

Australian and New Zealand Society of Nephrology



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President's Report

Firstly, I would like to begin by wishing all our society members a happy and prosperous New Year! This year unfortunately, for many Australians, has already turned out to be a difficult one with most states being either affected by flooding or bush fires. Last year our colleagues and friends in, Christchurch, New Zealand were also affected by several earthquakes. Here is hoping that calmer days lay ahead for all!

This is our 47th year as a society and we launch it with the biannual DNT meeting to be held, in March, at the Hunter Valley, NSW. Helen Pilmore has chaired DNT for the last 4 years and Steve May will be the new Chair as of March 2011. Helen has contributed tremendously to the ANZSN through her role as chair of DNT and as a councilor and treasurer on council. We wish her much success with her new ventures!

Our annual scientific meeting will be held in Adelaide, September 19th – 21st. Under the leadership of Stephen McDonald, the outlined meeting will ensure that all our member's educational requirements are met. There will be several satellite and weekend meetings that will compliment the main program, and I encourage all our members to log onto our website for ongoing updates.

As a society we need to be responsive to our members needs. Over the next 12 months we are planning to update our website making it easier to use and are aiming to organize online payments for subscriptions. Several new funding opportunities are also in progress, the most substantial being the three year ANZSN-Roche Scientists Career Development award. Expressions of interest will be circulated over the coming weeks. KHA will also be announcing several new funding opportunities so please read your emails from the society over the next few weeks!

Finally, I would like to welcome all our new renal medicine trainees, honors and PhD students to our society. Please note, that after 12 months of subscription, you are eligible to apply for travel grants to local and international conferences, so please keep your memberships current!

Vicki Levidiotis
President, ANZSN

HEO Report

The activities of 2010 have put the ANZSN in an excellent situation heading into 2011. Last year we had 65 new members join the Society and 535 registrants at the ASM in Perth with a total of 270 abstracts.

The 2010 ASM in Perth was a tremendous success. The 2011 ASM will be held in Adelaide on 19th – 21st September with the update course held on the 17th-18th as usual. The 2012 ASM will be held at the Christchurch Convention centre starting with the update course on 8th-9th and then the ASM on 9th – 12th September 2012.

The enormous variety of affiliated or sub-committees are a testament to the hard-working nature of the Society's members. This is highlighted by the Scientific and Postgraduate Education Committee (SPEC), chaired by Richard Kitching and Dialysis, Nephrology and Transplantation (DNT) subcommittee chaired by Helen Pilmore. Other recent and ongoing activities include a change to the Nephrology Journal with Peter Kerr taking over as Editor-in-chief from David Harris, a new Career development award for renal scientists being developed (supported by Roche), updating of the Society's website, increasing regional and international involvement through the Asia-Pacific Society of Nephrology, ISN, COMGAN, CREED and the South Pacific through the World Diabetes Foundation.

Our advice has been sought on a range of ideas including Aluminium hydroxide for hyperphosphataemia in people with CKD, Potassium-Citrate for people with kidney stones. We have provided comment on a review of cinacalcet, sevelamer & lanthanum for the Drug

Utilisation Sub-committee of the PBS, a revision of Department of Immigration and citizenship notes for guidance for medical officers of the commonwealth – Nephrology. In addition we have endorsed or supported nominees for the ADQI International consensus conference on blood purification in Toxicology, the RACP-ASM, Medicines Australia appeals committee, Medicines Australia monitoring committee, Creatinine and Proteinuria/albuminuria consensus groups.

I look forward to an exciting year ahead and encourage all members of the society (old and new) to be involved in the various activities happening.

Matthew Jose
HEO, ANZSN

Treasurer's Report

In my first report as treasurer, I would like to begin by thanking my predecessor, Nikky Isbel, for the substantial contributions that she has made to the ANZSN. During her tenure, the ANZSN coffers have remained healthy providing the society with the platform to build on past and new grant initiatives, including substantial travel grant support, the University of Cambridge Fellowship and the Research Infrastructure / Enabling Grant.

Prospects for global equity markets remain guarded with ongoing concerns about sovereign and corporate debt. Despite these challenging circumstances, ANZSN net assets for the year ended 30 June 2010 have continued to grow to a healthy \$1,673,023, an increase of 7.5%. Key drivers for this improved financial position were the increase in revenue derived from membership subscriptions (\$103,689 from 761 members, including 52 honorary and 17 life members) and the sound investment strategy that has been provided by Centric Wealth. Specifically, we have remained reasonably cautious and conservative in our approach by maintaining a strong cash position.

As was agreed at the recent Annual General Meeting in September 2010, subscriptions will increase in 2011 by a further 10% in order to offset any potential loss in revenue in the event of loss of corporate sponsorship of the society. Provision of

online payment of subscriptions is currently being developed by our web designer, Tony Malloy of Between Coffees, who will also assist in revamping the ANZSN website later this year. Joint membership arrangements with the ISN have been favourably accepted by our members and I am pleased to say that, given the strength of the Australian dollar (or perhaps, more correctly, weakness of the Euro), we have been able to reduce the subscription rate for 2011.

Most importantly, the ANZSN has continued to focus on its core activities of education and research support. We have continued to provide significant travel grant support to our younger members for both national and international meetings and, with the advent of new grant initiatives as mentioned previously, we have been able to more than double our contribution to awards and travel grants to a staggering \$175,437. I look forward to updating you about the fiscal health of the ANZSN in the coming years and the development of further grant initiatives.

Richard Phoon
Honorary Treasurer, ANZSN

2010 ASM - Perth

The 46th Annual Scientific Meeting of the ANZSN was again in Perth after its last edition in Western Australia in 2003. Four visiting international speakers, 535 registered delegates and 270 abstract submissions made for a highly educational and enjoyable meeting.

The 'Renal Week' started with the Nephrology Update Course on the morning of Saturday the 11th of September and the ASM spanned from Sunday the 12th until Wednesday the 15th of September. This was followed by the ANZSN Interventional Nephrology Meeting on the Thursday and the Ultrasound Course on the Friday.

As customary, the Update Course was well organised and run by Stephen May and a group of local ANZSN contributors. It was attended by over 120 delegates with the Sunday dedicated to peritoneal dialysis, which was a very popular session and managed to attract both junior and senior practitioners. Stephen May will retire at the end of this year as the organiser of the Update

course and will be replaced by Vincent Lee. We wish to thank Stephen for his outstanding contribution over the past years and welcome Vincent in this role.

The ASM kicked off on the Sunday afternoon with a plenary by Adeera Levin on "Targets, Trends, Supplements and Deficiencies in CKD: Where we may be going wrong" and was followed by the TJ Neale Award address given by Jonathan Craig. Plenaries and seminars of the other international speakers satisfied the needs of transplant specialists, basic scientist and general nephrologists. Frans Claas presented his outstanding work on the Eurotransplant program to enhance transplantation of highly sensitised patients on the basis of acceptable HLA mismatches. His presentations were suitably clear to non-transplant specialists and influential for transplant nephrologists. Thomas Coffman's presentations on the role of AT1 receptors in mediating blood pressure control and changes in renal haemodynamic were also insightful and well received. We were fortunate to welcome Peter Stenvinkel who kindly agreed at short notice to step in as one of the invited guests. His presentations on adipokines and inflammation in chronic and end-stage renal disease provided an excellent and sensible overview of some novel complex aspects in nephrology.

The ANZSN Young Investigator Awards continued as the premier session with alternating clinical / basic science presentations and was deservedly won by Shaun Summers (basic science) and Michael Collins (clinical science). Kym Bannister won the KHA clinical science award and the Amgen Best Science Presentation Award went to Frank Ma. At this year's ASM all 235 posters were presented as oral-miniposters (3 min presentation, 1 min discussion) during 4 parallel 90-minute sessions each Monday through Wednesday (12 session in total, max 21 mini-posters per session). This format was well received; all sessions were very well attended, with lively discussions and all chairs run sessions on time.

The final meetings for the week were the Interventional Nephrology group meeting and the Ultrasound Course, hosted at the world-class facility of the Clinical Training and Education Centre (CTEC) of the University of Western Australia. Visiting speaker, Alexander Yevzlin provided insightful descriptions of his interventional experience to an enthusiastic group of 58 registrants.

The welcome reception was held at the Convention Centre Riverside Theatre Foyer, giving guests the opportunity to network while enjoying views of the River Swan. The meeting dinner was an exercise in itself and a credit to the head chef at the Burswood Entertainment Complex who served a sumptuous three-course meal for over 400 people in the Astral Ballroom.

We would like to thank all the people who contributed to the meeting organisation and its eventual smooth running, especially Aviva Rosenfeld, Richard Kitching (chair) and the members of the ANZSN scientific and Postgraduate Education Committee (SPEC), the sponsors of the ANZSN, as well as the professional conference organisers themselves; Lexie Duncan, Aline Pinhao Laurent and Monique Harris from EventEdge & Congress West. We look forward to next years' meeting in Adelaide for the 47th ASM.

**Paolo Ferrari, Convenor
Local Organising Committee**

2011 ASM - Adelaide

The 2011 Annual Scientific Meeting will be held in Adelaide, at the Adelaide Convention Centre from 19th – 21st September. The Nephrology Update will be held on 17th – 18th September, and there will be a number of other ancillary meetings. The International speakers are Catherine Shanahan, Peter Mathieson and Marcello Tonelli.

This promises to be an outstanding meeting, with speakers who have cutting-edge reputation for excellence in basic and clinical sciences.

The venue itself is an award winning convention centre, located in the middle of the city, which is ideally suited to conferences the size of ANZSN, with all rooms and halls very close to each other.

Further details are available on the website www.anzsn2011.com.au, and more will be posted as it comes to hand.

**Stephen McDonald
Chair, Local Organising Committee**

SPEC / Education

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

The 2010 Perth ASM and Nephrology Update were again good meetings. There were a record number of abstracts submitted and presented, requiring poster/mini-oral sessions to run with four concurrent topics. I hope that we can continue to cater for, and support the diverse interests of members of the society, while maintaining a solid focus on education (especially within the Nephrology Update course) and Nephrology Science (both in clinical science and basic science) in the Annual Scientific Meeting itself.

Thank you to all who contributed this year, especially Prof Paolo Ferrari and the Local Organising Committee, and Dr Steve May, responsible for the weekend Nephrology Update course. Steve May has organised the Nephrology Update for several years and has been responsible for its success and increasing popularity. He is stepping down from this role in 2011, and Dr Vincent Lee will take over as convenor.

Both in the Update Course and in the ASM, as in previous years, we were able to draw on the expertise of our international speakers, Prof Adeera Levin, Prof Tom Coffman, Prof Frans Claas and also Prof Peter Stenvinkel (who came at late notice after the illness of another speaker) all of whom contributed substantially to the meeting.

Congratulations to the award winners, including the ANZSN Young Investigators Dr Michael Collins (Clinical Science) and Dr Shaun Summers (Basic Science), as well as Kym Bannister (KHA Clinical Science Award), and Dr Frank Ma (Amgen Best Scientific Presentation).

Other ongoing developments in and around the ASM included the 3rd ANZSN Interventional Nephrology Meeting, the 2nd Renal (Basic) Scientists Educational Meeting and the 2nd Nutrition Update for Renal Dietitians meeting. Proposals for additional meetings that enhance the core activities of the meeting without competing with either the Nephrology Update meeting or the ASM are welcome.

As in previous years, I would like to again thank the members of the society for generously giving their time to review abstracts. Thank you also to the Meeting's Corporate Sponsors, who generously support the ASM so that it can grow and continue to serve the needs of the society.

SPEC Membership Turnover – Comings and Goings

The committee welcomed a number of new members recently. Dr Chen-Au Peh and Dr Vincent Lee have taken on the important responsibilities for convening and organising the ANZSN Postgraduate Course (Dr Peh) and the Nephrology Update Course (Dr Lee). A/Prof Glenda Gobe and Dr Nick Cross also joined the committee. In addition Dr John Irvine was appointed as the 2012 ASM Christchurch. In 2011 Dr Angela Webster and A/Prof Sharon Ricardo will join the committee. It is important to recognise the considerable contributions of members retiring from the committee in 2010: Professor Robert Walker (1999-2010, Chair from 2003-mid 2007); A/Prof Darren Kelly (2005-2010); A/Prof David Mudge (2006-2010); Dr Steve May (2004-2010); and Dr Matthew Jose (Local Organising Committee, Hobart 2009). All have made significant contributions to the committee and to the society in general. Their energy and experience will be missed on the committee.

2011 Annual Scientific Meeting and Nephrology Update – Adelaide, September 17-21

In 2011, the Annual Scientific Meeting will be held in Adelaide (September 19th-21st), with the Nephrology Update Course taking place on September 17th - 18th (<http://anzsn2011.com.au>). A/Prof Stephen McDonald, SPEC and the Local Organising Committee are finalising the program, with three excellent invited international speakers: Professor Peter Mathieson, A/Prof Marcello Tonelli and Prof Catherine Shanahan. In considering abstract submission in 2011, please note that, as in 2010, abstracts need to be submitted with results, and in the correct format. In addition, please declare relevant conflicts of interest when submitting abstracts.

2012 Annual Scientific Meeting and Nephrology Update – Christchurch, September 8-12

The 2012 Meeting will be held in Christchurch, a beautiful city, with opportunities for pre- or post-meeting travel. The Local Organising Committee, led by Dr John Irvine, is already working on organising the meeting.

For future meetings, if you come across an excellent speaker at any international meeting you attend who you think might be suitable for the ANZSN ASM; 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 again organised the 10th Annual ANZSN Postgraduate Weekend (Gold Coast, May 28th- 30th). David has organised this meeting now for several years, and should be congratulated on his efforts in making this a highlight of the ANZSN calendar. It was very successful, with Prof Lisa Guay-Woodford being an excellent international visitor. For 2011, Dr Chen-Au Peh is taking over as organiser and convenor of this meeting. Prof Gerald Appel will be the visiting invited speaker – he is an excellent speaker and teacher and 2011 promises to be a great meeting.

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 content. It is very satisfying that this course continues to support Nephrology training and fosters Nephrology as a career choice for young physicians. "Graduates" from this course are now making significant contributions themselves to Nephrology and to the society.

TJ Neale Award

Applications for this prestigious award are now open and close on February 25th 2011. Recommendations for this award will be made to ANZSN council by an ad hoc committee consisting of non-conflicted SPEC members (and if required, after assessment of conflicts of interest, co-opted senior members of the society).

**Richard Kitching
Chair, SPEC**

DNT Subcommittee

The DNT Sub-Committee continues to be busy with a number of new developments in addition to our usual activities. Firstly I would like to remind everyone about the DNT workshop which will be held from 27 – 30 March. Thank you to everyone who has registered and particular thanks to Steve May who has organised both the programme and the location. We are also grateful to the team at Dynamics who will be assisting the registrants as has occurred in the last few DNT workshops. I am sure that once again the meeting will be enjoyable and stimulating.

Other activities of DNT have included the successful CARI review process which has been most helpful in assisting with the ongoing process and direction of CARI and the instigation of a pilot KPI project. Both ANZDATA and RTAC continue to report to DNT and their activities have been very successful.

I will be stepping down as chair of DNT after the workshop and would particularly like to thank all of the members of the DNT sub-committee over the last 10 years in addition to the wonderful help of Aviva and Edwina without whom the activities of the sub-committee would be much more difficult to undertake. I would like to wish Steve May all the best as the next Chair – and look forward to the future activities of the DNT.

Helen Pilmore
Chair, DNT Subcommittee

Jacquot Bequest Report

Recently the members of the Jacquot Awards Sub-Committee considered applications for the 2011 research fellowships and grants, and the Jacquot Awards for 2011 have been awarded to the following individuals:

2011 Jacquot Research Entry Scholarships (\$30,000)

Dr. Joanna Ruth Ghali (VIC) - will research the mechanisms of T cell mediated Injury in Renal Vasculitis.

Dr. Matthew Davies (VIC) - will research the role of AMP-activated protein kinase (AMPK) in renal salt-excretion and hypertension.

Dr. Celine Foote (NSW) - will research end stage kidney disease in the Elderly: understanding patient-centred outcomes to improve delivery of renal services.

Dr. Louis Huang (VIC) - will research cell type specific mechanisms of mineralocorticoid mediated renal injury in glomerulonephritis and diabetic nephropathy.

Dr. Amy Crosthwaite (VIC) - will research changes in cardiac magnetic resonance imaging (MRI) and cardiovascular biomarkers following renal transplantation and extended hour's dialysis.

Don and Lorraine Jacquot Fellowships (\$90,000)

Dr. Martin Gallagher (NSW) - will explore and build a program of acute kidney injury (AKI) research.

Dr. Natasha Rogers (SA) - will investigate the thrombospondin-1/CD47 axis in kidney transplantation.

Dr. Germaine Wong - will research cancer and chronic kidney disease.

Jacquot Research Establishment Award (\$90,000)

Dr. Margaret (Meg) Jardine (NSW) - will investigate improving the symptoms and comorbidities of advanced kidney disease: a clinical research program.

Dr. Vincent Lee (NSW) - will research the role of macrophages in uraemic vascular calcification.

Dr. Angela Webster (NSW) - will research improving the evidence base for diagnostic decision making in chronic kidney disease.

ANZSIN Report

Interventional nephrology continues to generate enthusiasm and interest in Australasia. The 3rd ANZSIN meeting in Perth was successful with steadily increasing attendance. Dr Alex Yevzlin led the meeting with an excellent overview on endoluminal fistula repair. He was well supported by local speakers including a thoughtful presentation on basic requirements for giving local anesthesia and sedation by Dr Simon Maclaurin. The meeting was well supported by our major sponsors Amgen, Baxter and Covidien.

The hands on sessions at CTEC using cadavers gave registrants a good feel for procedural nephrology demonstrating renal biopsy, permcath insertion, angioplasty and PD catheter insertion.

There was a good range of posters and the Amgen prize [\$2500] was won by the Cairns group for a study demonstrating a dramatic reduction of permcath use with the introduction of an interventional fistula service. Tim Spicer ran a successful ultrasound course following the interventional meeting.

The PowerPoint presentations from the meeting will be made available on the ANZSN website. The online learning module for insertion of PD catheters developed with Baxter support was also launched at the Perth meeting. This is to be completed before hands on training to ensure trainees have a basic knowledge of the procedure. The web address is <http://www.ytec-academy.com>

Dr Kenneth Abreo is the key note speaker for our 4th meeting following the ANZSN in Adelaide on Thursday 22/9/11. He has a wide range of interests in interventional nephrology including accreditation and certification. We are planning to run the ultrasound course on Friday 23/9/11.

The major goal of ANZSIN is to promote interventional nephrology by developing adequate training and accreditation standards. We have approached ANZDATA to develop a real time data base for procedures so interventionalists can compare and monitor data and develop standards.

I look forward to seeing you in Adelaide.

Steve May
Chair, ANZSIN

2010 ASN Travel Grant Reports

43rd American Society of Nephrology Renal Week in Denver Colorado

Dr Bhadran Bose

I would like to take this opportunity to thank ANZSN for the travel grant. The ASN 2010 was a very exciting and informative Nephrology Conference. In this letter I have tried to summarize some of the sessions I attended.

The Human Membranous Antibody:

'Mechanisms and Monitoring'. Laurence Beck, MD, PhD Department of Medicine, Renal Section, Boston University School of Medicine November 19, 2010

Clinical implications

1. The majority of patients with primary MN have circulating autoantibodies against PLA₂ R, an intrinsic podocyte antigen
2. Anti-PLA₂R is highly specific for primary MN
3. Clear association of anti-PLA₂R with disease activity
 - Positive in nephrotic state
 - Declines prior to decrease in proteinuria
 - Absent in remission
 - Returns with (or prior to) relapse
 - Associated with recurrent MN
4. Role in diagnosis and monitoring of immunologic disease activity during treatment

Unanswered questions

1. Are these antibodies directly pathogenic?
2. If so, how do they cause podocyte injury?
 - Classical complement pathway(IgG1, IgG3)
 - Mannan-binding lectin pathway?
 - Direct cytotoxicity (IgG4?)
3. Do genetic variations in PLA₂ R explain susceptibility to MN?
4. What initiates anti-PLA₂R autoantibody production?

Membranous Nephropathy:

'Do We Have Better Predictors of Outcome and Indicators for treatment?' Dr. Jack FM Wetzels

1. In iMN we can predict outcome, with reasonable accuracy

2. Relevant markers are: magnitude and duration of proteinuria; creatinine clearance and its change; tubular proteins (urinary B2 microglobulin)
3. This allows better individualized treatment
4. We cannot predict efficacy of treatment yet.
5. Anti-PLA₂R: needs validation

Membranous Nephropathy:

'New therapies and their evidence status', Daniel Cattran

Summary about MMF for IMN

1. Monotherapy appears ineffective
2. Small studies suggest efficacy equal to alkylating agents (when combined with steroids)
3. Relapse rate close to 100% within 18 months
4. Short-term less toxic than cyclophosphamide
5. RCTs required

Rituximab in IMN

Overall response about 60-70% 30% CR, 35% PR 35% NR

Advantages:

No issue with compliance
No nephrotoxicity
Best of lot re SAE's

Current issues:

No RCT's
Expensive
Dose routine unknown
?durability of response (relapse rates)
?late risks

Eculizumab which inhibits C5 and decreases membrane attack complex formation has shown no benefit.

Critical review of induction therapy - ANCA Associated Vasculitis:

Charles D Pusey Renal Section, Department of Medicine Imperial College London Hammersmith Hospital

1. Standard therapy is effective at inducing remission in over 80% of patients with AAV, but with significant side effects.
2. Methotrexate is as effective as cyclophosphamide at inducing remission in patients with limited or early systemic WG
3. Pulse intravenous Cyclophosphamide is as effective as oral cyclophosphamide for patients with creatinine <500

4. The addition of plasma exchange improves renal outcome in patients presenting with creatinine >500, and in one study creatinine >250
5. One study suggests that MMF is as effective as cyclophosphamide at inducing remission in AAV – this remains to be confirmed
6. Etanercept is of no additional benefit in inducing sustained remission in WT – the role of anti-TNF antibodies remains unclear
7. Rituximab (+/- low dose cyclophosphamide) is as effective at inducing remission as standard cyclophosphamide regimens
8. The role of other biological agents and inhibitors of signaling pathways needs to be investigated.

Critical Review of Maintenance Therapy ANCA Associated Vasculitis:

'Who to Treat and How?', Mårten Segelmark, Professor, MD Department of Nephrology, Lund University and Division of Nephrology, Linköping University, Sweden

- Remission is not equal to cure!
- Remission is an active process with several potential pharmacological targets!
- Steroid dosing is important!
- Cyclophosphamide = Azathioprine = Methotrexate
- Azathioprine is superior to MMF as maintenance therapy.
- Leflunoamide is better than methotrexate but for the side effects.
- Role of Rituximab as a maintenance agent needs further studies.

Dr Maryam Nejat

Thanks to the generous support of the Australian and New Zealand Society of Nephrology, I was able to present some results of my PhD. This was a poster presentation describing the association of albuminuria and urinary cystatin C in an experimentally induced overload albuminuria as well as in the intensive care unit (ICU) patients.

Low molecular weight proteins, including albumin and novel urinary biomarkers of acute kidney injury (AKI) such as cystatin C and [neutrophil gelatinase-associated lipocalin \(NGAL\)](#), are normally absorbed from the glomerular filtrate by receptor-mediated transport. We evaluated the effect of albuminuria on urinary excretion of novel biomarkers. Urinary excretion of low molecular weight protein biomarkers is increased in the presence of

albuminuria and proteinuria. Assessment of urinary albumin excretion may facilitate interpretation of urinary low molecular weight biomarker performance in AKI.

Attending the ASN 2010 was a rewarding experience for me. Several interesting and exciting discussions regarding my research results have led to the possibility of future work and more experimental and clinical studies. I believe that my attendance at the meeting gave me greater insight into my PhD project (on biomarkers in acute kidney injury) and the opportunity to meet key researchers in this field. Also, the good feedback on my research I received at the conference has encouraged my supervisors and me to submit a paper of this work to a scientific journal.

I am also grateful for the chance to experience Denver. I would like to say my special thanks to the ANZSN for the support they provided. I am very grateful.

Dr William Petchey

Being the largest annual nephrology meeting worldwide, ASN Renal Week 2010 did not disappoint in either the scope or depth of topics available for the delegate to attend and cover. Indeed, it was difficult to choose which session to attend at any given time, with multiple programmes running from dusk to dawn each day.

Prior to the meeting I had a fantastic two days in the GN update course, with the opportunity to hear field-leading speakers like Prof. Charles Pusey and Prof. Gerald Appel discussing various aspects of both the nephritic and nephrotic syndromes. Of particular note for me was the sessions pertaining to Lupus nephritis; an excellent review of evidence for both induction and maintenance therapy, the history and future of the evolving histological classification system and the role (or lack thereof) of rituximab. Additionally there was a superb overview of the pathology of dysproteinaemic renal Disease by Prof. G Markowitz.

Within the main programme of the renal week, there were multiple sessions given over to my area of interest – vitamin D and CKD-MBD. Whilst there were good overviews of the available literature, for the most part it was disappointing how little prospective intervention work was being presented.

The major work in the area is being led by pharmacy-sponsored Paricalcitol trials, which whilst appear to support some of the mechanistic data of vitamin D receptor activation pleiotropism (eg podocyte function and amelioration of proteinuria in the VITAL study), it left many questions unanswered, and despite several debates over the issue, it remains unclear which type of vitamin D to supplement, and what the targets of therapy should be. My own data on cardiovascular structure and function in relation to vitamin D in CKD 3-4 was well received, and the criticisms were both constructive and informative, which I will use to inform the work in transition for my PhD.

In regards to bone metabolism, there were very eloquent theses presented by Prof. Keith Hruska on the wnt signalling pathways, and from Prof. Susan Ott on some really positive future directions for newer imaging techniques (qCT and hrMRI) as a means of 'virtual biopsy' to assess and track renal osteodystrophy as alternatives to bone biopsies, which as most nephrologists acknowledge are gold standard but present various logistical, technical and interpretational difficulties.

Other highlights of the conference included the results of the SHARP trial being announced, and in contrast to the 4D and Aurora results, demonstrated a 17% risk reduction in composite atherosclerotic events in both CKD and ESKD patients with the use of combination simvastatin 20mg/Ezetimibe 10mg per day. It was an interesting aside that approximately two-thirds of deaths in this cohort were from non-cardiovascular causes with currently un-modifiable risks, which may require a shift of focus in the research community to risk reduction strategies in non-cardiovascular disease.

Overall, it was a thoroughly enjoyable and enlightening week in Denver, with world class speakers, thoughtful symposia content, and an excellent opportunity to network on a global scale, share ideas and discuss research experience with peers. As such, I would like to thank the ANZSN and its members for affording me this wonderful opportunity.

Dr Jessica Ryan

I would like to thank the Australian and New Zealand Society of Nephrology for recently awarding me a travel grant to support my attendance at the 2010 Renal Week of the American Society of Nephrology in Denver, Colorado. Here I presented my poster entitled "Syk blockade prevents acute platelet and neutrophil mediated glomerular injury" which generated a good amount of interest and numerous questions.

This was my first time attending the ASN, and found it a motivating experience. I had the opportunity to do the two-day Glomerulonephritis Update Course prior to the meeting. What was particularly enlightening was hearing a panel of experts discuss their approaches to difficult cases. As a fellow it was a great opportunity to consolidate my knowledge in this area at this stage of my career and would encourage others to do the same.

As anyone who has attended Renal Week in the past would know, it is a huge meeting with thousands of delegates. It was extremely well organized with numerous very interesting sessions in both clinical and basic science. The only disappointing thing was that it was impossible to get to everything that I wanted to due to the large number of concurrent sessions. The ability to access missed sessions online is definitely a good development in this regard. Highlights for me included very informative talks on the emerging role of innate immunity in kidney disease, glomerular pathophysiology, metabolic acidosis, ANCA vasculitis and Ig A nephropathy. In addition the late breaking clinical trials session was worthwhile with the results of the eagerly anticipated SHARP study presented amongst other things.

Happily the weather in Colorado was kind to us with it not being as cold as it could have been for the time of year. The strength of the Aussie dollar also made it an excellent time to catch up with some shopping. Thanks again to the Australian and New Zealand Society of Nephrology for financially supporting my trip, and I look forward to attending further international meetings in the future as my research progresses.

Miss Lena Succar

I write to extend my appreciation to the ANZSN for awarding me a travel grant to contribute towards the costs to attend the 2010 ASN Renal Week meeting in Denver Colorado, USA. It was my first international conference experience and I am very grateful for the support of ANZSN for making this opportunity possible. The ASN meeting was a definite highlight to my PhD candidature as I was able to meet and establish contacts with notable researchers in the field. I was able to gain insightful advice on my own research work which generated interest and fortunately positive feedback from delegates. Through my attendance to the ASN meeting I was also able to gain better knowledge in my research area which is of great value to the writing of my PhD thesis and publications.

The travel grant from ANZSN also supported my attendance to the postgraduate Advance Research Course (The Cytoskeleton and Cell Motility Conference) which was held over two days during Renal Week at The Colorado Convention Centre. This course was an eye opener into the magnitude in the knowledge and research of the cell cytoskeleton and the processes governing the movement of cells in endogenous and diseased conditions, such as tumour cell migration and podocyte abnormalities where cell motility is critical to these disease processes. I was also able to update my knowledge on the types of techniques used outside of the renal field such as live cell imaging, a scientific highlight of great interest to all attendees.

I am very grateful for the ASN travel grant awarded by ANZSN, which supported my first attendance at this prestigious scientific meeting. The experience was invaluable to my career development during this final stage of my PhD studies.

Miss Christina Tan

First of all, I would like to express my gratitude to the Australian and New Zealand Society of Nephrology (ANZSN) for providing me with the financial support to allow me to attend and present my research at the 43rd annual meeting of American Society of Nephrology (ASN) 2010 in Denver, Colorado. At this meeting, I was lucky to have my abstract titled "Role of Thioredoxin-Interacting

Protein (TXNIP) as a Mediator of Tubulointerstitial Fibrosis in Experimental Diabetic Nephropathy" selected by the program committee for a poster presentation. The experiences of presenting my work to many other delegates from different places around the world and receiving many useful comments during the discussions with others would definitely be helpful to my research project.

The conference was really impressive with so many delegates coming from all different places around the world and giving many interesting presentations. To me, highlights of the meeting included several interesting free communication sessions covering many different aspects of kidney injury and of course, the poster sessions which have more than 100 different categories, including my area of interest such as acute kidney injury, diabetic nephropathy (basic science, pathology) and extracellular matrix biology and mechanisms of fibrosis. Also, there were quite many sessions discussing about the use of miRNAs (microRNAs), a gene silencing technique, in different kidney injury models, which seem to be a new growing focus and area of interest to many researchers nowadays. During my poster presentation, I have met some scientists and pathologists who are involved in the similar field of mine and managed to discuss some of the issues of my project to them, which has really been a valuable experience to me. Also, I have been lucky enough to be invited by CASN (Chinese-ASN) to their annual dinner held at the Hyatt Regency Hotel, and have been able to make contact with other Chinese researchers as well.

Besides that, by taking this opportunity to attend ASN in Denver, this is also my very first trip to the United States of America in my life. My colleague and I were able to walk around in the downtown of Denver during lunch time and really love the place as well as the weather, but too bad we missed out the snowing season. Apart from that, we have also spent a few days in Los Angeles before we took our flight back to Melbourne, and have been visiting the famous Universal Studios as well as the Disneyland of California.

Lastly, I thoroughly enjoyed the meeting this year and have really benefited a lot from the unique personal experience of presenting my work and updated my research nephrology knowledge. I really appreciate the great educational experiences

that I have gained from ASN and I do hope to attend this event next year if I have the opportunity. Once again, I would really like to thank the ANZSN for their generosity and providing me an opportunity to attend my very first international conference in my PhD career.

Dr Yuan Min Wang

I wish to thank the ANZSN committee for giving me the opportunity to attend the 43rd Annual Meeting & Scientific Exposition of American Society of Nephrology on November, 2010 in Denver, CO, USA. It allowed me to learn many of the new advances in renal diseases. I have presented my work as a poster in the meeting, which is CD39 over expression acts locally, systemically and on Tregs to limit renal injury. I was also involved in another poster related to IL-25 promotes Th2 response in protection of renal injury by Qin Cao. These presentations attracted many enquiries.

I have attended the Basic and Clinic Science Symposium in the session of the New Concepts in Glomerular Pathophysiology, which was invaluable in providing an opportunity to hear a number of speakers in the area of renal diseases and transplantation including the role of dendritic cells, Toll-like receptors and complements in the progression of glomerulonephritis and other renal diseases.

My current research work was involved with the areas of regulatory T cell function, costimulation pathways and TH17 cells in glomerulonephritis and transplantation. In the present meeting I attended the sessions of regulatory T cells and co-stimulation pathways in broad aspects of the area. I was able to attend the Free Communication Session in the basic/experimental Immunology: glomerular Disease, which gave me an opportunity to hear many important topics by researchers. Dr Steinmetz had introduced the Th17 transcription factor ROR γ t mediates experimental glomerulonephritis; Dr. Kinsky had talked about Tregs suppress kidney ischemic reperfusion injury through autocrine and paracrine adenosine signalling.

There were many new experimental and clinical data presented in this meeting. Dr. Farquhar Marilyn G had introduced the glomerular filtration barrier. Dr. Salant David J had presented the M-type

phospholipase A2 receptor and membranous nephropathy. I had a chance to discuss our NHMRC grant project with an expert in immunology and molecular biology during the meeting, which gave me some new ideas and technical tips and it's really useful for our current research work.

Again, I thank the committee for their support for my attendance at the meeting, which allowed me to widen my knowledge of immunology, renal diseases and transplantation, and to meet with people who were able to offer new ideas related to my current research work.

ISN-GO

The International Society of Nephrology's Global Outreach (GO) program involves a number of individual components, including the Fellowship, Sister Renal Centre, CME, Educational Ambassador and Research & Prevention programs. Involvement in our region is co-ordinated by the OSEA (Oceania and South East Asia) Committee of ISN-GO, taking into account separate support provided by APSN, CREED and national societies. ANZ are involved as supporting countries of emerging countries within our region. In 2010 and 2011 ANZ are providing a supporting role for each of the ISN-GO programs. Twenty percent of all Fellowship applications in 2010 were from OSEA; almost double the proportion in previous years. 2010 saw the first successful applications from our region to the Research & Prevention and the new Educational Ambassador programs, involving North and South Vietnam respectively.

In 2010 ANZ provided speakers to multiple CME visits within our region, including to Brunei, Philippines, Indonesia and Vietnam. The October visits to Indonesia and then Vietnam formed the second OSEA course (the first occurring in North and South Vietnam and Laos in 2009). Because of OFAC (US Office of Foreign Assets Control) regulations, ISN is currently unable to provide support to half a dozen countries, including Myanmar. For that reason the CREED program is supporting the CME visit from Australian nephrologists to Myanmar in January 2011. The third OSEA course will be held in the South Pacific in 2011; this is being organised by Peter Kerr. The

countries to be visited are yet to be determined, possibly Papua & New Guinea and the Solomon's.

ANZSN is contributing to the Fellowship program by providing top-ups to ISN Fellowships hosted within ANZ. Although the ISN Fellowship stipend is reasonable for most countries, for Australia, the US and a few European countries it does not meet the high cost of living.

A major challenge for ISN is a recent substantial reduction in membership by US nephrologists. Hopefully, the trend can be reversed when more nephrologists from developed countries such as the US appreciate ISN's unique primary goal of supporting nephrology in emerging nations. The group ISN membership of ANZSN members places them in an ideal position to support development of nephrology in emerging nations of OSEA. Those of us who have been involved in this work over the past decade have seen a substantial improvement in the standard of nephrology in Indonesia, and also a recent expanding interest from other countries such as Vietnam. We are always looking for new volunteers, so if you are interested please let me know.

David Harris
Chair, Fellowship and OSEA Committees

Obituary



Dr Tony Clarkson

*Founding Director 1973
Renal Unit Royal Adelaide Hospital
Retired in 2003*

We are very sad to report to society members the death of Tony (Doc) Clarkson on January 25 of complications from acute myeloid leukaemia.

Tony trained in nephrology at the Queen Elizabeth Hospital in Adelaide with Jim Lawrence, becoming a member of the second tier of Australian nephrologists after Jim and Priscilla Kincaid-Smith. Following a Churchill fellowship and 4 years in Edinburgh with JS Robson and London with Stewart Cameron, he was appointed the inaugural Director of the Renal Unit at the Royal Adelaide Hospital in 1973, a position he held until 1998. He retired from full-time practice in 2003.

Amongst his many contributions to nephrology were his time on ANZSN council (1976 to 1982, including serving as society president from 1980 to 1982); APSN council from 1985 to 2001; and ISN council from 1997 to 2005. In the ISN Tony had a major role in the evolution of nephrological education programs for developing countries, and was much valued in active teaching and planning participation, notably in SE Asia and particularly in Myanmar. He was elected a life member of ANZSN in 2003, and was also a Member of the Order of Australia (AM) for his services to nephrology and the community. He and Andrew Woodroffe made major contributions to the understanding of IgA nephropathy with numerous publications and book chapters. Fostering international nephrology relationships was a priority for Tony with many visiting fellows to the RAH as a direct result. In his later years he was a member and President of the Medical Board of SA.

This brief summary, though, does not do sufficient credit to Tony's contributions to nephrology in this country and around the world. An outstanding clinician, he was a legendary figure in nephrology circles, with his skill, wit, insight, gregariousness, and inviting and friendly disposition. Everybody who interacted with Tony has at least one story to tell, and he was universally liked and respected not least by his many patients. He took a personal interest in mentoring young nephrologists, including the authors, and was a great teacher of students and physician trainees.

Away from nephrology, he was an outstanding sportsman, being a household name in SA football circles, and had the rare distinction of a double Blue in Cricket and Football at the University of Adelaide. He was a dedicated family man, a loyal friend, and a consumer of fine wine.

Many members of the society have benefited from Tony's leadership, guidance, and friendship and he will be greatly missed.

Randall Faulk, Kym Bannister and Jim Lawrence

SAC and Curriculum Report

As you would be aware, the Advanced Training Curriculum document has now been completed and is ready for circulation. You can find it on the website: <http://www.racp.edu.au/page/advanced-curricula>

Starting in 2011, there will be a progressive roll out of the assessment tools linked to the new curriculum, details of which will also be forwarded to all Departments and registered advanced trainees.

Thank you to Society members who provided detailed feedback on many aspects of this document prior to its finalisation; it is hoped that this curriculum reflects the current state of nephrology training and will form the basis for any future revisions as training structure evolves.

2011 will again be a busy time for site visits and updating of accreditation details, including training numbers at each site. Your assistance with this task will be gratefully received.

In 2011, Dr Nigel Toussaint will Chair the committee for a two year term, assisted by Dr Amanda Walker as Co-ordinator of Advanced Training and Dr Richard Phoon as Site Accreditation Lead. The SAC wishes to acknowledge and thank Drs Cathie Lane and Troy Kay for their contribution over many years as they step down at the end of 2010 and also thank the ANZSN and TSANZ representatives for their ongoing contribution.

Dr Tony Elias
Chair, SAC

ANZDATA Report

There have been a number of changes in the registry over recent months.

Foremost among these has been a retirement of Lee Excel. Lee has given over 30 years of her life to the registry, a contribution which has been integral in creating the world renowned registry that we benefit from today. The position of Registry Manager has been advertised, and the new incumbent will commence in early April.

The other addition to registry staff in recent months has been Dr Blair Grace. He is employed as a postdoctoral fellow, with funds from an NHMRC capacity building grant. Originally from a background in ecology, he has considerable experience with population modelling. His main focus will be to further develop the research programme within the registry. Dr Phil Clayton continues as the epidemiology fellow, providing both clinical and methodological input. Following increased funding from the Australian Organ Donation and Transportation Authority in 2010, we now have two part-time statisticians (Ms Hannah Dent and Dr Nancy Briggs), in addition to Brian Livingston. The aim of this enhanced team is to provide better (and timelier) response to queries in 2011.

In terms of registry output, there have been changes to the centre-specific reports of both transplantation and dialysis. In addition to the demographics and description of outcomes, these reports now contain multivariate-adjusted models to account for differing patient mix between treating centres. This is an area of ongoing development, discussed at length at the heads of unit meeting earlier this year. Further developments over coming years are anticipated.

The Annual Report will be later than in previous years, reflecting the transition in staff at the Registry. We have also taken the opportunity to make a number of changes in the format of the report, considerably automating the production of tables and reducing duplication of material.

The DNT committee formed a key performance indicator (KPI) group approximately 12 months ago

to examine production of KPIs related to dialysis practice. Following discussions with this group, ANZDATA will begin to produce a "KPI" report as part of the interim summaries in 2011. The two indicators chosen are dialysis access at first haemodialysis treatment (where this is the first modality of renal replacement therapy), and peritonitis rates. This is data already collected by ANZDATA; however, the ability to produce timely reports will be dependent on submission of data through the real-time system. In practice this includes both new patients and the reporting of modality changes and peritonitis episodes.

Current plans are to include summaries of each unit's performance (competed to other units and national averages) on a three monthly basis. Further information about this is currently being circulated to heads of units; drafts of the report format (based on 2009 data) will be circulated shortly. There will also be further information provided at the forthcoming DNT meeting.

Collection of data from transplant unit of specific data for ABO incompatible transplants is also being upgraded this year.

As always, enquiries, request for analyses, questions and complaints are welcome. Contact details are available on the website www.anzdata.org.au

Stephen McDonald
Executive Officer, ANZDATA Registry

News from Kidney Health Australia

Reports:

"The Economic Impact of ESKD in Australia with projections to 2020" produced for KHA by The George Institute, has been released and is available at www.kidney.org.au. A new Impact statement on *"Diabetes in Kidney Disease"* has been commissioned from Access Economics and will be released around March 2011. The *"Survey of all Dialysis patients in Australia"* has also been released and is available at www.kidney.org.au. All these reports substantially add to our ability to understand and better plan for the future in CKD in Australia.

KHA Research Awards:

The revised KHA funding allocation scheme for research that was announced earlier this year resulted in the Medical and Scientific Advisory Committee recently awarding for 2011, 4 project grants (\$50,000 each for one year). The successful applicants were:

- Prof Carmel Hawley: The Utility of Serial NT-proBNP Monitoring for Predicting Cardiac Outcomes in the Dialysis Population.
- Dr Katrina Campbell: The effect of dietary sodium on blood pressure and cardiovascular risk in patients with chronic kidney disease: a blinded randomised crossover trial.
- Dr Wai Lim: An investigation of renal function and its association with vascular calcification and cardiovascular morbidity and mortality in elderly Australian women.
- Prof Zoltan Endre: Exosomes as a Source of Biomarkers of Kidney Injury.

In addition 4 Nursing Scholarships (each \$3000/yr for 2 years) and 2 Summer Vacation student scholarships (\$2000 each), 4 continuing biomedical post-graduate scholars and an increase in ANZDATA funding to \$100,000 for 2011 were awarded.

The success of the new funding scheme in achieving the aim of selectively funding research that addresses “the public health agenda” is currently being re-assessed. The funding plan for 2012 awards will be announced on our website www.kidney.org.au in late February 2011.

Kincaid-Smith Medal

David Power, Chair of MSAC has written:

“This is to let you know that the Medical and Scientific Advisory Committee (MSAC) of KHA has decided that the intervals between awards of this medal will be reduced to 2 years. Previously, only 6 have been awarded since 1994. The reason for the change is that the Committee felt that several individuals who were worthy of this honour had not received it, due to the lack of a regular award.

The Kidney Health Australia Kincaid-Smith Medal is awarded to an Australian citizen or resident for their outstanding clinical and scientific achievement

in kidney related research and/or for their major contribution to the field of kidney disease.

The Committee will call for nominations at regular two yearly intervals with the first call being made in November 2011 for award in 2012.”

Kidney Check Australia Taskforce (KCAT):

The KCAT education program has continued to be highly successful in 2010 with nearly 90 workshops / seminars being delivered for the year. We would like to thank those of you who have been involved in presenting our workshops and for your enthusiasm and commitment to education in kidney disease and the valuable feedback you have provided on our modules.

In 2011 we have several exciting new modules that will be offered including the new ‘Chronic Kidney Disease in Indigenous Australians’ module for GPs and two new ‘CKD & diabetes’ modules for practice nurses and diabetes educators. These modules will be offered through divisions of general practice but are also available for other groups wishing to run education in kidney disease.

KCAT is a fantastic way to get the message out there about the importance of early detection and proactive management of risk factors for Kidney Disease-and what better way to do this than to facilitate an education session in your local area!

If you are interested in becoming a KCAT presenter, have a group of health professionals who would benefit from a KCAT session, or feel our materials may be appropriate for a presentation you are giving, please don't hesitate to contact Breonny.Robson@kidney.org.au

Proteinuria/Albuminuria Measurement & Reporting

The Working Group, co-chaired by David Johnson and Graham Jones, has met on two occasions in 2010, and has produced a draft Position Statement on the detailing recommendations for the standardised measurement of urinary albumin and protein. A stakeholder meeting has been scheduled for 7 February 2011. Nominated representatives from the ANZSN, AACB, RCPA, RACGP, ADS, APNA, kidney consumers, the Department of Health and Ageing and KHA will have the opportunity to discuss

and endorse the draft recommendations. The Position Statement will be endorsed by the relevant organisations prior to publication in an appropriate peer-reviewed journal. Anyone who would like more information on this, please contact marie.ludlow@kidney.org.au.

Creatinine & eGFR Measurement & Reporting

The Australasian Creatinine Consensus Working Group developed Position Statements in 2005 and 2007 regarding the automatic reporting of eGFR with serum creatinine test results in adults. Issues that have arisen since the publication of these Position Statements include the role of the new CKD-EPI formula for eGFR determination, and proposed revisions to CKD staging. Debate has also continued regarding the use of eGFR in other racial groups and population groups (such as paediatrics and pregnant women), the use of eGFR for drug dosing, the progress of standardisation of Creatinine assays and the use of enzymatic assays.

The Australasian Creatinine Consensus Group, consisting of nominated representatives from the parent bodies of this process (RCPA, AACB, RACGP, ANZ Paediatric Nephrology Association, ANZSN, ASCEPT) reconvened in 2010 to consider these issues. A stakeholder meeting has been scheduled for 7 March 2011, where nominated representatives from the aforementioned organisations in addition to nominees from the Australian Practices Nurses Association, the PSA, kidney consumers, and the Department of Health and Ageing, will consider the recommendations contained in the draft Position Statement. Endorsement will be sought for the position statement from the relevant organisations prior to publication in an appropriate peer-reviewed journal. Anyone who wishes more information on this please contact marie.ludlow@kidney.org.au

Kidney Evaluation for You (KEY) CKD screening program:

KHA has been commissioned to perform targeted screening for CKD and cardiovascular and diabetic risk for 500 people at the Richmond Club in Western Sydney from Dec 6-17. This is an exciting development from our initial KEY program run in 2008 that proved the concept of point of care testing as an essential part of an efficient screening program. Community awareness programs and a

KCAT GP education session are being conducted as part of this initiative. Anyone wanting to explore running this program locally please contact breeonny.robson@kidney.org.au.

Tim Mathew
Medical Director, KHA

KHA Research Support

Kidney Health Australia is pleased to announce significant changes to its research support planned for allocation late in 2011 for work commencing in 2012. All existing commitments will be fulfilled.

The changes include a return to significant Medical and Scientist scholarship support whilst continuing Nursing and Summer Vacation scholarship support and projects that advance the Public Health Agenda. The KHA Board of Directors at its meeting on December 17, 2010 agreed that the following should be advertised with a view to allocation in November 2011 for commencement in 2012:

1. Post-graduate scholarships for Scientists, two per year each for a maximum tenure of 3 years
2. A Medical post-graduate scholarship in Renal Public Health, one per year each for a maximum tenure of 3 years
3. Nursing Scholarships to assist post-graduate study, three per year each for a maximum tenure of 3 years
4. Summer Student vacation scholarships (\$4,000 each), two per year, once only
5. Project grants to advance the Public Health Agenda (details to be announced in March)

Further information will be posted on our website in early March. The closing dates for both scholarship and project grant applications will be Aug 31, 2011.

Tim Mathew / David Power
Medical Director, KHA / Chair, MSAC

CARI

The CARI Steering Committee, with the DNT Subcommittee and KHA, has spent much of the last 6 months addressing the issues of governance and oversight of CARI. The formal review of CARI from 2009, which recognised its national and international standing as a clinical guidelines body, also highlighted the need for the CARI governance structure to be reviewed and strengthened. Inevitably this has involved extensive discussion within the ANZSN, the DNT and KHA, with in-principle agreement between KHA and CARI for KHA to take on a more central role in the oversight and governance of CARI. The finer details of this agreement are being currently negotiated with the expectation that the new arrangements be in place by early 2011.

The work of creating, reviewing, updating and adapting guidelines in the CARI office at Westmead continues apace. We have committed to reviewing all guidelines at least every 5 years and, with the large suite of guidelines developed to this point, this means we are increasingly modest in our new guideline development and focussed upon the updating of existing guidelines. An additional complicating factor is the increasing guideline development work of KDIGO (Kidney Disease: Improving Global Outcomes), the international renal guidelines group, and how that material 'fits' with CARI. We have taken the approach of trying to adapt these guidelines to the local context, with the first products of this adaptation process seeing the light of day in the next few months. The Steering Committee is excited about this approach as it is truly novel in nephrology and has generated much international interest.

CARI will again make a significant contribution to the upcoming DNT workshop, where convenors and their teams will be presenting the cardiovascular guidelines and transplantation guidelines topics. In addition, other work arising from the implementation projects will also feature. We look forward to the challenges ahead and the opportunity to discuss CARI with the wide nephrology society membership.

**Martin Gallagher, Chair
CARI Guidelines**

The Australasian Kidney Trials Network

2010 has seen funding success achieved by the AKTN, with the NHMRC recognising the AKTN's contribution to kidney health research by awarding two AKTN-coordinated trials (BLOCADE and HERO) NHMRC project grants, commencing in 2011.

Since the establishment of the AKTN, over 30 trials have been proposed to the Network. Some are proposed for full coordination, some for endorsement and some for facilitation by the AKTN. Of the accepted coordinated trials, three are actively recruiting (HONEYPOT, FAVOURED and HERO).

The HONEYPOT Trial is proceeding very well, with all 26 active sites successfully recruiting patients. A total of 346 patients have now been recruited. We anticipate that the total recruitment target of 370 patients will be achieved by February 2011 and the follow up will be completed by February 2013.

The FAVOURED Trial is also progressing well, with 26 Australian and New Zealand sites actively recruiting patients and a total of 159 patients recruited and 1651 patients screened for their suitability. In addition to the Australian and New Zealand sites, significant progress has been made with the introduction of sites from Malaysia and the United Kingdom. Eight sites from Malaysia and 8 sites from the United Kingdom have been engaged to participate in the study with a target of 165 and 400 patients respectively over 3 years.

The HERO Trial, although slow to commence recruitment, is now active and 20 patients have been recruited. We aim to recruit a total of 110 patients across all centres which we anticipate will require a further 12 months of recruitment based on pre-trial surveys and current recruitment rates.

We also have other coordinated trials in various stages of development (BLOCADE, IMPROVE and TRANSDIAB). BLOCADE is anticipated to commence in early 2011, with IMPROVE and TRANSDIAB to follow later in the year.

The AKTN provides endorsement for the ACTIVE Dialysis Trial, including the provision of a Data and Safety Monitoring Board (DSMB) for the trial. The

study is coordinated by the Renal Division at The George Institute for International Health. ACTIVE now has 40 of a planned 200 participants enrolled from 11 sites in Australia and New Zealand, and Canadian sites will soon join the trial. ACTIVE appears likely to provide landmark evidence on the question of the benefits and harms of extended hours dialysis.

The trials facilitated by the AKTN (trials for which the AKTN coordinates the Australasian/New Zealand contribution to an International Collaborative trial) are PEXIVAS and AVATAR. PEXIVAS, investigating Plasma Exchange and a reduced dose of glucocorticoids in the treatment of vasculitis, is expected to commence screening later this month, and AVATAR, examining ACE inhibition to preserve renal function post-transplant, will commence screening in the region mid 2011.

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

Chair Operations Secretariat, Carmel Hawley:

carmel_hawley@health.qld.gov.au

Chair Scientific Committee, Alan Cass:

acass@george.org.au

AKTN Project Manager, Alicia Morrish:

a.morrish@uq.edu.au

Carmel Hawley
Chair, AKTN Operations Secretariat

Nephrology Journal Report

I am pleased to be taking over the position of Editor-in-Chief of Nephrology at this time point. My predecessor, David Harris, has worked tirelessly to develop the journal and has brought it a long way over the last 6 years. The journal has an established presence, particularly in its target sphere – the Asian-Pacific region, and is financially viable. In addition it has a modest but slowly growing impact factor. The Asian-Pacific Society of Nephrology is extremely grateful to David for all of his hard work and I look forward to his advice and guidance as I endeavour to continue to improve the journal.

The journal now receives a large number of submissions every year and perhaps unfortunately in some respects, needs to maintain a relatively

high rejection rate (around 75%). This is to ensure we maintain a high quality journal but is also limited by page numbers, finances and publishing agreements. It may be feasible to expand the journal to a strictly monthly publication in the future but we need to be mindful of maintaining quality. One can argue about the merits of impact factors but for now it is how journals are judged. The editorial staff are dedicated to improving our impact factor and have set a target of 3.00 by 2014. A key feature of this is the rapid processing of submitted manuscripts – something that has already improved and hopefully will improve further.

The journal underwent many changes and improvements during 2009-10. These included:

- ePublication of 'Accepted Articles'
- Introduction of 'Colour on the Web' (colour figures published on the web at no charge to authors)
- New page design and ToC layout
- Addition of 'Summaries at a Glance' on the first page of each article as well as on the ToC
- Commencement of 'How-To' series
- Publication of first Virtual Issue 'Methods of Renal Research'

The Nephrology journal is an Asian-Pacific journal. It has relied heavily on Australian support in recent years – both financially and editorially. The financial support is now broadening and advertising income is steady. I would like to see more involvement from the region in the journal, whilst maintaining a strong ANZ input. To this end, I have already begun to expand the editorial board, and in particular the Subject Editors, to include more distinguished Nephrologists and Researchers from around the Asian-Pacific region. There are many centres of excellence in Nephrology clinical and laboratory research in the Region – we need to remain mindful of the journal's presence and promote it as our journal. The Asian-Pacific region is likely to represent the greatest growth in renal replacement therapy patients around the globe over the next few years. We have the potential to become the region of greatest activity – we need to couple this with the highest quality nephrological care. Having an active journal, representing our views and practices, is a key component of this.

I look forward to the next few years at the helm of Nephrology. We are blessed with a strong editorial team – now as part of the Wiley group of professional publications, who have always strongly supported and encouraged the journal. Hopefully, with your help, it can grow into being the pre-eminent Nephrology journal representing the Asian-Pacific Region.

A footnote regarding the CARI guidelines:

The CARI Guidelines are published in Nephrology, once ratified. We ask that when citing the guidelines in publications, authors quote the journal reference rather than the CARI website – only quoting the website has been recognized as a major impost on our impact factor.

Peter Kerr

Editor-in-Chief of the Nephrology Journal

HUS-TTP Registry

Thrombotic Thrombocytopenia (TTP) Registry

There is currently no consensus regarding the incidence of TTP in Australia, its optimal management, clinical outcome and the impact of complications or standardisation of laboratory assessments. Lack of data hampers efforts for clinical studies and laboratory testing. The Transfusion Outcomes Research Collaborative (TORC), a partnership between Monash University Department of Epidemiology and Preventive Medicine and the Australian Red Cross Blood Service, has undertaken this project in conjunction with interested haematologists and nephrologists in the hope of better defining the incidence, natural history and clinical outcome of TTP nationally.

An independent Steering Committee, chaired by Dr Shlomo Cohney, is overseeing the registry, with membership consisting of stakeholders and clinical experts. They hope to eventually provide information on the range of therapeutic strategies being employed in the treatment of TTP, explore factors influencing clinical outcomes, better define optimal management of patients and inform and inspire further research.

To find out more about the Registry or to register your interest in the project please contact Dr Louise Phillips 03 9903 0051 or visit the website www.torc.org.au

Kids Helpline Fundraiser New York Marathon

Karen Dwyer, staff specialist at St. Vincent's Hospital in Melbourne and mother of three kids (2, 4, 7yo), is running the New York City Marathon in November 2011 for Kids Helpline. The goal is to raise \$100,000 to fund an additional counsellor. As one of ten Australians running for this cause her goal is raise \$10,000.

Kids Helpline is a free, confidential 24 hour counselling service for young people aged 5-25 years. Each week Kids Helpline receives over 8,500 calls/emails regarding issues such as child abuse and suicide. In the wake of the recent flood event, calls have increased by 50%; many of these will go unanswered.

100% of the donations go directly to Kids Helpline and when donating online, a tax receipt is issued automatically. All donations over \$2 are tax deductible. Please follow the link:

www.gofundraise.com.au/KarenDwyer

Many thanks,
Karen Dwyer

Clinical and Scientific Meetings

Visit the ANZSN website at:

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

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