Editorial

Our society has continued to flourish over the past year with overall activity at an all-time peak. There is little doubt that the success of our society has been the result of the incredible willingness and enthusiasm of members to lend their time and expertise under our common banner.

A visible example of this is the Annual Scientific Meetings where year after year local organisers and SPEC consistently produce a world-class programme fully inclusive of education, innovation and forums to showcase local clinical and laboratory research. The 49th meeting in Brisbane was well attended and a record total amount of money was awarded in grants and prizes. Another less visible example, but nevertheless a hub of activity is the DNT subcommittee that does so much more than organise the all-important biennial DNT workshops. The subcommittee is under the tireless leadership of Steve May as chair and is interfaced with Kidney Health Australia. It essentially deals with all clinical matters pertinent to the society, including safety and performance standards, practice guidelines, patient advocacy, and development of position statements for the society. There are many more examples that will be mentioned in the esteemed President’s and Treasurer’s reports.

Council is acutely aware of some upcoming challenges several of which are worth mentioning (in no particular order). One issue is the Royal Australasian College of Physicians (RACP) wanting to divest some of its advanced training responsibility to the society and to what extent we could quarantine resources to one relatively small but important proportion of our membership, clinical trainees in nephrology. Another issue is the difficult times some of our more senior research colleagues are facing with the contraction of research funding. This has been felt by both laboratory and clinical researchers who are competing largely from the same funding sources. We have traditionally supported mainly younger members in research and now must give due consideration to extending support equitably between more senior laboratory and clinical researchers. We have had some success in evolving the Jacquot Awards within the confines of the bequest stipulations and RACP Foundation Managers in this regard.
A final issue of note is that whilst the society is in a sound financial position, as our treasurer will detail, we have kept subscriptions low whilst obtaining less sponsorship from industry, so accumulating some funds to buffer tougher times has been a responsible action. Whether we spend down our savings or accumulate a corpus to set up sustainable grants and awards from returns are possible approaches.

With regards to communications, the weekly ANZSN update e-mails have been highly successful in reducing multiple stand-alone emails out to members and was the legacy of my predecessor, Matthew Jose. There has been overwhelming support and positive feedback to continue this method. However, it has not diminished the number of requests for stand-alone mail outs. When requesting email broadcasts to members, please understand the reason we have kept strictly to the weekly update format and our privacy obligations in not availing the ANZSN mailing list. In the future, we hope to develop some alternative methods of member communications. Richard Phoon and Aviva Rosenfeld have been exploring the possibility of a community noticeboard and/or blog facility in our new website.

Finally, thank you to all those who have been seemingly spontaneously and enthusiastically communicating new ideas, views and feedback relevant to our society. There may be a delay in response at times but please be assured that every message is given due consideration and much appreciated. It may be part and parcel of being HEO but I am so incredibly reassured by the sense of ownership of the Society by our members and constant high level of interest and participation.

Hilton Gock
Honorary Executive Officer

President’s Report

Year 2013 is rapidly coming to a close and Council continues with considerations of the ‘governance review’ and how the Society might as a consequence of that review, structure itself in the future and particularly how we as a Society might provide governance and input into the many of our shared and non-shared subcommittees DNT, KHA and TSANZ. (SPEC, AKTN, CARI, ANZSN ANZPNA, ANZDATA, RTAC, HDAC, SAC etc). A meeting of key stakeholders in all of these organisations is planned for early in the New Year. The outcome of this process is highly unlikely to produce dramatic change but it will more than likely be very helpful and supportive to the functionality of many of these groups in the future. I want to especially acknowledge Richard Phoon here. He deserves particular mention, for his sustained interest and attention to the detail of the process and for his communications with the ANZSN legal advisers on behalf of the council and society.

As indicated last year and by inference from the above, an understanding of these relationships and associated accountabilities is important if the Society is to continue to provide leadership and influence especially in areas of policy. The special requirement for us to continue to work more closely with KHA and other organisations to promote awareness of kidney disease and to attract funding to nephrology for research endeavours remains a high priority for the Council. KHA has some exciting aspirations of its own, particularly with respect to fund raising for research under a ‘Foundation’ model and have been thinking of opportunities for ANZSN members to share in the oversight of the exciting development.

At the end of the year, Council will farewell Mark Marshall. Mark’s contribution to the Society has been invaluable. He has also worked very hard in his native New Zealand to establish the NZ Chapter of the Society on a firm footing.
and with very strong prospects for sustainability. A suitable NZ-Based person will serve on council until the new Council elections in 2014 in time for the ASM in Melbourne in late August.

Society members who were fortunate enough to attend the DNT workshop would hopefully have been pleased with the excellent program organised by the DNT Subcommittee and the Local Organising Committee. Shades of yester-year were evident with some vigorous exchanges on the floor but more importantly some intelligent and informed discussion across a range of important areas of clinical, educational, research and workforce subjects. Some important action points for DNT to pursue!

Our 49th Annual Scientific Meeting (ASM) in Brisbane was also an outstanding success. Combined great work by SPEC (Kevan Polkinghorne and colleagues) and the LOC (Nick Gray and colleagues), four outstanding international speakers and good patronage by Society members produced another memorable meeting in a very pleasant setting. The ASM was again preceded by the Nephrology Updates course which was also very well received and heavily patronised.

The 2014 ASM in Melbourne will be the 50th mile-stone for the Society with Matthew Roberts chairing the Local Organising Committee for the meeting. Please continue to check the revamped ANZSN web-site for details of the 50th ASM as well as other upcoming meetings [http://www.nephrology.edu.au/](http://www.nephrology.edu.au/). The Council again expresses its appreciation of the generosity of industry as educational and research partners and as sustaining members of the society. Without this support, meetings of the quality of the Brisbane meeting would not be possible.

Our endeavour to broaden the interest in the ASM to include overseas visitors to the meeting has been part realised with the success of the Perth bid for the 2016 Asian Pacific Society of Nephrology. This meeting is planned to run con-currently with the 2016 ASM of the Society. Paolo Ferrari is the Chair of the LOC.

Congratulations to Paolo and colleagues on the success of the bid against vigorous competition. Council also continues to make the Society a place where non-medical clinicians (renal dieticians, nursing personnel) and renal scientists are particularly welcome as members and attendees at the ASMs. The Society has also provided the ‘letter of support’ for the 2016 ISPD meeting. Fiona Brown is the LOC chair should that bid prove to be successful. A lot happening on the education and meeting front in the next 3 years!!

Aviva Rosenfeld has been joined at the ANZSN Office by Anna Golebiowski. Anna has been warmly welcomed and has settled in very well and proving to be a more than adequate replacement for Deborah, and great support for the administrative requirements of the Society. For those unaware, (not too many of you I would guess) the Office has of course moved to Level 7, 149 Macquarie Street. The Council are so grateful to Aviva and to Anna for the work they do to keep the Society afloat. I also thank again all members of the council for their interest and support as well as their hard work.

This year has clearly been memorable for many things for the Society - nearly all of them positive. Unfortunately, two events that occurred were not. The events concerned were the sad and untimely deaths of Sean Summers and Zulfikar Jabbar. Both will be very much missed across the society and especially by colleagues at Monash Medical Centre and Darwin Hospital. Both were young man with outstanding clinical abilities and both had skills and strong commitments to research and teaching. They were wonderful role models for younger society members. The council and all the society share in the grief and offer ongoing sympathies to Sean’s and Zulifkar’s families.

These newsletters typically go to print as the year overdraws to a close. Please have a safe and restful festive season and please plan for another successful year in 2014.

Rowan Walker
President
Treasurer's Report

The Society's financial position has improved, partly due to growing optimism in the global economic outlook. Overall, the ANZSN has been able to grow its net assets and at the same time maintain significant financial support to our members through awards and grants. Specifically, ANZSN net assets for the year ended 30 June 2013 continued to grow to a healthy $2,313,604 representing a 15% increase on the prior year (net profit of $304,562). The key drivers for this were an increase in the value of our investment portfolio (by 9% to $1,373,116) and a fall in operating expenses. In keeping with the positive economic climate, our investment portfolio has increased by a further $41,900 in the September quarter alone.

We have continued our commitment and support of our members throughout 2013 by way of:

- travel grant support to junior members of the ANZSN ($78,605),
- Annual Scientific Meeting awards ($25,400), and
- various other grants and fellowships (ANZSN-Roche Career Development Award, ANZSN-Roche Clinical and Non-Clinical Travelling Fellowships, ANZSN-Amgen Quality Assurance Grants, and ANZSN Infrastructure-Enabling Grant).

The ANZSN has also maintained our longstanding commitment to our regional nephrology colleagues through the ISN Fellowship top-up program and ongoing sponsorship of the Asia Pacific Society of Nephrology.

Society membership increased slightly in 2013 (827 members compared to 811 in the prior year) and I am optimistic that the introduction of a new membership category in 2014 will see the ANZSN reach out to a growing number of members. This formed part of the recently adopted, updated Constitution of the ANZSN that was accepted by Special Resolution at the Annual General Meeting (AGM) held in Brisbane in September.

Data from this year’s ANZSN workforce survey was also presented:

- 415 surveys were received (329 nephrologists, 86 trainees, compared to AHPRA figures of 409 specialist nephrologists in Australia and RACP figures of 98 trainees in Australia and 23 trainees in New Zealand)
- among nephrologists, there were 243 males and 86 females (mean age 48.4 years); average working hours was 50.5 hours; 28 planning retirement in the next 5 years
- among trainees, there were 39 males and 47 females (mean age 34.9 years); average working hours was 44.4 hours

There are clearly significant challenges ahead for the nephrology community with respect to workforce and training.

Best wishes for the festive season!

I look forward to a prosperous and landmark 50th anniversary year for the ANZSN.

Richard K.S Phoon
Honorary Treasurer

Scientific Programme & Education Committee (SPEC)

2013 Annual Scientific Meeting & Nephrology and Transplantation Update Course, Brisbane QLD

The 2013 ASM and Nephrology Update was held in Brisbane in August and was an excellent meeting. The three international invited speakers, Prof Duska Dragun, Prof Hans-Joachim Anders and Prof John Kellum made substantial contributions to the meeting. In addition Prof Miguel Riella, the visiting speaker for the ANZSIN meeting also contributed substantially to our meeting as well as the other invited “local” speakers.

This year’s meeting saw a number of changes to the format of the meeting. While we again received a record number of abstracts submissions SPEC decided to reduce the number of abstracts accepted for presentation in the min-oral sessions. This was done in two ways. We have
reduced the number of concurrent sessions from four to three and increased the time allocated for each speaker to 7 minutes in total. As the meeting now receives a large number of abstracts, the committee felt that by reducing the number accepted for oral presentation the overall quality of the research presented in the sessions will increase. Allocation to minioral sessions is based on the blinded reviewer scores submitted by the reviewers.

In concert with the changes to the minioral sessions this year’s meeting saw a new separate poster viewing session on the Tuesday afternoon. This was done in order to give those abstracts selected for poster only to be viewed with the authors present. The added incentive of attending the poster session while having a beer or glass of wine was well received and the session was very well attended. Finally this year saw the award of a new prize for advanced trainees - the clinical trainee prize. This award replaces the previous case report prize and is awarded to a clinical advanced trainee with the best original research project presented at the meeting. Note that this award is not open to those enrolled in PhD studies and is an attempt to award a trainee's project with a view to enhance the CV of those subsequently applying for NHMRC post graduate scholarships.

Congratulations to the award winners, including the ANZSN Young Investigators Dr Ed Smith (Clinical Science) and Dr Sharmila Ramessur (Basic Science), as well as Prof David Johnston (KHA Clinical Science Award), and A/Prof David Nickolic-Patterson (Best Scientific Presentation).

Thank you to all who contributed this year, especially Dr Nick Gray and the Local Organising Committee, and Dr Vincent Lee, responsible for the weekend Nephrology Update course. As always any feedback on the meeting is welcome, directly to SPEC via email to myself or Aviva.

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

SPEC Membership Turnover
The committee has two vacancies for members. One is due to the tragic death of Dr Shaun Summers. In his short time on the committee Shaun made valuable contributions to the running of the committee and due to his excellent know of nephrology in both the UK and Europe provided strong input in to the identification of potential international speakers. He will be sorely missed. Dr Nick Cross has tendered his resignation to the committee due to increasing commitments’. Nick was a very active member of the committee, particularly in identifying speakers as well as organising session chairs for the ASM. Members will therefore will be receiving an EOI call to join the committee with a closing date likely in mid-December. I would encourage all those who are interested to apply.

2014 Annual Scientific Meeting and Nephrology Update – Melbourne August 23rd-27th
In 2014, the Annual Scientific Meeting will be held in Melbourne (25th-27th August), with the Nephrology Update Course taking place on August 23rd-24th. Dr Matthew Roberts is chair of the local organising committee. The meeting will be the 50th ASM and will also be held concurrently with the Renal Society of Australia (RSA) meeting. While the programmes of both meetings will be run and organised separately, the opening plenary session on the Monday morning will be run as a joint plenary session. SPEC and the Local Organising Committee are finalising the program, with three excellent invited international speakers, Prof Rolf Stahl (Germany), A/Professor Angela Wang (Hong Kong) and Prof Robert Unwin (UK). In considering abstract submission in 2014, abstracts need to be submitted with results, and in the correct format. In addition, please declare relevant conflicts of interest when submitting abstracts. As was the case this year there will be no extensions to the abstract submission deadline.

Given it is the 50th meeting of the society we encourage as many members to attend to celebrate the meeting.

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

Educational Activities
A/Prof Chen Au Peh again organised the Annual ANZSN Postgraduate Weekend (Gold Coast, May). Chen Au has organised this meeting now for three years, and should be congratulated on his efforts in making this a highlight of the ANZSN calendar. He resigned from SPEC in June this year. This year’s meeting was very successful with 120 plus attendees with Professor Charles Alpers being an excellent international visitor.

It is also with great sadness that the 2013 meeting was the last meeting to be run in the current format. ANZSN Council will be reviewing various proposals and options for separate educational meetings outside that of the update course run prior to the ASM.

SPEC would like to sincerely thank Amgen Australia and Fresenius Medical Care who provides the resources and organisational skills for the over the last number of years. In particular Amgen has been very generous in their support for the educational support of the society and in particular of the postgraduate meeting from its inception while continuing to give the ANZSN absolute independence in the meeting’s educational content. My sincere thanks to them for their support of the meeting. SPEC would like to thank and acknowledge those members who give their time to speak at the course over the years providing the trainee’s with excellent educational content.

TJ Neale Award
The TJ Neale award is now awarded on an annual basis with the awardee presenting at the ASM of that year. Applications for this prestigious award will open in the month and close at the end of January 2014. Recommendations for this award will be made to ANZSN council by an ad hoc committee consisting of non-conflicted SPEC members (and if required, after assessment of conflicts of interest, co-opted senior members of the society).

2013 ANZSN ASM
The 2013 ASM and Nephrology and Transplantation Update Course were successfully held in Brisbane this year. The Brisbane Convention and Exhibition Centre was an ideal venue for the size of our meeting and was ideally located adjacent to the Southbank Parklands. Once again SPEC, under the leadership of Kevan Polkinghorne, put together an outstanding program. Our international speakers were John Kellum, Duska Dragun, and Hans-Joachim Anders. We were fortunate to have the ANZSN meeting invited international speaker, Miguel Riella, present at the ASM. The international speakers were complemented by excellent local presenters.

This year saw efforts to build upon last years Auckland meeting and attract a more diverse range of registrants. We publicised our event and the 50th anniversary Melbourne meeting at the World Congress of Nephrology in Hong Kong. We also advertised through the Asian Pacific Society of Nephrology. This resulted in a well-attended meeting and increased registrations by nurses and some attendees from Asia. Hopefully these small steps may translate into growing interest in the future.

There were a few changes to the format this year which have received positive feedback. The first was to extend the duration of the mini-oral presentations to 7 minutes which allowed more data to be presented and discussion to occur. Researchers with mini-oral presentations this year did not have to produce a poster which was also well received. The second format change was the addition of a poster session with drinks late on the Tuesday afternoon. This informal session provided an excellent opportunity for researchers to network.

Satellite meetings included the increasingly popular Nephrology and Transplantation Update Course which was attended by over 130 delegates each day with very positive feedback. The excellent program was again
organised by Vincent Lee. The Update Course dinner was also a success with an interesting talk about dialysing cats and kidney transplants in tigers. The ASM was preceded by the Scientists and dieticians workshops, and the ANZSN meeting and ultrasound course followed the main meeting.

The social program included the traditional welcome reception on Monday after the AGM. This year saw the introduction of a social jog on the Tuesday morning which showcased Brisbane’s riverfront to the enthusiastic group, some of whom managed to leave the trainer behind. The gala dinner was attended by over 300 delegates and held at the recently renovated and re-opened Brisbane City Hall. This provided a spectacular venue for the awards ceremony and the energetic among us to dance the evening away.

As always, there are many to thank for a successful event such as this. The organising committee seamlessly worked to put the meeting together. Carolyn Clark assisted with the Nephrology and Transplantation Update Course, Kumar Mahadevan was treasurer, and Nikky Isbel led the social program. Aviva Rosenfeld provided a wealth of experience at critical moments when difficult decisions were needed. Society members must be thanked for their review of abstracts and Chairing of sessions. The meeting would not be a success without our corporate sponsors and their ongoing support is greatly appreciated. Lastly, thank you to Renae, Tracey, and Sarah at ICMS, who kept the organising committee on track to achieve the final successful outcome.

Nicolas Gray, 2013 ASM Convenor
Congratulations to the following award winners!

**2013 TJ Neale Award**

Prof. Walker presenting the award to Alan Cass

**2013 Roche Clinical Trainee Award**

Prof. Walker, Nick Chapman (Roche) and Andrew McNally

**2013 ANZSN Interventional Nephrology Science Award**

Prof. Walker (left) with Prof. Miguel Riella (right) presenting the award to Brendon Neuen

**2013 Amgen Best Rural Science Award**

Prof. Walker (left) with John Knight from Amgen (right) with award recipient Brendon Neuen

**2013 KHA Clinical Science Award**

Prof. Rowan Walker (left) and Anne Wilson from KHA with award recipient David Johnson
Prof. Walker and Anne Wilson with finalists from left to right
Mangalee Fernando, Caroline Chembo, Wai Lim and Nicole Isbel

Roche YIA – Basic Science Award

Prof. Walker (left) Nick Chapman from Roche with award recipient Sharmila Ramessur

Amgen YIA – Clinical Science Award

From left to right Prof. Walker and Nick Chapman with finalists Jay Jha, Joanna Ghali and Jianheng Zhou

ANZSN Best Basic Science Award

Left to right Prof Walker, John Knight (Amgen) and finalists Magid Fahim and Emma McMahon

Prof Walker, left, and award recipient David Nikolic-Paterson

Prof Walker, left with finalists Jessica Ryan, Judy Savige, Stephen Holdsworth accepting for Poh Yi Gan, Shaun Summers and Huiling Wu

The 2013 ASM Gala Dinner and Award Presentations held at Brisbane City Hall
2014 ANZSN ASM

The jubilee Scientific Meeting of the Australian and New Zealand Society of Nephrology celebrating 50 years advancing care in kidney disease in our countries will take place at the Melbourne Convention and Exhibition Centre from 25-27 August 2014. It will be preceded by the annual Update Course on the 23-24 August. We will share a combined plenary session with the Renal Society of Australasia Annual Conference that is taking place alongside our meeting as part of Renal Week.

Please visit the website www.renalweek2014.org for more details over the coming months and plan to join us for this milestone meeting!

Matthew Roberts
2014 ASM Convenor/ Chair of LOC

Dialysis, Nephrology & Transplant Sub-Committee (DNT)

The role of the Dialysis, Nephrology and Transplant Committee [DNT] continues to evolve and expand. DNT is increasing seen as the clinical arm of ANZSN and KHA and oversees a number of diverse groups including RTAC, HDAC, ANZDATA, CARI, and AKTN. DNT reports to both ANZSN and KHA and aims to coordinate the clinical activities of the above groups. The DNT workshops are one of the means to achieve this.

The success of 2013 Workshop in Alice Springs reflected the changing role of DNT and was a credit to the local organisers Grant Luxton, Hilton Gock and Sajiv Cherian. The concept of having the ANZSN membership and all renal units represented in order to discuss issues and set an agenda for the development of policy I suspect is unique among the specialist craft groups. From the feedback received this opportunity is certainly appreciated by those who attended.

Although we no longer have an afternoon “off” as such the workshops do provide an opportunity to share a glass of wine, network and socialise with our colleagues as all those who enjoyed a night under the stars at the quarry will attest.

The action points emanating from the 2011 and 2013 workshops have produced some tangible results e.g. the MRI guidelines developed in conjunction with RANZCR allows a common approach and may avoid denying our patients MRI contrast if needed, the Non-Dialysis Pathway Position statement published in Nephrology this year that summarises the current level of knowledge and opinion on this important issue and shortly the ANZDATA publication of unit specific KPIs that hopefully will drive quality improvement.

Some of the action points still on the agenda that we are working on along with the DNT affiliates that give some appreciation for the DNT’s role include appropriate home therapy targets [HDAC], developing rational and national guidelines for infectious disease in dialysis [CARI], improving the live donor registry uptake [ANZDATA - RTAC], consumer involvement in PKE program [RTAC], procedural certification [ANZSN -ANZSIN], allocation of paired kidneys in ECD program [RTAC – TSANZ], Increasing Trial Participation [AKTN] and Improving ATSI transplantation protocols with a workshop in Darwin later this year [RTAC- TSANZ].

The DNT is also called upon to advise ANZSN and KHA on current issues examples of which have included blood leaks on dialysis for the Victorian Coroner, Renal Nerve Ablation for the MBS etc. The expertise for all these is unlikely to be on the DNT committee and hence we have developed a strategy to seek EOI from the membership to examine and prepare position statements on the relevant issue. I obviously appreciate the support offered from the ANZSN membership when requested.

The 2015 workshop will be in Launceston. We are working on a draft program so any ideas would be appreciated. We plan to have technology available that will allow for
greater audience participation without hopefully stifling discussion.

The home therapy workshop organised by HDAC and supported by DNT will be in Melbourne from 5-7th March and provides a unique opportunity to think about home dialysis with our nursing colleagues, patients and carers. Always a thought provoking meeting and value for time invested.

Lastly I would like to take the opportunity to thank the hard working members of the DNT committee and affiliated groups and note the contribution made in particular by our retiring members Grant Luxton, Amanda Robertson and Scott Campbell.

All the best for Christmas and in 2014

Steve May, Chair DNT

SAC in Nephrology

The Specialist Advisory Committee (SAC) in Nephrology has had a particularly productive year over the last 12 months. We are extremely grateful for the significant contributions that our outgoing members (Tony Elias, Mandy Walker, Scott Campbell and Vicki Levidiotis) have made over the last several years and we warmly welcome Anne Durkan as the paediatric nephrology representative.

Currently, the SAC oversees the training of 100 trainees in Australia and 28 trainees in New Zealand. Our activities include review of trainee projects and supervisor reports, certification of training, accreditation of training sites (currently 46 in Australia and 12 in New Zealand), and ongoing maintenance/development of a comprehensive, high quality, training program. In recent years, there have been growing concerns regarding the current standards of nephrology training, given the trebling of advanced trainee numbers in Australia and New Zealand and the documented dilution of their training experiences. As a result, a proposal was made to the

RACP College Education Committee, following engagement with relevant stakeholder groups, to increase core nephrology training time to 36, rather than 24, months. This proposal was accepted in February 2013 and will now be implemented for all new Nephrology advanced trainees from 2014 onwards.

The year ahead will undoubtedly see challenges related to implementation of the 3-core year advanced training program, particularly in the context of known workforce supply and demand issues. Partly relating to the RACP’s recent Education Program Governance review, there are likely to be a number of developments in the next couple of years including committee structural and governance changes, creation of a more structured and accessible training program for supervisors (SPDP), changes to trainee project requirements and assessment, updating of AT-PREP tools, and introduction of new policies related to Trainees in Difficulty and Selection into Training.

We are deeply appreciative of the support of the many members of our renal community who have assisted in the nephrology training program and look forward to working with you in the year ahead.

Best wishes for the festive season!

Richard K S Phoon
Chair, SAC in Nephrology

Nephrology Journal

The Journal continues to gather momentum. The past year has seen a few significant milestones:

- Release of the latest impact factor – 1.688; which puts it ahead of BMC-Nephrology and has it listed as 38/73 Urology/Nephrology journals. This is a significant jump on past years.
- A move to 12 editions per year (from 8). It is anticipated that this will increase our exposure.
• Continued improvement in the “time to first decision” down to 14 days.

• Average time from “Accepted” to online publishing as “Accepted, on-line” 7 days.

The acceptance rate remains just below 20%

Submission rates were falling off a little earlier this year (mostly due to a reduction in middle-eastern submissions) but have ramped up significantly since the release of the impact factor. This has included a jump in submissions from Europe and UK.

The Journal remains viable financially and scientifically in part due to the ongoing support from the ANZSN community. A large slab of the Editorial Board hail from ANZ, although this has been broadened intentionally. The continuing support of ANZSN as a sponsoring society with coverage for all members with print subscription remains an essential element in the continued survival of the journal.

There have been ongoing discussions regarding moving to on-line only publishing. This is a vexed area for all journals with decreased production costs but also markedly reduced advertising income. For now, I – as Editor in Chief, and the APSN Council are keen to maintain print publication.

Please continue to consider Nephrology as a journal to publish your output. We particularly welcome review articles on a diverse array of topics.

Peter Kerr
Editor in Chief, Nephrology Journal

Home Dialysis Conference

Melbourne, March 5-7, 2014

My Kidneys, My Home, My Choice.
Planning for the next Home Dialysis meeting is well advanced. We have a well-functioning local organising committee and have progressed smoothly. We are even on budget! We have chosen a venue – the Pullman Hotel (once called the Sebel) in Albert Park. This is immediately across the road from the Grand Prix track – the Grand Prix is fortunately a week later! The Pullman offers three levels of accommodation – which should suit most people; and has excellent conference facilities. The venue is close to St Kilda Rd and the trams into the city as well as being handy to Chapel St and St Kilda.

The program is almost fully locked in, under the guidance of Steve Holt. We have 4 international speakers: Andrew Davenport and Richard Fluck from the UK, Ana Figueiredo from Brazil, and Talerngsak Kanjanabuch from Thailand, who will provide an exciting and informative backbone for the meeting.

Abstract submission is now open and closes 29th November. The 5 best abstracts will be presented as orals and there will be prizes for the best presentations. An interesting social program has also been arranged.

Home Dialysis is a basic tenet of dialysis in Australia and New Zealand, and we can assuredly state that we are the world leaders in Home Dialysis. We should be proud of this and it should give us reason to further develop home dialysis. I encourage everyone to attend and contribute.

More information is available at www.dinamics.co.nz/home-therapies. Early-bird registration closes 23rd December.

Peter Kerr
Chair of Organising Committee

ANZSN

Promotion of interventional nephrology in Australia has progressed well in 2013. Highlights include the Australian and New Zealand Special Interest Group in Interventional Nephrology (ANZSN) symposium and hands on workshop in September. Many insights were gained from our international speaker Miguel Riella, whose invitation to speak was extended to the ANZSN ASM. Ongoing issues
continue to be discussed with ANZSN council, RACP SAC for Nephrology, and general support for recognition in training in interventional procedures was gained at DNT. For those less familiar with ANZSIN function, I have attached an excerpt from the terms of reference outlining its function simply for your information.

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

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

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

**ANZSIN Events**
The 2013 programme in Brisbane was successful for many of the above approaches. Our international speaker this year was the chair of the ISN interventional group: **Miguel Riella**, an excellent speaker and an important link with the international community. Other valued speakers presented from radiology, vascular surgery vascular access nursing and ICU/education backgrounds. The interventional prize winner Brendon Neuen displayed well the scientific rigor applicable to nephrology procedures. We also expanded to include a hands-on and demonstration **workshop**, valuable to nephrology trainees and experts alike, as well as to the vascular access nursing group. Due to this success, we are likely to combine with Tim Spicer’s USS course for the big meeting in 2014. We also had a table at the **Exhibition Hall** this year! Broad sponsorship and enthusiasm to contribute materials and help by sponsors contributed significantly to the meetings success.

**ANZSIN Activities**

**ASDIN** combined membership continues with the 2013 ANZSN renewal. Leading members of ASDIN have spoken at our meetings and the strength of this international association is showing its advantage.

We are working toward uniform data collection for interventional procedures to improve quality management.

Discussions with **CARI** group have been initiated with the view to create a renal biopsy CARI guideline. This has been on hold pending human resources to pursue it, and the completion of the biopsy e-Module which is at hand.

**ANZSIN webpage** on the ANSZN website is awaiting development.

**Bulletins** outlining relevant IN information are now being sent with the ANZSN mail outs, and to our membership which has been free with ANZSN membership this year.
International Society of Nephrology (ISN)

ANZSN representation David Johnson was elected to ISN Council at the World Congress (WCN) in Hong Kong this year, and Peter Kerr has joined ISN Executive as one of two Council representatives.

ISN Leadership Beppe Remuzzi has taken over as President of ISN for the next 2 years, after the very successful presidency of John Feehally. Adeera Levin, a long-term friend of ANZSN and Australian nephrology, has become President-Elect and will take over from Beppe in 2015.

0 by 25 Those of you who were at the 2013 WCN may have heard Beppe Remuzzi’s discussion of a new “0 by 25” campaign, aimed at ensuring that by the year 2025 no patient in an emerging country dies from (community-acquired) acute kidney failure because of the absence of dialysis. A portion of each of ISN’s programs will be redirected towards this initiative, and it will require the support of all those with an interest in global nephrology. Beppe is the first to admit that the target year may be overly optimistic, but when one considers what has happened with HIV it is likely that substantial progress will be made towards the goal. In the next 2 years the program will be piloted as part of the “Saving Young Lives” project in Africa and some Asian countries including Cambodia.

ISN Structure Following recognition that most of what ISN does can be directed towards Global Outreach (GO), ISN will be restructured and rebadged so that the traditional GO programs (Sister Centres, Fellowships, Education Ambassadors, Research & Prevention, CME) are integrated more closely with other ISN programs such as AKI, CKD, Dialysis, Interventional Nephrology etc. The ISN GO programs will be replaced by “ISN programs”, headed by John Feehally.

Educational Following the successful implementation of ISN Education over the last 2 years, the ISN Executive has committed additional funds to further develop ISN’s educational activities, including and beyond the website. Amongst these will be a certification program whereby users of ISN Education can receive Certificates of Completion of training modules.

Publications Kidney International continues to evolve successfully under Detlef Schlondorff’s editorship, with a pleasing and deserved increase in its latest impact factor. ISN is considering a new deal for nephrology trainees, likely with free membership, including subscription to KI. ISN is also moving towards publication of a new open access journal, most probably in conjunction with KI Supplements.

WCN 2013 Congratulations to all those involved in the 2013 World Congress, particularly to Carol Pollock as Chair of the Scientific Program Committee. It was a scientific, educational, social and financial success!

ANZSN and its members remain central to ISN’s success, and play an important role in supporting ISN’s focus on global outreach. If you would like to be involved in these exciting and worthwhile programs, please feel free to discuss with us.

David Harris & Peter Kerr
Members, ISN Executive

Asian Pacific Society of Nephrology (APSN)

APCN 2014 The next Congress of APSN will be held in Shinagawa, near Tokyo on May 14 – 17th 2014. The venue in Shinagawa Prince Hotel is state-of-the-art and is easy to access from Narita and Haneda airports (Haneda is much closer). The outstanding level of nephrological science, the beauty of Japan and the hospitality of our hosts are
sure to make it a meeting to attend. Hopefully ANZSN will be well represented!

**APCN 2016** There are 2 applicants to host this meeting. Unfortunately, for a number of procedural reasons, a final choice of the host can’t be made until November 2013.

**Nephrology** Thanks to Peter Kerr as Editor-in-Chief and the many members of ANZSN who support the journal as editors, reviewers, authors and readers, *Nephrology*’s impact factor has risen to 1.688, a substantial increase from the 2011 impact factor of 1.311. The ranking of *Nephrology* in the Renal Disease category has risen to 38 out of 73, also a substantial jump compared to 2011 when it was 52 out of 73. Congratulations to all involved!

**CME** Matthew Jose has joined the CME committee of APSN, currently chaired by Shunya Uchida from Japan. Craig Nelson is also on the committee, charged with increasing the educational content of APSN’s website. Hopefully with their input and that of the other members of the committee, CME activities in our region will increase in number, breadth, quality and relevance.

**Partnership with ISN** APSN is partnering with ISN in each of ISN’s Global Outreach activities, namely Fellowships, Sister Renal Centre, Educational Ambassador, Research & Prevention and CME. This should see an increase in funding of such activities within our region. The recipients and hosts of each of these programs must be from within Asia-Pacific. There are two major challenges for ISN-APSN Fellows who wish to train within Australia - the cost of living (supported by a generous supplement from ANZSN) and gaining permission for hands-on training instead of the usual observership. Please consider hosting someone from our region, especially if you have existing contacts. However, it is best to discuss the intricacies of this beforehand, e.g. with Peter Kerr or David Harris.

**Increasing the activity with APCN** Over the next few years a major goal of APSN’s Executive is to increase its relevance and level of activity within our region. It is hoped that ANZSN members will continue to be major drivers of this activity. If you have any suggestions or would like to be involved, please let me know.

David Harris
President, APSN

### Kidney Health Australia

**Award of Kincaid-Smith Medal:** The award of the PKS medal (the highest accolade awarded by KHA for outstanding clinical and scientific achievement in research into treatment of diseases of the kidney and urinary tract) will again be made during 2014. The awardee will be announced in the first quarter of 2014.

**KCAT** (Kidney Check Australia Taskforce): The KCAT initiative (Health Professional Educational Program) that started 11 years ago remains the pivotal program for getting the CKD message across to primary care. This year, strong demand for CKD education has continued with KCAT running over 100 face to face sessions, interactive webinars, and also online learning.

If you would like to participate by providing your local GPs with CKD education we can help with teaching materials (we now have ten different workshop modules available for your use) and by helping with coordination and accreditation of workshop arrangements. Please contact the KCAT team at 08 8334 7512 or email KCAT@kidney.org.au.

The booklet “CKD Management in General Practice” released in April 2012 is now in its 4th printing (35,000 copies printed and distributed) and plans are underway for a new edition to be published in early 2014.

**Changes to KHA Research:** KHA is again allocating $500,000 to kidney research for 2014. The allocation will include at least 4 X $50K project grants in addition to medical and science graduate scholarships, nursing scholarships and targeted research funding. The direction of research
support in project grants continues to be one favouring the clinical arena and population health rather than the laboratory.

The Board of KHA have determined that this will be the last cycle of research fund allocation determined by a largely investigator driven process. This will be replaced by a thematic approach (themes yet to be chosen) associated with a major attempt to raise specific funds for these themes from the corporate sector in an attempt to boost the overall amount available for research by the kidney sector. An announcement about the details of the new KHA research program will be made on our website in January 2014.

Home Dialysis: The pre-dialysis education grant from the Commonwealth is now in its last half of its 3 year life and already significant new materials have been developed. One facet of this is the Decision Aid Tool for patients (developed with support from Baxter) and this has been very well received. The dedicated home dialysis website http://homedialysis.org.au/ is an authoritative comprehensive resource about all aspects of home dialysis. Anyone who wishes to comment on this exciting new initiative should contact Debbie Fortnum (debbie.fortnum@kidney.org.au).

Living with Kidney Failure Booklet: The 8th edition of this popular book is on schedule to be released in the final quarter of this year. The development of this 8th edition has once again been guided by a multidisciplinary advisory committee, consisting of representation from consumers, nephrologists, transplant specialists, dieticians, and renal nurses. Over 2,000 copies of this book are purchased every year (the book was first published in 1982), and it is still regarded as the 'bible' for people diagnosed with kidney disease. This latest version incorporates recent advances in shared decision making, home dialysis, advances in transplantation (including ABO incompatible and the paired exchange program), and the link between cardiovascular disease and kidney disease. Please contact Marie Ludlow marie.ludlow@kidney.org.au if you have any questions or would like more information.

KHA Consensus Forum: Over 60 members of the ANZSN attended the KHA Consensus Forum on cinacalcet on October 11. Prof Pat Parfrey was the international resource person but in addition there were significant contributions by Vlado Perkovic, Grahame Elder and Nigel Toussaint. The day was chaired by Randall Faull and resulted in a consensus being established about the role and indications of cinacalcet which was communicated to the PBAC. The day was generally considered to be a success with much open debate and discussion. The Forum was conducted wholly independently of Amgen Australia Pty Ltd (the sponsors). Amgen provided an unrestricted grant to help defray the costs of mounting the Forum.

Kidney Community News: KHA is now producing a monthly newsletter for the kidney sector. This is free and you can subscribe on our website www.kidney.org.au. The newsletter is full of helpful information for people affected by kidney disease.


Kidney Resources: The Kidney Health Australia website www.kidney.org.au is growing in popularity with over 147,000 visitors and over 3.5 million hits each month. It is packed with quality information for the health professional and the consumer. Kidney Health Australia also has a comprehensive suite of brochures, fact sheets and posters suitable for renal units and waiting areas. A selection of commonly used fact sheets have also been translated into languages other than English for patients from culturally and linguistically diverse backgrounds, and resources suitable for Indigenous consumers are also available. Visit the website or call the Kidney Health Information Service (1800 454 363) for more information.

Tim Mathew
KHA Medical Director
CARI

The KHA-CARI Guidelines have had a busy and productive 2013. Having completed a large suite of guidelines and commentaries throughout 2012, including the Early Chronic Kidney Disease Guideline, many of these materials have been published in 2013 (see list below). The completion of this large body of work, has allowed us to focus more upon the future scope of our work and plan for future guideline development. The current suite of guidelines on the KHA-CARI website is large, and maintaining it is likely to beyond the resources of ANZ nephrology. To that end, the Steering Committee have been reviewing all of these materials looking for areas of duplication and assessing the relative importance of the subject matter. This process is nearing completion and will form the basis of future work plans. In addition, after valuable input from the ANZSN and the membership at the DNT Workshop in Alice Springs, we have undertaken two new guideline topics: the first a guideline upon screening and management of patients colonized with infectious agents (especially in relation to carriage of multiple resistant organisms) and the second on the topic of polycystic kidney disease for which Dr Gopi Rangan will be the Convenor.

The international environment continues to present some challenges. The Steering Committee is of the view that international collaborations will be central to addressing the growing requirement for guideline evidence in nephrology, and was strongly supported in this view at the DNT Workshop. Whilst these collaborations will take time to develop, we have existing strong links with the European Best Practice Guidelines group which have been augmented by KHA-CARI’s role in the training of their fellows. Our experience in adapting the guidelines of other groups, and delivering commentaries upon those that we don’t feel need adapting, sees us well place to take advantage of these developments.

Another change with KHA-CARI has been the introduction of several new Steering Committee members over the last year, including Michael Garrett, Luke Toy, Nigel Toussaint, Balaji Hiremagular and Suetonia Palmer. They bring a variety of skills and experience to the committee and will be invaluable in guiding us into the future.

We continue to benefit from the financial support of KHA and are pleased that this arrangement will continue into 2014, with additional support from ANZSN, Amgen, Janssen-Cilag, Roche, Shire and Baxter. Of course, the most valuable support comes from all those who develop the guidelines as convenors and writers. I’d also like to recognise the terrific work the KHA-CARI Office has done throughout 2012-13 in stewarding a large body of work to publication, especially Denise Campbell, Martin Howell and Pamela Lopez-Vargas.

GUIDELINE SUMMARIES


COMMENTARIES


Martin Gallagher, CARI

AKTN

The Australasian Kidney Trials Network (AKTN) is committed to deliver high quality clinical trials aimed at improving the health and wellbeing of people with kidney disease. The engagement of researchers from the kidney care community is vital to the success of this commitment. If you would like to be involved or would like more information on the AKTN’s research activities please contact Alicia Morrish Tel 07 3176 5821, Email aktn@uq.edu.au.

HONEYPOT trial results

The HONEYPOT Trial completed follow up in 2012, and the main trial results are now available after being presented at ERA-EDTA (Istanbul, May 2013) and ANZSN (Brisbane, Sept 2013). The trial found that due to the medicated honey not out-performing standard-care for catheter-associated infection prophylaxis, and the higher number of side effects associated with its use, honey cannot be routinely recommended for the prevention of infections related to peritoneal dialysis. For full results:


**HONEYPOT:** **Patient population:** Peritoneal Dialysis patients. **Intervention:** Medihoney™ applied to exit site 2 x daily, vs standard practice (incl nasal mupirocin for *S.aureus* carriers, 5 days/mth), for 24 mths. **Primary Outcome:** Time to event: exit-site infection, tunnel infection, peritonitis. **Status:** Completed (target of 371 achieved); main results published October 2013 in *The Lancet Infectious Diseases.*

**HERO:** **Patient population:** Stage 4/5 CKD pts with moderate - high resistance to ESA. **Intervention:** 400mg Oxpentifylline vs placebo, daily for 12 weeks. **Primary Outcome:** Change in erythropoietin resistance index. **Status:** Recruitment closed August 2012. Data analysis completed and manuscript in preparation. **Recruitment:** 53/110.

**FAVoured:** **Patient population:** Stage 4/5 CKD pts undergoing or planning to commence HD, with planned de novo AVF. **Intervention:** Aspirin (100mg) and/or Omega-3 (4000mg) fatty acids vs placebo, daily for 12 weeks. **Follow-up:** 12 months. **Primary Outcome:** AVF Access Failure rate. **Status:** Recruiting; Malaysian, Australian and New Zealand, and the UK. **Recruitment:** 531/600.

**BLOCADE:** **Patient population:** Dialysis pts aged ≥50 years, or ≥18 years with history of diabetes, MI, peripheral arterial disease, or stroke. **Intervention:** Carvedilol (12.5-50mg) vs placebo, daily for 12 months. **Primary Outcome:** Safety and tolerability of intervention; feasibility of recruitment. **Status:** Recruitment ceased due to feasibility of recruitment in ANZ. **Recruitment:** 71/150.

**IMPROVE-CKD:** **Patient population:** CKD stage 3/4 pts. **Intervention:** Lanthanum carbonate (1500-3000mg) vs placebo, daily for 24 months. **Primary Outcome:** Arterial compliance (PWV). **Status:** Recruiting in Australia and New Zealand; in negotiation with Hong Kong and China. **Recruitment:** 86/488.

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

**Recruitment:** 53/100

**CKD-FIX:** **Patient population:** Adults with CKD stage 3/4 and rapid progression of CKD in past 12 mths.  
**Intervention:** Allopurinol (100-200mg) vs placebo, daily for 24 mths.  
**Primary Outcome:** Change in eGFR.  
**Status:** NHMRC grant submitted; anticipated starting in 2013.

**ACTIVE (endorsed):** **Patient population:** Incident or prevalent HD pts currently dialysing ≤ 18 hrs/week.  
**Intervention:** Extended hours dialysis (≥24 hrs/week) vs standard hours dialysis (≤18 hrs/week) for 12 months.  
**Primary Outcome:** Change in Quality of life (EQ5D).  
**Status:** Recruitment complete; follow-up continuing.

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

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

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

Chair Scientific Committee, Vlado Perkovic: VPerkovic@georgeinstitute.org.au  
Deputy Chair Scientific Committee, Neil Boudville: neil.boudville@uwa.edu.au

Carmel Hawley  
Chair, AKTN Operations Secretariat

## ANZPNA

The Australian and New Zealand Paediatric Nephrology Association (ANZPNA) is the representative group for paediatric nephrologists in Australia and New Zealand. We maintain paediatric representation on a number of local and national bodies providing advocacy for children with renal disease. The group meets face to face once a year and over 27 members and associate members attended our AGM in Shanghai in September, held during the International Paediatric Nephrology Association Meeting (IPNA). Australasia was well represented at IPNA with multiple oral and poster presentations by members including a number of our trainees. Travel awards were granted by ANZPNA to Simon Carter, Anna Francis, Siah Kim and Hugh McCarthy. Congratulations are in order to Sean Kennedy who with his trainee Rao Jia received the award for best oral presentation at IPNA.

ANZPNA will be embarking on a number of exciting new initiatives in the coming year. A subcommittee has been formed to promote collaborative paediatric research in Australia and New Zealand and will be chaired by Peter Trnka. Another group, to be chaired by the IPNA representative (currently Debbie Lewis) will be examining the delivery of paediatric renal care and education to Oceania.

Advanced Training in Paediatric Nephrology is an ongoing focus of discussion, both within ANZPNA and more broadly at SAC Nephrology. Current concerns are that the three years of core training in nephrology in addition to the existing requirement for six months psychosocial/developmental training for paediatric nephrologists will significantly disadvantage paediatric
trainees. In addition the requirement for 24 months of that training to be carried out in Australia or New Zealand will have an impact on trainees obtaining overseas paediatric nephrology experience, which is highly valued in a specialised field where adequate clinical exposure during training can be difficult to obtain. ANZPNA has written to the SAC and the Education Committee of the RACP to request further review. Many thanks to Amanda Walker and Anne Durkan in their roles as paediatric SAC representatives.

The entire renal community has been delighted in the upturn in transplantation rates and our paediatric patients continue to benefit from this. There is now paediatric participation in the paired kidney exchange programme and both Australia and New Zealand have now performed their first ABO incompatible kidney transplants in children.

Fiona Mackie, ANZPNA Chair

ANZDATA

The ANZDATA Registry continues to provide a range of information about activity and outcomes across the breadth of renal replacement therapy in Australia and New Zealand. Throughout the course of 2013, this has included the ANZDATA Annual report, Individual Hospital Reports for dialysis and transplantation, together with material from the “real time” collection (monthly summaries of activity data and quarterly summaries of dialysis KPIs). As well as routine reports, there is a high level of utilisation by members of the renal community for projects or investigations of various questions. At the ANZSN Annual Scientific Meeting there was an ANZDATA plenary session including presentations on living and deceased donors, pregnancy outcomes, quotidian dialysis and an audit of ANZDATA returns. In addition, a wide variety of other analyses based on ANZDATA data were presented in posters and oral sessions. Data from ANZDATA has also formed the basis for analyses presented at a variety of other meetings, and has underpinned much of the work of the Australian Institute of Health and Welfare in the field of chronic kidney disease.

Funding for ANZDATA continues from the same sources: the Australian Organ Donation and Transplantation Authority, the New Zealand Ministry of Health, and Kidney Health Australia. In addition, donations have been received from a number of corporate sources. Within ANZDATA, there have been a number of personnel changes over the last 12 months. Early in the year, we saw the arrival of a new IT manager (Maneesha Kandamby). Steve Chadban has reached the end of his term as chair of the steering committee, and Matthew Jose has been elected as his replacement. Philip Clayton has recently completed his stint as Epidemiology Fellow. AMGEN have kindly provided ongoing support for this post which is in the process of being advertised. An expanded Executive has also been formed to better support the process of managing the Registry.

As well as the ANZDATA Registry, the Australia and New Zealand Organ Donor (ANZOD) Registry is also housed at the Royal Adelaide Hospital and managed by the same team. The AODTA have funded the appointment of a project officer (Lauren Bell) to support collection of data about eye & tissue donors.

From early 2012, there has been a progressive upgrade of IT capabilities within the registry. This began with hardware, and in 2013 there has been substantial activity on the software front. Notably this includes a complete upgrade of the ageing Oracle database, which is expected to be functional early next year. This will offer a number of advantages, including greater stability and lower maintenance costs, as well as enhanced external access. Elements of this upgrade already completed include the creation of database of users with a defined hierarchy of access, and provision of a secure site to allow upload and download of various documents. Current uses for this include distribution of Individual Hospital reports to heads of units, upload and download of datasets for investigators etc.
The basis for the data collection remains unchanged – there is ongoing ("real-time") entry of key events (new patients, deaths, transplants, and transplant failures). In 2011, at the request of DNT, this was extended to include reports of peritonitis and the access in use at the first (haemodialysis) treatment. The production of quarterly KPI summaries has continued over 2013. Comparison of data submitted in "real-time" with that from the finalised end of year survey suggests that completion rates for the access at first haemodialysis are high, but that there is substantial underreporting of peritonitis rates in many hospitals in the "real-time". Importantly, all pieces of information (such as peritonitis) notified during the year are automatically included in the final data base – there is no requirement for any of this information to be "re-entered" at the time of the end of year survey.

The activities of the registry are supported by enormous efforts within the renal community. In particular, the annual survey remains a very substantial undertaking. Although there have been no major changes or expansion in the scope of data collection in recent years, the burden on units does change with the increasing number of patients receiving renal replacement therapy. Unfortunately, this year there have been substantial delays in a few hospitals and the final returns have only just been received. Release of the 2012 interim summary and individual Hospital reports is anticipated in late 2013 with the annual report as soon as possible in early 2014.

Every three years, a meeting is held with heads of units (or nominees) to discuss issues surrounding the registry. This occurred in February 2013. The two key discussion points were the scope and frequency of data collection, and release of identified (centre specific) outcomes. The outcome of this meeting was consensus:

1) to maintain the current scope of data collection;
2) to progressively move towards public release of results for key dialysis and transplant “hard” outcomes. Currently, draft presentations for one-year graft and patient survival and dialysis mortality are with the DNT and RTAC committees for review;
3) that the role of ANZDATA was to collect data and provide analyses about individual unit outcomes. However, the responsibility for action about individual units’ results lay with the units themselves, and DNT / RTAC.

As always, if there are queries, concerns or questions please do not hesitate to contact the Registry – details are at our website www.anzdata.org.au.

Stephen McDonald,
ANZDATA

Kidney School

Kidney School has now completed the first 2-year cycle of events linked to the Nephrology curriculum. Events are now recorded and available on demand through the RACP in the same way the Basic Physician Trainee lectures are delivered.

We continue to improve our links with international sites, rural and remote sites and other disciplines including Renal Nurses and Dieticians. We have experienced particularly strong demand from Renal Nurse Practitioners and Transitional Nurse Practitioners.

2014 will see further enhancements to the program.

We are working on better recording of attendance and feedback to unit heads as requested by some units to improve the assessment of learning needs analysis that form part of the RACP PREP-AT requirements.

We are also working on a refresh of the Kidney School website including a link to our new renal biopsy training module.

Finally we are partnering two new initiatives in 2014 that are targeted at giving new 1st year trainees a head-start and improving collegiality amongst trainees across Australia and New Zealand. Watch out for further announcements in the next few months.
Speaking of announcements – only those signed up to our mailing list will receive notifications. If you have not signed up already go to [http://eepurl.com/pIE4n](http://eepurl.com/pIE4n) so you remain in the loop for all Kidney School events.

Dr Angus Ritchie & John Saunders
Kidney School Directors

**Travel Grant Reports**

**2012 American Society of Nephrology- Kidney Week, San Diego, California USA**

Andrew Mallett

It is with incredible gratitude to the ANZSN that I provide this report on the 2013 ASN Kidney Week. The travel grant generously provided to me allowed me to attend this important meeting to both present research and to further my learning. The research I presented in poster format examined the reporting of pregnancies and pregnancy outcomes amongst living kidney donors from the ANZDATA Living Kidney Donor Registry. I had the great pleasure of being able to discuss these findings with others undertaking similar research internationally.

Further to this I was able to experience the 2012 ASN Kidney Week, which included innumerable highlights. Of particular note however were several sessions that I found especially informative. The first of these was the reporting of the TEMPO 3:4 trial results by Professor Vicente Torres from Mayo Clinic. This positive trial is important as it signals the beginning of effective therapies for ADPKD potentially transitioning into clinical practice. Given the prevalence of ADPKD in the general community (1/400-1,000) this has the potential to be truly paradigm changing and signals a reappraisal of the inexorable decline in renal function, increased morbidity and increased mortality historically associated with this disease.

Following from this Professor York Pei from Toronto presented on the current Unified Diagnostic Criteria for ADPKD and hinted at a new iteration of this is likely being available within 2-3 years. Professor Peter Harris also from Mayo Clinic extrapolated upon new advances in the understanding of ADPKD pathogenesis including new and evolving opportunities for future therapeutic investigation.

Professor Fiona Karet (Cambridge, UK) provided a detailed and timely presentation on UMOD-mediated nephropathy. This condition is likely under-diagnosed though both clinical and genetic testing is currently available. Therapeutic options are presently unclear though improved patient diagnosis may assist in future therapeutic research.

This conference very much stoked and confirmed my interest in inherited kidney diseases and facilitated many ongoing international contacts. I am very grateful to the ANZSN for this and have now sought to further explore this via research within a PhD program. It is sometimes difficult to prospectively appreciate just how much support such as the ANZSN Travel Grants can have a profound and positive impact. In this instance however it has been invaluable and for that I am overwhelmingly thankful.

Holly Hutton

I would like to sincerely thank the Australia and New Zealand Society of Nephrology for its support in allowing me to attend the American Society of Nephrology Kidney Week in San Diego, 2012. As seems to be usual for first time attendees to the ASN, I found the size and breadth of the meeting almost overwhelming, and it was difficult to decide which sessions to attend. I went to the glomerulonephritis update course, which condensed basic science and management principles of glomerular disease in a succinct and practical manner. I enjoyed the updates on membranous nephropathy and C3 glomerulonephritis, which were expanded upon in more detail in later sessions during the main meeting. It was inspiring to hear firsthand of recent progress in research in these areas. I enjoyed the high quality of the clinical sessions that I attended- I found the sessions on viral infections in transplant recipients and management of ADPCKD to be particularly useful.
Attending the conference also provided me the opportunity to present two clinical research projects at the poster sessions. The first was entitled ‘Long Term Effects of Nocturnal Haemodialysis on Left Ventricular Mass Index’ and the second ‘Prevalence and Associations of Proteinuria in Australian Scleroderma Patients.’ I was pleased with the interest these generated, and discussions had helped refine my ideas for future projects. In terms of the social aspects of the meeting, I discovered that a surprising number of nephrologists enjoy factory outlet shopping. Halloween in San Diego was a particularly vibrant and memorable evening. The meeting was also my first glimpse into the possibilities for international collaboration and friendship in nephrology. I am spending this year doing a clinical fellowship in Vancouver, Canada, and it was great to meet some of my current colleagues in advance, as well as other trainees and nephrologists from interstate and overseas. Overall, I gained a lot from both the academic and social aspects of the conference, and I am grateful for the support of the ANZSN in enabling me to attend.

David Small

I would like to sincerely thank the Australian and New Zealand Society of Nephrology for supporting the presentation of my research and attendance at the American Society of Nephrology Kidney Week (San Diego). The ongoing support of students in nephrologic research by the ANZSN is tremendous.

This was the first ASN conference I have attended and was truly impressed and inspired by the magnitude and scope of research. The conference was driven by the theme - “finding a cure for kidney disease” which was strongly reinforced by ASN president Prof Ronald Falk. A key highlight of the meeting was the session “Targeting progressive kidney disease: can we slow progression?” especially Prof Peter Stenvinkel’s update on targeting oxidative stress and inflammation as a new approach to CKD treatment rather than purely targeting the RAAS system. This area of research was hindered when the BEACON study (bardoxolone methyl clinical trial) was recently terminated prematurely due to sever adverse effects. However, other avenues targeting metabolism and ways to improve the action of bardoxolone methyl are ongoing. An interesting session entitled “Looking to the future: emerging technologies and therapies” provided an overview of the current state of novel technologies to treat and manage kidney disease including acellular regeneration of biocompatible scaffolds, electrochemical real-time sensors of critical core analytes (i.e. creatinine, urea), and bionic artificial cells for diagnostics and therapy. Of interest was the prediction by Dr Shannon Dahl that whole organ regeneration will occur around 2030 and that the implementation of bioengineered vessels will occur closer to the year 2020. This field has yet to overcome some significant challenges including a very complex manufacturing process and a current lack of models for safety and function testing.

Informative to myself were sessions in the field of oxidative stress and mitochondria given that this is the topic of my PhD. An enthusiastic lecture was presented by Dr Hazel Szeto about the novel mitochondria-targeting peptide SS-31 that was shown to promote rapid repair of the actin cytoskeleton following ischaemia and protect tubular epithelial cell architecture as well as reducing fibrosis. The mechanism of action was found to be a preservation of the mitochondrial cristae. NADPH oxidases (NOX’s), especially NOX4, are emerging as important regulators of oxidative stress and kidney disease progression. This was highlighted by Prof Yves Gorin’s lecture demonstrating the strong influence of glucose in regulating NOX4-dependent reactive oxygen species production. The majority of research into NOX4 thus far has utilised genetic mouse models, and the next step now appears to be finding inhibitors of this important oxidase.

The meeting also enabled me to present my own research during a poster session. I gained valuable insight from fellow delegates interested in my research and gained a wealth of advice on ways to progress, especially from A/Prof Heddwren Brooks from The University of Arizona, who I was then fortunate to spend time with in her research group as part of my PhD. The poster sessions also allowed me to draw on the expertise of researchers
utilising *in vivo* multiphoton microscopy of the kidney, which now forms a major component of my PhD project. Overall, this meeting has provided an invaluable experience which I thoroughly enjoyed. Once again, I sincerely thank the ANZSN for their financial support that made this opportunity possible.

**Victor Puelles Rodriguez**

This meeting facilitated the dialogue between Australian groups and my case this has prompted multiple possible collaborations. Furthermore, I have gained a better understanding of certain technological advances in my field and have considered using some of them in our research projects.

This meeting also gave me the possibility to present my work, which lead to productive discussions with junior and senior researchers that have provided invaluable feedback and constructive criticism.

*Highlights*- Inspiring presentations by Jacquot Awardees Merlin Thomas and Rob Carroll.

There were two more sessions that in my opinion were outstanding: (1) Seminar 1: Basic Science that was brilliantly chaired by Dr Shaun Summers, especially Prof. Hans-Joachim Anders’ presentation: “How the NLRP3 inflammasome triggers renal immunopathology” and (2) Seminar 2: Basic Science that was chaired by Associate Prof. Glenda Globe, especially presentations by Associated Professor Michael Hickey and Prof. Melissa Little.

**Magid Fahim**

I would like to thank the council and members of the Australia and New Zealand Society of Nephrology for their generosity in assisting me to attend the American Society of Nephrology Kidney Week 2012 in San Diego.

I was pleased to present the findings of a study that I performed as part of my PhD, entitled “Biological Variation of N-Terminal B-Type Natriuretic Peptide (NT-proBNP) in the Stable Dialysis Population”. NT-proBNP is emerging as a biomarker of cardiac risk in the dialysis population, but the optimal strategy for using this biomarker in dialysis has not be defined. We examined the variation of NT-proBNP in a cohort of stable haemo- and peritoneal-dialysis dialysis and found that serial NT-proBNP concentrations need to double or halve to confidently exclude change due to biological variation alone. We also found that a relative change monitoring strategy rather the use of absolute values and reference intervals to be the optimal strategy for applying this biomarker in the dialysis population. These findings represent the first step in developing a NT-proBNP monitoring strategy and we are currently validating these results. Our study was well received by delegates from the UK, Japan and Canada, and the meeting provided an excellent opportunity to foster research collaborations.

Major highlights of the meeting included presentations of the EVOLVE, TEMPO, and MYCYC randomised controlled trial results, and clinical seminars on renal biotechnology and complement related microangiopathies and glomerulonephritides. The latter session detailed the remarkable increase in our understanding of complement related renal diseases over the last 5-years and highlighted the need for improved testing methods and therapeutic agents. The seminar on renal biotechnology discussed the use of tissue regeneration and nano-technology in renal medicine for developing tissue engineered vascular conduits, and nano-sensors – both of which may become therapeutic realities over the next decade. There was also considerable discussion regarding tissue engineered renal allografts although these are still in their infancy.

We were also able to spend some time after the conclusion of the meeting at the San Diego Zoo, the Old Town, Coronado, and Balboa Park all of which were brilliant.

Once again, I would like to express my sincere gratitude to the ANZSN for their generous support which allowed me to attend this valuable meeting.
Pamela Lopez-Vargas

First and foremost I would like to thank the Australian and New Zealand Society of Nephrology for awarding me a travel grant to attend the ASN – Kidney Week 2012 annual meeting in San Diego, California. This was a great international meeting attended by over 10,000 kidney professionals.

I had the fantastic opportunity to attend the early program on ‘CKD: a recipe for cardiovascular disease’. The course gave me valuable insight on the current thinking surrounding CKD and cardiovascular disease management. The presenters covered important topics examining the interrelationship between CKD and other organs and body systems such as the circulatory system, the heart and the brain, as well recommendations for proteinuria treatment target and for the management of hypertension. Not being a nephrologist, I found this course very informative and beneficial.

The conference itself included a multitude and variety of presentations. I particularly liked the Education Symposia and the Clinical Nephrology Conferences. With such an array of concurrent sessions, I strongly suggest that future attendees prepare their conference attendance program before the meeting, as it can be challenging to select which sessions to attend.

The poster sessions were very good and interesting. Presenters had to stand beside their poster for an allocated time of two hours. During this session I was able to show the results of the review I did on clinical practice guidelines for early chronic kidney disease. It was nice to be able to discuss my work with other international professionals and it was also an opportunity to create contacts with people also interested in the field of guideline development. It was great to see posters related to Nephrology education and educational research. This is another interest of mine and I was fortunate to meet and exchange ideas with researchers involved in this area of nephrology.

International conferences allow us to see what the rest of the world is up to. I thoroughly enjoyed attending the conference and I sincerely thank the ANZSN for their support and giving me this opportunity.

2013 World Congress of Nephrology, Hong Kong

Muralikrishna Gangadharan Komal

Definition of AKI (Sushrut Waikar): The different definitions (KDIGO, AKIN, RIFLE) of acute kidney injury were similar in predicting outcome. The limitations of these definitions include use of urine output criteria and also the large increases in creatinine required to satisfy the definitions. Another aspect that needs further definition is the determination of baseline creatinine.

Fluid management in AKI (Rick Bezemer): Fluid management may be counterproductive in AKI due to hemodilution and reduced oxygen tension. The message was that fluid management should be optimal and not to be overdone. We should reduce chloride load and consider using antioxidants to scavenge reactive oxygen species.

Cellular Repair after AKI (Joseph V Bonventre): Damage after AKI is related to maladaptive repair characterised by loss of polarity, cell cycle arrest and reduced apoptosis. The regeneration after acute injury is initiated by surviving tubular cells and not through stem cells from remote location.

Donald Seldin Lecture - A New Era of Nephrogenetics: Advances using Next Generation Sequencing: Dr Nine Knoers

Discussed about the development of molecular techniques for diagnosis of genetic renal disorders. Techniques used include next generation sequencing, gene array and variant prioritization technique (to enable focus on abnormal gene sequence) are used to detect monogenic gene disorders and complex genetic conditions. Can be used to prognosticate, avoid unnecessary biopsy, provide genetic counselling and also help in prenatal diagnosis.

Lunchtime symposium: Can Progressive Renal Function Loss be Stopped in Diabetes
The role of albuminuria in CKD was discussed and all the clinical trials (IRMA2, RENAAL, ONTARGET) discussed. Reducing albuminuria is using RAAS blockade is important in diabetes and can have prognostic implications. Clinical trials, either positive or negative are important in improving evidence in nephrology.

Saving Lives Using Active Sodium Transport: Oral Rehydration Therapy for Cholera and Other Acute Dehydrating Diarrhoes: Dr David Nalin
David talked about the evolution of treatment for cholera and the multiple attempts at optimizing a simple salt/sugar solution for management of secretory diarrhoea associated with cholera in Bangladesh in the sixties.

Chronic Kidney Disease: International Applications of CKD guidelines: Challenges and Opportunities
Dr Nahas talked about the inadequacies of definition of CKD by KDIGO and especially the poor differentiation between stage 1 and 2 of CKD and also the fact that age related drop in kidney function is probably not part of CKD.

Dr Levey talked about the role of different equations for GFR and stressed the need for optimizing creatinine based assays as creatinine is still the most frequently used parameter. CKD-EPI equation is probably the best and regional modifications of this equation may help in removing bias due to racial and non-racial factors.

Dr Karin Jandeleit-Dahm spoke about the role of traditional management to limit diabetic nephropathy (glycaemic control) and also the role of fenofibrates, DPP4 inhibitors in reducing albuminuria. The role of nox1 and nox 4 inhibition and its possible role in preventing diabetic nephropathy was discussed. The role of advanced glycation endproduct inhibitors and the role of endothelin antagonists as possible treatment was also discussed.

Dr Gertz talked about the differentiating the type of amyloid in renal diseases to tailor treatment as non light chain amyloid do not respond to chemotherapy. He also presented evidence to show that hematological responders respond well from renal perspective also. Bortezomib treatment and Stem Cell transplant shows good outcome for AL amyloid.

Dr Marc Ghannoum talked about the role of new global initiative called EXTRIP which includes a group of dedicated renal physicians, pharmacologists and intensivists who are preparing guidelines based on world literature to manage poisoning. The aim is to advocate the right measure using current methodology (antidote) or hemodialysis and hemofiltration based on best practice

Dr Liu talked about her research and clinical trials on hypertension in China and the basis for current guidelines and target for BP in different subgroups with hypertension (diabetics, elderly etc). Stroke is a more common complication than ischemic heart disease in China and she stressed the need for earlier control of hypertension.

Stewart Cameron Lecture: Mechanisms of Cardiovascular Injury Induced by Disordered Phosphate Homeostasis. Dr Myles Wolf
Dr Wolf talked about the early rise in FGF 23 even when calcium and phosphate are normal in CKD and the important role of FGF in phosphate metabolism. He also demonstrated the pathogenic role of excessive FGF in cardiovascular pathology especially left ventricular hypertrophy.

The Lillian Jean Kaplan International Prize for Advancement in the Understanding of Polycystic Kidney Disease Presentation:
Dr Peters talked about the discovery of PKD gene and the pathogenic role played by a defective gene in association with environmental factors leading to pol lysytic kidney disease. She also talked about the role of possible investigational therapeutic measures including curcurmin for reducing cyst progression.
Dr Gatto gave a video lecture on the modulators of cystic disease especially the presence of additional genetic defects which affect the severity of PKD among different families.

Dr Tesch talked about the role of immunocytes in diabetic nephropathy and presented evidence for macrophage and lymphocyte involvement.

Dr Tang talked about the role of tubular injury in diabetes and summarized the current evidence on Toll like receptor 2 and 4, sodium glucose cotransporter2, AGEs in diabetic tubulopathy.

**Update on Clinical Issues in renal Transplantation**

Dr Germaine Wong talked about the increased risk of malignancy post-transplant including virus specific cancers and also non virus specific cancers like lung, colon cancer. The time on dialysis pre transplant is an important determinant. Cardiovascular mortality is increases with increasing time on dialysis, presence of previous IHD and in males.

Dr Legendre talked about risk of recurrent glomerular pathology in graft in relation to different conditions. He also talked about the good outcome in transplant patients with FSGS patients who have been treated with cyclosporine, high dose steroids and plasma exchange.

**Plenary: The kidney and hypertension: The pathogenesis of salt-sensitive hypertension. Dr Fujita**

Dr Fujita talked about the role of genetic and acquired factors in salt sensitive hypertension.

Obesity is an acquired factor resulting in salt sensitivity and there is reduced salt excretion in obese patients.

Adipose tissue demonstrated to have aldosterone releasing factors and subsequently there is increased salt reabsorption.

Aldosterone independent pathways include MRC-1 and RAC-1 are some of the mediators.

Glucose, IL-6 are stimulants of RAC-1 and can cause salt sensitivity.

He also talked about the role of renal sympathetic system and the role of increased spillover of norepinephrine in the kidney.

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**Namrata Khanal**

WCN was held in Hong Kong between 31/05/2013 to 04/06/2013 at Hong Kong convention centre. Meeting venue was perfect and the programme was well organized. During welcome reception I met my friends and colleagues and got opportunity to meet some of the pioneers.

Highlights of the meeting were the plenary sessions- all of them were very informative and some of them were highly inspirational. It was amazing to know telecommunication and tele-health had been utilized to provide service to the difficult to access regions.

**Story from Pakistan** by Prof. Rizvi, will always be an inspiration to provide “high level health care with dignity for free” to the neediest and those who cannot afford to pay. Most educational was the plenary on renal transplant:

For me the other highlight was moderated poster session. My abstract was: Online haemodiafiltration- single centre experience. I was principal investigator of this study. We conducted this study at haemodialysis unit in Wellington, New Zealand. My presentation went very well.

- Speaking about our work within set time,
- Keeping it structured and
- Yet being able to get the point across are key requirements. It does require some practice and preparation. Obviously everyone likes to be applauded and praised. I was satisfied that I did a good job and my work attracted lots of attention. I am preparing this for publication.

I returned home satisfied that my presentation went very. My work was well received and I am sure that I will be able to publish this very soon. I confirmed that my knowledge...
was up-to-date in some areas. After the meeting, my knowledge in some other areas was updated, I was aware of the recent advances in nephrology. I am continuing to follow the education updates which are being sent to the meeting attendees via emails. This has enabled me to listen to the talks which I missed during the consecutive sessions. I am committed to continue with clinical research activity. I have enrolled into diploma of public health which will be a backup for my future plan to do PhD.

It was successful meeting and refreshing trip. I made most of it- from education to recreation. I am continuing to utilize the immense online resource from ISN. Things won’t have been so smooth if I had to think about my finances- ANZSN travel grant supported me. Today I feel proud when I say I received a grant for my presentation in Hong Kong.

I wish ANZSN all the best and thank you once again. Your contribution is very valuable. Please do continue to support us.

Rathika Krishnasamy
I would like to thank ANZSN for their kind and generous support for awarding me a travel grant to World Congress of Nephrology 2013 in Hong Kong. I had the opportunity to present my poster on ‘Global Longitudinal Strain is an important predictor of all-cause mortality in patients with mild to moderate Chronic Kidney Disease (CKD)’.

The conference was well attended by worldwide nephrology community with a focus on diversity and sustainability of renal care in developed and developing countries. It was invaluable to hear the opinion and review from the leaders in the field of nephrology. In particular, Professor Myles Wolf who discussed the expanding role of FGF-23 in phosphate homeostasis and inducing cardiovascular injury. The plenary speakers at the Brenner/Dirks Lecture; Prof Syed Adibul Hasan Rizvi and Prof Elmi Muller were truly inspiring with their journey to provide outstanding renal transplantation services.

There were several lectures and posters related to the EVOLVE study, examining age corrected analysis (due to imbalance in age for baseline characteristic), pre-specified secondary end points including reduction for parathyroidectomy. However, there were also debates on cost effectiveness and a true benefit of cinacalcet whilst considering the side effects following this negative study.

Overall, it was a very inspiring experience listening to multiple world-class speakers and gathering crucial information for further career development. The meeting itself was well organised to accommodate thousands of delegates. I would like to express my gratitude again to ANZSN for such a valuable opportunity.

Hung Do Nguyen
The World Congress of Nephrology 2013 was well attended by the worldwide nephrology community. Distinguished lectures were given by the leading experts in their fields. Among the many excellent lectures, my highlights included those given by Nine Knoers titled “A new era of nephrogenetics: advances using next generation sequencing” and S Adibul Hasan Rizvi titled “Make the impossible possible: renal transplantation in developing countries”.

Whilst the plenary speakers were wonderfully thought-provoking, the concurrent sessions and moderated poster sessions were equally interesting and informative showcasing research in nephrology being undertaken around the world. An additional benefit was the opportunity to meet other researchers in a similar field enabling discussion and sharing of ideas for future research directions.

I am extremely grateful to the ANZSN for the opportunity to attend and participate in this conference. The research that I presented demonstrated the benefits and costs of implementing an acceptable HLA mismatch program for
the allocation of deceased-donor transplant kidneys to highly-sensitised recipients from Western Australia through hypothetical simulation of an acceptable mismatch allocation model. The research was well received, raised positive discussion and will lead to further exploration into the possibility of implementing an acceptable HLA mismatch program in Australia.

**Yeongjee Cho**

I would like to sincerely thank the Australian and New Zealand Society of Nephrology for awarding me a travel grant to attend the 2013 WCN meeting, which allowed me to present my posters at this conference.

There were many competing excellent sessions to attend during the meeting. One of the highlights was the session by Dr Nelson Leung on paraproteinemia where he introduced the concept of monoclonal gammopathy of renal significance as well as treatment approach of light chain-related disorders.

I was able to present my research during moderated poster sessions. These were well received and resulted in interesting discussion with experts around the world as well as opportunities for future collaboration.

The scientific program offered a wide variety of topics through a mixture of plenary sessions and theme-based seminars. Some of the highlights included a stimulating and provocative plenary session on FGF-23 delivered by Myles Wolf, a detailed and at times challenging update on vascular calcification and the management of CKD-MBD, as well as an update on the role of vitamin D in chronic kidney disease. From an educational perspective the updates on the management of glomerulonephritis provided invaluable clinical insights.

The beautiful weather and vibrant setting provided numerous opportunities to explore Hong Kong, through the charming chaos of Kowloon, ferry trips across the harbor, and the meandering streets of Wan Chai. Furthermore the large Australian contingent allowed for ample opportunities to catch up with old and new acquaintances. Overall the meeting was a wonderful experience and I am once again thankful for the opportunity.

**Matthew Damasiewicz**

I would like to sincerely thank the Australian and New Zealand Society of Nephrology for awarding me a travel grant to attend and present my research at the 2013 World Congress of Nephrology in Hong Kong.

Hong Kong provided a fantastic and spectacular venue for the conference, with magnificent views of the famous harbor from the convention centre. The conference opening ceremony further showcased local customs and traditions, with a traditional music performance, and an amazing sand painting performance, which emphasized patients and their experience of renal disease.

The moderated poster sessions allowed us to interact with clinicians and researchers from a variety of backgrounds. I was able to present my research, which focused on the associations of serum 25-OH vitamin D and parathyroid hormone levels across all stages of chronic kidney disease. Furthermore these sessions highlighted some of the important work that the International Society of Nephrology carries out in developing countries.

The financial support of the Australian and New Zealand Society of Nephrology was pivotal to allow me to attend the meeting. Attendance in scientific sessions allowed exposure to the most up to date international research, which has inspired and provided me with ideas for future research. Once again, I would like to thank the ANZSN for their continual support of young researchers.

**Megan Rossi**

I am sincerely grateful to ANZSN for giving me the opportunity to present my preliminary PhD work and attend the World Congress of Nephrology earlier this year in Hong Kong.
The conference exposed me to a broad range of inspirational research as well as facilitating discussions with international experts- for me the WCN was an unparalleled experience.

The key outcomes from the conference were based on both professional development for my clinical dietetic practice and extending the scope of my PhD studies through collaboration and feedback from key experts. The most significant outcomes/ highlights included;

Receiving feedback on my PhD intervention study from experts in uremia. This study, looking at symbiotic therapy in CKD, is now underway with the suggestions incorporated.

Gaining a more in-depth understanding of endotoxemia from Prof Chris McIntyre’s intriguing presentation. In support for this research, endotoxemia was included as an exploratory outcome in my intervention study.

Meeting contacts who have since supported the direction of my intervention study.

Listening to Prof Duk-Hee Kang speak on my PhD topic ‘the role of gastrointestinal toxins in progression of cardiovascular disease in CKD’. This talk confirmed the latest research and future direction in this area.

Extending my understanding in ‘The use of phosphate binders in CKD- why, when and which’ presented by Prof Nigel Toussaint. This talk reinforced the role of phosphorous containing food additives and the benefit of educating patients on adjusting binder dose to each meals phosphorus load.

Broadening my awareness for the potential role of keto-analogues in lowering uremic toxins. This presentation, sponsored by Fresenius Kabi, also left the audience with a thought provoking statement that remains in the forefront of my research....Diet: A Cinderella in CKD management?

Thank you again for supporting my endeavours to attend this leading event in international nephrology. This conference has not only supported the development of my PhD research but has provided me with a wealth of knowledge that I am able apply in the clinical setting.

Rumbidzai Dahwa
The WCN was held from May 31 – June 4 in Hong Kong under the theme of Sustainability and Diversity. As a third year Nephrology advanced trainee this was the first international conference that I have attended. It was a very successful event which brought together not only nephrologists but other health professionals in nephrology from all over the world. The program for the congress was varied and covered all aspects of nephrology. Although there were many highlights of the congress for me, I will focus on some of the more memorable ones.

I participated in the moderated poster presentation for both of my posters. As a trainee these poster sessions are an immensely useful platform to present my research projects to a wide and varied audience of colleagues and have them critiqued. I was able to showcase some of the work being done here in Australia. When I presented the study we undertook on Oxidative stress I found that this was an area that few people in the audience had knowledge of so it was an excellent opportunity to highlight this evolving area in nephrology. The contributions given by the audience have also helped me
in looking at some of the ways of improving the presentation of the data and to assist in the preparation of manuscripts for journal submission.

One of the things that impressed me about the vision of the International Society of Nephrology (ISN) is that it seeks to advance nephrology in very different and diverse countries around the world. The Global outreach programs are at the heart of what ISN does. This is a very noble initiative by the ISN to see nephrology advance in developing countries. It was interesting to see how some centres in Australia are involved in Sister Renal Centres. In the same vein there were plenary sessions which showcased some of the ground breaking work that is being done in these developing countries that are supported by the ISN and of note was the HIV positive to HIV positive kidney transplantation being undertaken at Groote Schuur hospital in Cape Town. This is the only centre that is currently doing these transplants with very impressive outcomes.

The social events also provided a great opportunity to interact with practitioners from across the globe whilst enjoying the sites of Hong Kong. It was a huge networking opportunity and through these sessions relationships have been established which could potentially form the start of important networks particularly for me as a young nephrologist.

I would like to express my sincere gratitude to the ANZSN for the generous travel grant which enabled me to attend this conference.

In Memory

Tireless physician an adventurer – Margot McIver

In many ways, Margot McIver's life reflected the story of the 20th century, one of advancement of medicine and advancement of women through education.

Margot Anne McIver was born on September 27, 1934 at Nanango, Queensland, daughter of Ian McIver, a motor mechanic, and his wife, Lillian (nee Bock), a teacher. She went to Brisbane Girls Grammar on a scholarship and in 1951 won a place in medicine at the University of Queensland, one of 10 women in a class of more than 100.

On the first day, the dean was welcoming all the gentlemen when he realised there were women sitting at the back. He insisted that they all move to the front row and from then on that row was dedicated to them to make sure they paid attention.

McIver graduated in 1957 and worked first in Queensland as a paediatric and medical registrar. She soon realised that her paediatric work would be greatly enhanced if she became a fellow of the Royal Australasian College of Physicians. In those days it was almost impossible to enter the college from Queensland, so in 1962, she moved to Sydney. Over the next five years, she worked at the Royal Hospital for Women, Prince Henry and Prince of Wales. The move to Sydney paid off in 1964 when she became a member of the College of Physicians, the first female graduate from Queensland to do so, and a fellow in 1972. She also helped to establish the renal unit at Prince Henry Hospital, which performed the third kidney transplant in Australia.

She also found time to meet Dr Jack Hobbs. They went on coffee dates at 10pm, after she had finished her patients' dialysis. He proposed with, "Come with me and I'll show you the world." So she did and he did. They married in 1967 and moved to Boston.

She worked at the Hospital for Sick Children, then as a clinical and research fellow at the Massachusetts General Hospital. She was also a teaching fellow at Harvard Medical School.

Then Margot and Jack were offered permanent tenured positions but Margot was kind enough to postpone this to allow Jack to do a PhD at ANU. The deal was that after that, they would return to Boston. When she got to Canberra, Margot realised that there was no renal medical services, renal unit or dialysis program in the ACT, so, in
1969, she established one with the support of Professor Malcolm Whyte.

Two years later, Jack's PhD was complete. It was time to return to Boston but they decided to work at the Royal Melbourne Hospital for a year. This turned into 24 years.

They made a home in the hills east of Melbourne that was part hobby farm and part experimental research facility, with a laboratory and electron microscope. There was also a couple of large pigs. The male would often break out and destroy the garden but he also helped to prove that aspirin does not have long-term effects on kidneys, as was thought at the time. The farm was an integral part of the development of Jack and Margot's biotechnology company, Silenus, which produced diagnostic anti-serum, the basis for most tests conducted in pathology departments. Silenus established markets in Europe, Japan, Australia and the US.

By 1996, Margot and Jack were looking for a fresh adventure. For Margot, Dubbo presented an opportunity to work with a community spread over an area larger than most European countries. Together with Gail O'Brien, McIver developed renal services at Dubbo Base Hospital. In addition, her international experience in academic and clinical medicine helped in the establishment of the University of Sydney, School of Rural Medicine in Dubbo.

In 2009, McIver was made a life member of the Australian and New Zealand Society of Nephrology in recognition of her work. Along with her work, McIver loved to cook and garden and was an avid reader.

Margot McIver is survived by John, sons Ralph and Matthew, daughters-in-law Sophie and Rebecca, stepmother Sumner and grandchildren India, Hugo, Henry and William.

Zulfikar Jabbar

Dr Zulfikar Jabbar passed away on Boxing Day 2012 following a drowning accident in Queensland.

Zulfikar graduated from Madurai Medical College, affiliated to the Tamilnadu Doctor MGR Medical University, Chennai, India in 2000. He completed his training in internal medicine in 2004 and was awarded the gold medal prize by the university. He completed his Nephrology training at the Post-Graduate Institute of Medical Education and Research in Chandigarh in 2008. After a period of time at Westmead and Nepean Hospitals in Sydney as a senior renal Registrar he obtained his Fellowship with the RACP and subsequently took up a consultant Nephrology post at the Royal Darwin Hospital in 2010.

In Darwin he was actively involved in all activities of the Renal Unit. Zulfikar’s main responsibility was in supervising and developing the peritoneal dialysis program. He was also part of the renal outreach program to remote communities within the Top End. He also supervised the satellite dialysis unit in Palmerston on the outskirts of Darwin. He had a passion for research and was involved in several projects relating to lupus nephritis within the Indigenous community and the infectious diseases aspects of Nephrology. Zulfikar was an interventional Nephrologist and had recently commenced training for insertion of Tenckhoff catheters under local anaesthesia. He was also responsible for junior medical officer supervision and training within the wider hospital.

He is survived by his wife Fizza and 2 young sons, Faiz and Rayhan. Zulfikar was well known for his hard work, honesty and integrity and was a very well-liked and respected colleague. He will be sadly and sorely missed.

Greg Perry

Shaun Summers

It is with sadness that the Monash Renal Unit advises of the untimely death colleague Dr Shaun Summers. Shaun was just shy of his 40th birthday and leaves behind his wife Debbie and 2 young children. His passing will leave a large
hole in our Renal Unit and I’m sure many others in the Society will miss him.

Shaun was a clinician-scientist employed in the Renal Unit at Monash Medical Centre and the Centre for Inflammatory Diseases-Glomerulonephritis Group at Monash Medical Centre. He completed undergraduate training in South Africa and post graduate training in the United Kingdom, where he was employed at the Hammersmith Hospital, Imperial College and University College of London. There he established a keen interest in ANCA-associated disease in particular. He then came to Monash in 2007 and completed a PhD inside 3 years under Profs Steve Holdsworth and Richard Kitching.

Shaun’s research focused on the role of immune cells in glomerulonephritis and acute kidney injury. He was the recipient of several national awards for experimental work defining the role of Toll Like Receprors in rapidly progressive glomerulonephritis. As recently as a week prior to his death, he had participated in the Basic Science Award at the ANZSN annual meeting in Brisbane. He was a past winner of the 2009 Amgen Best Scientific Presentation award and 2010 Roche YIA Basic Science award. He had established a significant list of publications in his short research career and was due to give an oral presentation at this year’s ASN.

In addition to experimental work Shaun was the lead clinician supervising the Vasculitis and Glomerulonephritis Clinics at Monash Medical Centre (Renal Unit) and was a keen participant in the Lupus Clinic. Indeed it was Shaun who established the vasculitis clinic as a vehicle to establish clinical research in this area.

He was a first class researcher as well as being a top-shelf clinician – both in General Medicine and Nephrology. He was also a very well respected teacher at all levels and had an intellect that inspired enthusiasm. He was always encouraging of the juniors and helped them endlessly.

Shaun was always a keen sportsman – having played high level cricket and rugby in his younger days and he continued to run, almost daily. Indeed he usually ran home to Elsternwick from Monash Medical Centre, Clayton. He was also an enthusiast – a keen member of our team and an ultimate team player who was interested in everyone’s benefit.

Shaun will be sadly missed by all in the Renal Unit at Monash and many others in the Society.

Peter Kerr

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Please note, the ANZSN Office will be closed from
Monday 23rd December 2013 to Friday 3rd January 2014.