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1. FROM THE DESK OF MADAME PRESIDENT

This instalment of updates from the Society comes with warmest of greetings for the New Year, though with one month already past the post, I feel I should be planning for 2009. Since the 2007 Annual meeting on the Gold Coast, there have been some developments in issues that we have been addressing with the College, which I am about to share with you. So as you sit down to read the Newsletter's offerings, you will need to put aside your activities aimed at readying yourselves for this year's ASM in Newcastle. I am sure you will all join with me in wishing the local organising committee all the very best in their endeavours... Go Mariners...

The RACP and the various specialty Societies are busy working through the technicalities of the new Governance structure. Under the new College framework, Specialty Societies will have a defined role in delivering supervision and accreditation of advanced trainees and overseas trained practitioners, as well as increasing responsibility for ongoing professional development. Part of the redefined role includes negotiation for College funded resources to assist in delivering these services, as well as representation on the Adult Medicine Division Council.

In the research arena, a very healthy number of quality grants applications were received by the College and the Society for funding through the Jacquot Family Bequest. Pivotal changes in award conditions resulted in greatly increased numbers of applications for the Don and Lorraine Collaborative Research Initiative Grant. The selection panel was unanimous in its support of Assoc Prof Frank Ierino and Dr Matthew Roberts project, "A randomised controlled trial of the beta-blocker carvedilol versus placebo to reduce cardiovascular morbidity and mortality in patients

receiving dialysis”. In wishing them every success, I would also like to encourage trial involvement by all.

The other Jacquot Award winners are:

Don and Lorraine Research Entry Scholarships

Dr Siddharth Rajakumar and Dr Chetana Naresh.

Jacquot Research Establishment Awards

Dr Jonathan Gleadle, Dr Matthew Jose and Dr Wai Hon Lim

Don & Lorraine Jacquot Fellowship

Dr Matthew Roberts

The Malaysian capital of Kuala Lumpur will host the Asia-Pacific Society of Nephrology meeting in May of this year (www.apcn2008.org.my). This important meeting heralds a chance for vital regional exchange of developments in research, clinical practice and population health. It is an opportunity for the ANZSN to have a voice at a regional level and strong representation is encouraged!!

Enjoy what remains of this year!!

Robyn Langham, President

2. HEO REPORT

Welcome to 2008 – Australia is gripped by a drought, yet Queensland is under water. New Zealand is playing host to a couple of Australians who decided to row across the ditch. We live in a great part of the world.

I am sure most of you have been slumbering for the last few weeks, but things are still happening behind the scenes in the Nephrology society. I will summarise a few below, and there are other reports in this newsletter. Read every word carefully, otherwise you may miss something of importance.

Something for the near future is the call for nominations for councillors of the society in February. Several members of the current council are finishing at the time of the Annual Scientific Meeting in September. We will be looking for dynamic, hard working, enthusiastic people, young or old, to replace them – don't feel shy about putting your name forward or persuading someone else to get involved.

February will also be the time of the now annual ultrasound course at Liverpool Hospital in Sydney, in the very capable hands of Tim Spicer. This is a highlight for trainees as well as some spirited consultants. Interventional nephrology is becoming popular, and a group of enthusiasts have formed their own small “sub-society”.

Over the holiday break we became aware of the removal of Caltrate from the list of PBS reimbursed items. Much to our annoyance the society was not informed of this change ahead of time, and we are pessimistic about changing the decision made by the sponsoring company. Ashley Irish, as he had done manfully for some years, has been

battling hard on behalf of the nephrology community. Fortunately Cal-Sup is still available as a substitute calcium-based phosphate binder. The whole area of nephrology pharmaceuticals has been interesting in recent times, particularly with changes to haemoglobin targets, and the frenzy of activity around calcium/phosphate/bones/vascular calcification. Makes for interesting times.

Late last year the society was disappointed to hear that the NH&MRC had not recommended a second Career Development Award (CDA) in the area of nephrology, despite several strong candidates. These awards are co-sponsored by ANZSN, KHA and the NM&MRC, and we consider this money well spent to facilitate high quality nephrology research by career scientists. We have taken advice from the first recipient of one of these awards, Dr Greg Tesch, and will do our best to improve chances of a successful award at the next round.

Finally from me, I encourage you to attend and enjoy our Annual Scientific Meeting and the preceding Nephrology Update in surprising Newcastle in September. Paul Trevillian and his team, plus SPEC, and a myriad of little helpers, are organising a great meeting. Also, please support the international meeting of the Transplantation Society www.transplantation2008.org to be held in Sydney in mid August – show that we host great international meetings in this part of the world.

Best wishes to everybody for 2008.

Randall Faull, Honorary Executive Officer

3. SPEC REPORT

I imagine that like most of you I am finding it hard to believe that it is already 2008! Those who helped make the 2007 Annual Scientific Meeting a success are due a vote of thanks, particularly Dr Nikky Isbel and the local organising committee, Professor Caroline Savage and Professor Hans-Henrick Parving, and all the invited national speakers. I would also like to thank Dr. Nikky Isbel and Dr John Kanellis for their service to the society via their membership of the Scientific Program and Education Committee over the years. Both have made substantial contributions and served with diligence and enthusiasm. Dr Kevan Polkinghorne has joined the committee and as the 2009 Annual Scientific meeting will be held in Hobart Dr. Matthew Jose is welcomed onto the committee.

2008 Annual Scientific Meeting, Newcastle

The Annual Scientific Meeting is being held in Newcastle, NSW from Monday Sept 8th to Wednesday Sept 10th 2008. Dr. Paul Trevillian and the local organising committee have been working extremely hard to ensure an excellent meeting. We are very happy to have three outstanding visiting international speakers, Professor Lisa Guay-Woodford, Associate Professor Kam Kalantar-Zadeh and Associate Professor Asif Arif. Professor Guay-Woodford, from the University of Alabama, Birmingham, is a world leader in polycystic kidney disease. Associate Professor Kalantar-Zadeh (UCLA) is an expert on CKD, “reverse epidemiology” and survival paradoxes in renal disease and Associate Professor Asif Arif is a leader in interventional nephrology from the University of Miami. There will be a limited number of concurrent sessions

at the 2008 meeting carefully selected to cater for the increasingly diverse needs of members of the Society. In 2008, registration and abstract submission will be via the conference website at <http://www.willorganise.com.au/anzsn2008>. The abstract closing date for the 2008 ASM is likely to be late April. Early bird registration fees will be available. We have continued for 2008 the very low registration fee for non-medical postgraduate students, created to encourage attendance at the meeting by young renal scientists.

Significant Changes to the ANZSN Young Investigator Award for 2008

The Young Investigator Award is a showpiece of the ANZSN Annual Scientific Meeting. We are very keen that the best research by our younger members of the society is presented. 2008 will be a significant year in the evolution of this award. For the first time, there will be two categories within the Young Investigator Session for 2008 – Basic Science and Clinical Science. Four finalists in *each category* will be selected on the basis of abstract rankings and one award will be made for each of the category. Therefore there will be *two award winners*: one “Young Investigator – Basic Science” and one “Young Investigator – Clinical Science”. As in the past, researchers across the spectrum of research areas in nephrology are encouraged to enter. Can I again 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?

Particular emphasis needs to be given to writing a high quality, informative abstract. The selection of finalists in the Young Investigator Session (and for that matter all prize sessions) is of necessity been based on abstract review. In the past, so-called “Basic Science” has dominated the Young Investigator Session. Presentations have been selected on the basis of abstract ranking by multiple senior members of the society, many with experience in Clinical Science. Ranking of abstracts is by its very nature imprecise and in epidemiological terms, abstract ranking can be described as a “surrogate endpoint”. Young Investigator abstract reviewers have noted that the quality of young scientists’ clinical science presentations of is often higher than suggested by their abstracts. On the basis of recent *presentations*, we are confident that there is enough quality Clinical Science from the work of potential young investigators to run and award a Clinical Science Young Investigator award.

Abstract Review for the Annual Scientific Meeting

Abstract review is a vital part of a scientific meeting. In 2007, every ASM abstract was scored by at least 5 reviewers, and in the case of the Young Investigator Award, at least 10 reviewers. Thank you to the members of the society who helped in this important task last year. It was refreshing to see with very few exceptions, that when asked, society members participated in reviewing abstracts for the Annual Scientific Meeting. Thank you particularly to those who additionally reviewed Young Investigator abstracts. This should be less of a burden for a reviewer this year due to the two categories of Young Investigator.

Travel Grants and Future Meetings

Travel grant applications to attend this year’s Annual Scientific Meeting and for the 2008 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. For ASN ASM travel awards, abstracts selected for oral presentation will receive additional funding via an ANZSN Genzyme Travel Grant. This year, applicants will be required to sign an additional section of the application form undertaking to declare any additional industry sponsorship accepted before or after the time of application.

In 2009, the Annual Scientific Meeting will be held in Hobart, from ANZSN ASM Sept 7th-9th, with the Nephrology Update taking place from September 5th-6th. 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. We welcome ideas and constructive suggestions from members as to topics or meeting format.

Educational Activities

Dr David Mudge and Dr Steve May are the key educational organisers within SPEC and are working to organise both the Nephrology Update Course for Saturday Sept 6th and Sunday Sept 7th 2008 and the 8th Annual ANZSN Postgraduate Weekend (Coogee, Sydney, April 11th to 13th 2008). The Nephrology Update Course will be attractive to Advanced Trainees, Postgraduate Students and Renal Physicians and the international speakers will be presenting more clinically focussed material at Nephrology Update. For the ANZSN Postgraduate Weekend for Nephrology (generously sponsored by Amgen Australia) we are fortunate to have Professor Ken Smith (ex-Australia, now England) attending as an 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 are places for suitable basic trainees so I would encourage heads of units to identify suitable course attendees and contact Dr David Mudge.

Richard Kitching, Chair of SPEC

4. ASM & NEPHROLOGY UPDATE 2008 REPORT

We are thrilled to be hosting the ASM in Newcastle for only the second time and arrangements are well advanced for what should be a standout meeting. Newcastle is still the busiest port in Australia but, with the relocation of the BHP, the harbour foreshore has been reclaimed by the people. Luxury apartments, hotels, restaurants, parks, cycle ways and boardwalks have transformed the inner city into a highly desirable postcode. So that delegates might experience this renaissance we chose the Civic Precinct in the heart of the city as the ASM venue rather than some of the more modern tourist developments at our disposal in the Hunter area.

The impressive City Hall will be the main conference venue and the adjoining historic Civic Theatre will be transformed for the Gala Dinner. Our sponsor's trade displays will be accommodated in a giant hocker which will fill the adjacent Wheeler Place. As Richard Kitching has outlined there will be three outstanding international guest speakers and a few innovations in the scientific programme. We have a few surprise extracurricular activities lined up to help get delegates in the mood (to absorb all the science that is!).

The closing date for abstracts is May 1. Registration forms will be available online from March on the conference website <http://www.willorganise.com.au/anzsn2008> and you are encouraged to register early to assist with planning for the meeting. On this occasion a Gala Dinner ticket is included in the registration fee to encourage attendance at the dinner, especially by younger members.

The traditional “Postgraduate Meeting” has now been replaced by the “Nephrology Update” meeting and the more catholic appeal has seen increasing numbers of registrants. Due to the proximity of the ICTS there will be a lesser emphasis on transplantation than in 2007. The venue for this meeting will be Noah’s hotel overlooking Newcastle Beach one of Australia’s best known surfing beaches.

For accompanying persons and delegates wishing to extend their stay in Newcastle there will be opportunities to visit renowned local attractions such as the surfing beaches of Newcastle and beautiful Port Stephens; the Hunter Valley vineyards, gardens and golf courses; and sailing and fishing on Lake Macquarie (Australia’s largest salt water lake).

See you in Newie come September!

Paul Trevillian, Chair of the Local Organising Committee

5. DNT SUB-COMMITTEE REPORT

The DNT sub-committee is currently planning the next DNT workshop. Feedback from the last workshop was excellent indicating that the sessions were useful and of high quality. I was very grateful for all of the feedback and we will endeavour to maintain the workshop feel for ongoing workshops and to make sessions as highly interactive as possible. Apologies again for the weather and for the difficulties with flights from Queenstown!

The next workshop will be held in Lorne, Victoria, from 1 – 4 March 2009 with Fiona Brown organising the venue and accommodation, while Vicki Levidiotis will oversee the programme. My grateful thanks to Fiona and Vicki for taking these tasks on. I would anticipate that the first round of invitations will take place in the first half of next year. The workshop is always very popular so it is crucial that everyone responds to their invitations promptly.

All of the sub-committees overseen by the DNT (ANZDATA, RTAC, and CARI) remain busy. Current chairs of these committees are Steve Chadban (ANZDATA), Scott Campbell (RTAC) and Martin Gallagher (CARI) (taking over from the outgoing Rowan Walker). Thanks to all of the chairs of these groups for all of your hard work.

ANZSN and DNT have identified the occasional need for urgent clinical advice or clinical alerts. At times there are nephrological issues that occur that would be useful to disseminate to the membership. These will be organised by DNT and overseen by council and KHA.

6. NEWS FROM KIDNEY HEALTH AUSTRALIA

In the world of chronic kidney disease (CKD) a wind shift occurred recently when in a major review of the NHS the UK Prime Minister, Gordon Brown “listed a number of measures aimed at improving people's health prospects, including new screening processes for a range of conditions such as heart disease, colon cancer, breast cancer, strokes and kidney disease.” The elevation of kidney disease to such a position in arena of disease prevention is a clear sign of success (albeit overseas) in the campaign promoting early detection and prevention that has been waged over the last 5 years. It remains only to win the war on the local scene!

In Australia there are some indications of increasing support for delivering a sustained focus on CKD prevention. These include:

- The Commonwealth Government agreement to co-sponsor (with BHP) an early detection of CKD program in high risk people.
- Major changes to the coding system in Australia that will embrace CKD classification and staging will commence on July 1, 2008. This will lead to an increased capacity for CKD to be counted and analyzed.
- The funding by the Commonwealth Department of Health of a new CKD section within AIHW that should lead to CKD being reported and analyzed on an equal basis with other chronic conditions.
- The distribution by KHA to every general practitioner in Australia of a booklet on “The management of CKD in General Practice in Australia”.
- Information from the BEACH program that 51% of all adults attending general practice had their kidney function measured in the preceding 12 months.
- Uptake of the automatic reporting of eGFR concept by all laboratories in Australia resulting in the increased ability of practitioners to detect and manage CKD.
- The success of the CKD Summit in July 2007 that generated much discussion and publicity and has led to ANZSN Council agreeing to the establishment of a new joint (with KHA) CKD Strategy and policy development Working Group.
- The new Labor Government’s decision to establish a Prevention Taskforce as one of its early initiatives and an indication that CKD will be an integral part of that initiative.
- The funding by Abbott Pty Ltd of questions as part of the BEACH (GP activity) survey in early 2008 that will focus on GP approach to CKD early detection and its management.

Finding CKD early in its path and implementing appropriate management of detected cases is implicit in our vision of the path ahead. The two main ways this might be accomplished are with annual opportunistic testing of high risk people at the time of their visit to local practitioners (80% of all adults visit their local doctor at least once each year) or alternatively through community based testing programs. The first option is work in progress – it will mean convincing the Commonwealth Department

of Health and Ageing to create a number of new initiatives in general practice and a pilot of the second option is planned – the KEY program.

The KEY program

Kidney Evaluation for You (KEY) is KHA's first venture into early detection of unrecognised CKD in high risk people. BHP Billiton initially funded the pilot program and the Commonwealth Department of Health and Ageing agreed to become a co-sponsor.

The pilot project was modeled on the successful KEEP program run by the NKF of USA but importantly is going to differ from KEEP by utilizing point of care testing for blood and urine samples that will allow the team to inform participants before they leave the test site whether they have evidence of CKD. The testing will involve 3 sites (Townsville, Roxby Downs, and Perth – all BHP workforce locations) and about 400 participants. Those participants shown to have CKD will be referred to their local practitioners who will be invited to education sessions run in parallel with the testing events. An important performance indicator will be the percentage of participants who have their medical management changed as a consequence of KEY participation. The initial contact with the communities to be tested has revealed strong local enthusiasm and undoubtedly one of the spin-offs is going to be increased awareness of CKD both in the community and in the health profession.

KCAT - General Practitioner Education

The KCAT committee charged with fostering GP education in CKD has continued under the chairmanship of Prof David Johnson and has been a major influence in effectively getting the messages out.

Several new teaching modules have been commissioned and voluntary support for the program remains strong. Important progress has been made in the past 12 months with the establishment of a sub-committee of KCAT on education of nurses in general practice. The GP practice nurse has in the last couple of years assumed an increased and pivotal role in the management of chronic disease - in CKD much of the monitoring and checking on progress can be done by the practice nurse. KCAT is endeavouring to lead the way in developing special teaching programs (including on-line material) that appropriately fills the need of practice nurses and demonstrates that this approach is a cost-effective way of managing CKD.

Booklet for GPs on “CKD – management in General Practice”

This booklet – the first attempt in Australia to present GPs with a summary of the CKD changes that have occurred in the last 4 years – was completed and distributed to all general practitioners beginning in July, 2007. It has been very well received and is now in its third printing. The booklet – endorsed by RACGP & ANZSN was funded by Servier Pty Ltd with an unrestricted grant. The booklet has a summary insert designed (hopefully) to stay on the desktop of GPs. A new revised edition is being considered for 2009.

CKD Summit

Kidney Health Australia and the Australian and New Zealand Society of Nephrology (ANZSN) organised a one-day International Chronic Kidney Disease Summit on 27th July 2007. The Summit addressed the current position of CKD in Australia, its early detection, best care protocols and resourcing issues. The Summit covered the significant progress that has been made in engaging Government in CKD issues in the United States and United Kingdom in contrast to the lack of progress in

Australia. Important contributions were made by Allan Collins, Desmond Williams and John Davis from USA and by John Feehally from UK in addition to excellent presentations by local experts. The Summit was attended by about 80 nephrologists, government representatives and others.

The main outcome from the Summit was the realisation that there is much work to be done to get CKD established and recognised appropriately in Australia and included a commitment to working collaboratively in the kidney sector to address these issues. The Summit was generously supported by Roche Products Pty Ltd.

New Edition of “Living with Kidney Failure”

This booklet that has been one of the mainstays of patient education in Australia has been completely revamped, revised and published recently as the ninth edition. It is designed to be a starting point for education and written so that the majority of patients will find it helpful – either to answer questions about the pathway or to whet the appetite for a more detailed explanation. Copies should be available through your Renal Unit – if not copies can easily be arranged with an email to teresa.taylor@kidney.org.au

These are exciting times in the arena of CKD. We have made progress but much hard work lies ahead if we are to elevate CKD into its correct place in the preventative medicine scene. Our vision however is now no longer a dream.

Tim Mathew, KHA Medical Director

7. ISN

ISN is seeking contributions to the Nephrology Gateway

In preparation for the launch of the new (and improved) Gateway, the Editor, Jai Radhakrishnan, is writing to solicit content from each of the programs.

There are several formats for the ISN’s Gateway (www.isn-online.org). A link is attached to each of these as examples.

1. Ask the Expert: An “expert” provides his/her perspectives on difficult diagnostic/therapeutic problems.

Example:

<http://www.nature.com/isn/education/articles/ate/archive/list.html?month=11&year=2007>

2. CPC: A case vignette is followed by renal biopsy slides, and the reader is asked to make a diagnosis

Example:

http://www.nature.com/isn/education/articles/cpc/fullview.html?content_id=39950

3. Images: Self-Explanatory

Example:

http://www.nature.com/isn/education/articles/images/fullview.html?content_id=42294

4. Case Presentations: A case vignette is followed by a brief focused review.

Example:

http://www.nature.com/isn/education/articles/case_presentation/fullview.html?content_id=43511

Please note: The editor is leaning towards a focused discussion (2-4 paragraphs) rather than an all-inclusive review in the discussion portion.

Please email articles in a Word file (graphics in JPEG) to:

Jai Radhakrishnan, Editor, Nephrology Gateway

Email: jr55@columbia.edu

8. TRAVEL GRANT REPORTS

World Congress of Nephrology April 2007 – Rio de Janeiro

The World Congress of Nephrology (WCN) 2007 in Rio de Janeiro, Brazil on April 21st-25th 2007 was a highlight of the year, with an extensive range of session topics covering clinical, epidemiological and basic science topics, as well as hundreds of related poster communications and incredible scenery!

As a scientific researcher completing my PhD, by attending the WCN 2007 I was able to benefit from the experience and knowledge of top researchers in the renal health field. Two sessions that stood out for me personally were the sessions entitled ‘Can CKD regress?’ looking at the mechanisms and molecular targets for regression of diabetic nephropathy and of other sclerotic injury, which received a huge audience, and one entitled ‘New insights into the role of specific cell types in the kidney’ presenting recent findings on renal cells including parietal epithelial cells and podocytes.

The Post-Congress satellite meeting I attended in Petropolis, 60km outside of Rio de Janeiro (Renal disease in Minority Populations and Developing Nations) provided a smaller, more intimate atmosphere for discussion of renal disease in developing nations, which is particularly relevant to my research. Here, I had the opportunity to meet and talk to renal doctors working in other African nations and to gain insight into the renal health situation in these countries. I also presented my research findings from our study of autopsy kidneys from Senegalese Africans. I was honoured to receive the award for Best Abstract for my work comparing nephron number and glomerular volume in two populations of West African origin (Senegalese Africans and African Americans).

I thank ANZSN for the valuable opportunity of attending the WCN and post satellite meeting.

Bridgette McNamara

I would like to thank ANZSN for providing me with the financial assistance to attend and present my poster at the 4th World Congress of Nephrology at Rio de Janeiro, Brazil in April 2007. It was a well attended conference and the programme was quite exciting. I must admit that there was slight deficit in overall organization which was masked by the amazing city of Rio with its beautiful beaches and colourful people.

The congress opened with keynote lecture from Richard P. Lifton stressing the importance of gene study and genetic tools in linking to various diseases beyond inheritable disease such as diabetes, glomerular disease etc and its potential for therapeutic intervention. He also stressed the biggest barrier is lack of well structured cohorts and the present scientific culture that fails to adequately reward interdisciplinary collaboration.

Being a more clinical sided meeting, there were fantastic speakers from around the world delivering talks on the many clinical aspects of nephrology. Though there was no breakthrough landmark trials presented this year, there were plenty of talks ranging from acute renal failure: its pathogenesis, diagnosis and novel biomarkers, pros and cons of continuous renal replacement therapy (CRRT), cryoglobulinemia, ANCA vasculitis and cholesterol embolism etc. I was particularly amazed by the USA database and advancement made in HIV associated nephrology (HIVAN). Topics extend from pre and post HAARTs data to acute renal failure associated with HIV therapy, dialysis and pregnancy in HIV patients, kidney transplant waiting list and even kidney transplantation. With increasing number of HIV infected individual and HAARTs being more easily available, patients survive longer and their quality of life is much improved. It is only a matter of time before these issues become be a challenge for local nephrologists.

From the basic science perspective, You Hua Liu further enlightened the theory of epithelial mesenchymal transition (EMT) in contributing to interstitial fibrosis. He presented his recent discovery on Id gene and its role in regulation of EMT. There were other interesting talks on reversal of interstitial fibrosis, one by Paola Fioretto on regression of diabetic nephropathy following pancreatic transplants and, other by Agnes Fogo who elaborated on the possible mechanisms involved in EMT reversal and their therapeutic potential. In addition to furthering my understanding of a specific scientific area, this meeting offered the opportunity to expand my knowledge of other areas of basic research. It helps me to substantiate the experiments and hypothesis that I am proposing and provide a huge driving force for the PhD that I am presently undertaking.

I presented a poster titled “A Comparison of Efficacy and Tolerability of Sirolimus and Everolimus in Long Standing Renal Transplant Patients”. Surprisingly, there was little data in head on comparison of different mTOR inhibitors but it was quite interesting to see the number of trials and effort that have contributed to the understanding the pathogenesis of immunosuppression and rejection.

WCN is also a great social event and an opportunity to meet new people and scientists. This meeting is of enormous benefit to researchers and nephrologists throughout the world and it would be a pity to miss.

Muh Geot Wong

American Society of Nephrology November 2007 – San Francisco

I would like to express my sincerest appreciation to the Australian and New Zealand Society of Nephrology for its generous financial contribution to attend the American Society of Nephrology (ASN) Postgraduate Education Course on “Cardiovascular Disease and Chronic Kidney Disease from the Vascular Viewpoint: Merging Basic and Clinical Sciences to Optimize Treatment” and present my research at the ASN Annual Scientific Meeting 2007 at the Moscone Centre, San Francisco.

Being that it was my first ASN meeting, I was amazed at the sheer scale of this meeting with over 13000 delegates from all across the globe. Multiple oral and poster sessions were held concurrently in two sections (south and west) of the Moscone Centre. The mini-abstract book was indeed an important survival kit to navigate one’s way through the meeting. Tough decision making skills were often required to decide on which of the highly interesting and relevant sessions to attend.

This year I presented a poster from my PhD project entitled “Specific effect of early Chronic Kidney disease on VLDL₁ and VLDL₂ kinetics in the absence of insulin resistance”. We looked at the effect of early chronic kidney disease (CKD) on the lipoprotein kinetics of very-low-density lipoprotein (VLDL) subclasses in non-diabetic, non-nephrotic, stage 3 CKD (glomerular filtration rate 30-60 ml/min) subjects without central adiposity. Our data suggest that compared with age- and sex-matched healthy controls, CKD was associated with mild hypertriglyceridaemia due a significant delay in the catabolism of VLDL₁ and VLDL₂ apolipoprotein (apo) B. We also reported that the fractional catabolic rates of VLDL₁ and VLDL₂ apoB were significantly correlated with apoC-III concentrations. These kinetic changes suggest an important role of uraemia on apolipoproteins, lipolytic enzymes and VLDL receptors. A better understanding of lipoprotein metabolism in patients with CKD may give better insight to the pathogenesis of atherosclerosis in this population, which is at extremely high risk of cardiovascular disease. Furthermore, these data may assist in improving risk stratification and provide guidance for the tailoring of effective pharmacological therapy.

Overall, the ASN Postgraduate Education Session and AGM provided me with an excellent opportunity to delve further into the realm of cardiovascular disease, dyslipidaemia, endothelial dysfunction, insulin resistance and inflammation in chronic kidney disease (CKD). The meeting was an important avenue to ponder on novel ideas for my PhD studies and gain up-to-date knowledge relevant to clinical nephrology practice.

Doris Chan

With the help of an international travel grant from the ANZSN, I was able to attend the recent American Society of Nephrology Renal Week conference in San Francisco. The two day postgraduate course in glomerulonephritis was excellent. With expert speakers from North America and England, the course provided a concise update on the latest trials in the area, as well as a review of the pathology and pathogenesis of the common GNs.

The conference itself had a large mix of both basic science and clinical symposia. A number of presentations were highly relevant to my current PhD research. I was able to present some initial results of my own research in the form of a poster presentation. At this time, I met a number of overseas investigators with similar interests to mine. I obtained some great advice and ideas for furthering my research.

At the end of the conference, I had a small amount of time to explore San Francisco and Yosemite National Park, both of which were fantastic.

I would like to thank the ANZSN for its support, which enabled me to attend the meeting.

Mick Desmond

I would like to sincerely thank the ANZSN for their generous support in enabling me to attend this years ASN meeting in San Francisco. There were over 13,000 delegates this year and between us, our attendance registered an 'estimated economic impact' of \$19,610,000 for the city over the 5 days. Where we spent that I can't say, but as most hospital managers will tell you, Nephrologists don't do things on the cheap.

I attended the Dialysis Update pre-course for the first two days, which offered a broad overview of new and emerging forms of renal replacement therapy. In particular, the newer 'biocompatible' PD solutions were discussed in detail. A number of studies using both *in vivo* and *in vitro* methods have suggested that standard dialysate is associated with depletion of mesothelial cells that line the peritoneal cavity, thickening of the membrane itself, and the development of a unique vasculopathy of the vessels in the peritoneal interface. It has been postulated that the nonphysiologic components of the dialysate (high glucose, acidic pH, lactate etc.), in inducing these anatomic changes, may ultimately lead to the development of rapid-transport status and ultrafiltration failure that is seen in a subset of long-term PD patients, hence the recent development of more 'biocompatible' PD solutions. While very appealing in theory, the presenters urged caution in evaluating data relating to these new PD solutions, as results to date have been variable. Although these solutions could lead to less damage by glucose degradation products and a small relative reduction in circulating levels of advanced glycosylation end products, extrapolating this to preservation of residual renal function and prolongation of life still remains a big leap. Early findings of reduction in peritonitis have not been reproduced and also, because a rapid-transport state is associated with inflammation and vasodilation of vascular beds in the peritoneum, the increase, rather than decrease, in transperitoneal solute flux with these new solutions remains a concern. So clearly, more controlled studies that prove better patient outcome are necessary before we fully embrace these costly alternatives.

Elsewhere, the debate about when to biopsy the allograft patient population was addressed by Lorraine Racusen (Johns Hopkins) where the bottom line is that the earlier the better, with a definite impact on graft survival as a result of early intervention seen in the majority of patients (recommendations published in CJASN 1:144, 2006). In the same session, Robert Steiner (UCSD) made a compelling argument that the role of steroids in maintenance immunosuppression protocols is undervalued, partly due he believed to the fact that steroids are 'off patent'. Based on available evidence, the case that prednisone adds to renal allograft survival is stronger

than the case that tacrolimus is better than cyclosporine, the case that CNI's are better than sirolimus, and the case for the efficacy of MMF. He argued that registry studies show 'provocative' associations that devalue the role of steroids, and coined the useful acronym "BURP'ing" - Blind, Uncritical, Registry Propaganda!

Nice data was presented regarding the role of vasopressin antagonists in ADPKD, with encouraging preliminary observations with octreotide and a phase III placebo controlled study using Tolvaptan underway. In addition, the HALT PKD study will provide important information about the role of blood pressure control and inhibition of RAAS in disease progression in ADPKD.

I presented some data at a free communication on the transcriptional profile of KLF4, which we believe is an important regulator of EMT, a topic that was well represented in the poster sessions. The comments from and the interaction with other researchers in this area were really valuable.

Finally, the ASN as always provides a great chance to meet up with colleagues from home and interstate, and we did our bit to put a dent in that \$19 million over a few beers, rounding off what was a very rewarding and enjoyable week. This meeting remains one of the highlights of the academic year for those of us involved in the treatment of patients with renal disease, and many thanks again to the ANZSN for helping me get there.

John Holian

I am writing to thank all the members of the Australia and New Zealand Society of Nephrology for the generous travel grant, which enabled travel to the ASN Renal Week in San Francisco, 2007. Without the travel assistance attendance at the meeting would not have been possible. The meeting and the city of San Francisco certainly did not disappoint – both the sights and the science.

The meeting was a real chance for me to talk and listen to speakers in research areas that interest me, particularly in mineral and bone disorders and biomarkers of acute kidney dysfunction, including having the chance to meet collaborators, who are assisting with clinical trials that are being conducted as part of my PhD. During the meeting I was able to present a poster presentation on behalf of my colleagues of our recent systematic review of vitamin D compounds in people with chronic kidney disease. It was a real experience to answer searching questions from the delegates.

I encourage all other students and early researchers to attempt to travel to a major meeting to present their work. I thank, once again, the ANZSN for the opportunity to attend the meeting, and hope to visit another ASN Renal Week before too long.

Suetonia Palmer

I would sincerely like to thank ANZSN for providing me with a travel grant to attend the "American Society of Nephrology - Renal Week 2007", San Francisco in November 2007. The conference was an enjoyable experience and provided me with an opportunity to communicate with several world experts in the fields of nephrology and transplantation.

I was given the opportunity to present work from our research at this conference. Our research is based on renal and metabolic outcomes in renal transplant recipients converted to mTOR inhibitors from calcineurin inhibitors. I had 2 poster presentations which enabled me to present my work to an international audience. I was able to discuss my research findings with several other people with similar research interests and this was a thought – proving experience. This will enable me to complete the “Master of Clinical Research” thesis that I am currently pursuing.

All four days of the conference were filled with information that enabled me to enhance my knowledge in the fields of general nephrology and renal transplantation. In particular I found the sessions in transplantation interesting and also contained information relevant to my current area of research.

I was also able to attend the post graduate education course on “Interventional Nephrology”. This was a 2 day hands on course tailor made for general nephrologists and provided information and training in basics of interventional nephrology.

Overall, it was an excellent opportunity to be able to attend and also to present our work in an international setting. It was a fantastic learning experience and I once again thank the ANZSN for supporting me with a travel grant.

Ramyasuda Swaminathan

I would like to thank ANZSN and its member for supporting me through a travel grant to participate and present my research at the American Society of Nephrology meeting in San Francisco this year. It was a fun, unforgettable and nerve-wrecking experience for me. Not only was it my first international meeting since the commencement of my doctoral degree, it was also my first ever international oral presentation. I presented my project on the “Cost-effectiveness of breast cancer screening in the dialysis population” during the free communication section titled “Dialysis: Health Services Research”. It was well-received. I had few interesting and relevant questions regarding the modelling techniques and origin of the data source.

Germaine Wong

9. ADVERTISEMENT

Permanent Locum Required

Permanent locum required for an extremely busy nephrological practice in Burwood and Liverpool, NSW.

A hospital appointment is not essential.

For further information contact Dr Steven Kalowski
(02) 9745 2296 / 0418278859

10. CLINICAL & SCIENTIFIC MEETINGS

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

11. NEPHROLOGY POSITIONS VACANT

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

12. SOCIETY SPONSORS

The ANZSN gratefully acknowledges the support of the following companies

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13. OTHER MATTERS OF INTEREST

MABEL - Medicine in Australia: Balancing Employment and Life
The Australian Longitudinal Survey of Doctors

The National Health and Medical Research Council is funding a survey MABEL - Medicine in Australia: Balancing Employment and Life (*The Australian Longitudinal Survey of Doctors*) which is to be conducted by researchers from the University of Melbourne and Monash Universities. The survey will track a random stratified sample of around 15,000 doctors over an initial four-year period. The survey, which is planned to commence in May 2008, will include GPs, private specialists, hospital doctors and doctors in specialist training.

This landmark study is of enormous national significance for the following reasons.

- Continuing medical workforce shortages across Australia and increasing demands on the working and family lives of doctors are unsustainable.
- At the moment there is a lack of understanding of the decisions and trade-offs doctors make between their working family lives throughout their career.
- MABEL is the first longitudinal survey of doctors in Australia and will enable researchers to examine the effect of changes in circumstances on the balance between professional and personal lives of doctors.
- This study will provide important evidence relevant to the development of effective policies to support the medical workforce.

Further information is available at www.mabel.org.au

Seeking a Nephrologist to Visit Nauru

Ausaid are after a nephrologist to go to Nauru for the week April 13th -19th April. A vascular surgeon and renal nurse will also be going. The trip involves seeing pre dialysis patients (diabetics) for routine diabetic care and dialysis access and also reviewing 20 or so dialysis patients with the limited blood tests etc available.

It's an interesting place to visit. The local are very friendly and glad to see medical people. Much of the medicine is just doing the best that you can in the circumstances, similar to some third world medical elective terms!

Anybody interested can speak to Pauline Branley (pauline.branley@ozemail.com.au) or Peter Kerr (peter.kerr@med.monash.edu.au)
