

# Australian and New Zealand Society of Nephrology



eBulletin June 2010

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## President's Report

In September I will finish my 2 year term as President of the society, and also finish 6 years on the society council. Prior to that I had been a member of SPEC for several enjoyable years, and also spent a number of years on the council of TSANZ. It has been a very pleasurable decade plus of involvement, hard work at times, but a great experience being involved in the ongoing evolution of two great societies. With this comes a depth of corporate memory that I will pass on to the next and subsequent councils.

I consider that I am well placed to say that the society is both healthy and flourishing. One illustration of this is the 12 nominations this year for the society council which is, to our knowledge, a record. A recent call for expressions of interest to join SPEC also yielded 19, an outstanding result, and shows that there continues to be a strong core of willing contributors to society activities. We have now sent out several calls for interest in the last 12 months, and have been very pleased to see how many excellent new nominees have appeared.

To this point the society also appears to have come through the Global Financial Crisis relatively unscathed, allowing us to continue to support members as much if not more than before. Nikky Isbel, despite claiming that she is unable to balance her own checkbook, has run the finances very well, and has acted wisely upon the sensible financial advice we have received. We have also restructured the corporate sponsorship packages, in part to ensure that the central society functions will continue satisfactorily irrespective of future vagaries of the financial world.

Another initiative that we are working on is stronger financial support for our scientist members, in collaboration with our corporate sponsors. We are

indeed fortunate to have the outstanding Jacquot Bequest to support young nephrologists, but our basic researchers also need our help. Pleasingly the society's relationship with the RACP with respect to the Jacquot Bequest has been very productive over the last few years, and we have been able to generously support a large number of our up and coming clinician-researchers.

A core business item of the society continues to be the Annual Scientific Meeting. The gathering in Perth this year promises to be excellent at multiple levels, and we are grateful for Paulo Ferrari's local organizing skill, and Richard Kitching's wise leadership of SPEC and design of the scientific program. I look forward to seeing many members there, and Adelaide will have to work hard to top it in 2011.

On the subject of meetings, I attended the excellent Home Dialysis Therapies workshop in Brisbane earlier this year. I believe that this gathering of doctors, nurses and other health professionals should also become part of core society business, and I have put that proposal to the workshop convenors.

There are many people who work hard to keep the society functional and vibrant, and it has been a pleasure working with everybody. I won't thank everybody, except to single out Vicki Levidiotis, who will have the pleasure of taking over from me in Perth (work on that joke for the dinner, Vicki!), and the ever reliable and invaluable Aviva.

**Randall Faulk**  
President, ANZSN

## **HEO Report**

2010 for society members will no doubt be a year of ever increasing local educational opportunities, made possible by the efforts and dedication of its own members. Our society's membership has expanded as have its member's needs therefore several subspecialty groups have now been created. The success of some of these "break" away meetings and groups can only be judged by their

successful repopulation of the Perth program in 2010.

The Perth meeting speakers have now been verified and soon the finalised program will be posted on our website. Four high profile international speakers and several local, but internationally acclaimed, experts will be presenting and, no doubt, contribute to what is promised to be an exciting and dynamic 5 day meeting! I encourage all of you to attend and look forward to seeing you in Perth.

Several expressions of interest have been circulated over the last six months to members advising them that positions are available on council and SPEC. We have had a significant number of interested individuals for these positions, suggesting that members genuinely believe they have much to contribute and that the society remains relevant.

As always we are faced with many structural and financial challenges. The generosity of our sponsors and the restructuring of the sponsorship programs have been extremely successful and largely welcomed by our industry partners. Furthermore the Jacquot Family Bequest continues to enable us to offer a number of new scholarships, enabling grants and seeding grants

The New Curriculum for renal trainees has been developed by the SAC under the guidance of Tony Elias and was recently circulated for comment. This document will no doubt generate a significant amount of interest, discussion and controversy. It is anticipated that it will be ratified in the coming months after further revision and discussion.

2010 promises to be the year of "change" and "adjustment" and hopefully the new coming council and SPEC members will help, shape and direct the society's activities to new frontiers!

**Vicki Levidiotis**  
HEO and President Elect, ANZSN

## Treasurer's Report

In spite of the recent fiscal turmoil, the ANZSN financial position remains very sound. As discussed at the Annual General Meeting in Hobart, separation of the operational costs of running the society from the monies used to fund educational and research activities has begun. In order to achieve this, there will be a small but steady increase in the cost of membership subscriptions. The society will continue to promote the joint membership arrangements with both the ISN and the ASN.

Monies from pharmaceutical sponsorship and interest from the investments will be directed towards supporting core activities of the society such as supporting the Annual Scientific Meeting, Update in Nephrology and Transplantation, Research Infrastructure grants, Career Scientist Grant and other Special Initiative grants.

There will be a slight repositioning of the investment portfolio towards growth, aiming for 4-5% above inflation. This remains the society's buffer against adversity and remains under the guidance of Centric Wealth who has provided consistent and excellent advice.

**Nikky Isbel**

**Honorary Treasurer, ANZSN**

## 2010 ASM - Perth

We are pleased to announce that registration to attend the Australian and New Zealand Society of Nephrology 2010 Annual Scientific Meeting is now open.

The ASM program has now been confirmed, and features a number of high profile speakers, including four international guests, Professors Frans Claas, Thomas Coffman, Adeera Levin and Carmine Zoccali. A number of renowned national guests including Professor John Olynyk, Dr. Solomon Cohny, Dr. Michael Eccles, Associate Professor Stephen Alexander, Dr. Greg Tesch and Associate Professor Glenda Gobe will also contribute in providing an exciting and interesting program.

Other program highlights include the Nephrology Update Course, Renal Scientist Meeting, Nutrition Update for Dietitians, the Ultrasound Course and ANZSN Interventional Nephrology Meeting.

A Welcome Reception overlooking the Swan River at the Perth Convention Exhibition Centre, and a Gala Dinner in the newly refurbished Astral Ballroom at the Burswood Entertainment Complex will provide a perfect opportunity for networking with colleagues and new acquaintances while enjoying the fabulous hospitality and delights Perth has to offer.

We would like to thank a number of sponsors for their generous support of the ASM, including Amgen Australia, Genzyme Australasia, Janssen-Cilag, Novartis, Sanofi-Aventis, Servier Laboratories and Shire Australia Pty Ltd.

Confirmed exhibitors include Amgen Australia, Atcor Medical, TekMed, Fresenius Medical Care Australia, Gambro, Genzyme Australasia Janssen-Cilag, Matheson Life Insurance Brokers, Sanofi-Aventis, Servier Laboratories and Shire Australia.

Sponsorship and Exhibition opportunities are still available – please visit the ASM website or contact EECW Pty Ltd (08 9389 1488) for further information.

Early bird registration is available until 18 June 2010, and can be booked online at [www.anzsn2010.com.au](http://www.anzsn2010.com.au).

**Paolo Ferrari**

**Local Organising Committee**



2010 ASM Venue: Perth Convention and Exhibition Centre

## SPEC / Education

### 2010 Annual Scientific Meeting and Nephrology Update – Perth September 11-15

Preparations for the 2010 ASM are well in hand, directed by Prof Paolo Ferrari and his team. Paolo, as head of the Local Organising Committee and a member of SPEC, has written about the meeting in detail in this newsletter. The program for the Scientific Meeting is shaping up to be exciting, and Dr Steve May has once again put together an excellent program for the Nephrology Update Course.

I encourage members of the society to give 2-3 hours of their time, if asked, to review abstracts for the meeting. There is some rotation in reviewers, so you may not be asked every year. Thank you to those members of the society who regularly review. Dr Kevan Polkinghorne and A/Prof Toby Coates are helping with constructing reviewer panels this year. Assisting with reviewing abstracts ensures that the best science is presented in oral sessions in the meeting (allowing for the unavoidable vagaries in reviewing 275 word abstracts). As I have said before, our process compares very favourably to other national societies.

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 is organising the Annual ANZSN Postgraduate Weekend (Gold Coast, May 28th-30th). We are lucky enough to again have an outstanding and inspirational international visitor in Professor Lisa Guay-Woodford who will give keynote talks and interact with Basic and Advanced Trainees.

### Call for Expressions of Interest for membership of SPEC

We have had a fantastic response to the recent call for EOI to join SPEC, with nearly 20 members volunteering to contribute. With so many outstanding people in the society wanting to help, unfortunately in this round a number of excellent candidates will miss out. I would like to apologise in advance to them, but I am also excited that there are so many people wanting to help out.

We welcome Dr Sean Kennedy (from ANZPNA) on the committee and thank A/Prof Steve Alexander for his contributions and service over the last few years.

**Richard Kitching**  
Chair, SPEC

### DNT Subcommittee

The DNT Sub-Committee continues to be active with multiple activities occurring at present.

Firstly the DNT Workshop is scheduled for 27 – 30 March 2011 and will be held at Cypress Lakes Resort in the Hunter Valley. Steve May and Grant Luxton are the local organisers and Paul Snelling is organising the programme. For information on the venue, I suggest you look at the following site: [www.cypresslakes.com.au](http://www.cypresslakes.com.au)

We are looking forward to an exciting and stimulating programme and trust that there will continue to be a lot of enthusiasm for the meeting. As in previous years, invitations will go out to all units in June of this year. The invitations will be sent to each Clinical Director or Head of Unit with the number of places allocated to each unit. If you have not heard about allocations from your clinical director by the end of June, I would strongly suggest you ask them!

Once we have been given the names of those attending by the heads of units, each attendee will receive a registration form. This will be sent to you by email. **Please note, if you are attending and do not register by the final date on the form, it will be assumed that you do not wish to attend. So**

**PLEASE register in time because failure to register will result in your place going back in the general pool for places.** Once all registrations have been processed, any additional places arising will then be re-offered later in the year.

Other activities that DNT have undertaken recently have included the CARI review which has been a successful project reviewing the activities and governance structures of CARI and is likely to result in some changes which we hope will assist with ongoing funding and strategic planning for CARI.

RTAC continues to be busy with input to the National Transplant Authority document which aims to improve transparency of assessment and listing for kidney transplantation while also succeeding in setting up the National Paired Kidney Exchange Programme.

ANZDATA has successfully undertaken the move to the new location at Royal Adelaide and has also been successful in recruiting a new epidemiology fellow. A Heads of Units meeting took place in Melbourne in February. At that meeting, there was vigorous discussion regarding information gathering for Key Performance Indicators and this work is ongoing.

I would particularly like to thank all of the members of DNT for their hard work and enthusiasm. I am particularly pleased to announce that Steve May will take over as chair of DNT at the time of the next workshop in March 2011.

**Helen Pilmore**  
**Chair, DNT Subcommittee**



2011 DNT Workshop at Cypress Lakes: Event and Convention Centre

## Rural Group Report

At a recent nephrology meeting where one of our rural based colleagues gave a wonderful presentation I heard a comment "he is so good, why does he work in the country?". This comment reinforced two things to me. The first was that the Rural Group is achieving one of its goals i.e. exposure of rural based nephrology and nephrologists and the second was that there is still work to do.

The major aim of the group has been to promote rural nephrology as a legitimate career choice for nephrologists by maintaining a visible presence in the society.

Since David Harris first suggested setting up a rural interest group in 2002 there has been a significant growth of nephrologists working in non major metropolitan areas. There are now over 50 nephrologists practicing in non metropolitan centers in Australia and New Zealand.

It is interesting to see that many solo rural nephrology practices from the past now have more than one practitioner which has created a problem for DNT and allocation of positions for the DNT meeting.

The group meets formally yearly at the ANZSN meeting and has representation on the major committees including DNT, SPEC, SAC. We have been active in having members present at meetings, chair sessions and promote research with the AMGEN rural prize.

In 2010 there will be a rural weekend in Cairns for the training registrars. We are keen to expand the number of accredited positions for advanced trainees in rural areas and encourage our junior colleagues to spend time in rural areas and experience some of the benefits of this type of practice including exposure to interventional nephrology.

**Steve May**  
**Chair, Rural Group**

## ANZSIN Report

Interventional nephrology continues to generate enthusiasm and interest in Australasia. The 2<sup>nd</sup> ANZSIN meeting in Tasmania was successful with Steve Ash as our international speaker.

Dr Alexander Yevslin is the key note speaker for our 3<sup>rd</sup> meeting following the ANZSN in Perth on Thursday 16/9/10. His main areas of interest are vascular access especially angioplasty and stenting. A significant component of the meeting will be practical hands on sessions for training in renal biopsy, perm catheter insertion peritoneal dialysis catheter insertion and angioplasty. Other sessions will include safety in anesthesia, the problem permcath, subclavian stenosis and management of hand ischemia.

Tim Spicer, along with Hemant Kulkarni, is planning to run an ultrasound course under the ANZSIN banner on Friday 17/9/10.

In 2009 we had our first poster session and in 2010 we plan to have a prize with AMGEN support.

A major focus of the group is education, training and accreditation for procedures. During the last 12 months with Baxter's support we have developed an e-learning package to be completed prior to training in PD catheter insertion and will be looking to develop similar packages for other procedures including renal biopsy. The 'see one, do one, teach one' approach with no background understanding of the procedure is not ideal.

David Mudge and a band of likeminded enthusiasts are in the process of developing a CARI guideline for renal biopsy. We have also approached ANZDATA and plan to monitor procedural data so interventionalists can develop standards.

Hopefully we will see you in Perth.

**Steve May**  
Chair, ANZSIN

## 2009 ASN Travel Grant Reports

### American Society of Nephrology Renal Week in San Diego

#### Poh Yi Gan

I would like to thank the members of the Australian and New Zealand Society of Nephrology for financially supporting my travel to attend the 2009 ASN Renal Week held in San Diego.

I presented my abstract 'The protective role of Th17 in autoimmune anti-myeloperoxidase anti-neutrophil cytoplasmic antibody associated glomerulonephritis' in a free communication session entitled 'Experimental glomerulonephritis and Renal Immunology'. My presentation was well received, and insightful questions were asked which enabled me to improve my study. The presented data is now published in JASN March 2010 edition.

There were so many different poster sessions, plenary sessions, free communication sessions and deciding which to attend was very overwhelming. Nevertheless, the session I enjoyed the most and found extremely valuable was the basic and clinical science symposiums that focused largely on immune tolerance, macrophages and mast cells in renal injury.

Along with the fantastic learning experience, attending such a large international conference has also enabled me to meet different research groups around the world and exchange contacts that can potentially open up many doors for my future endeavors. For this I am sincerely grateful to the ANZSN society.

## Obituaries

### Bryan Emmerson

Bryan Emmerson - a Queensland medical pioneer

Professor Bryan Emmerson AO, one of Australia's leading nephrologists, has died on the Queensland Gold Coast at the age of 80, after a short illness.

Bryan was part of the team that performed the first renal transplant in the late 1960s and was a leading world authority on research into gout, about which he wrote many books. Throughout his career he maintained a strong focus on teaching and learning and was Head of the Department of Medicine at the University of Queensland from 1985 to 1994.

He was an honorary fellow of the Queensland Institute of Medical Research and was associated with Arthritis Queensland.

## SAC and Curriculum Report

By now, the much talked about Nephrology Advanced Training Curriculum should have been sent out to Heads of Units for review and discussion. The SAC welcomes written feedback on this and the assessment aspects as we hope to roll this out for trainees in 2011.

Dr Nigel Toussaint has taken on the role of Co-ordinator of Advanced Training as Dr Cathie Lane takes a well deserved break. I would like to thank Cathie for her hard work and commitment in this role over the past 18 months. Dr Richard Phoon has also taken on a lead role for Site Accreditation as site visits will continue through 2010 and beyond to update all training sites accordingly.

Thank you all for your assistance with these tasks.

Best wishes

Dr Tony Elias  
Chair, SAC

## News from Kidney Health Australia

### Kidney Week – May 24-30:

Kidney Week commences on May 24 with the theme “Look after your kidneys and they will look after you”. Flyers and posters are being printed and will be available to Renal Units. A new promotional campaign is to be launched at this time including digital (see below), TV, radio and print media using new material and new ideas that has been specially put together for this occasion. The week will be launched on May 24 at Admiralty House in Sydney by the Governor General.



### Award of the Kincaid-Smith Medal:

The Kincaid-Smith Medal is the most prestigious award made by KHA and is for an outstanding contribution to Australian Nephrology. MSAC called for nominations late last year and Prof Judith Whitworth was the successful nominee from a strong field. The medal will be awarded to Judy by the Governor-General at Government House, Sydney (Admiralty House) at 11:00am on May 24 – the opening of Kidney Week 2010 – in the presence of Priscilla Kincaid-Smith. All nephrologists are welcome to attend – please let Joanna Stoic ([Joanna.stoic@kidney.org.au](mailto:Joanna.stoic@kidney.org.au)) know if you wish to come.

### Research:

Kidney Health Australia (KHA) has decided to make substantial changes to its research funding program commencing in 2011. The historical commitment of KHA to investigator driven project grants and

scholarships (mixed with a proportion of strategically targeted projects) has served the kidney sector well over the past 40 years. However the frequency and morbidity of chronic kidney disease (CKD) and the failure of Government to engage in these issues require a change in priorities at this time.

In recognition of the urgent need to advance the CKD agenda – especially in the public health arena - and to influence government about the need to invest more directly in the issues around CKD and its impact on people with the condition, the KHA Board of Directors has decided to re-align available research funds. The main aim of the research funding will be to pursue the mission of KHA:

*“To advance the public health agenda through awareness, detection, prevention and management of kidney disease.”*

The focus of all KHA funded research projects will be “to reduce the burden of CKD through expanding the range of evidence-based knowledge”. Areas considered of special focus for research support will be:

- Improving and assisting community awareness and prevention strategies
- Increasing detection rates of early CKD
- Documenting CKD demographics, trends and costs,
- Implementing best care approaches to detected CKD cases
- Facilitating a smooth transition into dialysis and transplantation
- Improving outcomes and quality of life on dialysis
- Reducing the financial and social impact of CKD on patients and families

The nursing scholarship and summer vacation scholarship programs will continue. More details about these changes can be found on the KHA website.

### **KCAT:**

The GP education workshop program continues and the ongoing support from volunteer nephrologists is greatly appreciated. Practice nurse and community pharmacist education has been added to the KCAT work-plan as well as a commitment to indigenous

health worker workshops. There are now 10 teaching modules available as options (all recently reviewed). Members are urged to talk with their local Divisions of General Practice and arrange a CKD session. – KCAT is your program to be used. The recent BEACH study found that CKD is recognised in 11% of all adults attending general practice but that there are still large gaps in best care.

### **Proteinuria/albuminuria measurement and reporting:**

The work to examine the issues around the measurement, reporting and clinical use of albuminuria/proteinuria in CKD continues under the leadership of David Johnson and Graham Jones with the involvement of the RACGP, RCPA, ANZSN, ADS and KHA. A draft position paper is near completion and it is envisaged a stakeholder meeting to consider the position paper will be held in mid-August. Anyone who wishes more information on this or wishes to have early input please contact, [marie.ludlow@kidney.org.au](mailto:marie.ludlow@kidney.org.au).

### **Creatinine measurement, reporting, eGFR and CKD staging:**

Work on this important area is about to begin with a working group again headed by David Johnson and Graham Jones established with the support of RACGP, RACP, RCPA, ANZSN and KHA. The introduction of the CKD-EPI formula, further adjustments to reference intervals for creatinine and consideration of the new staging of CKD recommendations (yet to be received) will all be on the agenda.

**Tim Mathew**  
Medical Director, KHA

## **The Australasian Kidney Trials Network**

The start of 2010 has seen existing AKTN trials progressing well, new trials being developed within

the Network, and exciting new collaborations with Australian and international collaborators.

## Funding Success and Pending Trials

### NHMRC enabling grant

The AKTN successfully obtained an NHMRC enabling grant in the 2009 funding round, with \$2,000,000 over 5 years (mid 2010-2015) awarded for infrastructural support. This core grant will be vital for the ongoing activities of the Network, including funding the development of new trial protocols not yet funded by individual grants, salaries of key research and operational staff, education expenses, and contributing to biostatistical and data management support. However, the network will need to continue to actively seek funds to run individual trials.

### ANZSN enabling grant

In 2009, the AKTN was awarded an additional ANZSN enabling grant for infrastructural support, in the amount of \$45,000. This provided funding imperative to maintaining an adequate staff base at the AKTN, specifically biostatistical support for the AKTN trials. Maintaining this staff base is crucial for the ongoing success of the Network and its capacity to facilitate clinical research trials on behalf of Australian and New Zealand Investigators.

### PEXIVAS trial: NHMRC funding for the ANZ collaborators.

The AKTN has reached an agreement with the University of Adelaide to facilitate the PEXIVAS Trial (Plasma Exchange and Glucocorticoids in Anti-Neutrophil Cytoplasm Antibody Associated Systemic Vasculitis). Dr Chen Au Peh (Adelaide) received \$604,000 funding from the NHMRC and is the Principal Investigator for the Australian and New Zealand sites. Dr. Janak de Zoysa (Auckland) will be the lead investigator and facilitator for the trial in New Zealand.

### ACE inhibitor trial: ACE Inhibition for the Preservation of Renal Function and Patient Survival in Kidney Transplantation.

Negotiations are also currently underway to facilitate the Australian and New Zealand arm of an international study investigating Ace Inhibitor use in Kidney transplantation. This trial is being led internationally by Dr Greg Knoll and the Ottawa

Hospital Research Institute. Dr. Helen Pilmore will chair the trial management committee for the Australian and New Zealand investigators in this trial. Funding will be provided by the Canadian Institute of Health Research.

### IMPROVE trial: Impact of Phosphate Reduction on Vascular End-points in Chronic Kidney Disease

A contract is also being finalised to coordinate a multi-centre Australian and New Zealand trial investigating phosphate reduction through Lanthanum use, and its effect on arterial compliance and vascular calcification in Chronic Kidney Disease (CKD) patients. This trial is being led by Dr. Nigel Toussaint and Dr. Eugenie Pedagogos (Melbourne), and funding has been made available via an unrestricted pharmaceutical company grant.

## Trials

### AKTN-coordinated trials (recruiting)

**HONEYPOT** (Principal Investigator: Prof David Johnson, Princess Alexandra Hospital) recruitment has reached 68% since commencing, and aims to complete recruitment by the end of 2010.

**FAVOURED** (Principal Investigator: Dr Ashley Irish, Royal Perth Hospital) has achieved recruitment of 137 patients. Negotiations to extend the trial into UK and Malaysia continue, with international sites expected to begin recruiting for the trial by midyear.

The **HERO** trial (Principal Investigator: Prof David Johnson, Princess Alexandra Hospital) has recently undergone protocol amendments to reflect current research findings of potential links between high Erythropoietin Stimulating Agent (ESA) doses and thromboembolic events in CKD. This amendment will increase relevance of the trial and potentially participant safety. 11 patients have been randomised to the trial.

### AKTN-endorsed trials (recruiting)

The **ACTIVE DIALYSIS** trial (Principal Investigator: Dr Vlado Perkovic) commenced recruitment in May 2009. Thirty-one patients have been recruited across 14 active centres.

### AKTN-coordinated trials (in development)

**BLOCADE** (Principal Investigator: Dr Matthew Roberts, Austin Health) is in the final stages of securing the necessary contracts to obtain investigational product and placebo, and is on track to commence an important feasibility trial in the last quarter of 2010.

#### *AKTN-facilitated trials (in development)*

**PEXIVAS** is to be launched in Australia and New Zealand at a centralised initiation meeting in Sydney on the 2<sup>nd</sup> May 2010. Michael Walsh from Hamilton in Ontario, Canada, will be attending the launch on behalf of the international trial proposers.

## Contacts

Please contact us at the emails listed below if you have queries about any of the trials or questions about other opportunities the AKTN has to offer.

- AKTN Business Development Manager, Melissa Bruce: [melissa.bruce@uq.edu.au](mailto:melissa.bruce@uq.edu.au)
- Chair Scientific Committee, Alan Cass: [acass@george.org.au](mailto:acass@george.org.au)
- Chair Operations Secretariat, Carmel Hawley: [carmel.hawley@health.qld.gov.au](mailto:carmel.hawley@health.qld.gov.au)

**Carmel Hawley**  
Chair, AKTN Operations Secretariat

## ANZPNA Report - ANZSN

ANZPNA (Australian and New Zealand Paediatric Nephrology Association) first met in 1989 as a collegiate group of clinicians to foster and develop the specialty of paediatric nephrology within Australian and New Zealand. Since that time, the group has grown and there are now 34 members that include paediatric nephrologists, adult nephrologists with an interest in paediatrics and trainees. ANZPNA has an Annual General Meeting each year and members also meet informally at other major scientific meetings and conferences.

Members of ANZPNA are advocates for children with renal disease and are active on many of the various committees that seem to flourish within the health system. Together with adult colleagues, work has been undertaken on curriculum development for paediatric trainees. Within the

curriculum, areas of paediatric-specific knowledge and skills have been highlighted to ensure the current high standards of training within the subspecialty of paediatric nephrology are continued.

ANZPNA representatives have also been involved in redefining the criteria for prioritisation for kidney allocation for paediatric transplant recipients. New criteria have been agreed to by RTAC and at a National level patients who are under the age of 18 years, and who have been on dialysis for more than 12 months, will be eligible for paediatric prioritisation on the state-based transplant waiting list. These changes are reflected in the current draft of the Eligibility Guidelines and Allocation Protocols that is being developed by TSANZ for the Organ and Tissue Authority.

At the request of KHA, ANZPNA members contributed to the updating of KHA Patient Information Sheets on urinary tract infections in children and reflux nephropathy. This exercise stimulated a request to CARI, who agreed to support development of a guideline for investigation and management of urinary tract infections in children. This will be CARI's first specifically paediatric guideline and will no doubt become a very important reference document for management of this common, but at times controversial, topic.

Finally, at the end of this year many members will make their triennial pilgrimage to the Congress of the International Pediatric Nephrology Association (IPNA). Many people will remember the previous IPNA meeting held as a joint meeting with ANZSN in Adelaide in 2004, the first time that this meeting had been held in the Asia Pacific region. This year it is the Big Apple's turn, with the conference being hosted by the American Society of Pediatric Nephrology at the Hilton, New York. Although it is unlikely that anyone will want to miss conference sessions, the lure of New York shopping may prove too great, especially if the dollar holds up!

**Steve McTaggart**  
Chair

## CARI

### KDIGO Guidelines

Martin Gallagher attended the KDIGO Guideline Coordination meeting held at ASN in November 2009. Three guidelines have been published and three more are in progress (Acute Kidney Injury, Glomerulonephritis, Hypertension in CKD). KDIGO are also planning to develop a guideline on Cardiovascular Disease. Jonathan Craig has been invited to join the KDIGO Executive Committee.

In October 2009, CARI commenced the adaptation of the KDIGO guideline titled 'CPG for the Care of Kidney Transplant Recipients'. The convenor of the CARI group is Steve Chadban and there are approx. 20 members in the group. The adapted guideline is expected to be produced about August this year.

A group has also been put together to work on the adaptation of the KDIGO guideline called 'CPG Chronic Kidney Disease - Mineral and Bone Disorder [CKD-MBD]' for use in Australia and New Zealand. The convenor of this group is Grahame Elder and there are four other members in the group. The adapted guideline should to be published about October this year.

KDIGO are presently finalising their 'Acute Kidney Injury' guideline and it is expected to be published later this year. Robyn Langham will be the convenor of the CARI group that adapts this guideline.

CARI are following the ADAPTE process and streamlining it to fit with local conditions and resources ([www.adapte.org](http://www.adapte.org)).

### Guideline Groups

Various groups are presently updating their guidelines and include the following: CMV Disease and Kidney Transplantation (Convenor, Helen Pilmore), Vascular Access (Convenor, Kevan Polkinghorne), Cardiovascular Risk Factors (Convenor, Vlado Perkovic), Kidney Recipient Suitability (Convenor, Scott Campbell) and the Peritonitis Treatment and Prophylaxis guideline group (Convenor, Amanda Walker).

CARI has two new guidelines in development. A 'Diagnosis and Treatment of Urinary Tract Infection in Children' guideline group has been set up with Steven McTaggart as the Convenor. There are nine group members. The group is covering the following subtopics: Diagnosis, Acute Management, Investigation Following UTI, Management and Investigation of Recurrent UTI/VUR, and Surgical Interventions for VUR. The final guideline is expected to be ready for publication the end of November next year.

The 'Early Chronic Kidney Disease' guideline group being convened by David Johnson has completed the first draft of each subtopic. The group is covering 10 subtopics. The drafts have been through a pilot consumer review process which has been developed by Allison Tong (Research Fellow, CARI). This involves consumers attending a number of face to face meetings that have been facilitated by CARI staff – at the very start of guideline preparation and at the end to review and approve the written drafts. Allison will write about this process and its outcomes. This guideline is of particular relevance to general practitioners who are unlikely to access either the CARI website or the journal *Nephrology*. An alternate dissemination program will therefore be developed to ensure the guideline is accessed by GPs.

### Publications

A supplement to *Nephrology* was published in April 2010. This contains new guidelines on the topics Acceptance onto Dialysis; Transplantation Nutrition; Living Kidney Donor; Type 2 Diabetes: Kidney Disease; and Renovascular Disease. A total of 35 subtopics are covered. The electronic files for the supplement are freely available via the Wiley-Blackwell website:

(<http://www3.interscience.wiley.com/journal/123338527/issue>) and will be uploaded to the CARI website shortly.

### Implementation

#### Guideline summaries:

Guideline summaries have been written and approved by original authors for Iron, Renal Vasculitis and Type 2 Diabetes. These summaries

will be placed on the CARI website (<http://www.cari.org.au>) and emailed to relevant professional groups.

### **Nephrologist interviews:**

The manuscript for this project has now been published. Details are: Irving MJ, Tong A, Rychetnik L, Walker RG, Frommer MS, Craig JC. Nephrologists' perspectives on the effect of guidelines on clinical practice: a semi-structured interview study. *Am J Kidney Dis* 2010; 55: 241-249.

### **Background:**

A consistent gap exists between evidence-based guideline recommendations and clinical practice across all medical disciplines, including nephrology. This study aims to explore nephrologists' perspectives on guidelines and elicit their perspectives on the effects of guidelines on clinical decisions.

### **Methods:**

Semi-structured face-to-face interviews were undertaken with 19 nephrologists from a variety of clinical settings across Australia. Participants were asked about their views of clinical practice guidelines in nephrology, both local and international, and their opinions of other factors that shape their decision making. Interviews were recorded, transcribed, and analysed qualitatively.

### **Results:**

4 major themes were identified. First, overall, the nephrologists interviewed trusted the CARI guideline process and output. Second, guidelines served a variety of purposes, providing a good summary of evidence, a foundation for practice, an educational resource, and justification for funding requests to policy makers, as well as promoting patient adherence to treatment. Third, guidelines were only one input into decision making. Other inputs included individual patient quality of life and circumstances, opinion leaders, peers, nephrologists' own experiences, the regulation and subsidy framework for drugs and devices, policies and work practices of the local unit, and other sources of evidence. Fourth, guideline uptake varied. Factors that favoured the use of guidelines included having a strong evidence base, being current, including specific targets and an explicit

treatment algorithm, being sent frequent reminders, and having local peer support for implementation and the necessary personnel and other resources for effective implementation.

### **Conclusions:**

Evidence-based guidelines appear to impact strongly on clinical decision making of Australian nephrologists, but are only one input. Improvements in the evidence that underpins guidelines and improvements in the content and formatting of guidelines are likely to make them more influential on decision making. Trust in the guideline groups' processes is a prerequisite for implementation.

## **Peritoneal Dialysis Implementation Project:**

A study outline for this project has been written and it is expected the baseline data collection phase will commence in the next 6 months once participating units have been recruited and the data collection tool developed. Funding for the project has been provided by Roche Products Pty Ltd. An application has also been sent for the Baxter Renal Discoveries Extramural Grant Program, as more funding would allow for the project to be rolled out to more units and a more sophisticated study design to be used.

## **Consumer Research Project**

We know that active patient involvement in the development of clinical practice guidelines is key to ensuring that important patient needs and outcomes are adequately addressed. However, most consumer involvement in CARI to date has been limited, with minimal opportunity for patients to influence the content of guidelines. To improve this, CARI has commenced a trial program of active consumer involvement whereby groups of patients, through a series of structured workshops, identify key issues and outcomes that are important to them. The outcomes of the workshops are provided to the guideline work group at the beginning of guideline development and before final decision re subtopics to be covered have been made. A final patient workshop is run to review the draft guidelines prepared by the writers to ensure that they have captured patient requirements.

The first group to work with patients in this way is the Early CKD group. The first draft of the guidelines is completed. "Consumer versions" of each guideline will be sent to all consumers who participated in the workshops for their feedback.

The consumer project received funding from the Priscilla Kincaid-Smith Foundation. We also submitted an application for the ANZSN Infrastructure Grant to support consumer involvement activities.

## Conferences

Allison Tong submitted an abstract to the G-I-N Conference for 2010 titled "Consumer Involvement in Guideline Development: Early Stage CKD" and this has been accepted for an oral presentation.

Michelle Irving has submitted an abstract to the RSA meeting in June 2010 based on her survey of nurses re their use and opinions of CARI guidelines. This has been accepted for an oral presentation.

Pamela Lopez-Vargas also submitted an abstract to the RSA meeting, titled "Identification of Barriers and Implementation of Strategies to Improve Timing and Creation of Appropriate Access for New Haemodialysis Patients". This has been accepted for an oral presentation.

## Independent Review of CARI

An independent review of the CARI guideline program was commissioned by the Dialysis, Nephrology and Transplant (DNT) Committee on behalf of its parent bodies, the Australian and New Zealand Society of Nephrology (ANZSN) and Kidney Health Australia (KHA). The review team consisted of Dr Heather Buchan (Chair), Associate Professor John Collins and Prof Sally Redman. Dr Buchan was previously the CEO of the National Institute of Clinical Studies and is an experienced public health administrator and knowledgeable about the factors involved in improving clinical practice. Assoc Prof John Collins is an experienced Nephrologist who works in the Renal Unit at Auckland Hospital, New Zealand. Professor Sally Redman is CEO of the Sax Institute (part of NSW Health) and is an experienced public health researcher with an interest in

evaluating programs designed to improve health and health care.

The review panel presented its recommendations to DNT in October 2009 and identified four areas where current processes could be strengthened. The panel complimented CARI on the quantity and quality of the guidelines produced to date and acknowledged that this had all been done on a very limited budget. Following the release of the report, discussions have been held with KHA with the aim of their organisation taking on more responsibility for CARI. CARI is to provide KHA with a 3-year work plan and other documents for consideration by the KHA Board at its next meeting.

**Denise Campbell, Senior Project Office**  
**Rowan Walker, Acting Chair,**  
**CARI Guidelines**

## ANZSN enabling grant for 2009 funding round – final report

### Summary

The Australasian Kidney Trials Network (AKTN) was awarded an enabling grant in the ANZSN 2009 funding round. This \$45,000 grant was used for infrastructural support, specifically high-level biostatistical support to assist in clinical and translational research. *This grant has enabled a 0.4 FTE biostatistician position to be funded during 2009 to assist with statistical activity of active and recruiting AKTN trials, as well as early stage development of the statistical component of new trial protocols.* Ensuring the continued retention of an AKTN based biostatistician has ensured investigator-initiated clinical research in kidney health has received the biostatistical support required.

### Background

The aim of the Australasian Kidney Trials Network (AKTN) is to facilitate well-conducted clinical research and foster collaborations between leading researchers in kidney disease. An important role of the AKTN is to support investigator-initiated trials

and offer its expertise in protocol development, trial coordination, and trial biostatistics to AKTN members and trial proposers.

In line with AKTN governance and internal regulatory requirements, all AKTN coordinated and facilitated-trials are required to be fully funded from external sources. However in the early stages of trial development and prior to securing funding, a significant amount of work is required from core AKTN staff to develop the protocol to a stage where it can be submitted to funding review boards. A key component of this work is statistical, and often the trial Statistical Analysis Plan will be drafted in this period. Enabling or seed funding is imperative to support the function of the AKTN biostatistician in these duties.

## Biostatistical activities:

### Protocol development of early stage trials

Prior to securing funding, trial proposals received by the AKTN must undergo rigorous review to ensure their biostatistical integrity. This includes:

- assisting with or reviewing sample size calculations
- ensuring assumptions of the sample size calculations are robust and based on the best data available
- developing randomisation schedules that account for trial blinding and stratification factors, and
- drafting a statistical analysis plan.

As trial proposers will not necessarily have had the opportunity to consult with a biostatistician prior to proposal submission, the AKTN facilitated biostatistical review and assistance is imperative to ensuring sound statistical principles are adhered to.

During the period of this enabling grant, the AKTN biostatistician has been involved with the review or development of 5 protocol proposals, which has led to an additional 4 clinical trials being accepted as AKTN-coordinated or AKTN-facilitated trials for commencement in 2010 or 2011.

## Biostatistical activities:

### Active or Recruiting Trials

The active or recruiting trials currently maintained by the AKTN biostatistician include the FAVOURED Trial (A randomised, double-blind, placebo-controlled, factorial-design trial to assess the effect of aspirin and fish oil (omega-3 fatty acids) in the prevention of early thrombosis in arterio-venous fistulae in patients with Stage IV or V chronic kidney disease requiring haemodialysis); the HONEYPOT Trial (A randomised, controlled trial of exit site application of Medihoney™ Antibacterial Wound Gel for the prevention of catheter-associated infections in peritoneal dialysis patients); the HERO Trial (A randomised, placebo-controlled trial of oxpentifylline on haemoglobin levels in patients with erythropoietin-resistant anaemia). The BLOCADE Trial (A randomised controlled trial of the beta-blocker carvedilol versus placebo to reduce cardiovascular morbidity and mortality in high-risk patients receiving dialysis: a feasibility trial) which has required a lot of development assistance will commence recruitment in September 2010.

The responsibilities of the AKTN biostatistician for active and recruiting trials are ongoing for the duration of the trial.

They include:

- Checking randomisation balance by group and stratification factor
- Monitoring actual recruitment against recruitment target, overall and by centre
- Monitoring actual event rates compared to those used to calculate sample size
- Tracking trial adverse events, particularly those related to the investigational product
- Reviewing datasets regularly to ensure data integrity
- Producing safety analyses
- Developing formal statistical analysis plans and performing the analyses
- Producing efficacy and futility analyses
- Developing charters for the Safety and Data

### Monitoring Boards (SDMC)

- Compiling datasets for Safety and Data Monitoring Board (SDMC) reviews
- Preparation of final statistical analyses
- Development of SAS and Stata programs for data analysis

## Importance of maintaining AKTN-based biostatistical staff

The case for supporting mathematicians and statisticians based in Australia is underpinned in the National Strategic Review of Mathematical Sciences Research in Australia document "Mathematics and Statistics: Critical Skills for Australia's Future". The review reported the decline in number of mathematicians and statisticians based in Australia, particularly in the University sector and in part due to lack of funding for this resource.

Infrastructural funding, such as the ANZSN enabling grant, facilitates the maintenance of AKTN-based biostatistical staff. This has important consequences for supporting collaborative research groups in facilitating investigator-initiated clinical research in Australia and New Zealand, and provides protection against potential trial statistician skill shortages in the future.

On behalf of AKTN members, Principal Investigators of trials and trial management committees, our group acknowledges that the 2009 Grant was an important resource in supporting the biostatistical services of the network.

**Dr. Carmel Hawley**  
Chair, Operations Secretariat AKTN

## Clinical and Scientific Meetings

Visit the ANZSN website at:  
[www.nephrology.edu.au/meetings/othermeetings.asp](http://www.nephrology.edu.au/meetings/othermeetings.asp)  
for a list of forthcoming clinical and scientific meetings.

## Nephrology Positions Vacant

Nephrology positions are advertised on the ANZSN website at:  
[www.nephrology.edu.au/positionsvacant/index.asp](http://www.nephrology.edu.au/positionsvacant/index.asp)

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