

Australian and New Zealand Society of Nephrology

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President's Report

The highly successful Annual Scientific meeting in Hobart is the recent highlight of the society's activities. Well attended, well organised, excellent international and local speakers, and great credit to the local organisers and to SPEC. The Perth team for 2010, led by Paolo Ferrari, have plenty to live up to. The meeting in 2011 will be in the centre of the civilised world (Adelaide), and Stephen McDonald has kindly and bravely agreed to head the organising committee.

A small but I hope significant aspect of the recent meeting was the invitation to two young nephrologists from Vietnam to attend. This was generously funded by Amgen, and enabled them to spend a week visiting a renal unit (thanks to Bruce Pussell and Peter Kerr), the nephrology update course, and the main meeting. I hope this becomes a regular and overt means for the society to support the developing nephrology services in countries in our region.

In parallel the society is working more closely with the Asia Pacific Society of Nephrology, with a view to close long term ties. Relevant to this is the award of the 2013 ISN meeting to Hong Kong, and the APSN will be a key contributing organisation. The ANZSN Council is also considering bidding to host the APSN meeting (Asia Pacific Congress of Nephrology) after 2013, and I would value the views of the general membership about this.

Another group with which ANZSN has become more closely associated in recent times is the renal dietitians. For several years now they have run their annual meeting and education forum in association with our ASM. I was also pleased to recently speak at the inaugural renal dietitians' education program, very successfully organised and run at the Queen Elizabeth Hospital in Adelaide. An important group to support and facilitate.

Speaking of close associations, the society's relationship with the RACP continues to be discussed and debated. The college is undergoing a long and involved restructuring process, and on the society's behalf I am arguing in favour of an ongoing mutually beneficial physical and administrative association. Linked to this also is the restructuring of college education processes, including creation of an advanced training curriculum. Under now Tony Elias' guiding hand, the nephrology Specialist Advisory Committee is steadily bringing the curriculum to

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fruition, and they hope to have it ready for comment by members in the next few months. It also seems that the society has been fairly far-sighted in formally appointing a council member to the SAC (which many members may not realise is actually a RACP committee), to ensure efficient and accurate communication between the society and those responsible for overseeing nephrology training.

Of course the other big area of interaction with the RACP is through administration and awarding of the Jacquot Bequest, a remarkably generous support for nephrologists and their research efforts. Two members of the Jacquot family (Zanette and Ian Brown) attended the meeting in Hobart (as they have to several previous meetings), and affirmed their ongoing commitment to society members. A highlight of the meeting was a session of presentations by previous Jacquot beneficiaries, demonstrating the effective use of these precious funds. At the time of writing this report the official announcement of the Jacquot awards for 2010 was still impending, but I am confident that a substantial amount of support will once again flow to young nephrologists and nephrology trainees.

Another close association currently being reviewed and debated is that with Kidney Health Australia, which itself is undergoing an internal review of its priorities and funding targets. Hopefully out of this will come a more efficient and more lucrative system for supporting both the nephrology clinicians and scientists, and the consumers.

Other reports in this bulletin will give you more details of our very active society. We seemed to have survived the financial crisis with minimal damage, and plan to continue to support our members to the best of our ability and funds. Part of this support is thanks to our industry supporters, and I am grateful for their ongoing assistance.

Best wishes to you all for the merry season ahead.

Randall Faull
President, ANZSN

HEO Report

2009 has certainly been an exciting year for our members! The activities of some of our key members have ensured that we can provide ongoing excellent educational opportunities and ensure that the educational content is relevant to *all members*, inclusive of scientists, dieticians, renal nurse practitioners and even the solo-Nephrologist working in the remotest parts of Australia! The generosity of our members has enabled the development of new interest groups which reflect the evolving interests of our members. Our activities have been chronicled by each of the chairs of these subgroups and we should feel confident that our achievements at a local, regional and global level have been noted. The tireless efforts of our ISN and COMGAN representatives have ensured that we remain actively involved in global initiatives addressing renal disease.

As always we are faced with many structural and financial challenges. The generosity of our sponsors and the Jaquot family bequest has enabled us to offer a number of new scholarships, enabling grants and seeding grants. As always, we cannot fund every application and we are endeavouring to restructure our links with KHA and our sponsors, aiming to generate more funds for research and education for 2010 and beyond.

We look forward to the New Curriculum for renal trainees being developed by the SAC, under the guidance of Tony Elias in 2010. I am certain that the educational programs directed by Richard Kitching, chair of SPEC, in 2010, will continue to engage all of our members and wish the Western Australian LOC all the best to the lead up to the 46th ASM in Perth!

I look forward to seeing you all in Perth and wish you and your families all the best for the coming holidays and New Year.

Vicki Levidiotis
HEO and President Elect, ANZSN

Treasurer's Report

In spite of the recent fiscal turmoil, the ANZSN financial position remains very sound. The net assets of the Society increased slightly in 2008/09 to be \$1,555,872. This gives us a strong base on which to build and to promote the core activities of the Society.

Focus has been on supporting younger members in the form of travel grants (\$58,805) to attend national and international meetings and in the development of a jointly funded Cambridge fellowship (supported by Amgen, ANZSN and Cambridge). Another new initiative is the awarding of grants to help support infrastructure. The first award (\$45,000) went to the AKTN to part fund a statistician. It is anticipated that these awards will continue and increase in value with time.

Some minor changes in financial direction are planned:

Separation of the operational costs of running the society from the monies used to fund educational and research activities is planned. The aim is to move towards being able to operate the Society independently of pharmaceutical sponsorship. There has been a gradual tightening of the regulations regarding the appropriate spending of pharmaceutical monies under Medicines Australia. In the advent of the withdrawal of this sponsorship, this strategy would allow the Society to continue to function. The operational costs of the Society for 2008/9 were \$222,559. The money raised from membership subscriptions was \$95,650. The position was put at the Annual general meeting that we increase subscription rates and was universally supported. Therefore there will a small but steady increase in the cost of membership subscriptions. Of note, there has been no increase in subscriptions since 2004. The Society will continue to promote the joint membership arrangements with the ISN with no increase in the current rate.

Research, Education and Infrastructure fund:

Monies from Pharmaceutical sponsorship and interest from the investments and will be directed

towards supporting core activities of the society such as supporting the Annual Scientific meeting, Update in Nephrology and Transplantation, Research Infrastructure grants, Career Scientist Grant and other Special Initiative grants. It is hoped that with ongoing support of our Pharmaceutical colleagues that we will be able to continue to expand the monies we have available.

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

Nikky Isbel
Treasurer, TSANZ

2009 ASM - Hobart

The annual scientific meeting of the ANZSN returned to Hobart after a long absence. 450 registrants, 215 abstracts and 4 visiting international speakers made for a highly educational and enjoyable meeting.

The nephrology update course kicked off the 6-day meeting with over 100 attendees and was well organised and run by Stephen May and a bevy of local ANZSN contributors. An entire day dedicated to home haemodialysis was very popular and managed to attract both junior and senior practitioners. Charles George provided thoughtful insight as the after-dinner speaker for the update course

The visiting speakers as usual got into the swing of a meeting "down-under". Agnes Fogo presented work on "The progression and potential regression of chronic kidney disease" and managed to fit in as many sightseeing activities as possible, accompanied by her daughter. Prasad Devarajan presented his work on the pathophysiology of acute kidney injury, biomarkers and the utility of measuring N-Gal. Christopher Chan from Toronto presented work on "recent advances and future challenges of nocturnal home haemodialysis".

The T J Neale award was presented to both

Jonathan Craig and Darren Kelly, of which Darren then presented his past and present work. Ken Smith (Oxford) and Jonathon Erlich, both previous recipients of Jacquot Fellowships, presented in the Jacquot Awardee Session in the presence of members of the Jacquot family. The ANZSN Young Investigator Awards continued as the premier session with alternating clinical / basic science presentations and was deservedly won by Poh-Yi Gan (basic science) and Nigel Toussaint (clinical science). The KHA clinical science award was won by Alan Cass and the Amgen Best Scientific Presentation award went to Shaun Summers.

The ability to combine the scientific and social activities in a small geographic region made the meeting highly successful. The welcome reception was held within the trade display sipping local Tasmanian wines. The meeting dinner was an exercise in itself and a credit to local chef, Waji: dinner promptly served for 450 people to the theme of "a Taste of Tasmania" in the local city hall, a stone's throw from most accommodation and the meeting venue itself.

The final meeting for the week was the Interventional Nephrology group who met at Stewart's Bay lodge at Port Arthur. Visiting speaker, Stephen Ash provided insightful descriptions of his interventional experience to an ever-increasing enthusiastic group, now up to 45 registrants.

We would like to thank all the people who contributed to the meeting organisation and its eventual smooth running, especially Aviva Rosenfeld, Richard Kitching (chair) and the members of the ANZSN-Scientific and Postgraduate Education Committee (SPEC), the sponsors of the ANZSN, as well as the professional conference organisers themselves - Penny, Karina & Ben from Conference Design. We look forward to next years' meeting in Perth for the 46th ASM.

Matthew Jose & Geoff Kirkland
Local Organising Committee

2010 ASM - Perth

It is with great pleasure that we announce the Australian and New Zealand Society of Nephrology

2010 Annual Scientific Meeting and Nephrology Update will take place 11-15 September 2010, at the Perth Convention Exhibition Centre, Western Australia.

The program will showcase a number of high profile national and international speakers and will feature plenary and concurrent sessions, workshops, breakfast sessions and numerous networking opportunities. Confirmed international keynote speakers include:

Professor Frans H. J. Claas, Director of the Eurotransplant Reference Laboratory and Professor of "Immunogenetics of transplantation" at the Leiden University Medical Center in Leiden, the Netherlands. He was the initiator of a special program within Eurotransplant to enhance transplantation of highly sensitized patients on basis of acceptable HLA mismatches.

Professor Thomas M. Coffman, Chief of the Division of Nephrology and Co-Director of the Edna and Fred L. Mandel Centre for Hypertension and Atherosclerosis Research at Duke University Medical Centre, USA. His research interests include the renin-angiotensin and prostanoid systems, studying their role in regulating blood pressure, kidney function, and renal inflammation.

Professor Adeera Levin is a Professor of Medicine at University of British Columbia, Co-director of the Clinical Investigator Program at UBC and is the Executive Director of the BC Provincial Renal Agency, Vancouver, Canada. Her research and clinical activities focus on chronic kidney disease, co morbidities associated with CKD, mechanisms of disease and health outcomes research.

Professor Carmine Zoccali is Director of the Division of Nephrology, Hypertension and Renal Transplantation, Head "Clinical Epidemiology of Renal Diseases and Hypertension Unit" of the National Research Council- IBIM at Riuniti Hospital, Reggio Calabria, Italy. His research interests cover hypertension, cardiovascular complications in chronic renal failure, renal disease progression and the epidemiology of chronic renal failure.

The 2010 ASM will provide a perfect opportunity for delegates to discuss and debate issues, listen to

world renowned speakers, and enjoy the fabulous hospitality and delights Perth has to offer.

The Call for Abstracts and registration to attend the ASM will open in March 2010. To ensure you receive regular updates and a copy of the registration brochure when printed, please register your interest at www.anzsn2010.com.au.

Paolo Ferrari
Local Organising Committee

SPEC / Education

2009 Annual Scientific Meeting and Nephrology Update Meeting, Hobart

The 2009 Hobart ASM and Nephrology were, I believe very successful meetings. Over the years the meetings are, I hope, gradually evolving to cater for 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 clinical science and basic science) in the Annual Scientific Meeting itself. Thank you to all who contributed this year, especially Dr Matthew Jose and the Local Organising Committee, and Dr Steve May, responsible for the increasingly successful weekend Nephrology Update course. A highlight for me was the quality and extent of the contributions of our international speakers, Prof Agnes Fogo, Prof Chris Chan, Prof Prasad Deverajan and Prof Ken Smith. It was also good to be able to devote one of the Nephrology Update days to extended hours haemodialysis, with help from A/Prof Carmel Hawley and the Home Dialysis Advisory Committee.

Congratulations to the award winners, including the ANZSN Young Investigators Dr Nigel Toussaint (Clinical Science) and Ms Poh-Yi Gan (Basic Science), as well as Prof Alan Cass (KHA Clinical Science Award), Dr Shaun Summers (Amgen Best Scientific Presentation) and Dr Rathika Krishnasamy (Amgen Rural Practitioner's Award).

Other excellent developments in and around the ASM included the 2nd ANZSIN Interventional Nephrology Meeting, the First Renal (Basic)

Scientists Educational Meeting and the Nutrition Update for Renal Dietitians meeting. Proposals for additional meetings that enhance the core activities of the meeting without competing with either the Nephrology Update meeting or the ASM are welcome. I would like to again thank the members of the society for generously giving their time to review abstracts, especially since the time for reviewing clashed with the WCN in Milan. Thank you also to the Meeting's Corporate Sponsors.

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

In 2010, the Annual Scientific Meeting will be held in Perth (September 12th-15th), with the Nephrology Update Course taking place on September 11th-12th. Prof Paolo Ferrari, SPEC and the Local Organising Committee are finalising a great program, with outstanding invited speakers. In considering abstract submission in 2010, please note that abstracts need to be submitted with results, and in the correct format.

For future meetings, if you come across an excellent speaker at any international meeting you attend who you think might be suitable for our own meeting, please forward their name(s) to me or another member of SPEC. We will continue to welcome ideas and constructive suggestions from members as to session topics or meeting format.

Educational Activities

A/Prof David Mudge again organised the 9th Annual ANZSN Postgraduate Weekend (Gold Coast, April 3rd to 5th). It was, as in previous years, very successful; with Prof Phillip Li being an excellent international visitor and the local speakers ran small group sessions, spoke at the Friday night session and made themselves available to attendees for advice and discussion also making major contributions. Thank you also to Amgen who provide the resources and organisational skills for the meeting, while continuing to give the ANZSN absolute independence in the meeting's educational content.

Call for Expressions of Interest for membership of SPEC

ANZSN Council and SPEC have recently finalised Terms of Reference for the committee. A separate call will be made in the near future for expressions of interest to join the committee. People considering joining can be reassured that the work is interesting and not (very) onerous.

Richard Kitching
Chair, SPEC

DNT Subcommittee

The DNT continue to be busy with a number of ongoing activities and projects.

The next DNT Workshop will take place on Sunday 27th March to Wednesday 30th March 2011 and will be held at Cypress Lakes in the Hunter Valley, NSW. The local organising team is led by Steve May. We intend to send around invitations early and will notify everyone at the time of the invitation rounds. Previous DNT workshops have been well-attended, educational and enjoyable and we hope that this workshop will be as fruitful as previous ones.

Other activities that are currently being undertaken by the DNT Sub-committee are a review of CARI and a Key Performance Indicator (KPI) project. The CARI review has been undertaken to guide the direction of future guidelines and future activities of CARI. This has been particularly timely due to the increased number of guidelines from KDIGO. The chair of the review committee was Dr Heather Buchan, with Professor Sally Redman and Associate Professor John Collins contributing to the review team. We anticipate a final report from this group within the next month.

At the last DNT workshop, the issue of KPIs was raised and there was general agreement that this would be followed by DNT. We have commenced this work and a group chaired by Kym Bannister will meet in the near future to look at progressing KPI collection in Australia.

As always, I would particularly like to thank all the members of the DNT Sub-committee for their hard work, insight and collaborative thinking. It is a pleasure to be involved with the committee and I look forward to continuing to progress nephrological issues in the ANZ renal community.

Helen Pilmore
Chair, DNT Subcommittee

Rural Group Report

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

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

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

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

Steve May
Chair, Rural Group

ANZSIN Report

The 2nd meeting of ANZSIN was held at Stewarts Bay in Tasmania following the ANZSN annual scientific meeting. Dr Steven Ash was the key note

speaker. The Vascular nurses group contributed to another successful program with a different insight into access problems. The first ANZSIN poster session reflected the interest and excitement of interventional nephrology.

ANZSIN is developing guidelines for accreditation of hospitals to train proceduralists and guidelines for voluntary credentialing of practitioners. The procedures include renal biopsy, percutaneous dialysis access insertion, insertion of PD catheters, fistula angioplasty/stenting, and renal angiography.

We are planning to develop e learning packages on all the procedures. The PD catheter insertion module is now in its 3rd draft form. A CARI guideline regarding renal biopsy is also under consideration. We are exploring the possibility of collecting procedural data with ANZDATA to allow physicians to collect and compare data.

The 3rd ANZSIN meeting will be held in Perth following the ANZSN meeting. This will be on the 16/9/09 with an ultrasound course on 17/9/09. Dr Yevzlin who has an interest in fistula angioplasty and stenting will be the visiting speaker. The format will include didactic sessions and hands on workshops demonstrating the procedures.

Steve May
Chair, ANZSIN

2008 ASN Travel Grant Reports

American Society of Nephrology Renal Week in Philadelphia

Robert Carroll

Attending the ASN allowed me to present some of my data on MHC class I related protein (sMICA), lymphocyte proliferation and squamous cell cancer post renal transplant, to a general nephrology audience.

From a presentation perspective there were interesting presentations on pre-eclampsia, ANCA positive vasculitis, and the perturbations in Vitamin D and phosphate in early stage kidney disease.

Data were presented on sFlt-1 and the relationship with VEGF, angiogenesis and the development of pre-eclampsia. These data were presented by Dr S Ananth Karumanchi in the Young Investigator Session.

A comprehensive review of some of the evidence for the treatment of ANCA positive vasculitis was chaired by Dr Caroline Savage. The lecture from Dr Kristen de Groot was well presented and clear. Interesting comments were that granulomatous disease did not respond well to Rituximab and that falls in B cell number with any therapy was associated with disease control. It was also noted that subjects >65 years of age, frequently experienced serious side effects from cyclophosphamide based regimens, with a suggestion that this group should possibly be given lower dose regimens.

Although the session on the treatment of ANCA positive vasculitis was informative the preliminary outcome data from the RITUXVAS study, presented by the European Vasculitis Study Group, were disappointing. The study highlighted the difficulty in designing randomized controlled trials in this patient group. Data presented by Dr Caroline Savage's group, reported the infective complications of immunosuppression in ANCA positive vasculitis, particularly in the elderly and in those patients with eGFR<15ml/min/1.73m². Figures of 50% mortality from infection compared to 14% from vasculitis in the early treatment phase were quoted.

There were also well presented lunchtime meetings, focussing on the impact of vitamin D deficiency, and increases in phosphate in subjects with very early stage CKD. Data were presented stating that even small excursions outside the normal range had impacts on mortality.

I would like to sincerely thank the ANZSN for their help in allowing me to attend and present at the ASN in 2008.

Yingje Han

I arrived in Philadelphia for the 41st Annual ASN Renal Week Meeting. The highlights of the conference for me where as follows:-

- The Poster Session on November 6, of note the section on cell signalling.
- The Basic and clinical science symposium on November 6, entitled "New insights in mechanisms of glomerular permselectivity". This session was excellent. The presentation by Dr Harvey about charge selectivity in glomeruli gave me a lot of new thoughts on this topic and I found it quite helpful for my project on albuminuria.
- My oral presentation titled "*Inhibition of c-fms kinase activity suppresses rat crescentic glomerulonephritis*" was well received and I responded to several questions.
- The Morning Poster Session on November 8, that focused on diabetic nephropathy.
- The Basic and clinical science symposium on November 8, titled "Macrophages: critical players in renal injury and repair".

John Irvine

With the assistance of a travel grant from the ANZSN, I was able to attend the 2008 American Society of Nephrology Renal Week in Philadelphia. This was my first experience of a large American conference with over 10,000 attendees. The flight from Los Angeles and arrival in Philadelphia were surprisingly quiet with a feeling of 'calm before the storm'. It soon became apparent that most Americans were glued to their television sets watching the presidential elections and when Obama was declared the first black American President, the town suddenly erupted with celebrations.

I had a day to recover from the post-election media onslaught and celebrations before the conference began. For me, the highlights were the sheer size, variety of concurrent sessions and general intensity of the conference. I presented a poster entitled 'Donor type and recipient Angiotensin II type 1 receptor A1166C genotype may influence kidney transplant survival at 10 years', and received some interesting and rewarding peer review. I also enjoyed reviewing and conversing with other poster authors about their work and interests. The presentation sessions that I particularly enjoyed were the Transplantation Symposium including discussion of the "Symphony Trial" and the latest results from the use of MMF to manage lupus nephritis. There was also an interesting symposium

on IgA Nephropathy. I attended an outstanding up to date talk/dinner on microRNA. This is a very exciting, rapidly developing field for molecular biologists. In addition the early morning Presidential sessions allowed me to put faces to names and learn about distinguished people and their research in the Nephrology field.

Thank you to the Australia and New Zealand Society of Nephrology for the travel grant.

Andy Lim

It would be difficult to find a superior demonstration of the breadth and depth of research in nephrology than the scientific meeting of the American Society of Nephrology. Held at the Pennsylvania Convention centre (below), the venue reflects the enormity and scale of the event.



During the scientific meeting, difficult choices had to be made. Due to the diverse clinical and basic science research, expert lectures and various practical sessions held concurrently, careful consideration and planning was required. My attention was on the latest research in investigating and treating diabetic nephropathy, which is the focus of my PhD.

The meeting was also an opportunity for me to present the findings from two of my laboratory research projects in diabetic nephropathy. This included a free communication oral session on the role of the colony-stimulating factor 1 and the inhibition of its receptor, *c-fms* on the progression of diabetic nephropathy in mice. The poster session also allowed me to present and discuss my work on the MKK3-p38 MAPK inflammatory cell signalling pathway in diabetic kidneys, and to look at similar

work being performed in the field. I was also interested in the studies some groups have performed looking at the c-Jun N-terminal kinase (JNK) signaling pathway, as it relates to a project we currently have running.

A visit to Philadelphia was also a great opportunity to visit historical sites such as Franklin Square, Independence Hall, the Liberty Bell Centre and the National Constitution Centre. If you happen to be at Independence Hall in the afternoon, take a moment to figure out if the shadow cast by Independence Hall really falls on the nearby wall (below).



I thank the ANZSN for their support and look forward to the next meeting in San Diego in 2009.

Shaun Summers

I would like to take this opportunity to thank the members and affiliates of the Nephrology Society (Australia and New Zealand) for granting me financial support and the opportunity to attend the American Society of Nephrology in Philadelphia in November 2008. In addition to attending the conference I was able to present an abstract in poster format, *TLR4 ligation exacerbates renal and lung injury in experimental ANCA vasculitis*. I had previously presented this work at the ANZSN scientific meeting in Newcastle.

From a professional perspective I found that attending the ASN was extremely beneficial and a good chance for further career development. When presenting my poster there was interest from several leading researchers in the field. Interest from a Dutch group has led to a fruitful collaboration and we are continuing to exchange ideas and data. We have recently submitted a

manuscript, to favourable response, on work produced as a direct result of this collaboration.

There were numerous other benefits to attending the conference. I was able to attend several outstanding research sessions which gave me detailed insight into my research topic. In particular I found the plenary section detailing the role of the innate immune system and Toll like receptors in susceptibility to infection and their role in organ inflammation and auto-immunity very interesting. A session dedicated to the pursuit of novel therapies for the investigation and treatment of ANCA vasculitis was also extremely valuable. In addition I was exposed to several new ideas and techniques coming to the fore in nephrology research. I was also able to attend well structured clinical teaching sessions and get a feel for novel therapies, often practised in other countries, which are likely to benefit patients in the future.

I completed my undergraduate training in South Africa and my post-graduate training in the United Kingdom. The nephrology meeting is an excellent chance to catch up with old friends and continue to enhance social connections, in a relaxed atmosphere. We also had an opportunity to explore the city of Philadelphia, which was good fun.

Overall I really enjoyed the conference and am most grateful to the ANZSN for the opportunity to attend this meeting.

Siska Sumual

A few highlights from the meeting:

George A Kaysen from UC Davis, California, summarized the markers involved in endothelial dysfunction in CKD and CVD. Endothelial cells dysfunction leads to development of CKD, where patients with increasing risk of CVD (cardiovascular disease) and CKD (chronic kidney disease) showed an increasing level of VCAM and ICAM.

Endothelial Progenitor Cells (EPCs) in cardiovascular was observed and it was found that reduction in the number of EPCs lead to an increase in cardiovascular mortality. However, the number of EPCs does not correlate with the level of endothelial cell (EC) function. On the other hand, the level of creatinine relate with EC function, where increasing

level of creatinine lead to reduction of EC function. Increasing level of ADMA can also be used as a marker of the increasing cardiovascular risk, while increasing level of proteinuria causes a decrease in vessel dilation. Acetylcholine can also be used as a marker showing a defect in Nitric Oxide (NO) pathway, while an increase in endothelin relates to the increase of microvascular disease leading to CKD.

In conclusion, different markers can be used to determine the patients risk in developing CVD or CKD.

David P Basile from Indiana University, Indiana, discussed the involvement of endothelial injury in progression of acute kidney disease. Endothelial cells (EC) alteration due to ischemia has been reported since back in the '90s. Following recovery from acute kidney injury (AKI), the presence of permanent alteration in microvascular density is observed. Therefore, it was hypothesized that following recovery from AKI, alteration in renal vasculature is observed, leading to impairment of renal sodium regulation and hypertension.

In the ischemic animal, it has less cortical blood flow as hemodynamic response. Unlike the tubular system that has the ability to regenerate in the impact of injury, there was no adequate regeneration of renal vasculature following renal injury. The presence of ischemia drives the kidney to compromise with appropriate responses, for example the angiogenic response (eg, VEGF, TGF β). At earlier time, following the AKI, the effect of VEGF reduction was abrogated and the level of VEGF went back to the control level. However, overtime, the production of VEGF was found to be abolished. VEGF121 treatment was administered in order to test its ability to restore the renal function post AKI. By increasing the sodium diet in their animal model, it leads to the development of CKD. Although administration of VEGF121 at early time point suppressed the effect of sodium diet, shown by reduction of albuminuria; no reduction was seen in the delayed administration of VEGF121. Early treatment of VEGF121 also preserved endothelial nitric oxide synthase protein and microvascular density in the post AKI animal, suggesting early treatment with VEGF121 preserving vascular structure after ischemia and also influencing chronic

renal function in response to elevated sodium intake.

The advantages of different mouse models that can be used as diabetic nephropathy model, was discussed during this meeting. Erwin Bottinger discussed the involvement of Mpv17L, a transmembrane protein, as a novel mitochondrial pathway in diabetic nephropathy, using TGF β transgenic (model of glomerular sclerosis) and STZ (model of diabetes type I)

Susan Gurley comparing the different expression of diabetes markers shown in STZ and Akita mouse model as Type I diabetes model. Level of glucose, blood pressure, albumin excretion, and glomerular volume were more prominent in the Akita mouse model compared to the STZ, suggesting that Akita model might be a better model for type I diabetes since it offers several advantages compared to STZ particularly because the severity in Akita is better which resembles more of the pathology of human kidney.

Matthew Breyer (Eli Lilly) discussed the use of ENU (N-ethyl-N-nitrosourea) mutagenesis on black6 (B6) mice in creating a dominant transgenic nephropathy model.

Takamune Takahashi discussed the involvement of hyperglycemia in oxidative stress resulting in diabetic nephropathy. Since an alteration to eNOS expression leads to endothelial dysfunction, eNOS knockout model was developed. It was showed that the knocked out model has a higher level of endothelial cell injury compared to any other diabetes model. Therefore, in conclusion, db/db eNOS knocked out model is a better model to be used for DN and endothelial cell injury.

Other topics related with my major interest, which is the involvement of ischemia in microvascular disease in diabetic nephropathy were also presented and discussed during the conference. Overall, this conference has been proven to be beneficial for my studies. Therefore I would like to thank the ANZSN for providing financial support for me to attend this conference.

Alvin Tan

I would like to take this opportunity to thank ANZSN for the contribution towards my travel costs, which enabled me to attend the 2008 ASN Renal Week meeting in Philadelphia. It was the first overseas conference I attended and was amazed at the scale of the conference (with over thousands of participants and a very extensive scientific program). A definite highlight of this trip for me was losing my posters on arrival at Philadelphia airport; fortunately the airport staff was able to locate and returned it to me just a day before the conference.

I presented a poster from my PhD project and another poster on behalf of my colleague titled "The role of macrophage matrix metalloproteinase-9 in tubular cell epithelial-mesenchymal transition induced by stimulated macrophages" and "Macrophages modulated by TGF- β and IL-10 reduce renal injury in Adriamycin nephropathy, at least partially via induction of regulatory T cells", respectively. The finding from our projects was exciting and generated interest and (fortunately) positive feedback from delegates.

I attended a number of interesting poster sessions and presentations on a broad range of subjects. Of particular interest to our group were talks related to the role of macrophages in renal injury and repair. It was a rewarding experience to discuss their findings and I was able to share some of the valuable ideas from the talks with colleagues back in Australia.

I am very grateful for the ASN travel grant awarded by ANZSN, which supported my first attendance at this prestigious scientific meeting. It was a valuable experience towards my career development through this stage of my PhD studies.

Muh Geot Wong

I would like to thank ANZSN for awarding me with the International Travel award 2008 for the annual Renal Week of ASN in Philadelphia. I attended the 2 day post-graduate course on "CKD and CVD from the Vascular Viewpoint: Merging Basic and Clinical Sciences to Optimize Treatment". Cardiovascular risk remains a major complication in all form of chronic renal diseases which is increasingly recognised as leading cause of mortality in our cohort population. It was a nice update combining the basic sciences and evidence based clinical

medicine ranging from FGF-23, Klotho, VEGF etc and useful reviews on major clinical trials such as ADVANCE and ACCORD study.

One of the State-of-Art Lecture I attended given by Dr. Eric Olson on role of MicroRNAs and development of Cardiovascular disease which highlighted the regulatory role of these group small RNAs which were previously ignored and could probably filling in the gaps in our understanding of cardiomyopathy. It not surprising that microRNAs too have significant regulatory role in renal diseases perhaps deserve some attention.

I was given an opportunity to present a poster titled: "The effects of Transforming growth factor- β 1 and Kruppel like factor-6 on Bone morphogenetic proteins receptors expression human proximal tubular cells". This meeting also provided me with an opportunity to discuss and compare notes with other scientists and researchers who share similar interest and passion in our work. It is reassuring that we all faced the similar problems and obstacles. As previous years, ASN has been a very high standard meeting encompassing various aspect of Nephrology which also serves as a platform to establish network and friends.

Su Ee Wong

I am most grateful to the Australian and New Zealand Society of Nephrology for awarding me a travel grant that has given me the opportunity to attend and present a poster at the 2008 ASN Renal Week in Philadelphia.

The meeting was an eye-opener and gave me an insight into how clinicians and researchers were working together to prevent and treat kidney disease. It was my first time attending such a large meeting and it was definitely difficult trying to decide on the sessions I wanted to attend because I was interested in so many of them!

I presented a poster that was work from my PhD studies on the role of endogenous relaxin in experimental renal disease. Being able to discuss my work with other scientists interested in my field of research was an enriching experience and I have learnt a lot from their comments and suggestions.

I was also fortunate enough to be able to have a quick tour of Philadelphia where I visited the Hall of Independence and the Liberty Bell. I would like to thank ANZSN once again for their generosity and for providing postgraduate students like myself the chance to attend international conferences.

2009 ASN Travel Grant Reports

American Society of Nephrology Renal Week in San Diego

Darren Lee

I would like to sincerely thank ANZSN for providing me the assistance of a travel grant to attend the 2009 ASN Renal Week meeting in San Diego. This was my first international Nephrology meeting, with the exception of the TTS meeting held in Sydney last year. It was definitely an eye opener for someone into his 1st year PhD research to be one of the 10,000+ delegates from all over the world, with often up to 20 concurrent sessions at the same time.

The first 2 days started with a postgraduate course, and I chose to attend the Glomerulonephritis Update based on my own interest, current PhD project and the relative lack of clinical exposure in this area of nephrology during my advanced training. The course was organized by international experts in this area such as Gerald Appel and conducted by excellent speakers often involved in the well-known trials. Apart from a degree of jet lag on the first day, it was one of the best education sessions I have had in nephrology within 2 days, complemented by comprehensive notes to take home.

The highlights would have to be the opportunity to present in front of an international audience in the format of an 8-minute talk titled "Genesis of Tubular Proteinuria in Mice Lacking the Lysosomal Protein SCARB2 (Limp2)", on behalf of Michael Desmond, who was unable to travel there to present his work that I had just started to be involved in. It was a unique experience to be asked questions by the international experts in the field of tubular proteinuria; whose journal articles I had

read. Their comments were invaluable for my future research.

In addition, it was interesting and exciting to see that there were other researchers on the other side of the world working on the role of autophagy in renal disease, which was somewhat loosely linked to our current research on the role of lysosomal protein, a rather new area in kidney research. I also presented a poster titled "Why Do SCARB2 Mutations Cause Collapsing FSGS" on behalf of Michael Desmond and my supervisor David Power, as well as a poster titled "A Pilot Randomized, Double-Blind, Cross-Over Study of High Cut-Off Versus High-Flux Dialysis Membranes", a small clinical study set up by Rinaldo Bellomo which I was fortunate to be involved in towards the end of my advanced training. Both posters generated some interest. The rest of the conference was a constantly difficult decision of which excellent concurrent session to go to, clinical or basic science related to my PhD.

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

Eddy Lee

I would like to record my appreciation to the Australia and New Zealand Society of Nephrology for the travel grant to attend the 2009 ASN Renal Week in San Diego. It was an opportunity to present some of my work as a PhD candidate in a poster session at an international meeting.

This conference was very interesting and a great opportunity to meet other researchers in the same field. I gained valuable insights by discussing my work on the protein C pathway and ischemia-reperfusion injury and now have an abundance of ideas to pursue. There was much interest by different groups in utilising the Protein C Pathway to regulate different forms of renal injury and inflammatory disease so there will be many applications for my work on over-expressing endothelial protein C receptor to increase protein C production. Finally, there have been many new discoveries on the various mechanisms on the

pathway and it was suggested to me that I was in the perfect position to contribute to the growing body of knowledge which was most exciting!

Having attended such a meeting made possible by the ANZSN, I am not only encouraged to continue in basic science in nephrology, but have been immediately updated in my area, have generated many new hypotheses to test and now have a number of international colleagues to network or even consider spending time with as a post-doctoral fellow in the future. The travel award made something extremely valuable that would otherwise be out of reach for many young scientists so I would like to thank and congratulate the society on such ongoing initiatives.

Celine Phounpadith

I attended the American Society of Nephrology conference in San Diego from October 27th to November 1st 2009. Some of the highlights for me included the Fundamentals in Renal Pathology Course which was chaired by Agnes Fogo. The course was well designed with lectures and hands-on workshops. All attendees were provided with their own microscopes and the sessions were designed so that you had an opportunity to review slides and even make your own diagnoses for prizes at the end of each day. Lectures were based on clinical syndromes which made the information more applicable.

Highlights from the conference included the Clinical Nephrology Conferences which were 2 hour sessions with 3 to 4 speakers. The session on thrombotic microangiopathies provided an update on the pathogenesis of TTP and outlined the clinical applications of testing for ADAMTS13 deficiency. The lecture on atypical HUS and the loss of control of the alternative complement pathway by deficiencies in regulatory proteins was particularly insightful. The session on Acute Kidney Injury (AKI) highlighted the incidence of AKI and its significance on long term renal outcomes and mortality in patients with and without chronic kidney disease. The session also highlighted the need for further research into the optimal timing and intensity of renal replacement therapy and the development of a score in order to stratify risk in patients more accurately.

I presented my poster on “Mortality in Elderly Dialysis Patients – The Association with Demographic, Patient and Practice Variables”. The background to this poster is the increasing incidence of elderly dialysis patients internationally and the lack of information on outcomes. This was a retrospective study using the ANZDATA registry which examined patients aged 75 or older who commenced dialysis between 2002-2005. There was a statistically significant increased risk of mortality with patient and practice variables both on univariate and multivariate analysis. On multivariate analysis, the statistically significant patient variables were age, low body mass index and presence of comorbid conditions. Statistically significant practice variables were late referral to a Nephrologist and lack of access at dialysis initiation. The poster highlighted the need for further exploration of these potentially modifiable practice variables which are impacting on patient outcomes. There was considerable interest in the poster and many conference attendees commented that research into this growing dialysis population is needed.

I thoroughly enjoyed the conference and gained knowledge both by attending the lectures and by presenting my poster. I thank the Australian and New Zealand Society of Nephrology for this opportunity.

Shaun Summers

I would like to take this opportunity to thank the members and affiliates of the Nephrology Society (Australia and New Zealand) for granting me financial support to attend the American Society of Nephrology in San Diego in October/ November this year. In addition to attending the conference I was invited to give one oral (*Th1 and Th17 cells induce experimental proliferative glomerulonephritis*) and two poster presentations (*IL-27 has pro and anti-inflammatory effects in experimental crescentic glomerulonephritis* and *TLR9 ligation enhances experimental crescentic glomerulonephritis*), work which I had presented earlier in the year at the ANZSN annual scientific meeting, in Hobart.

I found the conference this year to be both educationally satisfying while also very enjoyable. Firstly, I found the opportunity to attend several plenary and open communication talks of previously unpublished work very useful in gaining insights into

what is likely to become standard clinical and or scientific practice in the not too distant future. In particular, I found the recent advances in both diagnosis and potential therapies in membranous nephropathy, which previously was considered something of a 'blind-spot' in clinical practice, most interesting. I also found the work presented using novel molecular biology tools to increase diagnostic and prognostic data gathered from human biopsies to be exciting. Secondly, I found that presenting one's own work to such audiences is very useful in gaining insights into the relative strengths and weaknesses of your work. In addition to the many useful comments I received during the poster presentations there was again opportunities to enhance relationships with overseas collaborators, a relationship which has been mutually beneficial over several years.

Lastly, the conference provides an excellent opportunity to socialise with clinical and scientific colleagues from both Australia and around the world. I used the time outside of the conference to visit several local San Diego and regional Californian highlights, ensuring a truly memorable conference. I would again like to thank the ANZSN for the continued support of trainees and students to attend these conferences.

Michael Zhang

I would like to express my sincerest appreciation to the Australian and New Zealand Society of Nephrology (ANZSN) for its generous financial contribution to attend the American Society of Nephrology (ASN) meeting in San Diego, California, U.S.A, 2009.

Being that it was my first ASN meeting, I was amazed at the sheer scale of this five day long meeting with over 15,000 delegates from all over the world. The conference itself had a large mix of both basic science and clinical symposia. Multiple oral and poster sessions were held concurrently and the abstract book was indeed an important survival kit to navigate my way through the meeting. Quite a lot of presentations were highly relevant to my current PhD research. At the meeting, I was also able to present my own research results in the form of a poster presentation. At this occasion, I met many investigators from America and Europe with similar interests to mine. I certainly obtained some

great advice in my feature studies, and I also had the opportunity to share my experience and technical skills on animal models.

Overall, it was an excellent opportunity to be able to attend this great international meeting. It was a fantastic learning experience and I definitely encourage all other students to attempt to attend similar conferences to present their work and get feedback. I thank, once again, the ANZSN for the opportunity to attend the meeting, and hope they will support me to attend another ASN Renal Conference next year.

WCN Travel Grant Report

Allison Tong

I am very grateful to the ANZSN for the generous travel grant which allowed me to attend the World Congress of Nephrology (WCN) 2009 that was held in Milan, Italy. The WCN showcased a variety of basic science, clinical research and epidemiological projects. Presenters covered topics including chronic kidney disease epidemiology, aetiology and pathogenesis of kidney disease, hypertension and vascular disease, acute kidney injury, dialysis and transplantation.

This was my first WCN and I presented my poster, "International guidelines on prevention, detection and management of chronic kidney disease." During the poster session, a number of delegates demonstrated interest in the project, provided positive and constructive feedback, and asked interesting questions. This meeting also gave me a chance to discuss and share ideas and insights with others also involved in developing clinical practice guidelines on chronic kidney disease.

Although a wide variety of research topics were covered at the WCN, qualitative research on patients' experiences and perspectives in chronic kidney disease was lacking. Despite this, I had some interesting discussion with other delegates about patient perspectives and how to involve patients in developing guidelines and research projects. In future, I hope the WCN will also include more research and discussion about how patients' experiences, perspectives and preferences can be

elicited and incorporated in research and healthcare.

The conference provided an excellent opportunity to meet and network with delegates from around the world and to share research ideas and experiences. Overall, it was an enjoyable and worthwhile experience. Again, I would like to thank the ANZSN for the opportunity to attend the World Congress of Nephrology.

ANZSN / Amgen Cambridge Fellowships

2009

Joanna Ghali

I have had the privilege of spending the year in historic Cambridge thanks to the support of Amgen, the Jacquot Bequest and the ANZSN. This one-year fellowship has included 6 months of clinical work at Addenbrooke's Hospital and 6 months of scientific research with Professor Ken Smith, a Nephrologist at the hospital who also runs a laboratory at the Cambridge Institute for Medical Research.

Working at Addenbrooke's has certainly enhanced my clinical experience and skills. I have been able to gain acute transplant exposure at the transplant unit, which services the region of East Anglia, performing over 100 renal transplants and approximately 20 simultaneous pancreas and kidney transplants a year. As a referral centre for patients with vasculitis and renal genetic and tubular disorders, participation in such specialised clinics has been an extremely valuable learning opportunity. The Renal Unit has 6 renal registrars on the wards and a number of other nephrology trainees undertaking research. It has been great to be part of a large group of trainees and participate in regular journal clubs and presentation sessions. Working in a different health system has given me an appreciation of the quality of the physician training I have received in Australia. It has also shown me the importance of efficient systems at an administrative level to facilitate medical practice.

One of the most interesting parts of the year has been undertaking a research project, coming from a

background of no prior scientific research exposure! The lab is focussed on translational research, combining work in immunology, genetics and bioinformatics. Amongst other work, the lab has explored the role of FCgamma receptors in autoimmune disease and infection, publishing work showing that a polymorphism of FCgammaRIIb, reducing susceptibility to malaria, is associated with increased susceptibility to SLE[1]. I was able to participate in a project genotyping blood samples for a polymorphism in FCgammaRIIa, to determine if this confers protection or predilection to severe malaria in Kenyan children. I was able to learn how to perform PCR and gain a basic understanding of the concepts of genome wide association studies. I was particularly struck by the international flavour to scientific research here, with many of the scientists, guest lecturers and collaborators in the lab heralding from outside the UK.

It has been wonderful to live and work in the historic city of Cambridge, with its bicycles, punts, colleges and rowing at a time when the city has celebrated Cambridge University's 800 year anniversary and the bicentenary of the birth of Charles Darwin! This unique fellowship has given me the opportunity to work and travel in the UK (and Europe!), make new friends, improve my practice of nephrology by broadening my clinical experience and has opened my eyes up to the very exciting world of medical research. As I reflect on my time here, I am sure that I will look back on this year as one of the best of my life!

1. Clatworthy, M.R., et al., *Systemic lupus erythematosus-associated defects in the inhibitory receptor FcγRIIb reduce susceptibility to malaria*. Proc Natl Acad Sci U S A, 2007. **104**(17): p. 7169-74.

2010

Shaun Flint

Thanks and much kudos are due the ANZSN, Prof. Ken Smith and the University of Cambridge and Amgen for creating a fellowship that allows trainees to undertake a year of work and study in the Nephrology Unit in Cambridge. I learnt earlier this year that I am the recipient of the 2010 Fellowship, and will move to the United Kingdom in February to take up the position. There is much I'm looking forward to: the opportunity to engage with a different health system, the chance to work with and learn from overseas colleagues. Perhaps even

the weather, writing this as I am at the premature onset of a hot, humid Darwin wet season.

Particularly exciting will be the chance to undertake research within an internationally regarded centre. As many will know, the research activities of the Cambridge unit focus on the immunology of autoimmunity and renal disease. The benefits of this aspect of the Fellowship will – I expect – be twofold: the opportunity to develop some of the core skills and techniques of basic and translational research (bioinformatics, for example) as well as to explore particular fields of interest. The specifics of the project on which I'll be working are slowly crystallising as the placement approaches.

The third component of the Fellowship is the opportunity to attend the European and American scientific meetings. This, combined with the clinical and research components above lead me to anticipate that the Fellowship will be an excellent introduction to nephrology beyond Australia's borders.

Once again, I am grateful to the sponsors – the ANZSN, the University of Cambridge and Amgen – for the imagination and the resources that have enabled it. I hope I will be able to fulfil its promise, bringing home what I've learnt on my return.

2009 Jacquot Recipients

ANZSN congratulates the recipients of Jacquot Awards for 2009.

Jacquot Research Entry Scholarships for 2009

Five Research Entry Scholarships (\$29K each) were awarded as follows:

- **Dr Darren Hiu Kwong Lee (VIC)** to investigate the role of the lysosomal protein SCARB2 in kidney disease at the Macfarlane Burnet Institute for Medical Research and Public Health in Melbourne.
- **Dr Suet-Wan Choy (VIC)** to investigate the regulation of renin secretion by the AMP-activated protein kinase at the MacFarlane

Burnet Institute for Medical Research and Public Health, Austin Hospital Campus, Victoria.

- **Dr Kenneth Yong (NSW)** to investigate NK cell receptor (KIR) expression as a risk factor for chronic rejection in human organ transplant recipients – A novel method of donor/recipient matching in human organ transplantation at the University of Western Australia.

Don & Lorraine Jacquot Fellowship for 2009

Two Fellowships (\$90K each) were awarded as follows:

- **Dr Suetonia Cressida Palmer (NZ)** to research detection and prediction of acute kidney injury in heart failure at the Renal Division, Brigham and Women's Hospital, Harvard Medical School, Boston, US.
- **Dr Sandra Crikis (VIC)** to explore the pathophysiological impact of adenosine in a renal transplantation model of Ischaemia reperfusion injury with the plan to establish for the first time a murine renal transplantation model of IRI. Dr Crikis will undertake her research project in the Department of Immunology at St Vincent's Hospital, Melbourne.

Jacquot Research Establishment Award for 2009

Four Research Establishment Awards (\$90K each) were awarded as follows:

- **Dr Richard Kwok Sing Phoon (NSW)** to research IL-21 and its associated intracellular signalling molecule, JAK3 as important in the development of crescentic glomerulonephritis and expression of urinary and haematological biomarkers, providing clinically useful advances in monitoring disease activity. Dr Phoon's research project will be undertaken in the Department of Renal Medicine, Westmead Hospital, Centre for Transplantation and Renal Research, Westmead Millennium Institute, Sydney.
- **Dr Jonathan Mark Gleadle (SA)** to continue to pursue his research in defining the mechanism by which oxygen is actually sensed by

mammalian cells and produces changes in gene expression at the Flinders Medical Centre, Flinders University, Adelaide.

- **Dr William Richard Mulley (VIC)** to seek to reduce the factors that renal allograft survival is limited by ischaemia reperfusion injury (IRI) and rejection, by inducing IDPO over-expression by endothelial and epithelial cells in renal grafts. Dr Mulley will undertake his research project in the Department of Nephrology, Monash Medical Centre and Monash University, Melbourne.
- **Dr Anne Maria Durkan (NSW)** to research DNA vaccination against CCL2 and CX3CL1 in a murine model of atherosclerosis at the Centre for Kidney Research, Children's Hospital, Westmead, Sydney.

2010 Jacquot Recipients

Jacquot awards have been offered to the following 2010 applicants:

Jacquot Research Entry Scholarships for 2010 (\$30K each)

Megid Atif Fahim (3 years)
Darren Hiu Kwong Lee
Suet-Wan Choy
Marcus Boon Peng Tan
Louis Li Huang

Don & Lorraine Jacquot Fellowship for 2010 (\$90K each)

Suetonia Cressida Palmer
Germaine Wong
Muh-Geot Wong (6 month fellowship, \$45K)

Jacquot Research Establishment Award for 2010 (\$90K each)

Angela Claire Webster
Shaun Andrew Summers
Robert Peter Carroll
Natasha Cook

ANZSN-Amgen Quality Assurance Research Grants Programme

This year AMGEN generously sponsored a new initiative of 5 grants of \$10,000 each, aimed at improving the efficiency and quality of patient care and clinical outcomes in pre-dialysis, dialysis and transplant patients. After broad advertising to ANZSN, KHA and RSA membership, 38 high-quality applications were very efficiently processed through the ANZSN office by Aviva's assistant Louise, and then rated by a panel representing each of the three organisations. There was close agreement on the 5 successful applications, with grants going to:

- **Tania Burns (NSW)** 'Improving the patient's experience of haemodialysis'
- **Jonathan Craig (NSW)** 'A multi-component education program for patients with early stage chronic kidney disease'
- **Kathleen P Y Kan (VIC)** 'An exploratory study to compare the effectiveness of CKD clinic coordinated by Nurse Practitioner vs. usual care with Nephrologists in the comprehensive care of stable Stage 3-4 CKD patients in the Eastern Health Network'
- **Allison Tong (NSW)** 'Treatment adherence after kidney transplantation'
- **Katrina Campbell (QLD)** 'Identifying the evidence-practice gap for malnutrition screening and assessment practices in renal units throughout Australia and New Zealand'

We all look forward to hearing the outcome of these 5 exciting projects, and hope for continued support of this focussed, clinically relevant new grant program.

Mark Thomas

Obituaries

Hossam El-Shazly

Dr Hossam Mohamed El-Shazly, 38 years, was killed early Saturday morning, 17th January 2009, when his bike and a truck collided on the Captain Cook

Highway, north of Cairns. Below is an excerpt from the eulogy read by Dr Murty Mantha at his memorial service held on 28th January 2009.



Dr Hossam Mohamed El-Shazly was a very valued and prized acquisition for Cairns Health District. There were several reasons for this: he was an excellent physician with certification from the American Board of Medicine from Atlanta, Georgia, USA; he received specialist training and certification in Renal medicine from John Walls Renal Unit at Leicester, UK - traditionally conceded a seat of wisdom in renal medicine; and finally, he was Egyptian, born in the land of the pharaohs - and therefore had knowledge of the spiritual aspect of the healing process. Unfortunately he knew nothing about cricket and this is where I had an edge over him and earned his respect.

During his short but influential tenure at the Cairns Base Hospital he built the enviable reputation of a very "caring and attentive doctor". He had an uncanny ability to show compassion as profoundly personal as possible, patients loved him dearly. Indeed he was charismatic and touched many on a personal level.

For his medical colleagues, words will be inadequate to describe his camaraderie and friendship. He was inspirational to the junior medical staff. Nursing and administrative staff

considered him a young messiah. In as much as he was ignorant about cricket, he remained a devout fan of the Liverpool football club and a keen cyclist.

On that fateful day he was training on his new bike for a forthcoming race in Italy in March this year.

Hossam's passing is a devastating blow to his family, his patients, the hospital and the wider Cairns community. He was widely respected by colleagues and patients alike and will be missed dearly.

Our thoughts are with his family at this time and our deepest sympathy goes out to them.



Lloyd Ibels

1945-2009

It is with great sadness that we note the sudden death of our colleague Lloyd Ibels in his sleep on 14/10/09.

He trained in nephrology between 1971-1976, with John Stewart and John Mahony at Sydney Hospital and then with Bob Schrier in Denver, Colorado. He returned to establish the Royal North Shore Hospital renal unit in 1977, and headed it for the next 3 decades. His work capacity was so legendary, that when his time-sheets were submitted to an Industrial Commission examining junior doctor pay scales, the evidence was rejected as physically impossible. He poured his unstoppable energy into every aspect of his career and his life, usually having

seen 20 patients in his rooms before the daily 7AM ward round.



He drove the FRACP training program at Royal North Shore Hospital with Saturday morning teaching sessions, and closely supervised the vocational training of 45 renal registrars since 1976, making sure that every consult had full quantitative urine microscopy documented.

His love of clinical research produced over 120 publications in a huge variety of topics (including vascular disease in all stages of CKD, phosphate restriction, acute kidney injury, multiple myeloma, IgA GN, CAPD, sleep apnoea, aseptic bone necrosis, to name a few). His Doctorate of Medicine spilled into 3 volumes, documenting his passion in not just slowing but arresting progression of CKD. His research interests were often at the forefront or ahead of their time, but all united by a ferocious belief in the possibility of better patient outcomes.

His energy did not diminish over time, seeing 60 patients daily, and establishing a thriving NSW Central Coast practice in addition to maintaining his St Leonards practice, whilst also building a beautiful country property with his wife Brenda. Poignantly, he had hosted a thank-you lunch for all his vocational trainees at his farm only three days prior to his death. None of those who knew him will forget his dedication and drive.

Mark Thomas

SAC and Curriculum Report

Since the last e-Bulletin, the main focus of the SAC has been to continue the development of the Advanced Training Curriculum. By the year end, it is anticipated that version 1 would be finalised and be available for wider consultation. An important aspect differentiating this curriculum from a nephrology syllabus is having a document that enables the application of formative and summative assessments to key components. An assessment advisory group has been formed from members of the writing group which will liaise closely with the RACP Education Deanery to identify and incorporate the appropriate tools relevant to our specialty.

The SAC will also continue with site accreditation visits with the aim to bring every unit up to date with the 5 year accreditation cycle and also visit the many new sites applying for the first time or those units wishing to increase training numbers. Your patience with these tasks is appreciated.

Dr Tony Elias
Chair, SAC

News from Kidney Health Australia

Research grants and scholarships

The historical role of KHA in funding investigator driven research through project and seeding grants, and health professionals (nephrologists, renal nurse, scientists and students) through scholarships has recently been re-assessed in light of several factors. These include

1. The availability of significant funds to the kidney sector through the Jacquot bequest. These funds are particularly focussed on Nephrologist career development but the target has been extended in recent years to include trials etc
2. The increasing need for quality research in the public health kidney arena.
3. Recognition of the advantages in ANZSN & KHA working closely together to maximise research

support and ideally contribute to a single research fund.

Delegates from ANZSN Council and KHA met in August to consider these matters and MSAC will discuss the issues on Nov 14. At this time the concept of KHA phasing out support of investigator driven research and leaving medical scholarship support to the Jacquot process seems likely. All existing commitments to grants and scholarships will be fulfilled.

CKD “Summit”

The ANZSN and KHA co-sponsored a second International “Summit” on July 23 and 24 with the title

“Best care for Australians with CKD – the pathway ahead”.

The meeting was attended by 125 delegates and reassessed where Australia is positioned with regard to the prevention, early detection, and best management of chronic kidney disease (CKD) and kidney failure and discussed ways in which the kidney sector might work more effectively with Government.

A summary of the Summit can be found at <http://www.kidney.org.au/HealthProfessionals/AustralianCKDSummit/tabid/751/Default.aspx>

The definitive outcomes of the summit were agreement on the need for:

- i. A coalition of stakeholders including consumers, nephrologists and nurses to go forward and engage government
- ii. Consensus on the aims, priorities and the narrative required to:
- iii. Ensure that CKD is recognised as a serious public health issue
- iv. Reduce the burden of CKD by early detection
- v. Close the gap on best care
- vi. An opportunity for State Renal networks to meet and share progress bi-annually
- vii. A multidisciplinary national renal taskforce to develop a national renal strategy and framework, agree on a model of care, set priorities and liaise with government
- viii. Engagement and practice change in primary care by introducing opportunistic screening, utilising practice nurses, using a systematic

follow-up and recall register and *working collaboratively with other chronic diseases.*

KCAT

The KCAT Committee met in October and endorsed a revamped CKD in the Elderly module. A report on the recent KDIGO Controversies meeting in London was provided by Kevan Polkinghorne that addressed issues on eGFR cut-points, the new formula and the need for an amended CKD Staging that included recognition of proteinuria. International working groups are to be established to carry this agenda forward and significant changes to the current schema are anticipated to be promulgated in late 2010. KCAT continues to broaden its base with the creation of a new e-module for practice nurses that teaches them how to use the new Medical Benefit item numbers for CKD management. A new group the “National Indigenous renal resource collaboration” (chaired by Gillian Gorham) has been established in partnership with Amgen. KCAT continues to sponsor the GPCE courses now held annually in all Capital cities. These have proved very popular – in large part because of the excellent quality of the presentations. Thanks again to all of you who have given freely of your time in this major educational initiative.

It has been decided to delay a second edition of the highly successful booklet “CKD Management in General Practice” till the new staging schema is released and the proteinuria consensus process (see below) is completed.

If you want to run a CKD educational session through your local GP division or network let Chris Archibald (KCAT Project Manager) know at (08) 83347501.

CRC*kidney

The proposal leading to a bid for a Cooperative Research Centre in “Kidney” is making good progress. A decision was taken to delay the first bid until mid-2010 and the delay has meant a great opportunity to refine the content of the bid, engage additional participants and present the proposal to a series of potential partners. The KHA Board continues to support the bid and has underwritten the process until its conclusion. The work programs

that form the basis of the CRC are renal regeneration, new therapies, public health aspects, biomarkers and imaging of CKD. It is not too late for anyone with an interest in participating in the CRC to get in touch with Robyn McLachlan (Exec Director of CRC*Kidney) at (03) 9674 4234 for more information.

Albuminuria/ Proteinuria measurement and reporting

DNT committee and KCAT have agreed to facilitate a consensus process involving all appropriate stakeholders to address the variation at the present time in the measurement and reporting of albumin and protein in the urine. The Royal College of Pathology, Diabetes Soc of Australia and the RACGP are involved. The first meeting of the small group that will ultimately lead to a "Consensus" meeting occurred in late September. The "UK NICE Guidelines" released a year ago recommend:

"To detect and identify proteinuria, use urine albumin:creatinine ratio (ACR) in preference, as it has greater sensitivity than protein:creatinine ratio (PCR) for low levels of proteinuria. For quantification and monitoring of proteinuria, PCR can be used as an alternative. ACR is the recommended method for people with diabetes."

Whether this consensus process will follow the UK lead is the major issue to be determined. It is hoped to complete the recommendations by the middle of 2010.

Home Dialysis Advisory Committee of KHA

This group was established 2 years ago to pursue the barriers preventing more home dialysis in Australia. The group is chaired by Carmel Hawley and has representatives of from Nursing, consumers, medical and industry – all chosen because of their active involvement with home dialysis (both peritoneal and haemodialysis). The decision was taken in late 2008 to conduct a first ever comprehensive survey of health professionals and all patients on all forms of dialysis throughout Australia. The Health professional survey is complete and the patient survey in progress at this

time and the preliminary results will be presented at the forthcoming "Home Therapies Workshop" February 10-12, 2010 in Brisbane. At the last meeting of the Home Dialysis Advisory Committee in October it was resolved to construct a position paper on "home dialysis" that would be suitable for use as a lobbying tool to use with parliamentarians detailing the advantages both to participants and to the health system of more home dialysis.

Tim Mathew
Medical Director, KHA

The Australasian Kidney Trials Network

2009 has been a busy and productive time for the Australasian Kidney Trials Network (AKTN), with significant funding successes, extensive trial-related activity, and the successful development of collaborations with the international Nephrological community.

Funding Success

In March, the AKTN secured an ANZSN enabling grant to fund a statistician to facilitate high-level biostatistical support for the Network. In October, the AKTN successfully secured NHMRC enabling grant funding (\$2,000,000 over 5 years), commencing in April 2010.

Trials

AKTN-coordinated trials (recruiting)

HONEYPOT (Chief Principal Investigator: Prof David Johnson, Princess Alexandra Hospital) has reached 55% of its recruitment target (370 patients) since commencing recruitment in August 2008.

FAVOURED (Chief Principal Investigator: Dr Ashley Irish, Royal Perth Hospital) has achieved recruitment of 99 patients in the last 12 months. Several strategies have been implemented to boost recruitment in 2010, and the trial is set to expand to international sites in the United Kingdom and Malaysia.

The **HERO** trial (Chief Principal Investigator: Prof David Johnson, Princess Alexandra Hospital) commenced recruitment in September. Five of 14 sites are currently active and 6 patients have been randomised.

AKTN-endorsed trials (recruiting)

The **ACTIVE DIALYSIS** trial (extending weekly haemodialysis hours beyond current standards; Chief Principal Investigator: Dr Vlado Perkovic) commenced recruitment in May 2009. Thirteen patients have been recruited across 8 active centres, with plans to initiate a further 17 sites across ANZ during the next 12 months.

AKTN-coordinated trials (in development)

BLOCADE (beta-blockers to reduce cardio-vascular events in CKD population; Chief Principal Investigator: Dr Matthew Roberts, Austin Health) has secured funding for a feasibility trial.

TransDiab (Chief Principal Investigator: Dr Helen Pilmore, Auckland Hospital) will investigate the use of Metformin in patients with impaired glucose tolerance or new onset diabetes after transplant. Funding is currently being sought.

AKTN-facilitated trials (in development)

PEXIVAS is a European vasculitis group (EUVAS)-sponsored trial examining the effects of plasma exchange and glucocorticosteroids in ANCA-associated vasculitis. Dr Chen Au Peh (Royal Adelaide Hospital) has secured an NHMRC project grant to fund the trial in ANZ. The trial conduct in ANZ will be facilitated by the AKTN, with recruitment expected to commence in 2010.

Membership of the Network is open to all physicians, epidemiologists, biostatisticians, nurses, allied health professionals and researchers involved in renal research. Membership forms and more information can be obtained from our website <http://www.aktm.org.au>.

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

Contacts

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Carmel Hawley
Chair, AKTN Operations Secretariat

ISN Report

Current President: *Bernardo Rodriguez-Iturbe*
President Elect: *John Feehally*
Secretary-General: *Adeera Levin*

One of the major foci of the ISN Council meeting held 28th October 2009 was around improving membership, which it was hoped would be encouraged by the ISN commitment to philanthropic work. The ISN has a major interest in furthering Nephrology in developing countries, through educational activities, scholarships and support to attend meetings. In addition practical examples also exist, such as the development of acute PD for ARF secondary to snake bite in Tanzania, where there are no Nephrologists. The support – both financially and physically- of a healthy membership is required to further these ventures. The ISN is obviously keen that members in countries such as Australia and New Zealand take up the option of membership of ISN, when offered in combination with the ANZSN membership subscription.

A wrap up of the recent Milan WCN was given, indicating the broad success of the meeting, with around 12,000 attendees. The next WCN will be in Vancouver in 2011 with planning well under way – including two Aussies as plenary speakers! (details later). Rick Johnson is heading the scientific committee for that meeting. The 2013 meeting will be in Hong Kong, representing the Asian Pacific

region, with strong support for an African meeting in 2015. It seems likely that a rotation between the regions will become the norm for the future, in cooperation with local National and when possible Regional Societies. Tensions around profit share and levels of control will continue, but experience in dealing with these issues is growing quickly, and accordingly they are being dealt with more smoothly with each iteration.

2010 represents the 50th anniversary of the ISN – celebrations will be tempered to remain fiscally responsible – with most being carried over until the Vancouver meeting.

In line with the opening paragraph (above) – COMGAN and its activities remain central to the ISN's core business. However, COMGAN was considered a poor epithet and will be dropped. All members are encouraged to support these activities and further encouraged to assist activities in developing countries (eg. by hosting trainees etc). ISN is determined to work as closely as possible with local societies to improve delivery of this mission.

World Kidney Day has grown from strength to strength and again members are encouraged to participate and “spread the word” when it comes around again in March (11/3/2010). The Nephrology Gateway site is slowly being improved – with elimination of the double password system for the journal and the gateway.

In summary, the major themes of the Council meeting were around how ISN can better deliver its services to the world nephrology community, and allied to this how it can increase membership and improve the financial base for the work.

**Peter Kerr & Gavin Becker,
Councilors, ISN**

ANZDATA

There have been a number of areas of recent activity within the ANZDATA registry.

Data Collection

Following the completion of the 2008 survey in mid-September, the interim summary (containing details of the number of patients, new transplants, unit activity etc) has been placed on the website.

The "real-time" data collection is ongoing – units are asked to report new patients, deaths, loss of transplant function and changes in dialysis modality as they occur throughout the year. Reports are distributed monthly two units, summarizing their activity in these areas. We are also happy to receive reports of other events (peritonitis, rejection, cancer, pregnancy) throughout the year as they occur. The preprinted sheets for the end of 2009 survey will be distributed shortly. We ask that these sheets be returned by the end of March.

Interim results (both for the verified data to December 2008, and for the unverified "real-time" data during 2009) can be obtained from the website either via the traditional reports or through the interactive "Discoverer" section. Individual unit activity reports (in "real-time") are also available through the latter facility. If you do not have the appropriate password for your unit, please contact Brian Livingston in the registry.

Living Kidney Donor Registry

The living kidney donor registry continues to you generate in a substantial amount of interest. Presentations (at the transplantation society and ANZSN meetings) highlighted the rapid evolution of practice in this area in Australia. In particular, there is an increasing utilization of older donors, donors with a background of hypertension or impaired glucose tolerance.

Working Groups

The network of “working groups” remains the main source of activity outside of the ANZDATA office. In addition to the longstanding groupings for haemodialysis (chaired by Kevan Polkinghorne), peritoneal dialysis (chaired by Fiona Brown), cancer (chaired by Angela Webster), transplantation (chaired by Scott Campbell) and paediatrics (chaired by Steve McTaggart), in recent times groups had been set up to oversee paediatrics (led by Vicki Levidiotis) and indigenous renal disease (encompassing both Australia and New Zealand, led

by Matthew Jose). All of these groups are looking for input and help in both ideas and analyses. Feel free to contact the leaders of these groups, either directly or by the ANZDATA office.

ABO Incompatible Transplant Registry

As an ancillary collection to the main form, an ABO incompatible / highly sensitised transplant registry has been created. This is the outcome of discussions between ANZDATA and a consortium of transplant units with an interest in this area, led by Paul Trevilian and Kate Wyburn. This data is limited to the ABO incompatible or those highly sensitised recipients undergoing specific desensitisation procedures. The aims of this collection are to describe and report the prevalence and characteristics of this group of transplants, and document graft and patient outcomes on a national scale.

Position Vacant - Epidemiology Fellow

The epidemiology fellow position within ANZDATA has fallen vacant recently, and will be advertised in the national press in late November or early December.

Centre-specific Reports

Centre-specific reports for transplantation and dialysis are currently being distributed. These have continued to evolve. The transplanting centre report now includes "adjusted" analyses, incorporating an expected number of events based on the covariate mix for particular centres. Both the transplant and dialysis reports include identification of the best five performing centres in each category, together with their results. This was agreed to at the heads of unit meeting in 2007. Further development is planned for all reports, and will be discussed at the forthcoming heads of unit meeting. In particular, further development of comparative data is planned, with both one-way and two-way CUSUM graphs etc.

Heads of Unit Meeting

Every 3 years, ANZDATA convenes a meeting of "heads of units". We ask that an each renal unit

consider sending a representative (either the head of unit or nominee). The next meeting will be held on the afternoon of the 26th February, 2010 in Melbourne.

Stephen McDonald
ANZDATA

CARI

Below is a list of recent and current activities undertaken by CARI in 2009.

KDIGO – Kidney Disease International Guidelines Organisation

Martin Gallagher attended the KDIGO Guideline Coordination meeting held on Oct 29th 2009 at San Diego, USA during ASN Renal Week. KDIGO is currently developing guidelines on the following: Acute Kidney Injury; Glomerulonephritis; and Hypertension in CKD. They also plan to start work on an Anaemia in CKD guideline and a CKD: Definition, Classification and Prognosis guideline. KDIGO has recently formed a Guideline Implementation Task Force to be chaired by Yusuke Tsukamoto. At the meeting, there was discussion as to how guideline organisations could collaborate to evaluate and promote guideline implementation.

CARI has commenced the process of doing a formal adaptation for local use of two KDIGO guidelines – the CKD Bone Disease and the Transplantation guidelines. The ADAPTE Tool will be used to do this (www.adapte.com) and the experience will be written about and published.

Guideline Groups

Groups which are presently updating their guidelines include the following: CMV Disease and Kidney Transplant (Helen Pilmore, Convenor), Vascular Access (Kevan Polkinghorne, Convenor), Cardiovascular Risk Factors (Vlado Perkovic, Convenor), and Kidney Recipient Suitability (Scott Campbell, Convenor). An Early CKD guideline group has been set up with David Johnson as the Convenor. The group is covering the following subtopics: Risk Factors, Primary Prevention, Screening, Diagnosis Classification & Staging of CKD,

Appropriate Management of Established Early CKD, Referral to Specialist Renal Care, and Education.

Two other groups are in the early stages of updating their guidelines – Urine Protein as Diagnostic Test (Nikky Isbel, Convenor), and Peritonitis Treatment and Prophylaxis (Amanda Walker, Convenor).

Publications

One supplement to *Nephrology* is currently being prepared, which will be published in February 2010.

This Supplement will contain new guidelines on Living Kidney Donor, Transplantation Nutrition, Renovascular Disease, Type 2 Diabetes: Kidney Disease and revised guidelines on Acceptance onto Dialysis. A total of 34 subtopics are covered with a total length of approx. 190 pages. The electronic version of the February Supplement will be uploaded to the CARI website and the Wiley-Blackwell Synergy website in February 2010.

Implementation

Guideline summaries:

Michelle Irving is writing summaries for key guideline subtopics. The format is a one page summary with a suggested implementation pathway on the reverse side. These summaries will be posted to the CARI website and emailed to nephrologists via the ANZSN and sent to the RSA for printing in their newsletter.

Nephrologist interviews:

In-depth interviews were conducted with Australian nephrologists to explore their perspectives on the CARI guidelines. Semi-structured face to face interviews were undertaken with 19 nephrologists. The findings show that evidence-based guidelines appear to impact strongly on the clinical decision-making of Australian nephrologists, but are only one input. Improvements in the evidence which underpins guidelines and improvements in the content and formatting of guidelines are likely to make them more influential on decision making.

A paper on this has been accepted for publication by *AJKD*. A poster on this was

presented at the ANZSN conference in Hobart in September. An oral presentation was also given at the Guideline International Network conference in Portugal in November 2009.

2nd Stage Iron Project:

CARI has previously undertaken an active implementation project for the CARI iron guidelines. Six renal units are being monitored for their iron management and ferritin, haemoglobin, TSAT and epoetin use. A process review interview with each intervention unit has been completed. A paper on this has been sent for publication.

Vascular Access Implementation Project:

The Vascular Access implementation project commenced the intervention stage in July 2008. This stage ran for 12 months and finished in July 2009. The 9 involved units were given some tools (posters, reminder system stamp, regular audit and feedback reports) to assist them in overcoming the barriers they experienced to having timely AV access creation in their new haemodialysis patients.

A baseline paper has been drafted and will be sent for publication in the next few months. Preliminary results from the intervention phase show that the process at the units was quite varied; there was not a uniform effect of the intervention. The units that participated gave positive feedback about the experience, and would have liked to continue longer with this project. Unfortunately, funding only allowed the intervention to run for 12 months. Feedback from the units emphasised that the collaborative nature of the project (audit results, meetings, development of the database) was appreciated and created an improved awareness of the need for change and barriers faced by the units.

The Chair for this project is Kevan Polkinghorne and the project officer is Pamela Lopez Vargas. A poster presentation was given at the ANZSN in September in Hobart and an oral presentation was given at the Guideline International Network conference in Portugal in November 2009. The title of the talk was "Identification of barriers to improve timely creation of arteriovenous fistula for patients starting haemodialysis".

New Implementation Project:

A new project to do with the prevention of infection in PD patients is being developed. A Convenor for this project is currently being decided. It is anticipated that work will start in earnest on this in Feb-March 2010.

Consumer Research Project:

A pilot project titled "Patient involvement in the development of clinical practice guidelines on early stage CKD" has been commenced. The aim is to develop, implement and evaluate a consumer-consultation program for involving consumers in the development of CARI guidelines on Early Stage CKD. Two consumer advisory panels have been convened and they have attended two structured peer-facilitated workshops. The preliminary findings have been presented to the Early CKD guideline group. A third consumer workshop will be conducted in February 2010 after the draft guideline subtopics are completed.

Conferences:

At the ANZSN conference in Hobart, Allison Tong presented a poster titled "Patients' experiences and perspectives of living with CKD" and also gave a brief oral presentation on the topic.

An oral presentation was also given at the Guideline International Network conference in Portugal in November 2009 on the topic "Incorporating a systematic review of qualitative studies into clinical practice guidelines on kidney transplantation". The meeting had a plenary session on patient involvement in guideline development. Topics included "Involving patients and eliciting their views", "A consumer view on involvement in clinical effectiveness activities" and "Involving the public in guidelines".

Critical Appraisal Training Workshop

The Critical Appraisal Training Workshop was held in August in Sydney this year. Seven guideline group members attended (Early CKD; Kidney Recipient Suitability). The teaching was done by Prof Jonathan Craig, Dr Angela Webster and Dr Meg Jardine. Part of the day was spent explaining the GRADE evidence rating system, which CARI guideline

groups will now begin to use rather than the NHMRC based system previously used.

Steering Committee Membership

The CARI Steering Committee currently has 14 members and recently lost its consumer member. A replacement consumer member is being sought.

Rowan Walker
CARI

Nephrology Journal

Overall *Nephrology* is developing steadily as an important regional nephrology journal. Despite the economic downturn advertising revenue has continued to increase and the Journal has become an important source of income for APSN. As long as ANZSN continues its commitment to the Journal then this also translates to a "profit" for ANZSN by substantially offsetting any subscription costs for ANZSN members.

Submissions to the Journal in 2009 are likely to be more than 500, representing a steady increase during the last several years. With the increased number of submissions, the target rejection rate of manuscripts is now approximately 75%. In general there has been a pleasing improvement in the quality of submitted manuscripts. In 2009, the Journal has published two special issues – one on CKD-MB and another on ANCA vasculitis. They appear to have been very successful, and more special series are being planned for 2010 and 2011. These include a series of papers on clinical research (to be published over approximately one year) and another on new advances in haemodialysis.

Whereas the impact factor of the Journal increased substantially over several years up until 2008, it did not increase any further in 2009. It is inevitable that a regional nephrology journal will not obtain more than a mid-range impact factor; a high impact factor would suggest that it is no longer serving the authors of our region! Nevertheless, the editors are continuing to examine ways of slowly improving the impact factor.

The success of Nephrology is very much dependent on the ongoing support of ANZSN, including its Council and members. When you look inside the Journal you will notice that the majority of subject editors and editorial board members are from ANZ. The subject editors are to be congratulated for their outstanding contributions to the Journal, and thereby ANZ and regional nephrology. Without them there would be no Journal.

I would be very happy to receive suggestions about how the Journal may be improved.

David Harris
Editor in Chief, *Nephrology*

COMGAN

ISN now sets itself apart from other nephrology societies by its predominantly philanthropic mission of supporting the development of nephrology worldwide. This recent switch in ISN's strategic direction towards stressing its goal of advancing nephrology, particularly in emerging nations, means that COMGAN (Commission for Global Advancement of Nephrology) will become increasingly important. ANZSN is in a unique position to support the development of nephrology in our region, and there is great opportunity to harness the various COMGAN programs to advance nephrology in Oceania and SE Asia (OSEA).

I have just taken over as Chair of the Fellowship program of COMGAN; of the 34 applications in the second round of 2009 there was not a single one that involving ANZ. A number of regional and national societies are setting up partnership fellowship programs with ISN, with each partner contributing equally to the cost of the fellowship. ANZSN should consider the possibility of combined ISN-ANZSN fellowships for our region. These combined fellowships can be designed in such a way that the identity and influence of each partner is not diluted. APSN has expressed interest in combined ISN-APSN fellowships, and so it will be important to keep these various activities well coordinated. The OSEA committee of COMGAN is well placed to play a central coordinating role. The potential for greater ANZ involvement in other ISN-COMGAN programs exists, and these also might be

best co-ordinated via the OSEA COMGAN committee – the CME, sister renal centre, education ambassador and research and prevention programs. The CREED program has effectively facilitated ANZSN's support of Indonesian nephrology for the past 7 years. For the future it has been decided to broaden its focus to the whole of OSEA. The OSEA Committee will advise the CREED committee so that its activities complement ISN-COMGAN activities in OSEA.

The regional committees of COMGAN have been strengthened. The OSEA committee (which I co-chair with Kriang Tungsanga from Thailand) is playing a more active role in our region. It hosted the first OSEA nephrology course in Vietnam/Laos in October 2009, in conjunction with The Transplant Society, and the Malaysian and Thailand Societies of Nephrology. There was a great deal of local enthusiasm for the course and for further involvement of ISN-COMGAN and other societies in Vietnam and Laos.

It is important that ANZSN nephrologists continue to play a leadership role in ISN. Expressions of interest from ANZSN nephrologists for involvement in any of the programs in OSEA would be most welcome!

David Harris
COMGAN

Enabling Grant 2010

The Australian and New Zealand Society of Nephrology is pleased to announce one infrastructure or enabling grant for \$45,000 (AUD) per annum.

The broad purpose of this funding is to support the infrastructure of groups or bodies affiliated with the ANZSN in the pursuit of their research or audit activities. It is not primarily intended to support individuals or laboratory-based research. Examples that would be considered include project officer support for guideline development and/or monitoring, biostatistician or epidemiologist support for clinical trials, and project officer support for development of collaborative research efforts. Groups or bodies across multiple sites will receive

preference. The grant will be initially for one year, with the possibility of ongoing support depending on outcomes and other applications.

Applying for Funding

A one page cover letter is required. The proposed project must be outlined using the following headings; Title, Aims, Background, Outline of Project and Significance. A list of collaborators and sites must be provided. The project Outline must not exceed three A4 pages and 12 point font must be used. A brief budget outline is required.

Applications should be emailed to anzsn@racp.edu.au and the email titled "Enabling Grant 2010". Confirmation of receipt will be made.

Key dates

Applications Close: - February 26th 2010

Award Announced: - March 11th 2010 (to coincide with World Kidney Day)

Successful Applicants

Applicants must be willing to participate in any press release. Applicants are also required to formally report a summary for publication to the ANZSN about their research activities upon completion.

Clinical and Scientific Meetings

Visit the ANZSN website at:

www.nephrology.edu.au/meetings/othermeetings.asp

for a list of forthcoming clinical and scientific meetings.

Nephrology Positions Vacant

Nephrology positions are advertised on the ANZSN website at:

www.nephrology.edu.au/positionsvacant/index.asp

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