Divisional Committee believes the program is an excellent opportunity to maintain and extend general medicine skills. Highlights will be:

- Advances in the management of stroke
Professor Geoffrey Donnan, Priscilla Kincaid-Smith Orator
- Pathogenesis and treatment of primary systemic vasculitis
Professor Charles Pusey, Sir Arthur Simms Commonwealth Visiting Professor
- Affluenza – the epidemic of 'diabesity'
- The pain of it all: an update for physicians
- Immune modulation in gastroenterology, rheumatology and neurology
- Preventing the complications of ageing
- Heart failure
- The importance of sleep to a general physician
- The new RACP training curricula – a practical workshop
- Medical issues in pregnancy
- Indigenous health – time to act on Aboriginal health
- Adolescent health and the transition to adult care
- Rural workforce problems: is task transfer a possible solution?

- Sexual health medicine
- Palliative medicine

As well there will be *The Best of Grand Rounds*, in which six selected advanced trainees will present interesting or unusual cases for discussion.

By popular demand the Professional Skills Day is again being held. The program on 7 May 2007 will include sessions from the new RACP Professional Qualities Curriculum.

Why not take a look at the detailed program on the College website at: <http://www.racpcongress.com/program.asp> ? You can also register on line at <http://www.racpcongress.com/rego.asp>. Don't delay your registration!

13. **CLINICAL & SCIENTIFIC MEETINGS**

Visit the ANZSN website at www.nephrology.edu.au/meetings/othermeetings.asp for a list of forthcoming clinical and scientific meetings.

14. **NEPHROLOGY POSITIONS VACANT**

Nephrology positions are advertised on the ANZSN website at www.nephrology.edu.au/positionsvacant/index.asp

15. **SOCIETY SPONSORS**

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