



**ANZSN**

**Australian and New Zealand Society of Nephrology  
E Bulletin - June 2005**

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1. **\*\*Important Dates to Remember\*\***

- **Applications for Travel Grants to the Postgraduate Training Course and the Annual Scientific Meeting** - (see attached forms)

The closing date for applications for travel grants to attend the ANZSN Postgraduate Training Course, 3rd - 4th September, and the Annual Scientific Meeting, 4th - 7th September, in Wellington, New Zealand is **15th July 2005**.

- **Applications for Travel Grants to the American Society of Nephrology Meeting** - (see attached form)

The closing date for applications to attend the American Society of Nephrology Meeting in Philadelphia, USA in November is **29th July 2005**.

- **Early bird Registration Deadline for the ANZSN ASM**

Early bird registration for the Postgraduate Training Course and the Annual Scientific Meeting closes on **13th June**. Online Registration is available via the conference website [www.anzsn2005.co.nz](http://www.anzsn2005.co.nz)

2. **Honorary Executive Officer's Report**

I feel like I have channelled something of an Ita Buttrose persona, writing to you from my desk in sunny Melbourne, where the temperature is currently 7°C but rising fast, a fact that is sure to make all of our colleagues in Tasmania and New Zealand very envious. In this edition of the Society news, we have updates from David Johnson on automated GFR reporting, and Ashley Irish writes on the latest developments in the Pharmaceutical arena. Most of us are aware of newer agents that are about to appear on the market for treatment of Ca/PO4/PTH imbalance, but I suspect few of us realised that caltrate was marked for removal from the PBS in the latest Federal Budget. As well, John Kelly, who has worked hard to establish health screening in the South Pacific, reports on the first clinical visit to the nearly-as-sunny-as-Melbourne island of Western Samoa. We also have a last minute stop the presses report from Josette Eris on everything you need to know about the DNT meeting and committee, but were afraid to ask. I remember the DNT meeting as the last time I felt warm.....

**ANZSN ASM:** I feel a pressing need to remind everyone of the upcoming 41<sup>st</sup> Annual Scientific Meeting in Wellington, from September 4-7<sup>th</sup>, preceded by the Post-graduate meeting on September 3<sup>rd</sup>-4<sup>th</sup>. Early bird registration closes next Monday, June 13<sup>th</sup>, Queen's birthday weekend public holiday, Collingwood vs Melbourne, official opening of the ski season, and some would say the only reason to retain the British Monarchy. Travel grant applications are included. Check out the website for all the details; <http://www.anzsn2005.co.nz/>

I should also mention the World Congress of Nephrology in Singapore, June 26<sup>th</sup>-30<sup>th</sup>, <http://www.wcn2005.org/>, followed of course by the Hypertension and the kidney post congress satellite meeting in Fremantle, July 1<sup>st</sup>-3<sup>rd</sup>, <http://www.eventedge.com.au:8080/hypertension2005>.

**Joint Memberships:** Most of you will be aware of IMP (immediate past-president) David Harris's efforts in successfully introducing the ISN-ANZSN joint membership for 2005. This has allowed our members who took up the combined membership to enjoy a significant saving on their ISN membership, which includes on-line access to Kidney International and savings for WCN registration, but also helps ANZ nephrology to contribute to the development of nephrology on a world scale. Well there's more. Thanks to David's efforts, and also those of PP (present president) Paul Snelling, we will also have the opportunity to take out joint membership with the American Society of Nephrology for 2006. Details will be available with release of subscription notification later in the year.

### **3. Pharmaceutical's Report**

The society has initiated or responded to a number of issues that impact on availability of medications for patients. Members may have noticed that during the recent budget the government has acted to remove Calcium Carbonate from the PBS. This is a governmental budget initiative and is not the responsibility of the PBAC. A letter from the ANZSN and KHA has been sent to the PBAC appealing this decision and we are optimistic of being able to have this reversed. Several potentially high cost agents for the management of secondary hyperparathyroidism are progressing through the TGA, and Sensipar (Cinacalcet) is now TGA approved although unfunded. Similarly Sevelamer Hydrochloride and Lanthanum Carbonate are also in progress towards TGA assessment. It is foreseen that the potential high recurrent cost of all these agents and the uncertainty of clear improvement in actual rather than surrogate clinical endpoints may hamper PBAC listing. However we are attempting to work constructively with the companies and PBAC to support these and will advise upon progress in future reports.

Ashley Irish

### **4. SAC and Trainees Issues**

The SAC in Nephrology met recently to review training issues and accredit training for 2005. We have 36 trainees in total this year, 34 adult and two paediatric. This is similar to previous years, as you can see from the attached graph.

Points of particular interest for those of you who are supervising trainees now and in the future are:

- \* From the end of 2005 all of you who wish to supervise trainees will be required to have attended a supervisors training workshop. No workshop – no trainee.

- \* Supervisor report deadlines for first and second year trainees have been extended to the 30th November. This aims to provide a more informative opinion of the candidate. This is especially relevant where trainees have 6 month rotations, where previously supervisors may only have had 2-3 months to assess the trainee. Hopefully this should allow for a better informed assessment.

- \* The old deadline of the 30th September applies for trainees in their final year of training so that all details required for confirming fellowship can be completed before the next year, when the FRACP is conferred.

The SAC were asked to comment on a suggestion from the College that a yearly "trainee's personal report" of their training site, educational experience, and supervisor/supervision should be mandatory for each trainee, with the aim of identifying poorly performing training sites. We felt it should not, as it would be yet more paperwork for the trainee (which they seem to dislike), and also as ours is a small community, deidentification would be difficult, compromising the validity of the assessment. There are now multiple fora for trainees to let each other know which are the good and bad units in which to train – as with many things in Nephrology I suspect "word-of-mouth" is the most reliable.

- \* From 2006, PhDs undertaken prior to the primary medical degree cannot be included within the 'elective training' for your training requirements.

I also attended the Trainees weekend at the Gold Coast recently, taking about SAC and training matters. Of some surprise was a definite wish from the trainees present for a more defined (dare I say prescriptive) educational experience. Hopefully the development of the Curriculum for Nephrology, under the direction of George Mangos, will be a useful process in delivering this. For any of you who want to be involved in developing the curriculum I am sure George would appreciate your help.

Paul Snelling

## **5. Automated Laboratory reporting of eGFR: Coming Soon to a Laboratory Near You!**

In the latter part of 2004, an Australasian Creatinine Consensus Working Group comprising 22 representatives of the Australasian Association of Clinical Biochemists (AACB), Australian and New Zealand Society of Nephrology (ANZSN), Kidney Health Australia (KHA) and Royal Australasian College of Pathologists (RCPA) endorsed recommendations regarding the standardised reporting and measurement of serum creatinine by laboratories, as well as the automated reporting of estimated GFR (eGFR) using the abbreviated MDRD formula with every request for serum creatinine concentration in adults. These recommendations, summarised below, have been endorsed by the parent bodies and the Australian Diabetes Society, and will be published shortly as a position paper in the Medical Journal of Australia. It is likely that most, if not all, laboratories will adopt these recommendations over the next few years.

**Table 1.** Guideline Recommendations of the Australasian Creatinine Consensus Working Party.

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### **A. Measurement of serum creatinine and its use to calculate eGFR.**

1. At the present time serum creatinine assays are considered acceptable with respect to bias and precision if they produce results which lie within  $\pm 15\%$  of the Reference Method.
2. Current data indicates that most commercially available creatinine assays meet this criteria for results for serum creatinine  $>100 \mu\text{mol/L}$ .

### **B. Reporting of serum creatinine**

3. Serum creatinine shall be reported in  $\mu\text{mol/L}$ .
4. Serum creatinine concentrations determined to the nearest  $1 \mu\text{mol/L}$  shall be used for all eGFR calculations.
5. Laboratories should have data on precision of serum creatinine concentrations near  $100 \mu\text{mol/L}$  available, and also the rationale for their reporting interval

### **C. Reporting of eGFR**

6. Estimates of GFR shall be reported in  $\text{mL/min}$ , or if corrected for body surface area, as  $\text{mL/min}/1.73\text{m}^2$ .

### **D. Automatic reporting of eGFR from serum creatinine**

7. An eGFR using the abbreviated MDRD formula shall be automatically calculated for every request for serum creatinine concentration in individuals aged  $\geq 18$  years.
  8. GFR values that calculate to be in excess of  $60 \text{ mL/min}/1.73\text{m}^2$  should be reported as " $>60\text{mL/min}/1.73\text{m}^2$ " and not as a precise figure.
  9. Automatic reporting of eGFR may include age-related reference intervals for individuals aged  $\geq 65$  years.
  10. The implementation of automatic eGFR reporting will require a timely educational program that ensures information is available to health professionals to aid in interpretation of eGFR values.
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Comprehensive education initiatives have been developed by the Kidney Check Australia Taskforce (KCAT) to assist health practitioners in understanding the limitations of eGFR, and the specific clinical settings in which eGFR is not appropriate for use and GFR should be measured directly. Information will also be provided about appropriate indications for nephrologist referral. This concerted educational campaign will consist of a new KCAT workshop module, an online educational module available through PriMeD, a chronic kidney disease-themed November edition of Australian Family Physician and educational letters provided to pathology laboratories and their consumers. In addition, pre- and post-implementation audits will be undertaken to assess the impact of automatic eGFR reporting on primary health care awareness, detection and management of CKD, as well as on nephrologist referrals. This information will also assist workforce and health resource planning.

Although automated laboratory reporting of eGFR has been shown to greatly enhance CKD detection, the Working Party members recognise that this practice has not yet been shown to improve outcomes. However, the restrictions and qualifications recommended should allow the benefits of this approach to be realised without causing unnecessary concern and unneeded investigations. Furthermore, we believe that it is vital to start the process of improving the identification of patients with renal impairment with a co-ordinated National approach, allowing this to be a firm base upon which to build future developments.

David Johnson, KCAT Chair,  
Australasian Creatinine Consensus Working Party Member

## **6. South Pacific Report**

Over the last few years the society has developed a collaboration with the Australian Centre for Diabetes Strategies (ACDS) which is currently involved in screening for diabetes and its complications in a number of South Pacific nations. We have recently been successful in obtaining funding from the World Diabetes Foundation to commence a programme of screening for diabetes, diabetic retinopathy and diabetic nephropathy in Western Samoa.

The first clinical visit to Western Samoa, by a team of comprising an endocrinologist, renal medical and nursing staff and optometrists, occurred in May. ANZSN was represented by Toa Fereti from Auckland District Health Service and me. Samoa is a stunning tropical paradise and the people are friendly and very hospitable. However, it has more than its fair share of health problems. The prevalence of diabetes in the adult population has risen from 11 to 23% in the last decade. During the recent visit we screened 240 diabetics for eye and renal complications. Due to the lack of readily available biochemistry facilities, screening for nephropathy largely consisted of measurement of blood pressure, and microalbuminuria using a portable DCA analyzer. Treatment was implemented using the rather restricted range of ACEI, calcium antagonists and diuretics available on the local formulary.

An important aspect of the visit was training local junior medical and nursing staff in screening techniques. Follow-up visits are planned every six months for the next 2 years. However, the ultimate goal of the project is to build local capacity, so that a comprehensive screening and treatment programme will be continued.

John Kelly

## **7. DNT Report**

The 2005 DNT workshop was held in Queensland from 6<sup>th</sup> to 9<sup>th</sup> March and proved a great success largely due to the efforts of the local organiser David Johnson. The venue was the Couran Cove Resort at Stradbroke Island and certainly was a pleasant way to spend a few days in an informal setting. The workshop was attended by 164 people, which is the highest we have accommodated to date. The content was varied and included new and updated CARI sessions on calcineurin inhibitors, renal calculus disease and calcium phosphate targets and the impact on vascular disease. Non - CARI sessions varied from general sessions on nephrology workforce, organ donation rates and standardisation of renal function measurement to sessions on access case management, infectious diseases in renal failure and malignancy post transplant. National initiatives including Chronic Kidney Disease Strategy and Trials Centre were highlighted. The meeting ended on a high note with a new session which will be retained of 'what's hot in nephrology' presented on this occasion very ably by David Harris.

The feedback survey at the conclusion of the meeting showed a high level of satisfaction with the content of workshop sessions and the mix of topics. A disc containing those presentations made available to us from the workshop was circulated to all attendees recently. The meeting was again generously supported by industry and we are grateful for their continued support of this workshop.

The next workshop in 2007 will be in New Zealand and Helen Pilmore has kindly agreed to take on the role of organising the meeting. Venue and dates will be available by the next newsletter although Queenstown in March is the current plan.

The DNT Committee is in the process of developing the next phase of activity and is particularly interested in looking at implementation of some of the workshop outcomes and consensus areas. Please let us know if there is a particular area you feel should be focussed on of National interest and importance. This success of such a venture over the last year was demonstrated (and partly presented at the workshop) in the process which considered methods of renal function measurement used by various pathology providers and the move to increase uniformity of reporting of creatinine and GFR. This process saw the very successful collaboration between College of Pathologists, the Australian Association of Biochemists and nephrology community (via ANZSN and KHA) and is clearly in the interests of all sectors. The very positive feedback to Graeme Jones' presentation at the workshop attests to not only his skills as a presenter but also to the high degree of interest and applicability of the topic to nephrologists.

ANZDATA Registry, the Renal Transplant Advisory Committee (RTAC) and CARI continue to function well. As evident at the recent workshop these groups continue to play a major role in the gathering and collation of information and the development of policies and guidelines. The Registry has greatly benefited from the input by Stephen McDonald over the last few years as reflected by the increased analyses and publications based on the Registry. Stephen has completed his time as the Registry Epidemiology Fellow and this position will be advertised for the next 3 year period. Stephen McDonald will of course continue his involvement in the Registry in a supervisory role of the new appointee. We would encourage all nephrologists to ensure their trainees and colleagues are made aware of the position which provides an excellent opportunity for epidemiological application and training in a productive environment. The applicant will not be required to reside in SA although clearly close and ongoing contact will be essential. The Registry now offers real time limited data entry and this is currently being implemented through approach to Unit Heads. There is current consultation and work being undertaken to address the issue of ownership and governance of the Registry.

The CARI process continues to evolve with publication of guidelines well underway. It is important to acknowledge the very significant amount of work being done by Rowan Walker as the Chair of the CARI Steering Committee to keep the process on track with able assistance from the CARI office staff. Rowan has attended a forum on global guideline formulation ensuring input from the CARI guideline sets and of course in return feedback to the local process from international counterparts. The committees are now seeking suggestions for new CARI topics and any ideas or input should be submitted to Rowan Walker or myself. It is likely that a decision will be made at the August meetings of the two committees.

DNT has been asked to oversee a new project to consider kidney disease management from the policy and health care delivery viewpoints. Following a National Chronic Kidney Disease Forum of a broad range of stakeholders in February the Steering Group is setting up small working parties to produce drafts for the various stages of CKD. KHA is organising the groups and the Steering Committee is chaired by Robert Atkins who I am sure would be happy to field any enquiries and receive input. This process is central in targeting government and health authorities to raise CKD to a National Health Priority status.

Thus DNT Committee remains busy and seems to be increasing in scope from year to year. As always, we welcome any suggestions and input from members of the ANZSN and KHA about the next workshop or any aspect of DNT's work. At all times please feel free to contact a Committee member or myself. [jeris@renal.rpa.cs.nsw.gov.au](mailto:jeris@renal.rpa.cs.nsw.gov.au)

Josette Eris  
Chair – DNT Subcommittee

## **8. Book Review**

The Second Edition of "Transplant Infections" by Bowden, Ljungman and Paya, published by Lippincott Williams & Wilkins, is an excellent reference text for the transplant clinician and for all physicians caring for immunosuppressed subjects. The book provides an overview of infection in the transplant recipient, a section focusing on the epidemiology of infections encountered by each specific type of organ recipient, a third section dealing with site specific infections, a series of chapters stratified by type of infecting organism, and finally a review of infection control strategies, immune re-constitution strategies and hot topics. Thus, the book caters for all solid and bone marrow recipients, provides an approach in cases where a site of infection is identified, for those where an organism is identified, and for those where neither is known. The material is well constructed and, given the 2003 publication date, relatively up to date. The authors are well renowned experts. I found the book generally very useful, with two key limitations. Firstly, given the structure of the book, specific infections are covered in multiple chapters, often with a different bias in each chapter. For example, BK nephropathy is covered within the Renal Transplantation chapter and the viral infections section. Thus, several areas of the book may need to be accessed to address a single problem. Secondly, given the rate at which new data is generated in this area, it is hard for a paper text to keep pace and present cutting edge data. Overall, I believe this book to be a worthy edition to any Department concerned with the care of transplant recipients.

Steve Chadban

## **9. Ethical Guidelines, from the RACP**

The RACP has been revising its "Guidelines for relationships involving medical practitioners, researchers and industry" and the Working Party has completed a draft for public consultation. We would be grateful if you would examine the draft and advise us of your responses to it, especially any specific recommendations

you might have for revisions. The deadline for submissions is 31 August 2005, and these may be emailed to [chris.ernst@racp.edu.au](mailto:chris.ernst@racp.edu.au)

The document is available on the College website at [www.racp.edu.au/public/index.htm](http://www.racp.edu.au/public/index.htm) (follow the links from the News box.)

A/Professor Paul Komesaroff, Convenor, Ethics Working Party

#### **10. Positions Vacant**

Visit the ANZSN website [www.nephrology.edu.au](http://www.nephrology.edu.au) for more details about the following opportunities:-

- Clinical Epidemiology Training Scholarships in Renal Medicine
- Locum Renal Physician, Wellington Hospital
- Nephrologist - Northern Territory Renal Services
- One Year Job Swap Opportunity in England
- PhD opportunity based at Brisbane Hospital
- PhD Positions in Clinical and Experimental Nephrology, Westmead Millennium Institute
- PhD Scholarships in Renal Medicine
- Registrar/Snr Registrar - Alice Springs Hospital
- Staff Specialist Renal Physician, Shoalhaven Hospital

#### **11. Meetings**

Visit the ANZSN website [www.nephrology.edu.au](http://www.nephrology.edu.au) under Clinical & Scientific Meetings for details about forthcoming meetings.