Tēnā koutou

It has been another year of important initiatives by effective members and groups in the Society, building on the work of those in previous years. I have just joined Council, together with five new members. Under the leadership of Jonathan Craig and President-Elect Neil Boudville, we are looking forward as a group to supporting programs and initiatives that continue to reflect diversity in our perspectives, responsibilities and actions. We particularly thank those Council members who have just stepped down, including Katherine Barraclough, Nigel Toussaint, Germaine Wong, Murray Leikis, David Mudge, and Jacqelyne Hughes for their incredible and tireless commitment and great work.

The 2018 Annual Scientific Meeting in Sydney was a wonderful celebration of research and learning, and a chance for us to meet together, and spark those next ideas and collaborations. We thank the local organising committee headed so ably by Martin Gallagher, together with the whole Scientific Program and Education Committee (SPEC). We also thank the sponsors, philanthropic contributions and Kidney Health Australia for ongoing commitment and recognition of the importance of this meeting. We are excited and delighted to see Australia being chosen as the host of the World Congress of Nephrology in Melbourne in April 2019. The Society is pleased to be offering travel grants to meeting participants from low to middle income countries and from the Society.

The Society is continuing to promote and lead efforts in green Nephrology with the development of a green conference guide available to Society members who are involved in meeting organisation.
The Constitution will be reviewed in the coming months under the leadership of a specific working group reporting to Council and will include members of the Gender Equity and Diversity Working Group.

The Society is also committed to increasing connections between those members who are actively supporting international activity including through Sister Renal Centres in the Pacific, as this is an important responsibility to our local and wider communities. We are fortunate to have strong relationships with the International Society of Nephrology (ISN) and the Asian Pacific Society of Nephrology (APSN) to jointly support this aspect of our organizational responsibility.

The Society is also committed to expanding the inclusion of consumers within activities and policies. A specific working group co-led by a clinician and consumer will be formed to explore ways that the Society can support this important endeavour and capacity. The Clinical Policy Advisory Committee (CPAC) led by Martin Gallagher will be hosting the DNT Workshop in Adelaide in September 2019, and we look forward to important conversations by joining together at this event. We also thank the Research Advisory Committee under the co-chairing of Carol Pollock and Richard Kitching, and the incredible strategic work being created under their leadership.

I would like to sincerely thank the tireless efforts of the administrative team who support the Society so effectively. I would like to thank Jourdan Pinnell for her contribution as the Administrative Officer. We wish Jourdan incredibly well in her future work. Shaune Noble is our Executive Officer and has transformed the governance of Council and the Society to further increase effective use of our resources and processes to support innovation and development. To the new members on the Council, I very much look forward to working with you all over the next four years. We have some big shoes to fill, but I am sure we can rise to the challenge.

I am very grateful for being given the privilege to serve the Society as the HEO.

Ngā mihi nui

Suetonia Palmer
Honorary Executive Officer, Australian and New Zealand Society of Nephrology

President’s Report
Jonathan Craig

2018 has seen a continuation of the work to improve the governance of the ANZSN. We must have robust, transparent, and equitable ways of working and Shaune Noble, our Executive Officer, has been critical at bringing our processes in line with what is needed.

Our financial performance is sound but we need to do more to find new revenue streams for the Society. We now have a documented governance framework to support sound decision making and to support the orientation of new Councillors. We have set strategic goals and priorities for 2018-19 to support the achievement of our mission, with the development of a 3-5 year plan to be a priority for early next year. We have begun a process for substantial consumer engagement, and the consumer led sessions at the Annual Scientific Meeting in Sydney were the first of many, and a major highlight of the year. We have said good bye to Jourdan Pinnell after many years of service to the Society and strengthened partnerships with KHA.

Like many other professional societies in health, we have many important challenges. We need to do more to deliver on our commitment to our diverse membership, especially in relation to gender equity. In a resource-constrained, but people-rich organisation we need to maximise our impact for the sake of all our members.

We have four major goals for 2019, aligned to our mission.

Research to prevent and treat kidney disease. We are currently partnering with Kidney Health Australia (KHA) to fund a project officer to develop a joint kidney disease research agenda and robust funding platform to improve patient outcomes. We are planning to strengthen our education programs to include skills development and mentoring support for advanced trainees contemplating a career in research.

Excellence in practice through education. We need to further progress the implementation of key recommendations in the recent Report of the Workforce Review. Through the persistence and
passion of SPEC, and Rob MacGinley in particular, the ANZSN e-learning hub will be launched, to improve access to quality learning programs for members and a broader international, fee paying audience. We will develop a position statement on gender equity, equality and diversity in education and training, and implement our statement on environmental sustainability in dialysis care.

**High quality care for our patients.** We will work toward the development of a set of Key Performance Indicators (KPIs) to support quality and safety improvements in chronic kidney disease care. In partnership with KHA, we will facilitate greater patient and consumer input into our Annual Scientific Meeting and our research and education programs. We will also provide advice via KHA-CARI (Caring for Australasians with Renal Impairment) on the development of culturally safe, best practice care guidelines.

**Investing in member services.** We will develop a strategic plan for ANZSN to provide clear direction over the next 3 – 5 years, and an engagement strategy to strengthen our relationship with members, partners and sponsors. We will also renew our website and membership data base to improve member services and optimise value for the Society.

One major task is to renew our Constitution. It is clear that the current Constitution has a number of issues. It may not support the diversity and equity that we are committed to and lacks the flexibility to appoint casual Councillors who for very short periods without precluding them from longer duration of service. It also leads to considerable loss of corporate memory due to non-staggered renewal of Councillors. This will be a Council led process, with a small representative working group to review and advise on amendments during the first half of 2019. This will require expert advice to navigate legal considerations, consultation with members for input and review of proposed amendments throughout the process, culminating in an extraordinary general meeting of ANZSN members to approve any proposed changes.

I wish to acknowledge the extraordinary work done by many of you as Councillors, members of our Sub-Committees (Education, Research, Policy and Dialysis), Working groups (Gender, Equity, Diversity and Green Nephrology and Key Performance Indicator), Speakers and Chairs of our meetings. Without you there would be no ANZSN. Thank you for your commitment to improving the health of those affected with kidney disease and working to prevent it occurring in your communities. It has been privilege to work with you in 2018 and I look forward to an even more impactful 2019.

**ANZSN Council Members and Members Elect**

Jonathan Craig  
President, Australian and New Zealand Society of Nephrology

**Honorary Treasurer’s Report**

Girish Talaulikar  
The Society is in a stable financial situation with $3.24 million in cash reserves. These provide a safe position to deal proactively with a changing environment where industry sponsorship is not likely to be maintained at levels seen in the past.

Key achievements for the year included an on-budget performance ($49,800 surplus) for 2017-18; progressive implementation of an investment strategy to optimize returns for reinvestment in the Society’s mission. A major step in this direction has been an additional commitment of $875000 to a fixed income investment portfolio.

An approach of proactive budget management of conferences has delivered excellent results at the recently concluded Annual Scientific Meeting. I would like to thank the Local Organizing Committee for their...
support and leadership in helping achieve this outcome.

The Council has approved an itemized budget for the current Financial Year and introduced quarterly finance reporting to monitor performance against budget.

We have also finalized a selective tender to appoint a Professional Conference Organiser (PCO) to support consistency in quality and obtain best value when conducting ANZSN conferences and meetings.

Girish S. Talaulikar
Honorary Treasurer, Australian and New Zealand Society of Nephrology

ANZSN Committee and Working Group Reports

The ANZSN Council is advised by four (4) standing Committees and three (3) time limited Working Groups which deliver expert advice and guidance on matters of importance to the strategic and operational performance of the Society.

Clinical Policy and Advisory Committee (CPAC)

The Clinical Policy Advisory Committee is a little over 12 months old now and has been busy addressing legacy issues from the DNT subcommittee and building a program of work into the future.

A key part of our work during 2018 has been responding to the ANZDATA review that was commissioned by the ANZSN Council. The CPAC is but one of the stakeholders in these discussions and we watch with interest the outcomes of the feedback from other stakeholders in coming weeks. Other issues that we’ve been grappling with include requests from the RACP around the provision of evidence-based advice for physicians, as part of the RACP Evolve program (being led by Dr Paul Collett), and oversight of the Key Performance Indicators work that has been led by Dr Nick Gray.

We have used the discussions held at the 2017 DNT Workshop to inform our future work plan. As attendees at that meeting will recall, there was much discussion on issues around workforce, advanced CKD in the elderly and marginal dialysis, standardisation of patient information materials in renal transplantation, and management of chronic kidney disease. We’re keen to use the Workshop as a means for reviewing and implementing policy in nephrology, as it is the ideal venue to drive progress.

With the movement of the Annual Scientific Meeting to the WCN meeting in Melbourne in April, the 2019 DNT Workshop will now be held from 8-10 September 2019. The CPAC, informed by the voting at the previous workshop, has decided to return to Glenelg in Adelaide for the meeting. The role of organising the meeting is typically rotated around the regions of Australia and New Zealand and we’re pleased that Dr Rathika Krishnasamy has agreed to take on the role as Chair of the Local Organising Committee. Rathika has thrown herself into this task with her customary energy and is making good progress for what will be an important and exciting meeting.

A further issue that’s come to the attention of CPAC has been the inclusion of AKI as a marker of hospital quality and a potential source of financial penalty for public hospitals within Australia. We’re looking into the background to this change and what implications it might have for patients with AKI and for nephrology more generally. At various points different bodies ask for input from the ANZSN on a broad range of issues, such as guidelines and other policy initiatives. Historically the timelines for these inputs have been very short and it’s not been possible to provide meaningful inputs. The CPAC is working toward building the capability for providing such timely input, as the Committee has taken the view that even abbreviated input is better than none.

We look forward to a busy year ahead and the DNT Workshop in 2019. We also welcome input from members on issues that CPAC might be well placed to address.

Martin Gallagher
Chair, CPAC

Dialysis Advisory Committee (DAC)

It is been a busy year for the Dialysis Advisory Committee with the main focus being the biennial ANZSN Home Dialysis Conference which was held in Auckland at the end of February. This conference, which was themed “Building for home”, was a great success. The local organising committee, chaired by Dr David Semple, should be congratulated on putting together a very engaging program that received
excellent feedback covering the breadth of home therapies and highlighting some unique challenges that our patients face. We are now starting to plan ahead to the Canberra conference in 2020 and the local organising committee chair for this is Dr Richard Singer.

There has also been a change in the membership of the DAC this year along with the broadening of its role under the new ANZSN structure from home dialysis to all aspects of dialysis. I would like to acknowledge the key role that Dr Fiona Brown has had in chairing this committee over the past 6 years, steering the committee's activities and as a passionate advocate for improving dialysis standards across Australasia.

Key focus areas over the coming year for the DAC include liaising with the various state and territory Health Ministers, particularly with regards to variations that exist in rebates for electricity and water for home therapies patients, assistance schemes for patient transport and accommodation, which particularly disadvantage patients from regional areas. The impact of the new MBS item to support remote area dialysis is a welcome initiative in this area. A further issue over the past 12 months has been the lack of consistency in reciprocal haemodialysis arrangements for visitors from New Zealand which created uncertainty for patients and staff. The DAC and KHA have written to the Federal Minister for Health and further approaches to the Health Ministers in each state and territory are underway, to see if we can develop some uniformity.

Reporting of adverse events in dialysis remains topical, and in particular how the information can be disseminated, including data on near misses, so that staff and patients in public and private dialysis units can be made aware. Again, we are working with state and territory-based safety and quality leads and through the membership of the DAC to develop ways to improve reporting and communication of information so that we can learn from others' experiences and make dialysis as safe as possible. Infection screening and management protocols remains topical and DAC continues to be active in this space looking at ways to promote evidence-based policies to support our staff and patients.

Finally, the DAC is looking forward to working with other ANZSN groups to develop KPIs, practice guidelines and support the rollout of patient reported outcome measures which will provide valuable information for clinicians and patients to guide their decision-making processes.

As always, we are keen to hear from the membership with regards to any dialysis related issues that they may be experiencing, and my thanks go to the entire committee for generously volunteering their time and expertise to improve dialysis care across Australia and New Zealand.

Aron Chakera
Chair, DAC

Research Advisory Committee (RAC)

The Research Advisory Committee, established in late 2016, is working to better define, support and improve kidney research within the society and Australia and New Zealand. Implementation of the ANZSN research strategy is a priority of the committee. This ambitious strategy encompasses medium and long-term plans to help kidney research in Australasia. It includes an aim to position the ANZSN as the key influential body in kidney research to increase funding, activity, training and outcomes. Within current resource constraints, and less than those recommended in the strategy, the committee is working to implement components of this strategy. In early 2018, with the enhanced role of Professor Carol Pollock as Chair of the Board of KHA, Professor Richard Kitching became Co-Chair of the committee.

The committee has worked to strengthen relationships with Kidney Health Australia (KHA). Dr Emma Tinning has been working 0.4 FTE in an ANZSN/KHA funded position based at KHA. With Emma’s support we have coordinated a joint ANZSN/KHA submission to the Medical Research Future Fund, assisted in the re-establishment of the KHA research grant program and advocated for enhanced fundraising capacity of KHA to grow research opportunities. KHA is considering developing a fund-raising committee comprised of high net worth individuals to support research fund raising efforts. Emma will support this committee. Emma has also canvassed the views of other interest groups in the kidney research space, including The PKD Foundation, RSA and consumers on their views of the ANZSN Research Strategy. The general view is that the high-level issues are common to all groups but detailed actions are more or less relevant to these segments of the kidney community. Investment in kidney research is planned as a key platform in the National Strategic Action Plan for Kidney Disease, commissioned by the Federal Government and currently under development by Kidney Health Australia with broad stake-holder support. The committee would also like to establish
stronger, more consistent links with Kidney Health New Zealand. This is being driven by Professor Rob Walker. In the next few months, it is planned to help document the research activities of ANZSN members and understand some of the reasons why others active in kidney research might not be members of the society. To help define research activity and opportunities within the society, we hope to have a short research survey attached to the 2019 ANZSN membership renewal process. The final form of this survey was discussed at our September meeting. It is also planned to contact some of the key researchers in kidney disease to understand how the society might meet their research needs.

Working with SPEC and ANZSN Council, the ANZSN travel grants program has been revised and updated. In 2018 the RAC ran a pre-meeting session aimed at advanced trainees in Nephrology who are considering or preparing to start a career as a physician-scientist. Feedback from the attendees was very positive. The committee supports more flexibility within the three years of RACP Nephrology Advanced Training to better help the development, even at an early stage of the research careers, of intelligent and motivated trainee physician-scientists.

To further this agenda, the committee has made representation to the College SAC on the pathway to formalize research training within nephrology training. To support this potential change in nephrological training we propose to seek the views of advanced trainees and would then plan to discuss with Council prior to a formal submission to the SAC of the RACP.

The committee has aided in the assessment of the Jacquot Awards. Once again, the committee was highly impressed by the calibre of applicants. To assess the value of the awards and to define where funds are best spent to ensure future research success, the committee has asked Camille Mercep to contact past award winners to define how the award has influenced their research careers. This data will be analysed prior to the next round of awards.

The committee recognizes that consumer interest in research is strong and consumers positively assist the research directions of BEAT-CKD. Hence, we are currently considering optimal ways to involve the community in advocacy and research priorities for basic research into kidney disease.

The committee also aided in selection of a new Editor for Nephrology.

The terms of some of the committee members are set to expire soon. Please watch out for a call for EOIs to join the committee. We are looking for enthusiastic clinician-scientists and scientists, especially suitable early and mid-career researchers who can join the committee.

Carol Pollock and Richard Kitching
Co-Chairs, RAC

Scientific Program and Education Committee (SPEC)

SPEC continues to work closely with ANZSN Council and Subcommittees (including affiliated organizations) with focused goals on advancing and promoting excellence in clinical science, basic research, education, equity/diversity and major awards to acknowledge the quality of our Society’s work. Our younger investigators have our focused attention as the future leaders in nephrology.

I wanted to express sincere thanks to all the SPEC members who have dedicated significant time and effort, which has contributed to SPEC’s output. The year has been productive, enjoyable and satisfying, and I would strongly recommend those interested in contributing to our Society’s activity to nominate for opportunities on SPEC (and other Committees) as they come up. This year we welcome onboard, Dr Carolyn Clark (Nephrologist in NZ) and Professor Jacqueline Phillips (Scientist at Macquarie University) and we look forward to their contribution with their expertise in clinical and academic nephrology. Angela Webster and Sharon Ricardo have completed their term on SPEC during 2018 and their extensive experience will be missed – however I know their contribution to the Society will continue in other forums.

This year’s ANZSN Annual Scientific Meeting in Sydney was superb with so many individuals to thank. Martin Gallagher, as Chair of the LOC (other members Sradha Kotwal, Amanda Mather, and Richard Phoon) worked tirelessly with all other SPEC team members to produce a quality scientific program and an entertaining social program which ended with a full dance floor as the gala evening progressed! Registration and abstract submissions reached record numbers (599 delegates, 105 exhibitor registrations, 356 submissions (138 mini orals; 103 prize orals and 115 posters)), which is a very healthy sign for our Society’s future. Conference Design was the Professional Conference Organizers, with Anna Patterson leading the team on site, and should be
thanked for the efficiency and smoothing running of the meeting.

We had outstanding International Speakers - Professor Minnie Sarwal, Professor David Kavanagh, Professor David Jayne; Asian Pacific Society of Nephrology Speakers - Dr Angela Wang, Dr Sydney Tang, Dr Adrian Liew; and the joint KidGen/ANZSN International Speakers - Dr Anna Greka and Professor Philip Beales. We had a large number of quality local Seminar Speakers and parallel meetings, which provided a range of topical themes. I would like to highlight the Patient Perspectives Plenary and Workshop, which will be a key feature of future ASMs. Congratulations to all the Award Winners for 2018 and we also thank all the Reviewers of Abstracts who provided their expertise and time.

The Travel Grants have undergone changes and a recent notification went out to all members outlining the details. The ANZSN Research Advisory Committee, and further work by SPEC, stimulated this initiative, which has increased travel support opportunities for our members. Council has approved $75K of Travel Grants to the low/middle income earning countries in the Asia Pacific Countries to attend the WCN in Melbourne in 2019, which highlights ANZSN’s firm commitment to promoting nephrology in our region. In addition, Council has supported the ANZSN Travel Grants for our local members to attend the WCN. We anticipate these will be advertised toward the end of the year.

The Education programs are a major feature of SPEC’s activity. The development of the educational courses has been led by Rob MacGinley, Muh Geot Wong and Carolyn Clark. The comprehensive range of courses covers the spectrum of needs for our members from junior to senior levels. The courses include; Basic Nephrology, Update Course, Advanced Nephrology, PD Academy, HD Academy and the affiliated Kidney School. Furthermore, an exciting initiative is under development which will function as an “e-Learning Hub” on our website. We plan to have this valuable teaching tool available in the near future. A special thanks should go to Rob MacGinley for his great efforts on advancing the education programs overall and progressing the e-Learning Hub. SPEC would also like to acknowledge the many others involved in supporting these educational opportunities, particularly those devoting their lecturing expertise and time.

WCN 2019 will be in Melbourne and promises to be an exciting event. This will provide an opportunity to showcase our Australian, New Zealand and Asia Pacific science in Nephrology. Abstract submissions have opened and we are all looking forward to this major event to welcome the global nephrology community to Melbourne.

Other very active portfolios on SPEC this year include Consumer Liaison, Green Nephrology and Gender Equity and Diversity. The SPEC liaison teams will work collaboratively with associated groups to contribute to these important activities.

SPEC continues to be inspired by the outstanding science, education and research produced by ANZSN, and SPEC is committed to enhancing this mission.

Frank Ierino
Chair, SPEC

On behalf of ANZSN SPEC Members – Carolyn Clark, Gopi Rangan, Greg Tesch, Muh Geot Wong, Wai Lim, Andrew Mallet, Rob MacGinley, Jackie Phillips, Peter Trnka and Martin Gallagher (LOC ASM 2108)

Gender Equity and Diversity (GED) Working Group

Just over one year ago, ANZSN council formed a new working group for Gender, Equity and Diversity, with a view to identify cultural, gender and age-based differences and to pursue equity for members of our Society and equitable outcomes for our patients. It has been an honour to Chair this group of inspirational people, comprising PhD students, paediatric general and transplant nephrologists with diverse backgrounds from all around Australia.

In order for us to inform and promote a culture of inclusion, equity and diversity, we found that our first challenge was to better define the current landscape of ANZSN members and their views. I am very grateful to all 398 members who responded, for the assistance from BalanceNow in setting up the survey, and the support from ANZSN Council, particularly Germaine Wong, Jonathan Craig and Shaune Noble. We have also examined what other groups have instituted in this arena, which will allow us to put forward positive recommendations to enable and ensure a more inclusive society, for the benefit of all.
Green Nephrology Action Team (GNAT) Working Group

Nephrology practice (particularly dialysis) is very resource intensive and has high environmental impact. Recognising this, and the need for change, the ANZSN, in partnership with the Renal Society of Australasia (RSA) and Kidney Health Australia (KHA), convened a working group in early 2017 to promote and support a transformation to environmentally sustainable renal care in Australia and New Zealand.

GNAT’s focus over this year has been on raising awareness within the ANZ renal community about the environmental problems related to dialysis, because willingness to solve them can come only after there is realisation that they exist. To this end, our group facilitated a ‘Green Nephrology’ workshop at the Renal Society of Australasia annual meeting in June and gave a series of talks at the ANZSN ASM in Sydney in September - hopefully many of you were there to hear about the implications of climate change for nephrology and ways that we, the ANZ renal community, can improve the environmental profile of renal care delivery. We thank ANZSN and SPEC for recognising the importance of ‘green nephrology’ and giving us the opportunity to present.

GNAT has also developed two Environmental Research Prizes, one each for RSA and ANZSN, to encourage and support research into green practice in nephrology and dialysis services. These were awarded for the first time at the 2018 RSA and ANZSN annual meetings ($1000 prize money – thank you to KHA for co-funding). Details about the prize can be found on the ANZSN website, along with a list of suggested research topics. However, any environmentally themed research is welcomed and considered. We hope for even more entries over the coming years!

We are currently working to update and expand a ‘green dialysis’ website that was initially developed by John Agar and team at Barwon Health. We hope that this will serve as a useful resource for all those in the renal community keen to address the environmental impact of their own practice.

The GNAT welcomes any Green Ideas, enquiries or feedback from the nephrology community. We also encourage anyone interested in becoming a local environmental champion, undertaking research into the environmental impacts of nephrology or who is seeking more information to contact us via email at anzsn@nephrology.edu.au.

Katherine Barraclough
Chair, GNAT

Key Performance Indicator (KPI) Working Group

The Key Performance Indicator (KPI) Group was established by Council in late 2017 as a time limited (24 months) advisory body with the aim to review the current ANZDATA KPIs and propose future KPIs for the renal community.

Membership is broad and includes paediatric, special interest group and New Zealand representation. Members are Eric Au, Doris Chan, Drew Henderson, Lukas Kairaitis, Nigel Toussaint, Melanie Wyld, Sally Kellett, Stephen McDonald (ex-officio) and Matthew Jose (ex-officio). The inaugural meeting was held by teleconference on 3 September, 2017.

Initial work has included examining KPI programs in various Australian states and New Zealand. Where possible we have extended our search to international sites. At this stage, the KPIs are being reviewed in the ANZ context and narrowed down to what is relevant and feasible. The Group is also considering the governance structure and oversight of KPIs.

The findings of the Group are planned to be presented at the DNT Workshop in 2019 for consultation, with the final recommendations expected to go to Council by the end of 2019.

Nicholas Gray
Chair, KPI Working Group
Core to its mission, the ANZSN conducts scientific meetings and educational programs to understand the causes of kidney disease and to better prevent, diagnose and treat kidney and related diseases.

**Home Dialysis Conference, 28 Feb – 2 March 2018, Auckland, New Zealand**

This was the 6th Biennial ANZSN Home Dialysis conference, held after a hiatus of 4 years due to the ISPD 2016 Melbourne meeting coinciding with the conference for that year.

The ANZSN Home Dialysis conference was first held in Christchurch, NZ, and this was the first time it had returned to be hosted on NZ soil, with intervening meetings being hosted in Australia.

In total 268 delegates attended from 11 countries. A particularly unique and crucial point of difference for this meeting is the MDT nature of the audience with Nurses, Junior Doctors and Advanced Trainees making up 42% of the total registration, a looked for increase on previous years’ (19% in 2012 and 33% in 2014).

The delivered program was presented by patients, carers, NGO representatives, physiologists, psychologists, social workers and physicians.

Delegates by country of origin

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Post conference feedback indicated a high level of satisfaction with the program and its delivery, with 81% of respondents rating the conference either excellent or very good.

The next ANZSN Home Dialysis Conference will be in Canberra in 2020.

David Semple  
Chair, LOC

**Annual Scientific Meeting, 10 – 12 September 2018, Sydney, Australia**

The 2018 Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology was held from 8 to 12 September at the new International Convention Centre in Sydney. This was the first time that the meeting had been held in Sydney for almost 20 years, and the new convention centre represented a fantastic venue to welcome almost 600 attendees.

The Scientific Program and Education Committee (SPEC) of the Society, chaired by Frank Ierino, developed a first-rate scientific program with themes of personalised nephrology, the developing area of clinical and diagnostic genomics, and complement-mediated diseases. The Keynote Speakers for the meeting, Professors Minnie Sarwal, David Kavanagh...
and David Jayne, delivered terrific expositions in their relevant fields. Minnie Sarwal went above and beyond the usual contribution from our invited speakers by managing to get the Society President up on the dance floor at the convention dinner.

In addition to the keynote speakers we were fortunate in having 11 other outstanding local and international seminar speakers covering a range of important topics; Dr Angela Wang, Dr Sydney Tang, Dr Adrien Liew, Dr Anna Greka, Dr Joseph Ooi, Prof Philip Beales, Dr Tom Barbour, A/Prof Glenda Gobe, A/Prof David Nikolic-Paterson, Prof Josephine Forbes and Prof Emad El-Omar.

Important features of this year’s meeting included the celebration of 50 years of Kidney Health Australia at the welcome session on the Monday evening, and the further development of the patient/consumer engagement components of the meeting. The LOC and SPEC also sought to achieve gender balance amongst presenters and improve access to the meeting for all potential participants, and will provide feedback to Council on potential steps for future meetings. The associated meetings that take place around the ASM, especially over the preceding weekend, are an important addition that broadens the scope and reach of the meeting, and were very well attended.

Successful meetings such as the ASM and its associated meetings require the work of many people. Just are few of the people I’d like to thank for their contribution are:

- the Local Organising Committee (Amanda Mather, Richard Phoon and Sradha Kotwal);
- all the members of SPEC especially Frank Ierino;
- Muh-Geot Wong for his work on the Update Course;
- the Society staff (Shaune Noble and Jourdan Pinnell)
- Anna Patterson from Conference Design, the conference manager

With the World Congress of Nephrology (WCN) in Melbourne in April 12–15 2019 there is no ASM next year, although stay tuned to the Society’s Weekly Update for any details of ANZSN activities within the WCN. The next important meeting is the DNT Workshop in Adelaide (Sept 8-10, 2019), with the details of the 2020 ASM still TBA.

**Upcoming event – World Congress of Nephrology (WCN), April 2019**

Thanks to the continuing commitment of Peter Kerr and everyone on the Local Organising Committee, Masaomi Nangaku and the Scientific Program Committee, and the ISN Events team, the planning for WCN 2019 is at an advanced stage and the congress promises to be a roaring success that no one will want to miss. The plenary speakers are exceptional and the scientific programs of the pre-congress courses, the congress itself and associated meetings are outstanding. The pre-congress courses include interventional nephrology, renal nutrition, clinical research design, renal pathology, and a review of nephrology’s evidence base; with satellites on first nations transplantation, paediatric nephrology and diabetic kidney disease. There are two main scientific themes of the meeting: integrated endstage kidney disease, and glomerulonephritis, yet the main program covers all aspects of nephrology and will have plenty of great interest to all attendees. Details of the programs can be found at http://www.isnwcn2019.org/program/.

There are some important deadlines to remember: Abstract submissions will close on November 12th. Early bird registration will close on January 21st. Registration is relatively cheap for a nephrology meeting, and even cheaper if you register by this date. There will be quite a number of exciting scientific and social highlights in the meeting. These include several patient-oriented sessions, the ISN Community Film Awards (submit your entry at http://www.isnwcn2019.org/abstracts/isn-community-film-award), the 2nd Global Kidney Policy Forum with a special focus and Oceania and SE Asia, interactive CPC and quiz sessions, a feisty debate, and many others. So, whatever your scientific and clinical interests, each day will hold some treasures.

Fundraising is progressing well and the meeting promises also to be a financial success for the host societies ANZSN, APSN and ISN. However, tapping into industry global budgets remains a challenge, and your societies need your support. So, come and join your colleagues and friends and enjoy the delights of Melbourne next April 11th-15th!

**David Harris, ISN President, Chair, WCN 2019**
**Education Programs and Activities**

Through the work of SPEC, the ANZSN develops and delivers education programs targeted at the learning and professional development needs of Advanced Trainees and graduate nephrologists.

The ANZSN is also represented on the Advanced Training Committee in Nephrology (ATC) convened by the Royal Australian College of Physicians (RACP).

**Basic, Advanced and Update Courses**

The second annual ANZSN Basic Course in Nephrology was held on 7 and 8 April 2018. Held in Auckland, the course was titled “Unravelling the Secrets of the Kidney” and was directed at 1st and 2nd year trainees. A total 78 trainees have now completed this course.

**Rob MacGinley**
**SPEC Committee Member, Co-Coordinator of Basic Course**

The first bi-annual ANZSN Advanced Weekend Course in Nephrology was held in Melbourne on 14 and 15 July 2018. Titled “What Next: Beyond Basic Training in Nephrology-Revealing the possibilities as a Consultant”, the course was attended by 45 trainees.

**Rob MacGinley**
**SPEC Committee Member, Co-Coordinator of Basic Course**

The 2018 Nephrology and Transplantation Update Course was held on 8 and 9 September 2018 at the International Convention Centre in Sydney, with 202 participants. The two-day course covered a breadth 27 topics of evidence-based Nephrology, delivered by 27 experts in their fields.

**Muh Geot Wong**
**SPEC Committee Member, Coordinator, Update Course**

**Advanced Training Committee (ATC) in Nephrology for the RACP**

The ATC is a busy committee comprising 10 members, including paediatric, TSANZ, ANZSN and NZ representatives.

Nephrology trainee numbers continue to grow and currently the ATC oversees 122 trainees in Australia (111 adult, 11 paediatric) and 23 in NZ. There were 32 Fellows in nephrology in 2016, 30 in 2017 and 5 so far in 2018. The nephrology trainee growth corresponds with a rapid growth in physician trainees overall. Between 2001 and 2018, there have been significant increases in numbers of adult basic physician trainees (585 to 3062) and adult advanced trainees (440 to 2723). In paediatrics, corresponding growth has been in basic training (199 to 855) and advanced training (147 to 1553).

The committee accredits training sites and in the last 12 months members have undertaken 6 Australian site visits. 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 50 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 increasing number of research projects, a task that is now not possible for the committee to undertake alone.

There have been some changes to advanced training. Implementing from 2017, the College has introduced a set of streamlined research project requirements which are mandatory across all specialties. Nephrology will continue to have a requirement of 1 “major” research project (as mandated across all specialties) and 1 other research project. In 2019 all advanced training committees, including Nephrology, will be formally assessing and revising the frameworks for site accreditation and curriculum (including the concept of time-based vs competency-based training) which will specifically address flexibility of core training, impact of trainee numbers on future workforce, training networks, changes to educational requirements and assessment. We will be seeking feedback from the wider
Australasian renal community in the coming 12 months.

None of this work would be possible without the hard work of the members of the ATC team. We would like to thank the current members Jamie Kendrick-Jones (chair NZ SAC), Liz Curry (deputy chair NZ SAC), Girish Talaulikar (ANZSN representative), Grant Luxton (co-ordinator of advanced training), Caroline Milton (lead, projects), Jack Heron and Emily See (incoming and outgoing trainee representatives respectively) and Toby Coates (TSANZ representative). Murty Mantha (co-ordinator of advanced training) has put in an enormous amount of work over the past 6 years and will be leaving the committee, as will I, and I welcome Anne Durkan as the new chair of ATC Nephrology. I encourage anyone with questions about nephrology advanced training to contact myself or one of the committee members.

Vincent Lee
Outgoing Chair, ATC

Nephrology Journal of the Asian Pacific Society of Nephrology

It gives me great honour to succeed Professor Peter Kerr as the first Editor-in-Chief of Nephrology outside of Australia, and I am happy to continue providing an annual report to the ANZSN. 2018 saw a significant rise in our impact factor to 2.178, up from 1.563 — thanks to the hard work of my predecessor over the past 2 years! And the 5-year figure is now at 2.359, up from 2.002 in 2017.

We continue to have a very high submission rate — at the time of preparing this (mid-Oct) we have had 615 submissions for the calendar year, giving a projected figure of 790 for the year. The rejection rate has now gone up to 80%, considered a healthy figure. Mandatory plagiarism checking for every article continues to be a major reason for initial outright rejections.

As reported by Peter last year, Nephrology finally became an on-line only journal from July 2018, and we now have a means to clear some of the back-log of articles awaiting formal publication. All accepted articles continue to be published on-line within 6 days of acceptance, though there is still a considerable lag time for these articles to be placed in an issue.

My vision for the Journal ahead will include: (i) revamping the Editorial Board to bring in new thoughts and new elements; (ii) upholding and continuously improving its scientific and educational content; (iii) increasing its visibility and impact in the Asia-Pacific region and beyond; (iv) maintaining its revenue generating capacity; and (v) working closely with Wiley, our publisher, to scale new heights for Nephrology.

To achieve these goals, a new editorial team has come on board to energize the Journal. For the first time, we have recruited Associate Editors (replacing the Deputy Editors) to broaden the scope and hopefully submissions to the Journal from around the world. Special consideration has been given to appoint Associate Editors with great expertise in the different subspecialties of nephrology, who also represent diverse geographic locations, in keeping with the objective of increasing the visibility and impact of Nephrology beyond the Asia-Pacific region.

Another important element apart from energizing is ‘juvenizing’ the Journal. A number of “rising stars” with an escalating track record in research in both clinical and experimental nephrology from the Asia-Pacific region have been carefully appointed to add spice to the journal. In addition, a number of well-established researchers have been appointed as Subject Editors, while some have retired after having served the journal for a significantly long period of time and moved on to take up other roles.

The journal maintains excellent standards in terms of time to first and subsequent decisions but recognises the constant load on Subject Editors and reviewers. An editorial board meeting was held during the ANZSN ASM on 12 Sep 2018 and attended by 16 editors and Alison Bell from our publisher, Wiley. The next editorial board meeting will be held during the ASN in San Diego on 25 Oct 2018.

Prof Sydney Tang
Editor in Chief, Nephrology Journal
ANZSN is committed to showing support for, and leadership in, regional and global nephrology.

ANZSN worked closely with the Asia Pacific Society of Nephrology (APSN) this year to organize an ANZSN-APSN CME course that was held in conjunction with the 2018 ANZSN ASM Nephrology and Transplantation Update Course in Sydney in September. ANZSN and APSN jointly sponsored 13 delegates from low-middle income countries in the Asia Pacific to attend the meeting. This was the second time that ANZSN has co-hosted one of these courses, and once again, informal feedback suggested that all found it highly educational. These CME courses provide attendees with an invaluable opportunity to network with other nephrologists from the Asia Pacific. The hope is that this will pave the way for future integration & collaboration across the region.

ANZSN was recently asked by APSN to nominate a young nephrologist to join their newly convened Young Nephrologists Committee. The purpose of this group is to promote the personal development of young nephrologists in terms of leadership and scientific knowledge as well as to ensure the voices of young nephrologists from the region are heard and considered. Dr Titi Chen from Sydney, Australia, was selected from a large number of applicants to represent ANZSN. We look forward to hearing of the work of this committee over the coming years.

ANZSN has also continued to partner with the International Society of Nephrology (ISN) to co-fund two ISN Sister Renal Centre Pairs – namely, the Colonial War Memorial Hospital in Suva, Fiji, paired with the Concord Repatriation General Hospital in Sydney, Australia; and the Zainoel Abidin Hospital in Banda Aceh, Indonesia, that collaborates with the Gold Coast Hospital in Southport. More information about the ISN Sister Renal Centre Program can be found on the ISN website.

ANZSN has also worked with ISN and APSN this year to explore ways in which the international community might support the development of nephrology in Samoa. This has included participating in a strategic planning meeting held at the Ministry of Health in Apia, Samoa, in June. There was strong consensus from all present at the meeting that Samoa would benefit from entering into an ISN Sister Renal Centre partnership with Middlemore Hospital in New Zealand. This should lead to increased local and overseas renal training opportunities for Samoan medical and nursing staff, improved procedures, policies and data collection and increased research capacity.

There was also discussion about the benefits of increased and ongoing collaboration and skill sharing between Samoa and Fiji, and the potential to expand this to involve other Pacific Island nations in the future, possibly through an ISN Sister Renal Centre trio arrangement.

While in Samoa, ANZSN, ISN and APSN representatives participated in a CME day. This was very well-attended by hospital medical and nursing staff, medical students, local general practitioners and individuals from National Kidney Foundation Samoa.

Katherine Barraclough
International Affairs – ANZSN Portfolio Holder

Asian Pacific Society of Nephrology (APSN)

The APSN, ably led by Professor Philip Li has continued to develop strong links throughout the region including strengthening collaborations with the ANZSN.

The Asian Pacific Congress of Nephrology (APCN) 2018 was held in Beijing from March 27-31, 2018. CSN organised together with APSN which had over 11,000 participants, the biggest meeting of APCN to date.

APSN has had two new Sponsoring Societies: Nephrology Society of Thailand and the Indian Society of Nephrology join the existing 8 Sponsoring Societies: Australian New Zealand Society of Nephrology (ANZSN), Chinese Society of Nephrology (CSN), Hong Kong Society of Nephrology (HKSN), Indian Society of Nephrology, Japanese Society of Nephrology (JSN), Korean Society of Nephrology (KSN), Taiwan Society of Nephrology (TSN) and Nephrology Society of Thailand (NST). These Societies contribute annually financial support to APSN and also have representations in the APSN Executive Committee.

Education enhancement within the region has been a strong focus of the APSN. The APSN CME Committee...
led by Prof Xueqing Yu (CSN) and co-chaired by A/Prof Katherine Barraclough (ANZSN), has co-organised 5 CME meetings in 2018. APSN and host Societies supported participants from Lower Income Countries and the Lower Middle Income Countries through grants for joining these CME activities. At the same time, APSN recognized and supported the importance of young fellows from High Income Countries interacting with trainees from around the whole Asian Pacific region and encouraged this academic exchange amongst the young fellows.

The first of the 5 APSN CME meetings were held in conjunction with the APCN in Beijing. 1,790 young nephrologists, nurses and researchers from Asian Pacific region attended this course, including 31 young nephrologists supported by CSN and APSN. The second meeting was held in conjunction with the Korean Society of Nephrology (KSN) in Seoul in May 2018. 80 nephrologists, including young doctors from 6 countries from the Asia Pacific Region attended CME (China, Japan, India, Malaysia, Pakistan and Sri Lanka).

The third CME Programme was co-hosted between APSN and the Japanese Society of Nephrology (JSN) in Niigata. The fourth CME was organised in Sydney together with Australian New Zealand Society of Nephrology (ANZSN) from Sept 8-9, 2018. The fifth CME meeting in September was co-organised with Hong Kong Society of Nephrology and Hong Kong College of Physicians. 103 participants attended the Meeting. 23 trainees from 12 countries (Cambodia, Guangxi of China, India, Indonesia, Malaysia, Myanmar, the Philippines, Sri Lanka, Thailand, Vietnam and Australia) were supported by APSN and HKSN. Overall the APSN in collaboration with its member societies continues to play an important role in nephrology training within the region.

As a new initiative, Professor Li has established APSN Young Nephrologists Committee to encourage engagement and participation of young nephrologists in all aspects of the Society. In collaboration with the ISN, the APSN continues to fund fellowships to allow trainees from lower income countries to undertake additional training in a sponsoring unit. Each year the APSN has contributed $100,000 to this successful scheme.

2019 will also be the 40th anniversary for APSN, with the Inaugural Meeting of APSN was in Tokyo 1979. This will be celebrated at the WCN in Melbourne in April 2019 as the APSN is co-hosts with ANZSN for this meeting.

Rob Walker
Honorary Secretary, APSN

International Society of Nephrology (ISN)

WCN 2019. Come and support your colleagues and societies in Melbourne next April!

Other ISN meetings. The Melbourne WCN will be the last biennial congress, and from 2020 WCNs will be an annual event in March or April, starting in Abu Dhabi in 2020 and then Montreal in 2021. ISN Frontiers meetings will be held annually, in the second half of the year; the next Frontiers meeting will be held on October 3-6, 2019 in Goteborg, Sweden on the topic of “Cardio-Pulmonary-Renal interactions and their interdependence in disease”. The 2nd Global Kidney Policy Forum will be held in conjunction with WCN2019, with a special focus on Oceania and SE Asia.

Global Kidney Health Atlas. David Johnson, Aminu Bello and their teams are working hard on the second edition of the GKHA which will be released next year. It is a very valuable resource for tracking the progress of nephrology, globally, regionally and within individual countries, and for holding governments accountable when progress is too slow.

Integrated ESKD care. Following on from a highly successful Global Kidney Health Summit in Sharjah, UAE earlier this year, ISN will be working with its partners to develop and implement a long-term strategy for achieving global access to integrated ESKD care. You’ll see some publications about this over the next few months. In response to invitations from various low- & middle-income country (LMIC) governments and nephrology societies, as well as the WHO, ISN is advocating and building capacity for ESKD care in countries with restricted access to care. We will be calling on ANZSN members to be involved, especially in Indonesia, the South Pacific and other parts of OSEA.

Kidney Care Networks. ISN continues to work in a number of units in LMIC in Africa, Latin America and Asia, to improve delivery of all aspects of kidney care, from prevention to AKI, CKD and ESKD. This continues
and integrates the work of the several ongoing projects focused on AKI (0by25, Saving Young Lives), CKD (Closing the gaps) and ESKD, and capitalizes on training and education available through ISN’s extensive global outreach programs, and its on-line educational resources through ISN Academy.

**Journals.** Under Pierre Ronco’s leadership (and with Toby Coates and Germaine Wong amongst its editors), Kidney International continues to flourish. From 2019, supplements will appear in KI itself, as well as in KI Supplements. KI Reports has been an unqualified success and continues to surpass expectations.

**Leaner & more robust governance.** Early next year ISN members, including those from ANZ, will be invited to vote for the regional representatives who will lead ISN’s Regional Boards and comprise the next ISN Council. This change will herald a greater, more relevant regional focus for ISN.

**ANZSN involvement.** There are many opportunities for involvement in ISN, and currently and regularly ISN issues calls for expressions of interest and nominations for committee members and leaders. Traditionally ANZSN members have featured prominently amongst ISN leadership and have played key roles in many ISN programs and projects. By ensuring that the majority of ANZSN members continue their membership of ISN and younger members volunteer to join in ISN activities, ANZSN can continue to play a pivotal role in advancing global and regional nephrology.

David Harris  
President, ISN

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**Reports from Affiliated Organisations**

ANZSN is proud to work with organisations who share a common mission and to profile the work of these like-minded groups in making a difference to kidney health through research, education and advocacy.

**Australian Kidney Transplant Network (AKTN)**

The Australasian Kidney Trials Network’s (AKTN) first clinical trial, the FAVOURED trial, commenced recruitment in August 2008 followed a few days later by the HONEYPOT trial. Since then, the AKTN has successfully completed 9 studies, rising to 11 in December when the IMPROVE-CKD and CKD-FIX trials conclude. Through the support and enthusiasm of its members, and by incorporating the lessons of the past 10 years into the design and conduct of current and developing trials, the AKTN remains relevant and responsive to the needs of the Kidney Care Community. The AKTN has 3 currently recruiting trials and a further 4 in development, each with a novel or pragmatic element that increases the research’s relevance to practice and will enhance opportunities for implementation of trial results.

**REMOVAL-HD.** REMOVAL-HD is a single-armed, non-randomised trial looking at the safety of a new middle molecule cut off (MCO) haemodialysis membrane. A total of 92 participant were enrolled (the recruitment target was 85 and occurred between January and August 2017) with follow-up completed in April 2018. Final results are currently being drafted. The study will examine whether 6 months MCO membrane adversely affects albumin levels and/or improves clearance of middle molecules.

**RESOLVE.** The RESOLVE Trial will examine whether dialysate sodium levels impact on the rate of cardiovascular events and all-cause death in
haemodialysis patients. The George Institute is the global sponsor with sites in Australia, New Zealand, China, India, Canada and a number of other possible countries. The AKTN is coordinating all 27 Australian sites, with the first site having commenced in June 2016. All data in Australia and New Zealand will be collected through the ANZDATA Registry with data being collected at baseline, annually and when study events occur over the 5 to 6 years of patient follow-up.

**PEXIVAS.** PEXIVAS is a joint venture of the European Vasculitis Study Group (EUVAS) and the Vasculitis Clinical Research Consortium (VCRC). Chen Au Peh from Adelaide leads the Australian arm of this collaborative international study. The aim is to compare plasma exchange versus no plasma exchange and standard vs low dose glucocorticoids in adults and young adults with ANCA associated vasculitis. The trial successfully met its recruitment targets in August 2016 and the trial closed on 31st July 2017. Initial results were announced at the EDTA conference in Copenhagen in May and the primary publication and study report are anticipated to be published soon.

**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. Recruitment closed in January 2017 with 278 enrolments. Participants are being followed up until the end of 2018.

**BEST-Fluids.** This investigator-initiated, registry-based, multi-centre, double-blind, randomised controlled trial evaluates the effect of intravenous therapy with Plasma-Lyte versus 0.9% Saline on early kidney transplant function, defined as receiving treatment with any form of dialysis in the first seven days after transplant in deceased donor kidney transplant recipients. The study plans to recruit 800 participants over 36 months. Recruitment started in January 2018 and has enrolled 247 patients. Currently there are 2 active sites in New Zealand and 5 active sites in Australia.

**PISCES.** This study will be the largest clinical study to definitively address whether supplementation with high dose long-chain omega K3 polyunsaturated essential fatty acids (n3KPUFA) in adult HD ESKD patients will reduce rates of CVD events, CVD and all-cause mortality.

**PISTON.** PISTON asks whether treatment with Plasma Lyte versus 0.9% Saline on early kidney transplant function, and the Queensland Government Clinical Excellence Division. The AKTN fully coordinated the Australian arm of the PDOPPS study in collaboration with Arbor Research. A global multicentre observational study looking at the impact of modifiable practices in the management of PD patients on the risk of all-cause PD technique failure, PDOPPS will gather data from 100 randomly selected PD units (20 in Australia) to enter data for randomly selected prevalent and incident patients. Recruitment and follow-up ceased at the end of 2017 at 543 enrolments. The analysis of data and papers will be led by the PDOPPS Steering Committee.

**TEACH-PD Cluster RCT.** The TEACH-PD pilot study demonstrated feasibility in a real-world clinical environment. Conducted in 2018 across two PD units in Australia (John Hunter Hospital; Wollongong Hospital, NSW), pilot study data was used to improve the TEACH-PD modules and materials ahead of a larger randomised controlled trial commencing in Australian and New Zealand sites in early 2019. Supported by the BEAT-CKD Program, Baxter Health and the Queensland Government Clinical Excellence Division, the TEACH-PD Cluster RCT is the first pragmatic study to formally examine the effectiveness of implementing a standardised, best evidence-informed, pilot-proven PD training curriculum designed for PD nurses and patients. The key outcome is PD-related infection and this structured learning program has significant potential to reduce rates of PD-related infections, improve the longevity of PD, and reduce costs associated with both hospitalisation and transition to HD.

**PEXIVAS.** This study will be the largest clinical study to definitively address whether supplementation with high dose long-chain omega K3 polyunsaturated essential fatty acids (n3KPUFA) in adult HD ESKD patients will reduce rates of CVD events, CVD and all-cause mortality.
IMPEDE-PKD. ADPKD is the 4th most common reason for Australians to commence dialysis and there is an urgent need for treatments to slow the loss of kidney function and prevent complications in affected patients and families. Repurposing of existing medications is a promising way to potentially expedite this. Laboratory studies suggest metformin, a common diabetes medication, might be one such medication. IMPEDE-PKD is a prospective, multicentre double-blind, randomised controlled trial of metformin versus placebo in adult ADPKD patients to determine the effect of metformin therapy on renal function decline and cyst growth. Using kick-start funding from the BEAT-CKD Program and PKD Australia, recruitment is planned to commence at a small number of pilot sites in 2019, which will inform a funding application for a larger study in late 2019.

PHOSPHATE. There is an absence of robust evidence that lower serum phosphate concentrations improve patient-centred outcome, and phosphate lowering medications are associated with significantly increased pill burden and non-adherence, and poor quality of life. The PHOSPHATE Study is an investigator-initiated, international, randomised, open-label, and pragmatic large simple trial (LST). The objective of this trial is to determine whether the currently recommended strategy of intensive reduction of serum phosphate concentration towards the normal level results in significant patient-centred benefits in end-stage kidney disease (ESKD) patients receiving dialysis. The BEAT-CKD Program provided seed funding to develop the protocol and engage with international collaborators, and the Australian and New Zealand arm of the trial will commence in 2019 as part of the global PHOSPHATE Study.

BEAT-Calci. The BEAT-Calci trial is a randomised controlled clinical trial which aims to establish the infrastructure of a platform trial to test interventions that may improve the healing of calciphylaxis lesions, pain, amputation and mortality. The study incorporates a number of innovative features intended to address barriers encountered in trials of rare and low survival diseases including close alignment with current practice approaches, and a design that maximises a participants’ exposure to active treatments. The BEAT-CKD Program has provided funding to develop the protocol, and engage with international partners including USA, Germany, UK, and New Zealand. Recruitment will commence in 2019.

BEAT-CKD Program (http://beatckd.org/). Annual Research Forum and Workshop Series

The BEAT-CKD Annual Research Forum and Workshop Series was held in late July in Brisbane at the Translational Research Institute on the Princess Alexandra Hospital campus. The three-day program provided attendees with an opportunity to hear and discuss innovative research methods, high priority research projects, and new directions in involving consumers and carers along every stage of the research continuum. The forum also included presentations from early career researchers whose research focusses on establishing a greater patient voice in medical research in kidney disease. The final day comprised targeted skills development workshops in qualitative research, health economics, ANZDATA registry research, and clinical trial design. The 2019 Annual Research Forum will be held in Sydney in mid-2019.

Consumer Advisory Board. The BEAT-CKD Consumer Advisory Board (CAB) was established in 2017 after a series of workshops in Adelaide, Sydney and Brisbane. The CAB comprises members of the kidney care community who have an interest in research, and who are willing to help guide the research activities of the BEAT-CKD Program pillars to ensure they align with the priorities and needs of patients and their caregivers. If you would like to know more about the CAB’s activities, please contact aktn@uq.edu.au

AKTN Working Groups. AKTN Working Groups in the sub-specialities of Acute Kidney Injury, Chronic Kidney Disease, Glomerulonephritis, Haemodialysis, Methodology, Peritoneal Dialysis and Transplantation support the research agenda and priorities of the AKTN. Each group is currently developing research projects in their areas of interest, and kidney care researchers are invited to submit clinical research proposals for peer-review, guidance and practical advice in developing a scientifically and methodologically robust research protocol.

- Acute Kidney Injury (Chair – Vacant)
- Chronic Kidney Disease (Chair - Sunil Badve)
- Glomerulonephritis (Chair – Bhadran Bose)
- Haemodialysis (Chair – Matthew Roberts)
- Methodology (Chair – Magid Fahim)
- Peritoneal Dialysis (Chair – Yeoungjee Cho)
- Transplantation (Chair – Wai Lim)

If you would like to know more about the Working Groups, please contact aktn@uq.edu.au
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 https://twitter.com/Kidney_Trials.

Newsletter – sign up by emailing aktn@uq.edu.au with the subject heading “Subscribe”.

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Carmel Hawley
Chair, AKTN Operations Secretariat

Australian and New Zealand Society of Interventional Nephrology (ANZSIN)

ANZSIN – the first ten years. This year we celebrate our eleventh year since conception. Our membership continues to grow and our networks expand across the globe. From a small group of nephrologists from Australia and New Zealand interested in interventional techniques meeting in 2007, we have grown to a membership group of dedicated doctors, nurses and technicians with a diverse network of contacts around the world. We are considered a group of informed, knowledgeable, safe and dependable practitioners at the forefront of our field. We are recognised as the contact point for ANZ interventional expertise. Our society and its members are the first point of call for ANZ interventional teaching activities.

ANZSIN meeting. Last year our meeting in Darwin was one of our smaller attendee numbers – 71 in total. This led to a loss of AU$4,560.16. This we funded from our reserves. Costs were up last year with both lower sponsorship from industry, and the additional costs travelling to Darwin. Despite the loss, we felt the meeting met its goals.

Renal Week 2018. As in previous years the ANZSIN annual meeting will follow the 2018 ANZSN Sydney meeting. This year our meeting will be held on Wednesday 12 to Friday 14 September 2017. Our interventional nephrology and international guest speaker is Dr Amy Dwyer, University of Louisville, USA.

It can be a challenge to meet the attendees’ interests at our meeting. From advice in previous meetings feedback, last year we had a stronger PD theme. This was criticised by some attendees hoping for more in HD. This year a more balanced group of topics makes up our programme. We have a wide group of interest in registrants from surgeons, physicians, technicians, nurses – trainees and experienced personnel. We are proud of this wide base of interest and knowledge held by our attendees; and know we cannot satisfy all; however, we continue to do our best to keep the meeting theme broad and interesting in the future years. Nurses now make up a substantial part of our active group, and meeting registrants – something we are both proud and delighted about.

Dr Gerald Waters developed our website (ANZSIN.org). We have developed an online real-time password-protected database for interventionalists to record their patients they perform access procedures upon. The database is a record of interventional outcome data for audit and certification purposes. The database should go live this year.

Four years ago, the Asia Pacific Society of Dialysis Access (APSDA) was established in a similar fashion as our own Society; through a group of interested nephrologists identifying an area of need: access education and knowledge sharing in the Oceania region. ANZSIN has become an active member of this Society. Two of our members sit on the APSDA committee: Dr Cherian Sajiv and Dr David Voss.

We continue to encourage and educate the Australia and New Zealand ‘region of responsibility’ on interventional related topics. Members have travelled to Fiji and Samoa undertaking interventional teaching activities.

Over the years ANZSIN members have been invited to the Asia-Pacific region to teach general and interventional nephrology; much of this work has been self-sponsored. This year through ISN and ANZSN sponsorship three ANZSN and one ANZSIN member met in Samoa to develop a programme of sister-hospital support to Samoa in both nephrology and interventional nephrology.
Topics to be covered in our Thursday didactic sessions: fistula complications, challenges in removing HD catheters; HD catheter design; management of clotted HD catheters. The nurses’ perspective in complications; anaesthesia for PD catheter insertion and assessing the scarred abdomen for PD.

During the Friday workshop our hands-on activities include: USS scanning of HD vascular access and cannulation; percutaneous native and transplant renal biopsy techniques; PD catheter site marking and insertion by Seldinger technique; fistuloplasty; temporary (uncuffed) and long –term (tunneled/cuffed) HD catheters – in both IJ and femoral vein sites. Each registrant will have the opportunity to practice each technique.

We have 86 registrants so far for this year’s meeting, which will make it one of our biggest meeting attendances. Along with industry support we should be financially stable not requiring a top up of the meeting finances from reserves.

**American Society of Diagnostic and Interventional Nephrology (ASDIN).** Our close relationship with ASDIN continues with both our ANZ members attending their annual ASM and knowledge sharing throughout the year. ASDIN remains a valuable and reliable source for our ASM visiting speaker. Some of our ANZSIN members have become Fellows of the ASDIN.

**Training and certification.** ANZSIN executive have developed minimum numbers for skill attainment, maintenance of expertise and teaching of all nephrology specialty interventional skills. We have finalised our certification process this year. We now are able to certify interventional trainers for the procedures: renal biopsy (transplant and native); percutaneous HD cuffed and HD uncuffed (temporary) catheters; percutaneous PD catheter (Y-Tec and Seldinger) insertion; HD fistula (angioplasty and stenting) intervention.

Interventionalists who have met the criteria may submit to the executive of ANZSIN documentation of their cases (which in the future will be from our on-line database). The executive approves these. This year we have certified Dr Stephen May as our first; and at this year’s ASM we will approve five other interventional nephrologists who have met the trainer requirements.

**CARI renal biopsy guideline.** In 2017 Drs John Saunders, Jeff Wong, Paul Champion de Crespigny and David Voss contributed to the writing group for the CARI renal biopsy guideline. One publication has been drafted from the guideline development process. The guideline is written, and being circulated with interested parties prior to final publication.

**Finances.** Our only income is from our ASM. Fortunately, sponsorship from interventional nephrology related Pharma continues. Their support includes independent technical and professional advice and demonstration equipment. Our PCO manages the ASM finances each year, and reserves are passed on to the treasurer/ANZSN administration.

**Thank you.** The ANZSN Office continues to provide assistance and wise administrative advice, for which we are very grateful.

For several years we have used the same PCO – ICMS. We have found them professional and industrious. We are pleased that our relationship has continued and I thank Tracey Crosling in particular for her exceptional informative support. We look forward to our future with ICMS as our PCO.

Our interventional society operates through the dedication and industry of a number of volunteers. We have no paid staff. The day to day administration is mostly managed by our secretary, Dr Steve May whose industry keeps the society functioning, thank you Steve. Our nurse membership, particularly the input from Dianne Du Toit and Liz Coroneos remains invaluable. Other executive and committee members I thank you all for your help and contribution throughout the years.

I have held the ANZSIN chair position for four years and have decided to retire from my position. I am honoured to announce the position of Chair ANZSIN will be filled by an amazing and industrious interventionalist Dr Eddie Tan, Nephrologist from Hamilton, New Zealand.

David Voss
Chair of ANZSIN - Interventional Nephrology Society
This year has been a busy one for ANZDATA, with ongoing development on many fronts.

The external review of ANZDATA was completed and discussed within ANZDATA and then more broadly with the nephrology community at the Annual Scientific Meeting in September. Discussions are underway with the funders and other stakeholders around the various recommendations. Proposals include changes in reporting lines and committee structures, consolidating information technology, together with funding changes to embed sustainable clinical leadership within the Registry structure. The question of oversight of individual hospital reports is a key one, which will require further discussion with ANZSN regarding the appropriate structure.

We are dependent on the ongoing generosity of renal units and staff in collecting and forwarding the data. Collection of this has been increasingly via electronic submission, facilitated by the web-based data entry system highlighted in the last report. Reporting has been quicker and more complete, and gains are anticipated in earlier data lock and distribution of reports.

ANZDATA outputs continued to be used in a variety of areas:

1) Health service planning. Several states and territories are currently engaged in analysis and projections of dialysis demand, and have been supplied data extracts from ANZDATA to support these analyses. There have also been a number of analyses to support the Ernst & Young review into transplantation systems in Australia.

2) Safety and Quality. The individual hospital reports for both dialysis and transplantation continue to evolve, with further developments in methodology to control the false discovery rate.

3) Clinical audit and research. ANZDATA continues to provide data for a broad range of audit and research projects, both large and small.

Funding for the core activities of the Registry continues through the Australia Organ Donation and Transplantation Authority, the NZ Ministry of Health and Kidney Health Australia. As part of the Beat-CKD (funded by an NHMRC Program Grant), 3 substantial additional areas of activity within ANZDATA have developed:

1) Registry based trials. BEST fluids and RESOLVE have both commenced, with brisk enrolment in both. Each trial utilises electronic enrolment and (in the case of BEST fluids) randomisation through the ANZDATA web-based service.

2) Patient Reported Outcomes. Funded by Beat CKD and a KHA grant, a pilot is underway to develop and test reporting of PROMS in the dialysis unit environment. This is overseen by the Registry’s PROMS Working group, chaired by Rachael Morton.

3) Consumer engagement. As part of Beat-CKD substantial efforts have been made to improve engagement with patients and carers. This has included the creation of a Consumer Advisory Board, and involvement of consumers in individual projects. A number of strands of work will continue in this area; these include producing short video summaries of work undertaken using ANZDATA to make information more accessible.

The Registry’s Steering committee meets 4 times yearly and provides a critical forum to link Registry the activities with the broader renal community. The working Group Structure continues to evolve to reflect changing interests; 2018 has seen the creation of a more formalised New Zealand Working Group, with a particular focus on reflecting on practice and outcomes in New Zealand. There is also now a separate New Zealand chapter in the report, bringing together various NZ-specific analyses.

Funding for the core activities of the Registry continues through the Australia Organ Donation and Transplantation Authority, the NZ Ministry of Health and Kidney Health Australia. The support of these bodies is gratefully acknowledged. Finally, our activities would not be possible without the generous in-kind support of renal units and staff throughout Australia and New Zealand and the additional voluntary contributions of committee and working group members.
Australian and New Zealand Paediatric Nephrology Association (ANZPNA)

ANZPNA is a non-profit organisation devoted to the care, prevention, education and research of kidney and urinary tract diseases in infants, children and adolescents. ANZPNA continues to advance the field of paediatric nephrology through promotion of clinical, research and educational excellence in Australia and New Zealand. There are currently 42 active ANZPNA members, the majority of whom are practicing paediatric nephrologists. Since the establishment of the Chapter of Paediatrics of the ANZSN, our annual general meeting has been held during the ANZSN ASM. This year we met in Sydney on 12th September with the majority of our members present. This arrangement has been successful in the last two years in encouraging ANZPNA members to attend ANZSN ASM.

On 22nd January 2018 we sadly lost a true friend and dedicated colleague with the death of Tonya Kara. She passed away peacefully in the company of her sister and friends in Auckland after a short battle with cancer. Tonya was a highly respected paediatric nephrologist with a wealth of experience from her work in the UK, Australia, Canada and New Zealand. She was a dedicated clinician, an excellent teacher and a highly productive member of the paediatric nephrology community. To honour Tonya’s legacy, ANZPNA is planning on establishing an annual educational symposium or prize in her name.

Active research collaboration among ANZPNA centres continues with a number of ongoing projects. The aDOPT trial, a prospective multicentre clinical trial on therapeutic monitoring of mycophenolic acid levels after kidney transplant, has been successfully running over the last 2 years with planned finish of recruitment by the end of 2018. David Metz (PI) presented preliminary data at the Population Analysis Group of Australia and New Zealand ASM and was awarded Student Clinical Prize for this work. Data from this project were also being presented at this year’s ANZSN ASM. A new exciting study has been proposed from Perth (PI Wai Lim). The INCEPTION trial aims to study the association between donor/recipient genetic dissimilarities and the clinical transplantation outcomes in paediatric and adolescent kidney transplant recipients. BEST-Fluids trial, a double-blind, randomised controlled trial evaluating the effect of Plasmalyte versus 0.9% saline on early kidney transplant function in deceased donor kidney transplantation, will start recruiting paediatric patients across Australia and New Zealand soon.

ANZPNA maintains active collaboration with a variety of national and international associations. On an international level, ANZPNA assists in promoting clinical care (AKI management, including peritoneal dialysis) and education in Oceania. There have been some challenges in the delivery of PD fluids recently but the Oceania Group of ANZPNA continues to work on solutions to maintain this important collaboration. ANZPNA also plays an active role in the governance of the International Pediatric Nephrology Association (IPNA) through the role of the regional councillor (Debbie Lewis). Our members hold important roles on the committees of the national societies. These include paediatric portfolio representative on ANZSN Council (Peter Trnka), paediatric representative on ANZSN SPEC (Peter Trnka), KPI Working group of ANZSN (Sally Kellett), Paediatric Transplant Advisory Committee and Paediatric Working Group of the TSANZ (Josh Kausman and Fiona Mackie). Through the representation on these committees, we continue to be involved in the policy development of these societies providing paediatric input. ANZPNA also actively participates in ANZDATA governance via Paediatric Group of the ANZDATA registry chaired by Amelia LePage.

There are currently 11 paediatric nephrology trainees at various stage of training in Australia, New Zealand or overseas. The trainees have been very active in the last couple of years in organizing educational sessions lead by Sharon Teo. They have organized a webinar series which has been very popular and well received. There is a plan to have the webinars available online and ANZPNA is working on the most appropriate platform, with an ANZPNA website or eLearning Hub being considered as the best options. Ashlene McKay (trainee representative) and Nick Larkins (ANZPNA website curator) will continue to facilitate the establishment of the educational resource for the trainees.

Finally, I want to thank the outgoing members of ANZPNA executive team, Deirdre Hahn (past treasurer) and Fiona Mackie (past chair) for their leadership over the past 3 years. Our thanks also go to Debbie Lewis (IPNA representative) whose term will finish at the end of this year. The new executive team, Siah Kim (treasurer), Nick Larkins (secretary), Josh Kausman (past chair) and myself, was elected at the AGM in Sydney. Fiona Mackie will start her role of our new IPNA representative at the end of 2018. I am sure...
the next 12 months will be another busy and productive year, and I can promise on behalf of the executive team that we will continue to maintain the productivity and a high profile of ANZPNA.

Peter Trnka  
Chair, ANZPNA

2018 – Kidney Health Australia’s 50th Anniversary

2018 marks a significant milestone in the history of Kidney Health Australia – our 50th Anniversary. In 1968, Kidney Health Australia was established in Adelaide. Originally known as the Australia Kidney Foundation, kidney researchers and nephrologists united to provide funding for research into chronic kidney disease treatment and prevention. Over the past 50 years we have achieved a great deal to support our kidney community – however there is still much to do.

After a year of change in 2017, this year has been a one of stabilisation, the beginnings of growth and a number of notable achievements.

Given that Kidney health Australia’s beginnings were in research it was fitting that this year we demonstrated our commitment to research with a total investment of $250K into 5 different research projects ranging from basic science to psychosocial topics. This investment was welcomed by our community and celebrated by an event hosted by KPMG in August. We also awarded the Kincaid-Smith Medal to a very worthy recipient, Dr Carmel Hawley.

This year Kidney Health Australia secured 3 separate government grants to help us support the kidney community. KHA Youth aims to support young people with kidney disease, with a focus on those transitioning from paediatric to adult care; the KHA CARI Indigenous Guidelines Community Consultation will provide community input into these new guidelines, and finally we will be leading the National Strategic Action Plan for Kidney Disease into which many of you will have the opportunity to provide input.

We have continued to put the focus back onto our community with the further development of the re-established National Consumer Council, growth of community support groups, the relaunch of our Newsletter and our involvement with consumer activities such as the BEAT-CKD.

Kidney Health Week 2018 was our most successful to date, and in April 2019 we are leading a joint public awareness day with the World Congress of Nephrology in Melbourne. Kidney Health Week 2019 is looking to be even better.

The highlight of our 50th Year Anniversary celebrations was an event at Admiralty House in Sydney hosted by the Governor-General Sir Peter Cosgrove, and Lady Lynne Cosgrove. We invited close to 80 people from across our kidney community to acknowledge their contribution to our organisation, and to show our appreciation for their support and commitment to continue to raise awareness and fight kidney disease across Australia. It was fantastic to have representation from the ANZSN at this very prestigious event. We announced the winner of the inaugural Mark Colvin Scholarship. This scholarship is a collaboration with the Australian Broadcasting Company (ABC) and is a cadetship with the ABC for a young journalist in celebration of the work of Mark Colvin.

Whilst we celebrate these achievements, we also remembered Associate Professor Tim Mathew AM. Tim was a founding member of the Australian Kidney Foundation and held many roles within the organisation including National President (2000-2002), Board Member (1982-2002), Deputy Chair and Chair of the Medical and Scientific Advisory Committee (1985-1990), Medical Director (2002-2015) and head of various national clinical advisory committees. His leadership was critical to the development of national consensus in automatic reporting of eGFR and assessment of renal function, and he was instrumental in raising the profile of chronic kidney disease as a significant public health problem in Australia. Tim was also a Priscilla Kincaid Smith medal recipient.

In October we welcomed our new Chief Executive Office Mr Chris Forbes. Chris has a track record as an accomplished and inspirational leader, growing organisations to achieve their potential. He will surely be an asset to Kidney Health Australia and will take the organisation to the next level.

The relationship between Kidney Health Australia and the ANZSN has continued to flourish this year through a number of initiatives and also the election of Professor Carol Pollock as Chair of the Kidney Health Australia Board of Directors in December 2017.

Dr Emma Tinning, our shared research project officer, has made great process since she started in March this year. Some of the key activities that Emma has been
working on include: a review of potential sources of funding for kidney research, a consultation with the major kidney organisations in Australasia on the ANZSN Research Strategy, a joint submission to the Medical Research Future Fund Priorities 2018-2020, and the administration of the medical research awards for 2018.

The ANZSN, BEAT-CKD and Kidney Health Australia worked together to host two consumer sessions for patients and family members/carers at the ANZSN ASM. The consumer sessions covered a wide variety of topics, such as targeted therapies, stem cells, nutrition, innovation in dialysis, and how to become your own health advocate. The sessions were streamed live and recorded so that hundreds of people around the world could participate and benefit from the sessions.

Kidney Health Australia awarded two research prizes worth $6000 at the ANZSN ASM. The Kidney Health Australia Clinical Award for the best clinical research was presented to Philip Clayton for his research titled ‘Allocation of low-risk kidneys: can we optimise utilisation?’ Natasha Abeysekera was the winner of the inaugural Kidney Health Australia Green Nephrology prize with her research titled “An audit of environmental sustainability across tertiary dialysis facilities in Tasmania”.

Dr Lisa Murphy
KHA

KHA CARI Guidelines 2018

Tēnā koutou,

The KHA-CARI group has had another year of incredible output and hard work. We wish to acknowledge and thank all the clinicians, consumers, and our funding partners in supporting the work of the guidelines at every level. We are so appreciative of the ongoing financial and in-kind support given to us by Kidney Health Australia as an indication of the value of the guidelines to clinical care and consumer knowledge. We also wish to thank BEAT-CKD and the ANZSN for ongoing financial and structural support.

Changes to Steering Committee. The Steering Committee wishes to welcome three new members: Kelly Lambert, Rachael Walker, and Emily See. We are very pleased to welcome allied health professionals to the Committee and those in an earlier stage in their careers to provide ongoing energy and committee to the Guidelines work. We very much look forward to working with the new members to progress the effectiveness and useability of the KHA-CARI guidelines. We thank the ongoing work of all the Steering Committee members over the last year. The Steering Committee will be developing the position of a Chair-Elect per our Terms of Reference to enhance succession planning.

Current work streams. Screening and management of infectious diseases in haemodialysis units – This guideline is now completed and fully submitted for publication. We wish to express our huge gratitude to the writing group ably led by Meg Jardine and Eugene Athan as a wonderful collaborative effort between nephrology and infectious diseases. We are now working on the development of a consumer guideline for this work.

Management of CKD among Aboriginal and Torres Strait Islander peoples and Māori – This guideline is being generated separately in Aotearoa New Zealand and Australia by writing groups led by Jaqui Hughes, Curtis Walker, Richard Phoon, and Suetonia Palmer. Funding has been secured from federal and government agencies for this work which has an important component of community partnership before the writing of the guideline commences. We thank the communities and patients who have already contributed personal perspectives and experiences of kidney disease to inform the guideline content. We also thank clinicians who have contributed to focus groups to provide perspectives on how this guideline can improve health experiences and outcomes among Indigenous Australians and New Zealanders. It is intended that the community partnership process will ensure representation across both countries by early 2019. The guideline writing process will be inclusive of the findings of the partnership process.

Renal Biopsy – the renal biopsy guidelines are near completion and is in the consultation and peer review stage. A patient/caregiver version of the guideline will follow.

Commentaries. KHA-CARI contributors will be providing local commentary on the KDIGO guidelines for Mineral and Bone Disease, Living Kidney Donor, and the Transplant Candidate.

Innovations. A KHA-CARI Guidelines staff continue to work with Cochrane Kidney and Transplant to provide
evidence synthesis support for updates to KDIGO Blood pressure management in CKD guideline and the KDIGO Glomerulonephritis guideline. The KHA-CARI group is also working with Cochrane Kidney and Transplant to provide evidence synthesis for the new KDIGO Diabetes in CKD guideline. This opportunity continues to be capacity building, allowing KHA-CARI Staff to develop extensive expertise in the use of modern web programs (MAGIapp and Covidence) that could be used for the development of KHA-CARI guidelines in the future.

We wish to give huge thanks to the tireless work of the KHA-CARO Office team of Martin Howell, David Tunnicliffe, Pamela Lopez-Vargas, Talia Gutman, and Karine Manera. The incredible expertise of the team ensures that the KHA-CARI guidelines are relevant and high-quality guidelines that are admired and respected around the world. The painstaking and rigorous systematic development of evidence synthesis by the wonderful Office team in partnership with consumers, clinicians and Cochrane Kidney and Transplant ensures that the guidelines are considered robust and reliable.

Ngā mihi nui

*Suetonia Palmer
Chair, KHA-CARI Steering Committee

**Kidney School**

We have had another year of successful Kidney School in 2018. Kidney School continues to facilitate monthly webcasts of nephrology teaching topics. Many thanks to our presenters, who volunteer their time to share their knowledge and experience. The webcasts are attended by approximately 40 sites per month, from across Australian and New Zealand, and sometimes from Vietnam and Fiji!

Kidney School continues to be the only national teaching program currently available to nephrology trainees in Australia and New Zealand. It is envisaged that Kidney School will integrate with the E-Learning Hub currently being developed.

We continue to strive to improve the reach of Kidney School and would appreciate departments encouraging trainees to attend. Those that participate 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](http://eepurl.com/usXRn). We are only able to contact those that subscribe to our mailing-list, so please share and join!

*Amali Mallawaarachchi
Kidney School Director*
2018 ANZSN Annual Scientific Meeting Awards

ANZSN President Jonathan Craig thanked International Speaker Minnie Sarwal, APSN Speakers Angela Wang and Sydney Tang for their contribution to a successful Meeting.

ANZSN Young Investigator Basic Science Finalists
Victor Shen, ANZSN President Jonathan Craig, Jordyn Thomas, Mardiana Lee (Missing – Chunling Huang).

ANZSN Young Investigator Basic Science Award Winner: Victor Shen, ANZSN President Jonathan Craig.
ANZSN Young Investigator Clinical Science Finalists: Brendan Smyth, Tracey Ying, ANZSN President Jonathan Craig, Anita Van Zweiten and Karine Manera.

ANZSN Young Investigator Clinical Science Award Winner: Tracey Ying and ANZSN President Jonathan Craig.

ANZSN Young Investigator Basic Science Finalists: Sanjeeva Herath, Titi Chen, ANZSN President Jonathan Craig, Hui Liew, Khai Gene Leong and Simon Jiang (Missing Karin Jandeleit-Dahm).

ANZSN Young Investigator Basic Science Winner: Titi Chen and ANZSN President Jonathan Craig.
Shaun Summers Clinical Trainee Award Winner: Vanessa Heron and ANZSN President Jonathan Craig.

Shaun Summers Clinical Trainee Award Finalists: Vanessa Heron, ANZSN President Jonathan Craig and Priyanka Subramani.

KHA Clinical Science Award

KHA Clinical Science Award Winner: ANZSN President Jonathan Craig, Philip Clayton and KHA Clinical Director Shilpa Jesudason.

KHA Clinical Science Award Finalists: Stephen McDonald, Kevan Polkinghorne, Ankit Sharma, Valeria Saglimbene, ANZSN President Jonathan Craig, KHA Clinical Director Shilpa Jesudason, Philip Clayton and Gillian Gorham.
ANZSN Rural Science Award

ANZSN Rural Science Award Winner Paul Lawton and ANZSN President Jonathan Craig.

ANZSN Interventional Nephrology Science Award

ANZSN President Steve May, Catherine Wilkinson (Winner) and ANZSN President Jonathan Craig.

KHA Clinical Green Nephrology Action Team Award

ANZSN and KHA Green Nephrology Action Team Award
Matthew Jose, GNAT Chair Katherine Barraclough, ANZSN President Jonathan Craig, Natasha Abeysekera and KHA Clinical Director Shilpa Jesudason.
Special Awards and Honours

The ANZSN is pleased to acknowledge members who have been recognized for their contribution to the field of nephrology.

Dr Mark Brown AM

Made a Member of the Order of Australia on 11 Jun 2018 for significant service to medicine in the field of nephrology, and to medical research, particularly hypertension in pregnancy.

Associate Professor Carmel Hawley, 2018 Priscilla Kincaid Smith Medalist

Research is a fundamental pillar of Kidney Health Australia and coinciding with its 50-year anniversary celebrations, KHA acknowledged Associate Professor Carmel Hawley for her outstanding contribution to kidney health by awarding her KHA’s highest accolade, the Priscilla Kincaid-Smith Medal.

This award honours the late Emeritus Professor Kincaid-Smith’s clinical and scientific achievements in the field of nephrology both in Australia and globally as well as her many years of service to the former Australian Kidney Foundation as one of its founders in 1968.

Since 1994, KHA has only presented eight medals, and this year’s recipient was selected for her strong track record in clinical research over the past two decades.

Her greatest contribution to research has been as the principal driver of the Australasian Kidney Trials Network (AKTN), which commenced in 2004. The major goal of this network is to conduct controlled trials to improve the care, lives and outcomes of people with kidney disease.

She has taken this from a concept to its current status as a nationally and internationally respected trials group performing world-class research, innovating and leading in trial design and collaborating with leading international groups to improve the care and treatments for patients with kidney disease with the aim of improving the evidence base of care, quality of life and outcomes.

Because of her role in starting and growing AKTN, her presence on the international nephrology research arena, her leadership as Head of Unit in a time of growth, her roles as clinician, leader, teacher, administrator, researcher, patient advocate and mentor and also her dedication to growing and developing young researches, Dr Carmel Hawley has been selected as the winner of this year’s Priscilla Kincaid-Smith Medal.

We congratulate Carmel for this well-deserved recognition of her achievements in supporting patients with kidney disease.
Jacquot Award Recipient Reports

2017 RACP Jacquot Research Entry Scholarship in Nephrology

Dr Anna Francis for the research project:
Improving the long-term outcomes for children with chronic kidney disease

I am a paediatric nephrologist and PhD student at the University of Sydney. The Jacquot award has provided valuable stipend support to enable me to complete my PhD on the long-term outcomes for children with chronic kidney disease (CKD).

It is clear that CKD in childhood and adolescence has far-reaching medical and psychosocial ramifications and work from my PhD has revealed the following findings.

There have previously been variable estimations of the QoL of children with CKD. In an Australian and New Zealand cohort, emotional distress and pain were the primary drivers of decreased QoL across all stages of CKD in children and adolescents, but particularly for those on dialysis. Whilst QoL was slightly better for the transplanted group, the burden of disease remains appreciable. In addition to a substantial impact on QoL, CKD has many medical implications. The best therapy for end stage kidney disease is transplantation, but complications still abound, including cancer and the risk of the original disease recurring in the transplant. This thesis shows that the increased risk of non-skin cancers is 8 times higher than that of the general population and up to 45 times higher for specific cancers, such as PTLD. PTLD is a devastating complication in children and in adults, with 60% of patients dying within 10 years of the diagnosis, and death due to PTLD occurring at a median time of 12 weeks. We reveal that the excess burden of mortality related to PTLD is concentrated within the first 2 years after diagnosis. Disease recurrence remains another risk post transplantation, with around a third of children with FSGS experiencing recurrence. There remains no clear best treatment strategy for FSGS recurrence and about half of children will eventually lose their graft to recurrent disease.

2017 Jacquot Research Establishment Fellowship

Dr Michael Collins for the research project:
The BEST Fluids study: Better Evidence for Selecting Transplant Fluids

I am a Nephrologist working at Auckland City Hospital in New Zealand. I completed Nephrology FRACP training in Auckland and Adelaide in 2008, and obtained my PhD from the University of Adelaide in 2013.

The Jacquot Research Establishment Fellowship 2017 (renewed in 2018) has enabled me to initiate and lead a major clinical research project, the BEST-Fluids trial. This trial is a collaboration of the Australasian Kidney Trials Network, the ANZDATA registry, and transplant hospitals around Australia and New Zealand. Specifically, Jacquot funding has supported me to lead the trial protocol development, apply for and obtain substantive funding, and to initiate recruitment in Auckland. Current funding continues to support me as co-lead PI alongside my co-lead PI Professor Steve Chadban. Initial funding from the BEAT-CKD program supported the development of the ANZDATA data collection and randomisation systems, and initial recruitment at several Australian sites. The study secured substantive funding from the HRC in New Zealand in 2017 and the MRFF in Australia in 2018.

BEST-Fluids is a multi-centre, randomised controlled trial that compares two approaches to intravenous fluid therapy in deceased donor kidney transplantation: 0.9% saline (the current standard of care at most hospitals), and Plasmalyte® 148, a balanced low-chloride solution. The study hypothesis is that Plasmalyte will reduce the incidence and severity of delayed graft function (the requirement for dialysis post-transplant), by avoiding the potential adverse effects that the high chloride content of 0.9% saline may have on kidney transplant function after transplantation.
BEST-Fluids uses an innovative approach to trial design that embeds trial enrolment, randomisation and data collection within the ANZDATA registry. It is hoped that successful trial completion will establish registry-based trials as an efficient, cost-effective approach to conducting trials of promising interventions in Nephrology alongside routine clinical care processes that will ultimately improve patient outcomes.
ANZSN Travel Grant Reports

2016 American Society of Nephrology Meeting, 15 – 20 November, Chicago, Illinois USA

Sanela Redzepagic

I am very grateful to ANZSN for the award of a travel grant in 2016 to attend the Annual Scientific Meeting at ASN in Chicago, USA (November 2016).

This gave me an opportunity to attend such a large-scale conference as ASN Kidney week and present our research. I presented our abstract in the form of a poster where we shared our work on Clinical practice improvement in immunisation in kidney transplant patients at our centre.

In the lead up to the conference, I attended an early program of the conference which was an update course in Electrolytes given by experts in the field. It was both very educational and informative. A wide range of sessions and topics were covered during the Kidney week. Among sessions attended, particularly impressive was the state of art session on The Causes and Consequences of Obesity: Lessons from Genetics by Prof. Stephen O’Rahilly.

To attend the ASN kidney week was truly an experience. This was my second time attending ASN conference and surely it was an experience to remember. It was a great opportunity to meet other clinicians and scientists from the field and exchange ideas.

Thank you again ANZSN. I am going to be attending more of these meetings in the future when opportunity presents.

2017 American Society of Nephrology Meeting, 31 October – 5 November, New Orleans, LA, USA

Chunling Huang

It is with deep gratitude that I write this letter to thank you for your generous support (ASN Travel Award). With your generous support, I was able to attend 2017 the American Society of Nephrology kidney week, which was held in New Orleans, LA., USA on October 31 – November 5, 2017.

Diabetic nephropathy is a major complication of diabetes that leads to end stage renal disease. Despite intensive glycemic control reduces the risk of kidney fibrosis in individuals with diabetes and improvements in metabolic and blood pressure control are expected to further diminish the prevalence and severity of nephropathy, the number of patients with diabetes who need dialysis or kidney transplantation is still increasing. Existing treatments of established diabetic nephropathy have not been proven to have long term efficacy. Therefore, to identify novel therapeutically strategies in the treatment of patients with diabetic nephropathy is still required.

As an early-career researcher in renal medicine, my main focus of my study is to look for novel therapeutic targets to stabilize or reverse diabetic nephropathy. By presenting my work, which is about “TRAM34, an inhibitor of KCa3.1: a novel therapy for treatment of established diabetic nephropathy” in the conference, I got the chance to communicate with other researchers and got valuable feedback from them which is very helpful for my research work.

In addition, The American Society of Nephrology kidney week was a world class and prestigious conference, which attracted thousands of attendances from the worldwide nephrology community, including physicians, academicians, and clinical and basic researchers, as well as other healthcare professionals involved in multidisciplinary nephrology care. Diabetic nephropathy, as one of the most popular topics, has been discussed intensively in this conference. This conference not only showcased the latest medicine approaches but also explored the platform/enabling technologies for diabetic nephropathy, which help to broaden my knowledge and inspire my future research work in diabetic nephropathy. By attending this conference, I also had opportunities for networking with the most successful academics researchers, which is very important for my professional development.

Many thanks again for your generous support.

Amali Mallawaarachchi

Many thanks to Australian and New Zealand Society of Nephrology for supporting my attendance at the 2017 American Society of Nephrology Scientific
Meeting in New Orleans, USA. This was the first overseas conference I have attended and a fantastic learning opportunity.

The highlight of the meeting for me was the opportunity to present my Poster, entitled ‘Validating Whole Genome Sequencing as a Diagnostic Technique for Autosomal Dominant Polycystic Kidney Disease’. I was able to discuss my project with researchers from across the world. This was an invaluable learning experience for me and importantly I was able to also establish new collaborations through these discussions.

Listening to new studies being presented by other research groups was also a great learning opportunity, particularly a session in which a new gene for polycystic kidney disease was described (DNAJB11) and another session in which the value of broad genetic sequencing in groups of patients with renal failure of unknown cause was outlined.

A particular highlight of the scientific sessions was the ‘Late-Breaking Abstracts’ session. I particularly enjoyed the passion with which the presenters and audience participated in this session. Overall, the scientific meeting was a fantastic educational experience and thanks again to ANZSN for giving me the opportunity to attend.

Ying Shi

The ASN conference is the world’s premier nephrology conference of the calendar year, with almost 14 thousand people from all over the world attending this year (2017). Being able to attend the ASN conference was a wonderful opportunity to listen to leading researchers in the nephrology field, hear about new and exciting research in the field, and converse with people from across the globe about my research.

My presented work (from my PhD) by posters, were well received, with many people stopping by and asking questions, including people very well respected in the field. This travel gave me the opportunity to present my latest research findings, which enabled expert review and thus assist in my next manuscript writing. This conference also provided me with an opportunity to learn from the best researchers in the world.

After this travel, our group had a meeting and updated the experiment design of my project. In addition, this conference provided me with a rare opportunity for in-person discussions with the experts. In particular, I talked to a group working on necroptosis as well. They gave us many useful suggestions. Hopefully, by presenting our work conducted in RNSH will lead to exciting new collaborations.

I would like to thank the organisation for supporting me and allowing this wonderful opportunity that would otherwise have been out of reach.

2018 American Society of Nephrology Meeting, 23 – 28 October, San Diego, CA, USA

Eric Au

I would like to express my gratitude to the ANZSN for awarding me this travel grant to allow me to attend the ASN Kidney Week conference and present my abstract at this conference.

The ASN Kidney Week 2018 was held at San Diego between October 23th and October 28th 2018. This conference is the world’s premier nephrology conference and the large number of plenary and educational sessions, research abstract presentations and conference attendees provided excellent opportunities to learn about the latest developments in nephrology and to meet other nephrologists and researchers.

The conference started off with several early programs on a range of topics, ranging from renal pathology to renal pharmacology to advances in research. I was able to attend the 2-day program on Updates on Glomerular Diseases and Treatment which was presented by a range of international experts. The main conference itself was filled with many fascinating sessions and it was difficult to choose between the large number of concurrent sessions. Particularly interesting sessions included the plenary state-of-the-art lectures, “Glucocorticoid in Glomerular Disease: A Double-Edged Sword” and “Antibody-Mediated Rejection in Kidney Transplants”.

At the conference, I presented my work on “Variations in Kidney Transplant Function and Cancer Risks” at the poster session on the October 27th. I was able to discuss my research with several clinicians from across the world and also met several researchers undertaking research on cancer and kidney disease who may be interested in future research collaboration. In addition to attending sessions at the
conference, I was also able to attend several workshops and meetings held as part of the Standardised Outcomes in Nephrology Initiative during the conference week. This was an interesting experience and allowed me to gain insights into this important process to identify important and relevant outcomes for patients and clinicians in a range of areas in nephrology.

Overall, the ASN Kidney Week conference was an extremely useful experience to enhance my clinical knowledge and to meet other researchers and clinicians to discuss my research. I would like to thank the ANZSN again for the support provided for me to attend this conference.

Jeffrey Ha

I would like to express my profound gratitude to the ANZSN for awarding me a travel grant, hence allowing me to present my work at this conference.

The ASN Kidney Week 2018 was held in San Diego, CA, USA from the 23rd to 28th October 2018. The conference was attended by nearly 13,000 nephrology professionals from across the world, 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 one or two day “early programs”, that addressed a specific topic in nephrology, with the program I attended being the “Fundamentals of Renal Pathology” course. In this course, international experts in the field of Renal Pathology provided an up-to-date and comprehensive overview of the classic pathologic changes in renal disease. The sessions consisted of lectures, and hands-on workshops with ample opportunities to ask questions and discuss cases with expert renal pathologists, who were attentive to our level of understanding of renal pathology. We were provided with computer stations and digitised, whole slide images of biopsy samples from “unknown cases”, giving the opportunity for self-assessment. I have benefited greatly from these sessions, and I highly recommend this course to all nephrology trainees and professionals.

Subsequently, the annual meeting ran from the 25th to 28th October 2018. The conference consisted of plenary sessions, educational sessions, poster and oral abstract sessions, as well as industry-sponsored educational symposia. My oral presentation entitled “Benefits and harms of oral anticoagulant therapy in chronic kidney disease: a systematic review and meta-analysis of randomized control trials” was presented on Friday 26th October. Through my research, I had the chance to meet several leading experts in the field who took an interest in my work and gave valuable suggestions, as well as to develop and build upon our collaborations. Throughout the conference, I gained important insight into other research and the measures being taken to move towards better medication usage in chronic kidney disease. Although patients with advanced chronic kidney disease and dialysis-dependent end-stage kidney disease are excluded from large randomised trials, it is not all “doom and gloom” as I heard inspiring talks on ways to include more of our patients in trials, including adaptive trial designs with renal-focused outcomes.

In addition to the many informative and inspirational sessions during the conference the other highlight of the conference was the opportunity to interact with nephrology trainees and postgraduate research students from around the world. I attended Poster Tour sessions and was exposed to the breadth of nephrology research from the basic sciences through to clinical research; from the role of immune cells in nephron regeneration, to analyses from the Chronic Renal Insufficiency Cohort (CRIC) Study to predict CKD progression, and exercise programs to improve quality of life for haemodialysis patients.

The conference was a huge success and the knowledge I acquired during the conference was invaluable. The next meeting will be held in Washington DC in November 2019. I highly recommend that nephrology trainees and professionals attend the world’s premier nephrology conference. Once again, I would like to express my sincere thanks to the ANZSN for supporting me in attending this meeting.

Hui Liew

Thank you very much to the ANZSN for awarding me a travel scholarship, which enabled me to attend the conference to present my work.

Prior to the annual scientific meeting, various two-day programs were available for additional medical education. I attended the “Fundamentals of Renal Pathology” course, organised by leading experts in
the field. The sessions comprised of lectures and case presentations, and I particularly enjoyed the interactive computer-based sessions, which allowed us to view renal biopsies and to test our knowledge. It was highly valuable being able to discuss the cases with expert pathologists. I now feel more confident in understanding and interpreting renal biopsies.

One of the highlights of the annual meeting was the High Impact Clinical Trials session. In particular, the results from the PIVOTAL trial presented, looking at the utility of proactive, high-dose intravenous iron in maintenance haemodialysis patients compared to reactive, low-dose iron. The investigators demonstrated non-inferiority in their primary endpoints of death, myocardial infarction and stroke, reduced hospitalization for heart failure, as well as reduced rates of blood transfusion and doses of erythropoietin-stimulating agents. The results of this trial have since been published and I think it is likely to change the practice of how we manage iron in dialysis patients.

I also had the opportunity to present my work as a poster entitled “The Endothelial Glycocalyx is Damaged in Acute ANCA-Associated Vasculitis and is Improved After Treatment.” It was a fantastic opportunity to meet with other researchers from around the world who are also interested in investigating similar topics. I was very grateful for the knowledge exchanged, feedback received, and very inspired by the work being done by other researchers.

The conference also provided an opportunity to catch up with previous colleagues, and to network and meet new professionals. The city of San Diego was beautiful with great food, culture and weather. Overall, the meeting was highly successful and enjoyable, and I thank the ANZSN again for the support to attend this meeting.

Ying Shi

The ASN conference is the world’s premier nephrology conference of the calendar year, with almost 14 thousand people from all over the world attending this year (2018). Being able to attend the ASN conference was a wonderful opportunity to listen to leading researchers in the nephrology field, hear about new and exciting research in the field, and converse with people from across the globe about my research.

My presented work (from my PhD) by posters, were well received, with many people stopping by and asking questions, including people very well respected in the field. This travel gave me the opportunity to present my latest research findings, which enabled expert review and thus assist in my next manuscript writing. This conference also provided me with an opportunity to learn from the best researchers in the world. This conference provided me with a rare opportunity for in-person discussions with the experts. Hopefully, by presenting our work conducted in RNSH will lead to exciting new collaborations.

I would like to thank the organisation for supporting me and allowing this wonderful opportunity that would otherwise have been out of reach.

Marina Wainstein

I am very grateful to ANZSN for awarding me this travel grant to attend the American Society of Nephrology Kidney Week hosted in San Diego, California this year.

In the midst of early jet-lag I attended the “Transplantation” early course from October 23rd to 24th with the hope of addressing some of my knowledge gaps in immunobiology. The lectures were comprehensive with a good blend of basic science and evidence-based updates. I especially enjoyed the last few talks on the care of live donors and some of the strategies and initiatives being developed to expand the live donor pool.

Kidney Week opened with an impressive plenary session by Chemistry Nobel prize winner Dr. Eric Betzig who developed the field of fluorescence microscopy which has been widely used in Biology to image and understand cellular function. The remaining plenary highlights included a talk on the creation of a human cell atlas to understand disease and Dr Morgan Grams’ Young Investigator Award talk on the value and importance of using population data to create risk prediction models to better inform clinical care and practice. I found this latter presentation especially relevant since the study I presented at the conference consisted on exploring the clinical utility of the Kidney failure Risk Equation (KFRE) two-year risk to guide timing of predialysis education in a cohort of patients with moderate to severe chronic kidney disease (CKD).
Similar to last year’s conference, there was no shortage of choice in the topic and focus of the scheduled presentations. Given my interest in epidemiology and public health I attended several excellent presentations with international speakers explaining their CKD, dialysis and transplantation surveillance and registry efforts as well as their struggles with resource and training limitations and the enormous disparities in access to healthcare among marginalized populations such as undocumented migrants in the USA and Europe. Although the population statistics were profoundly disturbing at times, it was moving to hear about the commitment and initiatives championed forward by the local Nephrologists in places like Sub-Saharan Africa and Latin America, as well as the organizations – such as ISN and WHO – who support them through projects, awareness and advocacy.

My poster presentation session was an excellent opportunity to meet Nephrologists from all over the globe and understand what role the KFRE played in their clinical practice. Interestingly, I found that many of them welcomed my favourable study findings and looked forward to incorporating the KFRE as an adjunct to eGFR in dialysis planning. I also met private data company scientists who explained how they have incorporated the KFRE into deep learning models of Artificial Intelligence to aid with early CKD detection and management in the healthcare registries.

Overall, it was an excellent week, enriched with stimulating presentations and conversations with like-minded professionals which I hope will inspire future projects and collaborations. I am deeply grateful to the ANZSN for making this whirlwind of a week possible!

2018 Asian Pacific Congress of Nephrology (APCN) & CME course, 25 – 31 March, Beijing, China

Titi Chen

I would like to express my profound gratitude to the ANZSN and APSN for nominating and supporting me to attend APCN 2018.

The APCN 2018 was held in the Beijing International Convention Center in Beijing, China between the 25th March and 31st March 2018. The conference 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 consisted of scientific exposition, plenary sessions, educational sessions, poster and oral abstract sessions, as well as industry-sponsored educational symposia. I presented an oral presentation entitled “Defining the role of CD103+ dendritic cells for treatment of kidney disease”. 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. Furthermore, I am pleased to be awarded the “Best Abstract Award” at the conference.

In addition to the many informative and inspirational sessions during the conference, the other highlight of the conference is the opportunity to interact with nephrologists around the globe. We had a Young Nephrologist Committee social function where young nephrologist representatives from each country had the opportunity to interact with each other and the senior members of the society. We discussed about issues such as how to provide better support to young nephrologists/trainees in the region and improve collaboration.

The conference was a huge success and the knowledge I acquired during the conference was invaluable. Once again, I would like to express my sincere thank you to the ANZSN/APSN for supporting me in attending this meeting.

19th International Congress on Nutrition and Metabolism in Renal Disease, 26 – 30 June 2017, Genova, Italy

Matthew Snelson

With the assistance of an international travel grant from ANZSN I was able to attend the 19th International Congress on Nutrition and Metabolism in Renal Disease, which was held on the 26-30th of June in Genova, Italy. This meeting is the only international meeting dedicated to the study of metabolism and nutrition in renal disease, with 654 participants in attendance. I was one of 14 attendees from Australia,
and this was an excellent opportunity to present my research at this prestigious international conference which is only held every 2 years.

This meeting represented a fantastic opportunity for me to disseminate my research findings, looking at the effects of a processed diet on gut homeostasis and the progression of kidney disease in a diabetic mouse model, because of the increased interest in the role of the gut microbiota in the pathogenesis of diabetic nephropathy. Presenting my research at this international meeting has enabled me to establish on the world stage the role of Australian researchers in gut dysbiosis and diabetic kidney disease. Sharing research findings is an integral part of progressing the field and I feel honoured that I was able to contribute to the collective knowledge that will help patients with chronic kidney disease.

At the meeting I was able to attend many talks and poster presentations, which greatly increased my knowledge of emerging evidence regarding specific nutrients and diet styles in kidney disease. In particular, I was able to attend a number of presentations regarding gut microbiota in kidney disease, and learn about some recently identified microbial metabolites which are detrimental to kidney function. I was also able to meet with some potential collaborators from France and USA who are working in a similar area with human patient cohorts, which may represent an avenue for the translation of the research I have demonstrated in mice for trial as a dietary therapeutic target in humans. Attending this meeting has increased the scope and breadth of my knowledge, fostered collaborations and has enabled me to continue undertaking world-class research here in Australia.

I wish to sincerely thank the ANZSN for their support for me to attend this meeting.

**55th European Renal Association - European Dialysis and Transplant Association Congress, 24 – 27 May 2018, Copenhagen Denmark**

Emily See

I would like to sincerely thank the ANZSN for supporting my travel to attend the 2018 European Renal Association European Dialysis and Transplant Association meeting in Copenhagen. This travel grant enabled me to present three research projects, discuss my work with leaders in the field, and attend a broad range of sessions offered as part of the comprehensive scientific program.

The high impact clinical trial session was a definite highlight of the meeting. The investigators of the PEXIVAS study presented on the effect of plasma exchange and steroid dose in patients with severe ANCA-associated vasculitis. In a 2-by-2 factorial design, 704 patients were randomised to a plasma exchange or control arm, and to a “reduced” dose or “standard” dose glucocorticoid arm. The investigators found that, compared to standard dose steroids, the use of reduced dose steroids resulted in fewer serious infections and did not significantly increase the risk of death or end-stage renal disease. They also found that plasma exchange did not lower the risk of death or end-stage renal disease compared to placebo. These findings have important implications for the management of patients with severe ANCA-associated vasculitis, especially those at greater risk for infectious complications.

The results of the ALLURE study were also presented in the high impact clinical trial session. This was a phase III randomised, double-blind, placebo-controlled trial which evaluated the efficacy and safety of abatacept in patients with active class III or IV lupus nephritis. The study investigators reported that abatacept was not superior to placebo in achieving complete response at one year, however it did result in a more rapid improvement in proteinuria, which led to earlier complete remission.

Other notable presentations included a randomised trial of lanreotide vs placebo in late-stage autosomal dominant polycystic kidney disease, a randomised trial of ferric citrate in advanced chronic kidney disease, and a study examining a novel biomarker (DKK3) to predict the risk of CKD progression.

In addition to attending these sessions, I was also able to present three of my own studies. These included a binational inception cohort study, which found that haemodiafiltration was associated with superior patient survival compared to standard haemodialysis; a systematic review and meta-analysis of the long-term risk of major adverse kidney events (chronic kidney disease, end-stage kidney disease, death) after acute kidney injury; and an ANZDATA study which identified the risk predictors of early technique failure in peritoneal dialysis patients.
Overall, the meeting was a highly enjoyable and invaluable educational experience that provided an excellent opportunity to network with colleagues, to discuss and plan future collaborative work.

**Brendan Smyth**

Thank you to the ANZSN for providing me with the opportunity to travel to Copenhagen to the ERA-EDTA scientific meeting. It was not only an interesting meeting but also a great opportunity for me to establish collaborative networks with other nephrologists around the globe.

The personal highlights were my attendance at two International Society of Nephrology working group meetings: the main ISN-ACT (Advancing Clinical Trials) meeting and the Clinical Trials Toolkit subgroup. I was able to present my work to the group, engage in the discussion regarding the further development of the project and meet in-person with collaborators from around the world. My involvement in these working groups will continue.

I was also able to present my poster (Cardiovascular Events In A Linked Data Cohort Of Dialysis Patients: Impact Of Modality And Event Definition). The meeting itself was very interesting with a number of notable talks – for instance, around extended or frequent dialysis and the presentation of the final results of the PEXIVAS trial.

**27th International Congress of The Transplantation Society, 30 June – 5 July 2018, Madrid, Spain**

**Nicole De La Mata**

I had the opportunity to attend the 27th International Congress of the Transplantation Society in Madrid due to the kind support of ANZSN travel grant. This is the first international conference I was able to attend in the transplantation field.

The Transplantation Society only holds meetings every 2nd year, so I was delighted to present my work as a mini-oral. Despite being scheduled on the last day of the meeting, I had a very engaged audience that asked me several questions on my study cohort and work relating to stroke risk in kidney transplant recipients. It helped me rethink whether recipients with polycystic kidney disease had different risk factors for stroke death compared to all other causes of kidney failure.

I also have an interest in examining mortality in living kidney donors and there were several presentations that examined survival in living liver donors in other countries. In living kidney donors, there have been several papers suggesting little to no impact on long-term survival. Yet, a cohort of living liver donors in Hong Kong did appear to have lower survival than expected. This was quite surprising to see this juxtaposition between living kidney donors and living liver donors. One of my favourite sessions was “How will Big Data transform medicine and transplantation?”. This is a topic that is gaining traction, not only within transplantation but across medicine, and I am so curious in how we can develop better skills to use our data more efficiently.

As a biostatistician, it’s important for me to be able to engage with other clinicians in the field and see what areas in the field are currently of interest or remained unanswered. The conference had many opportunities for young investigators, including the young investigator prizes and the Young Investigators Networking Event. I attended the Young Investigator Networking Event and was able to chat with other young investigators and network with senior researchers from around the world. I’m hoping this will help to build collaborations in the near future and continue to allow me produce higher quality and meaningful research.
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