TSANZ and ANZSN were based at the College from their inception and together needed to seek an administrative officer in the mid 1990’s. We advertised, as one did in those days, in the Sydney papers and waited for applications. The wait proved fruitful since we had a few people to choose from, so we interviewed the best candidates. Aviva stood out for her determination to use her skills and knowledge usefully for medicine. Living with haematology, that field would have been too close to home, but nephrology and transplantation looked challenging enough.

Replacing someone who had been in the job from the start of the societies was never a problem – Aviva proved herself careful, thoughtful and indeed very focussed on the two Societies. She grew the work and the office exploded with paper, so we had to move the office into the building next door to the College – more space, more paper, more members, more activity. They started to build outside the window and Aviva had to block the window and ignore the noise and dust, while working uncomplainingly.

Both Societies owe an enormous debt of gratitude to Aviva – she took up the challenge of doing more for us – developing the range and scope of the Society business and in doing so allowed us all to bring ANZSN and TSANZ to global prominence. Our international visitors who help us open our thinking each year, have always returned from visiting Australia with admiration for the quality and ethos of our Society.
meetings. The organisational glue came, as all know who have served in the Councils, from Aviva. Quietly and competently organising and delivering the aspirations of the Presidents, Secretaries, Treasurers and meeting convenors. It is no surprise that both Societies have been able to spawn the energy to bring the international congresses to Australia.

I know that all of us felt Aviva’s passing personally – a friend, a reliable voice on the phone, an author on an email, that we will not hear again. I feel her passing, as I am sure you do too.

Jeremy Chapman  
Past TSANZ President

I met Aviva for the first time soon after she started to work for both ANZSN and TSANZ. We were quickly thrown together, as I had agreed to organise the TSANZ Annual Scientific Meeting the following year, which was also the first meeting that Aviva took on. We spent a lot of time talking to each other and planning, and it was clear that Aviva was a highly intelligent, well organised person who would be an asset to both Societies.

Having survived that challenging experience, I joined the TSANZ Council in 2001, and spent 8 years on it – including 4 as Honorary Executive Officer and 2 years as President. In both of these roles I communicated with Aviva frequently, including telephone conversations at least weekly. Between us we would work out the inevitable problems and issues that arose, organise the council meetings, and help to guide the Society. Her advice and perspective was consistently sensible and of a high quality.

I then joined the ANZSN Council for 6 years, including 2 as Honorary Executive Officer and 2 years as President. My close relationship with Aviva continued as before. It is no exaggeration that I told her many times that she was not allowed to leave her position with ANZSN/TSANZ while I was on either Council. She obeyed this “command”, and so I think I can take some credit for her longevity in the job. She continued with both Societies until ill health intervened. Her long corporate memory was invaluable throughout.

Aviva was not only a superb work colleague for me, she became a dear friend. We would regularly discuss our respective children and families, she dined at our house whenever the ANZSN meetings were in Adelaide, we would invariably sit together at the Annual Dinners, and I would invite her on to the dance floor on the occasions that the Annual Dinners had the dancing option.

Like everybody else I was considerably shaken and greatly saddened by her untimely illness and death. It is important that all members of both societies are aware of and are grateful for her contribution and her loyalty.

Prof Randall Faull  
Past ANZSN President
Editorial

GERMAINE WONG-
ANZSN HONORARY
EXECUTIVE
OFFICER

It has been a pleasure and privilege to serve as an ANZSN Council member over the last 24 months, and more recently, as the Honorary Executive Officer. They are certainly ‘big shoes to fill’. I would like to thank Nigel Toussaint for his dedicated service as HEO of the Society for the past two years. Nigel has strived to improve patient care through research, advocacy for patients with kidney disease, education, and training for trainees; the priorities of our Society.

I see 2016 as a year of change. The Council has initiated a new strategic plan that identifies the short, intermediate and long-term priorities. Based upon these strategies, operational plans have been developed, consisting of measurable, time-limited objectives and the activities necessary to achieve them. For instance, two new subcommittees, the Research Advisory Committee (RAC) chaired by Carol Pollock and the Clinical Policy Advisory Committee (CPAC), led by Martin Gallagher have been formed. The RAC has the crucial role of promoting and supporting research through engagement with key consumer bodies such as Kidney Health Australia and the Polycystic Kidney Disease Foundation, as well as direct engagement with the Royal Australasian College of Physician (RACP) for research training. Apart from developing and promoting policy and practice tools to guide clinical care in Australian and New Zealand (ANZ) nephrology, the CPAC has taken on the role of organising and developing the program for the biennial Dialysis, Nephrology and Transplantation (DNT) Workshop. Next year, it will be held at Glenelg, South Australia, focusing on policy, advocacy and workforce issues that are highly relevant to the nephrology community.

Education and training continue to be high on our agenda. I would like to thank Amali Mallawaarachchi and Phillip Saunders for their dedication, commitment, enthusiasm and hard work in bringing together a wonderful educational program for the Kidney School over the years. In conjunction with SPEC, Council will continue to support and promote its program and website to all trainees within Australia and New Zealand. The combined ANZSN ASM and APSN meeting, held in Perth September this year, was another huge success, showcasing the excellence in nephrology research nationally and internationally. I would like to thank Angela Webster and SPEC for their tireless effort in bringing this together.

Finally, I would like to sincerely thank all those who had made the Society as it is today. First and foremost, my deepest gratitude to Aviva Rosenfeld, who is sadly missed by all members of the Society. Anna Golebiowski, our Executive Officer, is working tirelessly behind the scenes with Jourdan Pinnell, our Administrative Officer, to ensure all aspects of the Society are in order. Also, a big thank you to my Fellow Council members Paolo Ferrari, Jonathan Craig and David Mudge for their exec roles as President, President Elect and Treasurer, Murray Leikis as the New Zealand representative and Katherine Barraclough for advocating and supporting a Greener Society through her work in developing an Environmental Working Group.

I would like to welcome our two new Council members Ross Francis and Girish Talaulikar. I look forward to working with them. Girish will be taking over my role as the RACP representative in the coming years. Finally, I hope you all find the Weekly ANZSN Update useful and informative. Please continue to send feedback, suggestions and comments to the Society. The messages we receive highlight the high level of interests, engagement and participation by members in our Society.

Germaine Wong
Honorary Executive Officer
2016 has been another year of change in Australian nephrology. The ANZSN has reshaped its Vision, Mission and Value statements and redesigned its organisational structure to strengthen the relationships with its subcommittees and organisations such as KHA and the College. These new developments bring along challenges for their implementation, but I look forward to work with a very dynamic and talented Council. In this report, I will highlight a few events and issues that are of some significance to our renal community.

Members of the new Council have taken up specific portfolios to represent the interests of ANZSN members and ensuring matters within their portfolio are actioned in a timely fashion. Jonathan Craig, as the new President-elect will be responsible for the research portfolio including, but not limited to activities of the Research Advisory Committee (RAC), the KHA Priscilla-Kincaid Smith Foundation and AKTN, as well as the indigenous affairs portfolio. Germaine Wong as the new HEO will be responsible for the education portfolio encompassing the Scientific Program and Education Committee (SPEC) and Kidney School. David Mudge will continue as Treasurer and also hold responsibilities for government affairs, including the PBAC, MSAC and MBS. Nigel Toussaint has taken on the dialysis portfolio which encompasses the Dialysis Advisory Committee (DAC), KHA and ANZSIN. Katherine Barraclough will be responsible for the international affairs portfolio with the intent to strengthen the collaboration between ANZSN and affiliated societies, in particular APSN and ISN. Girish Talaulikar will look after the workforce and training portfolio that will encompass activities of the RACP, ATC and the Workforce Review Committee. Ross Francis will look after the policy and advocacy portfolio, overseeing the Clinical Policy Advisory Committee (CPAC) and KHA-CARI among other responsibilities. Murray Leikis will ensure New Zealand members’ interests are given appropriate consideration. We welcome Josh Kausman as the ex officio representative of the ANZPNA chapter, who will ensure the interests of paediatric nephrologists are given a more central role in the ANZSN. I thank all the Council members for their efforts and look forward to Council working effectively together throughout 2017.

2016 saw considerable debate about the vision for ANZSN and the role of our key subcommittees. The key areas of focus for each subcommittee have now been finalized and terms of reference and membership of the subcommittees are now accessible through the ANZSN portal.

We are all aware of the ever-increasing number of applications for research funding through NHMRC, with an overall success rate for Project Grants below 20%. In this context, the Jacquot Bequest, which currently provides approximately $600,000 per year to support research, remains a fundamentally important source of funding for renal research.

The ANZSN has now established the Renal Advisory Committee (RAC), a subcommittee of the Society chaired by Carol Pollock and tasked to develop and implement research directions and priorities and to provide advice to the ANZSN on research priorities for financial support. RAC is currently developing a strategic plan for research that should enable to raise additional funding.

Angela Webster will continue as Chair of SPEC, whose major responsibility is to design the scientific program of the ASM. The scope of the previous Home Dialysis Advisory Committee (HDAC) has been broadened to cover all aspects of dialysis and this subcommittee has now been re-badged as the Dialysis Advisory Committee (DAC) with the aim to foster and
promote high quality delivery of dialysis therapies, expansion of home dialysis and high quality scientific research and education in the field of dialysis.

DAC, under the leadership of Fiona Brown, will continue organising the biennial home therapy meeting and is already planning the upcoming event that will be held in Auckland, 7-9 March 2018.

Martin Gallagher will chair the new Clinical Policy Advisory Committee (CPAC) with the aim to develop and promote clinical policy and practice tools to guide care in Australian and New Zealand nephrology in areas not covered by existing working groups including the TSANZ Renal Transplant Advisory Committee for transplantation and the DAC for dialysis. CPAC will maintain the responsibility to coordinate the design of the biennial DNT workshop.

In the coming years the ANZSN will face some major challenges; one of these challenges concerns the nephrology workforce. At present in Australia there are about 110 trainees, compared to 81 in 2010 and 33 in 2005. There are 25 trainees in New Zealand and another 20 overseas trained physicians who have been assessed and may seek supervision. When considering the entire nephrology workforce, these numbers are large.

This brings along concerns about dilution of training; many members have concerns that as a result we have trainees who finish and have limited experience. There are problems with new trainees being able to access to speciality training positions, or for existing trainees accessing advanced training posts. Furthermore, the opportunities for clinical employment as a nephrologist after Anne Wilson has retired from her long-held position as CEO of Kidney Health Australia and I welcome the new CEO Mikaela Stafrace. ANZSN looks forward to rebuild our relationship with Kidney Health Australia to better support renal patients, clinicians and researchers.

I wish to again note the passing of Aviva Rosenfeld, who for decades has been the pillar of the ANZSN and TSANZ and of Josette Eris, a giant of Australian and world kidney transplantation and a pioneer of women in nephrology. They both remain a source of inspiration for all of us; their unique passion, energy and determination for their work and for the Society will be sorely missed.

Paolo Ferrari
ANZSN President

DAVID MUDGE-
ANZSN TREASURER

A copy of the audited financial statements for the period ending June 30, 2016 was circulated prior to the Annual General Meeting in September 2016 in Perth and summarised in my report at that meeting.

The Society's overall financial position has been maintained, due to good performance of our assets and helped by the financial success of this year’s 2 international meetings, namely ISPD in Melbourne and APCN in Perth. Overall, the ANZSN has been able to continue to grow its assets and maintain a very generous amount of financial support to members through awards and grants. Our investment strategy has continued in a conservative approach but with the ability to modify our strategy and holdings on a quarterly basis in response to global financial volatility which is forecast for 2017 and beyond. This means we are looking at maintaining our assets rather than the growth we have enjoyed for the last several years.

ANZSN net assets for financial year 2016 are down a little from last year at $2.62M although this does not include the profits from the 2 international meetings which we expect to receive this quarter. Once these are reconciled the overall assets should be similar to last year. Pharma and industry sponsorship, although
reduced compared to previous years, remains similar to last year as well.

Paolo Ferrari and his local organising committee, working in conjunction with the APCN Organising Committee and also SPEC, chaired by Angela Webster, managed an extremely successful combined APCN/ANZSN ASM in Perth in September and managed to achieve a significant projected profit for the society. This success combined with the financial success of the ISPD Meeting in February has compensated for the reduction in industry sponsorship compared to previous years and will allow us to continue to maintain a similar operating budget into 2017 and beyond, as well as enabling Council to allocate funding to the new and existing subcommittees such as the Scientific Program and Education Committee (SPEC), Research Advisory Committee (RAC), Clinical Policy and Advocacy Committee (CPAC, formerly the DNT subcommittee of KHA and ANZSN), and the Dialysis Advisory Committee (DAC).

In order to enable Council better fiscal planning, we are finalising the Cash Flow Forecast which will be helpful in 2017 and beyond. This will enable us to model the effects of the performance of our assets and the changing industry funding over the next few years, as well as the potential impact of hosting the WCN in Melbourne in 2019, to better enable effective allocation of the Society’s resources.

Council looks forward to a financially successful 2017 and as 2016 draws to a close I wish all members and their families a peaceful and enjoyable festive season.

David Mudge
ANZSN Treasurer

This year’s ANZSN Annual Scientific Meeting was a joint meeting with the Asian Pacific Congress of Nephrology in Perth, Western Australia. As a result, the education program was jointly coordinated to cater for both the local and international audience. The joint meeting was co-chaired by Masaomi Nangaku and Sydney Tang from the APSN, and by Angela Webster and Sharon Ricardo representing the ANZSN-SPEC. A detailed account of the format of the meeting and attendance at the meeting is provided in the report of the APCN Convenor. A special mention and thanks goes to Prof David Harris, President of the APSN, who helped to make this year’s event such a success. The ANZSN SPEC invited three international speakers, Dr Katherine Bristowe (United Kingdom), Prof Giovanni Strippoli (Italy) and Prof Ravi Thadhani (United States), and all made substantial contributions to the meeting. The committee would like to thank the invited local speakers who contributed to the clinical and basic science seminars and symposia.

SPEC would like to congratulate this year award winners including the ANZSN Young Investigator Awards to Emma O’Lone (Clinical Science) and Kim O’Sullivan (Basic Science), Andrea Viecelli (KHA Clinical Science Award), Natasha Rogers (Basic Science award) and Paul Lawton (Rural award). This years Shaun Summers award was awarded to Megan Brown.

Thank you to all who contributed this year, especially the Local Organising Committee, and Dr Vincent Lee, responsible for the weekend Nephrology Update course. As always any feedback on the meeting, or suggestions for future meetings are welcome, directly to SPEC via email to myself or ANZSN admin staff.

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.

ANGELA WEBSTER- SPEC REPORT

2016 Annual Scientific Meeting and Nephrology Update Meeting, held as the Asia Pacific Congress of Nephrology, Perth
SPEC Membership Turnover
This year marks my second year as chair, and we welcomed two new members Dr Rob McGinley and Dr Muh Geot Wong. As 2016 draws to a close, three members will have completed their 6-year term in SPEC; Sean Kennedy (ANZPNA representative), Glenda Gobe and Vincent Lee.

The three members have made outstanding contributions to SPEC over the years and their enthusiasm and wealth of knowledge will be greatly missed. They will be replaced by Peter Trnka (ANZPNA representative), Greg Tesch and Andrew Mallet, and we look forward to working with them in the SPEC team.

2017 Annual Scientific Meeting and Nephrology Update – Darwin, NT
Planning for the 2017 Annual Scientific Meeting from 4th to 6th September in Darwin is well underway. The joint chairs of the local organising committee are shared between William Majoni and Paul Lawton, along with Jaqui Hughes, Asanga Abeyaratne, Kelum Priyadarshana, Madhi Sundaram and Kiran Fernandes. The two-day update course will be coordinated by Muh Geot Wong along with the local organising committee and SPEC.

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
SPEC has proposed a new format of trainee activities to Council, comprising a web based education portal which will collate education resources for trainee members, in addition to an annual face to face trainee weekend. Council are currently considering a budget, and appointing a conference organising company. For the face to face weekend, Council have indicated that it is likely that trainees will be asked to contribute to the overall costs of the meeting.

TJ Neale Award
This prestigious award recognises mid-career researchers who have demonstrated exceptional contributions to the field of nephrology and the Society. ANZSN will accept applications for this award from January to April 2017. Recommendations for this award will be made to ANZSN council by a committee consisting of non-conflicted SPEC members, past winners of the TJ Neale award, and other co-opted senior members of the Society if required. We strongly welcome nominations from members of the Society of researchers and colleagues within their departments.

Final Word
I would like to thank those past and present members of SPEC who made my time as chair such a pleasure, and I look forward to working with current and future members in the coming years. We greatly appreciate Anna and Jourdan in the ANZSN office for helping to coordinate SPEC activities and providing the invaluable support to the committee and myself as chair. It is most appreciated.

Angela Webster
Chair, ANZSN Scientific Program and Education Committee

PAUL LAWTON AND WILLIAM MAJONI
2017 LOC REPORT DARWIN
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 Darwin Convention Centre from the 2nd – 6th September 2017.

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. For the first time, the meeting will have the theme “Equity and Diversity.” Confirmed international speakers include Prof. Laura Dember (Professor of Medicine, University of Pennsylvania), Assoc. Prof. Camille Kotton (Clinical Director, Transplant and Immunocompromised Host Infectious Diseases, Massachusetts General Hospital and Associate Professor of Medicine, Harvard University) and Prof. Charmaine Lok (Professor of Medicine, University of Toronto, Senior Scientist at the Toronto General Research Institute and Medical Director of the Chronic Kidney Diseases and Haemodialysis Vascular Access Programs at the Toronto General Hospital). As is now customary, this will be complemented by the pre-meeting ANZSN Update Course and Dieticians' Meeting, and the ANZSIN meeting afterwards. We are also looking forward to a renal-themed film night at the Deckchair Cinema under the stars on Monday 4th September.

The conference website is now live at http://www.anzsnasm.com/

Abstract submissions will close on 19th April 2017.

Darwin is an exciting destination with much more to offer than just the headlines. We’re confident you’ll find your visit to Darwin memorable and enjoyable, both scientifically and socially: a warm (though not hot in early September) welcome is guaranteed! Even though the Meeting is some time away, please mark it in your calendar now and sign up on the website for our regular email updates. See you in the NT!

Paul Lawton & William Majoni
Co-Chairs, Local Organising Committee
PAOLO FERRARI
2016 APCN REPORT

LOC report for APCN & ANZSN-ASM 2016
The recently concluded Asian Pacific Congress of Nephrology 2016 (APCN2016), co-hosted by the Asian Pacific Society of Nephrology (APSN) and Australian and New Zealand Society of Nephrology (ANZSN) was held in conjunction with the Annual Scientific Meeting of the ANZSN held at Perth, 17-21 September.

Both the APSN-SPC, co-chaired by Masaomi Nangaku and Sydney Tang and the ANZSN-SPEC, co-chaired by Angela Webster and Sharon Ricardo worked collaboratively to design a first-rate scientific program, comprising 6 plenary sessions, 16 state-of-the-art seminars, 6 lunch symposia, 4 ANZSN award sessions, 2 APSN award sessions, 16 free communication sessions and a series of moderated poster sessions. The free communication sessions and poster sessions accommodated the 572 abstracts selected among 645 submitted papers, 192 papers were presented as free communications. The scientific programme was well received and rated to be of high standards by the attendees.

The APCN meeting was attended by nearly 1100 delegates, with over 650 delegates from 26 different countries outside Australia and New Zealand. There were 3 pre-congress workshops, including the Nephrology Update course, which was attended by over 160 delegates (ANZSN, APSN), the Asian Federation of Chronic Kidney Disease Initiative (AFCKDI) Forum and the Renal Dieticians Workshop. The event managers managed the conference (including the pre-setup arrangements) well with no unforeseen problems throughout the meeting. I would like to express my sincere gratitude to all staff members of the conference organiser EECW lead by Ms Lexie Duncan. I would also like to place on record my sincere appreciation of the inspiration and vision by Prof David Harris, President of the APSN to make this year’s event a truly premier nephrology meeting in the region.

An interesting innovation of the meeting was the recording of plenaries, seminars and lunch symposia, sponsored by ASPN as well as the Saturday’s Nephrology Update Course. These recordings are available as webinars on the APSN website (https://apsneph.org/anzsnapcn-2016-perth-australia/).

Based on the feedback from previous editions, this year the Nephrology Supplement with the abstracts was not distributed at the conference, although an open-access supplement of Nephrology (http://onlinelibrary.wiley.com/doi/10.1111/nep.2016.21.issue-S2/issuetoc) was published on the Wiley website ahead of the meeting. Abstracts were easily accessible through the congress app. This arrangement was well received and contributed to containing publishing costs and reduce the environmental footprint.

The sponsorship monies raised during the conference through direct conference sponsorship was substantial due to the international audience this year event targeted. This coupled with the higher
delegate numbers allowed for reducing the registration fees to levels comparable with other international events and lower than the standard ANZSN-ASM registration fees. The conference is set to make a good profit that will leave the society with a higher level of disposable funds to use for research/education purposes in the future.

The final dinner was well attended with demands to accommodate also APSN attendees. This year the Society prematurely lost two key figures Dr Josette Eris and Aviva Rosenfeld. Their unique passion, energy and determination for their work and for the Society was duly acknowledged at the dinner by Prof Steve Chadban, for his association with Josette and Prof David Harris, for his long association with Aviva.

Paolo Ferrari
LOC – ANZSN ASM Perth

MARTIN GALLAGHER-DNT REPORT

The DNT subcommittee is soon to be changing to the Clinical Practice Advisory Committee, or CPAC. This change, part of the restructuring of the committees within ANZSN, will require the new committee to focus much more upon the policy and practice elements of nephrology. Whilst the DNT workshop will remain under the remit of the new committee, the current vision is that the new committee will focus upon the challenges the Society faces in policies and clinical practice. A lot of our work this year has been liaising with Council around the revised terms of reference for the new committee and how they fit into the Society structure going forward. This process is largely complete and we would envisage CPAC being operational by early in 2017.

The other major task of the committee has been the development of the DNT workshop. There have been some changes in the workshop for 2017, with an expansion in the available positions by almost 50% upon previous workshops and an intent to make it a much more interactive meeting that takes advantage of the breadth of attendees and their knowledge. The workshop will be at Glenelg in Adelaide, starting on February 26 and finishing at lunchtime on February 28, with Jeff Barbara and Shilpa Jesudason leading the local organising group. The program will encompass many of the usual subject areas such as workforce, transplantation, dialysis, CKD and updates from the various instruments of the society such as ANZDATA, KHA CARI and AKTN. With the move toward CPAC in 2017 we hope to use the workshop as a means of setting the agenda and giving the new committee some guidance upon the major issues to address.

I’d like to take this opportunity to thank all the members of DNT over the last few years for their time and input, especially over the last 12 months as we’ve wrestled with these changes. Their corporate knowledge and understanding of nephrology across ANZ has been invaluable, and we will continue to draw upon this expertise going forward.

Martin Gallagher
DNT Chair
The Research Advisory Committee of the ANZSN was formalised by Council in May 2016. It is an honour and a privilege to assume the position of inaugural Chair of the Committee. An overwhelming number of expressions of interest to serve on the committee were received and ultimately Carmel Hawley, Stephen McDonald, Meg Jardine, Richard Kitching, Tim Hewitson, Aron Chakera and Rob Walker were ratified as RAC committee members in early June 2016. The CEO of Kidney Health Australia was also ratified as an ex-officio member and we welcome working more closely with Mikaela Stafrace as the new and enthusiastic CEO of Kidney Health Australia to develop aligned research objectives.

The inaugural meeting of the committee was held by teleconference on the 25th August and a face to face meeting on September 17th. The Terms of Reference for the Committee were ratified. Multiple initiatives and strategies have been canvassed by the committee including:

1. Who are the stakeholders and how to engage: Patients, nephrologists, scientists, nursing and allied health professionals, philanthropic bodies, government etc. It is acknowledged this requires a partnership approach to increase success for all.
2. Advocacy regarding recognition of research and research training within nephrology to the ANZSN, the College and State and National Government, the latter in partnership with Kidney Health Australia.
3. Enhancing research training opportunities in Nephrology specialty training
4. Increased visibility and cataloguing of research activity across Australia and New Zealand.
5. Leveraged investment in non-nephrological activities that currently support acquisition of knowledge in research techniques and methodology that are generic and relevant to nephrology.
6. Addressing needs of emerging and established researchers.
7. Cataloguing and then coordination of current ad hoc approaches to research directions and investment in nephrology.
8. Increasing partnerships with Kidney Health Australia, Kidney Health New Zealand and aligned Foundations, professional bodies (nursing, allied health, administrators) and philanthropic donors to support a portfolio based approach to research in kidney disease in Australia and New Zealand.
9. Increased access to ANZDATA for research purposes with advanced trainees having opportunities to use ANZDATA and to become literate in interrogating databases.
10. Increased Data Linkage across the Health sector to both highlight care gaps that could be addressed by research and demonstrate the value of research investment to stakeholders.

Council has approved a request for resources to develop a stakeholder invested 5 year strategic plan for nephrological research in Australia and New Zealand, which will be then operationalised by the committee. Please participate and give generously of your time to the consultant engaged to develop the strategic plan. This will allow us to map activity, with tracking of success (hopefully!) and recommend areas that the Council and our partners may consider worthy of support. We expect an iterative process. Please email myself or Anna if you have views that you wish to be considered. We would plan to socialise the draft at the Dialysis and Transplant meeting in Glenelg early next year.

Representatives of the RAC committee participated in the determination of the 2017 Jacquot awards. We were extremely impressed with both the quality of the researchers and the research within the society.

Basic research into kidney disease remains underfunded by NHMRC and philanthropy requires a coherent and persuasive story regarding the value of research to increase
investment in research into kidney disease. Providing us with good news stories to broadly share is invaluable and we encourage all to do so on a regular basis. You will all be hearing more about research through the ANZSN weekly bulletins.

Carol Pollock  
Chair, Research Advisory Committee

NICHOLAS GRAY- ATC REPORT

This ATC is a busy committee comprising 9 members, including a paediatric, TSANZ, and ANZSN representative. In 2016 Dr Emily See was welcomed as the trainee representative. Nephrology trainee numbers continue to grow and currently the ATC oversees 120 trainees in Australia (107 adult, 13 paediatric) and 23 in NZ. There were 46 new Fellows in nephrology in 2015 and 13 so far in 2016. The nephrology trainee growth corresponds with a rapid growth in physician trainees overall. Between 2001 and 2016, there has been an increase of 334% in adult basic physician trainees (585 to 2540) and 348% in adult advanced trainees (440 to 1973). In paediatrics, corresponding growth has been 229% (199 to 654) and 444% (147 to 799). The RACP is continuing to examine the ability of hospitals to train the large number of junior doctors in the system and wants to ensure an acceptable standard is achieved for entry into the RACP training program.

The committee accredits training sites and this year members have undertaken 13 Australian site visits with another 6 to complete. There has been increased interest in training overseas and a growing number of trainees are completing at least 12 months in Canada or the United Kingdom. A total of 65 sites are accredited for training and further overseas opportunities are examined as they arise. The committee has appreciated the support of supervisors in reviewing the growing number of research projects, a task that is now not possible for the committee to undertake alone.

Changes in 2017 include introduction of a trainee feedback survey at the end of rotations that will be returned to the ATC anonymously. This has been occurring in NZ for a number of years. Classification of the 3 research projects and the associated requirements has also been clarified. The ATC has acknowledged that the criteria for accreditation of sites need review and this process will be undertaken through the year.

I would like to thank the hard working ATC team for their support and guidance, in particular the coordinators of advanced training (Wai Lim and Murty Mantha) and lead of site accreditation (Vincent Lee). Both Wai Lim and I complete 6 years on the Committee and step down at years end. The future will pose many new challenges and changes, and I wish the incoming Chair, current and new members the best.

Nicholas Gray
Chair, ATC in Nephrology
It is with some minor disappointment that I have to report a drop in impact factor – to 1.796 for 2015 (a drop of about 0.2). This has also dropped our ranking amongst Nephrology/Urology journals. On the other hand, most of the other journal indices have improved (eg. cited half-life, article influence score and 5-year impact). In addition, many of the major Nephrology journals experienced larger drops (KI and JASN both dropped by 0.9).

It’s likely that this is due to our expansion to 12 editions per year and an increase in the denominator (number of published articles) in the calculation of impact factor. It could be argued that we actually weathered this well, with only a small drop in IF in the face of a 50% increase in articles published.

We continue to have a very high submission rate – at time of preparing this (mid-Oct) we have had 704 submissions for the calendar year; so each year we seem to have greater numbers (total submissions: 581 in 2014; 850 in 2015; projected > 900 for 2016).

In the same vein, we have decided to “buy” extra pages for the second half of this year. We have done this in an attempt to catch up a little. Although articles are published on-line within a few days of acceptance, there remains a considerable lag until print publication.

The journal recognises and appreciates the ongoing support of the SEs and reviewers. There is a constant flux in the SE panel – I am trying to keep active SEs engaged and decrease the role of those that are constantly tardy; as well as recruit new SEs. We held an editor’s meeting during the APCN in Perth, with about 20 SE’s in attendance. The SEs, on the whole, continue to do a sterling job with a “time to first decision” of only 16 days.

For now, we have deferred a decision re on-line only publishing as the revenue model and pathway is not clear. In the meantime, the financial viability of the journal appears secure. ANZSN remains a supporter of the journal by way of providing a block grant – this ensures all ANZSN members are “subscribers” to the journal and provides a hard copy to all members (who elect to receive it). No other regional Society supports to this level but no other Society receives universal hard copies.

We are still trying to improve the on-line access for all member Societies – for ANZSN members, direct on-line access is available via the Society website as long as you are logged in).

Peter Kerr
Editor in Chief, Nephrology Journal
ANZSIN role

Our main activities over each year are planning, publicising and holding our annual symposium in conjunction with the ANZSN ASM. 2015-16 has been no exception. We continue to encourage and educate the Australia and New Zealand nephrology group on interventional related topics and in the next two years our intent is to expand in to the APCN countries.

ANZSIN events

Renal Week 2016

The ANZSIN annual meeting, including workshop remains our main output. This year our meeting was again a satellite format to the main ANZSN ASM of 2016 in Perth. We held the meeting on Thursday 22 and Friday 23 September 2016. This year’s meeting followed on from a successful 2015 meeting. Interactive didactic sessions on the Thursday, with a hands-on workshop demonstrating interventional nephrology techniques on Friday was again utilised. For three years we have opened our ANZSIN meeting to non-doctor renal staff. This year was our third year of opening the meeting to dialysis access nurses and technical staff registrants. Registration numbers were down this year (70 compared with 82 in 2015) mostly secondary to a lower number of nurses registering. This is because their funding is limited and a general renal nurse meeting was held only a few months earlier in Sydney. We will continue to facilitate renal nurse and technician attendance with lower registration fees.

Approximately 40% of attendees had been to a previous ANZSIN meeting; and only 50% of attendees also attended the ANZSN – 50% of our registrants made the trip to Perth to specifically attend our ANZSIN. Further information gleaned from Survey Monkey following the meeting showed the meeting is an excellent format balancing information delivery, our overseas speaker was Dr Akira Miyata from Japan – and he presented some interesting information on AVF fistulae creation and their early use. Dr Jean Nehme, co-creator of TouchSurgery® (essentially a 2D with 4D potential online technical skills teaching aid) delivered his talk via a video recording as was unable to attend in person.

During the Friday workshop, we demonstrated our recently purchased EVE (an arm model for endovascular intervention technique practice) at the angioplasty station. Other nephrological interventional stations were also operational as in previous years. Our senior renal nurse teachers and Dr Tim Spicer supervised well-attended and immensely successful sessions of vascular access assessment. We had four local renal patients kindly provide their time as subjects for these sessions. Each registrant had the opportunity to practice and undergo a hands on approach at each station.

Other Activities - We also continue our close relationship through with ASDIN (our American equivalent) and most years several of our members attend the ASDIN, or we benefit from their contribution as a guest / visiting speaker at our meeting.

We further developed closer relationships and associations with the APSN member countries at the 2016 ANZSN meeting in Perth. This liaison was particularly facilitated with the assistance of ANZSN and APCN leaders. Through these early links we hope to stimulate more widespread interest in interventional nephrology within the APSN member nations. In 2017 in Darwin we hope the close proximity of the ANZSN meeting to APSN nations will encourage more attendance from the wider Asia-Pacific region. In 2018 we anticipate we will hold our ANZSIN meeting in an APSN member nation.

Interventional nephrology remains a developing field and there is much to be learnt from international communication and participation in such fora.
We are keen to receive formal recognition of our interventional skills and training programme under the auspices of RACP/ANZSN. ANZSIN recognise the interventional skills are learnt in an apprenticeship environment. ANZSIN leadership has recognised the need for such skills to reach a minimum and uniform safe standard. This requires interventional skill standards to be set, informed interventional supervisors and ‘log-book’ records maintained.

We have an interventional activity database in its infancy. This database will work as a logbook of events for the recording of and benefit to credentialing of interventional nephrologists and trainees. In liaison with the NZ Peritoneal Dialysis Registry we have continued to develop a relationship that will assist in the PD catheter interventional log-book file and in particular outcomes for audit.

We unfortunately as yet have not completed the renal biopsy CARI guideline.

ANZSIN webpage on the ANSZN website is awaiting complete development so we can host on to the ANZSN website and raise our profile with local ANZSN and wider interventional and general nephrology communities. This is also the medium where for our annual meeting presentations are publicised after the meeting. The office of ANZSN we continue to have considerable administrative assistance to whom we remain grateful.

Finances
We continue to get sponsorship from interventional nephrology related Pharma to support our meeting. Their support continues to include independent technical and professional advice, demonstration equipment and several Pharma are involved in our organising committee. Such support permits us to maintain a low full-meeting registration fee – again this 2016 year $300 (medical practitioners) and reduced rate(s) for nursing and registrar/trainees. I am pleased to say that with higher than expected registration numbers in the past two years, we have run at a surplus. This surplus will permit us to hold our registration fees for the 2017 meeting at an affordable rate again.

David Voss
Chair, ANZSIN Interventional Nephrology Society Group

New President & Executive. Philip Li took over as President of APSN at the APCN 2016. Remaining on the APSN Executive are Peter Kerr (Nephrology), Gerald Walters (website), Rob Walker (Secretary), Paolo Ferrari (President ANZSN) and David Harris (Past President). Through APSN, ANZSN can remain a major player in nephrology in our region.

APCN 2016. Thanks to all the hard work of Paolo Ferrari, Angela Webster and their teams and the participation of attendees from ANZ and the region, the Perth APCN was a first rate meeting. APSN has set the goal of the APCN evolving into a meeting of the calibre of those of ERA-EDTA and ASN, and the Perth APCN proved to be an important step in that direction.

APCN 2018. The next APCN will be held in Beijing in June. Rob Walker has been chosen by Philip Li and Xue-qing Yue (the President of the congress, and current President of the Chinese Society of Nephrology), as co-Chair of the Scientific Program Committee.

APCN 2019. This will be held in conjunction with WCN 2019, in Melbourne. Contracts have been signed by ANZSN, APSN and ISN.

Nephrology. The journal continues to grow in stature, thanks to the leadership of Peter Kerr and the many ANZSN members involved as subject editors, reviewers and authors. It
important that ANZSN members continue to strongly support the journal, including after eventual succession of the journal’s leadership.

**Website.** The content of the website is increasing and improving slowly. Soon there will be a password-protected site, to allow posting of more CME resources, and official APSN documents.

**CME.** APSN CME meetings occur in several venues within our region each year, in particular in Japan. This year’s APCN had a strong CME component, thanks to the partnership with ANZSN. ANZSN should continue to support regional CME, during ANZSN meetings and by sending speakers to other regional meetings, especially in developing countries.

**Regional projects.** APSN supports ISN programs (Fellowship, Sister Renal Centre, Educational Ambassador, CME, Clinical Research) and other activities (0by25, Saving Young Lives) within our region. ANZSN should consider formal partnership with APSN and ISN, to support these and other regional outreach activities.

**WCN 2019.** Peter Kerr is chair of the Local Organising Committee, and ANZSN members will of course play key roles in the committee. Plans are being developed already and should be in full swing after the 2017 WCN. Masaomi Nangaku has been appointed chair of the Scientific Program Committee; naturally there will be many international, regional and ANZ members on the committee. A number of exciting innovations are planned for all aspects of the Congress, to make it a meeting that will be remembered for years to come.

**Meeting strategy.** After the WCN 2019 ISN plans to have a completely new strategy for WCNs. The details are still being fleshed out, under the leadership of Carol Pollock as Chair of the ISN Meetings Committee, and should be announced next year. Forefronts and Nexus meetings are being replaced by a new meeting called ISN Frontiers, the first to be held in Tokyo in 2018.

**WCN 2017.** This will be held in Mexico on April 21st-25th, and promises to be an exciting meeting. The scientific focus of the Congress is on diabetes, but as usual the broad program will be of interest to all ANZSN members. The program is searchable online at [www.wcn2017.org/program](http://www.wcn2017.org/program). The deadline for abstract submission is November 28, 2016: [www.wcn2017.org/abstracts/abstract-submissions](http://www.wcn2017.org/abstracts/abstract-submissions). Registration rates are low, especially prior to the Early Bird registration deadline of January 23, 2017. The regular registration deadline is March 20, 2017. There are many interesting and safe destinations in Central America to visit before or after the congress.

**0 x 25.** The initiative has reached its second stage with rollout of pilot projects in about a dozen venues in our region, Latin America and especially in Africa. APSN is supporting one of the pilots, in Nepal, and ANZSN should consider whether it wants to support other regional 0by25 projects as they occur.

**CKD initiative, “Closing the Gaps”.** This consists of a number of activities including the Global Kidney Health Atlas (led by David Johnson and Aminu Bello), the Lancet Kidney Campaign, a highly successful Summit on CKD held in Vancouver in July, and a Policy Forum on CKD to be held in Mexico at the WCN. ANZSN members have been intimately involved in a number of these activities.

**Dialysis.** During 2017-19 there will be an ISN focus on dialysis, in particular on ethics, global access and innovations. A Summit is planned for 2018.
Kidney International. Detlef Schlondorf completes his term as editor of KI at the end of 2017. EOIs for his replacement will be called for later this year.

KI Reports. Under the editorship of Jai Radhakrishnan this new online only, openaccess journal was launched in the middle of 2016 and has got off to a great start with many more submissions than expected at this early stage.

Global Education. ISN will integrate all of its educational activities, to provide year-long access to a coordinated suite of educational resources, across its website (to be renamed ISN Academy), journals and meetings, and within its outreach programs.

ANZSN involvement. ANZSN members continue to occupy key leadership positions within ISN. ISN, in addition to its 10 regional boards (the OSEA board is chaired by Peter Kerr and has a number of ANZSN members) has approximately 24 committees with 27 of their 332 members and 4 of the chairs and deputy-chairs from ANZ. This places ANZSN in an influential position in world nephrology; leading up to WCN2019, ISN will need to avoid becoming over-dominated by antipodeans.

David Harris
President, ISN

At KHA, we are in the privileged position of being able to draw on that talent to share the stories of those people with others in the political, business, and clinical worlds – and the broader community – so that the experience of living with kidney disease can be a better one.

I am struck by how much work has already been done to promote good practice, disseminate information and provide practical support. With the guidance of our Board, and with feedback from our kidney community, I am confident that we can position KHA to be more relevant and add more value than ever before.

Going forward our offer will be made up of three new core intersecting areas of practice where all staff work collaboratively in multi-disciplinary project teams:

Community: We need to build a kidney community that truly represents the voice of those living with kidney disease. That community needs to be a grass roots community that links people together on line and off line – a community that connects consumer needs with existing community resources. KHA needs to facilitate a range of activities that make the experience of someone living with kidney disease and their families more meaningful. Peer support is a critical plank of the community as is a website and social media capacity that can link people within our community to the broader community.

Engagement: Amplifying the right message to the right people at the right time is an essential part of engaging our community. This is more than mere ‘awareness’ – it is the psychological and emotional connection that converts the listener from awareness of our brand into action…what they do next after knowing of our work and the people we support. Engagement involves harnessing our marketing and communications messaging via channels such as our website and social media, our events, and our database to facilitate those key messages into our community and into the broader Australian community.

Since joining the team at Kidney Health Australia (KHA) I have been amazed and delighted by the level of talent, enthusiasm, and commitment our team has for our mission. It is marvellous to see. This approach is one that I have seen across the community in meetings with people living with kidney disease, their families, nephrologists, allied health workers and nurses.

MS MIKAELA STAFRACE-KHA CEO
Clinical Directorate: This is the ‘brains trust’ of KHA – those people who create the clinical and other content that credibly supplies key information to our community and informs those in the broader community. They respond to the needs of the community for information and policy direction. Using the Engagement team, they amplify that content back into the community and ensure that our representation to government and other stakeholders is clinically credible and appropriate. They ensure that the content we create is evidence based and complies with world best practice.

In addition to the above, the also newly-formed Indigenous areas of practice will ensure that everything thing we do at KHA will also be looked at through an Indigenous lens.

The Priscilla Kincaid-Smith Research Foundation will continue to sit as a separate area and more news of the future direction of KHA’s research priorities will be shared soon.

I would like to thank the nephrology community for making me feel so welcome. I have met some of you in recent months at renal unit around Australia, and I look forward to meeting many more of you in the coming months. Please free to contact me at any time to discuss your thoughts about our work.

Ms Mikaela Stafrace
CEO, KHA

MARTIN GALLAGHER – CARI CHAIR

The KHA CARI Guidelines has made good progress during 2016 , however the funding environment for guideline work remains challenging. After a lot of work this year we have secured a tripartite agreement between ANZSN, KHA and the BEAT CKD Program Grant which we hope will extend over the next 3 years. The Steering Committee throughout this time will also need to focus on additional long-term funding streams.

Another major focus has been the development of the guideline for the Management of CKD in Australian Indigenous and New Zealand Maori People. This guideline is a collaboration between CARI and Kidney Health Australia and, because of the need for extensive community consultation, has required the derivation of an additional funding stream. Those funds are now secure so the four Convenors (two from Australia and two from New Zealand) will take this forward in 2017. Guidelines specifically relevant to indigenous populations have been lacking from our work and this is an important step in redressing this imbalance. In addition for the first time we have written a consumer version of the APKD guidelines that is currently being reviewed by patients. CARI plan to make this a regular part of our guideline dissemination program for example the infectious diseases guideline which is currently being finalised. The other guideline that is in development phase is on renal biopsy, which will be done in close collaboration with the interventional nephrology group within ANZSN.

As always, we are entirely reliant upon the time and energy that guideline Convenors, panel members, guideline reviewers and others devote to the guideline development process. I like to thank all those who have made a contribution throughout 2016, especially the staff within the KHA CARI office.

MARTIN GALLAGHER, CARI CHAIR

The Australasian Kidney Trials Network (AKTN) had one facilitated clinical trial reach its
recruitment target in the latter part of 2016, and two fully-coordinated clinical trials will end recruitment in December 2016.

PEXIVAS: This study is an international collaboration, with the Australian arm led by Chen Au Peh in Adelaide. The aim is to compare plasma exchange vs no plasma exchange and standard vs low dose glucocorticoids in adults and young adults with ANCA associated vasculitis. The Australian arm successfully reached its target of 100 participants early this year, and internationally the target of 700 was reached a few months later.

Follow-up of all participants will continue until a common close-out at the end of 2017.

IMPROVE-CKD: The IMPROVE-CKD hypothesizes that taking lanthanum carbonate will result in improved arterial compliance (measured by Pulse Wave Velocity) over those taking a placebo in people with CKD stage 3b/4. The study has a recruitment target of 488 and recently expanded to Malaysia to boost recruitment numbers. Recruitment currently stands at 246 and finishes in December 2016. Participants will be followed up until the end of 2018.

CKD-FIX: The aim of this study is to test if taking allopurinol vs placebo will attenuate a decline in eGFR in people with CKD stage 3/4. The trial will cease recruitment in December 2016 and with a target of 620 the current recruitment stands at 331. Follow up will continue until the end of 2018.

PDOPPS: The AKTN is also fully coordinating the PDOPPS study – an observational study looking at the impact of modifiable practices in the management of PD patients on the risk of all-cause PD technique failure. This study will randomly select 100 PD units (20 in Australia) to enter data for randomly selected prevalent and incident patients at their site. Recruitment and follow-up will cease at the end of 2017 unless further funding is obtained to continue until the end of 2020.

NHMRC Program Grant – BEAT-CKD (Better Evidence and Translation in Chronic Kidney Disease)

In 2016 the BEAT-CKD Program Grant provided leverage funding to three new research projects, with the aim of kick-starting the studies ahead of larger multi-centre randomised controlled trials in 2017. An NHMRC Partnership Grant application is planned for the TEACH-PD study which will trial a train the trainer package for PD nurses and report its impact on PD patient outcomes. An NHMRC Project Grant was submitted for the RESOLVE and BEST Fluids study for funding commencing 2017. The RESOLVE study is a registry randomised controlled trial investigating the effect of sodium dialysate concentrations on major CV events and all-cause death in HD patients. The BEST-Fluids study is also a registry embedded study comparing normal saline with Plasma-Lyte 148 on outcomes for deceased donor kidney transplant recipients. More information on these studies can be found on the AKTN website (www.aktn.org.au).

NHMRC Fellowships: The AKTN successfully submitted two NHMRC Fellowship applications commencing in 2017. Prof David Johnson (Deputy Chair of the AKTN’s Operations Secretariat) received a Practitioner Fellowship and Dr Yeoungjee Cho (AKTN Clinical Trialist) was awarded an Early Career Researcher Fellowship. Dr Cho’s research will target risk factors for early technique failure in PD; the role of urgent-start PD programs and critically examine current interventions aimed at improving early technique failure. Prof Johnson’s fellowship will allow him strategic relief from his clinical commitments to focus on conducting high-impact randomised controlled trials that have relevance to consumers, clinicians and policymakers and therefore have enhanced translation into practice.

AKTN Working Groups: Through the Scientific Committee the AKTN has formed six working groups whose remit is to support the research agenda of the Network within selected sub-specialities of kidney disease research and research methodologies. The specific aim of the
working groups is to increase the number of trials generated by the AKTN, and ensure all trials coordinated, facilitated or promoted by the AKTN are founded on good quality evidence, are well designed, and have substantial scientific and clinical significance to the kidney care community. Each group comprises 2-4 members of the Scientific Committee as well as additional members from the research community including nephrologists, physicians from other disciplines, GPs, nurses, renal dietitians, epidemiologists and allied health workers.

From time to time, the AKTN calls for expressions of interest for membership to the individual groups. This is done via the ANZSN, however, if you would like to be contacted directly when a membership opportunity arises please contact Laura Robison (aktn@uq.edu.au).

AKTN Sub-specialty Working Groups:
Acute Kidney Injury – Chair: Martin Gallagher,
CKD-GN – Chair: Nigel Toussaint,
Haemodialysis – Chair: Matthew Roberts,
Methods – Chair: Magid Fahim,
Peritoneal Dialysis – Chair: Matthew Jose,
Transplant – Chair: Wai Lim,
Social Workers – Chair: Trish Kinrade

Staying up to date with AKTN research and events
Twitter – Follow the AKTN to receive individual trial recruitment updates, current research news and educational events @kidney_trials

Facebook – Follow us on our new Facebook page: https://www.facebook.com/AKTNUQ/

Website – A new enhanced website was launched in October, with planned future sections including as news and events, training webinars and individual trial portals to house study specific resources and documents www.aktn.org.au

Newsletter – sign up by emailing

aktn@uq.edu.au with the subject heading “Subscribe”

Contacts
Clinical Operations Manager, Donna Reidlinger: aktn@uq.edu.au

Chair, Operations Secretariat, Carmel Hawley: carmel_hawley@health.qld.edu.au
Chair, Scientific Committee, Neil Boudville: neil.boudville@uwa.edu.au

Carmel Hawley
Chair, AKTN Operations Secretariat

JOSH KAUSMAN – CHAIR
ANZPNA REPORT

ANZPNA is the representative group for paediatric nephrologists in Australia and New Zealand. We maintain paediatric representation on a number of local, national and international bodies providing advocacy for children with renal disease. The group meets face to face once a year for the AGM, held this year in Melbourne on August 12 and was followed by an afternoon symposium featuring presentations on current research projects being conducted by members and trainees.

The timing of this report represents a landmark in the relationship between our two societies, ANZPNA and ANZSN. A key topic for discussion on the agenda was the proposal by ANZSN to include ANZPNA within the restructure of the society with the intention of formalising the role played by members of ANZPNA in issues related to children’s kidney health, whilst recognising the independence of ANZPNA as a society and its own membership. The proposal for ANZSN to establish a Chapter of paediatrics, within which ANZPNA would sit, was overwhelmingly approved by our members. No doubt this will further advance the strong collaboration between the ANZSN and ANZPNA.

An ongoing challenge for a small society such as ANZPNA is arranging a suitable venue and time for our AGM. Another outcome from the
recent AGM was the decision to plan for future AGMs to coincide with the ANZSN ASM. This will provide certainty and planning for members, but will also encourage greater attendance at the ANZSN ASM by ANZPNA members.

In 2013 a subcommittee was formed to promote collaborative paediatric research in Australia and New Zealand, chaired by Peter Trnka. The group has contributed expertise in the development of a national study of paediatric/young adult dialysis outcomes (ANZADS) (lead investigator Anna Francis) and the multi-centre aDOPT trial investigating the role of mycophenolate therapeutic monitoring is successfully recruiting patients (lead investigator David Metz). There is development of a working group to assess a study of the impact of the current regulations of growth hormone in light of the changes detailed above. This study would see a collaboration between the paediatric nephrology and endocrinology societies.

Finally, renal genetics is one of the growing areas in diagnostic medicine and this is of high relevance to paediatric renal disease. Accordingly, ANZPNA members have been instrumental in developing a service structure to facilitate clinical testing and translational research. Hugh McCarthy and Stephen Alexander in Sydney, Cathy Quinlan in Melbourne and Peter Trnka with Andrew Mallett and Chirag Patel in Brisbane, have been instrumental in establishment of renal genetics clinics with access to full range of services from genetic counselling to whole exome sequencing and provision for translational research through inclusion of cases in formal laboratory research, such as Prof Melissa Little’s laboratory in Melbourne using kidney organoids.

ANZPNA has been a very active advocate in a number of areas. Among these is a group, chaired by Debbie Lewis, to promote the delivery of paediatric renal care (AKI management) and education within Oceania. Significant progress has been made in delivering a local programme that provides acute peritoneal dialysis to children with reversible AKI in Oceania. This has advanced with secured funding, access to equipment, engagement with stake-holders, and the development of an educational package (video and booklet) for local health care workers. It is hoped the package will commence activity in the Solomon Islands in the next 2-3 months.

Another key issue in paediatric kidney disease is growth and in 2014, the PBAC revised its process for approval of growth hormone from a case-by-case committee review to an algorithm based automated system. This removed considerable flexibility, relevant to children in whom growth is critical for long-term outcomes, where there is a limited window of opportunity and comorbidities can play significant roles. It was noted by ANZPNA members that there were an increasing number of declined applications and this was particularly in the youngest children. This was of particular concern as infants are dependent on growth to achieve a sufficient size to be eligible for transplantation. Accordingly, the chairs of ANZPNA and APEG (Australian Paediatric Endocrinology Group) submitted an application to improve access for children with CKD and certain similarly affected children with primary endocrine conditions. This was received favourably by the PBAC, which responded on July 20, 2016 approving the suggested changes. They are currently seeking agreement from sponsors of the medication and once secured then intend to implement the changes.

Anne Durkan and Chanel Prestige are the ANZPNA representatives on the SAC Nephrology. We are pleased that there has been approval granted for adult trainees undertaking training in paediatrics. With restructuring of the college and the establishment of the College Council, incorporating representatives from all 25 education pathways, there has been an opportunity for ANZSN and ANZPNA to collaborate closely, sharing this position between the our societies will be Anne Durkan and Germaine Wong.
The society and I are indebted to the hard work and support of my fellow executive members, Fiona Mackie, Deirdre Hahn and Tonya Kara.

Josh Kausman
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 >22,000 Australians and >4,000 New Zealanders with end-stage kidney disease.

Funding: Funding for ANZDATA is gratefully received from the Australian Organ Donation and Transplantation Authority (AOTA), New Zealand Ministry of Health, Kidney Health Australia and the Australian and New Zealand Society of Nephrology.

Relocation to SAHMRI: Relocation to new home offices in the South Australian Health and Medical Research Institute (SAHMRI) occurred on the 15th March 2016. This Institute is co-located with the New Royal Adelaide Hospital (expected to be operational late 2017). The yearly face-to-face meeting of the ANZDATA steering committee was held in SAHMRI with videoconferencing to Darwin.

New Logo: A new logo is now in use for ANZDATA, coinciding with the relocation to SAHMRI.

Data input from units: Data returns for 2015 data are near complete. This year regular reports identifying dates of data return have been sent to Heads of Unit as well as published on the ANZDATA website. Verbal feedback has been positive and this will continue for 2017.

IT redevelopment within ANZDATA has progressed significantly, now allowing for electronic data entry. The clinical trials module is in development with 2 clinical trials currently accepted for testing. Completeness of ANZDATA capture remains a concern with non-submission from a private provider as well as noting occasional “opt-out” ESKD patients. Further work will be done to quantify the number of people opting-out.

Data output & requests from ANZDATA: Individual hospital reports and quarterly KPIs continue to be published and utilized by units. ANZDATA policy around data release conditions have been under consideration with a suggested policy change to remove “12-month data-lockout/duplication” conditions. Consultation included Council, DNT, Heads of Units and weekly ANZSN newsletter over an 8-week period in June-August. Input was invaluable raising further governance issues including NZ Governance and Indigenous Australian governance. For this reason, the steering committee in a majority decision proposed to shorten the time period to 6-months, whilst examining further governance models that adequately address the feedback.

Presentations at ANZSN-ASM: The ANZDATA presented work at the recent 15th Asia-Pacific Congress of Nephrology & 52nd ANZSN Annual Scientific meeting. These presentations are available on the ANZDATA website at:

ANZDATA Overview – Matt Jose

Aboriginal and Torres Strait Islander and Maori Governance within ANZDATA – Jaquelyne Hughes

Research Developments in the Registry - Philip Clayton

Association of Socio-Economic Position with Technique Failure and Mortality in Australian Non-Indigenous Peritoneal Dialysis Patients – Samuel Chan
Membership of ANZDATA committees & working groups: We welcomed 2 new Steering Committee members: Dr Bill Mulley and Professor Simon Roger as general representative members for an initial 3 year term. The steering committee identified the need for a new working group to examine the ability of ANZDATA to capture Patient-reported Outcomes (PROMs). An EOI has now closed and inaugural members invited. Membership of the various working groups will be called for next in February 2017 and an Expression of Interest circulated in the ANZSN weekly email.

I would like to acknowledge the convenors of the ANZDATA Working groups who provide expertise and direction in their portfolios, specifically Germaine Wong (Cancer), Suetonia Palmer & Jaqui Hughes (Indigenous), Sean Kennedy (Paediatric), Kevan Polkinghore (HD to 2016), Neil Boudville (PD), & Wai Lim (Transplant). Assoc. Prof Matthew Roberts has taken over as convenor of the HD working group and therefore also joins the Steering Committee.

Matthew Jose
Chairperson, ANZDATA Steering Committee

From 2016 include ‘Drugs in Transplantation’, ‘Cognitive Impairment in Kidney Disease’ and ‘Renal Pathology’.

We continue to strive to improve the reach of Kidney School and would appreciate departments encouraging trainees to attend. Those that participate currently provide positive feedback on Kidney School’s role in trainee education. We are also keen to hear feedback about the Kidney School format and access, so please drop us a line if you have suggestions!

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. We are only able to contact trainees that subscribe to our mailing-list, so please share and join!

Amali Mallawaarachchi
Kidney School Director

In 2016, Kidney School has continued to broadcast monthly teaching session for renal trainees, nurse practitioners, allied health and students from across Australia, New Zealand and even some enthusiastic participants from Vietnam and Fiji. The sessions are Webcast, allowing wide participation that’s not limited by geography. This year we have had presenters presenting from their offices, homes or in person, which has improved speaker availability. Topics
2016 APSN ANZSN ASM AWARDS

The ANZSN Young Investigators Award Basic Science awarded to Kim O’Sullivan presented by A/Prof Angela Webster and Mr John Viero from Fresenius.

The ANZSN Young Investigators Award Clinical Science awarded to Emma O’Lone presented by A/Prof Angela Webster and Mr John Viero from Fresenius.
The ANZSN Basic Science awarded to Natasha Rogers presented by A/Prof Angela Webster and Mr Bruno Marcal from Roche.

The KHA Clinical Science Award presented to Andrea Viecelli by SPEC Chair A/Prof Angela Webster and Chair of KHA board Mr David Morgan.

The ANZSN Shaun Summers Clinical Trainee Award presented to Megan Brown by SPEC Chair A/Prof Angela Webster, ANZSN president Prof Paolo Ferrari and Mr Andy Davis from Amgen.
ANZSN Annual Bulletin December 2016

Left - TJ Neale Award presented to Prof Sharon Ricardo by ANZSN President Prof Paolo Ferrari and SPEC Chair A/Prof Angela Webster.

ANZSN Rural Science Award presented to Dr Paul Lawton by ANZSN President Prof Paolo Ferrari and SPEC Chair A/Prof Angela Webster.

Left – The ANZSN Interventional Nephrology Science award presented to Yogeshwar Rajaram ANZSN President Prof Paolo Ferrari.
ANZSN TRAVELLING FELLOWSHIP 2015 - DAVID SMALL

I was very fortunate to receive this fellowship and am sincerely thankful to the ANZSN for making this possible - the support of early career researchers by ANZSN is phenomenal. My three-month research experience under the supervision of Prof Joe Bonventre at the Brigham and Women’s hospital enabled a continuation of my PhD research findings into maladaptive repair mechanisms of the proximal tubule following acute kidney injury (AKI), and access to world leaders in AKI and biomarker discovery research, specifically research into KIM-1. This experience has led to a continuing collaboration between the Bonventre lab and the lab of Glenda Gobe (University of Queensland) into the role of cell cycle arrest following kidney injury, and renal cell carcinoma biomarkers.

Research timeframe: March 21st – June 18th 2015
Research location: Renal Division, Brigham and Women’s Hospital and Harvard Medical School, Boston USA
Research supervisor: Professor Josep Bonventre
Project title: PTEN and epithelial cell cycle arrest following renal ischemia-reperfusion injury

Technical Abstract: Phosphatase and tensin homolog (PTEN) is a protein tyrosine phosphatase that preferentially dephosphorylates PI(3,4,5)P_3 to PI(3,4,5)P_2, which opposes the cell proliferation PI3K/Akt pathway. We aimed to determine the influence of PTEN in tubular cell cycle arrest following ischemia-reperfusion (IR) injury. Methods utilized mouse kidney samples that had undergone IR (20-min bilateral ischemia, with 40-min and 21-days reperfusion) for immuno-staining assays. In vitro models (HK2 and LLC-PK1 cells) were used to further investigate the pathogenic mechanism of PTEN. At 21-days post IR, proximal tubule injury (KIM-1), myofibroblast proliferation (α-SMA), and tubular cell G2/M arrest (co-expressing p-H3/Ki67 tubular cells) significantly increased compared to control kidneys. In uninjured control kidneys, diffuse cytoplasmic PTEN expression appeared in proximal tubule epithelial cells, while at 21-days post IR injury, distinct PTEN nuclear expression was observed. PTEN nuclear localization at 21-days post IR did not associate with injured (KIM-1) or G2/M arrested (p-H3/Ki67) cells suggesting a protective role. To model G2/M cell cycle arrest in vitro, HK2 cells were exposed to Aristolochic Acid (AA; 2.5 μg/mL) for 48 hours, which induced a 5-fold increase G2/M phase cell cycle arrest (FACS). PTEN protein expression decreased in AA treated HK2 cells, while the cell cycle regulator, cyclin-B1, increased (Western blotting). Immunofluorescence revealed increased PTEN nuclear expression in AA treated cultures compared to controls that associated with p-H3 nuclear expression. Viral transfection was initiated, to both knock-down and up-regulate PTEN expression in HK2 cultures, however was not completed due to the short timeframe. To counter this, the pharmacologic PTEN inhibitor, bisperoxovanadium (bpV) was used in conjunction with AA treatment. bpV did not influence G2/M cell cycle arrest, nor alter PTEN protein expression, yet seemed to promote cell death (MTT assay of HK2 and LLC-PK1 cells), suggesting toxicity in vitro. In summary, G2/M cell cycle arrest promotes the pro-fibrotic phenotype in the injured kidney, and nuclear PTEN localisation may promote G2/M phase cells into apoptosis. Given that PTEN acts on the cell membrane to oppose the Akt/PI3K pathway, nuclear expression suggests an alternate mechanism of action that may be protective. Over expression of PTEN could possibly rescue progressive injury following IR injury. An interesting question is whether PTEN nuclear localisation protects tubular epithelial cells by inducing apoptosis or pushing the cell through the cell cycle and out of G2/M arrest.

Additional work: I contributed to ongoing research of biomarker discovery of renal cell carcinoma, which is a common research theme of both the Bonventre and Gobe Labs (University of Queensland). This involved staining via immunohistochemistry, a cohort of 75 renal cell carcinoma samples (collected at the Princess Alexandra Hospital, Australia) of various sub-types for KIM-1 expression. Although the findings
were not novel, they do contribute to the molecular profiling of renal cell carcinomas in an attempt to determine differences between malignant (chromophobe) and benign (oncocytoma) subtypes that are difficult to differentiate using current technologies.

**Outcomes:** The results of this work culminated in a presentation at the Bonventre lab meeting, and Dept of Renal Medicine of the Princess Alexandra Hospital, Brisbane. Remaining questions are being pursued by both the Bonventre and Gobe labs and a manuscript has been drafted which incorporates the results of KIM-1 immunohistochemistry of renal cell carcinoma subtypes.

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**ANZSN 2015 TRAVEL GRANT REPORTS**

**2015 ASN – Kidney Week, San Diego United States of America.**

**Michael Burke**

Thank you to the ANZSN for your support, through a travel grant, that allowed me to attend the American Society of Nephrology kidney week in 2015. The conference was held in San Diego and after some early unseasonal gloomy weather the glorious Southern California climate shone through making the morning walks to the first sessions an enjoyable experience.

This travel grant allowed me to present my work titled “Non-melanoma skin cancer mortality in kidney transplant recipients” as a poster presentation. I was especially interested in the high quality of research conducted outside of Australia focusing on skin cancer in transplant recipients. This allowed for robust discussions on this topic leading to future research ideas.

I commenced the week attending the “Maintenance Dialysis” early program. Standout presentations over these two days included from Toronto, Charmaine Lok’s discussion of vascular access infections and Joanne Bargman also from Toronto arguing that “There is no expiration date for the length of treatment on PD”. Dr Bargman suggested that we don’t know what sufficient solute clearance is in the anuric PD patient and that we should make a clinical assessment of the patient rather than switching to HD based solely on Kt/V. Despite some very good sessions during this two-day program I think local meetings I have attended within Australia were of an equal if not higher standard compared to the dialysis topics presented during this early program. A senior Nephrologist from Victoria made a similar observation. A number of my colleagues attended the obstetric nephrology and pathology early programs and reported excellent presentations that were likely to change their practice in a number of key areas.

The plenary sessions were outstanding and in particular Dr Helen Hobbs from Texas told a gripping story of her research in the “Genetics of Cardiovascular Disease: Getting to the Heart of the Matter”. Her research group performed genetic sequencing in a large cohort of patients from the Dallas Heart Study. Much of her work has focused on the results of sequencing the gene PCSK9 which is important in regulating serum LDL levels. In participants her research has shown that a loss of function mutation in this gene is associated with a reduction in coronary heart disease of 88% and 46% in black and white patients respectively. This has led to phase 2 and 3 trials of PCSK9 monoclonal antibodies that have shown efficacy in reducing cardiovascular events. Her presentation highlighted the importance of precision and patience in producing high quality research as she detailed how her group studied a phenotype before finding a gene that is a likely future therapeutic target.
An unexpected highlight of the program was “Transitioning the adolescent with urologic disease: what is that stoma?” passionately presented by Andrew Freedman, a pediatric urologist from Los Angeles. He provided a very practical talk on the long term surgical goals of treating children and young adults with complex anatomical urological defects as well as a guide to understanding the anatomy of a range of stomas. Another high yield practical session was “Hereditary Stone Diseases: Treatment and Monitoring” presented by Dr. Schwaderer from Ohio who discussed a number of rare renal stone forming conditions which can be found within the valuable resource www.rarekidneystones.org.

The 2015 ASN kidney week was an inspirational experience and thank you again to the TSANZ for their generous assistance in supporting my attendance.

Titi Chen
I would like to express my profound gratitude to the ANZSN for awarding me the travel scholarship, allowing me to present my work in this conference.

The ASN Kidney Week 2015 was held in the San Diego Convention Centre, California, USA between the 3rd and 8th November, 2015. The conference was attended by more than 13,000 nephrology professionals across the globe, and provided an excellent opportunity to exchange knowledge, learn the latest scientific and medical advances, and to listen to engaging and provocative discussions with leading experts within the field.

The conference commenced with a two day “early bird program” that would address a specific topic in nephrology, with the program I attended being the “Glomerular Disease Update” course. In this course, international experts in the field presented recent advances in the pathogenesis, diagnosis and management of glomerular diseases. The sessions consisted of lectures, interactive case-based discussions, and self-assessment questions. I have benefited greatly from the sessions, and they have provided me with a wealth of information, hence enabling me to apply them to the diagnosis and management of glomerular disorders. Subsequently, the annual meeting ran from the 5th to 8th November. The conference consisted of scientific exposition, plenary sessions, educational sessions, poster and oral abstract sessions, as well as industry-sponsored educational symposia. My poster regarding “Prognostic value of high sensitivity troponin in stable dialysis population” was presented on Friday, 7th of November 2015.

Throughout the conference, I gained important insight into other research being conducted around the world in this area, and I met several leading experts in the field who took an interest in my work and gave valuable suggestions that I have followed through. We have also found some collaboration opportunities with other researchers in the field.

There were many highlights of the conference; one of which I found most interesting was the session titled “Beyond Dialysis: Into a Brave New World”, which provided a glimpse into the future of renal replacement therapy. This discussed topics such as growing kidneys from a scaffold, and wearable dialysis devices. The session also reviewed concepts such as the “Kidney on a Chip” and the artificial tubule. There was another session named “Meet-the-Experts Roundtables”, which provided an opportunity for small group interaction with several distinguished nephrology experts. I joined the group with Professor Jai Radhakrishnan from Columbia University whose expertise is in the area of Glomerular Diseases.

The conference was a huge success and the knowledge I acquired during the conference was invaluable. The next meeting will be held in Chicago in November 2016. I highly recommend that nephrology professionals attend this world’s premier nephrology conference. Once again, I would like to express my sincere thank you to the ANZSN for supporting me in attending this meeting.

Xiaochen Chen
I would like to thank the ANZSN for supporting my travel to San Diego for ASN Kidney Week 2015.
This was a great opportunity for me to learn more about “cutting edge” research in kidney diseases. The meeting program was extensive, and covered a broad range of topics in renal diseases and transplantation, both scientific and clinical aspects. In the basic science session, signalling at the podocytes and new insights in the pathogenesis of diabetic nephropathy were of particular interest for my current research.

My project involves targeting innate immunity through HMGB1 to prevent diabetic nephropathy. This conference gave me the opportunity to present my research entitled “SYSTEMIC OVEREXPRESSION OF ENDOGENOUS SECRETORY RAGE (ESRAGE) ATTENUATES DIABETIC KIDNEY INJURY THROUGH TLR4 NOT TLR2 SIGNALING” in the poster session. I was pleased to be able to meet and discuss with so many experts in the field related to my current research.

Attendance and presentation of my work at this meeting has hugely improved my knowledge of diabetic nephropathy. Once again, I would like to thank the ANZSN for their support.

Jonathan Dick
I am grateful to the society for supporting my travel to the ASN 2016 conference in San Diego. I started meeting with the glomerulonephritis update course. It was fascinating to be briefed on latest thinking on management of GN by experts. I particularly enjoyed clinical case discussions at the end of the day where there sometimes significant disagreement between the panel about the best course of management. It was also very interesting to hear discussion around strengths and weaknesses of current KDIGO guidelines and histological classification guidelines of disease such as IgA and SLE.)This was the first time I have attended ASN and I was not prepared for the scale.

The first plenary session, complete with stand-up comedian felt more like a US political rally than a scientific meeting. There were many interesting sessions, three I particularly enjoyed were:

“Complement in Alloimmunity”, “B cells: roles beyond antibody function” and “CKD in the elderly: are we confusing normal aging with disease?” I delivered an oral presentation on my current research on complement in mouse models of ANCA associated vasculitis. I made contact with people with interest in similar research areas, which I hope will foster collaboration in the future.

With so many simultaneous interest I was only able to access a fraction of the talks available and will be making use of “ASN on demand” to catch up with some of the talks I missed.

Whilst there were a few positive studies reported in the high impact clinical trials session, the number of well conducted, very large studies which failed to achieve their primary endpoint was a reminder of how hard it has proved to be to find interventions with a positive effect on hard outcomes in kidney disease.

An unexpected highlight was a plenary from Professor Ingber from the Wyse Institute at Harvard who presented on the development of “organs on a chip” He detailed incredible progress made in a relatively short period of time towards modelling human organs by using human cells on specially engineered chips which use physiological mechanical stress to ensure that cells adopt a phenotype which resembles their in-vivo structure.

I am very grateful to the ANZSN for giving me the opportunity to attend the meeting, I think it was both very educational and in some ways inspirational. I will definitely plan to go again in the future.

Brooke Huuskes
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 in San Diego, USA. This grant not only allowed me to present my data in the "stem cells" poster session, but it also allowed me to travel and visit laboratories both before and after the conference to network and talk about future
opportunities in research.

The conference this year again contained a program jam packed full of interesting talks and scientific posters. I felt much more comfortable networking and talking to people this year, especially during the poster sessions. I also felt like there was much more traffic at my own poster, with people genuinely interested in the work that I was doing, which was very exciting!

This year, I attended mini talks and posters that focused on the vasculature, which were extremely beneficial to increasing my understanding of the complex role the vasculature plays in the development of kidney disease, and how it might be targeted as a therapy for regenerating the kidney. A highlight for me was attending the talks of Dr. Humphreys and Dr. Perrin, and a whole session focused on developing a bio artificial kidney!

The laboratory visits before and after the conference allowed me to have one-on-one conversations with Lab heads within the field of nephrology. This experience was invaluable as I gained insight into the workings of overseas laboratories, as well as advice on my career options, which was very motivating!

Again, thank you to the ANZSN for giving me this magnificent opportunity.

**Xianzhong Lau**

I would like the sincerely thank the ANZSN for supporting my attendance at the ASN Kidney Week 2015 conference held in San Diego, where I also had the opportunity to present my research during one of the poster sessions.

This was the second ASN conference that I had attended and I enjoyed the scale of the conference and breadth of research presented. I also attended the early program “Advances in Research Conference – Engineering Genomes to Model Disease, Target Mutations, and Personalize Therapy”, which introduced CRISPR/Cas9 genome editing technology and its potential applications in renal research. The 2-day program was very comprehensive, covering the fundamentals of the technology, the current applications of the technology in other biomedical fields, and pioneering work using the technology in the renal research. It was also interesting to listen to leading scientists in the nephrology field or researching on other organ systems discussing about the conveniences, challenges and limitations of using this cutting edge genome-editing tool, and how they used this technology to their advantage.

The theme for the main conference for 2015 was “Found in Translation: Connecting Research and Patient Care”. The plenary lectures given were outstanding, where leading researchers from different biomedical fields gave presentations on their discoveries, breakthroughs and innovations. One of the plenary lectures that I particularly enjoyed was “Insulin Resistance: What is driving the Diabetes Epidemic?” given by Prof. Gerald Shulman. He presented his work on intracellular lipid deposition in skeletal muscle and liver cells, and how they could contribute to insulin resistance, diabetes and obesity. He also raised the concept of how the distribution of fat in the body is more relevant as a predictor of insulin resistance than the total amount of body fat.

There was an extensive number of poster and oral sessions being presented at the conference. I decided to attend sessions that I was most interested in, namely those related to acute kidney injury, chronic kidney disease and renal fibrosis, which were related to my PhD. One of the oral sessions that stood out for me, was “Cell Plasticity and Repair after AKI”, where speakers presented their research on tissue repair and the cellular compartments involved in regeneration of the damaged tissue. I was also given the opportunity to present my part of my PhD research during the poster session. Presenting my research to delegates at the conference allowed me to gain valuable insight on my research, in terms of comments and feedback on progressing with the study. I was also surprised by the amount of interest from pharmaceutical representatives on my findings.
On the whole, the conference provided an invaluable educational experience which I thoroughly appreciated. Once again, I would like to thank the ANZSN for their financial support.

Sarah Walton
I wish to thank ANZSN for the provision of a travel grant to attend the American Society of Nephrology Kidney Week 2015 meeting in San Diego. As a second year PhD student, this was my first international meeting and the sheer number of presentations and posters on offer was impressive. Indeed, with so many noteworthy sessions run concurrently the choice of talks to attend was difficult! I particularly enjoyed the final session on nephron endowment from development to disease, which is a large focus of my project. This included an exciting talk on the evolution of technologies to count glomeruli in living patients. I also attended many clinical science sessions, and found the discussion surrounding organ donation particularly thought provoking. It was a fantastic opportunity to be exposed to such a vast range of expertise in kidney research.

The travel grant enabled me to present a poster on the long-term renal outcomes of offspring exposed to in utero hypoxia. I was very pleased to spend the entire timeslot discussing my work with ASN delegates, ranging from fellow research students to established researchers and clinicians. I ran into several researchers that I had previously met at ANZSN meetings in Australia, and it was great to show them the progression of my research in the past year. I also met many other leading researchers and clinicians in the field, and was able to discuss not only my project but also their own research which I have read extensively. I am very appreciative of the time others took to consider my project and provide valuable suggestions for further research.

Thank you again for this opportunity to attend ASN. I came back to Australia with a much greater understanding of how innovative research is helping tackle the burden of kidney disease worldwide, and importantly I brought back many new ideas and directions for the final year of my PhD.

2016 INTERNATIONAL TRAVEL GRANT REPORTS

2016 American Transplant Congress in Boston, United States of America.

Kristeen Barker
I would like to express my sincere gratitude to the Australian and New Zealand Society of Nephrology for their generous travel grant, which enabled my attendance at the 2016 American Transplant Congress in Boston.

During this conference I presented a poster detailing my research in subclinical cytomegalovirus viremia in renal transplant recipients. This was well received and it was a privilege to be able to discuss my work with international nephrologists.

The conference was impressive and extremely well organized. The program was available within a mobile app, which allowed you to browse sessions and create a plan for each day. Coffee was readily available at all times of day, which really helped with the jet lag. This was my first international conference and I found it to be truly inspirational.

Sessions commenced at 7am in the morning and continued until 6pm each day with an abundance of topics of interest to me. Contributing speakers presented high quality research from institutions all over the world, not just in America. In keeping with my own research, I enjoyed plenary sessions relating to management of infections in transplant recipients as well as an update in antibody mediated rejection and strategies to improve adherence. An evolving area investigating frailty in transplantation was of surprising interest to me, and I was excited by the prospect of improving our ability
to predict outcomes in our older patients who present for transplant work up, as well the concept of reversing some aspects of frailty with the aim of improving such outcomes.

It was fascinating to hear about different healthcare systems as well as the geographical challenges of organ distribution in America, but it was also clear that nephrologists worldwide, experience the same clinical challenges in their practice. The value of an international conference to come together to discuss these issues, share ideas and progress in this field was clear, and I hope that I attend many more international conferences in my career as a nephrologist in future. I would like to thank the ANZSN once again for this fantastic opportunity.

The International Congress of Immunology Australia – Melbourne

Andrea Godfrey
I would like to sincerely thank the Australian and New Zealand Society of Nephrology for giving me the opportunity to attend and present my poster at the 16th International Congress of Immunology 2016. It was the first time I attended the conference and would like to say that it was an eventful and exhilarating experience. From the opening ceremony followed by a native Australian petting zoo to the insightful talks, master lectures, posters and The Lafferty Immunology debate: "Adaptive Immunity is Innately Redundant", it was a well accommodated meeting of over a thousand delegates.

Having the opportunity to present my poster at an international conference of this scale was of great benefit as I was able to speak to several other researchers who provided me with valuable advice to strengthen my results. I was able to connect with people and meet existing collaborators of my laboratory who I hadn’t had the opportunity to meet before. The congress had a downloadable interactive app that made communication and talk updates easy with the addition of creating a buzz among the delegates with interactive prizes and the opportunity for lab heads to advertise for any job alerts, both locally and internationally.

Apart from the array of insightful and educative talks spanning across the many fields of immunology, the highlight of the conference were the master lectures at the end of each day. These lectures given by experts in their fields; be it inflammation, immunotherapy, lymphocyte signalling, Th17 subset and imaging (to name a few) gave all those who attended (including myself) a course into the discovery and latest advances in that particular field leaving us at the end of the day completely amazed and inspired.

Overall it was an excellent experience listening and gathering information from leading researchers in their fields. The information and experience that I gained from attending the conference is second to none and would like to once again express my sincere gratitude to the ANZSN for such a valuable opportunity.

The International Paediatric Nephrology Congress (IPNA) Brazil.

Siah Kim
With the support of the ANZSN International Travel Grant I was able to attend the triennial International Paediatric Nephrology (IPNA) Congress in Foz de Iguazu, Brazil from Sept 20. This is one of the few large conferences focused on paediatric nephrology, and with nearly 2000 delegates in attendance from across the world. I was able to participate in IPNA Congress both as a speaker in the Research Methods symposium about systematic reviews, and also present the results of my systematic review on the social determinants of CKD as an oral presentation.

This year as IPNA was hosted by a developing country there was focus on paediatric nephrology in the developing world. The opening ceremony included two talks from paediatric nephrologists who following obtaining training abroad returned home to develop the service, namely Laurence Adonis Koffy from Ivory Coast and Maolynne Miller from Jamaica. Both had developed their service
from nothing, with much resistance from the government services. It was touching to hear that even if government funding was lacking, the local community provided financial support for their programs. Their experience really highlighted to me the need for us to provide ongoing support and training for paediatric nephrologists and paediatricians from developing countries through support of initiatives such as the IPNA and ISN Fellowships.

The symposium session on AKI was particularly sobering, looking at the prevalence of long term complications in children with AKI. Dr Prasad Devarajan presented data from a number of cohort studies in paediatrics. Among neonates in the neonatal intensive care unit, the AWAKEN study found 26% experienced AKI, which increased the risk of death three fold. Extremely premature infants were at greatest risk, but there was also a significant number of neonates with AKI who were born at term. I would be interested to hear the long term follow up data as currently we do not offer long term follow up for neonates who experience AKI. 17% of children who experiences AKI post cardiac surgery had hypertension, 8% had albuminuria and 13% had an eGFR of 13% at five year follow up. Post PICU associated AKI the complications were even higher with 15% having hypertension, 15 to 20% albuminuria and 20-30% had low GFR. This may be a population of patients on who we need to be active with surveillance in the future.

There were a number of oral research abstracts which I found interesting. Firstly, in the Trainee Research Award session, Dr Menka Yadev presented the results of a RCT comparing daily versus alternate day steroids for the management of frequently relapsing nephrotic syndrome. There were significantly less relapses in the daily steroids group (0.5 vs 1.4, Mean Difference 0.8 95% CI 0.3 to 1.3) with the daily steroid group also experiencing a higher rate of sustained remission (60% vs 29%, P=0.015) and longer time to first relapse. Dr Seeman from the Czech Republic also presented the results of their trial ESCORT: Effect of strict BP control in pediatric renal transplant recipients, comparing standard (< 95th centile) compared to intensive (<50th) BP control in pediatric renal transplant recipients. The primary outcome was decline in eGFR, with no difference between the two groups over three years. However, the number of patients in the study was quite small (n=22) and thus possibly underpowered to detect a modest effect.

IPNA is one of the few opportunities we have to meet our colleagues from across the world working within pediatric nephrology. I had the opportunity to meet and also catch up with colleagues from Nigeria, Canada, South Africa, India and the UK. In a small speciality, collaboration internationally is essential to improve the health of children with kidney disease. Thanks again to the ANZSN for travel grant support to help me attend the IPNA Congress.

European Renal Association (ERA) European Dialysis and Transplant Association (EDTA) Vienna.

Stefanie Stangenberg
I would like to sincerely thank the ANZSN for supporting my attendance at the ERA EDTA in Vienna 2016, where I had the opportunity to present my research during one of the poster sessions.

Some of the highlights for me at the conference were the continuing medical education sessions, which happened on day one but even sessions on subsequent days had a lot of educational value.

Many of the sessions combined both basic research as well as clinical practice, thus providing a comprehensive bench to bedside approach. A number of sessions outlined new views on old topics. In the renal gut axis session for example it was explained how the interrelationship of the gastrointestinal tract and kidney function provide a new field of research with exciting issues, such as the role of the microbiome in uremic toxin formation and the possibility of mitigating uremic
symptoms by altering the microbiome. Interestingly, I came across the topic again in the obesity session where the evidence for the importance of the gut microbiome in obesity was discussed.

My poster presentation on LOXL2 inhibition as a strategy in limiting renal fibrosis was well received and lead to productive discussions with research colleagues. I am grateful for the feedback I received on how to further progress with the study. Vienna was a fantastic venue with a charming city full of cultural highlights. Overall my experience at the ERA EDTA was exciting, educational and highly motivating. I would like to express my gratitude again to the ANZSN for having given me the opportunity to attend this meeting.

The International Congress of the Transplantation Society Hong Kong.

Karen Waller
The 26th International Congress of the Transplantation Society was held in Hong Kong from 19-23rd August, and I was fortunate enough to attend to present my research generously supported by an ANZSN Travel Grant.

The conference was a very busy few days packed with stimulating lectures, including from international researchers whose names I’d only seen on papers before, as well as junior researchers, similar to myself, working on interesting developments across many fields in transplantation. The plenary on hepatitis C in solid organ transplantation was particularly relevant for me to hear the latest updates. I had the opportunity to present both an oral presentation and a poster on my research regarding blood borne viruses in solid organ transplantation in Australia and New Zealand – naturally this was very exciting for me as my first international conference.

The social highlight for me was the Young Investigator night, where we mingled with both young investigators from across the globe and many experienced players, sharing their career and life tips. I also thoroughly enjoyed hearing inspiring career paths from leaders in their fields at the Women in Transplantation night. Of course, Hong Kong also afforded many opportunities to make new friends over excellent local and Western eats.

My many thanks to the ANZSN for their financial support making my attendance possible, my MPhil supervisors A/Prof Angela Webster and A/Prof Kate Wyburn for their invaluable research insights, and fellow student Imogen Thomson for sharing the experiences.
Condolences

Professor Josette Marie Eris MBBS, PhD, FRACP
(4/7/1959 – 4/6/2016)

Born in Istanbul to a French father and Greek mother, Josette migrated with her sister and parents to Sydney, Australia as a young girl. That Josette not only survived but thrived, excelling at school despite her inability to speak English, was a sign of her intelligence and determination, qualities that would typify her career.

As a Sydney University medical student, junior doctor, trainee nephrologist, consultant and ultimately Unit Director, Josette spent much of her life at The Royal Prince Alfred Hospital in Sydney and truly became part of its fabric. There was no aspect of its structure, operations, politics or indeed its potential that she did not know and use to the advantage of her team and her patients, for above all Josette was a clinician who cared for patients.

A PhD in B cell biology at the University of Sydney’s Centenary Institute followed by Post-doc studies under Kathryn Wood at Oxford were critical elements of Josette’s training. A deep knowledge of transplant immunology underpinned her clinical practice and ongoing research in the lab and the clinic, yielding over 50 published papers in journals including JCI, BMJ, AJT and Transplantation. Working with Kathryn Wood provided Josette with a model of how women could and should contribute and lead in science in medicine, a concept which she embodied and led throughout her career. As mentor, supervisor or role model, Josette inspired, trained and retained numerous women in our field. The TSANZ Josette Eris Award for mid-career women in transplantation has been created in recognition.

Josette excelled in service and leadership, with roles including President of the Transplantation Society of Australia and New Zealand, Co-chair of the TTS-TSANZ World Transplant Congress of 2008 in Sydney, Chair of the Dialysis Nephrology and Transplantation committee of ANZSN, Area Director of Renal Medicine at Royal Prince Alfred, and Councillor of TTS, Chairing the Women in Transplantation committee.

Treasured and admired by her colleagues, Josette was also loved and obeyed by her patients, whose care and welfare she valued so highly. Indeed, the only thing more fundamental and important to Josette than patient welfare was her family. Josette is survived by her husband, Jonathan Blackwell, and their two boys, Matthew and Alex. Our thoughts are with Josette’s family, and our gratitude for sparing us so much of their family time.

Josette passed away far too soon. By her own admission, Josette had still much to do. Whilst we are all the poorer for her passing, let us remember the many achievements and the wonderful person that we were fortunate to have as a friend and colleague. Vale Josette.

Steve Chadban on behalf of Renal Medicine, RPAH
Dr James Johnson – Founder of the Mater Hospital’s Renal Unit

James Johnson, known widely amongst patients, friends and colleagues as “JJ” died on the 10th July 2016. He was 84. He was an early nephrologist who, having completed his general training and completing what was then the MRACP, Membership of the Royal Australasian College of Physicians, went to the USA to Johns Hopkins Hospital working with Professor Gordon Walker and becoming familiar with haemodialysis and with the many problems associated with people with chronic renal failure (chronic renal injury).

He returned to the Royal Prince Alfred Hospital where a renal group had been established initiated by Professor Ralph Reader and subsequently Dr John Sands. The service had no beds and performed a consultative service. He took up a position as an Honorary Medical Officer with rooms adjacent to the hospital in the newly constructed “Prince Alfred Medical Centre”. In 1967 the hospital obtained its first artificial kidney machine purchased with as a gift from a grateful patient. Later in that year, the first cadaveric renal Transplant was performed by Prof Ross Sheil and James May in a patient from Sydney Hospital. James was integral to the care and management of that patient and subsequent transplant and dialysis patients.

James was patient centric. He devoted his long and successful career to his patients. When a patient, a previous nun was asked “How are you?” She replied “thanks to GOD and Dr Johnson I am well”. He saw the development of the renal service at RPAH change and develop with home dialysis management becoming the norm. And the delivery of care for people across NSW in small and isolated country towns. He developed a renal service at the Mater Hospital in North Sydney and in later years spent a great deal of his time involved in that service.

He is missed and will continue to be remembered as one whose patients were foremost in his mind.

David Tiller, Professor of Medicine, Sydney Medical School, University of Sydney
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Please note, during the 2016 summer holidays the ANZSN Office will be closed after COB Friday the 23rd December 2016 and reopening Tuesday the 3rd of January 2017.