Editorial

It is with much excitement and enthusiasm that I take on the task of Honorary Executive Officer on ANZSN Council and already I have a greater appreciation for the vast and increasing activities of the Society. Nephrology research and education is always at the forefront of one of our main objectives in healthcare, being to improve patient care and outcomes.

The 50th annual scientific meeting in Melbourne in September this year was a large success, showcasing the excellence in local scientific research as well as hosting numerous fantastic international speakers. There was also a record total amount of money awarded in grants and prizes; and just a reminder that applications for funding are currently open for researchers for the ANZSN Enabling Grant and the TJ Neale Award. Basic and clinical renal research in Australia and New Zealand continues to flourish and having recently returned from the American Society of Nephrology meeting in Philadelphia it was a great pleasure to observe the increasingly excellent presentations and posters from ANZSN members.

The ANZSN annual scientific meeting next year will be in Canberra between September 7-9 and SPEC and the local organising committee are working hard to put a great program and meeting together.

The Home Dialysis conference in Melbourne earlier this year was also a major success and extremely well attended with the most number of registrants for any ANZSN/RSA/KHA Home Dialysis meeting to date.

The next DNT meeting is in Launceston in March 2015 and the subcommittee has, under the tireless leadership of Steve May as Chair over the past few years, put together an interesting and comprehensive agenda which should make for stimulating discussions and a productive meeting.

There are many challenges that face the ANZSN, and the recently changed Council, with new president Prof Alan Cass, present-elect Prof Paolo Ferrari and several newly appointed members, have arranged for a Strategic planning day to understand and determine further the vision and values of the Society. Prof David Harris’s presentation at
the ANZSN meeting in Melbourne was an excellent stimulus for addressing some of the current and potential future issues that the Society faces.

As well as planning for future direction of the Society, Council will look to enhance and strengthen relationships with subcommittees, organisations such as KHA and the RACP, and also non-nephrologist society members such as surgeons, scientists and dieticians, who are smaller in number but equally as important members of the Society. Assisting with links to the College will be Germaine Wong, the newly appointed RACP representative on Council who will be involved in Adult Medicine Division Council (AMDC) of the RACP.

With regards to communications, the weekly ANZSN update e-mails continue to be informative and highly successful in reducing multiple stand-alone email outs to members.

Finally, thank you to all those who have been communicating new ideas, views and feedback relevant to our society. Having taken on the role of HEO following the footsteps of my esteemed colleague A/Prof Hilton Gock, I am also incredibly reassured by the sense of ownership of the Society by our members and constant high level of interest and participation. There is no doubt that the success of our Society comes largely from the incredible willingness and enthusiasm of members to lend their time and expertise under the ANZSN banner.

Nigel Toussaint
Honorary Executive Officer

President’s Report

We move into the season of Christmas parties, bush fires and tropical storms, heralding the end of 2014, with the new ANZSN Council having had its first face-to-face meeting. We want to think strategically about how best to represent the interests of our membership, what will be our priorities in terms of research and education, and how we engage with key stakeholder organisations. We will build on the work undertaken by the previous Council in reviewing issues of governance to work more closely with KHA, ANZDATA, CARI and AKTN, ensure strong representation on DNT and support SPEC to deliver a high quality and relevant research and education program. We will focus on these issues at a full-day strategic planning meeting prior to the DNT meeting in Launceston in early March.

Working more closely with KHA to promote awareness of kidney disease, to advocate for our patients and to attract funding for nephrology research is a very high priority for the new Council. NHMRC funding is becoming ever more competitive, with over 4,800 applications for funding in 2014 and only a 16% success rate in obtaining funding for research. It is vital that we work with KHA to explore new ways to support the conduct of research in nephrology. We hope to strengthen our working relationship with the KHA leadership team to achieve this.

The combined efforts of SPEC (Kevan Polkinghorne and colleagues) and the Local Organising Committee (Matthew Roberts and colleagues) ensured the 50th Annual Scientific Meeting in Melbourne was an outstanding success. ANZSN Society members presented high-quality research spanning the bench to bedside to community. This underscores the strength of nephrology research in Australia and New Zealand and the priority for ANZSN to do what is in our power to support this. Following a thorough tender process, we have now selected the
Professional Conference Organisation (PCO) for the 2015, 2017 and 2018 meeting. We want a continuing relationship with one PCO, aiming to help transfer understanding from the organisation of one ASM to the next. We believe this should make the jobs of SPEC and each Local Organising Committee that little bit easier.

Planning for the 2015 ASM in Canberra is well underway. The ANZSN web-site will provide information about the Canberra ASM as well as other upcoming meetings - http://www.nephrology.edu.au/. In 2016, a combined ANZSN-APSN meeting will be held in Perth. This will bring colleagues from across the region to a substantially larger joint meeting and should provide an exciting educational meeting for all of us. I want to express Council’s appreciation of the generosity of industry as educational and research partners of the society. This support is crucial to enable us to provide meetings of the quality of the Melbourne ASM and other educational meetings that we hold throughout each year.

Aviva Rosenfeld and Anna Golebiowski continue to provide strong support to ANZSN Council and our membership. Anna is currently holding the fort while Aviva takes a well-earned longer holiday. The Council want again to recognise the work Aviva and Anna do to keep the Society functioning. Their corporate knowledge is vitally important. I would also like to thank Rowan Walker, Richard Phoon, Hilton Gock and other members of the previous Council. Much work was done quietly by them which will enable the current Council to move forward with our strategic planning.

Please have a safe and restful holiday over Christmas and New Year. Look out for and support your colleagues, family and friends at this time of year. I hope we can all work together in 2015 to ensure a successful year for our entire renal community.

Alan Cass
President

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**Treasurer’s Report**

The Society’s financial position continues to be strong. Overall, the ANZSN has continued to grow its net assets and at the same time maintain generous financial support to our members through the various awards and grants.

Our net profit for the year ended 30 June 2014 roughly doubled compared to 2013 to $608,320, driven predominantly by increased revenue from investments. Our total current assets increased to just over $3.12M, with net assets of $2.97M. Our current financial advisor has suggested a slight change in the investment strategy from the most conservative possible to slightly less conservative, in line with the improvements in the economic outlook over the last couple of years. This is expected to maintain or improve the performance of our investments in the next few years.

We were able to continue to provide generous support to our members in terms of awards and grants in various categories, which continue to total nearly $400K. Most of our other expenses in terms of support for various committees and meetings remain about the same.

We do face some financial challenges coming up in the next year or two. This year’s ASM proved to be more expensive to run than anticipated due primarily to the expense of the venue, and although we have not completely resolved the costings, is likely to result in a small but very manageable loss. Several of our previous major Pharma sponsors have had to reduce their overall sponsorship of ANZSN due primarily to decreased profits, although this reduction for 2015 is likely to be at least in part offset by an increase in revenue from our investment portfolio. Finally we have the added potential financial implications of hosting 2 major international conferences in 2016, namely the ISPD Congress in Melbourne and the combined Asia-Pacific Society of Nephrology/ANZSN Annual Scientific Meeting in Perth. However both meetings are in the capable hands of strong organising committees and are both likely to be well attended and financially viable.
So to conclude the Society remains in excellent shape overall and I would like to recognise the excellent work of my immediate predecessor, Richard Phoon, for being responsible for a large part of this financial success. We will continue to face some challenges to maintain this healthy financial status in the future.

Finally I would like to wish everyone best wishes for the festive season!

David Mudge
Honorary Treasurer

Scientific Programme & Education Committee (SPEC)

2014 Annual Scientific Meeting & Nephrology and Transplantation Update Course, Melbourne, VIC

The 50th ASM and Nephrology Update were held in Melbourne in August. This meeting was held at the same time as the RSA meeting with a shared opening plenary session on the first morning. The two international invited speakers, Prof Robert Unwin and Prof Rolf Stahl made substantial contributions to the meeting. Our third international invited speaker, Associate Professor Angela Wang unfortunately withdrew one week prior to the meeting due to a significant family illness. SPEC and the Society are extremely grateful to Prof David Johnson who, at such short notice, agreed to be our keynote speaker for the joint plenary session at the meeting. His opening plenary was an excellent overview of the state of play of peritoneal dialysis in Australia and New Zealand including the significant contribution that both David and his broad group of collaborators have made to place Australasia at the forefront of PD research. Finally the committee would like to thank those invited local speakers who contributed to the clinical and basic science seminars.

This year’s meeting was the 50th meeting of the Society, as such a special session celebrating the past, the present and the future of ANZSN was presented. SPEC is grateful to Prof Jim Lawrence, Prof Kelvin Lynn, and Prof David Harris who presented in this session. A great deal of past and present achievements of members of the Society were highlighted from the very beginning to forecasting the future role of our society both nationally and internationally.

No substantive changes to the format of the meeting were made following the big changes made for the Brisbane meeting last year. We again received a record number of abstracts (316 abstracts submitted, 306 accepted) and SPEC believes that keeping the reduced number of mini- orals has enhanced the strength of the scientific content presented at the meeting. Allocation of abstracts to all sessions is based on the blinded reviewer scores submitted by the reviewers. Informal feedback has been universally excellent regarding the separate poster viewing session on the Tuesday afternoon and certainly the accompanying beer/wine seems to help the discussion around the posters.

The one change to the meeting format from last year was allocating a separate mini-oral session for the recently designated clinical trainee prize. This year the award and the award session was named after the late Dr Shaun Summers, who tragically died suddenly a few weeks after last year’s meeting. Shaan was a valued member of SPEC and an excellent clinical-scientist. With others members of SPEC he was instrumental in setting up the new award and is sorely missed. We were very grateful to Shaan’s wife Debbie, who was able to attend the session in person and then presented the award at the conference dinner in person. SPEC believes this award will encourage trainees to perform high quality original research projects and to assist those who plan subsequent fulltime research to secure NHMRC post graduate scholarship funding. SPEC hopes to continue naming this award in Shaan’s honour.

SPEC would like to congratulate this year award winners including the ANZSN Young Investigators Dr Michael Wong (Clinical Science) and Dr Sharon Ford (Basic Science), as well as Dr Sarah Stevenson (Shaun Summers Advanced Trainee Award), A/Prof Meg Jardine (KHA Clinical Science Award), and Dr Poh-Yi Gan (Best Scientific Presentation).
Thank you to all who contributed this year, especially Dr Matthew Roberts 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 Anna/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 new members joining the committee this year. Dr John Irvine replaces Dr Nick Cross and in December Prof Frank Ierino will come on the committee.

2015 Annual Scientific Meeting and Nephrology Update- Canberra September 5th- 9th
In 2015, the Annual Scientific Meeting will be held in Canberra (7th-9th September), with the Nephrology Update Course taking place on 5th & 6th September. Dr Girish Talaulikar is chair of the local organising committee. Next year international speakers have been confirmed: Prof Bruce Molitoris (ex ASN President, Indianapolis, USA), Associate Prof John Gill (Vancouver, Canada) and Prof Prabir Roy-Chaudhury (Cincinnati, USA). Once again in considering abstract submission in 2015, abstracts need to be submitted with results, and in the correct format. In addition, please declare relevant conflicts of interest when submitting abstracts. As is always the case there will be no extensions to the abstract submission deadline.

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
As members will be aware, Council for a number of reasons decided not to renew the contracts for the ANZSN Postgraduate Weekend. Hence the current educational activity under the jurisdiction of SPEC is the ANZSN update course. SPEC is currently working with ANZSN Council on a new educational activity/meeting for advanced trainee’s. It is too early for me to be able to announce any concrete plans, except to say we hope to have a firm structure in place for 2016.

Members should note that the current ‘Nephrology 101’ course is not organized or run by the SPEC committee.

TJ Neale Award
Applications for this prestigious award will open in December and close at the end of March 2015. 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).

Final Word
This will be my last SPEC report as I will be stepping down as Chair and coming off the committee in December. Associate Prof Angela Webster will take over as Chair and I wish her well for the next three years as Chair. I have immensely enjoyed my time first as a general member of SPEC and then as chair for the last 3 years. Over the last number of years I believe the ASM has gone from strength to strength, both in the quality of research presented by members of the society as well as presentation given by both the international and local visiting speakers.

While I believe the meeting has gone from strength to strength it remains important for the committee to continually assess the meeting and make changes in response to the needs of the society as a whole. I would encourage all senior members of the society to support the meeting and encourage the junior members of the society to continue to contribute to the meeting to ensure its success into the future.
I would like to thank those past and present members of SPEC who made my time on the committee most enjoyable and I look forward to attending the ASM into the future. A special thanks goes to Anna and Aviva in the ANZSN office for helping coordinate SPEC activities and providing the invaluable support to the committee and myself as chair. It is most appreciated.

Kevan Polkinghorne
Chair, Scientific Programme and Education Committee

2014 ANZSN ASM

The 50th Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology was held at the Melbourne Convention and Exhibition Centre on 25th-27th August 2014. The venue, exhibit and some sessions were shared with the annual Renal Society of Australasia Conference.

A highlight of the meeting this year was a 50th Anniversary session that was shared with RSA delegates. Appropriately, this was a more reflective session and Professors Jim Lawrence, Kelvin Lynn and David Harris gave us some great insights into the early days and purpose of the Society, the way our two nations interact and put forward some challenges for the future. Another important highlight was having 17 past (present and future) ANZSN Presidents, spanning the life of the Society, attend the President’s Dinner.

There were 524 people registered for the ASM and another 110 for the weekend Update Course, Scientist’s Meeting or Dietitian’s Meeting. The Update Course itself continues to be highly successful, attracting 189 delegates including 20 speakers. Most of these (124) attended the meeting as well. In terms of people from outside Australia and New Zealand, there were 30 delegates from a number of Asian countries, including 14 from China and 8 from Indonesia

Our international speakers Professors Robert Unwin (London, UK) and Rolf Stahl (Hamburg, Germany) gave excellent and stimulating talks, and Professor David Johnson provided a thought-provoking peritoneal dialysis plenary at short notice when the other international speaker had to withdraw for family reasons. The important work of the Scientific Programme and Education Committee (SPEC) in putting together a great program must be acknowledged. Their forward planning to engage excellent international speakers, hard work to sort and evaluate submitted abstracts and continuous development of the program right up to the last minute is essential to the success of the meeting.

The work that goes into organising such a meeting is done by many individuals. I have already tried to acknowledge the great work of Kevan Polkinghorne and the members of
SPEC. I am grateful to the other Local Organising Committee members for their contributions and support: Veena Roberts looked after the Update Course, Trung Quach marketing and Genie Pedagogos the social program. I am grateful for Rowan Walker’s input both as President of the Society and by attending LOC meetings, and Richard Phoon’s contribution as Treasurer. The meeting could not run without the work of Aviva Rosenfeld and Anna Golebiowski in the Society office, or without Professional Conference Organisers and we must thank Sandro Serio and Aneeka Meyers from Arinex for their hard work.

Finally, I hope the members of the Society gained a lot from this year’s ASM and will continue to support the meeting over the next 50 years! Many contributed their time as abstract reviewers and session chairs. Although I was unable to make an impact on people’s habits of sitting up the back of the theatre, I was impressed with the adaptability of Society members when the abstract books did not arrive and thankful for the positive way people managed.

Matt Jose, 2014 ASM Convenor

Thank you to the International ASM speakers Rolf Stahl and Robert Unwin and congratulations to the award winners and runners up that were not present on the night.

In Appreciation

Prof Cass presenting a gift of thanks to Prof Jim Lawrence (left) for his contributions to the 50th ANZSN ASM

Congratulations to the following 2014 award winners!

ANZSN Life Membership

Awarded to Kelvin Lynn (left) presented by Murray Leikis.

2014 TJ Neale Award

Award winner Steve Alexander (left) and Prof Alan Cass

ANZSN Shaun Summers Clinical Trainee Award

From left: Debbie Summers, Sarah Stevenson and Alan Cass
KHA Clinical Science Award

From left: Award winner Meg Jardine. Presenting the award from KHA Tim Mathew and Prof Alan Cass

KHA Clinical Science Award Runners Up

From left Tim Mathew from KHA presenting the runner up award to Aspasia Pefanis and Prof Alan Cass

ANZSN Best Basic Science Award

Presenting the award from left, John Viero from Fresenius, Poh Yi Gan and Prof Alan Cass

ANZSN Best Basic Science Award Runners Up

From left: David Small, Stacey Hokke, Greg Tesch, Maliha Alikhan. Presenting the awards John Viero from Fresenius and Prof Alan Cass

ANZSN YIA Basic Science Award

Runner up Suetonia Palmer (left). Presenting the award Tim Mathew from KHA and Prof Alan Cass

From left presenting the award Daniel Thiebaude from Amgen, Sharon Ford and Prof Alan Cass
2015 ANZSN ASM

On behalf of the Local Organizing Committee I would like to welcome you to attend the Annual Scientific Meeting and Course Update of the ANZSN to be held at the National Convention Centre in Canberra from the 5th – 9th September 2015.

In preparation for the meeting, the Scientific Programme and Education Committee led by Assoc. Prof. Angela Webster is working hard on crafting a programme that highlights the latest developments in clinical and basic sciences relevant to the practice of Nephrology. Confirmed international speakers include Prof. Bruce Molitoris (Director of Nephrology and the Centre for Biologic Microscopy, Indiana University), Prof. Prabir Roy-Chaudhury (Director, Vascular Access Research Program, University of Cincinnati) and Asso. Prof John Gill (University of British Columbia).

Canberra, the home to several national landmarks and institutions including the Science Dome, the National Museum of Australia, the National Library, the War Memorial and the Parliament House, forms the perfect setting to value add to the scientific content presented at the meeting. The ASM has not been held in Canberra for at least 20 years so I look forward to your attendance to share the occasion and make the meeting a success.

A/Prof Girish Talaulikar

Dialysis, Nephrology & Transplant Sub-Committee (DNT)

The DNT Committee as the clinical arm of ANZSN and KHA oversees a number of diverse groups including RTAC, HDAC, ANZDATA, CARI, and AKTN. DNT reports to both ANZSN and KHA and aims to support and coordinate the clinical activities of the above groups. Decisions made by DNT have to be ratified by ANZSN and KHA before implementation.
The DNT workshops are unique in many ways as they provide an opportunity for the heads of all Renal Units or their nominated representative to meet, discuss issues and formulate policy. I believe that this adds greatly to the cohesive nature of the ANZSN.

The 2015 workshop will be in Launceston from 1-3rd March and is shaping up to be an interesting and productive program. We are facing increasing challenges with obtaining pharma sponsorship within the Medicine Australia framework and in the future I expect that a larger contribution will need to come from the membership for these meetings. We are currently alternating the DNT workshop with the Home Therapy Meeting organised by HDAC which will be held in Melbourne in March 2016 in conjunction with the ISPD Congress.

The role of the DNT and its terms of reference have undergone extensive review and revision over the last 12 months. Although this exercise has been time consuming I believe that the revised terms of reference has given ANZSN, KHA and DNT a clearer picture of the DNT Committee’s role which has been evolving over time. It has also allowed me to appreciate my choice of profession in medicine and not law.

We are still slowly working through the Action Points emanating from the last workshop in Alice Springs in 2013. I think that using information from ANZDATA as a tool for quality improvement such as publication of unit KPIs has been the most difficult of challenges. One of the topics for discussion in 2015 is what should be on the annual ANZDATA registry form. I am happy to take suggestions.

Clearly if we are going to use ANZDATA in this way the data needs to be accurate and timely. One of ANZDATA’s ongoing problems is problems with getting data back. There is a wide variation in data returns which impacts on all units. This is the type of issue that the DNT Committee seeks to address along with more clinically based topics such as setting home dialysis targets and developing position statements on a variety of hot topics eg TTP.

In the future we are planning to seek agenda items before DNT Committee meetings from the ANZSN members via the newsletter. Hopefully this will improve access for ANZSN membership to DNT and infuse useful ideas for fermentation into good policy.

I would like to thank all the current members for their ongoing hard work as well as those that have retired including Murray Leikis and Amanda Robertson for a job well done. Matt Jose has accepted the position of chair after I retire at the time of the workshop in 2015. Being involved in the DNT Committee has given me a lot of personal satisfaction and insight into ANZSN and KHA. I believe DNT plays an important part in our society. I am sure Matt will enjoy the role and I wish him well.

All the best for Christmas and in 2015.

Steve May, Chair DNT
sjcmay@bigpond.com

SAC in Nephrology

In serving my sixth and final year as member of the SAC in Nephrology, I reflect on the past 12 months as not only being very busy but also one faced with particularly vexatious issues. Consistent with this (and with the increasingly process-driven RACP), I note with some (limited) bemusement that this year our agenda documents for our final SAC meeting of the year maxxed out at some 810 pages …

Currently the SAC oversees the training of 129 trainees (Australia: 98 adult, 8 paediatric; New Zealand: 21 adult, 2 paediatric), with up to 26 trainees being eligible or having gained Fellowship by the end of this current training year.

SAC activities include review of trainee projects and supervisor reports, certification of training (including input into supervision of overseas trained physicians), accreditation of training sites (currently 48 in Australia and 12 in New Zealand, including 8 paediatric sites, of which 11 sites were visited for accreditation in 2014), and ongoing
maintenance/development of a comprehensive, high quality, training program.

Arguably, the two overarchin
[0x0]g issues that we have been faced with this year are implementation of changes relating to the RACP educational governance review, and capacity to train. To this end, the RACP have revamped trainee supervision (SPDP program), ratified advanced training committee terms of reference (finally), adjusted the educational governance structure within the RACP (including reduction of committee numbers and sizes, and implementation of a trans-tasman alignment of SACs), and continued to finesse tools used for trainee assessment (AT-PREP tools and projects, with a view to review of the AT Nephrology Curriculum and supervisor reports from 2015).

In response to ANZSN members’ comments regarding currently mandated requirements for transplantation, the SAC and ANZSN emailed a survey to the ANZSN membership in the month or so prior to the ASM this year. There was an impressive number of responses from 292 members (246 nephrologists, of whom 52% managed acute transplant patients and 77% worked in metropolitan areas). The results indicated that the majority (81%) agree or strongly agree with mandated exposure to transplantation, particularly chronic transplant patients (93%, cp.d to 63% for acute transplant patients). Most respondents (> 75%) also believed that there should be mandated exposure to nephrology in a tertiary/quaternary hospital, home HD, PD and renal supportive care. We are grateful for the large response to this survey and would like to assure ANZSN members that we are working towards how best to use the information derived from this data.

Finally, I would like to thank our outgoing members (Janak de Zoysa, Nigel Toussaint and Phil Clayton) for their outstanding contributions to the SAC over the last several years, and welcome Sarah Stevenson as the trainee representative this year. The SAC remains in excellent hands. Best wishes for the festive season.

Richard K S Phoon
Chair, SAC in Nephrology

Nephrology Journal

The Nephrology journal continues to gain ground. Hopefully, ANZSN members are able to see it grow and will continue to support it.

The Journal’s recent milestones include:
- Release of the latest impact factor – 1.864; up from 1.68 and has it listed as 37/75 Urology/Nephrology journals. Both of these are an improvement on last year.
- A move to 12 editions per year (from 8). The amount of copy for this at present is adequate but as the IF rises, submission rates will likely rise.
- Continued improvement in the “time to first decision” down to 12-14 days.
- Maintenance of the submission rate: 500-600 submissions per year.
- Despite the increase to 12 editions per year, the journal remains (just) profitable. Advertising income continues to be challenging.
- Phillip Li retired as Deputy Editor. The Journal decided to appoint 4 new Deputy Editors: Rob Walker (NZ), CC Szeto (HK), Vivek Jha (India), and Sydney Tang (HK).
- The editorial board has been trimmed and updated. New subject editors continue to be recruited each year.

Discussions re moving to on-line only publishing continue. 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 but we are considering only publishing abstracts of meetings in hard copy for actual conference attendees, otherwise making the abstracts available on-line. I suspect on-line only publishing is not far away!

The faces in the Editorial Office have changed. Cherryllyn Arenga continues as our prime point of contact out of the
Philippines but Sadira Campbell will oversee the Journal from the Melbourne office.

Peter Kerr
Editor in Chief, Nephrology Journal

Home Dialysis Conference
Melbourne, March 5-7, 2014
My Kidneys, My Home, My Choice.

From the perspective of the local organising committee, the conference was a great success. By all accounts, feedback from participants was also very encouraging. Highlights included:

- 404 registered delegates at the conference.
- High level of sponsorship, including platinum level sponsorship from the Department of Health, Victoria (who need to be congratulated for their ongoing support of Nephrology, especially home dialysis).
- Expansion of the pool of overseas speakers to 7 (3 directly and fully sponsored, 1 sponsored by CREED, 2 supported by Baxter over and above their sponsorship agreement, 1 sponsored by Royal Children’s Hospital Melbourne). All contributed in an excellent fashion to the meeting and enriched the program.
- A 50% increase in full-registrations (representing doctors) compared to 2012.
- A healthy profit.

Lessons learnt:
- Lack of roving microphones was an oversight
- As the meeting gets bigger, a more spacious venue may be needed.
- Early indication to potential sponsors is critical (most of those who eventually sponsored were notified 20 months in advance).

Recommendations:
- The meeting is a successful union of medical, nursing and allied health practitioners. Continuation of this model should be encouraged in the area of dialysis.
- There has been some discussion as to whether the meeting should remain as “home dialysis” versus expansion to “dialysis”. No decision has been made (that I am aware of).
- There seemed to be widespread support for the next meeting to be in Melbourne again, as an add-on to the ISPD meeting (2016). A decision on whether this would go ahead needs to be made. This could take the form of a one-day HD oriented meeting (given that PD will be covered by ISPD). An alternative would be to simply not hold a separate meeting this time around.
- Given the healthy profit of this meeting, consideration should be given to a one-off support for Home Dialysis research. This could be orchestrated through the HDAC.

I would stress that this report and these recommendations are mine (PK) as Chair of the Local Organising Committee, and do not necessarily represent the views of the HDAC.

Peter Kerr
Chair of Organising Committee

ANZSIN

ANZSIN activities
Promotion of interventional nephrology in Australia has progressed well in 2014. Highlights include the growing
ANZSIN symposium and hands on workshop in August. We have also launched our online renal biopsy training module which is valuable theory based learning to augment simulation at our workshop and ultimately safe patient experience. Multidisciplinary principles continue to be transformed into action with affiliate membership now an option, and facilitation of ANZRANN (ANZ Renal Access Nursing Network) with nursing involvement in our symposium/workshop/meetings.

Ongoing issues continue to be discussed with ANZSN council, RACP SAC for Nephrology, as there remains general support for recognition in training in interventional procedures which was previously gained at DNT. Our leadership remains active and Dr David Voss has taken on the chairmanship.

ASDIN (American Society of Diagnostic and Interventional Nephrology) combined membership continues with the 2014 ANZSN renewal. Leading members of ASDIN have spoken at our meetings and the strength of this international association is showing its advantage. ANZSN webpage on the ANZSN website is awaiting development. We are working toward uniform data collection for interventional procedures to improve quality management.

ANZSIN Symposium and Workshop (ANZSN Satellite meeting) Yarra Valley, August 2014

The 2014 programme in Yarra Valley fulfilled many of ANZSIN’s approaches (see below). Many insights were gained from our international speaker Dr Tom Vesely, interventional radiologist who is renowned across radiology, vascular and renal access communities and literature. Other valued speakers presented from radiology, vascular surgery, radiation safety and nephrology backgrounds. We also combined Tim Spicer’s Ultrasound course into our expanded workshop which is valuable to nephrology trainees and experts alike, as well as to the vascular access nursing group. We once again had a table at the Exhibition Hall this year and have coordinated with KHA to make use of our stand computer for Kidney Kiosk (patient education) purposes! Broad sponsorship and enthusiasm to contribute materials and help by sponsors contributed significantly to the meetings success.

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

Richard Baer, Outgoing Chair of ANZSIN
David Voss, Current Chair of ANZSIN
International Society of Nephrology (ISN)

An important component of major structural changes for ISN is a greater emphasis on self-identified needs of regions and individual countries. This will be facilitated by new Regional Boards which will provide advice about local needs and provide a vehicle for implementing change. Peter Kerr is Chair of the OSEA Regional Board.

ISN’s Global Outreach programs have been rebadged as “ISN Programs”, to emphasise the major role they play in effecting ISN’s mission and its aim to involve both developed and developing countries in its activities. ANZSN nephrologists and units are important hosts of various programs. ANZSN continues to top up ISN fellowship stipends to better meet the cost of living in ANZ for ISN fellows. There are many other opportunities for ANZSN to invest in ISN.

ISN’s “Oby25” initiative has the lofty aim of ensuring that by 2025 no individual in developing countries dies from want of dialysis for AKI. An initial activity of the program is the AKI snapshot which should have been completed by early November.

ISN Education since its inception two years ago has been the main vehicle for ISN’s educational activities. The website is now an important repository of a large number of up-to-date resources in constantly evolving formats. Regular webinars and a partnership with Cochrane are two of this year’s highlights. Self-assessment modules in various key aspects of kidney disease will be introduced during the next year and ISN members who take part will be offered a certificate of completion.

From January 2016 Elsevier will take over as the publisher of Kidney International. It is now ranked second behind JASN as the leading nephrology journal. Kidney International Supplements has achieved PubMed listing and a modest impact factor. A new open access journal will be launched at the beginning of 2016, and will commence accepting manuscripts in the second half of 2015.

ANZ nephrologists continue to make strong contributions to ISN as members of the Executive and Council, as organisers of major meetings (including WCN, Forefronts and Nexus) and as committee chairs and members. It is important for ISN and ANZSN that ANZ nephrologists continue their key role in ISN.

David Harris
Member, ISN Executive

Asian Pacific Society of Nephrology (APSN)

ANZSN is one of six sponsoring societies of APSN. As in previous years ANZ nephrologists remain very active supporters of APSN, occupying four of nine Executive committee positions and with important contributions to the journal Nephrology, the APSN website and APSN CME committee.

Under the leadership of Peter Kerr and thanks to the efforts of ANZ subject editors, authors and readers, Nephrology has had a further 10% increase in its impact factor, now 1.864, placing it 37th out of 75 nephrology and urology journals.

APSN co-hosted with the Japanese Society of Nephrology (JSN) a very successful CME meeting in Japan in mid-2014. Matthew Jose and Craig Nelson are active members of the committee. It is hoped that ANZSN will consider hosting APSN CME in the same way. CME programs are also hosted in developing countries. The APSN website can become a major repository for CME and other resources; progress has been slow to date due to technical limitations which hopefully will be overcome soon.

APSN is co-sponsoring ISN activities in developing countries in the Asia Pacific region. The programs include the Fellowship, Sister Renal Centre, Research and Prevention, Education Ambassador and CME. APSN will
also consider sponsoring worthy applicants who do not meet the cut-off for ISN-APSN program funding.

The next Asian Pacific Congress of Nephrology will be held in Perth in September 2016, in conjunction with the 52nd ASM of ANZSN. Paolo Ferrari is President of the Congress. A combined APSN-ANZSN Program Committee is aiming to produce a first-rate program, including at least one and perhaps two Nobel laureates and many other leading international speakers. It is a meeting you won’t want to miss!

ANZSN’s activities in nephrology in the Asia Pacific region depend largely on the efforts of a few individuals and individual renal units. There is a great opportunity for ANZSN as a society to be a major contributor to Asia Pacific nephrology.

David Harris
President, APSN 2013-2016

**Kidney Health Australia**

**KCAT** (Kidney Check Australia Taskforce): The KCAT initiative (Health Professional Educational Program) that started 12 years ago remains the pivotal program for getting the CKD message across to primary care. This year we are heading for a record number of workshops (probably more than 120) – an indication that CKD is still regarded as an attractive topic that is appropriate for primary care engagement. If you would like to participate by providing your local GPs with CKD education we can help with teaching materials (we now have twelve 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” (2nd edition released in April 2012 and 45,000 copies printed and mostly distributed) is now being rewritten as a 3rd edition and will be released in early 2015. The Advisory Committee (drawn from KCAT membership) has met and agreed to add new sections on kidney stones, acute kidney injury and issues regarding management of CKD in the elderly. For GPs this has become the go-to resource on CKD and a phone application giving friendly access to the content of the CKD Booklet is close to release.

**KHA Research Grants and Scholarships:** KHA is again allocating $500,000 to kidney research for 2015. The applications for grant support ($50K each) totalled a record number of 39 this year and were of exceptional quality. In addition 11 scholarship applications were received with disappointingly only one from a Science background.

The Board of KHA has not implemented the changes mooted in last year’s newsletter which suggested a move away from our traditional funding pattern of investigator driven grants and scholarships. At the time of writing it appears likely that next year (2015) will again see a call for grants and scholarships as has happened this year. The announcement about next year’s plans will be placed on our website and will be in the ANZSN weekly email in the latter part of January.

**Decision making re dialysis:** The pre-dialysis education grant from the Commonwealth is now in its last part of its 3 year life and significant new educational materials have been developed. One facet of this is the Decision Aid Tool for patients (developed with support from Baxter) and this is now being utilised in many Units around Australia. The decision aid tool is a good example of the concept of “Shared Decision Making” that is gaining momentum in Australia and is considered to have strong application in kidney management programs. In essence the concept builds on the importance of people have sufficient knowledge and understanding to make an informed choice about treatment options.

KHA remains committed to facilitating and encouraging the appropriate utilisation of home dialysis. The dedicated website [http://homedialysis.org.au/](http://homedialysis.org.au/) is an authoritative comprehensive resource about all aspects of home dialysis. The KHA website [www.kidney.org.au](http://www.kidney.org.au) is growing in popularity with over 200,000 visitors and up to 4 million hits each month. It is packed with quality information for
the health professional and the consumer and carries with it the prestigious international HONs stamp of approval (that is strictly evidence based and referenced).

New Transplant House in Melbourne: A new Transplant House (donated to KHA by the Emorgo Foundation) has just opened in Brunswick East. The House is owned and operated by KHA and available to patients from all Melbourne Units. This is a lovely brand new apartment with 2 bedrooms and 2 bathrooms right on a tramline which is available for people and their families (from outside Melbourne) being prepared for or recovering after a transplant. The accommodation is available free to those qualifying for the patient assisted travel scheme. The Melbourne House complements our existing houses in Perth that have now been running very successfully for 8 years. It is planned to open similar houses in Melbourne and in other capital cities. Contact for the Melbourne Transplant House is sarah.bailey@kidney.org.au.

Indigenous Australians with CKD: For the first time KHA has employed a fulltime person to address the issues arising from the high prevalence of CKD in Aboriginal and Torres St Islander people and to advise the KHA Board on how it might best have an impact of reducing the overall burden. Ms Donisha Duff (Donisha.duff@kidney.org.au) has accepted this task and would welcome input from any readers.

Consumer representatives: There is a continuing need for “consumers” in the kidney world to represent the kidney sector on groups and committees. If you have any likely candidates who would be able to articulate the consumer view around committees focussing on guidelines (CARI) or education (KCAT) or information (ANZDATA) please let me know.

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.


Tim Mathew
KHA Medical Director

CARI

The KHA-CARI Guidelines have had a productive 2014 with four guideline summaries published or accepted for publication in Nephrology and two commentaries also published in Nephrology (see below). Coinciding with the development of a revamped KHA-CARI website, the Steering Committee and Office completed a review of all of the materials on the website and identified areas for rationalisation of materials and archiving guidelines that were no longer current. I encourage everyone to have a look at the new website, which is also now compatible with mobile devices, and provide any feedback for ways we can make it better.

As part of this process we have also developed a work plan for 2014/2015, with the first undertaking being a new guideline on Screening and Management of Patients Colonized with Infectious Agents (especially in relation to carriage of multiple resistant organisms). This is being lead by A/Prof Meg Jardine and Dr Eugene Athan as Co-Convenors (Eugene is an infectious diseases specialist from Barwon Health). The second major element of the work plan is an extensive update of the Polycystic Kidney Disease guideline for which Dr Gopi Rangan and Dr Judy Savige are Co-Convenors. The next phases of work the work plan, starting in 2015, will involve the updating of three important guidelines; Acceptance onto Dialysis; Kidney Stones and CKD Mineral Bone Disease.

An important aspect of the new guidelines is an innovative approach to involving patients and carers, led by Dr Allison Tong, which aims to ensure that KHA-CARI guidelines appropriately reflect patient preferences and values. For the Polycystic Kidney Disease guideline an advisory panel of patients and carers has been recruited and the first of
two facilitated workshops held. In the first workshop patients and carers discussed issues of living with PKD and identified key areas that they consider should be addressed in the guidelines. In the second workshop, they will review the draft guidelines and provide feedback to the guideline group.

We have continued to develop a cooperative approach with our international colleagues. As an example we have assisted the European Best Practice Guidelines with the update of their vascular access guidelines by providing them with evidence summaries from our own recent update. The groups have shared work plans and jointly published a paper in NDT titled “A survey on the methodological processes and policies of renal guideline groups as a first step to harmonize renal guidelines”. This cooperation aims to minimise duplication of effort and be the start of more comprehensive collaboration. Part of this international engagement remains the adaptation of, or commentary upon, KDIGO guidelines as they are published.

Implementation remains an important focus of KHA-CARI. The implementation project on the CARI Iron guideline in rural or remote nephrology practices has been completed and the peritoneal dialysis project, aiming to enhance the use of measures to prevent infections in new PD patients, continues with the implementation phase due to complete in mid-December of this year.

We continue to benefit from the financial support of KHA and ANZSN and are pleased that this arrangement will continue into 2015, with additional support from Amgen and Shire. Of course, the most valuable support comes from all those who work the guidelines as convenors and writers and I would like to this opportunity to thank them for their time and effort.

GUIDELINE SUMMARIES

COMMENTARIES

Martin Gallagher
CARI

AKTN
Clinical Research in Kidney Care
The Network's vision is to be an investigator-led clinical research organisation working with the kidney care community to achieve world class, innovative solutions that make meaningful differences to people with kidney disease.

To achieve this, the AKTN designs, conducts and supports clinical trials and fosters clinical trials expertise in Australia and New Zealand in conjunction with global collaborators

The HERO Trial Results- The HERO Trial completed recruitment in 2012, and the main trial results are now available. The trial found that there was no statistically
significant difference in erythropoiesis-stimulating agent (ESA) resistance index between the pentoxifylline and control groups. However pentoxifylline significantly increased haemoglobin concentration relative to the control group. Full results: David W. Johnson, Elaine M. Pascoe, Sunil V. Badve, Kim Dalziel, Alan Cass, Philip Clarke, Paolo Ferrari, Stephen P. McDonald, Alicia T. Morrish, Eugenie Pedagogos, Vlado Perkovic, Donna Reidlinger, Anish Scaria, Rowan Walker, Liza A. Vergara, Carmel M. Hawley, on behalf of the HERO Study Collaborative Group, A Randomized, Placebo-Controlled Trial of Pentoxifylline on Erythropoiesis-Stimulating Agent Hyporesponsiveness in Anemic Patients With CKD: The Handling Erythropoietin Resistance With Oxpentifylline (HERO) Trial. American Journal of Kidney Diseases, 2014. doi: 10.1053/j.ajkd.2014.06.020

Research News

The AKTN has completed 3 trials (HONEYPOT, HERO and BLOCADE), and has endorsed or is currently co-ordinating 7 clinical trials in Australia and New Zealand, and internationally.

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.


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: Manuscript in preparation. Accepted as a late breaking trial at ASN 2014. Recruitment: 71/150.

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: Recruitment closed February 2014, follow up until February 2015. Status: Data Analysis and results mid-2015. Recruitment: 568/600.


PEXIVAS: Patient population: Pts with confirmed severe ANCA-associated vasculitis plus new or relapsing Wegener’s granulomatosis or microscopic polyangiitis. Intervention: Plasma exchange vs no plasma exchange in combination with standard dose vs reduced dose glucocorticoids, for 5-7 yrs. Primary Outcome: Composite of all-cause mortality or end-stage kidney disease. Status: 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: 72/100

CKD-FIX: Patient population: Adults with CKD stage3/4 and rapid progression of CKD in past 12 mths. Intervention: Allopurinol (100-300mg) vs placebo, daily for 24 mths. Primary Outcome: Change in eGFR. Status: Commenced recruitment ANZ March 2015. Currently negotiating collaborations with Mexico, China and Canada. Recruitment: 59/620

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: Trial complete; accepted as a late breaking trial at ASN 2014. Recruitment: target of 205 achieved.

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: Recruitment will be completed last quarter 2014. Recruitment: 78/96.

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 has commenced in ANZ and Hong Kong. Collaboration is currently being progressed with Germany, UK, Spain, Poland and Czech Republic. Recruitment: 176/1300

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Deputy Chair Scientific Committee, Neil Boudville: neil.boudville@uwa.edu.au

Carmel Hawley
Chair, AKTN Operations Secretariat

ANZPNA
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 for their AGM, held this year at ANZSN in Melbourne. The AGM and the scientific meeting were well attended by our trainees. Congratulations to Siah Kim who presented her PhD work in the young investigator session and Thomas Forbes who presented in the Shaun Summers Trainee Prize session.

Last year a subcommittee was formed to promote collaborative paediatric research in Australia and New Zealand chaired by Peter Trnka. The group is embarking on their first national study entitled the Australian and New Zealand Adolescent Dialysis Study (ANZADS) (First author Anna Francis). Another group, chaired by the IPNA representative (currently Debbie Lewis) continues to examine the delivery of paediatric renal care (AKI management) and education to Oceania. Some progress has been made to delivering a local programme that provides acute peritoneal dialysis to children with reversible AKI in Oceania. This will continue to be a focus of our group’s efforts.

Anne Durkan is the ANZPNA representative on the SAC Nephrology. We are pleased that the 6 months of psychosocial training mandated in paediatric training has been approved to be included in the 3 core years of nephrology training for those commencing training in 2015 onwards. The process of accrediting paediatric nephrology training sites is well underway. In addition Vancouver Children’s Hospital and Sick kids in Toronto have been formally accredited for paediatric nephrology training for a maximum of 2 years.

Lastly, ANZPNA would like to formally acknowledge the tremendous achievements of one of our members, Stephen Alexander and congratulate him on being awarded the TJ Neale Prize for outstanding contribution to nephrological science at this year’s ANZSN meeting.

Fiona Mackie,
ANZPNA Chair
The Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) continues to collate, analyse and report on the use of renal replacement therapy (Dialysis and kidney transplantation) for the >21,000 Australians and >4,000 New Zealanders with end-stage kidney disease.

The recent 50th Annual Scientific meeting of the ANZSN was held in Melbourne with the ANZDATA session held on the Tuesday morning with presentations:

- Graeme Russ: Overview of ANZDATA
- Kylie Hurst: ANZDATA Reporting - turning big data into smart data
- Patrick Lan: New perspectives on PD technique failure,
- Amelia LePage: Interstate variability in paediatric transplantation
- Tonya Kara: Variation in paediatric transplantation with ethnicity.
- Andrea Viecelli: Cancer after transplantation

In addition, data from ANZDATA was used in over 20 presentations during the actual meeting.

Data returns for the year 2013 are near complete with data-lock occurring in coming days (November). With ever-increasing number of people on renal replacement therapy, this year there were over 30% of units returning their data within 3 months and 80% by 6 months. With data-lock occurring, we anticipate Individual Hospital reports will be distributed in early December with an Australian and New Zealand Interim Summary of data about the same time.

Key performance indicators and real time data reports continue to be published and available at the ANZDATA online site. Further discussion of KPIs and data outputs will occur at the Dialysis, Nephrology and Transplant meeting in Launceston, March 2015.

The Amgen Epidemiology Fellow is Dr Namrata Khanal, who took up this post in May 2014. This fellowship position has been proudly supported by AMGEN Australia for a number of years.

We recently welcomed Professor Alan Cass to the ANZDATA Steering Committee as an ANZSN-council representative and Dr Tonya Kara as a representative of New Zealand. There are 2 new co-convenors of the Indigenous working group, Dr Jaqui Hughes (Australia) and Dr Suetonia Palmer (New Zealand).

In 2014 a further 2 year funding agreement with the Australian Organ Donation and Transplantation Authority (AOTA) was signed. The New Zealand Ministry of Health have also agreed for ongoing funding of the registry for a further 3 year contract. Kidney Health Australia (KHA) also provides significant funding and a presentation to the KHA Board was recently made by Executive officer Prof Stephen McDonald in Melbourne. Future funding agreements with KHA and with the Australian and New Zealand Society of Nephrology are currently in negotiation.

Matthew Jose
Chair of ANZDATA Steering Committee

Kidney School

Kidney School continues to run monthly education sessions that supplement the Nephrology curriculum. In 2014, trainees have joined us in-person and via Weblink from Australia and New Zealand, and overseas sites, including an enthusiastic group of doctors from Vietnam. We have also enjoyed interaction from renal nurses, dieticians and nurse practitioners. Topics have included ‘renal genetics’, ‘pharmacology and the kidney’ and ‘geriatrics and nephrology’. Many thanks to the speakers that have helped contribute to the discussion.
In 2014, the first ‘Nephrology-101’ session was also held – an introductory weekend for first year trainees to gain skills that will assist in the transition to Advanced Training.

In 2015, the revamped Kidney School Website will be up and running. The site will allow trainees to access recording of lectures, other education material and act as a forum for discussion. In 2015, we will also aim to improve the reach of Kidney School, given Weblink technology allows trainees to join from any location. We would appreciate if supervisors could encourage all trainees to take part in Kidney School – those that participate find the sessions educational and a useful medium to discuss cases and learn from others experiences.

If you would like to hear more about Kidney School events, please sign-up to our mailing list via this link:
http://eepurl.com/usXRn

Dr Amali Mallawaarachchi & John Saunders
Kidney School Directors

Travel Grant Reports

American Society of Nephrology, Atlanta, Georgia USA. 4th -10th November 2013.

Dr Joanna Ghali
The travel grant to ASN in Atlanta has enabling me to present 2 posters and 1 mini-oral presentation at the meeting, during which time I had the opportunity to discuss my research with leaders in the field, attend cutting edge sessions and learn about future directions that research in the field of renal immunology is taking.

One of the sessions that I found of particular interest was a session on the promotion of immunological tolerance in transplant recipients. The context for this session was that despite excellent 1 year graft outcomes, longer term renal graft outcomes were poor in comparison due to chronic allograft nephropathy, and that immunosuppressive drugs also contributed to poorer longer term patient outcomes. The session then focused on our current understanding of the innate and adaptive immune cells contributing to tolerance (plasmacytoid DCs, NK cells, and regulatory macrophages, T and B cells), and described some evidence in animal models and in human allogenic bone marrow transplantation where regulatory T cells have been administered, suppressing graft vs host disease. It is believed that this form of cellular therapy may provide graft tolerance for kidney transplant recipients. This provided the background for presentation for the ONE Study, which is currently underway; an international, multi-centre randomized study of cellular therapies given as induction immunosuppression and into the early transplant period. This study involves a number of sites in the USA and Europe, using different strategies to produce and manufacture hematopoietic immunoregulatory cells. They will compare these cellular therapies side-by-side for their tolerogenic capacity and outcomes in renal transplant recipients. The control group for this study will be a group of 60 living donor transplant recipients, receiving standard immunosuppression. The cell therapy groups are patients receiving transplants who are either receiving fresh or frozen regulatory T cells, Tr1 cells, tolerogenic DCs or regulatory macrophages along with MMF, steroids and tacrolimus, with the aim of ceasing MMF by 9 months post transplant. Along with clinical outcomes, such as acute rejection episodes, and viral infections, a number of immunological outcomes including assessment of regulatory T and B cells, altered DC phenotype, pathogenic memory T and B cells will be assessed, as well as the health economics of cellular immunotherapy.

This study has the potential to significantly improve our understanding of cellular therapies, as an adjunct to immunosuppressive drugs, and will also provide interesting challenges, including how to measure how immunosuppressed patients are when manipulating the immune system this way. Inducing a regulatory phenotype in T cells directly relates to work I am undertaking in my PhD, and work presented in this session and my subsequent reflection on papers by the authors who presented this session has provided me with some new directions in my lab work.
Another session I found particularly interesting was a presentation on the management of IgAN, highlighting the KDIGO guidelines suggesting the use of corticosteroids for patients with IgAN with persistent proteinuria of >1g/day and eGFR > 50mL/min (following 3-6 months of adequate RAAS blockade, good BP control, supportive care) are based on poor evidence (grade 2c). The Stop-IGAN trial is underway, which had aims to treat 148 patients with eGFR>30ml/min and urine protein>0.75g/day with a 6 month run-in period of best supportive care, and those with >0.75g/day proteinuria and loss of eGFR of 30% at the end of this run-in period are randomized to ongoing supportive care, or immunosuppression with supportive care for another 3 years. Immunosuppression is corticosteroids for those with eGFR > 60ml/min or corticosteroids+cyclophosphamide in those with an eGFR 30-60mL/min. Another study currently underway, the TESTING study, aims to recruit 1300 patients with eGFR between 20-70ml/min and urine protein >1g/day on maximal supportive therapy with RAAS blockade, who are then randomized to optimal care vs 6 months of steroid therapy. Such studies, hopefully appropriately powered, will be helpful in establishing good evidence for steroid use in IgAN and which patient group would benefit from them.

Presentations on the management of class IV lupus nephritis (LN), highlighted that MMF and CYC are equivalent as short term induction therapies, but it remains to be seen if induction with MMF is comparative with regards to renal relapses when compared to CYC. The session also highlighted that MMF is the drug of choice for maintenance therapy (based on the ALMS-maintenance and MAINTAIN studies), with evidence in a number of ethnicities, and that the LUNAR study did not find statistical evidence of benefit with Rituximab in addition to MMF compared to MMF alone as maintenance therapy in the cohort of patients in this study. Rituximab still has a place in management of refractory LN and newer biological agents (anti-TWEAK, anti-IL-6, Belimumab) are being explored in this disease.

I would like to thank the ANZSN for supporting me in attending this meeting.

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**Jay C Jha**
Baker IDI heart and Diabetes Institute, Melbourne, Australia
Laboratory visit: Division of Nephrology, Department of Medicine, University of Texas Health Science Centre, San Antonio, Texas, USA.

**Key outcomes**
1. This was one of the best opportunities for me to attend and present my work to the annual meetings of American Society of Nephrology (ASN) 2013 kidney week, held in Atlanta, GA, USA. My abstract was accepted for the top 10 oral presentation category. ASN is one of the leading scientific meetings in the field of chronic kidney disease, including diabetic nephropathy and the area of research I am involved in is diabetic kidney disease. It helped me to enhance my scientific knowledge and the level of confidence in presenting infront of well known scientists in the area of kidney disease. It provided me opportunity to meet and interact with some of the great scholar in this relevant area of research. This meeting helped me in networking and collaboration for future work.

2. During my trip to USA, I also managed to visit the laboratory of Professor Hanna E Abboud at Division of Nephrology, Department of Medicine, University of Texas Health Science Centre, San Antonio, Texas, USA. Prof. Abboud is a leading scientist in the field of oxidative stress and diabetic nephropathy. I had a fruitful meeting with Prof. Abboud, in which we shared our thoughts and views on basic fundamental research in diabetic nephropathy. I had a fruitful meeting with Prof. Abboud, in which we shared our thoughts and views on basic fundamental research in diabetic nephropathy. He also introduced me to the other expert in the relevant area of research in his laboratory which helped me in networking and collaboration for future work. Overall, it was very successful trip and good international exposure in the field of kidney disease research.

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**Priyakshi Kalita**
Title of presentations
“Long-Term Amiloride Therapy Partially Normalises Chronic Lithium-Induced Nephrogenic Diabetes Insipidus (NDI) in a Rat Model” (poster)
“Long-Term Amiloride Therapy Attenuates Lithium-Induced Kidney Interstitial Fibrosis” (poster)
The abstracts (No. 2075 and No. 4583) will be published in Journal of American Society of Nephrology (JASN)

My research was presented in the form of two posters within the session title of Na+, K+, and Cl− Transporters in Health and Disease and Extracellular Matrix Biology, Fibrosis, and Cell Adhesion. My presentation was arranged with the world leading researchers in the area of renal fibrosis and renal transporters, including Prof Jeremy Duffield and Dr. Carolyn Ecelbarger.

Overall, my posters elicited a great response from researchers in the nephrology field and the experimental research was well appreciated. I took some A4 printed sheets of my posters and by the end of my poster sessions all of them have been taken. I have received valuable feedbacks from Dr. Peter Deen, Prof David Weiner, Dr. Carolyn Ecelbarger, Dr. B.K Kishore, Dr. T-H Kwon, Dr. Richard Bouley and Prof Dennis Brown. We exchanged ideas about possible future directions for the project and possible collaborations. My poster was well appreciated especially few people took pictures of my poster as the A4 sheets were all gone.

The meeting itself was enormous and it was impossible to attend every session and hence I decided to attend the sessions I was most interested in. That included cell signaling in kidney fibrosis, kidney development and stem cell biology, scar wars: new insights into renal fibrosis micro RNA’s in kidney disease. The educational session included different lectures covering basic and experimental science in kidney disease. In addition, the emphasis was also given on the novel concepts and recent developments in renal injury. All the lectures were interesting and informative however, Prof Jeremy Duffield’s lecture on Micro RNA’s, Dr. Richard Coward’s talk on podocytes role in kidney disease and Prof Mellissa Little’s talk on kidney nephrogenesis were the highlight for me. Those were excellent lecture on the role of micro RNA, kidney development from stem cells and podocytes in kidney injury, which inspired me more to pursue this field for my future.

It was also an excellent platform for me to shine and meet researchers who have a similar research interest as mine, particularly in the area of renal fibrosis where I could interact and share my knowledge with them. I have made significant contacts that would play an important for my future post-doctoral job search.

Overall, attending the conference helped me explore the leading edge of current nephrology and more importantly, the conference provided me a platform to deliver our research interest to the scientific community. I feel that I have accomplished something important in my life after I attended this conference. When I saw so many people appreciating what I did for my PhD, I feel that all the sweat and blood I have put into this project for three and a half years was worth it. I gratefully appreciate the grant-in-aid provided by Division of Health Sciences, Kidney in health and disease theme, ANZSN to assist me to attend this conference.

Mardiana Lee
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 meeting which afforded me the opportunity to present my poster titled “Early versus Late Arteriovenous Creation in Pre-dialysis Patients”.

ASN Kidney Week was my first experience of an International Nephrology Conference. I was very impressed with the range and the depth of different Nephrology topics covered by this conference. There were also many interesting early programs and I signed myself up for Updates on Glomerulonephritis – Diagnosis and Therapy. The two-days course provided an overview as well as the latest finding on various types of glomerulonephritis. I was very pleased that copies of the lectures were compiled and given in a book for my reference later.
One of the major highlights of the conference was the opportunity for me to present my research ‘Early versus Late Arteriovenous Creation in Pre-dialysis Patients.’ It was invaluable to be able to meet many researchers outside Australia and discuss their views regarding challenges in dialysis access creations. It also provided me with an insight into the different perspectives and clinical practices of Nephrologists from different countries.

I found it very challenging to choose between some of the sessions to attend, given the wide range of interesting concurrent sessions. I attended an educational symposia on ‘Treating Refractory Nephrotic Syndrome.’ I have come across a few patients in my clinical practice and was in the process of writing up a case series. The symposia highlighted many challenges similar to what I have seen in my training institution and explored the different approaches in managing this challenging condition. I also attended sessions on very interesting topics such as “Post-Transplant Recurrent Glomerular Disease”, “Lupus Nephritis – From Pathogenesis to Postdialysis” and “Outcomes after AKI”.

Other interesting educational symposia include “Kidney-Liver Cross Talk: an Update on the Hepatorenal Syndrome” and “Monitoring and Treating Patients with Autosomal Dominant Polycystic Kidney Disease.”

I am extremely grateful for the financial support provided by the Australian and New Zealand Society of Nephrology which allowed me to attend this meeting. The exposure to the scope of international research, as well as attending sessions conducted by some of the world-leading nephrologists have been an eye opening experience and will undoubtedly contribute to my future career development.

Tim Pianta, Prince of Wales Clinical School, UNSW

A highlight of the early program (Nov 5 – 6) was the 30th Arnold O. Beckman Conference “Novel Biomarkers of Kidney Disease: False Dawn or New Horizon?”, a shared conference between the ASN and the American Association for Clinical Chemistry. The major strength of this meeting was the broad perspective of nephrologists, intensivists, chemical pathologists, basic scientists, statisticians and health bureaucrats. Numerous eminent speakers gave excellent summaries of the landscape of biomarker development and application in Acute Kidney Injury (AKI), and in transplantation including delayed graft function and rejection. This included summaries of studies of protein biomarkers for AKI as well as more novel biomarkers, including miRNA, and genomic and metabolomic approaches. The scope and limitations of using biomarkers in clinical trials was discussed and extensively debated. Particularly valuable to this clinically trained attendant were expert presentations from US FDA representatives about regulatory qualification of biomarker assays, from several chemical pathologists about assay standardisation and calibration, and from statisticians about statistical methodologies relevant to biomarker developments particularly statistical methods to evaluate the incremental value of biomarkers, their relative strengths and weaknesses.

During the main meeting (Nov 7 - 10), the opportunity to see the scope of work from around the world was exciting. In the area of AKI some themes emerged; the need to preemptively assess AKI risk is clear: risk prediction models, renal stress tests, and the use of structural injury markers to complement functional measurements of chronic kidney disease are all likely to influence clinical practice sooner than later. As well, a framework for using structural injury biomarkers to complement surrogates of GFR (serum creatinine or Cystatin C) is emerging more clearly. Several presenters highlighted technical limitations of emerging biomarkers; like serum creatinine or troponin, we are likely to be learning the strengths and weaknesses of NGAL, KIM-1 and cystatin C for years to come.

I presented two posters and was co-author of a third (abstract references below). These concentrated on the utility of clusterin to predict delayed and slow graft
function, practical limitations of cystatin C in the diagnosis of AKI, and the use of exosomal RNA to predict graft outcomes after transplantation. Of course I was grateful for the opportunity to present our work. The feedback from these presentations has allowed me to strengthen the work further; three manuscripts relating to these abstracts are currently in the peer review process. Again, I thank the ANZSN for the generous support offered to me and my colleagues.

References


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 (Atlanta).

This was the second ASN conference I was fortunate to attend and again was impressed by the magnitude and scope of research. I attended the early program – Advances in Research Conference, From Molecules to Man to Main Street: The Impact of Innovations in Translational Science. These two days were led by Prof. Joseph Bonventre and aimed to explore how innovation in nephrology research can be translated into improved patient outcomes. This provided great insight into an area not often discussed at scientific meetings. Expert speakers were primarily from outside nephrology, and provided perspectives from a business, big pharma, venture capital, and academia point of view.

Challenges in translational nephrology were discussed including the confounding principles of basic science research, which is discovery based often leading to more questions, compared to innovation research, which acts to solve a compelling need. Dr Edward Conner outlined how innovation needs to be treated as a discipline with a different mindset to identify the end goal yet notice the detail in how to get there. This was followed by an interesting presentation by Dr Joshua Tolkoff of how this can be taught in an academic setting. An interesting example was provided, of academic institutions recently placing emphasis on the number of industry collaborators rather than publication record as selection criteria for academic positions.

Entrepreneurism and the business environment required to secure investment in promising basic science discoveries to advance therapeutic development was discussed by Harvard Business School Professor Brian Pereira. Crowed funding and venture capital investment were discussed and how these should be approached by scientific and clinical researchers. The final major point made was that high quality basic science research discoveries remain critical.

The main ASN conference was driven by the theme – “changing the focus: innovation and individualization” which was strongly reinforced by ASN president Prof Bruce Molitoris. A key highlight of the meeting was the session “New technologies and innovation” especially Prof Peter Masson’s update on the novel use of nanotechnology in dialysis. This included membranes that more closely resemble the human glomerulus by using a sacrificial oxide technique that is more specific for size and charge permeability and equipped with microelectrochemical systems to sense intravital changes. An enthusiastic presentation was given by Prof Anil Bidani in the session entitled “The missing link”, describing the rodent kidney unilateral ischaemia-reperfusion as a superior model for AKI to CKD progression rather than the 5/6 nephrectomy model.

Informative to myself were sessions in the field of oxidative stress and mitochondria given that this is the
The conference itself was spectacular, and greatly expanded my knowledge of PKD. As my project is primarily focused on the molecular biology of this disease, I found particularly valuable the oral sessions on recent clinical trials of lanreotide and tolvaptan in autosomal dominant PKD. Also of benefit were new data revealing interactions between symmetry-controlling proteins and Nek8, a gene that is mutated in the rodent model of PKD which I am currently studying. The highlight of the conference was a lecture by Prof. Stefan Somlo, who elegantly explained his life-long work on the effect of “gene dosage” on cystic disease progression and severity.

At the poster sessions I was deeply impressed by the scope of experimental data emerging in this field. I received very helpful feedback regarding my own abstract (\textit{Pyrrolidine dithiocarbamate reduces kidney enlargement and proteinuria in experimental polycystic kidney disease}), and the informal discussions with other researchers allowed me to think critically about the pathophysiology of PKD, and moreover about the formulation of research questions and experimental methodology.

This meeting was a wonderful opportunity to interact with international experts in PKD, including those from Boston, Baltimore, Santa Barbara (USA), Korea and Japan, for which I am very grateful since the PKD community in Australia and New Zealand is relatively small. I have still kept in contact with a number of these researchers, and was fortunate to recently receive their advice on in vitro work which I am developing as part of my next thesis chapter. In addition, I was able to attend the “Update on Polycystic Kidney Disease” early seminar in which the basic molecular biology and genetic underpinnings of PKD, as well as current clinical therapies, were summarised by leading researchers in the field.

As I had never before travelled to the United States, this was a momentous trip that allowed me to experience the unique Southern culture, as well as forge some wonderful friendships with PhD students and researchers in my field. I feel very grateful to ANZSN for providing me the opportunity to embark on this journey. I would also like to acknowledge and thank the ASN for its organisation of this

**Michelle Ta**

I would like to express my sincere gratitude to ANZSN for financially supporting my attendance at the 2013 American Society of Nephrology Kidney Week conference in Georgia, Atlanta, at which I presented work from my PhD in polycystic kidney disease (PKD).
meeting and its support of international PhD students, and my other sponsors (the University of Sydney Australian Postgraduate Award and the Michael Stern fellowship).

International Congress on Renal Nutrition and Metabolism. Werzburg, Germany. 6th-10th May 2014.

Emma McMahon
Sessions attended:
Tuesday 6th of May
• Dietitians session (full day)

Wednesday 7th of May
• Appetite and Taste in renal Failure
• Presented a free communication on “Salt restriction in Chronic Kidney Disease: a meta-analysis”

Thursday 8th of May
• Challenges in the treatment of protein-energy wasting
• Nutritional Vitamins in CKD
• Physician feed thyself: Nutrition for doctors and other “normal” people
• Potential hazardous dietary practice to renal patients

Friday 9th of May
• Potential hazardous dietary practice to renal patients
• Salt, a key nutritional element
• CKD in Japan: an invitation to the island of centenarians (ICRNM 2016) & closing session

Highlights:
• Presenting at the conference and receiving a positive response, including seeing my research referenced in a later session.
• Dietitians session, in particular the presentation by Denis Fouque
• All of the presentations in the session ‘Salt, a key nutritional element’ were of particular interest.
• “Potential hazardous dietary practice to renal patients” session was very interesting, particularly the talk on ‘Vegetarianism in renal disease’.

• The wine and cheese tasting in the castle was wonderful!

14th Asian Pacific Congress of Nephrology, Tokyo, Japan. 14th-17th May 2014.

Doreen Fang
I would like to thank the ANZSN for awarding me a travel grant to attend the 14th Asian Pacific Congress of Nephrology held in Tokyo, Japan from May 14th – 17th 2014. The venue of the conference, the Shinagawa Prince Hotel, is state of the art and conveniently located within walking distance to many shops, restaurants, and the Shinagawa station which is a major railway station in Tokyo. This enables easy access to and from the Haneda and Narita airports, and other areas of Tokyo.

The conference commenced with Young Investigators Award for Asian Nephrologists presentations, followed by an address on the Perspective and Challenges of Present and Future Mission in Asian Pacific Nephrology by the plenary speakers. The program was jam-packed with many interesting concurrent sessions and it was often difficult to choose which session to attend. The focal three fields covered in the main symposia of the conference this year were IgA nephropathy, diabetic nephropathy and chronic kidney disease (CKD). I enjoyed the presentations and discussions on IgA nephropathy. It was interesting to know the micro difference in clinical practice of IgA nephropathy within Asian Pacific region. I particularly enjoyed an interesting update on a multicenter randomized controlled trial in Japan on tonsillectomy combined with steroid pulse therapy vs steroid pulse alone in patients with IgA nephropathy. The most informative session for me was a dedicated afternoon presentation on IgG4-related kidney disease, which is a recently recognized emerging clinicopathological entity characterized by the presence of dense lymphoplasmacytic infiltrate rich in IgG4-positive plasma cells with fibrosis in the tubulointerstitium, and usually an elevated IgG4 level in the serum. The session gave a comprehensive summary covering the pathogenesis, clinical features, diagnostic criteria, and treatment of IgG4-related kidney disease.
I had the opportunity to present my poster titled ‘Follistatin Reduces Serum Activin and Attenuates Renal Ischemia-Reperfusion Injury in Mice’. I was pleased to meet and interact with a researcher from a Japanese group who has been working on the same molecule, and we were able to share experience and knowledge.

On a personal note, Tokyo is a fascinating place with high-tech visions of the future side by side with glimpses of old traditional Japan. I really enjoyed my stay here – polite and courteous people, rich culture, lovely Japanese meals, and lots of shrines and gardens to visit. I would like to sincerely thank the ANZSN again for their generous support.

22nd Cochrane Colloquium, Hyderabad, India 21st-26th September 2014.

Rachael Morton, PhD
Thank you very much to the ANZSN for the opportunity to attend the Cochrane Colloquium. The main purpose for attending was to present my research on improved methods for analysing the effects of social disadvantage in chronic kidney disease using causal pathways. I had a good amount of interest in my poster presentation and afterwards discussed this research with Prof Peter Tugwell and Dr Vivan Welch from the University of Ottawa and co-convenors of the Campbell and Cochrane Equity Methods Group, and Dr Vittal Katikireddi from the University of Glasgow. The result of these discussions has led to the recommendation that causal pathway diagrams should be included in equity-focused systematic reviews.

Methodological Conference highlights
- Two workshops on how to include Economics in Cochrane Review protocols. This was led by Dr Luke Vale from University of Newcastle, UK who published much of the cost-effectiveness data comparing home to satellite hemodialysis
- New guidelines for risk of bias tools when appraising non-randomised observational studies

Equity Methods Group highlights
- Discussion of how health equity can be incorporated into guideline development using Grading of Recommendations Assessment, Development and Evaluation (GRADE)
- Methods to assist reviews of complex interventions in low and middle income settings (eg. Advance Care Planning)

CKD conference highlights
- A presentation by Allison Tong on patient-important priorities in kidney research
- Meeting staff from the Cochrane Renal Group and deciding to lead a new Cochrane review on a patient-centred research priority topic in dialysis

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