

Australian and New Zealand Society of Nephrology



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President's Report

The last 12 months have certainly been exciting and challenging for our society. New interest groups have formed (HDAC) and older groups redefined (KHA-CARI). Amidst the society's structural changes, a new FRACP SAC curriculum in nephrology was ratified and implemented, whilst concurrently, we are in the midst of a resurgence of interest in nephrology training!

Research and Education have been generously supported by our funding partners and the Jacquot Bequest. In 2012, the AMGEN-Jacquot Cambridge fellowship will be in its fourth year and has been awarded to Darren Roberts. Our first Roche-ANZSN CDA recipient, Melinda Coughlan, will also begin her research studies in 2012.

Two meetings, to note in your calendar, are the HDAC meeting in NSW, Australia March 14-16 and our 48th ASM to be held Auckland, New Zealand, August 27 to 29 under the direction of Mark Marshall as the LOC and Richard Kitching as lead of SPEC. Please log onto our website for upcoming information about the various planned programs.

The FRACP is actively engaging in more dialogue with all specialty societies. This society, like all others, is establishing how it wishes to work within the newly proposed framework and will be negotiating its requirements in 2012. To date no significant changes to the existing arrangements have been made and council will inform you of any changes/agreements as they arise.

Richard Phoon, Aviva Rosenfeld and Erin Sendall have progressively converted our paper consuming specialty society into an electronically savvy one. Subscription renewal can now be completed electronically. At the time of subscription renewal, as of 2011, we would like to survey our non-clinical and clinical members, about their "work practices"

as discussed at DNT. It is important we have a good return of surveys for the subsequent results to be meaningful. It is hoped, that by annually surveying our members, we can better understand the trends and patterns of our workforce.

Finally, as the festive season approaches I would like to wish everyone the very best for the holidays and New Year!

Vicki Levidiotis
President, ANZSN

Treasurer's Report

The Society remains in a strong financial position despite a challenging investment environment and the global economic downturn. ANZSN net assets for the year ended 30 June 2011 have continued to grow to a healthy \$1,772,824, representing a 6% increase on the prior year (net profit of \$99,801). Key drivers which influenced this result included an increase in revenue derived from Society sponsorship, the DNT workshop and our investment portfolio, offset by an increase in expenses related to award and grants, and subcommittee costs. Specifically, in 2011 we provided more than \$45,000 in travel grant support to junior members of the ANZSN and have both continued and increased our commitment to members by way of research grants and awards at the Annual Scientific Meeting through initiatives such as the Amgen/ANZSN Cambridge Travelling Fellowship, Roche Career Development Award and the ANZSN Infrastructure/Enabling Grant. Whilst society membership has remained relatively static (765 members compared to 761 members in the prior year), I am confident that our numbers will increase in subsequent years with the growing number of trainees and associate members.

Our investment strategy remains conservative with a view to capital preservation and cash and inflation plus returns over the long term as

we continue to focus on supporting our core activities of education and research.

Best wishes for the festive season.

Richard Phoon
Honorary Treasurer, ANZSN

SPEC / Education

This is my last report to the Society, as from 2012 the committee will be led by A/Prof Kevan Polkinghorne. I'd like to thank my colleagues on SPEC, several outstanding LOCs, the ANZSN Council and Key Industry Sponsors. All are critical in the major roles of the committee – the Scientific and Educational components of the Annual Scientific Meeting, and the organisation of the ANZSN Postgraduate Course, now sponsored in an unrestricted manner by Amgen and Fresenius.

Reflecting on some of the changes in the last 5 years, we have taken an evolutionary approach to the Annual Scientific Meeting with incremental rather than radical change. The Nephrology Update course now has a themed half day or day and functions more overtly as a Clinical Education course for both Nephrologists and Trainees. Under the guidance of Dr Greg Tesch, there is a ½ day Renal Scientists Educational Meeting the day before the ASM has been established. The Annual Scientific Meeting itself is now a 2 ½ day meeting (although it can be stretched into Sunday evening when flights allow). This short timeframe means that we have consciously focused on Science, both Clinical Science and Basic Science. We are a small but very diverse society and we can never, in this short period of time, satisfy entirely everyone's interests. However, the gradual and successful introduction of concurrent sessions, recognition of Young Investigators in Clinical Science and a reworking of abstract review and prize judging are all positive developments. With the help of well organised Local Organising Committees,

ANZSN Council, and those of you who have generously helped with abstract review and session chairing, we have a local meeting that compares favourably with others internationally. I believe that we are currently catering for, and supporting the diverse interests of members of the society, while maintaining a solid focus on education (especially within the Nephrology Update course) and Nephrology Clinical and Basic Science in the Annual Scientific Meeting itself. The growth of the post meeting interventional nephrology meeting led by Dr Steve May has been another positive feature of the week of the ANZSN ASM.

I believe it is very important for people working in Nephrology and Nephrology Science to support each other. We need to be united by our interest in how to understand kidney disease and improve treatments and outcomes. Funding for research at NHMRC and NZ HRC level is tight and getting tighter, and Nephrology needs to stand together as a coherent discipline to build capacity and continue overachieving nationally and internationally. I do hope that we as a discipline can continue to build a supportive environment for Clinicians and Scientists to excel in clinical care, research and teaching.

2011 Annual Scientific Meeting and Nephrology Update Meeting, Adelaide

The 2011 Adelaide ASM and Nephrology Update were high quality meetings. We were extremely fortunate to have three absolutely outstanding international speakers, in Prof Marcello Tonelli, Prof Peter Matheson and Prof Catherine Shanahan. I cannot praise them enough for their contributions. Thank you to all who contributed this year, especially A/Prof Stephen McDonald and the Local Organising Committee, and Dr Vincent Lee, responsible for the weekend Nephrology Update course. Congratulations to the award winners, including the ANZSN Young Investigators Dr Katherine Barraclough (Clinical Science) and Ms Poh Gan (Basic Science), as well as Dr Susan Blair (KHA

Clinical Science Award), and A/Prof Sharon Ricardo (Amgen Best Scientific Presentation). Other ongoing developments in and around the ASM included the 3rd ANZSN Interventional Nephrology Meeting, the 3rd Renal (Basic) Scientists Educational Meeting and the 3rd Nutrition Update for Renal Dietitians. 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. 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.

Thank you to those who filled in the survey on line about the meeting and for the generally positive and constructive comments. It is hard to generalise too much from the smallish numbers of respondents, but it does seem there was a high level of satisfaction with the meeting. Although SPEC would like a 3 or 3 ½ day meeting to meet more of the needs of the broad range of interests within the society, the indication from the respondents (together with poor attendance on the 3rd afternoon of the meeting in the past) suggests that at least for now, the ASM will remain a 2 ½ day meeting.

SPEC Membership Turnover

The committee will welcome Dr Angela Webster and A/Prof Sharon Ricardo as members in 2012. I will be leaving SPEC and it is with regret (but understanding) that the resignation of A/Prof McDonald due to his many commitments. A call for Expressions of Interest to join the committee will be made again in early 2012 as there is likely to be 2-3 places available at the end of 2012.

2012 Annual Scientific Meeting and Nephrology Update – Auckland 27-29 August 2012

In 2012, the Annual Scientific Meeting will be held in Auckland (August 27th-29th), with the

Nephrology Update Course taking place on August 25-26th (<http://www.conference.co.nz/nephrology12>).

Dr Mark Marshall, SPEC and the Local Organising Committee are finalising the program, with three excellent invited international speakers, Professor Terry Cook, A/Prof Chris McIntyre and Prof Jean-Paul Souillou. In the past 3 years there has been a Basic Science Course on the Sunday prior to the meeting. This year, Professor Robert Walker is organising a meeting in centred on Basic Science entitled "Translational Nephrology: from Mechanisms to Therapeutics" from 24-26 August at the Novotel Gardens, Queenstown. This will take the place of the ANZSN Basic Scientists Course and I encourage those members (and others) with an interest in Basic Science to attend prior to coming to Auckland.

For at least the last 3 years, the abstract submission deadline has been extended for several days. For the ASM in 2012, the Auckland Local Organising Committee and SPEC will set a date that is as late as possible to allow for adequate review, allocation and printing of the abstract book. This deadline will be enforced to ensure that all members of the society have the maximum (and equal) time to submit abstracts. **Therefore, for the 2012 ASM, there will be no abstract submission extension time.** Email reminders will be sent by the ANZSN on a regular basis. In considering abstract submission in 2012, please note that, as in 2010 and 2011, abstracts need to be submitted with results, and in the correct format. Please also declare relevant conflicts of interest when submitting abstracts.

Educational Activities

Dr Chen-Au Peh has taken on the role of organising the Annual ANZSN Postgraduate Weekend. In 2011, he was able to recruit Prof Gerald Appel, and outstanding speaker and educator. Thank you also to Amgen and Fresenius who provide the resources and organisational skills for the meeting, while

continuing to give the ANZSN absolute independence in the meeting's educational content.

TJ Neale Award

The applications for this award in the last few years have been of a high standard, so I am pleased to report that ANZSN Council has decided to call for applications for this Award on a yearly basis for the time being. Applications for this prestigious award are now open and close on February 25th 2012. As in the past, 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). The 2011 winner (Prof Steve Chadban) and the 2012 winner will speak at the 2012 Annual Scientific Meeting.

Richard Kitching
Chair, SPEC

DNT Subcommittee

Report on DNT for the 2011 Newsletter

The DNT committee has a mandate to act as a peak clinical advisory body for ANZSN and KHA. It oversees many of the important nephrological committees including ANZDATA, CARI, AKTN, HDAC and RTAC.

From this alphabetical soup important policy and direction is formulated. The ANZSN membership should be aware of the DNT and contact DNT with useful ideas and clinical issues that involve the broader nephrological community. The current pneumocystis outbreak is a recent example where earlier notification to DNT may have been useful.

The public face of DNT is the 2nd yearly DNT workshops that aim for a broad representation so significant issues can be discussed and decisions made. The 2011 workshop held in the Hunter Valley was successful with a significant number of action points that the DNT committee is pursuing.

KPI's involving peritonitis rates and dialysis access are a current hot topic with the aim to have this data available to all on the ANZDATA web site in the not too distant future.

The 2013 workshop is planned for 3-6 March at Alice Springs. Grant Luxton and Hilton Gock are the organisers if you have any hot topics.

Closer to hand is the Home Therapy Conference from 14-16 March 2012 in Sydney. Early registration would save the organisers a lot of grey hair.

I have been surprised by how much work goes on behind the scenes in our society and would encourage all members to get engaged and contribute. There are many options but contributing to our AKTN trials would be a significant start. I would like to finish by thanking Helen Pilmore for her sterling contribution to this committee over her term as chair.

Steve May
Chair, DNT Subcommittee

ANZSIN Report

The concept of ANZSIN formed over a few wines after an ANZSN annual dinner and has developed into an active group having just had our 4th annual meeting with Ken Abreo as our key note speaker. Ken's main interest is PD and he gave interesting presentations on accreditation and PD catheter insertion using a Seldinger technique. Other challenging presentations included renal sympathetic nerve ablation, resurrecting blocked fistulas as well as a mix of surgical, nursing and radiological interventions. Tim Spicer held another successful ultrasound course on the following day.

Our 5th meeting will follow the ANZSN scientific meeting in Auckland. With David Voss as the local organiser and Aris Urbanes our key note speaker the event promises to be both entertaining and informative.

WE are exploring stronger relationships with ASDIN with a dual membership which will allow us to access their considerable resources, using ANZDATA to collect interventional data, grappling with accreditation, encouraging research with a poster prize and developing a renal biopsy training resource. This is all being driven by a younger dynamic executive chaired by Richard Baer.

Steve May
Secretary, ANZSIN

2011 ASN Travel Grant Reports

44th American Society of Nephrology Renal Week in Philadelphia

Bryna Chow

I would like to sincerely thank the Australian and New Zealand Society of Nephrology (ANZSN) for awarding me a travel grant that has given me the opportunity to attend and present a poster at the 2011 ASN Renal Week in Philadelphia.

This meeting was my first international conference and was definitely an eye-opener for me, providing insights into how researchers with the same interest come together to share ideas. The coverage of this meeting was comprehensive and it was definitely challenging to decide on which sessions to attend, as several sessions that I was interested were conducted concurrently.

I have attended a number of presentations and poster sessions, in particular the Basic and Clinical Science Symposium on 'Acute Kidney Injury: At the Crossroads of Repair and Fibrosis' was especially informative to me as my PhD project is centred on this area. From this session, I have gained a greater understanding on the importance of renal interstitium in kidney disease and the numerous cell-types and their role in renal repair and fibrosis.

I have also presented a poster from my PhD project on 'relaxin signals through the nitric oxide pathway to promote matrix metalloproteinase activity in the kidney'. Having the opportunity to discuss my work with other researchers was an enriching experience and I have learnt a lot from their comments.

I have extremely enjoyed the meeting which had being so well-organised and demonstrated a wide breadth and depth on nephrology research. It was definitely a valuable experience towards my PhD candidature, and I would like to thank ANZSN once again for giving me this great opportunity!

I would like to express my gratitude to ANSZN for awarding me a travel grant that has given me the opportunity to attend and present a poster at the 2011 ASN Renal Week in Philadelphia.

Suet-Wan Choy

I would like to sincerely thank the members and affiliates of the ANZSN for granting me financial support to attend the 2011 American Society of Nephrology Kidney Week meeting in Philadelphia.

The conference was certainly an eye-opener, not only in terms of the wide selection of topics highlighting the latest scientific and medical advances in nephrology but also the breadth and depth of clinical and basic science research. It is no wonder that it is called "The World's Premier Nephrology Meeting."

I was fortunate to attend one of the fourteen available early programs entitled "Glomerulonephritis Update: Diagnosis and Therapy 2011". This offered a comprehensive review of various glomerular diseases and the opportunity to learn about rapid advances in the area from engaging speakers as well as listen to provocative exchanges between leading experts in the field.

Within the main programme of the scientific

meeting, I particularly enjoyed attending the basic and clinical science symposiums, which focused on electrolyte disorders and physiology, especially those related to the regulation of salt transporters in the kidney, as this has relevance for my current research interest.

Other scientific highlights during the meeting included the outstanding State-of-the-Art Lectures. Dr Jeffrey Friedman, a molecular geneticist, articulately outlined his work leading to the discovery of leptin in his talk entitled "Leptin and the Biologic Basis of Obesity". I thoroughly enjoyed Professor Robert Langer's eloquent presentation on "Biomaterials and Biotechnology: From the Discovery of Angiogenesis inhibitors to the development of Controlled Drug Delivery Systems and the Foundation of Tissue Engineering." As a pioneering biomedical engineer, Professor Langer described his research and development of polymers to deliver drugs, particularly genetically engineered proteins and DNA, continuously at controlled rates for prolonged periods of time.

The meeting also enabled me to present my own research results in the form of a poster presentation. The poster was entitled "Increased plasma glucose and reduced albuminuria in AMP-activated protein kinase beta-1 null mice with streptozotocin-induced type I diabetes." I gained valuable insights by discussing my work and a number of delegates demonstrated interest in the project by providing positive and constructive feedback. This session also enabled me to look at similar work being performed by leading researchers around the world. I am also grateful for the opportunity to meet with one of my supervisor Professor David Power's collaborators in Philadelphia to discuss and exchange ideas and data.

Overall, I thoroughly enjoyed the meeting and the invaluable learning experience it provided. I am very grateful to the ANZSN for affording me

this wonderful opportunity and look forward to attending another meeting in the near future. Thank you.

Matthew Damasiewicz

The ongoing support offered by the ANZSN to trainees and PhD fellows is tremendous, and I was a fortunate recipient of a travel grant to attend the ASN Kidney Week in Philadelphia. Not unlike many first time attendees it was easy to be overwhelmed by the size of the conference and the number of concurrent sessions and seminars each day. It was, however, reassuring to run into many familiar faces in the corridors given the large Australian presence at the meeting.

During the meeting I presented two posters pertaining to the association between vitamin D and proteinuria and renal function in the AusDiab cohort, which formed part of my PhD work. These were well received, and it was an interesting experience to discuss my own work with people from around the world. My interest is in bone and mineral metabolism and there were numerous sessions on this topic. "Should phosphorous be a target of therapy?" was the title of the debate between Geoffrey Block from Denver and Areef Ishani from Minnesota. This session highlighted the lack of prospective evidence we have in this area and the need for further trials. The intimate association between phosphate and FGF-23, the targeting of phosphate within the "normal" range and the increasingly prominent role of FGF-23 as a biomarker in CKD were highlighted as important areas of future research. Myles Wolf from Miami presented a stimulating and groundbreaking session about the off-target effects of FGF-23. He presented evidence for the direct toxicity of FGF-23 on the heart, and described the potential role of FGF-23 blockade to overcome this. These findings have enormous implications for further research and decreasing the burden of CVD in CKD patients.

A somewhat unusual feature of the meeting was that the plenary sessions discussed topics

not directly pertaining to nephrology, however these sessions and topics proved varied and uniformly interesting. Overall the meeting was an interesting and invaluable experience, once again thank you to the ANZSN for the financial support provided.

Min Jun

I would like to express my sincere appreciation to the Australia and New Zealand Society of Nephrology for the travel grant to present my work at the 2011 Kidney Week Conference of the American Society of Nephrology in Philadelphia, USA.

The annual meeting attended by several tens of thousands of nephrologists and researchers from around the world provides not only a critical opportunity to disseminate results but also be exposed to a wealth of up-to-date renal research.

Many of this year's clinical sessions on interventions aimed at improving outcomes in patients with kidney disease were of particular relevance. I was able to present two posters and received many important suggestions which I have been able to subsequently incorporate into the final manuscript before submission to a journal. In addition, this meeting provided an important venue for important networking opportunities which are particularly important as an early career researcher.

Travel grants such as those provided by the Society offer early-career researchers the opportunity to present their research in both local and international settings, providing invaluable experiences which no doubt play an important role in career development. I sincerely hope that such support is continually provided to future early career researchers in the field of nephrology.

Darren Lee

I would like to sincerely thank the Australian and New Zealand Society of Nephrology for

awarding me a travel grant to attend the 2011 ASN Renal Week meeting in Philadelphia. This was my second visit to ASN, and again it was extremely rewarding for my ongoing PhD research as well as clinical nephrology practice with the latest research findings presented. As always, the difficult challenge was to decide which concurrent interesting sessions to attend.

With the support of the travel grant, I had the opportunity to present my PhD research work titled "Albumin Overload Induces Tubular Proteinuria in Normal Mice But No Further Increase in Pre-existing Tubular Proteinuria in Lmp-2 Null Mice", selected for poster presentation. It generated considerable interests from local and international researchers, and many of the discussions and suggestions were invaluable for future research. In addition, I attended the oral abstract titled "Changes in Proximal Tubule Cell Phenotype Induced by Glomerular Proteinuria" and a poster presented titled "Albumin Endocytosis Inhibits Autophagy in Proximal Tubular Epithelial Cells" by groups from Europe and the United States respectively, providing insights and direction for my own research.

My first 2 days started with the Glomerulonephritis Update course. It was again well-organized and presented by renowned international researchers being experts in the field, complemented by comprehensive notes for future references. Professor Gerald Appel presented the results of an RCT by the ALMS group (with 36 months follow-up) on maintenance therapy for lupus nephritis with mycophenolate mofetil (MMF) (2 g/day) versus azathioprine (2 mg/kg/day), after successful induction with either cyclophosphamide or mycophenolate. The findings were published in the NEJM shortly after the conclusion of the conference. Contrary to the other recent smaller and unblinded MAINTAIN trial targeting a European population showing no significant difference between MMF and azathioprine, mycophenolate in this study was superior to

azathioprine as maintenance therapy in terms of treatment failure rates (16.4% vs 32.4%) and had a lower rate of withdrawal due to adverse events (25.2% vs 39.6%). It will be interesting to see whether this will encourage even greater use of mycophenolate as maintenance therapy to be continued after its use as induction therapy in the nephrology community, due to the variable accessibility of the medication for lupus nephritis.

Numerous sessions during the conference were very informative. A session on membranoproliferative (mesangiocapillary) glomerulonephritis provided some insights into the likely future classification based on the immunofluorescence staining of immunoglobulin (monoclonal vs polyclonal) and/or C3, correlating better with the pathophysiology of the underlying causes, unlike of the traditional 3 subtypes based on electron microscopy findings. The entity of C3 glomerulopathy is also being increasingly recognized. Following the recent findings of PLAR2 and suPAR in membranous nephropathy and FSGS respectively, our understanding of glomerulonephritis will hopefully become more sophisticated and translate into more individualised treatment in the future.

I thoroughly enjoyed the meeting and benefited greatly from the invaluable experience of presenting the basic science research for my PhD and updating my clinical nephrology knowledge, and I would like to thank ANZSN again for their generosity.

Jin Ma

I'm very thankful for generous travel grant offered by the Australia and New Zealand Society of Nephrology. This financial assistance made it possible for me to present my posters in the 2011 American Society of Nephrology Kidney Week, Philadelphia, which was by far the largest nephrology conference I had ever attended. The meeting program was extensive, and covered a broad range of topics in nephrology, both scientific and clinical aspects.

The two posters titled “Toll Like Receptor 2 Activation Mediates Injury in the Early Diabetic Kidney” and “Toll Like Receptor 4 Activation Mediates Injury in the Early Diabetic Kidney” were part of the results from my PhD studies. This was a great opportunity for me to learn more about “cutting edge” research in Diabetic Nephrology. I was absolutely delighted to be able to discuss my work with researchers from around the world interested in this area, and these discussions have generated many valuable ideas for my future studies.

I also enjoyed the world outside. Philadelphia is an attractive city with all the history, beautiful parks, awesome stadiums, the art museum, the mutter museum, cheese steaks and it's only an hour away from the beach (a bit cold for me though).

Attendance and presentation of my work at this meeting has hugely improved my knowledge of renal diseases and given me an enriching experience. Once again, I am most grateful for the society for the generosity of the travel grant.

Christopher Muir

I would like to thank the ANZSN for supporting my trip to Kidney Week 2011 in Philadelphia and the ANZSN ASM in Adelaide. I had the pleasure of presenting the results of a research project comparing clinical outcomes in the rope ladder and buttonhole cannulation techniques. Kidney Week was a fantastic experience. I was worried that as a medical student I may be out of my depth at ASN. However, that was not the case. ASN truly offered something for everyone. The ‘Trainee’s Track’ published in the program made it very easy to navigate through the conference as a junior medical person. I attended many great lectures that covered fundamental topics in renal medicine of interest to a medical student/intern.

I also received excellent feedback on my research, and met many of the Nephrologists who have published in this area. It was a great experience to discuss my research with them

and incorporate some of the late breaking work in this area into the manuscript.

Finally, it was a pleasure to experience Philadelphia. It is a truly beautiful city with a very rich history. After the conference I was able to squeeze in a tour of Independence Hall and the Liberty Bell, which was truly inspirational.

Thank you again for the financial support. It was a fantastic experience that has further enhanced my interest in renal medicine and in research.

Siddharth Rajakumar

I would like to express my gratitude to the ANZSN for supporting my attendance at the ASN scientific meeting and update course in Philadelphia. Being part of such a large conference was both instructive and inspiring. I had the opportunity to present my PhD research findings in a poster session and the interaction with other researchers studying kidney ischaemia reperfusion injury was certainly rewarding. Furthermore, exposure to the latest insights into this field by international scientific leaders during numerous sessions throughout the conference gave an exciting overview of the current ‘state of play’.

The update course on glomerulonephritis ran over the two days preceding the scientific meeting. This was certainly comprehensive with one day each dedicated to nephritic and nephrotic conditions. Synopses of pathological changes and potential pathogenic mechanisms were thorough, and prominent clinical leaders discussed the incorporation of the latest trials into applicable management algorithms. The last session of each day was a panel discussion about interesting cases seen by the experts for the first time. Despite the very recent management update it was interesting to see the diversity of responses by course participants to multiple-choice questions regarding these cases. Even more notable was the often varying approaches by the expert

panel members. This gave some reassurance that the management of difficult glomerulonephritis is, in fact, difficult.

The scientific meeting offered a vast array of concurrent scientific expositions, late-breaking updates, clinical practice guides and sponsored symposia in addition to the plenary sessions. Several sessions were directly relevant to my research and provided a greater understanding of the pathophysiology of kidney ischaemia reperfusion injury, and demonstrated novel investigative techniques. The presentation on maintenance therapy for lupus nephritis by Prof Gerald Appel was notable. He described the results of the maintenance study in the ALMS trial which suggests mycophenolate mofetil is superior to azathioprine (concurrently published in the NEJM) and compared this to the MAINTAIN study in which this therapeutic difference was not observed.

In a 'hot topics' session Profs Haller and Stahl described detailed new insights into treatment strategies for the HUS recent outbreak of shiga toxin-associated HUS (also concurrently published in the NEJM). In the 'late breaking trials' session A/Prof Thadhani reported results from the PRIMO study. Based on cardiac hypertrophy, no clear benefit of paracalcitol therapy in patients with CKD was observed. A/Prof de Boer detailed the long-term results from the DDCT/EDIC study. This demonstrated that strict glycaemic control in patients with type 1 diabetes reduced rates of nephropathy 10 years later. Clearly these examples are only a glimpse of the host of presentations given. Attending the ASN 2011 scientific meeting and update course was certainly a rewarding experience. The city of Philadelphia provided an interesting setting with the US urban experience in the context of a significant colonial legacy. Fortunately, the severe storms of the weeks prior to the conference had subsided. I'd again like to thank the ANZSN for supporting my scientific and clinical development.

Frederiek Eva Vos

Research Presented:

Oral presentation

Assessment of Markers of Glycaemic Control in Diabetic Patients with Chronic Kidney Disease using Continuous Glucose Monitoring.

Poster Presentation

Red Blood Cell Survival in Patients on Maintenance Dialysis

The Kidney Week is the scientific meeting of the American Society of Nephrology that takes place each year. This annual meeting for 2011 was held in Philadelphia from the 8th – 13th of November. This conference is considered as the predominant international symposium for the discipline of nephrology. Over 13,000 world-wide delegates attended this meeting with a board spectrum of backgrounds including clinical health professionals, basic scientists and industrial representatives.

Over the course of four days the conference provided high impact plenary sessions and multiple parallel sessions of different specialties within the kidney theme. Concurrent sessions allowed delegates the choice of attending session in a variety of themes. Sessions included oral presentation, poster presentations, discussions and workshops. Sessions were predominately of clinical and basic science nature. In addition, there were many sessions providing delegates with an update on important topics. Of considerable interest were sessions that discussed a clinical debate with key note speakers and experts in the field presenting each of the pros and cons. As part of and in addition to the symposium delegates had the opportunity to engage with representatives of numerous companies within the health care industry.

The dedicated sessions to the topic of clinical nephrology were especially relevant to my PhD research. Furthermore, being a trainee these sessions provided me with high quality scientific update and education.

My PhD research was selected for an oral presentation and a poster presentation during the meeting. In the theme Diabetes and its complications I presented my project titled: "Assessment of Markers of Glycaemic Control in Diabetic Patients with Chronic Kidney Disease using Continuous Glucose Monitoring". This part of my research focused on the accuracy of markers of glycaemic control in chronic kidney disease and the findings of a clinical study conducted by myself and the co-investigators were presented. In particular, I discussed the findings that HbA1c, as marker of glycaemia, appeared to be less reliable in advanced chronic kidney disease and that glycated albumin is likely to reflect diabetic control more accurately.

Furthermore, I was given the opportunity to present the findings of my other clinical study titled: "Red Blood Cell Survival in Patients on Maintenance Dialysis" in poster format. This poster displayed the finding that red blood cell survival remains shortened despite current dialysis techniques and exogenous erythropoietin administration.

Presenting my research at on a leading international platform enabled direct contact with international experts in this field. Moreover, I established links with both academic and industry representatives, which allowed for the opportunity to promote the expertise we have in the Department of Medicine, University of Otago and the exchange of ideas. Being able to contribute and obtain feedback on my research at this symposium has been an invaluable experience.

Overall, this conference provided me with the opportunity to expand my knowledge, further disseminate my research, gather insight to advances in this area, and ultimately gave me the chance to contribute to an international research community.

ISN

The six months since John Feehally took over as President of the ISN at the World Congress of Nephrology in Vancouver have been an exciting and productive time for the Society. Key developments include:

1. **Non-communicable disease, WHO and UN.** ISN has continued advocacy for inclusion of kidney disease as one of the named disease groups in the new WHO Strategy for non-communicable disease, and in the policy statement from the United Nations about non-communicable disease. This will be a pivotal step in increasing the visibility of nephrology worldwide.
2. **Education.** ISN has launched a new education strategy which will highlight the role of education as a key component of nearly all of ISN's activities. Modern interactive educational resources are being added to ISN's website. The Education website will be launched in a few months.
3. **Kidney International.** To KI has been added a companion journal KI Supplements, and next year a new on-line open access companion journal. Detlef Schlondorff will replace Qais Al-Awqati as editor in January 2012.
4. **Membership.** ISN membership has been extended to include a non-medical category with reduced fees. Memberships can now start at any time of the year.
5. **A new governance structure** has been initiated, with 4 main portfolios (publications, partnerships and events, global outreach, special interest), with 4 themes (education, culture of science, communication, business/finance) cutting across each.
6. **ANZSN's role.** ANZSN members continue to play a key role in ISN, particularly in Oceania and South East Asia. Peter Kerr is now Chair of the OSEA Committee which includes a number of ANZSN members and

continues its pivotal role within developing countries of our region. ANZSN members occupy key leadership positions within the central structure of ISN and play an important role in guiding ISN's strategy. Peter Kerr & Gavin Becker are on Council; Gavin Becker & David Harris are on the Executive; David Harris chairs the Education, Fellowship and Publications Committees and Carol Pollock is editor of ISN News and chairs the Program Committee for the 2013 WCN in Hong Kong. And there are quite a few ANZSN members on various ISN committees, including renal disaster relief taskforce (Mat Jose), Nexus & Forefronts (Rob Walker), Clinical Practice Guidelines (Gavin Becker), Education (Fiona Brown, Richard Phoon), Young Nephrologists (Fiona Brown), History (Charles George) and Dialysis (Gavin Becker & Peter Kerr). Since 2010 ANZSN members have supported our region as ISN lecturers (13), hosts to ISN fellows (9), hosts of ISN Sister Renal Centres (2) and ISN education ambassadors (2). Let me know if you are interested in being involved.

David Harris
Chair, Fellowship and OSEA Committees

SAC and Curriculum Report

This year has been a busy time for the SAC in Nephrology as there have been many recent developments in advanced training. After several years in evolution, the Nephrology Curriculum for Advanced Trainees has been finalised and ratified by the College Education Committee of the RACP this year. This has been distributed to all advanced trainees and now provides, for the first time, a formal and comprehensive outline of the concepts, learning objectives and associated theoretical knowledge and clinical skills required for adequate training to become a nephrologist in Australia and New Zealand. The Curriculum will

be reviewed on an ongoing basis. Requirements and recommendations for clinical and procedural exposure for nephrology advanced trainees are always controversial and those outlined in the Curriculum, on the whole, have been accepted by most as appropriate. Exposure to acute transplantation is probably the most heavily debated and again these requirements and recommendations will be reviewed continually by the SAC.

The RACP trainee process PREP (Physician Readiness for Expert Practice) has commenced this year for advanced training and is in evolution with various assessment tools being introduced over the next few years. Medical Education Officers from the RACP have been involved in providing education to all specialists nationally about this process and Dr Amanda Walker also conducted a supervisor workshop as a breakfast meeting at the ANZSN meeting in Adelaide this year to provide more information specifically for nephrologists. Supervisor workshops will continue next year with plans to hold them at both the TSANZ and ANZSN meetings in 2012.

The SAC is currently assessing the process involved for mandating a 3-year core clinical advanced training program (commencing in 2013). There is consensus amongst nephrologists (with vast majority show of hands at the DNT meeting this year) and advanced trainees (through the 2011 advanced trainee survey and a vast majority poll at the ANZSN advanced trainee weekend on the Gold Coast in May) for a 3-year course. The value of the nephrology advanced training program extends beyond the immediate training period into the vocational life of the nephrologist and with increasing complexity of medical care, as well as increasing numbers of trainees and reduced time clinicians spend seeing patients, there is a necessity to extend core clinical training time. This will also align with international standards.

The SAC, with the help of a Victorian advanced trainee Dr Liv Amos, have conducted a review

of the changes in nephrology advanced trainee numbers and the associated reduced clinical exposure over the last decade in Australia. There are currently 97 Nephrology advanced trainees in Australia, a number which has almost tripled over the last 7 years. A workforce survey will also soon be conducted by the ANZSN Council which will hopefully provide an accurate assessment of the current nephrology workforce in Australia and New Zealand and future workforce requirements to help correlate with advanced trainee numbers.

As always, there is ongoing review of hospitals that provide nephrology advanced training and with increasing trainee numbers there has been a bigger emphasis on training site visits to ensure adequate and appropriate training and supervision. Finally, with changes in training the SAC has also endeavoured to provide more transparency to trainees about current and future issues.

Nigel Toussaint
Chair, SAC in Nephrology

Kidney Health Australia Report

KHA Reports/publications:

A new “Kidney Community Newsletter” is published monthly and distributed by email freely to anyone who registers. It is aimed at all kidney stakeholders – primarily patients and their families – and is a mixture of kidney news, lifestyle advice and forthcoming events. It has been very well received and is now sent to almost 1000 registrants. Let your patients and contacts know to register through our website... www.kidney.org.au

A new Impact statement on “*Diabetes in Kidney Disease*” commissioned from Deloitte Access Economics was released in June 2011. This major review of diabetes and kidney disease projects the incidence of diabetic kidney disease and the costs to the Health Care system through to 2020. It predicts the contribution of diabetes to the burden of kidney failure in Australia to continue to escalate and highlights

among many issues the low frequency of transplantation occurring in people with diabetes. Copies are available from www.kidney.org.au.

The three AIHW publications this year (Projections in incidence of ESKD to 2020, the Total incidence of ESKD and Indigenous CKD in Australia) are all linked from our website

KHA Research Awards:

The Medical and Scientific Advisory Committee recently awarded grants and scholarships to the total of \$450,000 for 2012. The \$50,000 project grants were very popular and drew 32 applications – funds were available for only 5 of these to be awarded.

The Medical scholarship in the area of Public Health created for the first time this year and two additional science scholarships were awarded along with 4 post-graduate Nursing Scholarships (each \$3000/yr for 2 years). One Summer Vacation student scholarship was also awarded. The annual contribution by KHA to ANZDATA was ratified at \$75,000.

There will be some fine tuning of the conditions governing the award of KHA grants and scholarships in 2012 (for uptake in 2013). This revised funding plan for 2013 awards will be announced on our website www.kidney.org.au in late February 2012.

Kidney research in Australia:

A meeting was held during the ANZSN annual scientific meeting (Adelaide, August 2011) to consider the successful Canadian KRESCENT program that supports kidney researchers in their career with the intent of increasing the attractiveness of the kidney research and improving the retention of researchers in the kidney area. The outcome of this meeting was to recommend the undertaking of a mapping analysis of the Australian kidney research scene to better identify and understand the current situation and from that to decide whether the KRESCENT type approach had anything to offer Australia. The KHA Board has accepted this recommendation and this project will proceed in the first part of 2012.

Kincaid-Smith Medal

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 award is made every 2 years and is regarded as one of the most prestigious awards in the Australian kidney arena. The Medical and Scientific Committee at its recent meeting considered nominations and an announcement is expected early in the New Year.

Kidney Check Australia Taskforce (KCAT) – GP Education

Kidney Health Australia's KCAT education program has continued to be highly successful in 2011 with 90 education sessions being delivered for the year. We would like to thank those of you who have been involved in presenting our workshops for your enthusiasm and commitment to education in kidney disease and the valuable feedback you have provided on our modules. A special thanks goes out to Dr Nigel Toussaint who has presented four KCAT sessions this year, Prof David Johnson who has presented three and Dr Richard Phoon and Dr Peter Mount who have presented two sessions each.

In 2012 we will be launching a new version of our module 'Early Detection and Management of CKD' that will focus on the important changes in CKD detection and management. If you are interested in educating GPs in your area on these changes, then please contact us! We will also be releasing several new KCAT modules covering topics such as stage 4/5 CKD management, drug-dosing in CKD as well as a KCAT consumer module.

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 encourages primary care to work collaboratively with their local renal unit.

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 us at KCAT@kidney.org.au

Proteinuria/albuminuria measurement and reporting.

The consensus statement arising from the broadly representative stakeholder meeting held on February 7 this year has been endorsed by the Australian Diabetes Society, the RACGP, ANZSN, KHA and the AACB along with the College of Pathologists (RCPA). The statement has been submitted to the MJA for publication and in essence recommends the use of urine testing for albumin rather than for proteinuria in establishing the presence of kidney damage.

Creatinine and eGFR measurement and reporting.

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 the issues around creatinine measurement and the use of eGFR. A stakeholder meeting was held on 7 March 2011. A third consensus statement (previous statements published in 2005 and 2007) has been agreed upon and now endorsed by the "parent bodies". This has also been submitted to the MJA. The recommendation is to use CKD-EPI rather than MDRD for routine calculation eGFR.

CKD Management by General Practitioners (Booklet).

The changes to the practice of nephrology arising from these consensus statements and the revised CKD Staging system have been incorporated into a new booklet for GPs. This is in the process of endorsement and is planned to be published in early 2012 with a copy being posted to each practising doctor in Australia.

Kidney Evaluation for You (KEY) CKD screening program:

A new project has commenced seeking to establish the most effective way of detecting CKD cost-effectively in our community. Previous projects have shown the targeted screening with point of care blood and urine markers along with exit counselling is effective but expensive in detecting CKD and accomplishing changes to management. This established approach is to be compared to urine testing alone versus a questionnaire approach. Efficacy will be gauged by the proportion of participants seeing their own doctor and the proportion making a change to management as a result of the screening. This project will guide KHA in its future community/workplace and pharmacy screening activities.

Tim Mathew
Medical Director, KHA

CARI

New Guidelines	Convenor
Cardiovascular risk factors	Vlado Perkovic
Recipient assessment for transplantation	Scott Campbell
Diagnosis and treatment of UTI in Children	Steven McTaggart
Early CKD	David Johnson
Updating Guidelines	Convenor
Dialysis adequacy (HD)	Peter Kerr
Peritonitis treatment and prophylaxis	Amanda Walker
Vascular Access	Kevin Polkinghorne
CMV Disease and kidney transplantation	Helen Pilmore
Haemoglobin	Carmel Hawley
Adaptation of KDIGO Guidelines	Convenor
Care of kidney transplant recipients	Steve Chadban
Acute Kidney Injury	Robyn Langham

The new governance arrangements for KHA-CARI have now been in place for almost 12 months, with the Steering Committee welcoming the stability of the new arrangements and the discipline they've imposed upon the guideline process. KHA-CARI now reports on a quarterly basis to the KHA Board, reviewing our work plan and updating progress against our objectives. The challenge for us remains prioritising the tasks ahead of us, which inevitably means we cannot undertake all the work we would like and decline requests for topics in areas that, whilst likely to be valuable, are deemed to not be of the highest priority.

We are also seeking to expand our pool of guideline reviewers, to expedite the review process and minimise the contribution of this stage to delays in guideline development. A request for expressions of interest will go out to the ANZSN membership in the near future, so anyone interested in contributing to KHA-CARI should take this opportunity. KHA-CARI is, in essence, a product of our local workforce and a great vehicle to enhance the knowledge and skills of those involved in every stage of guideline development.

One of the major challenges for local renal guidelines in recent years has been KDIGO (see my comments in the newsletter earlier this year), an international collaboration seeking to develop high quality renal guidelines. We've been working to use this resource to the benefit of local guidelines, with the recent adaptation of their guidelines around care of the renal transplant recipient being the most prominent part of this work. Unfortunately KDIGO's funding has been caught up in the global sponsorship constraints of the 18 months, which is likely to limit its productivity in the medium term. We remain optimistic that KDIGO will continue to be a force in global guideline development and enhance guideline coordination, but we will continue to watch developments and adjust our activities accordingly.

I'd like to take this opportunity to thank everyone who has contributed to KHA-CARI in the last 12 months and look forward to the many challenges ahead.

**Martin Gallagher, Chair
CARI Guidelines**

The Australasian Kidney Trials Network

Trial launches

IMPROVE-CKD trial: Impact of Phosphate Reduction On Vascular End-points in Chronic Kidney Disease; Principal Investigators: Nigel Toussaint & Genie Pedagogos

The IMPROVE-CKD trial was launched at a centralised meeting at the Park Royal hotel at Melbourne Airport on the 25th October, 2011. Attendees had a chance to try out the SphygmoCor machine used to assess Pulse Wave Analysis and Pulse Wave Velocity, the primary outcome for the trial. It is expected that the first participants will be randomised to the trial before the end of the year.

AVATAR trial: ACE Inhibition for the Preservation of Renal Function and Patient Survival in Kidney Transplantation; ANZ Principal Investigator: Helen Pilmore.

Chief Principal Investigator Dr Helen Pilmore and AKTN Clinical Research Associate Mike Watson presented the AVATAR trial to participating sites in Sydney on the 24th of November. The enthusiastically-attended meeting provided an opportunity for Site Investigators and Coordinators to meet central coordinating staff and have questions about the background clinical science and trial coordination logistics answered.

Trial Milestones

PEXIVAS Trial: Plasma exchange and glucocorticoids in anti-neutrophil cytoplasm

antibody associated systemic vasculitis; ANZ Principal Investigator: Chen Au Peh

The PEXIVAS trial is currently recruiting above our expectations. Since commencement, 11 participants have been randomised to the trial from sites across Australia. After clearing the necessary legal hurdles, New Zealand sites are expected to commence in the New Year.

FAVOURED Trial: Fish oil and Aspirin in Vascular access Outcomes in Renal Disease; Principal Investigator: Ashley Irish.

After the expanded trial protocol was launched in mid-2011, recruitment has picked up for the trial, which now has 260 participants recruited. Malaysian sites started with a bang in August, already randomising 41 participants between them.

HERO Trial: Handling Erythropoietin-Resistance with Oxpentifylline; Principal Investigator: David Johnson

The amended trial protocol has seen a recruitment boost as both predicted and hoped, and recruitment has now reached 31 participants. The AKTN would like to thank all HERO sites for their continued efforts, and encourage existing and new sites to keep searching for those hidden HEROes, as there is still some way to go before the recruitment target is met.

ACTIVE Dialysis trial (AKTN-endorsed; coordinated by the George Institute for Global Health); Investigators: Vlado Perkovic and Meg Jardine

In September 2011, the 60th participant was randomised into the ACTIVE Dialysis trial.

ANZSN 2011 annual scientific meeting

KHA Bootle Award presentation

In recognition of the Kidney Health Australia (KHA) *Bootle Award* granted to the AKTN in 2005, Carmel Hawley was invited to speak at ANZSN Annual Scientific Meeting in Adelaide. Carmel presented on the highlights of the AKTN over the past 5 years, and emphasised the Network's priorities for the next 5, namely completing current trials, further strengthening

our links with national and international collaborative research groups, and continuing to educate and promote the development of Early Career Researchers in the field of kidney disease-related clinical trials. The Network is appreciative to KHA for both their funding support and the opportunity to promote our Network in this forum.

Exhibition Hall Booth

As we have for the previous 3 years, the AKTN had a presence in the ANZSN ASM via a booth in the exhibition hall. All trial-related staff spent time in the booth getting to meet and chat with nephrologists and allied health professionals. As always, it was a useful networking experience for the AKTN, and an invaluable opportunity to promote and educate the community on AKTN trials and processes. We would like to thank the ANZSN for their support of the AKTN in this capacity.

ASN Presentation

In recognition of the success of the AKTN, Carmel Hawley was asked to present at the American Society of Nephrology's Annual Scientific meeting held in November in Philadelphia, USA, on tips for running a successful investigator-initiated trials network.

Website

Don't forget to check out the re-vamped AKTN website for more details on all of our trials, AKTN staff, details of how to submit a trial proposal, and all of the latest AKTN-related news and events. www.aktn.org.au

Contacts

Please contact the AKTN to discuss current trials or future trial opportunities.

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Chair Scientific Committee, Alan Cass:
acass@george.org.au

Chair Operations Secretariat, Carmel Hawley:
carmel_hawley@health.qld.gov.au

Carmel Hawley
Chair, AKTN Operations Secretariat

Nephrology Journal Report

The first year of my role as Editor in Chief passed quickly. During this time, the journal has continued to grow and develop. Hopefully this will be reflected in an improved impact factor next year.

I remain committed to the journal but also must stress that I am heavily reliant on the Editorial team at Wiley – especially Martha Rundell and Julia Ballard. Martha in particular is responsible for the day to day editorial office functions and is always prompt and reliable. Without her, the journal simply would not function.

Over the course of the year, several new Subject Editors have been added, some with the deliberate intent of increasing the non-Australian involvement:

In 2010:

Yohei Ikezumi (Japan) – Clinical GN and General nephrology

Tazeen Jafar (Pakistan) – Hypertension

Shih-Hua Lin (China) – PD and renal physiology

Xueqing Yu (China) – PD

In 2011:

Ashley Irish (Aust) – Dialysis

Matthew Jose (Aust) – Transplant and Indigenous health

Chih-Wei Yang (Taiwan) – Pathology/immunol and general nephrology

Naoki Kashihara (Japan) – diabetic nephropathy

Several SE's have retired – their assistance over the years is greatly appreciated:

George Mangos
Jonathon Craig
Teck Onn Lim

I am always looking for more SE's and would welcome suggestions.

The journal remains financially viable, returning a small profit every year. Balancing on-line only publication and advertising income remains a difficult task.

The journal receives a growing 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. This year we have received 436 submissions to end August compared to 497 and 504 in the past 2 completed years.

The CARI guidelines will continue to be published in the journal – but in a modified form. Clusters of guidelines will be published within a single article (rather than an article per guideline). This reduces page numbers and production costs and improves impact factor (smaller denominator).

A decision around expanding the journal to a strictly monthly publication still has not been made. An increase in page numbers and therefore number of articles influences the impact factor as the number of articles published is the denominator for the impact factor. One can argue about the merits of impact factors but for now it is how journals are judged; our current impact factor is steady at 1.172 (ranking 51/69).

A key feature of our attempts to lift our impact factor is the rapid processing of submitted manuscripts – something that has already improved and hopefully will improve further.

Our time to first decision has fallen from 40 days in 2006, to 21 days in 2010 and 14 days in 2011. The time to final decision has fallen from 75 days in 2006 to 34 days in 2010 and 19 days in 2011.

In the next year we will attempt to establish the availability of figures as downloadable powerpoint images. It is felt that this increases the likelihood of papers being quoted and obviously is a helpful concept for those preparing talks. We have purposefully restricted case reports and kept them to 400 words maximum; again mindful of their influence on impact factor.

The Nephrology journal is an Asian-Pacific journal– we need to remain mindful of the journal's standing in the region and promote it as our journal. On the other hand, the ANZSN has been a strong supporter of the journal and has formed the backbone of the journal.

Finally, in an effort to attract more research papers, APSN Council have decided to offer 3 US\$1000 prizes for the best articles from the year. These will be judged by myself, the president and another council member of APSN.

Peter Kerr

Editor-in-Chief of the Nephrology Journal

APSN Report

The APSN comprises a growing membership of nephrologists from a diverse range of communities and cultures across the Asia-Pacific region. The spectrum extends from the bare-foot doctor initiatives in remote Indian villages to the rising tide of ESKD in Taiwan, currently the highest incidence in the world. Since its inception in 1979, the APSN has worked to improve nephrology care through collaborative activities of its many member societies. The ANZSN has been very well represented in the APSN's activities, particularly with the Editorial Board of the

APSN journal, *Nephrology*, and as Office Bearers of the Society.

The current APSN committee, led by the President, Yasuhiko Tomino, and vice-President David Harris, are currently overseeing a number of ongoing and new initiatives. The APSN CME initiatives are working collaboratively with the SIN-Go regional groups to deliver improved education to clinicians in more remote and underdeveloped areas. Industry partnerships have given rise to successful local Fellowship programs that have been awarded to young nephrologists in areas of need.

The Asian Forum for CKD Initiatives, led by Yusuke Tsukamoto, holds annual meetings to develop important projects for CKD detection and management. In 2012, the group plans to meet in Chandigarh, India. The next APSN Congress will be held together with the World Congress of Nephrology in Hong Kong in 2013. The Japanese Society of Nephrology will host the 13th Congress of the APSN, in Tokyo in 2013. For further details and how to get involved, visit the APSN website www.apsneph.org.

Robyn Langham

Cyclosporin and Simvastatin

The FDA (and consequently Medsafe and the TGA) have issued new recommendations to avoid the use of high doses (80mg/day) and to contraindicate use with certain drugs such as potent CYP3A4 inhibitors and cyclosporin.

The link to TGA recommendations is: <http://www.tga.gov.au/safety/alerts-medicine-simvastatin-111206.htm>

The link to the Medsafe recommendations is <http://www.medsafe.govt.nz/profs/PUArticles/SimvastinSept2011.htm>.

The link to the FDA is: <http://www.fda.gov/Drugs/DrugSafety/ucm256581.htm#Simvastatin Dose Limitations>

Relevant points for transplant patients include:
- High doses of simvastatin (80mg) are no longer recommended.
- The combination of cyclosporin & simvastatin is now contraindicated."

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

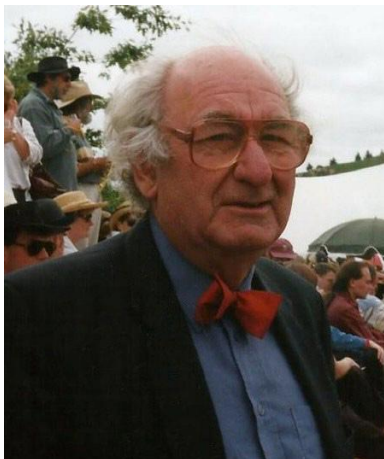
Nephrology positions are advertised on the ANZSN website at: www.nephrology.edu.au/positionsvacant/index.asp

Obituary

Dr Peter J Little MB ChB, FRACP, FRCP

15 November 1930 to 19 May 2011

President of the Australasian Society of Nephrology 1976 to 1978



Peter Little, the founder of the Christchurch renal unit and a pioneer of home dialysis in New Zealand, died recently.

Peter Little trained in medicine at the University of Otago graduating in 1954. In 1960, while working in England as a locum medical registrar, he was introduced to nephrology at Fulham Hospital, London by Professor Hugh de Wardener and worked there until 1966. Peter experienced the early days of dialysis and through his clinical research made significant contributions to the understanding of the pathophysiology of urinary tract infections.

In 1966, Peter was appointed as Canterbury's first nephrologist to set up a renal unit at Christchurch Hospital. He was Head of the Nephrology Department from 1976 to 1979. During his time in Christchurch, Peter established New Zealand's first home haemodialysis training programme in 1969 and the principles of treatment for people with kidney disease that he developed still influence the treatment of people with kidney failure today. In 1972, the South Island kidney transplant programme was established at Christchurch Hospital. Peter, or "PJ" as he was known by junior doctors and nurses,

encouraged a number of the second generation of New Zealand nephrologists to train in the specialty; Alastair Gillies (now in Newcastle), Ross Bailey, Jim Neale, Kelvin Lynn and Richard Robson.

Peter was an active member of the Society in the 1970s and was President from 1976 to 1978. He led the organisation of the first ANZSN Annual Scientific meeting held in New Zealand. The 1976 Christchurch meeting is still remembered by those who attended as being of a very high scientific standard with a great social programme.

Peter's views on the need to remove barriers to transplantation, particularly from living donors, were developed from his experiences working as a nephrologist in the Middle East. He was outspoken in his criticism of what he thought were unhelpful and unrealistic positions taken by ethics and medical groups such as The Transplantation Society.

Peter will be remembered as quite a character. Having a great intellect and being a clear analytical thinker, he did not always get on with the establishment but he was held in high esteem by patients and doctors in training. He had strong socialist convictions and was always one to support the underdog. Peter was an excellent cook and gourmet, enjoyed international travel and was well known for his flamboyant dress and trademark bowtie.

Peter left Christchurch in 1979 to establish and head a renal unit in Saudi Arabia and subsequently worked in Baghdad where he developed a large, successful living donor kidney transplant programme. He returned to New Zealand to live in retirement but continued to travel, particularly to Ireland and Thailand.

He is survived by his second wife, Dolores, and his five children.

Kelvin Lynn

Society Sponsors

The ANZSN gratefully acknowledges the support of the following companies

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Home Therapies Conference 2012

HOME THERAPIES CONFERENCE 2012

Sydney ● Australia
14–16 March



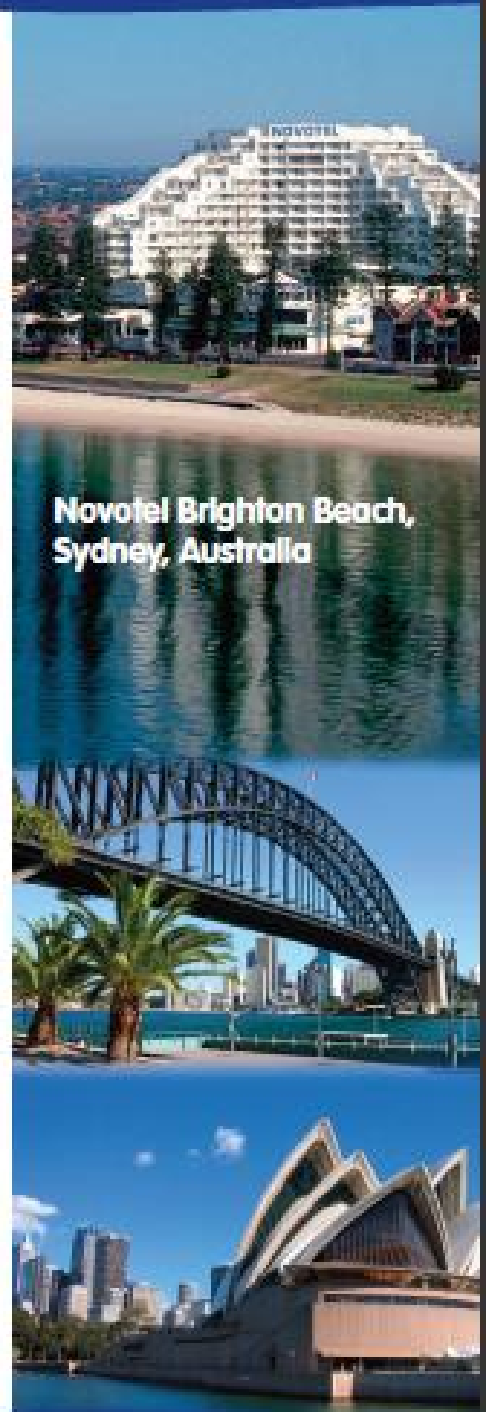
The 4th Australia and New Zealand Home Therapies Conference will be held in Sydney, New South Wales, on 14 – 16 March 2012. Given the success of the previous meetings, the theme of this conference is "Breaking down the Barriers".

In attendance will be three invited overseas speakers:

- **Professor Robert Lockridge** from the University of West Virginia, started the nocturnal home haemodialysis program September 1997. It is the first and largest nocturnal home haemodialysis program in the United States.
- **Professor Judith Bernadini** from the University of Pittsburgh started as a clinical research nurse in 1982, Judith's primary focus has been on PD research and improving outcomes for PD patients.
- **Professor Tao Wang** from the Peking University has focused on the rehabilitation aspect of dialysis patients and has developed a model of a primary nursing system for the management of patients on peritoneal dialysis.

The home therapies conference has endeavoured to formulate a program which should interest medical, nursing, allied health care workers, consumers, carers and technical staff involved in home therapies.

**Registration
Now Open**



**Novotel Brighton Beach,
Sydney, Australia**

Please refer to the Conference website for further information and online registration.

www.eventful.com.au/hometherapies2012