Welcome to the ANZSN newsletter which has evolved into an annual report of all the facets of our growing society. In keeping with the worldwide decline in print media, our regular newsletter has largely been replaced by weekly e-mail updates that are most relevant to our Members.

By reading this issue, Members gain a snapshot of the Society activities that are both exciting and challenging. I have recently used the analogy of a house with multiple extensions as the family has grown over time to describe our society to an external organisation. The striking feature is the breadth of talent and engagement of members in advancing education, research, scientific exchange, clinical practice, registry feedback, engaging with government and strengthening connections with regional and international societies. Encouragement and opportunities provided for young talent have been numerous and there has certainly not been a shortage of distinguished senior ‘heavyweights’ to duly recognise.

The idea of a formal ‘governance’ review of the Society detailed in the President’s report sounds a bit like administrative jargon but in reality is a strong sign of responsible leadership of successive Presidents. The action says to me that we are doing well but we want to do even better if opportunities are identified. So, in our house with multiple extensions, it will be interesting to see whether the independent assessors suggest any home improvements.

The backing of our activity requires a strong financial position and it is extremely pleasing to read the Treasurer’s report that money for research and education is steadily growing in the face of tough economic times worldwide. As evidenced in the report, we are indeed currently blessed with a financial savvy Treasurer with sustainability constantly on his mind.

I would like to thank and acknowledge all the contributors to this bumper newsletter issue as well as the superb editorial assistance of Deborah Dickson for this publication and Aviva Rosenfeld for the weekly e-mail updates.

Finally, I sincerely hope that all Society Members have a well-deserved break during the holiday season, a very merry Christmas with your families and a happy new year!

Hilton Gock,
Honorary Executive Officer
President’s Report

The transition to the new Council occurred at the Auckland ASM. The process has been mercifully smooth thanks to the endeavours of the previous Council and our sincere gratitude is especially due to the outgoing Councillors, Vicki Levidiotis, Matthew Jose and Mark Thomas.

I can only reinforce the sentiments expressed at the AGM and the ASM Dinner and thank Vicki, Matt and Mark for their very substantial contributions to the Society’s achievements of the last 2 years.

We consequently welcome Jeff Barbara, Alan Cass and Paolo Ferrari to this new Council - three additions who will undoubtedly add enormous value to our core activities around education and research.

It is a pleasure to the new Council to be left with a vibrant expanding Society which is at the forefront of promoting renal education and research as well as quality and evidence-based care for patients with Chronic Kidney Disease and in conjunction with KHA, a Society with a really important role to play in promoting the importance of kidney disease in the community and with government.

Our 48th Annual Scientific Meeting (ASM) in Auckland at the SKYCITY Convention Centre was another bench-mark event and we are very much looking forward to the 49th meeting in Brisbane in 2013 (Convenor Nick Gray) and the milestone 50th in Melbourne in 2014. The 48th ASM was nothing less than excellent and praise is due to the convenor, Mark Marshall and the members of the Local Organising Committee as well as Richard Kitching initially and Kevan Polkinghorne as consecutive SPEC Chairs and the other SPEC group for delivering an exciting and stimulating programme.

The ASM was preceded by the Nephrology and Transplantation Update Course which was again very well received and patronised. Please check the soon to be revamped ANZSN website for details of these and other upcoming meetings: www.nephrology.edu.au

One endeavour related to the ASMs is the perception that we might broaden the interest to include other overseas visitors to the meeting (particular opportunities exist in the Asian-Oceania region) and also to continue to make the Society a place where non medical clinicians and Renal Scientists are particularly welcome as members and attendees at the ASMs.

Deborah Dickson and Aviva Rosenfeld at the ANZSN Office have been working hard with the Councillors to update the website and hopefully that should be a reality before the end of this year. The Office has moved from Level 1 to Level 7, 149 Macquarie Street. This will be a nostalgic move for many but has the distinct advantage of providing improved space and an environment of reduced occupational health and safety risk.

Society Members will recall that at the time of subscription renewal, we ‘surveyed our non clinical and clinical members, about their “work practices”. This survey has been completed and pleasingly by a very high proportion of the Membership. Workforce issues will again be a key discussion point at DNT (Alice Springs is the destination for the March 2013 DNT Workshop).

There were some striking differences in the AIHW estimates of the Nephrology workforce which will provide at least one opportunity for vigorous exchange at the meeting – vigorous exchanges are often yearned for by those in the Society born in an era of less political correctness. We shall try to cater for them.

During the next 12 months, Council is keen to undertake a ‘governance’ review. This will be formal and broadly based as well as timely as we enter into a different era and understanding with the College of Physicians (yet to be finalised).
The evolution of our structures and relationships has been considerable in the past decade and apart from SPEC and DNT, we have a number of Sub-Committees variably connected to the society through the College, DNT, KHA and TSANZ (AKTN, CARI, ANZSIN ANZPNA, ANZDATA, RTAC, HDAC, M&SAC, Kidney School, SAC etc).

Understanding these relationships and associated accountabilities is important if the Society is to continue to provide leadership and influence especially in areas of policy. As indicated above, there is also a special requirement for us to continue to work closely with KHA and other organisations to promote awareness of kidney disease and to attract funding to Nephrology for research endeavours.

I am guessing that by the time this newsletter goes to print, the year will be close to over. Please have a safe and happy festive season and a successful year in 2013.

Rowan Walker
President

Treasurer’s Report

The Society remains in a strong financial position despite continued uncertainty in the global economic outlook. ANZSN net assets for the year ended 30 June 2012 have continued to grow to a healthy $2,009,042, representing a 13% increase on the prior year (net profit of $236,218).

Key drivers which influenced this result included an increase in revenue derived from membership subscriptions and Society sponsorship, offset by an increase in expenses related to awards and grants. Specifically, in 2012 we provided more than $75,000 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. These include initiatives such as the ANZSN Infrastructure/Enabling Grant and a newly developed partnership with Roche to provide assistance to junior Members to gain experience further afield (clinical or non-clinical).

Indicative of the breadth of educational and research activities that the Society now covers, we are now involved in organisation of the Annual Scientific Meeting, DNT Workshop, Home Therapies Workshop, ANZSIN satellite meeting and Kidney School programme. More activities are in the pipeline!

![Travel Grants Awarded](image)

Pleasingly, our Society membership has increased (811 Members, compared to 765 Members in the prior year) and I am confident that our Society will continue to expand due to the growing complement of trainees and with the likely future introduction of new membership categories to cater for our non-clinician colleagues. Our investment portfolio remains conservatively invested and currently is approximately 50% cash-weighted, 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.

At the recent Annual General Meeting in Auckland, it was agreed that subscriptions would increase by a modest 5% per year over the next 2 years to, at least partly, offset future financial pressures related to industry and the RACP. I also briefly touched on some results from this year’s ANZSN Workforce Survey (which I will elucidate upon more fully at the 2013 DNT Workshop) which are at variance with those of a recently published Health Workforce of Australia (HWA) 2012 report. By 15 August 2012, we had received 421 survey completions (333 nephrologists and 88 trainees; 28 nephrologists indicated
they were planning retirement in the next 5 years). By comparison, the HWA 2012 report suggested that there were 441 active nephrologists (in Australia alone), with a current oversupply of 22 trainees (projected to increase to 185 FRACP Nephrology graduates by 2025). Whilst there are problems with the methodology in deriving these figures, regardless it is clear that workforce remains a prominent issue for us.

Best wishes for the festive season!

Richard K.S Phoon
Honorary Treasurer

Scientific Programme & Education Committee (SPEC)

2012 Annual Scientific Meeting & Nephrology and Transplantation Update Course, Auckland NZ

The 2012 ASM and Nephrology and Transplantation Update Course held in Auckland in August were excellent meetings. The three international invited speakers, Prof Terry Cook, A/Prof Christopher McIntyre and Prof Jean-Paul Soulillou made substantial contributions to the meeting. In addition Prof David Weiner also contributed substantially to our meeting as well as the other invited “local” speakers.

We again received a record number of abstract submissions prompting a change in format with four concurrent poster/mini-oral sessions instead of three. This enabled the allocation of a slightly longer presentation time which was well received. Case reports were presented as posters only this year due to increasing time constraints on presentation times and the need to allow members to present their research. SPEC will continue to assess this and welcomes any feedback/comments on the meeting structure.

On that note members will have received a link to complete a survey with questions relating to this year’s meeting and I encourage you all to complete this. This enables SPEC to gauge the wider ANZSN views on directions for future meetings. 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 Dr Mark Marshall and the Local Organising Committee, and Dr Vincent Lee, responsible for the weekend Nephrology and Transplantation Update Course. Congratulations to all the award winners, including Dr Greg Tesch (TJ Neale Award), the ANZSN Young Investigators Dr Min Jun (Clinical Science – Roche) and Dr Louis Huang (Basic Science – Amgen), as well as Dr John Collins (KHA Clinical Science Award), A/Prof David Nikolic-Paterson (Best Scientific Presentation), Dr Chun-Yuan Hsiao (Amgen Best Case Report Poster Award) and Dr Nick Gray (Roche Rural Science Award). See photos on pages 7-8.

Other ongoing developments in and around the ASM included the ANZSN Interventional Nephrology Meeting, the Renal (Basic) Scientists Educational Meeting and the Nutrition Update for Renal Dietitians Meeting. 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

The Committee has two members due to retire at the end of this year – Prof Paolo Ferrari and A/Prof Toby Coates. Both have been outstanding members of the Committee and have contributed in multiple ways. In particular Paolo has been responsible for chairing and organising the TJ Neale award Sub-Committee of SPEC and has done an excellent job. Toby has been an extremely active member of SPEC and in particular has been involved in the abstracts review and allocation process. Members would no doubt have received the EOI call to join the Committee which closes on the 30th of November. I would encourage all those who are interested to apply.

2013 Annual Scientific Meeting & Nephrology and Transplantation Update Course: Brisbane 7th to 11th September

In 2013, the Annual Scientific Meeting will be held in Brisbane (9th to 11th September) with the Nephrology and Transplantation Update Course taking place on 7th to 8th September. Dr Nick Gray is Chair of the Local Organising Committee. SPEC and the Local Organising Committee are finalising the program, with three excellent invited international speakers, Prof Hans-Joachim Anders (Germany), Prof John A. Kellum (USA) and Dr Dushka Dragun (Germany). In considering abstract submission in 2013, abstracts need to be submitted with results, and in the correct format. In addition, please declare relevant conflicts of interest when submitting abstracts. As was the case this year there will be no extensions to the abstract submission deadline.

2014 Annual Scientific Meeting & Nephrology and Transplantation Update Course: Melbourne August 23rd to 28th

The 2014 Meeting will be held in Melbourne and will be the 50th anniversary of the ANZSN. The meeting will be a joint meeting held in combination with the RSA. 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 Chen Au Peh again organised the Annual ANZSN Postgraduate Weekend (Gold Coast 11th to 13th May). Chen Au has organised this meeting now for two years, and should be congratulated on his efforts in making this a highlight of the ANZSN calendar. This year’s meeting was very successful with 120 plus attendees with Prof Helmut Rennke being an excellent international visitor. For 2013, Prof Charles Alpers is the visiting invited speaker – he is an excellent speaker and teacher and 2013 promises to be a great meeting.

Thank you also to Amgen and Fresenius Medical Care 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. SPEC would like to thank those Members who give their time to speak at the
course providing the trainee’s with excellent educational content.

**TJ Neale Award**

The TJ Neale award is now awarded on an annual basis with the awardee presenting at the ASM of that year. Applications for this prestigious award will open in the coming 2 weeks and close at the end of January 2013. Recommendations for this award will be made to ANZSN Council by an adhoc committee consisting of non-conflicted SPEC members (and if required, after assessment of conflicts of interest), co-opted senior Members of the society.

Kevan Polkinghorne
Chair, Scientific Programme and Education Committee

**2012 ANZSN ASM**

The 2012 ASM and Nephrology Update went well. We were fortunate to have four outstanding international plenary speakers, Terry Cook, Chris McIntyre, Jean-Paul Soulillou, and David Weiner. As importantly, the program included a slew of high quality local presenters, both in clinical nephrology (e.g. Colin Hutchinson and Markus Schlaich) and also in basic science (e.g. Alan Davidson, Hans-Peter Marti). I cannot thank them enough for their efforts and contributions. As always, the meeting’s programme was the result of hard work from SPEC and its Chairs, on this occasion being the outgoing Richard Kitching and the incoming Kevan Polkinghorne.

The meeting was well attended, with over 550 delegates from a wide range of countries including Pakistan, Qatar, Thailand and India. This increased international presence reflected the publicity strategy of the ASM’s Local Organizing Committee in targeting Asia through its respective societies and the APCN, and might be the start of a new strategy to develop the ASM as the dominant international Nephrology showcase in this part of the world.

A total of 279 posters were displayed, and I would hope the delegates had a chance to have a look at the 50” plasma screen poster display close to reception.

“E-posters” are one possibility for the future of the ASM. There is currently no proprietary software and displays for e-posters, although enough forward planning would allow this sort of system to be implemented for our meetings, and may make life easier for presenters through the convenience and flexibility of electronic uploads rather than transporting and displaying printed posters. Anecdotally, the cost-savings on floor space would probably offset the cost of a new system like this, and we will be surveying you for your thoughts on the desirability of such a system for the future. Of note, all the abstracts are available in open access format on the Internet: [http://onlinelibrary.wiley.com/doi/10.1111/nep.2012.17.issue-s2/issuetoc/](http://onlinelibrary.wiley.com/doi/10.1111/nep.2012.17.issue-s2/issuetoc/)

A total of 330 people attended the conference dinner, which is what was hoped for by including the cost of the dinner in the price of registration. As a proud Aucklander, I was pleased to showcase our city to visitors and in general the dinner remains a key event for celebration of our scientific achievements and for future networking.

Congratulations to the following award winners!
2012 TJ Neale Award

Prof. Walker presenting the award to Dr Greg Tesch

2012 ANZSN Best Basic Science Award

Prof. Walker presenting the award to A/Prof David Nikolic-Paterson

2012 KHA Clinical Science Award

Prof. Walker (left) with A/Prof Tim Mathew from KHA (right) presenting the award to Dr John Collins

2012 Young Investigator Award – Clinical Science (Roche)

Prof. Walker (left) with Anthony Sanbrook from Roche (right) presenting the award to Dr Min Jun

2012 Young Investigator Award – Basic Science (Amgen)

Prof. Walker (left) with John Knight from Amgen (right) presenting the award to Dr Louis Huang

2012 Rural Science Award (Roche)

Prof. Walker (left) with Anthony Sanbrook from Roche (right) presenting the award to Dr Nicholas Gray
The Nephrology Update Meeting remained a highpoint on the program, and this year included particularly high quality presenters and presentations. This success was again due to the hard work and insight from Vincent Lee,
with the help of Janak DeZoysa on the local front. Other notable events at the ASM included the 4th ANZSIN Interventional Nephrology Meeting, the 4th Nutrition Update for Renal Dietitians. As a note, proposals for additional meetings that enhance the core activities of the meeting without competing with either the Nephrology and Transplantation Update Course or the ASM itself are always welcome, and should be directed to Kevan Polkinghorne as Chair of SPEC.

I would like to again thank the Members of the Society for generously giving their time to review abstracts. Thank you also to the ASM’s Corporate Sponsors, who generously support the ASM so that it can grow and continue to serve the needs of the society.

The Local Organising Committee for the conference was chaired by me, and included Jamie Kendrick Jones, Chris Hood, and Ian Dittmer. I would especially like to thank Jamie for his wonderful work in organising what in my opinion was the best Conference Dinner I have ever been to at an ASM. We have recently issued an email survey to all the attending delegates, and I would very much appreciate feedback. At any time, please feel free to email me about suggestions for the meeting (mrmash@woosh.co.nz). I have already had feedback about the biggest hits at the conference, which were apparently the outstanding conference bag and the free soda stand, something to be noted by those organising the meeting in the future.

Finally, I’d like to thank Katy Hartnett and Conference Innovators for their tireless work in keeping things humming and Aviva Rosenfeld for sharing her experience and advice at key moments of decision making.

Mark Marshall and Katy Hartnett from Conference Innovators

2013 ANZSN ASM

The 49th Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology is to be held from 9th to 11th September, 2013 in Brisbane, Queensland. The main meeting will be preceded by the Nephrology and Transplantation Update Course on the 7th and 8th of September.

The meeting will be held in the new Grey Street extension of the Brisbane Convention and Exhibition Centre which is located in the cosmopolitan Southbank parklands with adjacent museums, art gallery, cafes, and restaurants.

On behalf of the organising committee, I look forward to seeing you next year.

Nicholas Gray
2013 ASM Convenor

Dialysis, Nephrology & Transplant Sub-Committee (DNT)

The DNT committee is a Sub-Committee of both ANZSN and KHA and is uniquely placed to drive policy in all aspects of Nephrology.

Plans for the DNT workshop to be held at Alice Springs from 3rd March to 6th March 2013 are well advanced. This is an important forum with the opportunity for representatives from all renal units to discuss ideas and formulate policy. The 2013 programme will be challenging and interesting, including follow up on action points from the 2011 meeting.
Although the invitation process is clumsy and time consuming it does allow wide representation from Australasian renal units and both ANZSN and KHA support the current process. The plan is to increase the number of invitations for the 2015 meeting to 180 which will allow extra invitations for units providing presenters. This should help redress the imbalance against larger units to some extent. The DNT workshop will alternate yearly with the Home Therapy Conference which will be held in Melbourne in 2014 with Peter Kerr as the local convenor.

Larapinta Track Alice Springs

Apart from organising the workshop the DNT Sub-Committee is working with RANZCR to develop a consensus statement for MRI contrast in patients with CKD; a position statement on management of patients on a non-dialysis pathway; with HDAC a review of the current electrical standards for home patients; a position statement on blood leaks and publication of KPIS on the ANZDATA website as agreed at the last DNT workshop.

I would encourage Members to contact DNT if you have problems that would benefit from a broader solution. The approach to VRE and the potential for VRE patients to be discriminated against and receive second class treatment is an example of an issue recently brought to our attention and added to the workshop agenda.

Steve May,
Chair DNT

SAC in Nephrology

As many are aware there have been numerous changes within the RACP over the last few years focused at the advanced trainee level. In Nephrology, the Nephrology Curriculum for Advanced Trainees has been established and is being utilised by trainees as a formal and comprehensive outline of the learning objectives and associated theoretical knowledge and clinical skills required for adequate training to become a Nephrologist in Australia and New Zealand. The Curriculum is being reviewed by the SAC in Nephrology on an ongoing basis and will be updated over the next year or two.

The RACP trainee process PREP (Physician Readiness for Expert Practice) is now compulsory for advanced trainees and has various assessment tools established, with some being introduced over the next few years. Medical Education Officers from the RACP continue to provide education to all specialists nationally about PREP and Dr Amanda Walker conducted another supervisor workshop as a breakfast meeting at the ANZSN meeting in Auckland this year to provide more information specifically for Nephrologists.

The SAC in Nephrology is continuing to pursue the process of mandating a 3 year core clinical advanced training program, as with many other specialities. There is consensus amongst nephrologists and advanced trainees for a 3 year course. With the 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. Unfortunately, plans for the 3 year training program to commence in 2013 have been halted by the RACP. The SAC however endeavours to complete all requirements necessary to ensure that renal registrars entering advanced training in 2014 will be commencing a 3 core year training program.

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. With changes in training the SAC has also endeavoured to provide more transparency to trainees about current and future issues.

Finally, I would like to thank all members of the SAC in Nephrology for their contributions over the last year, with special mention to Amanda Walker, the Coordinator of Advanced Training, and Richard Phoon, the Lead in Site Accreditation, for their hard work and dedication to the SAC.

Nigel Toussaint
Chair, SAC in Nephrology

Nephrology Journal

The Journal continues to gain momentum and is growing in stature. Some facts and figures:

- The impact factor went up in 2012 from 1,172 to 1,311
- There was a 38% increase in on-line article access episodes in 2012 (to 14,000 per year)
- In 2011 there were 631 articles submitted
- The acceptance rate runs below 20%
- The average time to first decision is now down to 13 days
- The average time to final decision is 17 days

Other new initiatives include the introduction of downloadable PowerPoint figures, and the commencement of webinars of important articles (this is sponsored by Amgen). Two webinars have been held so far, with about 30 people dialling in at the time but over 100 subsequently accessing the webinars.

Several new Subject Editors were appointed in the past 12 months, including Kai Ming Chow (Hong Kong), Adrian Liew (Singapore), Vlado Perkovic; and Nigel Toussaint, Peter Tipping and Helen Pilmore have stepped down from the Editorial Board.

Finally, there has been considerable discussion around expanding the Journal from its current 8 editions per year. Depending on a cost analysis, the APSN Council has supported a staged increase to 10, then 12 editions per year. This is likely to happen within the next 12 months.

Peter Kerr
Editor in Chief, Nephrology Journal

ANZSIN

Enthusiasm for Interventional Nephrology continues, and our committee continues to meet on a monthly to bimonthly basis.

Mission: The Australian and New Zealand Special Interest Group in Interventional Nephrology’s aim is the promotion and safe application of interventional procedures to improve the care and outcomes of patients with kidney disease.

Aims: Provide leadership and promote education and research in interventional nephrology

ANZSIN approaches:

1. Develop and coordinate training programs
2. Promote ongoing education
3. Foster and promote a culture that supports high quality research
4. Develop clinical outcome monitoring programs
5. Develop accreditation standards
6. Promote Nephrology and Interventional nephrology as a career choice
7. Liaise with other bodies also active under the auspices of ANZSN
8. Report to ANZSN
9. Foster links with other interventional societies
10. Recommend award winners to ANZSN council

Recognition of training, Endovascular Therapy: At ANZSIN’s request, “The Conjoint Committee for the Recognition of Training in Peripheral Endovascular Therapy” has agreed to create a new recognition category for fistula work. They hope to work with us by co-opting one of our members for this purpose. Dr Mantha has collated our advice on requirements in order for ANZSN to
ratify this process. They do, however, request that the Nephrology SAC support the proposal.

**Recognition of training, Peritoneal Dialysis Catheter Insertion:** We have sought ratification on Recognition of Training in PD catheter insertion from the SAC. The committee felt this was not an SAC issue. It is currently up to individual hospitals to decide based on individual proceduralist submissions.

**Membership and fees:** Ultimately it would be useful to define those interested and charge a small fee. I would like to raise this as an idea for subscriptions in 2013, especially if ASDIN membership is popular.

**ANZSIN events:** The 2012 Meeting was in Waiheke Island off Auckland, speakers (international key note Aris Urbanes) and program already organised. Our usual expected sponsors are Amgen and Baxter. Gore and Sonosite are also involved this year. ANZSIN supports this meeting financially independently.

**ANZSIN activities:** ASDIN combined membership negotiation: Combined membership with our corresponding and supportive US society has been successfully negotiated and was included in 2012 ANZSN renewal. Leading members of ASDIN have spoken at our meetings yearly and the strength of this international association is showing its advantage.

Negotiations to use ANZDATA for procedural information starting with PD catheter insertions continue; discussions with CARI and e-learning group have been initiated with the view to create a renal biopsy learning e-module and CARI guideline. We remain interested in developing an ANZSIN webpage on the ANZSN website.

As this year we did include free membership, I have been able to send bulletins outlining relevant IN information.

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**International Society of Nephrology (ISN)**

To achieve its mission of advancing Nephrology worldwide, ISN needs the support of affiliated societies such as ANZSN at multiple levels. ANZSN Members play leadership roles in almost all activities of ISN. It is essential that additional ANZSN Members are identified to take on ISN committee and leadership responsibilities in the years to come.

There have been some important developments. These and other ISN activities are described in more detail on the ISN website, [www.theisn.org](http://www.theisn.org).

**Education:** In June this year ISN launched ISN Education, its education website with resources relevant to the developed and developing world. New features are released each month; most recently “Ask the Expert” and within the next few months a comprehensive collection of high resolution histopathology images, and a series of instructional videos on nephrological interventions. Gavin Becker is playing an important role coordinating the Guidelines section. See [www.theisn.org](http://www.theisn.org) and click on <Education>. You’ll notice that ISN is partnering in this initiative with a number of renal organisations including KDIGO, ISPD, DOPPS and Cochrane. In the future it should be possible to partner with national societies such as ANZSN.

**Membership:** ISN now has more than 10,000 members, including those in a new category of associate membership for nurses and allied health professionals. Currently it is focusing on ways to increase membership and activities involving large countries including China and India.

**Publications:** Detlef Schlondorff took over as Editor in Chief of *Kidney International* earlier this year. Toby Coates is one of the new Associate Editors. From 2013 it will return to monthly issues. The changing publishing environment, including the necessity for open access to research results, means that innovative models must be...
sought. ISN plans to release a new online open access journal from 2013.

**WHO:** Good progress has been made in strengthening the new relationship between ISN and WHO, and in achieving WHO recognition of CKD as an important non-communicable disease. ISN has been invited to develop a multi-layer CKD toolkit for global use by WHO.

**Clinical Trials:** A taskforce has been set up to examine how ISN can best facilitate the performance of important international clinical trials in Nephrology.

**AKI:** In addition to its long-standing focus on CKD, ISN plans to concentrate on acute kidney injury, especially in the developing world where such a focus can do much to save young lives.

**GO Activities:** ISN’s Global Outreach (GO) activities remain a major focus for ISN. Some sister centre relationships are particularly active and new sister centres are encouraged. ISN fellowships to Australia continue to trickle in. Overseas Nephrologists wishing to train in ANZ units should be encouraged to apply for an ISN fellowship. Both APSN and the CREED program (sponsored by Fresenius) partner with ISN in its fellowship program. Other GO activities include Research and Prevention and the new Educational Ambassador program, where experts from developed countries spend 1 to 4 weeks in a developing country.

**Forefronts & Nexus:** By the time this newsletter is released, the first Australian ISN Forefronts meeting will have occurred in Melbourne, on the theme of diabetic tubulointerstitial diseases. At some stage it would be worthwhile having an ISN Nexus meeting in ANZ.

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**Asian Pacific Society of Nephrology (APSN)**

**ANZSN representation:** As one of APSN’s major sponsoring societies, ANZSN is well represented on the APSN Executive. Rob Walker has replaced Robyn Langham after her valued 4 year stint as Secretary. Gavin Becker heads the Awards and Nominations sub-committee, Peter Kerr is the Editor in Chief of *Nephrology*, Craig Nelson is the APSN website co-ordinator and David Harris takes over from Tomino Yasuhiko as President from the 2013 WCN in Hong Kong. To know some of what APSN is up to see www.apsn.org.

**Congress:** There will be no APCN during the 2013 WCN in Hong Kong. The 2014 APCN will be held on 14th to 17th March in Shinagawa, near Tokyo. Details should be available on the website soon. Expressions of interest for the 2016 APCN will be called for later this year and a decision made at the 2013 WCN. This is an important opportunity for education, showcasing of research and income generation, for both the host society and APSN. ANZSN is encouraged to mount a bid.

**Nephrology:** Under Peter Kerr’s leadership and with the support of many ANZSN members, the journal continues to flourish and provides an income stream for APSN to support nephrology in our region.

**Website:** Craig Nelson is examining ways to increase the educational content of the website (from *Nephrology*, CME meetings and elsewhere) and to enhance its role as a venue for communication among Asian Pacific national societies.

**CME Activities:** APSN is proposing to sponsor the visit to neighbouring developing countries of international speakers invited to national or international nephrology meetings within Asia, including those of ANZSN.

**The Future:** Despite important activities such as those listed above, APSN has not yet reached its true potential for enhancing Asian Pacific nephrology. It has a particular
responsibility for advancing nephrology in developing countries of our region. Under a leadership dominated by ANZSN Members it will seek new ways to fulfil its role. If you have suggestions and/or would like to be involved, please contact any member of its executive.

David Harris  
President Elect, APSN

**Kidney Health Australia**

**Award of Kincaid-Smith Medal to Professor David Harris:** The award of the PKS medal (the highest accolade awarded by KHA for outstanding clinical and scientific achievement in research into treatment of diseases of the kidney and urinary tract) was held at Westmead Hospital on October 18, 2012. The Governor-General Ms Quentin Bryce, AC, DVO presented the award.

**KCAT (Kidney Check Australia Taskforce):** The GP education program KCAT continues to be active and well supported. This year KCAT will run 110 face to face workshops aimed at GPs and/or practice Nurses. Interest in CKD in general practice appears to be on the increase and we were pleased to note that the draft indicators for the RACGP clinical quality indicators included 2 on CKD out of the total of 22 suggested. These are likely to become mandated for GP accreditation in the next few years. New KCAT teaching modules have been developed in cardiovascular risk reduction and in the supportive care pathway for ESKD. We are particularly grateful for the huge support that Members of the Society continue to give us and have done through the years.

The new edition of the booklet “CKD – Management in General Practice” was mailed to all doctors in Australia in April this year and has been well received. It encapsulates the changes to BP targets and to urine testing for Albumin and eGFR determination that KCAT developed through the “Consensus” process and published in the MJA on August 16 this year. A copy of the GP booklet can be downloaded from [www.kcat.org.au](http://www.kcat.org.au)

**Research:** KHA is again allocating $500,000 to kidney research for 2013. The allocation will include at least 4 X $50K project grants in addition to medical and science graduate scholarships, summer vacation scholarships and targeted research funding. The direction of research support in project grants continues to be one favouring the clinical arena and population health rather than the laboratory.

A survey of kidney researchers was conducted in July this year with 139 respondents. The majority of kidney research documented in this survey was performed by medical graduates doing part-time research in clinical nephrology. In the important scientist group basic science was the focus and most were funded by NHMRC on project grants. The picture emerges from this survey that the lack of secure funding is the main reason for uncertainty about researchers staying committed to the kidney area. Despite this the mean likelihood of respondents seeking more funds in kidney research was rated as “very likely” and there was no sense of disillusionment with the kidney research area.

**Pre-dialysis Education Government Grant:** The Australian Government has awarded Kidney Health Australia a three year grant for $1 million to develop pre-dialysis education material. The project will be headed by Debbie Fortnum in our Perth office.

The grant application focused on resolving previously identified issues. The KHA consumer survey determined that many patients did not feel that they chose their current modality of dialysis. Home dialysis is underutilised in many parts of Australia and uptake has wide variance with only 30% of patients using any form of home dialysis. Education has also been demonstrated to vary across the country and education is clearly shown to increase choice and to lead the patient to home.

The project focuses on providing health professional education via five online learning packages, on-site workshops and a website. In additional gaps in patient education tools are being addressed with online, printable
and DVD options for education. The final tool is a patient decision aid which will be formally piloted, suitable for the Australian market and lifestyle focused. All tools will be freely available to every renal unit across Australia.

**New website on Home Dialysis:** KHA have developed a new website homedialysis.org.au to fill the gap that exists for Australians interested in high quality local information about dialysis at home. This site will be progressively developed in coming months. Anyone who wishes to comment on this exciting new initiative, please contact Debbie Fortnum debbie.fortnum@kidney.org.au. The KHA website www.kidney.org.au is growing in popularity with over 84,000 visitors and 2.3 million hits each month. It is packed with quality information for the health professional and the consumer.

**Living with Kidney Failure Booklet:** The 7th Edition of this popular booklet published in 2007 now needs to be updated. KHA has printed and distributed 5500 copies of the 7th edition that focusses on educating people with ESKD contemplating the path ahead. We are in the process of establishing an Advisory Committee to oversee the production of the 8th edition. We will consult widely with consumers and health professionals with the aim of again producing a balanced, readable account of the complexities of life with ESKD. Anyone who specially wishes to contribute to the production of the book please contact the editor Dr Marie Ludlow marie.ludlow@kidney.org.au

Tim Mathew
KHA Medical Director

**CARI**

KHA-CARI is now almost 2 years into the new governance arrangements, with regular reporting to the Board of Kidney Health Australia. This relationship has worked well for KHA-CARI, increasing our focus upon what is achievable and directing our energies toward maximizing our effectiveness. The last 12 months has seen the a number of guidelines printed, most notably the adaptation of the KDIGO Care of the Kidney Transplant Recipient guideline which was the first such adaptation by any of the major nephrology guideline groups. Work on the next adaptation that of the Acute Kidney Injury guideline is well advanced under the leadership of Robyn Langham. In addition we’ve seen the completion of a number of guidelines, including the Early CKD guideline which is a large document that has a primary focus of informing the general practice setting and will be printed in the coming months.

In the global renal guideline area, there remain real concerns about the viability of KDIGO after their financial support from the US National Kidney Foundation has been withdrawn. Whilst there are extensive efforts to identify alternative revenue streams, it seems likely that the number of global guidelines will fall in the coming years, making the roles of regional guideline groups such as KHA-CARI all the more important.

Clearly, in such an environment we are conscious of the need to evolve our processes. Most prominent for those producing and reading our guidelines is the switch to using the GRADE system of evidence classification. This system is quite different to the old NHMRC evidence levels and it has been a challenge in developing an understanding within staff and guideline developers. Martin Howell within the KHA-CARI Office presented recently at our Evidence Appraisal Workshop and our expertise with GRADE has increased dramatically over the last 12 months. In addition, we are developing some tighter operating procedures to assist in project managing guideline development, seeking to reduce the cost of recurrently revisiting material as timelines extend.

I’d like to take this opportunity to thank all those who have helped in our work this year, including KHA and our sponsors, and welcome any thoughts on how we can improve our processes.

Martin Gallagher, CARI
AKTN

The AKTN is committed to deliver high quality clinical trials aimed at improving the health and wellbeing of people with kidney disease. The engagement of researchers from the kidney care community is vital to the success of this commitment. The recent announcement of the NHMRC project grant recipients resulted in a very positive outcome not only for the AKTN, but also for the entire renal community. Three applications for major renal trials were awarded, with a total value of almost $6.2 million. This result delivers a much needed boost to renal clinical research in the region and paves the way for enhanced collaborative opportunities with international partners.

First AKTN Trial Completed

The HONEYPOT Trial is the first of the AKTN Studies to be completed and AKTN staff are currently in the final stages of site close out visits, due to be completed by the end of October. The HONEYPOT Statistical Analysis Plan will be published prior to final data lock in November. The chief trial results will be published in the first half of 2013.

Current Trial Status

The AKTN has 1 trial under development and has endorsed or is currently co-ordinating 9 clinical trials in Australia and New Zealand and internationally.

FAVOURED: Patient population: Stage 4/5 CKD pts undergoing or planning to commence HD, with planned de novo AVF. Intervention: Aspirin (100mg) and/or Omega-3 (4000mg) fatty acids vs placebo, daily for 12 weeks. Follow-up: 12 months. Primary Outcome: AVF Access Failure rate. Status: Recruiting; Malaysian, Australian and New Zealand, and the UK. Recruitment: 413/950.

BLOCADE: Patient population: Dialysis pts aged ≥50 years, or ≥18 years with history of diabetes, MI, peripheral arterial disease, or stroke. Intervention: Carvedilol (12.5-50mg) vs placebo, daily for 12 months.


PEXIVAS: Patient population: Pts with confirmed severe ANCA-associated vasculitis plus new or relapsing Wegener’s granulomatosis or microscopic polyangiitis. Intervention: Plasma exchange vs no plasma exchange in combination with standard dose vs reduced dose glucocorticoids, for 5-7 yrs. Primary Outcome: Composite of all-cause mortality or end-stage kidney disease. Status: Recruitment commenced in May 2011. PEXIVAS is an international collaborative trial with the AKTN coordinating the Australia and New Zealand arm of the study. Recruitment: 25/100


HERO: Patient population: Stage 4/5 CKD pts with moderate - high resistance to ESA. Intervention: 400mg Oxpentifylline vs placebo, daily for 12 weeks. Primary Outcome: Change in erythropoietin resistance index. Status: The HERO study enrolled its last participant in August 2012, with a total of 53 participants. The decision to close the study prior to reaching the original target of 110 was due to the impending expiration (31 December 2012) of the study medication. Follow up is continuing until 31 December 2012. Recruitment: 53/110.

ACTIVE: Patient population: Incident or prevalent HD pts currently dialysing ≤18 hrs/week. Intervention: Extended hours dialysis (≥24 hrs/week) vs standard hours dialysis (≤18 hrs/week) for 12 months. Primary Outcome: Change
in Quality of life (EQ5D). **Status:** Australian, Chinese and Canadian sites are currently recruiting. **Recruitment:** 118/200.

**SOLID:** **Patient population:** Home-based HD pts with a pre-dialysis plasma Na⁺ ≥ 135mM. **Intervention:** Low sodium dialysate (135 mM) vs conventional dialysate (sodium 140 mM) for 12 months. **Primary Outcome:** Left Ventricular Mass Index (cardiac magnetic resonance imaging). **Status:** SOLID commenced recruiting in New Zealand centres in April 2012. **Recruitment:** 21/118.

**TESTING:** **Patient population:** Patients aged from 14 years with primary IgA nephropathy. **Intervention:** Oral methylprednisolone vs matching placebo (0.8mg/kg/day with a maximum 48mg/day x 2 months, taper by 8mg/day every month to stop within 6-8 months). **Primary Outcome:** Progressive Kidney failure. **Status:** Commenced recruitment August 2012 in China. Recruitment will expand to ANZ, Hong Kong, Indian and Canadian centres. **Recruitment:** 1/1300

**CKD-FIX (under development):** **Patient population:** Adults with CKD stage3/4 and rapid progression of CKD in past 12 mths. **Intervention:** Allopurinol (100-200mg) vs placebo, daily for 24 mths. **Primary Outcome:** Change in eGFR. **Status:** NHMRC grant submitted; anticipated starting in 2013. **Recruitment:** n=620

**Contacts:**
If you would like to be involved or would like more information on the AKTN’s research activities, current and future trials or details regarding the successful grants, please contact the AKTN:

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- Chair Operations Secretariat, Carmel Hawley: carmel_hawley@health.qld.gov.au
- Chair Scientific Committee, Vlado Perkovic: VPerkovic@georgeinstitute.org.au
- Deputy Chair Scientific Committee, Neil Boudville: neil.boudville@uwa.edu.au

Carmel Hawley
Chair, AKTN Operations Sec

**ANZPNA (Paediatric)**

ANZPNA is a relatively small (36 Paediatric Nephrologists and trainees) but active group that maintains paediatric representation on a number of local and National bodies providing advocacy for children with renal disease. Over the past 12 to 18 months the group has met formally and informally, with a number of projects ongoing. In keeping with ANZSN broad goal to improve outcomes in peritoneal dialysis, work has been undertaken to survey members on local peritoneal dialysis practice, with a view to embedding best practice as standard in all paediatric units. In addition, the first draft of the CARI guideline on the management of urinary tract infections in children has been completed and is proceeding through the CARI process. The guideline is slightly behind timelines, but continues to move forward and hopefully will be in publication early next year.

Advanced training in paediatric nephrology continues to be a focus of discussion, both within ANZPNA and more broadly at SAC Nephrology. All paediatric sub-specialties were represented at a joint sub-specialty Chairs’ meeting at the RACP rooms earlier in the year where discussion focused around the current limitations of funding for advanced training positions. The difficulty in trying to manage succession planning in small sub-specialties was a common theme from all groups present and remains a challenge with ANZPNA. While the College has shown an interest in documenting these issues, little concrete action has been undertaken to try and improve the current situation.

As most will be aware, on the transplant front the Organ and Tissue Authority continues to bring new rigour to the processes involved in transplantation. New allocation criteria that provide priority to paediatric recipients have been considered by AHMAC and were accepted last year, standardizing this across States for the first time.

Finally, the last 12 months have seen the retirement of a number of prominent figures within Australian and New Zealand paediatric nephrology. Elisabeth Hodson is well
known to many people and has made major contributions to both paediatric and adult nephrology in clinical practice and research – although she has stepped down as Director of Nephrology at Westmead Children’s Hospital, Elisabeth is continuing to be active in research. Max Morris was the ‘father of paediatric nephrology’ in NZ and has also recently retired. Finally, Colin Jones has also stepped down as Director of Nephrology at RCH Melbourne and retired from paediatric nephrology practice. We are grateful to all of these people for their contributions in building the specialty of paediatric nephrology with Australia and New Zealand and wish them well in their ‘retirement’.

The next 12 months promises to be another busy and productive time for ANZPNA. We will shortly gather as a group at RCH Melbourne for our AGM that will coincide with the Florence May McCredie lecture, with Prof Patrick Niaudet, a world expert on nephrotic syndrome and hereditary nephropathies, as guest lecturer. All are invited to attend – contact RCH Melbourne for details.

Steve McTaggart, ANZPNA

ANZDATA

As the number of patients receiving renal replacement therapy in ANZ continues to grow, so too does our registry. As the nephrology community, the healthcare sector and society as a whole increasingly grapple with healthcare expenditures and outcomes, it is more important than ever to have a complete, robust and dynamic registry. Here we summarise the key, current activities and issues of the ANZDATA Registry:

Data collection, validation, storage and analysis: Our servers and database platform have aged. Over the past 18 months, a major hardware upgrade has been accomplished. The next step is to rebuild the database, which will likely involve re-construction of a new database, plus implementation of newly designed input and back-room interfaces to facilitate web-based and real time data entry and validation. This is a major program. The ANZDATA Executive has completed a scoping exercise and plans are underway to progress this re-build over the next 12-24 months. Completion of this project will be essential for the long-term health of the registry.

Registry presentations: Attendance at the ANZDATA session at the ANZSN ASM this year was excellent in Auckland. We are grateful to the ANZSN, SPEC and the Organisers for offering a key timeslot to the Registry and feel this was vindicated by the level of audience enthusiasm. A brief stock and flow summary was presented, again demonstrating a slight reduction in the incidence of RRT in Australia and in New Zealand. The following four presentations highlighted areas of current research within the registry, including an ambitious program to model organ allocation, presented and led by the ANZDATA Amgen Epidemiology Fellow, Dr Phil Clayton. These presentations are available through the ANZDATA website.

Reports: The 2011 Annual Report printed report was released behind schedule, but has been available on the website from January 2012. Aims are for the provision of the 2012 report earlier in the year, with further improvements in timelines anticipated in 2 years time once the new database platform is up and running. The registry also issues centre-specific transplant and dialysis reports to all units, quarterly KPI reports and, commencing this year, facility reports designed to provide facility-wide information for dialysis units who care for patients from multiple hospitals. Historically these have been distributed by post. We have now enabled secure downloading of these from our website. Heads of units (and authorised delegates) can download all of the various reports relevant to their units.

Research output: Working groups were established 10 years ago in order to maximise and coordinate the research potential of the registry. The groups have been active, with 21 publications generated in the past 18 months, including papers in AJKD, CJASN, NDT, PDI, AJT and Transplantation. Regular turnover of members is mandated with vacancies advertised though the ANZSN. The Indigenous Group, led by Prof. Matthew Jose, has just
appointed 3 new members and other groups are due for replenishment this year. ANZDATA is funded by the National Organ Donation and Transplantation Donation Authority, the Ministry of Health of New Zealand, Kidney Health Australia and periodically by Industry, including funding of the ANZDATA Epidemiology Fellow by Amgen. The greatest support, as has always been the case, is provided by the Renal Units, their workers and their patients and for this we remain extremely grateful.

Steve Chadban, ANZDATA

Kidney School

John Saunders and Angus Ritchie took over from Richard Phoon as Kidney School Directors in late 2011 and have continued Richard’s work to expand and formalise the program. Kidney School began as a NSW initiative to meet the education needs of Renal Advanced Trainees but is now expanding into Australasia. It runs as a monthly lecture program from RACP Events in Sydney, Melbourne and Brisbane with webcasting available to all States and Territories, NZ and recently Cho Ray Hospital in Vietnam. John and Angus have been working to develop a 2 year program linked with the Nephrology Curriculum.

Other groups such as basic physician trainees, renal nurses, renal dietitians and interested GPs are welcome to participate. The Kidney School website www.nephrology.edu.au/kidneyschool is currently undergoing some renovations and will have a fresh face for 2013.

Dr Angus Ritchie, Director, Kidney School

Why not sign up to the Kidney School Mailing List?
http://eepurl.com/pIE4n

Stay informed of upcoming events. Encourage your trainees to subscribe also.

Interested in becoming a presenter? Email Angus Ritchie DrARitchie@gmail.com to discuss. You can present from your own state and claim CPD points.

2012 Translational Nephrology Conference

The biennial international conference [Translational Nephrology: from Mechanisms to Therapeutics] of the University’s research theme “The Kidney in Health and Disease” with the Renal Scientists, Australia and New Zealand Society of Nephrology was held in Queenstown from August 24th to 25th.

“This conference offers new understanding of kidney disease”

This year’s conference had over 40 attendees, many from Australia. The keynote speaker was Prof David Weiner from the University of Florida, holding a University of Otago William Evans Visiting Fellowship, who spoke about a new understanding of the regulation of acid excretion by the kidney. Most of the conference was taken up by papers about the development of chronic kidney disease, its origins and possible mechanisms of mitigation or reversal of kidney fibrosis.

Prof Hans-Peter Marti, from the University of Berne, Switzerland, reported on work carried out in conjunction with the University of Otago, which established a common pathway to fibrosis in many human solid organs, and which was also found in other animals. Dr Horst Schirra, University of Queensland, Australia, presented an introduction to the relatively new science of Metabonomics using nuclear magnetic resonance spectroscopy (NMR) to examine the dynamics of normal and aberrant metabolic pathways in living cells.

A striking feature of the conference was the enthusiasm shown by the many young researchers present, who took advantage of the relatively informal atmosphere to exchange ideas and information. Support for the continuation of these regular meetings was unanimous.

Rob Walker,
2012 Translational Nephrology Conference
Travel Grant Reports

The 99th American Association of Immunologists Annual Meeting, Boston, USA.

Research presented: Cell mediated injury in autoimmune anti-GBM disease is defined by a critical T cell epitope in humanized mice. IMMUNOLOGY 2012 showcased the latest cutting edge discoveries, techniques and tools in immunology. It was attended by ~5000 immunologists from all over the world. Distinguished lectures were given by the current top immunologists including; Profs Anne O’Garra, MRC National Institute for Medical Research; Vijay Kuchroo, Harvard Medical School; and David Raulet, University of California, Berkeley.

The breadth of immunology presented was astounding. There were more than a hundred symposia dedicated to every part of immunology. Some of the highlights include the discovery of memory natural killer cells, memory CD8+ T cells, cytolytic CD4+ T cells, and pathogenic IL-22+ tissue resident T cells, as well as the demonstration of silicon nanowires to deliver knockdown signals directly into the cell nucleus.

I am grateful to the ANZSN for the opportunity to be a part of this conference and to glean from the wealth of knowledge presented. The research I presented utilized mice transgenic for the human HLA molecule strongly linked with anti-GBM disease (HLA-DRB1*15:01) as an immunological tool to understand the mechanism of association.

I demonstrated that immunoreactivity to a restricted T cell epitope of the Goodpasture antigen can lead to autoimmune anti-GBM disease. The research was well received and I even learnt of HLA-DRB1*15:01 specific inhibitors that could lead to further studies.

Joshua Ooi, 2012 Travel Grant Recipient

49th European Renal Association-European Dialysis and Transplant Association (ERA-EDTA) Congress 2012: Paris, France

Research Presented: Chronic Bilateral Renal Denervation Attenuates Fibrotic Marker Expression and Albuminuria in Experimental Diabetic Nephropathy.

My research was presented in the form of oral presentation within the symposium of Novel Invasive Strategies in Antihypertensive Treatment-Renal Sympathetic Denervation, Baroreflex Stimulation. My presentation was arranged with the world leading researchers in the area of renal sympathetic denervation, including Prof Gerald F. DiBona and Dr Johannes Mann who presented their latest renal denervation clinical trials for antihypertensive treatment.

Overall, my presentation elicited a good response from researchers all over the world and the experimental research was well appreciated. I have received valuable feedbacks from Prof Gerald F. DiBona, we have also exchanged ideas and discussed possible future direction for the project. After the conference, Prof DiBona has also contacted my supervisor Dr Ged Davis in order to acknowledge our research work.

Following the initial congress opening ceremony on 24th May, 2012, the conference had various sessions throughout the subsequent three day-period. The educational session included different lectures covering basic concepts in nephrology. In addition, the emphasis was also given on the novel concepts and recent developments in renal injury and metabolic syndrome treatment. All the lectures were interesting and informative. It was also a good experience to meet some researchers who have a similar research interest as mine, particularly in the area of diabetic nephropathy where I could interact and share my knowledge with them.

Overall, attending the conference helped me explored the leading edge of current nephrology and more importantly, the conference created a platform for me to deliver our research interest to the worldwide audience. I gratefully
appreciate the grant-in-aid provided by ANZSN to assist me to attend this conference.

Yimin Yao, 2012 Travel Grant Recipient

I would sincerely like to thank the Australian and New Zealand Society of Nephrology for awarding me a travel grant to attend the 2012 ERA-EDTA meeting and present my poster at this forum. Attendance at this meeting provided me insights on the depth and breadth of nephrological research around the world.

It was challenging to select which sessions to attend given the excellent range on offer and concurrent sessions of interest. One of the highlights was the session by Dr Johnson on Fructose, Metabolic Syndrome and Kidney Disease, which was very informative given the symbiotic relationship between Metabolic Syndrome and Kidney Disease. Another highlight was a free communications session on Clinical Studies in CKD as this is a personal area of interest.

I also had the opportunity to present my research in the form of a poster. It was interesting to meet other researchers in the same area and their discussion and comments have contributed to future research directions. These discussions with other researchers have also increased the opportunity for future collaborations.

The financial support of the Australia and New Zealand Society of Nephrology was invaluable in being able to attend the meeting. Exposure to the scope of international research in nephrology as well as attending sessions conducted by some of the stalwarts in Nephrology has been an eye-opening experience and will undoubtedly contribute to my future career development. I hope that the Australia and New Zealand Society of Nephrology continues to encourage early researchers into the future.

Sradha Kotwal, 2012 Travel Grant Recipient

2012 Translational Nephrology: Queenstown, New Zealand

I would like to sincerely thank the Australian and New Zealand Society of Nephrology for supporting the presentation of my research and attendance at the Translational Nephrology: from Mechanisms to Therapeutics meeting (Queenstown). The ongoing support of students in Nephrologic research by the ANZSN is tremendous.

Queenstown provided a fantastic setting for a basic science meeting focusing upon the translation of novel therapeutics in kidney disease. The conference was driven by a large student presence with many student presentations and student chairs of sessions. Leading researchers provided a glimpse of their latest research before the upcoming ANZSN ASM. Highlights included a presentation by A/Prof David Nikolic-Patterson on the role of spleen tyrosine kinase (Syk) in antibody-independent renal injury and the potential of Syk inhibition to reduce acute inflammatory glomerular injury as well as chronic renal fibrosis.

An interesting paper presented by Andrea Wise demonstrated the remarkable immunoregulatory properties of mesenchymal stem cells during acute kidney injury repair, and discussed the therapeutic potential of such a method. Fay Lin-Khong provided an in depth investigation of the novel synthetic flavanol NP202 in a model of ischemic reperfusion injury. The antioxidant properties of this compound are fascinating given my own research interests of reducing oxidative stress in CKD. Christina Tan presented a novel method of protein inhibition using a DNAzyme in a model of diabetic nephropathy, which resulted in a significant reduction in tubulointerstitial fibrosis.

A major highlight was an enthusiastic lecture given by Dr Horst Schirra on the power of NMR-based metabolomics in studying a variety of biological systems and how this can be used in clinical science. This also provided education on what is sometimes considered a complex and difficult field of systems biology. I am sure that many
researchers, including myself gained endless ideas to advance their research in both basic and clinical aspects from using a metabolomics approach. A/Prof Sharon Ricardo provided valuable insight into the ground-breaking research of inducible pluripotent stem cells and cellular based therapies in kidney regeneration. The ability to reprogram human kidney cells back to a pluripotent phenotype to then undergo “re”-differentiation to a podocyte phenotype is truly remarkable. Progression in this field is something to look forward at next years ANZSN ASM.

Overall, this meeting provided an optimal medium to discuss research topics from varying fields. The ability to attend this meeting has resulted in valuable ideas to progress my research, especially relating to the use of mouse models in kidney injury, and is sure to help during my PhD. Once again I would like to thank the ANZSN for their continual support, and especially the other attendees for their valuable support, insight and suggestions regarding my presented abstract.

David Small, 2012 Travel Grant Recipient

Death Notice

It is with great sadness that we announce the passing of one of the Society’s Life Members, Dr Margot McIver (Hobbs) on 18th October 2012, after a long illness. Aged 78 years. The Society would like to extend its deepest sympathy to Margot’s family and friends.

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From the Society Office Staff

Wishing all ANZSN Members and their families a very safe and happy festive season and 2013!

Kindest regards,
Aviva and Deborah

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