



ANZSN

Australian and New Zealand Society of Nephrology

E Bulletin – August 2008

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1. FROM THE DESK OF MADAME PRESIDENT

2008 was yet another busy and challenging year for the Society. I know this is how all Annual Reports start, but it seems that yet again, this year has been no exception. Since the last Presidential Edict which was delivered at the 2007 AGM during the Gold Coast ASM in September, the winds of change have continued to blow typhoon fashion through the College of Physicians. As a result, Council and the Nephrology SACs from both sides of the ditch have been working to develop the new Specialty Training Committee or STC as it will be known. The STC will be coordinated and overseen by the Society, as compared with the SAC which was the under the domain of College governance. More will develop in the coming months as negotiations and agreements are progressed with the College.

Otherwise it has been business as usual. On the education front, the Society, with the hard work of SPEC and the support of Amgen, held another successful nephrology trainee weekend, this year in Coogee, NSW. Together with the SAC, Nephrology trainees will soon have a formal curriculum that will outline two core years of Nephrology training in Australia and New Zealand. This process has been led by the tremendous efforts of George Mangos and Cathie Lane.

The Jacquot Bequest has continued to support a large body of research effort in Australian nephrology. As well as scholarships for post-doctoral degrees, and research establishment awards for physician researchers, the Bequest again awarded a Clinical trial Project Grant for 2008-2011. In 2009, it is hoped that additional support can be obtained to support a new initiative that will allow an Australian trainee to travel and work in Cambridge for a year of accredited training.

Council has continued to provide financial support to young members of the Society who are attending scientific meetings both local and internationally. Council is examining other ways

in which local Nephrology-centred bodies can obtain financial support from Society funds. In recent years, Cochrane and the AKTN have benefited from ANZSN funding, and it is the wish of Council to continue this activity. In the coming year the ANZSN, together with KHA, are providing full support for a dedicated Nephrology NHMRC Career Development Award for Scientists working in the area of Renal research.

After two years, and now allowed to step down from my position as Madame President, and before handing the reigns over to Randall Faull, I would like to sincerely thank all of those who help make the Society what it is today. First and foremost is Aviva Rosenfeld, without whom I am convinced there would be no sense of order or purpose. Also thanks to my fellow Council members, to Randall Faull and Helen Pilmore particularly for their Exec roles over the last two years. I also want to welcome the new Council members Matt Jose, Rowan Walker, and Mark Thomas who are replacing me, Helen Pilmore and Harry Moody. I also wish to acknowledge and congratulate the efforts of our members who volunteer their time and efforts to so many committees and organizations, both local and international... SAC, SPEC, DNT, ANZDATA, CARI, K-DIGO, MSAC, AKTN, RACP, KCAT, APSN, ISN, RTAC, ADRAC, NHMRC, the ASM LOC, to name just a few letters. In thanking the efforts of those involved, I also wish to encourage all members of the Society to get involved. Enjoy!

Robyn Langham, President

2. HEO REPORT

Welcome to the last e-bulletin to come out under my role as society honorary executive officer. There is a lot to report, and I wanted to sneak one more in before the annual scientific meeting in Newcastle in September. The organisation for that is proceeding very well, and now is the time for those tardy members to register. I know that many have been distracted by the Transplantation Society Congress in Sydney (myself included), but that is now over so you can turn your attention to Newcastle.

On that subject, the Sydney transplant meeting was a spectacular success, aided by Sydney coming to the party with perfect weather. Jeremy Chapman and his team deserve our congratulations for a superbly organised event. It has also highlighted the ongoing close ties between ANZSN and the Transplantation Society of Australia and New Zealand (TSANZ), much more than because we share the same secretariat (Aviva and Linda). Many ANZSN members are also members of TSANZ, many attended the Sydney meeting, and there are close professional ties between the executives of both societies. It is an important relationship that we intend to continue and strengthen.

Another important relationship for the society is that with the college (Royal Australasian College of Physicians). As many of you will know, the college is undergoing many major changes in governance and educational structure, and intends for the specialty societies to have a more active role in training and CME. We also have the important relationship of the Jacquot Bequest, which is administered within the college structure. I urge all members, and in particular those who are members of the RACP, to “watch this space” carefully.

In less than 3 weeks I will be relinquishing the position of society HEO, and taking over as President for 2 years. I look forward to working with the new council members (Matt Jose, Mark Thomas and Rowan Walker), and the ongoing council members (Steve Alexander, Adrian Gillin, Nikky Isbel, Vicki Levidiotis and Johan Rosman). I wish the next HEO well – it is a busy job, but there is a lot of satisfaction derived from getting to know the inner workings of the society well and being able to positively influence your chosen profession. It

is a pleasure to work with Aviva, and the members of the society. It has also been a pleasure to serve under our Madame President, Robyn Langham, who has led the team wisely through a busy and at times difficult term.

Randall Faull, Honorary Executive Officer

3. SPEC REPORT

2008 Annual Scientific Meeting and Nephrology Update Meeting, Newcastle, Sept 6th -10th

Dr. Paul Trevillian and the Local Organising Committee have been working extremely hard to ensure an excellent meeting. We have three outstanding visiting international speakers and we are confident that that program is full of great science and interesting speakers. Professor Lisa Guay-Woodford, from the University of Alabama, Birmingham, is a world leader in polycystic kidney disease. Associate Professor Kam 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.

Dr Steve May has worked very hard and put together an excellent program for the Nephrology Update weekend meeting, including all three international speakers, as well as local and national experts. It will have broad appeal to Nephrologists, Trainees and Research Fellows looking for excellent clinical updates.

Immediately following the ANZSN there is a one day Interventional Nephrology satellite meeting in the Hunter valley on the 11th August (keynote speaker Associate Professor Arif, with contributions from vascular surgeons and interventional radiologists). It will appeal to those interested in interventional nephrology from a variety of backgrounds.

You will notice some “evolutionary” changes at the meeting this year. These include the two categories of Young Investigator Award (Clinical Science and Basic Science), the presentation of some of the poster sessions electronically, and the move back into some concurrent sessions, with A/Prof Arif leading a workshop on interventional nephrology, and experts in Basic Science running a seminar on cutting edge techniques in Basic Science. I do hope that attendees will be able to attend the full 2 ½ days of the Annual Scientific Meeting as we do try and make the Program on Wednesday interesting and exciting.

Abstract Review for the Annual Scientific Meeting

I would like to again thank the members of the society for generously giving their time to review abstracts. All abstracts were reviewed and scored by at least five reviewers (of panels of eight, allowing for conflicts of interest), and most abstracts by more than five reviewers. In addition, in the case of entrants in the Young Investigator Awards, abstracts in the Basic Science and Clinical Science sections were again reviewed by separate panels of 10 members of the Society, with a minimum of eight reviews being received. Within the unavoidable limitations of abstract review being a “surrogate endpoint” for a scientific presentation, I am confident that the process is of high quality. The American Society of Nephrology ASM has been mentioned on several occasions over the years as a “gold standard” in their abstract review and allocation of free communications. Having recently participated in the ASN review process this year as an abstract category chair, I can confidently state that the ANZSN process holds up well by comparison. SPEC will continue to review the process so that it remains both fair and workable.

Thank you to those who have disclosed relevant Conflict/Duality of Interest with respect to their abstracts. It is important that these Conflicts are stated.

2009 Annual Scientific Meeting – Hobart

In 2009, the Annual Scientific Meeting will be held in Hobart, from Sept 7th-9th, with the Nephrology Update Course taking place from September 5th-6th. Dr Matthew Jose and the Local Organising Committee already are well advanced in their preparations. Thank you to members of the society who have already made suggestions for this meeting. 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 will continue to welcome ideas and constructive suggestions from members as to session topics or meeting format.

Educational Activities

A/Prof David Mudge worked hard to organise the 8th Annual ANZSN Postgraduate Weekend (Sydney, April 11th to 13th). It was a great success. Prof Ken Smith was an excellent speaker and interacted with participants, and feedback from Advanced Trainees and Basic Trainees was very positive. Thanks to all the speakers who ran small group sessions, spoke at the Friday night session and made themselves available to attendees for advice and discussion. Thank you also to AMGEN who provide the resources and organisational skills for the meeting, while continuing to give the ANZSN absolute independence in the meeting's educational and scientific content.

Richard Kitching

Chair, ANZSN Scientific Program and Education Committee

4. DNT SUB-COMMITTEE REPORT

The DNT sub-committee has been busy organising the next DNT workshop. This will be held in Lorne, Victoria from 1 – 4 March 2009. Fiona Brown is the local workshop organiser and has done a fantastic job with the venue. The programme has been finalised by the DNT sub-committee and Vicki Levidiotis is co-ordinating the programme. As in previous workshops, the programme is clinically based and invitations to isolated nephrologists have already been sent out, while invitations to larger units will be sent in September. We are looking forward to another interactive and enjoyable meeting and hope that people are keen to attend.

Many thanks to Fiona and Vicki for all their hard work in organising the meeting and sorting speakers and chairs for the programme.

The DNT sub-committee also receives reports from CARI, RTAC and ANZDATA. Martin Gallagher has taken over as Chair of the CARI Steering Committee from Rowan Walker, who remains on the Steering Committee and continues his enormous contribution to the guideline development process. CARI is currently finalising the development of the Living Kidney Donor guideline (Convenor: John Kanellis) and has commissioned a guideline around Renovascular Disease, with the working group being convened by George Mangos. Consideration is being given to a guideline around Acute Kidney Injury but KDIGO, the international renal guidelines organisation, have a guideline in this area planned and there is a desire from all parties to avoid duplication. One of the biggest challenges at present for CARI is its relationship to KDIGO and how the two organisations should best complement each other. In addition CARI continues its work upon implementation of guidelines with projects in the areas of anaemia and vascular access.

Scott Campbell is the chair of RTAC. Important projects being undertaken by this group include working groups looking at paired kidney exchange and standardised entry to the transplant waiting list across Australia. A large amount of work has been done in the area of

Hepatitis C positive donors for Hep C positive recipients and this is ongoing. Finally RTAC is working closely with the new COGNATE committee which is a group set up by the Federal Government to review transplantation in Australia.

Steve Chadban is the chair of the ANZDATA executive. ANZDATA continues to be productive with a number of new publications and presentations at both the ANZSN meeting this September and at international meetings. A new fellow has been appointed. New areas for analysis are pregnancy and indigenous renal disease while additional data on highly sensitised and ABO incompatible transplants is also being captured.

Finally the DNT sub-committee endorsed a review on nephrogenic systemic fibrosis. This was sent via email to all members. We hope that this review assisted nephrologists in making decisions about the use of gadolinium MR. We hope to be able to review other areas pertinent to nephrology practice as they come up. If anyone has any suggestions for issues that require an urgent opinion or review, please let me know.

Looking forward to seeing you in Lorne.

Helen Pilmore, Chair DNT

5. RURAL GROUP REPORT

The rural/ isolated nephrologists group has been in existence since David Harris suggested this in 2002.

The aims of the group include the promotion of rural nephrology as a legitimate career path, increasing the exposure of trainees to rural nephrology and providing educational opportunities for the more isolated physicians.

The AMGEN rural prize was established to encourage non metropolitan based physicians to actively participate at the Annual Scientific Meeting. At the ANZSN in 2007 there were posters from Launceston, Nambour and Tamworth.

With representation on the major committees DNT, SPEC and SAC there has been a push to increase the exposure of rural based physicians by inviting them to chair and co-chair sessions at the scientific meeting and present at meetings such as the DNT. I think this process has had some success and does encourage the isolated physicians to be involved and feel part in our society.

A rural weekend for the trainees was initiated and sponsored by AMGEN in 2006. This is take place at Coffs Harbour this year.

Rotating interested advanced trainees into rural areas remains an area that requires further development. Developing incentives is probably the best approach. Interventional exposure is one such incentive.

The establishment of ANZSIN although not primarily a rural based initiative is probably the major initiative of 2008.

It has been pleasing to see the number of nephrologists taking up non metropolitan positions steadily growing over the last few years.

Steve May, Chair of the Rural Group

6. NEWS FROM KIDNEY HEALTH AUSTRALIA

Liaison with Australian Government

The most important development has been the creation of a CKD Monitoring section in the Australian Institute of Health & Welfare (AIHW) (see below). There remains no allocation of resources or staff to the kidney sector within the Commonwealth Dept of Health & Ageing. The Minister of Health & Ageing, Ms Roxon opened Kidney Health Week in late May and the opportunity was taken to highlight the deficiencies relating to resourcing of CKD & ESKD in Australia. A submission was put to the National Health and Hospitals Reform Commission detailing concerns re the lack of capacity in dialysis, the lack of choice of dialysis treatment offered to patients in many regions and the lack of any meaningful audit of adequacy or standards of dialysis care. The substantial variation in the delivery of home therapies and in the number of people >75 years being treated by dialysis that exists between the States was highlighted.

Home Dialysis Advisory Group

KHA established in 2007 a new group to advise on the problems and barriers that exist in increasing the number of people on home dialysis therapies in Australia. Prof Carmel Hawley was invited to Chair the Group that has been recruited from nephrologists, nurses, patients and Industry in recognition of their interest and activity in this area. The Group has been active and the meetings lively.

A Strategy paper has been developed and a major survey of all Australian dialysis patients is planned in the next few months to sample their satisfaction with all issues around dialysis and to examine how they got to be on their present type of dialysis.

Chronic Kidney Disease Monitoring Advisory Committee (CKDMAC)

AIHW late last year announced that the Commonwealth DoHA had funded 3 positions to enable the establishment of a monitoring section of CKD in the AIHW. Diabetes and Cardiovascular disease already have similar sections established.

The National CKD Centre will monitor CKD through:

- collating data on chronic kidney disease across the health continuum
- addressing gaps and deficiencies, and undertaking data development
- providing data for planning and policy development to improve the prevention, early detection, management and treatment interventions
- undertaking data analysis and dissemination and
- promoting and applying uniform statistical standards, methods and definitions.

An Advisory Committee to the CKD centre has been appointed and had its first meeting in mid June. This initiative is considered a positive step in the pathway to get CKD recognized in government. A work plan that will result in several publications in the next year or two is underway.

Coding for CKD

The National Centre for Classification in Health has introduced changes on July 1, 2008 to the ICD 10AM coding system that is used by all Australian hospitals to describe their caseload. These changes now allow the coding at discharge of CKD by its stages and will greatly facilitate our ability to assess the burden and associated costs of CKD in Australia. It is important that nephrologists take steps in their own hospitals to ensure that doctors' record in the case notes the existence of CKD. The coding staff cannot acquire that diagnosis solely from the automatically reported eGFR – a doctor must make an entry in the case notes to the effect that the patient has CKD.

KCAT

The KCAT GP education program continues to be well supported by our generous sponsors and by large numbers of volunteer nephrologists.

The number of workshops organised through KCAT in 2008 is heading for a record. We now have a choice of 7 teaching modules that you can use for workshops or seminars.

The essential role of KCAT has been to create a flexible set of teaching materials that lend themselves to use in general practice teaching (and allow GPs to earn points). Frequently nephrology presenters prefer to add in their own material and rearrange the modules so that they work better for their own purpose and style – this is encouraged. The material in the modules is all vetted carefully and thoroughly by the KCAT Steering Committee, chaired by Professor David Johnson.

KCAT has made a determined effort to engage practice nurses who are seen to be pivotal in primary care to early detection in high risk cases and monitoring of recognized CKD. A Subcommittee has been established that is creating teaching modules and on line learning aimed specifically at practice nurses.

We still have a long way to go to achieve our aims. We estimate that ~ 25% of all GPs have attended a CKD workshop/seminar/on line learning session and almost all GPs have had the Booklet (see below) and other educational material on eGFR. 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!

Note our on-line learning modules have all been recently updated and can be found at www.primed.com.au.

Booklet “Chronic Kidney Disease (CKD) Management in General Practice

This booklet was distributed to all GPs in Australia in late 2007 and has been very well received. It can be downloaded from www.kidney.org.au or hard copies can be obtained free from our Adelaide KHA office. Servier who funded the printing (25,000 copies) and helped with the distribution of the booklet have generously agreed to fund a 2nd edition likely to be published in 2009. KHA considers this initiative to have been the most important single step taken in increasing CKD awareness amongst general practitioners.

New Book for people with early CKD

A new book, written for people with early CKD and embracing a self-management and self monitoring approach is currently in production. It is designed to provide a continuing record of patient progress as well as being stacked with educational and explanatory material. We have used a Swedish template that has proved most successful in that country. This exciting project has been generously funded through its pilot phase by Genzyme. It is hoped that the book can be launched at the ANZSN annual meeting in Newcastle. It is likely to be on sale at ~\$20 a copy through KHA offices.

eGFR

eGFR now occupies an established place in the CKD arena with automatic reporting now the rule in Australian laboratories. The recommendations emanating from the 2nd consensus group meeting have been published and largely implemented. The next edition of RADAR (from NPS) on August 1 has an article on the use of eGFR in drug dosing – an area that has proved controversial. The next edition of the Red Book for GPs (Guidelines for preventive activities in General Practice”) is currently in production and again relies on CKD staging for its advice on management.

The formula used to calculate eGFR is again under review and the calibration of serum creatinine to an international benchmark is well advanced – both measures helping to improve the accuracy of eGFR and improve its clinical reliability particularly in the range of GFR 60-90 mL/min.

Kidney Evaluation for You (KEY) project

KHA developed Kidney Evaluation for You (KEY), a free targeted early detection program with the aims of testing a cost effective means of finding early asymptomatic CKD in high risk individuals and referring them to primary care for appropriate management. The project was funded by BHP Billiton and the Commonwealth DoHA.

KEY was piloted in three geographically diverse locations (Townsville, Roxby Downs, and Perth) in February/March 2008. The KEY health assessment was an evaluation of kidney, cardiovascular and diabetes status. Only people ascertained to be at high risk of CKD were recruited. Health profession education and community awareness programs preceded the screening events. All blood and urine analysis were performed at point-of-care. Participants were provided with standardized guidance regarding their results, and encouraged to visit their local doctor (particularly if abnormal results were obtained). Three-month telephone follow-ups assessed changes in management following KEY participation, and improvement in CKD awareness.

A full analysis of the project is occurring at this time – the pickup of CKD was about 20% and the project was well received at the community level.

Research Funding

KHA is again increasing its allocation to research for the year 2009 and advertisements for seeding grants and scholarships will follow the usual pattern. At this stage it is envisaged that \$700,000 will be available in addition to the continuing support for our Bootle project – lifting our total research support to over \$1 million year.

Tim Mathew, KHA Medical Director

7. ISN & COMGAN

The main raison d'être for ISN is to advance nephrology worldwide. This altruistic mission of ISN tends to be forgotten, and unfortunately the first question of many nephrologists is "what's in it for me?" At its recent retreat the ISN Executive drafted a new mission statement. Although not finalised, it is likely to be 'ISN is a volunteer organisation committed to the humanitarian mission of advancing prevention and treatment of kidney disease worldwide. It will achieve this by bringing worldwide equity to education and training in nephrology; connecting the renal profession around the world; raising public awareness of the importance of kidney health; and supporting research and best clinical practice'. So, the important question that nephrologists in developed countries should be asking is "what can I do to help?"

In terms of its humanitarian mission, the most important component of ISN is COMGAN -the Commission for Global Advancement of Nephrology. Please look at the ISN website to see the broad range of programs that COMGAN supports, including CME, Sister Renal Centres, Fellowships, Research and Prevention, Visiting Scholars and Short Visits, Travel Grants and Library Enhancement. In order to increase COMGAN activities in our region, its Oceania and South East Asia regional committees have been amalgamated. As developed nations in our region, Australia and New Zealand have the resources to support their less developed

neighbours. ANZSN has always played an important role, but its activities and contributions have slowed recently and it is time to strengthen its support.

ANZSN is well represented in ISN, on its Executive, its Council, the Oceania and South East Asia (OSEA) COMGAN Committee, the Renal Disaster Relief Task Force, the Young Nephrologists Committee and other groups. To drive ANZSN's contributions in our region, a network of interested ANZSN nephrologists is being developed to work alongside the OSEA Committee. If you are interested in becoming involved in this very satisfying and important work, please contact Fiona Brown (Chair of the Young Nephrologists Committee), Peter Kerr, Gavin Becker or David Harris (ANZ Representative, ISN Council Representative and Chair respectively of OSEA).

The 2009 World Congress of Nephrology will be held in Milan next May, and the 2011 meeting in Vancouver in March or April. The processes for selecting venues for the 2013 and 2015 congresses have been changed. It is likely that the 2013 meeting will be held in the Asia Pacific region and countries/cities will be invited to place a bid in the near future.

ISN needs your ongoing support and help to continue its worldwide humanitarian mission.

David Harris, Member of the Executive, ISN & Chair of OSEA Committee

8. THE AUSTRALASIAN KIDNEY TRIALS NETWORK

The Australasian Kidney Trials Network (AKTN) facilitates well-conducted clinical research and fosters collaborations between leading researchers in kidney disease. The Network's focus is to answer important questions about the prevention and treatment of kidney disease to improve health and quality of life outcomes. The Network is at the forefront of knowledge creation and addresses complex economic, technological and social needs relating to patient care and the translation of research into clinical practice. The primary purpose of the Network is to cooperate with clinical investigators to develop research proposals into viable and successful clinical trials. The past 12 months has seen a period of growth on many levels for the Network with both the HONEYPOT and FAVOURED trials now ready to commence recruitment.

The HONEYPOT (A randomized controlled trial evaluation of antibacterial **H**oney versus Nasal **E**radication of staphy**l**ococci for the **P**revention **O**f Tenckhoff infections in PD) trial (ACTRN12607000537459) looks at whether honey, in the form of Medihoney™ Wound Gel from Leptospermum species of Australia and New Zealand, is effective in the prevention and treatment of catheter-associated infections that occur in patients requiring peritoneal dialysis (PD) for kidney failure. There are a number of current methods used to prevent PD infections with the most widely recommended method being to apply a topical antibiotic to the nasal cavities to eradicate an organism called Staphylococcus aureus which is carried in the nose by many patients. This study compares whether Medihoney™ Wound Gel is superior to targeted eradication of nasal staphylococcal colonisation by mupirocin. Following our recent success in obtaining a Queensland Government Smart State award (\$432,400 over 3 years), a Baxter Extramural grant (\$US375,000 over 3 years) and a payment from Gambro (\$5,000), the HONEYPOT trial is now fully funded. We have recently placed our first Medihoney™ Antibacterial wound Gel order and the web-enabled data management site is fully functional. In addition we now have eleven sites that are fully operational with signed Clinical Trial Agreements (CTAs), ethics approvals and NATA lab accreditation. The Trial Management Committee consists of Prof David Johnson (Principal Investigator), A/Prof Alan Cass, Ms Elaine Beller, Dr Janak de Zoysa, A/Prof Carmel Hawley, Dr Steven McTaggart, Dr Geoffrey Playford, Dr Paul Snelling and Miss Alicia Smith (Study Coordinator a.smith18@uq.edu.au).

The FAVOURED (Fish oil and Aspirin in Vascular access **OU**tcomes in **RE**nal **D**isease) trial (ACTRN12607000569404) is a randomised, placebo-controlled factorial clinical trial which aims to determine whether the anti-platelet agents aspirin and fish oil, either alone or in combination, will effectively reduce the risk of early thrombosis (blood clots) in arterio-venous fistulae (AVF) that are used for accessing the circulatory system in haemodialysis. Twelve hundred patients requiring haemodialysis who are scheduled to undergo creation of an AVF and are not currently taking anti-platelet agents will be recruited over 3 years. This trial is progressing well and looks set to commence recruiting by the end of July. We currently have 6 sites with full ethical and CTA approval ready to randomise patients with another 14 sites with ethical approval. The Trial Management Committee consists of Dr Ashley Irish (Principal Investigator), A/Prof Alan Cass, Dr Sharan Dogra, Ms Elaine Beller, A/Prof Carmel Hawley, Prof Peter Kerr, Dr Trevor Mori, Dr Kevan Polkinghorne, Dr Amanda Robertson, A/Prof Johan Rosman and Ms Peta-Anne Paul-Brent (Study Coordinator p.kerr@uq.edu.au).

Our third active trial, the HERO (**H**aemoglobin levels in patients with **E**rythropoietin-**R**esistant anaemia treated with **O**xpentifylline) trial (ACTRN12608000199314) aims to determine whether Oxpentifylline (Trental® 400) administration will effectively treat erythropoietin- or darbepoietin- resistant anaemia in chronic kidney disease patients. The main inclusion criteria are adult patients with stage 4 or 5 chronic kidney disease (CKD) (including patients on dialysis) with significant anaemia for at least 3 months that is unresponsive to large doses of either erythropoietin or darbepoietin, and for which there is no clear identifiable cause. This trial will commence in the second half of 2008. We have been successful in obtaining \$112,000 from Amgen and \$10,000 from Janssen-Cilag to conduct this study in addition to \$192,820 from a Roche RoFAR grant. We have purchased Oxpentifylline from Sanofi-Aventis and have negotiated with a Brisbane based company regarding the production of a placebo. We expect CTAs to be sent to all interested sites by the end of August with a hopeful commencement in October 2008. A Study Initiation meeting will be held at a central location in early October to assist all sites in their preparation for commencement of the study. The Trial Management Committee consists of Prof David Johnson (Principal Investigator), Ms Elaine Beller, Dr Rob Fassett, A/Prof Carmel Hawley, A/Prof Alan Cass, Dr Stephen McDonald, A/Prof Rowan Walker, Dr Eugenie Pedagogos, Dr Carl Kirkpatrick, Prof Paolo Ferrari and Miss Alicia Smith (Study Coordinator a.smith18@uq.edu.au).

In addition to our active trials, we have three trials in the early stages of development, 2 trials that have been endorsed by the AKTN and a further 5 trials which have been proposed to the Network. The AKTN also provides scholarships for individuals wishing to conduct PhDs or Masters by undertaking research in conjunction with the AKTN. A number of scholarships are available each year. Two scholarships are available through funding provided by the University of Queensland (UQ) with candidates required to be enrolled, or to enrol, in a PhD through UQ. A third scholarship will be available to successful candidates in Australia or New Zealand who can be enrolled at the University of his/her choice. Applicants may be intending to study part time or full time and may potentially combine their study with clinical appointments. Health workers other than medical graduates such as nurses, scientists, and allied health professionals, are also invited to apply for these scholarships.

For further information regarding any of our trials or scholarships, please contact Melissa Gardiner at m.gardiner@uq.edu.au or 61 7 3240 6133. If you would like to become a member of the AKTN or for further information, please visit our website (www.aktm.org.au) or contact our Executive Officer, Dr Melissa Gardiner on +61 7 3240 6133 (m.gardiner@uq.edu.au).

Carmel Hawley, Chair, AKTN Operations Secretariat

9. **NEPHROLOGY JOURNAL**

Many members of ANZSN contribute generously to *Nephrology*, as subject editors or reviewers. The growing success of the Journal has a lot to do with their efforts. Last year a new contract was negotiated between the publishers and owners of the Journal, Wiley-Blackwell and Asian Pacific Society of Nephrology respectively. According to the new contract profits are shared equally between publishers and owners. Although it was expected that it would take several years for APSN to realise a profit, this has occurred in the very first year of the new arrangement. This profit share will be put towards programs which advance the practice of nephrology in the Asia Pacific region. It also means that any support that ANZSN gives to APSN can be used for the same purpose, and no longer needs to be directed towards the Journal.

The number of publications submitted to the Journal is likely to reach 450 in 2008. This year has seen an increase in the number of issues from 6 to 8, with the aim of increasing to 10 issues in 2010. In addition there are plans to publish in 2009, two additional “special issues” focused on specific important topics.

The impact factor of the Journal has increased by almost 400 percent in the last 3 years, it is hoped that it will now grow slowly to that of a middle impact nephrology journal. Because the mission of *Nephrology* is to support the readers and authors of our region, it does not appear realistic, and may in fact be counterproductive to the mission, to aim for an impact higher than this. Moreover, impact factor is determined by the number of citations with respect to the number of published articles. For a journal of its size, *Nephrology* contains a relatively large number of articles which would tend to reduce its total impact.

The Journal’s editorial processes are constantly reviewed and refined, and in general decision and publication times are continuing to fall.

I urge members of ANZSN to continue to support the Journal, as subject editors, reviewers, authors and readers. *Nephrology* is an important vehicle for publication of articles of relevance to the ANZSN membership. With your continued support it will grow as an important force for advancing nephrology in the Asia Pacific Region.

David Harris, Editor-in-Chief

10. **TRAVEL GRANT REPORTS**

11th Asian Pacific Congress of Nephrology, May 2008 – Kuala Lumpur

I would like to express my sincere gratitude towards ANZSN for supporting my attendance at the 11th APCN conference held in Kuala Lumpur, Malaysia. In this Asia-Pacific nephrology meeting, there were delegates from more than 20 countries in 4 continents, which featured some of the world renowned researchers in the areas of nephrology, hypertension, dialysis and transplantation.

It was my first international conference as a 2nd year PhD postgraduate. The meeting started off with a plenary session each day, except the fourth which was taken up by the Ross Bailey lecture where Professor David Harris gave a lecture on “Chronic kidney disease: From prevention to regression.”

There were also lectures and symposia which covered topics from hypertension to chronic kidney diseases and also dialysis and transplantation. Furthermore, there were several CMEs running throughout the meeting, one of which covered the topics of traditional medicine in

nephrology. In this session, delegates were informed of the herbal remedies causing toxic nephropathy (given by Prof Marc de Broe of Belgium) and also the herbal treatment that is beneficial for renal diseases given by Prof Wang Hai Yan (China).

The highlight of the meeting was the opportunity for me to present in one of the free papers sessions under the topic of basic science. My talk was titled, "Inhibition of protein kinase C β attenuates renal injury in the remnant kidney model." I found the experience extremely helpful for my career development and it has certainly improved my confidence in public speaking to an international audience. More importantly, the meeting opened my eyes to nephrology research in the region. Of which, Professor David Lee from Singapore certainly gave a memorable lecture on "The metabolic syndrome and the kidney". Also, in one of the free papers sessions, I was able to interact with Dr Nakamichi from Japan regarding his unilateral nephrectomized/thy1 rat model.

Not only was the meeting a rewarding experience, delegates had the chance to explore the best of Malaysia, with the location of the meeting right in the middle of the hustle and bustle of KL city. It was only a five minutes walk to one of the landmarks of Malaysia, the Twin Towers, and a short walk to two of the major shopping centres, the Pavilion and Suria KLCC.

Sih Min Tan

ERA-EDTA Congress May 2008 – Stockholm, Sweden

I am writing to thank the ANZSN for their generous support which enabled me to attend the 2008 ERA-EDTA Congress in Stockholm, Sweden. During the conference I presented a poster entitled "Markers of oxidant handling in the ageing kidney alter with obesity, inflammation and hypertension", which was well received.

The meeting had excellent international speakers and included a number of interesting talks on the impact that visceral fat has on the kidney as well as lectures from Eberhard Ritz, Makoto Kuro-o and Eric Neilson. The lecture from Eberhard Ritz discussed the idea that essential hypertension is the result of renal disease, while Makoto Kuro-o discussed klotho, a topic highly pertinent to my own research into ageing. Eric Neilson's talk described the fibroblast and cellular plasticity, which I found very informative. The conference afforded me the opportunity to talk to and learn a lot about clinical and scientific positions in Europe from my fellow delegates. One very impressive feature of the conference organisation was the provision of electronic submission of posters which were then printed in Stockholm and provided to poster presenters at the conference hall; a great benefit for international travellers.

The visit to Stockholm was my first visit to Sweden and one that I shall always have fond memories from. I spent an additional week in the city exploring its many museums and galleries. Among my favourites were the Stockholm City Museum, the Army Museum, and the National Museum. The old section of the City, Gamla Stan, was simply exquisite and housed a number of excellent restaurants and bars that featured great live jazz and Blues. I sampled the local food and beer and made friends with locals and fellow travellers. Highlights include the mixed herring entrée at Erik's Gondolen and the roe deer at the German Restaurant, Zum Franziskaner, which also had an impressive selection of European beers.

Thank you again ANZSN for giving me these opportunities as I complete the final few months of my PhD.

Christine Percy

American Society of Nephrology November 2007 – San Francisco

I was fortunate to be able to attend the 2007 ASN Renal Week meeting in San Francisco in 2007, with the assistance of a travel grant from the ANZSN. This was the first international Nephrology meeting I have attended, and I could not help being left with the impression of a bewildering and almost overwhelming array of excellent presentations and robust science on offer. Of course, as one attendee I cannot possibly do the meeting justice within the confines of my report, but I will point out a few highlights of the meeting for me.

I attended a 2 day postgraduate education course on “Fundamentals of Renal Pathology” with a number of leading pathologists including Agnes Fogo and J Charles Jennette on the faculty. This was an excellent course with lectures and hands-on sessions with histology specimens, and covered an excellent range of pathology. We were given a textbook written by the course organisers which I have filled with excellent notes. I highly recommend this course to any nephrologist or advanced trainee who wishes to improve their knowledge and recognition of renal pathology.

Unfortunately due to personal illness during the conference the number of sessions I was able to attend after postgraduate course was quite restricted, however overall the experience was still very valuable.

Four highlights of the conference proper that I was able to attend included:

- Mycophenolate in Lupus and other Glomerular Diseases – a review of MMF pharmacology and trials in lupus (with a growing body of evidence) and other glomerular disease (where evidence is more lacking).
- Malnutrition in Chronic HD patients – a discussion about markers of malnutrition, and proposal for a clinical trial of growth hormone therapy in malnourished HD patients. An important issue but the use of a surrogate marker as the main trial endpoint (serum albumin) may limit its usefulness.
- Controversies in Diagnosis and Treatment of Atherosclerotic Renovascular Disease – an excellent session on the evidence (or lack thereof) in this controversial area. Most of the contributors and questioners have all the same issues we do when it comes to knowing whether to investigate and treat or not. The CORAL and ASTRAL studies were discussed and results are eagerly awaited.
- Attending the presentation by Germaine Wong (from Westmead) of her work on Cost-Effectiveness of Breast Cancer Screening in the Dialysis Population. Our own renal unit in Adelaide is currently involved in implementing a study of colorectal cancer screening in the transplant population.

I presented a poster during the conference, entitled “Expanded criteria donors for kidney transplantation: Graft outcomes in Australia and New Zealand 1991-2004”. This generated a reasonable amount of interest, and it appears that other groups outside the USA, including Canada (i.e. those who don’t use an alternative allocation system for ECD kidneys as they do) have noted the variability in outcomes between younger and older ECD donors that we have noted here in Australia/NZ.

Overall, I benefited from attending the ASN Renal Week, though my experience was much more limited than I had anticipated because of illness. I thank the ANZSN for their generous support in helping me to attend the meeting.

Michael Collins, Nephrology Fellow, Queen Elizabeth Hospital

11. CLINICAL & SCIENTIFIC MEETINGS

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

12. NEPHROLOGY POSITIONS VACANT

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

13. SOCIETY SPONSORS

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