This is my first report as President of the ANZSN, and I am pleased to have the opportunity to reflect on the achievements and key directions of the Society.

In September 2019, I took up the role of President, having been elected by Members to Council in 2018, thence appointed President Elect and stepping into the role of President vacated by Professor Jonathan Craig following the 2019 Annual General Meeting (AGM).

Jonathan, with the support of Council, led the ANZSN through a year of significant change, marked by a review of the Society’s constitution, taking steps to promote gender equity and diversity and the development of a three year strategic plan.

My aim as President is to work with Council, Committee and Working Group Chairs to build on the foundation constructed by those who precede me to ensure continued success of the ANZSN into the future.

**Constitutional Review**

In 2018, Council initiated a review of the Constitution to ensure that it remains fit for purpose and promotes inclusivity at all levels of governance.

Key changes, which were approved by Members at the 2019 AGM, include:

- a more concise, focused set of objects which recognise our commitment to equity and diversity, research, the health of first nations people, plus our role in promoting quality and safety and in supporting kidney health in the Asia Pacific region
• retention of current membership categories and voting rights, recognising that Kidney Health Australia and Kidney Health New Zealand provide a forum to represent the views of patients, carers and consumers in relation to kidney health
• an increase in the size of Council from 9 members to up to 12 members, including 10 elected members and 2 independent members appointed by Council. Two of the elected positions are allocated to New Zealand members, to better reflect the proportional membership of the Society
• a change in Council terms from one four year term, to two three year terms, with appointments to be staggered to ensure a balance between the retention of corporate memory and the introduction of fresh ideas
• machinery changes (eg the commencement of the membership year will move from 1 January to 1 February for administrative ease), clarified certain matters (eg the definition of a quorum at general meetings) and corrected typographical and other errors

Thank you to the Constitutional Review Working Group who provided advice throughout the review process.

Promoting inclusiveness
Council has recognised the need to promote inclusive decision making at all levels of the Society in particular, to promote gender equity on Council, where women are significantly underrepresented.

In 2018, we commenced the journey to promote greater inclusiveness.

The Gender Equity and Diversity Working Group developed a Gender Equity Statement, which is available on our website, and clearly sets out the actions we will take to harness the richness of our broad membership base in decision making.

Council also approved a Gender Equity Policy, to help achieve a target of 30% women Councillors by 2020 and 50% by 2022. We believe that the targets are ambitious, but achievable. We have a strong pipeline of female leaders, with 54% of our Committee and Working Group members being female, and five of our 11 Chair and Co-Chair positions currently filled by women.²

Council will be responsible for achieving the targets, and we will achieve this by publishing the current gender diversity profile of Council and our Committees and Working Groups on our website, maintaining a Gender Equity and Diversity Committee to advise Council on key actions and by providing regular progress reports to Members. Both our GED Statement and our GED Policy for Council can be found on our website.

Strategic Plan 2019 – 2021
In March of this year, Council and Committee and Working Group Chairs met to develop a three year strategic plan for the Society.

The new plan sets out key initiatives under five strategic goals focused on education, research, high quality care, advocacy and governance and management.

The aim is to align the key actions with the work of our Committees and Working Groups and to support their efforts with funding through the annual budget process.

Council will be tracking and reporting progress against the Strategic Plan as a way of demonstrating accountability for how the Society’s funds are applied in line with our Mission.

In closing, I want to thank my colleagues on Council and to acknowledge in particular the contribution of the Honorary Executive, including Professor Suetonia Palmer (President Elect) and Assoc Professor Kamal Sud (Honorary Executive Officer), both of whom took up these roles in September and our Honorary Treasurer, A/Professor Girish Talaulikar.

A big thank you to all those Members who have made a contribution to the work of the Society through membership of our Committees and Working Groups, organising and speaking at our conferences and through reviewing and approving scientific and

² 1 September 2019
educational materials for courses and our Kidney eLearning hub.

Appreciation is also extended to our many sponsors whose financial support is pivotal in supporting the work that we do to improve kidney health.

It is a privilege to profile the key achievements of the Society over the last twelve months and to have the opportunity to work with our Committee and Working Group Chairs to continue to implement our operational and strategic agenda.

**Delivery of our 2018-19 Strategic Priorities**

In June 2018, Council approved and funded a set of strategic priorities for the Society, with significant achievements across each of the four goals.

**Goal 1: Research to prevent and treat kidney disease**

- Worked with KHA to develop a submission to the Medical Research Futures Fund and to refresh the KHA Grants Program to source funding for kidney research
- Conducted a research forum at the 2018 ASM to provide skill development and mentoring opportunities for Advanced Trainees

**Goal 2: Excellence in practice through education**

- Delivered the 2018 Annual Scientific Meeting and Nephrology and Transplantation Update Course in Sydney
- Launched a trial of the Kidney eLearning Hub to improve access to quality learning programs and conducted the Basic Course in July 2019 (Brisbane) and the inaugural HD Academy in September 2019 (Melbourne)
- Progressed the development of a new Leadership Award in nephrology
- Funded multiple travel grants and awards to support the professional development of members

**Goal 3: High quality care for our patients**

- Developed a draft set of KPIs for presentation and discussion at the 2019 DNT Workshop
- Partnered with the KHA to include a consumer voice at our 2018 ASM
- Provided in-kind expertise and $50K in funding to support guideline development by KHA-CARI

**Goal 4: Investing in member services**

- Developed a new Strategic Plan to provide clear direction over the next three years
- Progressed the development of a Gender Equity and Diversity Statement for the ANZSN
- Published the Event Sustainability Guide as part of our commitment to environmental sustainability

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This is my first report as Honorary Executive Officer (HEO) of the ANZSN, having taken up the role in September 2019 following Professor Suetonia Palmer’s appointment by Council to the position of President Elect.

Appreciation is extended to Suetonia for her leadership in the role of HEO since September 2018.

*Professor Neil Boudville*

*President (appointed 8 September 2019)*

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*Honorary Executive Officer’s Report*

*Kamal Sud*
Supporting regional nephrology
The ANZSN supported regional nephrology through the following initiatives:
• co-funding Sister Renal Centres in Indonesia and Fiji with the International Society of Nephrology
• providing funding support to the Asian Pacific Society of Nephrology (APSN) as a Sponsoring Society
• co-funding with the APSN, travel grants to the Annual Scientific Meeting for those from low to middle income countries, and speakers at our 2018 ASM
• providing over $AUD70K in travel grants to support those from low to middle income countries attend the 2019 World Congress of Nephrology (Melbourne)

Governance transformation
The ANZSN Office has continued to focus on the development of policies and procedures to strengthen the governance of the Society. Key achievements include the development of a policy on appointments of Committee and Working Group Chairs and Members and a Budget Planning Cycle, to inform the annual budget setting process with Committee and Working Group input.

Committee restructure
In 2018 we initiated a restructure of the Scientific Program and Education Committee which will form two new committees to better support the strategic objectives of the Society. The two new committees, which will be operational in early 2020, include:

• the Scientific Program and Awards Committee, which will foster and promote the dissemination and recognition of high quality scientific knowledge in Nephrology in the fields of Clinical Medicine and Basic Science; and

• the Education and Training Committee, which will foster, promote and deliver high-quality education and training in Nephrology in the fields of Clinical Medicine and Basic Science.

The formation of the new committees will provide greater opportunities for Members to be involved in the Society and will provide a more balanced workload for those who take up a leadership or membership role on these committees.

Thank you to all those Members who have shared their expertise and given freely their time to the Society in all the multiple volunteer roles that underpin the work that we do.

I also want to thank the staff of the ANZSN Office for their work in supporting the day to day functions of the Society.

Associate Professor Kamal Sud
Honorary Executive Officer (appointed 9 September 2019)

Honorary Treasurer’s Report
Girish Talaulikar

2018-19 Financial Result

In 2018-19, the ANZSN delivered a surplus of $167,684, which was an improvement on the previous year (a surplus of $49,800).

The positive result was driven by increases in income from investments and conferences (meetings and events), which offset a decline in sponsorship and static membership income.
The positive financial position of the Society demonstrates the success of the strategy, which reflects stronger financial discipline exercised through:

- development of an annual budget linked to our strategic plan
- proactive management of our conferences to set and deliver a surplus
- implementation of a sponsorship strategy aligned with Industry needs
- proactive cash flow management to minimize cash at bank and optimize higher interest earning investments
- building the Society’s reserves in support of long term sustainability

Associate Professor Girish S. Talaulikar
Honorary Treasurer

ANZSN Committee and Working Group Reports

The ANZSN Council is advised by four (4) standing Committees and four (4) 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 of the ANZSN had a busy year, dominated by the 2019 DNT Workshop held at Glenelg in Adelaide in September. Rathika Krishnasamy, Chair of the Local Organising Committee, and Yeoungjee Cho, did a fantastic job in delivering an excellent workshop that ran like clockwork. We had around 150 attendees, with particularly strong representation from Heads of Units from across Australia and New Zealand. Most notably, this was the first DNT Workshop to have healthcare consumers in the audience, with a dedicated session to discuss existing consumer engagement activities and how they might be enhanced going forward. The Workshop addressed all of the issues flagged at the last workshop, and the CPAC is now looking at the outputs from the meeting with a view to it shaping our agenda as we move forward into 2020. The next workshop is only 18 months away, and there are lots of issues to address!
One important output from the Workshop was the discussion around Key Performance Indicators led by Nick Gray. He has been leading the KPI Working Group under the auspices of CPAC, and it seems pretty clear that we are going to need a more permanent group to oversee initiatives in this space, as there are many complex issues which have the potential to impact upon our patients and practice into the future.

Perhaps our biggest challenge remains impromptu, external requests for input from ANZSN on a range of policy and practice issues, often with very short turn-around times. Whilst it could be argued that the requirement for such expeditious responses might imply that the requesters are less interested in our measured consideration of the issue, and more interested in speedy endorsement. Nonetheless, we continue to strive to provide the former, albeit with mixed results. We have managed to engage the Australian Commission for Safety and Quality in Healthcare around the issue of financial penalties to Australian hospitals for episodes of Acute Kidney Injury (AKI), as the Committee see these penalties as something that could further threaten access of patients with Chronic Kidney Disease (CKD) to various medical and surgical interventions. We will keep you posted on any outcomes from our discussions.

CPAC is now in its third year of existence and the Committee needs to turn its collective mind to rotations in membership and leadership in 2020. If there is the need to replace any members, we will be going to the ANZSN membership seeking equally dynamic and energetic replacements!

Thanks to everyone who’s contributed to CPAC and the DNT Workshop in 2019 and, as always, we are keen to hear from members (either directly or via ANZSN Council) about any particular issues that you might think CPAC can help with.

Professor Martin Gallagher  
Chair, CPAC

Dialysis Advisory Committee (DAC)

The Dialysis Advisory Committee met several times throughout 2018 and 2019 with the major focus of the committee continuing to be issues impacting dialysis across Australia and New Zealand, with a focus on safety and quality. Over this year we have sought advice from the Australian and New Zealand Governments, writing individually to state and federal ministers to highlight potential gaps in current reporting mechanisms and the need for more robust systems that allow rapid reporting to patients, carers, and staff of issues or potential issues related to dialysis equipment and devices. Positive steps have been made however there is clearly a large amount of work still to be done.

Another key role for the DAC has been supporting the local organising committee for the 2020 Home Dialysis Conference which will be held in Canberra at the end of February next year. An excellent program has been created by the local organising committee under the direction of Dr Richard Singer. We would encourage everybody with an interest in dialysis to consider attending. A link to the conference website can be found here.

The DAC has also provided advice to government regarding the Medicare Benefits Schedule Review Task Force with respect to item numbers that may have an impact on dialysis care and continued to liaise with Kidney Health Australia (KHA) with regards to shared priorities, which has been greatly facilitated by the presence of A/Prof Shilpa Jesudason on the committee.

As this year comes to an end I would once again like to thank the membership of the DAC for giving up their time for our meetings and for continuing to report on important issues related to dialysis in an effort to improve dialysis care and outcomes. The coming year is likely to see further changes in the DAC in order to best align with the new ANZSN committee structure, and we look forward to working with Council to coordinate this.

Associate Professor Aron Chakera  
Chair, Dialysis Advisory Committee

Research Advisory Committee (RAC)

The Research Advisory Committee was established in 2016 to promote and support high quality scientific research in nephrology. The committee was established as part of the new governance structure and the importance of research to the society underscored by the declaration that Research would be a cornerstone goal of the ANZSN Strategic Plan for 2019 to 2021.

Professor Carol Pollock led the RAC as chair from its inception, with Professor Richard Kitching joining as Co-Chair in 2017. In early 2019 Professor Carol Pollock stepped down as Co-Chair of the RAC,
because of her commitments as Chair of the Board of KHA and Professor Carmel Hawley has stepped into the role of Co-Chair of the committee. Professors Hawley and Kitching maintain not only the gender balance in the leadership but cover the fields of clinical science and fundamental / laboratory science, respectively. We thank Professor Pollock for her unwavering commitment and leadership during her time as Chair.

One of the important directions of the Committee is to engage and assist able researchers in fundamental science and early translational research ("basic research") as active members of the ANZSN. We have been collating information about this important group and developing an action plan to achieve this goal. There are two nested goals in this area. One is to promote and more actively support “basic science” research independent of who is performing this research. The other aim is to better cater for the needs of non-nephrologist scientists working in kidney and kidney related research. Recently a qualitative semi-structured interview-based survey of high achieving non-nephrologist researchers, both ANZSN members and non-members was conducted. The results confirm a drift away from the ANZSN by key people in these areas and a feeling that the ANZSN does not cater well for or adequately represent them and their needs. As a Society, it is important that we value and support the breadth of research and researchers in Australian and New Zealand. This will be a focus of the RAC in 2020.

This year we have welcomed two new members to our committee, Dr Brooke Huuskes and A/Prof Melinda Coughlan, who are both high quality scientists engaged in laboratory research in kidney disease and will enhance our ability to more effectively implement our strategic goals. In addition, their recruitment has improved the diversity of the committee and they are already contributing valuable perspectives as early and mid-career researchers.

The committee was again engaged with the Jacquot awards in conjunction with the RACP. The quality and capability of the applicants was outstanding, and we congratulate the successful applicants. The Jacquot Awards have been a key pillar for research development over many years and we thank the Brown family for their ongoing support. Past awardees have been approached by Camille Mercep of the RACP to outline the impact of the award on their careers (Please refer to the section in the bulletin listing successful recipients and reports from past recipients). With the increasing numbers and quality of applicants (this year there were 26 applicants for Research Entry support), it is more important than ever for applicants (and for Research Entry Scholarship Supervisors) to ensure that the applicants meet the requirements.

Prior to the 2018 Annual Scientific Meeting a session was held to facilitate access to information for society members considering the physician scientist career pathway. Early career and experienced researchers met with trainees to discuss ways to enable such a pathway and pros and cons of this career choice. This was thought to be very successful and will be considered again for the Hobart meeting in 2020.

It is the RAC’s position that the current 3-year advanced training program could be improved by allowing an optional more intensive research component. Within the committee, Rob Walker has been heavily involved in this process advocating for this change. We will keep members updated on developments in this area.

In 2019 the committee has identified, with Council, some key aspects of research to enhance through 2020 and 2021. The next year will see our continuing commitment to implementing the Research Aspects of the Strategic Plan and interacting with other committees. The current priorities are outlined in the ANZSN Strategic Plan 2019-2021, available on the ANZSN website. Briefly, these include strategic improvements in the involvement of research in training, developing a communications strategy to “publicise and support research”, engaging researchers in “basic science”, supporting research engagement with R&D and industry, advocating for nephrology research with KHA and other partners, and recognising research excellence across the full spectrum of research. We have started aligning our members with various tasks relating to implementation. One key task is to develop a communications strategy to “publicise and support research”. We are keen to value-add to what information is already available rather than duplicate existing portals; as such it is critical the committee informs the development of the new website and the presentation of material aimed to support research collaboration, knowledge of funding opportunities, available projects and supervisors. Carmel Hawley has been appointed to represent the RAC on the website and database development committee.

The RAC is continuing to discuss consumer engagement in research and ways to facilitate this.
The BEAT CKD research group has made headway in that regard and is developing strategies and processes to facilitate engagement. The RAC will continue to update members on progress in that domain. Moreover, we acknowledge the importance of working closely with KHA to advocate for research funds for kidney research with relevant funders in Australia and New Zealand. Importantly, to support this endeavour Carol Pollock has actively engaged with researchers in Australia and New Zealand to compose a portfolio of important research outputs and impacts as evidence of the value of investing in kidney research.

Research is a critical aspect of the ANZSN’s activities and as such we are looking forward optimistically to working with you all and enhancing the full spectrum of research within the kidney community in Australia and New Zealand. We intend working closely together with the two committees that are replacing the SPEC, the Scientific Program and Awards Committee and the Education and Training Committee. Such engagement will be critical to efficient achievement of our strategic goals such as the recognition of excellence in research. We will continue to update you on our progress through the weekly newsletter, specifically targeted email communication and in due course via the updated website.

Richard Kitching and Carmel Hawley on behalf of RAC members – Dr Aron Chakera, A/Prof Melinda Coughlan, Dr Brooke Huuskes, A/Prof Meg Jardine, A/Prof Tim Hewitson, Prof Rob Walker and Dr Lisa Murphy

Professor Carmel Hawley and Professor Richard Kitching
Co-Chairs, RAC

Scientific Program and Education Committee (SPEC)

This year has been a major turning point for SPEC and ANZSN with accelerated growth in activity and re-structure, which will provide a platform for our future commitment to excellence in nephrology across a broad range of clinical sciences, basic research, education, training and patient advocacy.

The SPEC team has worked incredibly hard to deliver a range of outstanding initiatives, which are summarised below. Firstly, I want to pass on a thank you to every SPEC member who have each contributed to the output and delivery of our Committee. Our activity is a team effort with various portfolios driven by individuals. As a general comment, I would strongly recommend society members who are interested in contributing to our activity to nominate for opportunities on the newly re-structured SPEC – as I will outline below. In my experience, the professional and academic gains from being involved in ANZSN committees offset the efforts.

I would like to acknowledge the individual SPEC members of the current committee:

**Natasha Rogers (incoming Deputy Chair)**

**Amali Mallawaarachchi (new member 2019)**

**Carolyn Clark,**
**Gopi Rangan (term completed 2019)**

**Greg Tesch, Muh Geot Wong,**
**Wai Lim (term completed 2019)**

**Andrew Mallett, Rob MacGinley,**
**Jackie Phillips, Peter Tmka**

**Lisa Jeffs (LOC ASM 2020)**

I wanted to thank Gopi Rangan and Wai Lim who both stepped down from SPEC and provided continual input, wise advice, direction and ideas over their term on this committee. All of SPEC will miss them. Congratulations goes to Natasha Rogers as the new Deputy Chair and Amali Mallawaarachchi who are both outstanding individuals who I know will provide dedicated time and expertise to our Committee.

The re-structure of SPEC has developed from the ANZSN strategic planning efforts which recognized the increase in workload and activity of SPEC. The significant increase in activity reflects the progress of our Society and is a definite positive sign. The second reason for the re-structure was the required skill sets and expertise of the sub-sections of SPEC has become highly specialized. After a very detailed review of possible models of operation and structure, the newly formed SPEC has now been divided into two separate committees with increased numbers of committee members and focused activity:

(a) **Scientific Program and Awards Committee**

This will oversee our ASM and other meetings organised by ANZSN from time-to-time, and all the membership Awards and Grants offered by our Society

(b) **Education and Training Committee** – this will manage all the matters relating broadly to the delivery of excellence in education and training which
include RACP clinical training matters and future research careers

It is most important to note we are fully aware that coordinated efforts are required between all Committees as they grow in number and constant real-time communication between committees is a high priority.

The ANZSN Weekly Newsletter has kept the membership updated with all the changes and I would encourage you all to consider nominations for these two new committees. The Scientific Program and Awards Committee and the Education and Training Committee will officially commence in early 2020. The first agenda item of each Committee will address all the short-term goals and a road map for the future direction.

The SPEC activity list for 2019 had major highlights which are summarised below:

**WCN - April 12th-15th 2019:** This was the major event, which placed ANZSN and Melbourne on the global stage. SPEC worked closely with the ISN Organisers of the WCN and at this time David Harris, ISN President & WCN 2019 Chair and Peter Kerr who led the LOC, had lead roles. The WCN 2019 provided all the premier international educational events in nephrology and covered the broad aspects of nephrology with an excellent course, and multiple feature events with highlights on glomerulonephritis, integrated care of end-stage kidney disease as well as consumer involvement and Asia Pacific regional matters.

There were many other achievements in 2019:

- The ANZSN Kidney eLearning Hub commenced on 6 June 2019 and will potentially underpin future education delivery
- Basic Course held in Brisbane on 6-7 July 2019
- HD Academy held on 19 – 20 October 2019
- PD Academy held on 17 – 18 May 2019
- Fully endorsed the Regional Nephrology Course 31 August – 1 September 2019 held in Albury Wodonga
- Fully endorsed the Renal Supportive Care Masterclass held on 29th November 2019
- Full review of the Awards and Travel Grants Policy
- Driven matters relating to Gender Equity, Diversity with an Indigenous focus, Sustainability and Green matters
- Scientific Program and organisation of the 55th Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology – will run from 29th August to 2nd September 2020 in Hobart. The organisation of the ASM is well advanced with confirmed International Speakers. The distinguished speakers include; Professor Lisa Guay-Woodford and Professor Patrick Mark as ANZSN sponsored speakers, and Professor Yong-Soo Kim as the combined ANZSN / ANZSIN sponsored speaker. SPEC is committed to further collaborative integration of ANZSIN with our main ASM program. Lisa Jeffs is Chair of the LOC team and all deserve congratulations.

As an evidence of mutual strengthening ties with Asia-Pacific regional counterparts, three high profile regional speakers co-sponsored by ASPN, Prof Yusuke Suzuki, Dr Sunita Bavanandan and Dr Lorraine Kwan will further enhance the scientific quality of our ASM. APSN has committed to supporting travel grants for their local nephrologist/trainees to attend the Pre-congress course and ASM. Calls for the 2020 ANZSN ASM abstracts will open in mid December 2019.

For everyone’s information, planning for the 2021 ANZSN ASM in Adelaide has already commenced!

In closing, I must thank Council and other Committees for their collaboration and support, and ANZSN Administrative Office for the highly professional and efficient work.

**Frank Ierino Chair, SPEC - On behalf of all the outstanding SPEC Team**

**Gender Equity and Diversity (GED) Working Group**

The Gender, Equity and Diversity working group has had a productive year and I am grateful to all members for their hard work and commitment.

We completed the analysis of our survey and thank the over 370 members who participated. This data has been presented at the 2019 DNT Workshop, and while we are unable to publish the results, it has raised...
awareness of the issues that face our members and how we may be able to contribute to positive change.

We created the GED Statement which features prominently on the ANZSN website, outlining 5 key focus points and strategies, with ongoing efforts to put these plans into actions, including the provision of childcare for parents at conferences. We were involved in the Constitutional review process and are pleased with Council’s policy of targeting gender parity.

Council has also acknowledged the integral importance of GED and moved to change the working group to a standing committee, demonstrating ongoing commitment and support to the principles of diversity and equity.

The GED working group plans to continue to raise awareness of the importance of diversity and address barriers to achieving equity in our society for the benefit of all members and our patients.

**Associate Professor Kate Wyburn**  
Chair – Gender Equity Diversity Working Group

**Green Nephrology Action Team (GNAT) Working Group**

The last year has seen increasing social recognition of the magnitude of the climate and ecological crisis facing us. This has led to school students and many other ordinary citizens taking to the streets to demand greater government action as well as organisations, business and sub-national governments driving change themselves.

Amongst this, GNAT has continued to foster practice and culture change from within the Australian and New Zealand renal community.

GNAT has developed and launched a Sustainable Event Guide in partnership with RSA, KHA and KHNZ. Its purpose is to help nephrology meeting organisers maximise the positive impacts of conferences while minimising the negative ones. For all future ASMs, the local organising committee will be asked to appoint an environmental sustainability liaison person who will work with the PCO to develop and implement a green action plan. Thank you to Matthew Jose for taking on this role for the 2020 ANZSN ASM in Hobart. The hope is that we will build on our achievements year on year and eventually run a truly green meeting!

An environmental research prize of $1000 will be awarded again next year at the ANZSN Annual Scientific Meeting. This prize has been developed to encourage and support research into green practice in nephrology and dialysis services. 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 will be considered. Thank you to KHA for co-funding this prize with ANZSN.

Work continues to update and expand a ‘green dialysis’ website that was initially developed by John Agar and team at Barwon Health. We have a group of design students at Swinburne University in Melbourne working with us on the branding, layout and functionality of the website. 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.

GNAT is currently working to develop a strategic plan to guide the activities of GNAT over the next 3-5 years, with the help of an external consultant. This will provide GNAT with a clear roadmap to follow and hopefully maximise what can be achieved.

Lastly, we very much want to acknowledge Greg Collette, who was the consumer representative on our working group between February 2018 and July 2019. Greg made a huge contribution to GNAT, particularly in leading the development of our Green Nephrology website. We will miss his enthusiasm, expertise and always considered and thoughtful input. Through his work on GNAT, as well as other working groups, he has left a lasting legacy on the Australian and New Zealand renal community.

**Associate Professor 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 advisory body with the aim to review the current ANZDATA KPIs and propose future KPIs for the renal community. Of note, the 2019 annual workforce
survey of ANZSN members found 76% support and would participate in KPIs.

We met 5 times in 2019 and have drafted KPIs that were considered clinically useful and easy to implement. The group, represented by Nigel Toussaint, Drew Henderson, Stephen McDonald and myself, had the opportunity to present our recommendations at the 2019 DNT Workshop. The audience participation was pleasing and taking the feedback on board will enable the KPIs to be finalized. They will cover vascular access, PD access, peritonitis, and transplant wait listing.

There was also a valuable discussion at the DNT Workshop about how to report KPIs, who should receive reports, public access to reports, and oversight of renal unit performance. This has proved valuable for both the KPI Working Group and ANZDATA.

I would like to thank the members, Eric Au, Doris Chan, Drew Henderson, Lukas Kairaitis, Nigel Toussaint, Melanie Wyld, Sally Kellett, Stephen McDonald (ex-officio) and Matthew Jose (ex-officio) for their work over the last few years.

I look forward to submitting the report and recommendations to Council by the end of the year and hope that, once implemented, the KPIs prove useful to the nephrology community.

Associate Professor Nicholas Gray
Chair, KPI Working Group

Kidney Transplant Working Group (KTWG)

The ANZSN Kidney Transplant Working Group (KTWG) is a time limited subcommittee of the Council formed in November 2018 and held its first meeting on 10th December 2018. The KTWG was tasked to develop practical strategies to promote and support best practice in kidney transplantation within the scope of influence and resources of the ANZSN.

The functions of the KTWG are to assist the ANZSN Council on issues relating to kidney transplantation by providing input from a broad cross section of health care professionals in the care of kidney transplant recipients and may include the following:

- To promote equitable access to transplantation and the provision of quality care throughout the phases of workup, acute transplantation and long term management;
- To provide advice on how the goals set out in (i) can be achieved through the provision of education, promotion of research engagement and advocacy; and
- To develop a plan of action to address any perceived barriers to delivering optimal kidney transplantation outcomes for patients with kidney disease.

The KTWG membership consists of wide representation of nephrologists from all regions of Australia covering regional and remote areas, metropolitan transplant and non-transplanting centres.

There is also representation form the Transplant Society of Australia and New Zealand Paediatric Nephrology Association (ANZPNA), ANZSN Scientific and Education Committee (SPEC), Transplant Coordinator and ANZSN Council Portfolio leads. A consumer representative was also invited to be part of the Working Group as an advisor.

To achieve its objectives, the Working Group members recognized the importance of not only reviewing the published literature but also gaining an understanding of what the membership perceived were local barriers to accessing kidney transplantation. With this in mind, a comprehensive survey was developed and administered to nephrologists, advanced trainees and transplant coordinators across Australia and New Zealand to understand:

- barriers to transplant education for health professionals
- barriers to access to transplantation for recipient (ie – waiting list and unmet needs)
- barriers to participation in transplant research

The survey closed in August 2019 and a written report entitled Promoting best practice in kidney transplantation survey results has been completed for submission to the ANZSN Council for consideration prior to wider dissemination to members of the Society and transplant community.

Dr Doris Chan & Dr William Majoni
Co-chairs, KTWG
Scientific Meetings and Conferences

World Congress of Nephrology (WCN) 12-15 April 2019. Melbourne, Victoria

As members of ANZSN would be aware, the WCN was held in Melbourne in April, 2019. Indeed, this meeting was very well supported by ANZSN members, with the highest turnout of members at a single meeting (see Table). It involved 1023 submitted abstracts and a total of 158 different sessions – offering opportunities in all areas of Nephrology

The conference was chaired by our own David Harris, as outgoing President of the ISN. Overall, this was a very successful meeting, although the total participation was a little below expectations. The list of invited speakers was impressive and covered all areas of Nephrology, with a focus on Dialysis and Glomerulonephritis. The WCN format includes a strong educational component with a broad selection of invited lectures (233 speakers), in addition to the submitted work. This iteration of the WCN was further strengthened by a late-breaking clinical trial session which attracted a lot of attention.

The Opening Ceremony included two remarkable plenary lectures; one from Sania Nishtar, the Co-Chair of the WHO High-Level Commission on non-communicable diseases, addressing renal disease as a global health problem; and the second from Australia’s Tim Flannery, the renowned climate activist and past Australian of the Year, addressing climate change and offering solutions for this. Both were extremely well received.

A particular feature of this WCN was the “film night”. This was prompted by a suggestion from Alan Cass, following the successful film night at the ANZSN meeting in Darwin. Participants were invited to submit films of up to 7 minutes depicting either patient education material, or patient experiences. We received 34 submissions and aired the best 6 on the night. This was chaired by a Darwin-based home dialysis patient (Rob Smith) who, himself has made some stunning patient experience and educational films. There is no doubt this session was a highlight and I doubt there was a dry eye in the audience following some of the patient experience films. ISN have decided to continue this component at future meetings, including the forthcoming Abu Dhabi meeting in 2020.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Participants</th>
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Professor Peter Kerr
Chair, Local Organising Committee

Dialysis Nephrology Transplantation Workshop - 8-10 September 2019
Adelaide, South Australia

The DNT Workshop is held biennially by the ANZSN and brings together doctors, nurses and allied health professionals from renal units across Australia and New Zealand.

The Workshop provides an important opportunity for attendees to discuss clinical issues, reach consensus and enable progress via the ANZSN’s Clinical Policy and Advisory Committee.

In 2019, the DNT Workshop also included consumer/patient/carer participation which was enabled through a partnership with Kidney Health Australia (KHA) and BEAT-CKD.

There was a total of 152 registered delegates for the meeting which was 13% less than the 2017 meeting. There was also a drop in income from sponsorships, most likely due to the WCN also being held in Australia in the same financial year. This shortfall was offset by an increase in registration fees for the delegates attending the DNT.
The ANZSN partnered with KHA and BEAT-CKD to develop a consumer engagement strategy for the 2019 Workshop. Through inviting consumers/patients/carers to attend, the aim was to bring a consumer perspective to the actions to be taken forward from the Workshop. In total 10 patients/carers/consumers attended, with BEAT-CKD and KHA providing on the ground support staff to provide advice, answer questions and provide assistance as required.

The 2019 DNT Workshop covered workforce training, key performance indicators, consumer engagement, Indigenous consultation, research and ANZDATA updates and contemporary issues in dialysis, nephrology and transplantation.

The purpose and themes for the 2019 DNT Workshop were gathered following feedback from the 2017 DNT Workshop and discussion with the CPAC. Of importance, this is the first DNT to successfully engage patients and caregivers as both speakers and attendees. The meeting also embraced the new ANZSN Event Sustainability strategies to reduce environmental footprint of the conference:

Key strategies included:

- Electronic program
- Reusable lanyards
- Use of shared transport
- Reusable and cutlery
- Water jugs (as opposed to disposable water bottles)

The highlights of the workshop include advances in diabetic kidney disease, ANZDATA session, KHA’s National Community Consultation, Consumer Engagement in NZ, ANZ Paired Kidney Exchange Program and KPI Governance.

Associate Professor Rathika Krishnasamy
Chair, Local Organising Committee

New Zealand Chapter Meeting – 16-18 October 2019 Wellington, New Zealand

The New Zealand Nephrology Chapter meeting for 2019 was held in Wellington from 16-18 October. We had a record number of attendees with 81 unique registrations.

For those of you who have not been to a New Zealand meeting, they are an opportunity for nephrologists, trainees and senior nursing colleagues to talk about clinical care and practice, challenging controversies, new developments in dialysis and transplantation and plenty of catching up, networking and hearing about research. After a formal mihi whakatau, the themes for 2019 were Pacific Health and diabetes therapies. These were led very ably by our plenary speaker Dr Amrish Krishnan from Fiji who gave powerful talks about developing nephrology practice in a resource constrained environment. Dr Malama Tafuna‘i, a New Zealand trained GP who now oversees the dialysis services in Samoa, gave a detailed discussion about the challenges and competing demands of high-cost care for kidney diseases in Samoa.

Extended discussions about how to measure, explore and address inequity in New Zealand nephrology care were a response by the group to the annual data reporting of treatment practices and outcomes for all DHBs across New Zealand. The annual performance of NZ nephrology centres is a standing item for discussion at the NZ meeting.

Apparently, according to our diabetes colleagues who were attending the meeting as our plenary speakers, the discussion was considerably more robust than they were expecting. This reflects the special character of the NZ meeting which is one of collegial challenge and support. The NZ group considered ways to increase granular reporting of equity data for transplant and dialysis (by ethnicity) for review in 2020.
A large number of trainees (pictured below) presented their excellent research studies and the infographic quality was far higher than their senior colleagues. They were competing for the Bruce Morrison award in honour of one of New Zealand’s first nephrologists. The winner with a project about transplantation processes was Theo Yiu, a trainee from Waitemata District Health Board. We additionally had presentations on transplantation experiences in Indigenous patients (presented by Drs Rachael Walker and Annie Reynolds) and data about Community Dialysis Houses (by Assoc Prof Rachael Walker).

There were some (well-behaved) babies in attendance with their parents – which has prompted the NZ group to explore the possibility of supporting child care and parenting at future meetings.

The NZ group is also exploring attendance by patients at the meeting in 2021.

The 2020 meeting will be in Auckland, led by the chair of the local organising committee, Dr David Voss.

Thank you to the ANZSN for supporting the event each year.

Professor Suetonia Palmer
Chair, New Zealand Chapter of the ANZSN

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 Course – 6-7 July 2019
Brisbane, Australia

In 2019 the ANZSN SPEC organised course “Unravelling the secrets of the kidneys” was held from 6-7 July in Brisbane.

This was a fantastic 2 day programme attended by 37 nephrology and general medicine trainees.

Our thanks to the nephrologists and physicians of Queensland who provided excellent education, as well as the nephrologists who travelled to be part of the course.

It was well received and had excellent feedback.

This course runs again from 20-21 June 2020 in Melbourne – let your trainees know!

Dr Carolyn Clark
SPEC Committee Member, Co-Coordinator of Basic Course

For any Australians considering attending, it is a wonderful collegial meeting on a Friday and Saturday, with lots of networking and discussions, and a great dinner. This year, Prof Martin Gallagher made the journey across to discuss upcoming trials for New Zealand centres.
Haemodialysis (HD) Academy
19-20 October 2019 - Melbourne, Australia

The first bi-annual ANZSN Haemodialysis Academy was held in Melbourne on 19 and 20th October 2019.

It was a long awaited detailed teaching of a subject that is essential to all future nephrologists and was attended by 46 trainees.

Associate Professor Rob MacGinley
SPEC Committee Member, Co-Coordinator of Haemodialysis (HD) Course

Advanced Training Committee (ATC) in Nephrology for the RACP

The ATC is a busy committee comprising of 11 members, including paediatric, TSANZ, ANZSN, New Zealand and trainee representatives.

Nephrology trainee numbers continue to grow and currently the ATC oversees 137 trainees in Australia (127 adult, 10 paediatric) and 22 in New Zealand as of the 14 October 2019. There were 51 New Fellows in nephrology. In 2016, 33 in 2018, 39 in 2017 and 17 so far in 2019. The nephrology trainee growth corresponds with a rapid growth in physician trainees overall. Between 2010 and 2018, there have been significant increases in numbers of adult basic physician trainees (650 to 3110) and adult advanced trainees (1684 to 2549). In paediatrics, corresponding growth has also been apparent; in basic training (170 to 913) and advanced training (651 to 1066).

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 steady number of trainees are completing at least 12 months in Canada or the United Kingdom. This has always been popular in paediatrics but more adult trainees are moving overseas, some from a true desire to work overseas and some to obtain transplant experience. A total of 50 sites are accredited for training and further overseas opportunities are examined as they arise.

The number of nationally accredited training posts has risen steadily over the past five years.

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. Supervisors should now receive a marking guide, with each project, to facilitate in this process and to ensure more uniformity and transparency. The ATC has provisionally approved the Unravelling the Secrets of the Kidney course, also approved by ANZSN, as an alternative to one of the currently mandated postgraduate courses, however this will need further ratification from the Education Committee before being accepted. Trainees are also encouraged to use the ANZSN Kidney eLearning hub.

The major change on the horizon will be the implementation of changes following the current curriculum renewal. The College is undertaking simultaneous review of 38 advanced training programs. There is a move towards hybrid competency and time based training, which will have more flexibility and will better meet the needs of today’s trainees. The process has three components; Competencies (Be), Entrustable professional activities (Do) and Knowledge guides (Know). More information is available on the RACP website. The renewal process is still in the early phases and feedback is encouraged.

None of this work would be possible without the hard work of the members of the ATC team and I would like to thank them for their contribution; Jamie Kendrick-Jones (Chair NZ ATC and site accreditation coordinator), Liz Curry (Deputy Chair NZ ATC), Kamal Sud (ANZSN representative), Rob MacGinley (lead for curriculum renewal), Grant Luxton (co-ordinator of advanced training), Caroline Milton (co-ordinator of advanced training), Melissa Nataatmadja, Nick Larkins (paediatric representative and projects coordinator) Jack Heron (trainee representative) and Phil Clayton (TSANZ representative). I encourage anyone with questions about nephrology advanced training to contact myself or one of the committee members.

Dr Anne Durkan
Chair, ATC
The 2018 impact factor saw a dip from 2.178 to 1.913. Despite this, *Nephrology* continues to have a soaring download rate (exceeding 220,000 in 2018) and submissions – at the time of preparing this (mid-Oct) we have had 627 submissions for the calendar year, giving a projected figure of 800 for 2019, in comparison to about 1,400 for *Kidney International* for example. The rejection rate has now gone up from 80% to 85%. Mandatory plagiarism checking and triaging by the Editor-in-Chief for every article continues to be a major reason for initial outright rejections, and of course the hard work of our Associate and Subject Editors.

The on-line only journal from July 2018 meant that we have been able to clear some backlogs. The mean waiting time for assignment to an issue has dropped from over 1 year to around 8 to 9 months now. All accepted articles continue to be published on-line within 3 days of acceptance, and there is a new feature since 2019, the Early View – that allows proofread articles to be out in a fully typeset and citable format within a mean of 28 days.

Another upcoming modification will be a new look (top panel) of published articles in a standardized format across Wiley titles:

I would like to recognise the contributions of members of the ANZSN including the Emeritus Editors-in-Chiefs, Associate Editors and Subject Editors of the Journal who help us maintain the high standards of the Journal, as well as the researchers from Australia and New Zealand that continue to contribute to the Journal by submitting their manuscripts for publication.

An editorial board meeting was held for the first time during the ASN Kidney Week in Washington DC on 9 Nov 2019 to greet our editors from the Western world, together with those from Asia who managed to attend the Kidney Week. The next editorial board meeting will be held during the 18th ACPN (19 – 21 Jun 2020) in Hong Kong.
International Affairs Report

Last April ANZSN partnered with the International Society of Nephrology and the Asian Pacific Society of Nephrology to hold the World Congress of Nephrology in Melbourne. In total the meeting was attended by 3,580 delegates from 107 countries. In addition to those offered by the ISN and the APSN, the ANZSN funded 29 travel grants worth $70,600 to assist those from low to middle income countries attend the WCN.

Several ANZSN Members continue to contribute significantly as leaders in Global Nephrology, including David Harris as Past President of ISN, Rob Walker as Honorary Secretary of APSN and David Johnson as President of ISPD.

Moving forward, we are working with APSN to draft a memorandum of understanding which will formalise our relationship as a sponsoring society of APSN.

ANZSN Members continue to do much to promote high quality Nephrology care in the Asia Pacific region. The 5th Fiji Nephrology Course was run successfully in August this year. Several ANZSN members participate in ISN Renal Sister programs, and this year the Society provided Associate Membership for a Samoan GP to assist with their application for an ISN Renal Sister Program with Middlemore Hospital.

Associate Professor Kamal Sud and Dr Ross Francis
International Affairs – ANZSN Council Portfolio Leads

Asian Pacific Society of Nephrology (APSN)

The APSN continues to work in close association with the ANZSN to promote nephrology in the region. The ANZSN remains a key sponsoring society supporting the APSN and nephrology in the region.

The APSN celebrated its 40th anniversary at the recent WCN in Melbourne. This was quite fitting as a co-host of the meeting in conjunction with the ANZSN. Professor Masaomi Nangaku has taken over as president from Professor Philip Li following this meeting.

The next Asian Pacific Congress of Nephrology will be held in Hong Kong in June 2020. We would like to encourage ANZSN members to attend this meeting.

The APSN continues to have a strong input into nephrology continuing medical education, sponsoring attendance at a number of regional society meetings around the region. Associate Prof Katherine Barraclough is the deputy chair of the APSN CME committee and continues to have a very active role in the CME program. As part of this process, we have been encouraging trainees from both developing countries as well as established countries to attend, in order to encourage the interactions. Also as part of this initiative the APSN have established a Young Nephrologists Committee to provide guidance and leadership in this field. The APSN executive would like to strongly encourage the younger nephrologists in ANZSN to become actively involved in promoting nephrology in the region. There are a number of opportunities to be more actively involved with CME activities in the region, so if you are interested please contact A/Prof Barraclough.

In partnership with the ISN, the APSN continues to sponsor a number of fellowships to allow trainees in developing countries to spend time in major units to enhance their training. There is also on-going development of partnerships between developed countries and developing countries, especially in South-east Asia and Oceania.

Nephrology, the journal of the APSN, has now gone to an online journal which remains available to all members of ANZSN via the ANZSN webpage. This also allows for more rapid publications of the increasing number of articles accepted for publication.

Professor Rob Walker
Honorary Secretary, APSN

International Society of Nephrology (ISN)

WCN 2019. Congratulations and much appreciation is due to all the ANZSN Members who participated in and helped organise the WCN in Melbourne in April. Thanks to your commitment and involvement it was a scientific, social and
financial success. Special thanks to Peter Kerr and his Local Organising Committee, and to all ANZSN members of the Scientific Program Committee.

**Future ISN meetings.** The Melbourne WCN was the last biennial congress, and from next year WCNs will be held annually in March or April, starting in Abu Dhabi on 26-29th March 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 1st-3rd October, 2020 in Bergamo Italy, on the topic “Complement-related kidney disease”.

**Global Kidney Health Atlas.** The second edition of the GKHA has been submitted for publication and should appear before the end of 2019. As with the first edition, which was published in JAMA in 2018, it is a very valuable resource for tracking the progress of nephrology across the globe, prioritizing needed responses and holding governments accountable when progress is too slow. David Johnson and Aminu Bello continue to lead this very important project.

**Integrated ESKD care.** In conjunction with the Melbourne WCN, ISN held a workshop to develop a strategic plan to increase equitable access to high quality integrated ESKD care. The plan should be completed by about the end of 2019, for implementation over the next 5-10 years. A manuscript describing the extent and various responses to the problem was published in *Kidney International* in April, and will be followed by about a dozen papers in *Kidney International Supplements* later this year. The strategic plan itself will be released in 2020, and there will be plenty of opportunities for ANZSN members to be involved.

**Indonesia project.** In one of several national capacity-building projects, ISN is partnering with PERNEFRI (the Indonesian Society of Nephrology) to improve provision of kidney care in Indonesia, with a particular focus on peritoneal dialysis for ESKD. A couple of ANZ renal units are already involved, and more will be invited to partner with Indonesian units chosen to become ‘Centers of Excellence’ in Peritoneal Dialysis across Indonesia’s 13 geographically-diverse districts.

**WHO.** As a key plank in its Advocacy program, ISN is the only nephrology society in official relations with the WHO. ISN is collaborating with the WHO over the next couple of years to disseminate the GKHA, to map responses and research into CKD of unknown aetiology, and to develop guidance documents for countries wanting to develop or expand dialysis for ESKD.

**Kidney Care Networks.** ISN is supporting units in Nepal, Bolivia, South Africa and Brazil to improve kidney care, initially for AKI (as a continuation of ISN’s 0by25 project) and expanding to involve CKD and ESKD as well. If sufficient funds are identified, the project will expand out into surrounding regions in these 4 countries, and also to other countries.

**Research.** Over the next year or so ISN will add to its existing research projects of ISN-ACTs, iNET-CKD and ISN’s Clinical Research Program, which are described on ISN’s website. Details about further Research activities will be made available by 2020.

**ANZSN involvement.** As one of its few Collective Societies, ANZSN is a key partner of ISN. Opportunities for involvement in and leadership of ISN’s many activities become available regularly and are advertised transparently. Be on the lookout for them! Involvement in ISN activities can be very satisfying and can make a big difference to the standard of kidney care globally, particularly in areas of need. If the majority of ANZSN members remain as members of ISN and if many volunteer to join in ISN activities, ANZSN will continue to play a leadership role in ISN and a pivotal role in advancing global and regional nephrology. Check out ISN’s website to see the breadth of activities that you can choose from.

**Professor David Harris**  
**Past-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 AKTN’s track record since 2005 is 9 completed trials, 2 reporting in 2019, 4 currently recruiting and a further 4 commencing late 2019/early 2020. In a move towards more pragmatic clinical trials, AKTN and the ANZDATA registry have partnered to establish 3 registry randomised trials. Integrating data collection with usual care means less burden on participants and site staff, clinically relevant outcomes, and enhanced implementation opportunities. Details of AKTN’s registry based trials are below. For information on all AKTN trials visit aktn.org.au.

BEST-Fluids (Better Evidence for Selecting Transplant Fluids). Delayed or slow graft function (DGF), i.e. the requirement for dialysis, or poor kidney transplant graft function early after transplantation, increases the risk of graft failure and death. Intravenous fluids are a critical aspect of care that impacts early transplant function. Currently, normal saline is standard of care at most transplant centres, however saline may be harmful due to its high chloride content which may promote DGF. This multi-centre, double-blind, registry randomised controlled trial evaluates the effect of intravenous therapy with Plasma-Lyte versus 0.9% Saline on early kidney transplant function. The study commenced early 2018 and plans to recruit 800 ANZ participants over 36 months. Doctor Michael Collins (Auckland) and Professor Steve Chadban (Sydney) lead the trial, which is fully coordinated by the AKTN.

TEACH-PD (A Targeted Education Approach to improve Peritoneal Dialysis outcomes). In Australia and New Zealand Peritoneal Dialysis (PD) -related infections are the major causes of PD technique failure. The burden of PD-related infections is both high and unacceptably variable between different centres. The TEACH-PD training modules have been developed by a core group of renal nurses from the HOME Network in conjunction with the AKTN, patients and other content experts. A pilot trial at 2 Australian sites in 2018 informed this larger study. A pragmatic, multi-centre, cluster- registry randomised trial commenced early 2019. The training modules will be implemented at PD units to formally evaluate whether, compared with standard care, a standardised training curriculum for patients and PD Nurses results in better outcomes for PD patients. The trial is led by Professor Josephine Chow (Sydney), Professor Neil Boudville (Perth), and Professor Suetonia Palmer (Christchurch).

RESOLVE (Randomised Evaluation of SOdium dialysate Levels on Vascular Events). Some studies have shown benefits of lower sodium dialysate on blood pressure, thirst and interdialytic weight gain, although intradialytic hypotension may be more frequent. This pragmatic, cluster-randomised, open-label trial will evaluate the relative effectiveness of two different default dialysate sodium concentrations in real-world conditions. Dialysis sites will be consented and randomised through the registry, with outcomes assessed on individual patients dialysing in those sites. This global trial is led by Meg Jardine at The George Institute, in collaboration with the AKTN in Australia.

Professor Carmel Hawley
Chair, AKTN Operations Secretariat

Australian and New Zealand Society of Interventional Nephrology (ANZSIN)

It has been 12 years since the inception of the ANZSIN and a lot has happened; in fact a lot has happened in the past year. I have only joined the team six years ago and am very honoured and excited to have taken over as the new ANZSIN Chair at the end of last year. The outgoing chair (David Voss) and his team, has done a magnificent job in steering and shaping the society over the past few years. I wish to give him and the team profuse thanks and appreciation for all the efforts in providing a strong foundation for this society. I would also like to mention a big thank you to Shaune Noble from ANZSN for the tireless administration support for ANZSIN. Although there was no formal ANZSIN Meeting this year, our members were no less active in various conferences and interventional projects. I will list them here (in no particular order):

WCN (World Congress of Nephrology)

ANZSIN was fully involved during the International Society of Nephrology (ISN) World Congress of Nephrology held in Melbourne (April 2019). Our members contributed heavily in the running of the pre-congress Interventional Nephrology Course over 2 days. Apart from the talks during the morning session, there were also hands-on simulation sessions (done on dummies/phantoms) for dialysis catheter insertions (tunneled and non-tunneled), kidney biopsies, peritoneal dialysis catheter insertions and ultrasound techniques. The preparation for this was no easy feat, especially the procurement of equipment (ultrasound machines etc.) and the setting up of the phantoms. Well done...
to all our members who worked very hard to make this event a great success.

**APSDA (Asia Pacific Society of Dialysis Access)**
The APSDA had a very successful joint conference with the MSN (Malaysian Society of Nephrology) in Kuala Lumpur in July 2019. We have two ANZSIN individuals who sit in the APSDA committee and who attended this meeting: Dr Sajiv Cherian (Australia) and Dr Eddie Tan (New Zealand, standing in for Dr David Voss) and both were invited to give talks in the first couple of days before the main MSN Conference. It was fascinating to have a glimpse of how our Asian counterparts practice renal medicine. Amongst many subjects discussed, is how we can promote interventional nephrology within the region and deal with the access issues plaguing most renal units. We also discussed the logistics for future APSDA meetings: Taiwan (2020) and India (2021).

**International Collaboration (ISN and APSDA)**
The collaboration with ISN and APSDA is actually part of a broader picture of moving towards international collaboration which aims at pooling efforts in standardising training and developing resources globally. We have ANZSIN representation within both the ISN Interventional Group and APSDA and look forward to many years of fruitful collaboration in the future.

**Fiji Nephrology Symposium**
In August 2019, 2 Interventional nephrologists (Dr Gerald Waters and Dr Eddie Tan) went out to Fiji to help develop their fledgling PD program. Apart from didactic lectures and session on PD care, there was a whole afternoon of supervised hands-on practice PD catheter insertions using pork belly simulations. This was followed by successful supervised PD catheter insertions (by local Fijian doctors) in live local patients in the main hospital. Dr David Voss was also present to give a talk in the main meeting, amongst a panel of doctors from Australasia and Fiji.

**DNT (Dialysis Nephrology Transplant) Meeting**
Dr David Voss presented the session on the much awaited CARI Guidelines on kidney biopsy in the DNT Meeting held in Adelaide (September 2019). The discussion that followed not only touched upon accreditation of kidney biopsies but also on the wider picture of procedural accreditation as a whole.

**Whangarei Renal Unit Peritoneal Dialysis (PD) insertion Mentorship**
The renal team in Northland DHB (Whangarei Hospital, New Zealand) has long aspired to develop a physician-led PD catheter insertion program. This is finally coming to fruition; for the past year, two of the nephrologists from Whangarei (Dr Walaa Saweirs and Dr Sharen Supershad) have been coming to Middlemore Hospital (Auckland) to receive mentorship on PD catheter insertions by the local interventional nephrologists (led by Dr Michael Lam). They have now been deemed competent and would start inserting PD catheters independently in Northland DHB after the New Year.

**Procedural Accreditation in Australasia**
There is still much work to be done in this area. We have had to rethink our initial stance from previous years; it may no longer be feasible to simply issue certificates based on set competency levels. There is ongoing discussion with our parent society (ANZSN) on how best to move this forward but rest assured; this remains a very important priority on our agenda.

**ANZSN and ANZSIN Collaboration**
A wonderful feature this year has been the harmonious and mutually beneficial co-operation between the ANZSN sub-committee SPEC and ANZSIN for the main joint conferences next year in Hobart 2020. Both SPEC and ANZSIN have worked closely to streamline the programs and even have a shared plenary speaker. Next year’s conference is going to be very unique and exciting.

**Website**
This is still a work in progress but we do have big plans: creating procedural videos and inserting links for learning resources. I am pleased to announce a significant development in the procedural registry by Dr Gerald Waters. This is still in the early phase for ‘early adopter use’ but it is a step in the right direction. We are now looking for volunteers to test out the system.

**Finances**
Our Finances remain relatively static over the past year. With no annual meeting this year, there has been no income. Also, all the other indications suggest that sponsorship from pharmaceuticals is likely to shrivel up. This is why next year’s meeting would be important; apart from income generation
from our ASM, the overall financial theme would be getting value for money. In this vein, we have utilised the same conference organisers as the main ANZSN meeting and worked closely with SPEC for the conference programme.

The Future

The future is very exciting with so many developments in different areas. It is great that ANZSIN is now working more closely than ever with our parent society ANZSN: with SPEC this year and also in future with the two new sub-committees (SPAC and ETC). The ANZSIN team is truly a dream team to work in and everyone within is exceptionally passionate about interventional nephrology. I am really looking forward to the next year as I foresee many wonderful things to come.

Doctor Eddie Tan
Chair of ANZSIN - Interventional Nephrology Society

ANZDATA

No report available at the time of publishing.

Australian and New Zealand Paediatric Nephrology Association (ANZPNA)

ANZPNA continues the ongoing engagement in policy development, clinical service delivery, trainee education and workforce planning, and scientific and research activities.

Despite small numbers, our members remain actively involved in the work on a range of committees and groups on a local, national and international level, representing the needs of the paediatric nephrology community and advocating well on behalf of our patients and their families.

One of the founding members of ANZPNA, David McCredie, was made a Member (AM) in the General Division of Queen’s Birthday in June 2019 in recognition of his significant service to medicine in the field of paediatric nephrology. Our sincere congratulations to David for this well-deserved achievement.

The ties between ANZPNA and ANZSN are well established with the chair of ANZPNA regularly contributing to the work of ANZSN Council. We have paediatric nephrology representatives on various working groups and committees of many societies (SPEC, KPI, RTAC, OTA, TSANZ, SAC RACP and IPNA). Through this representation, ANZPNA has been involved in important policy developments in the last 12 months, such as the work on the paediatric kidney transplantation allocation policy, definition of paediatric donor criteria, or the development of paediatric specific KPIs for ANZSN. Through the work with the Department of Health on the new PBS restrictions for growth hormone in children with CKD, we have achieved better access, especially for infants with CKD, with undoubtedly better growth outcomes for these patients in the years to come.

The World Congress of Nephrology held in April 2019 in Melbourne was a great success with many ANZPNA members participating actively or attending the Congress. The planning of the next ANZSN ASM which will be held in Hobart in September 2020 is well on the way. A session on transitioning of paediatric patients with kidney disease to adult care is planned with ANZPNA participation. Triennial IPNA meeting took place in Venice in October 2019. ANZPNA had representation on the Scientific Program Committee of this meeting and our members presented our research in the form of abstracts and invited lectures.

On the educational front, a new exciting development has been the establishment of the Trainee Corner on ANZPNA website. Multiple topics have been covered through the webinar lectures and the feedback from the trainees has been positive. This initiative together with ANZSN Kidney eLearning Hub provides great learning opportunities for our trainees.

In the last few years, there has been an increase in the number of multicentre national and international studies with participation of ANZPNA members. It is great to see the involvement of the younger generation of trainees and nephrologists in the leading roles of these studies. ANZPNA Research Subcommittee coordinates multiple national collaborative studies with participation of all paediatric nephrology centres across Australia and New Zealand.

Doctor Peter Trnka
Chair, ANZPNA
Australian and New Zealand Vasculitis Society (ANZVASC)

In late 2018/early 2019 the Australian and New Zealand Vasculitis Society, ANZVASC was formed. In 2017, people across the disciplines of Nephrology, Clinical Immunology and Rheumatology began to explore the feasibility of starting a local vasculitis society. As well as considerable expertise, there is much interest in vasculitis. Critically, improving education and research in these diseases will benefit those who live with these diseases.

In July 2017, participants at a one-day workshop decided to form ANZVASC to “promote collaboration and excellence in vasculitis care and research in Australia and New Zealand”. We agreed to focus initially on ANCA-associated vasculitis, including other diseases over time. A governance working party decided that as vasculitis care and research is multidisciplinary, a stand-alone society with governance of a high standard was needed.

Therefore, ANZVASC was established as a Company Limited by Liability (not unlike the ANZSN) with charitable recognition by the ACNC and DGR status. We plan to link closely to and work with ANZSN (as well as our colleagues in Rheumatology [ARA] and Clinical Immunology [ASCIA]). When the new ANZSN constitution and structures are bedded in, ANZVASC would like to explore how we can link closely to the ANZSN (and other bodies eg AKTN).

Membership fees are set at a modest level ($100 pa, $25 pa for trainees/scientists), aiming to cover only basic operating expenses. Value for money for members is important and ANZVASC will do everything that it can to develop the society and provide value. In 2020 we plan to have a 1-1½ day meeting in Melbourne with the ASCIA meeting (Saturday Sept 6 +/- Fri Sept 5), just after the ANZSN Hobart ASM. We’d like to rotate this meeting around the ANZSN, ARA and ASCIA year by year.

As ANZVASC is still in an establishment phase, there will be opportunities for members to develop their expertise and interest. TORs are being prepared for working groups in key areas, initially (working titles) “Education”, “Clinical Trials” and “Registry”.

These working groups are great opportunities for members to contribute. We plan to have an EOI out to members soon: now is a good time to join ANZVASC and get involved! Consumer involvement is critical, and in addition to a consumer board member we plan to have consumers voices on working groups and in other areas. We would like each state to run a patient/consumer seminar in 2020.

We have a Twitter account @ANZVASC run by Richard Kitching and Catherine Hill (a Rheumatologist from Adelaide). Help from dynamic social media users is welcomed! Thank you to the many people who have helped get ANZSVASC to where it is now. The Nephrologist Board Members are Richard Kitching, Chen-Au Peh and Jess Ryan; the website is https://www.anzvasculitis.org (anzvasc@gmail.com). We encourage you to contact ANZVASC, join and become involved.

Professor Richard Kitching
Board Member, ANZVASC

Ki ndey Health Australia – vital support and giving voice to the kidney community

This year, a key focus for Kidney Health Australia was to gather and share the views of the kidney community so that we could present a strong and united voice to government on the disparities in care and support available to the kidney community.

Kidney Health Australia led the community consultations for the National Strategic Action Plan for Kidney Disease to the Commonwealth Government which will help shape the future of kidney care for all Australians. We had an overwhelming response from the consultation which is testament to the level of engagement with the Action Plan by the kidney community. The major themes from the consultations were: the need for more emotional and financial support for both patients, carers and families; equitable access to quality care in particular for those living in regional and remote parts of the country; a focus on awareness and prevention of kidney disease; and an investment in research.

The Action Plan has been accepted by the Federal Government and we received the very welcome news of a $2.25 million investment becoming available to support kidney health priorities.
The Action Plan is a genuine reflection of the community’s concerns and marks a significant shift in the level of understanding relating to kidney health in Australia.

With 1 in 5 Indigenous Australians over the age of 18 having indicators of chronic kidney disease, we must improve kidney disease diagnosis in these communities. Kidney Health Australia is conducting the “Yarning Kidneys” Consultations to gather the views of our Indigenous communities across Australia which will inform the development of KHA CARI CKD management guidelines for indigenous people, and also the National Indigenous Kidney Transplantation Taskforce with whom we are working closely.

In August, we held a Youth Roundtable involving key stakeholders which was the culmination of months of consultations with young people around Australia living with kidney disease, and their families. The consultations will inform development of our KHA Youth Program designed to empower young people to maintain independence and successful transplant and health outcomes. The State of the Nation report on young people living with kidney disease will be released at the end of 2019.

Kidney Health Week in April was an opportunity to amplify our message around early detection and ask the ‘at risk’ community to check their kidney health. This message resonated with 9,000 people taking our online risk test. Our work in early detection will take on even greater emphasis in 2020. Kidney Health Week also coincided with the World Congress of Nephrology in Melbourne, which was a great opportunity for Kidney Health Australia to raise public awareness of kidney disease through a range of events designed to capture community attention.

We continued to seek funding from our generous community to help sustain our early detection activities and support programs, such as our Big Red Kidney Bus program, transplant houses and Kid’s Camp. Our Big Red Kidney Walks were the most successful to date, with 17 community and flagship walks helping us almost reach our $350,000 target. We also successfully wrapped up our Kidney Kid’s Camp and the Kidney Kar Rally events for 2019, thanks to the fantastic support of our medical and patient community.

Our work with the ANZSN continues through our engagement with Council, the Clinical Policy and Advisory Committee and the Dialysis Advisory Committee. We welcomed unprecedented consumer engagement and partnership with Kidney Health Australia at key conferences including the recent DNT Workshop in Adelaide and the World Congress of Nephrology in April.

On behalf of the Kidney Health Australia Board and staff, I want to thank you for your support throughout 2019 and I look forward to what 2020 delivers.

Chris Forbes
CEO, Kidney Health Australia

KHA-CARI Guidelines 2019

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 – Kidney Health Australia, ANZSN and BEAT-CKD - in supporting the work of the guidelines at every level.

Changes to Steering Committee. The Steering Committee wishes to thank Kevan Polkinghorne for his commitment to the KHA-CARI guidelines and who served as a Steering Committee member for 18 years. We wish to welcome new Steering Committee members, Emily See, Kelly Lambert and Rathika Krishnasamy and we thank all Steering Committee members for their ongoing work over this past 12 months.

Current work streams. Screening and management of infectious diseases in haemodialysis units - This guideline has now been published. The guideline had a tremendous impact across Australia in particular Western Australia where the Department of Health has issued new recommendations to put into place, the discontinuation of 3 monthly VRE screening in haemodialysis patients. 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.

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. Community consultation has been completed in New
Zealand with the guidance of Susan Reid (Director, Health Literacy NZ) and Carla White (Director, Health Literacy NZ). A total of four communities (Hastings, Napier, Kerikeri and Otara) were consulted, covering three areas (Hawkes Bay, Northland and Counties Manukau) of Aotearoa. In Australia community consultation has been led by Jaqui Hughes (‘Catching some air’ project - Menzies and Lowitja Institute) in Darwin, Alice Springs and Thursday Island and a program being run by KHA funded by the Australian Government. The KHA consultation process continues, primarily guided by Dora Oliva (National Manager, Indigenous Kidney Health, KHA) and Shilpa Jesudason (Clinical Director, KHA) and will finish mid – 2020. Consultation has so far taken place with expert clinicians and with communities in Western Australia (Perth and Ceduna), South Australia (Adelaide and Port Augusta) and shortly commencing in New South Wales. Common topics identified so far by both countries will serve as the initial topics to be included in the guideline. We thank the communities, patients and clinicians who have already contributed personal perspectives and experiences to inform the guideline content and improve health experiences and outcomes among Indigenous Australians and New Zealanders.

Renal Biopsy – the renal biopsy guidelines have now been accepted for publication in Nephrology and will be uploaded on the KHA-CARI website. We thank the guideline writing group ably led by Rob MacGinley for their great work. A patient/caregiver version of the guideline has been drafted thanks to Nicki Scholes-Robertson, Talia Gutman, Chandana Guha, Rob MacGinley in partnership with consumers Chiara Acciano, Sherry Mead, Kylie Paolo, Luke Macauley and Julie Harward.

Commentaries. We thank Neil Boudville and John Kanellis for their Evaluation and Care of Living Kidney Donors commentary which has been published in Nephrology. A commentary is currently being prepared for CKD Mineral and Bone Disease. KHA-CARI contributors will be providing local commentary on the KDIGO guidelines for the Transplant Candidate once that is published.

Innovations. The KHA-CARI group has been building capacity in and expertise in the use of modern web programs (MAGICapp 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-CARI Office team of Martin Howell, David Tunnicliffe, Pamela Lopez-Vargas, Talia Gutman, Karine Manera and Brydee Johnston. In addition, recently Nicki Scholes-Robertson and Chandana Guha have joined the group to lead development of consumer useful material from our guidelines. The incredible expertise and consumer focus 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

Professor Suetonia Palmer
Chair, KHA-CARI Steering Committee

Kidney School

We have had another year of successful Kidney School in 2019. At present the program consists of 10 monthly webcasts of core nephrology topics. Webinars are broadcast at 18.30 on a Tuesday evening. Access to the meeting remains free for anyone who signs up to the Kidney School mailing list. The webcasts are attended by approximately 50 sites per month, from across Australian and New Zealand, and sometimes from Vietnam and Fiji!

We would like to express our sincere thanks to our presenters, who volunteer their time to share their knowledge and experience and make the whole program possible.

Kidney School continues to be the only national teaching program currently available to nephrology trainees in Australia and New Zealand. An exciting development for 2020 is the integration of Kidney School with the ANZSN Kidney eLearning Hub. This will enable recording of the webinars and posting of content on the eLearning Hub site. Kidney school is a key part of a suite of educational activities that have been developed for trainees over the last couple of years and access to recorded webinars will expand the educational opportunity it currently affords.

We continue to strive to improve the reach of Kidney School and appreciate departments promoting Kidney School and 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. We are only able to contact those that subscribe to our mailing-list, so please share and join!

Doctor Amali Mallawaarachchi
Doctor Erin Vaughan
Doctor John Saunders
Kidney School Directors

Special Awards and Honours

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

Professor Jeremy Chapman AC – ANZSN Life Member

Professor Jeremy Chapman AC, ANZSN Life Member

Congratulations to Professor Jeremy Chapman AC, who has been awarded Life Membership of the ANZSN in honour of a lifetime of achievement and a significant contribution to kidney health as a nephrologist, clinical researcher, leader, humanitarian and innovator.

The list of Professor Chapman’s achievements are endless, and run the gamut from spearheading the National Kidney Pancreas Transplant program that has transformed the lives of over 550 Australians with Type 1 diabetes mellitus and chronic kidney disease, to the development of the National Bone Marrow Donor Registry, to setting the up the first Tissue Typing Laboratory at the Australia Red Cross Blood Service and developing the National Organ Matching System for deceased donor kidney transplantation.

He has also been an outstanding leader and role model for those seeking to shape healthcare, through his roles as the Director of the Western Renal Service, Director of the Division of Medicine and Cancer, Western Sydney Local Health District (WSLHD), Chair of the Board of the WSLHD, Past Presidents of the Transplantation Society of Australia and New Zealand and the Transplantation Society, and Editor-in-Chief for Transplantation

During his time as the President of the Transplantation Society, Professor Chapman and created the Declaration of Istanbul during the Istanbul Summit on Organ Trafficking and Transplant Tourism in 2008. This Declaration clarifies the issues of transplant tourism, trafficking and commercialism and has provided ethical guidelines for practices in organ donation and transplantation. Since the creation of the declaration, over 100 countries have endorsed the principles and many countries, including China, Pakistan, the Philippines, Israel and India have their laws with regards to organ donation and transplantation.

Professor Chapman is also a stellar clinical researcher. Although, in his very humble manner, he would say it is ‘those very intelligent people around him that make the department shine’. He was the first to define calcineurin inhibitor toxicity in the context of chronic allograft nephropathy as the main cause of allograft loss in kidney transplant recipients. Together with Sir Peter Morris, he first characterised the immunogenicity of IgM vs. IgG positive B cell crossmatches in transplant recipients, and revolutionised tissue typing technologies globally. Using registry data, he has shown that cancer is a key complication of solid organ transplant recipients and informed practice changes.

Professor Chapman’s continued devotion to the field of transplantation and nephrology serves as an example to all of us as to how we could focus our lives inspiring the younger generations, students and professionals alike. He has given over three decades of support and guidance to the renal community, constantly raising the levels of professionalism through his hard work and insights.

Generous with his time and expertise, Professor Chapman has established a standard of clinical and research excellence that the rest of us can aspire to. Over the course of his career, he has received numerous awards in recognition of his service to transplantation and nephrology. These include the Companion of the Order of Australia Medal, Order of Australia Medal, Honorary Guest of the City of Buenos Aires, Fellow of the Australian Academy of Science, Asturias Foundation Award, David Hume
Award, National Kidney Foundation of America, and Honorary Life Membership of the TSANZ.

A list of Life Members and information on how to nominate a colleague, is on the ANZSN website.

**Dr David McCredie AM**
**Queen’s Birthday Honours 2019**

The Council and the membership of the ANZSN congratulate Dr McCredie on receiving a Queen’s Birthday honour.

The Society is pleased that he has been formally recognised for significant service to medicine in the field of paediatric nephrology.

**Emeritus Professor Trefor Morgan AO**
**Australia Day Honours 2019**

The Council and the membership of the ANZSN congratulate Emeritus Professor Morgan on receiving an Australia Day honour.

The Society is pleased that he has been formally recognised for distinguished service to medicine, and to medical research in the physiological sciences, particularly in relation to hypertension.

**Conjoint Professor Adrian Hibberd AM**
**Australia Day Honours 2019**

The Council and the membership of the ANZSN congratulate Conjoint Professor Hibberd on receiving an Australia Day honour.

The Society is pleased that he has been formally recognised for significant service to medicine, and to medical research, in the field of renal transplantation in Australia.

**Professor David Harris AM**
**Australia Day Honours 2019**

The Council and the membership of the ANZSN congratulate Professor Harris on receiving an Australia Day honour.

The Society is pleased that he has been formally recognised for significant service to medicine, and to medical education, in the field of nephrology, and to professional societies.

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**Elected Fellows – Australian Academy of Health and Medical Sciences**

Congratulations to:-

- Professor John Bertram
- Professor Jonathan Craig
- Professor Carmel Hawley
- Professor David Johnson
- Professor Richard Kitching

who were among 40 new Fellows elected to the Australian Academy of Health and Medical Sciences at their annual meeting on the 10th October 2019. A full list of new fellows can be found [here](#).

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**Jacquot Award Winners**

**2019 RACP Jacquot Research Establishment Fellowships**

- Philip Clayton
- Andrea Viecelli

**2019 RACP Jacquot Research Entry Scholarship**

- Kushani Jayasinghe
- Benjamin Larkin
- Dharmaen Palamuthusingam
- Ankit Sharma
- Matthew Sypek

**2019 RACP Jacquot NHMRC Awards for Excellence**

- Eric Hoi Kit Au
- Samuel Chan

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**ANZSN New Zealand Chapter Awards**

**2019 Bruce Morrison Clinical Trainee Award**

- Theodora (See Yin) Yiu

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**ANZSN Travel Award Recipients**


2019 World Congress of Nephrology
12-15 April Melbourne, Australia

Ashani Lecamwasam

The opportunity to attend WCN with the aid of a travel grant by ANZSN provided me with a valuable opportunity to keep up to date with current nephrology concepts in both basic and clinical sciences.

One of the most anticipated sessions was the late breaking clinical trials session, especially the CREDENCE trial - the first trial dedicated to a therapy background to standard-of-care specifically measuring renal outcomes in patients with CKD and T2 DBM. This was novel as previous trials didn’t specifically look at renal outcomes - EMPA-REG OUTCOME. The use of Canaglifozin was shown to be superior to standard of care in improving glycemic control and reducing adverse renal outcomes. Other trials such as SONAR study comparing the efficacy and safety of the selective endothelin antagonist atrasentan with placebo in patients with type 2 diabetes and chronic kidney disease was discussed as well as a clinical trial of intensive dialysis study (THE ACTIVE) was also highlighted. This session provided a unique opportunity for understanding trials, their results and implications and certainly has encouraged me to continue to use SGLT2 inhibitor therapy in my selected patients.

One of the other highlights was the presentation and discussion of the Affordable Dialysis Project. As Professor Kerr mentioned, one of the big messages of the congress and the Society is equitable access to dialysis. Almost all of the people dying from kidney failure live in low-middle income countries and the main driver of lack of access to dialysis is money. This project offers a low cost, more sustainable and innovative system of delivering PD to those that can least afford it, thus affording accessible dialysis.

Another memorable event was the ISN Community Film Award, where we got the opportunity to experience some personal and beautiful patient stories about their dialysis journeys from across the globe. Definitely a pioneer event that should be continued at future global conferences.

The Nephrology Biennial Review Course was excellent and the activities to meet other young nephrologists provided a nice social balance to a wonderful congress.

Brian Doucet

Melbourne WCN 2019 delivered an exciting conference experience with excellent organization, great food, and a centrally located picturesque waterfront location. As my first international renal conference WCN set itself apart from previous ANZSN conferences with the global themes and community involvement.

I also attended Pre-conference educational update course. Personal highlights from the update course included the update on vasculitis which was delivered by an engaging and humorous speaker from Canberra who presented convincing data on the role of mycophenolate in both induction and maintenance therapy. Also with vasculitis, Rituximab data was compelling for maintenance vs. azathioprine and tailored rituximab dosing is inferior. On the second day of the update course HIF-1a stabilizers were highlighted in the first of many talks over the course of the weekend. This talk was nicely balanced sighting many potential adverse effects of these new agents that must be explored before they achieve widespread clinical use in human subjects.

The Plenary sessions on day one focused on bioengineering and tissue regeneration, and the drivers of appetite and what truly constitutes a healthy diet. The plenary sessions on day 2 addressed the global increase in dialysis demand in aging populations and highlighted the shift to assessment of dialysis adequacy by improvement in patient symptoms, with the second session presenting the fundamentals of the immunological efforts to facilitate graft tolerance with research on CD25 expressing FOXP3 +ve Treg cells.

Other highlights for me included; discussions on SGLT2 inhibitors, recommendations to target ferritin of 600-700 with tsats of 40% in dialysis patients, serum phosphate levels are associated with poor cardiovascular outcomes unless magnesium levels are optimised, and FGF-23 is an independent poor prognostic factor related to cardiomyopathy... but in the EVOLVE study reduction in FGF-23 reduction had no impact on outcomes. The use of precision medicine in transplantation was interesting but still has to prove its clinical utility.

My conference concluded with my poster presentation on Australia rural dialysis outcomes where I engaged others on the topic and met with
colleagues and mentors. I thank the organizers of the WCN 2019 for supporting my attendance.

Amelie Bernier-Jean

I have had the chance to attend the ISN World Congress of Nephrology in Melbourne. This year, the meeting focused on glomerulonephritis and integrated end-stage kidney disease.

It was the first time I attended this conference, and I must say I particularly enjoyed seeing such a diverse audience. There were presenters and posters from all around the world which was very refreshing. It was heartwarming to see so many people working so hard to improve the life of patients with kidney disease.

I was presenting two posters. The moderated sessions went well, and the attendees asked interesting and relevant questions. I’m sure these discussions will improve my current and future research.

I also attended many talks. My favourite presentation was entitled "Humanizing capitalism to address suffering" which was simply fascinating. I love it when conferences go beyond the expected subjects to bring us exciting topics such as this one. This talk showed us that there is another way for the healthcare industry to make money still while allowing more people to have access to healthcare.

I also like that the conference used other forms of presentation than the traditional lecture. The debate on SGLT2 inhibitors in diabetic kidney disease was both instructive and entertaining. I also enjoyed the interactive quiz on glomerular diseases. The most memorable highlight of the conference was, of course, the divulgation of the results from the CREDENCE trial. This trial was looking at SGLT2 inhibitors in diabetic nephropathy and was stopped at interim analysis for efficacy. The excitement was palpable in the room. Not only was the quality of the trial remarkable, but the results were also beyond expectations. To finally have something beyond ACE and ARBs in our armamentarium against diabetic nephropathy is truly a relief.

Altogether, I genuinely appreciated the ISN World Congress of Nephrology. I enjoyed the interesting talks, got to present two posters, had many discussions with colleagues, partook in research meetings and workshops and was at the forefront of the latest trials results in nephrology. I sincerely thank the ANZSN for allowing me to attend this remarkable event.

Chunling Huang

It is with deep gratitude that I write this letter to thank you for your generous support (WCN Travel Award). With your kind support, I was able to attend 2019 the ISN World Congress of Nephrology, which was held in Melbourne, Australia on April 12-15, 2019.

The ISN World Congress of Nephrology 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. This conference not only showcased the latest medicine approaches but also explored the platform/enabling technologies for chronic kidney disease which helped to broaden my knowledge and inspire my future research work in chronic kidney disease.

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 “KCa3.1 inhibition attenuates diabetic renal fibrosis through modulation of mitochondrial quality control” 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. By attending this conference, I also had opportunities to network with other academic researchers, which is very important for my professional development.

Many thanks again for your generous support.

Evan Owens

I would like to thank the Australian and New Zealand Society of Nephrology for the travel grant to attend the World Congress of Nephrology, 2019, in Melbourne, Australia. This conference was a great experience to network with my Brisbane and Melbourne based colleagues and receive feedback on my research into geographical foci of chronic kidney disease with no identified cause. It was also good to hear about outside perspectives to solve issues in nephrology.
A final highlight of the conference was the dingoes and the stereotypical Australian performers roaming the conference.

**Justin Chua**

The 2019 International Society of Nephrology’s World Congress of Nephrology in Melbourne demonstrated the collaborative nature of nephrologists around the world to share knowledge, expertise and thoughts to further the specialty of renal medicine and to improve the care of our patients. Given the global nature of the meeting, there was strong emphasis on discussing renal issues from diverse and sometimes incredibly different clinical settings.

The Nephrology Biennial Review Course, which preceded the conference, provided a great overview of evidence-based medicine in Nephrology in the past two years that will impact upon my day-to-day clinical practice. As a first-year advanced trainee, the course highlighted areas for which there is a dearth of evidence, even though they were common scenarios in my routine work.

It was a positive experience getting to present my research via a moderated poster session to an international crowd. The task of speaking to an audience provided added clarity about my own work, and fielding questions allowed my thoughts to be challenged. Additionally, listening to other presenters speak about their own work gave me exposure to clinical issues which at times were relatable and other times very different from practice in Australia.

Particular highlights of the meeting include hearing the CREDENCE trial results for the first time, which demonstrated in a large randomised control trial the significant benefits of canagliflozin in diabetic nephropathy patients, which is a population that they specifically looked at and makes up a significant proportion of the patients that are managed by nephrologists. Other highlights included an opening plenary talk from Professor Tim Flannery which focused on climate change. The talk concentrated on the challenges that we as a global society face from global warming and elaborated on approaches to try to fix the problem.

The World Congress of Nephrology provided a great opportunity to gain further knowledge about my chosen specialty and allowed me to engage with the wider nephrology community, not only just from Australia and New Zealand, but also around the world.

**Kushani Jayasinghe**

I was very fortunate to have the opportunity to attend the ISN World Congress of Nephrology in Melbourne. Here I was also able to present my moderated poster presentation on the 'Diagnostic utility of Whole Exome Sequencing in a chronic kidney disease cohort’, which highlighted the preliminary results of my PhD project. I very much enjoyed this session, as it allowed for discussion of my work with international experts in the area and gave me the opportunity to reflect on my research.

The conference program allowed for excellent educational opportunities for clinicians and scientists. I attended the biennial review weekend course, which focused on evidence updates in many important areas within the field of nephrology, including the recent evidence for SGLT2 inhibitors in diabetic kidney disease and the management of fertility in kidney disease. The main program also had several highlights. I particularly enjoyed the glomerulonephritis sessions which included overviews of acquired nephrotic syndrome and membranous nephropathy. Both detailed recent advances in personalised medicine and therapeutic options in the era of genomic medicine. The conference was also a great opportunity to catch up with previous colleagues both nationally and internationally. Once again, I would like to thank the ANZSN for their generous support of a grant that allowed me the opportunity to attend this congress.

**Reshma Shettigar**

I would like to thank ANZSN for the travel grant awarded to me to attend the World Congress of Nephrology, held in Melbourne in April 2019. This conference was very educational and interesting. I had the opportunity of presenting four abstracts, 3 case reports and one moderated poster presentation, which was very well received.

For me, some of the interesting sessions included the following:

- Management of Renal transplant recipient’s reproductive health including pregnancy planning, management during pregnancy and post partum. This is a topic I have very little experience with. I got the opportunity of
learning from some of world experts about this topic.

- The clinical trials sessions, where they presented results of the Credence trial. Looking at the trial results, it appears that we will be using SGLT2 inhibitors in our clinical practice more and more.
- I have an interest in Onco-nephrology. WCN had a session dedicated to this topic, where they discussed different oncology drugs mediated kidney disease, use of ESA in patients with cancer and CKD and some of the controversies around it. WCN was the first conference I attended where it was good to see dedicated session for this new field of onco-nephrology.
- One of the Nephrologist from Thailand and another speaker from South Africa spoke about Kidney transplantation with Hepatitis C and HIV donors and recipients respectively. It was very interesting to learn how they deal with this in the developing world. The drug regimens they use and post transplant care of these patients was interesting to learn.
- Attending international conference, gives me an opportunity for trainees like me to learn about what’s new in the field of nephrology and also gives me lots of research ideas.

Melbourne was such a perfect city for hosting the WCN. In between sessions, it was fantastic to go for a walk along south wharf. It also gave me a fantastic opportunity to know and catch up with my nephrology colleagues and fellow trainees.

**Rowena Lalji**

During my time at WCN Melbourne I was fortunate enough to attend both the update course and the conference itself.

The update course provided me with important educational updates in treatment for IgA nephropathy, ANCA vasculitis, improvement in PD patient care and challenges for the paired kidney exchange program. Though many of these sessions were adult focused there was still relevance for me as a paediatric nephrologist.

The WCN conference gave me the opportunity to meet with nephrology colleagues and mentors both past and present, from around the world. Given the rarity of many of the conditions that we treat as paediatric nephrologists, national and international collaborations are vital in order to encourage high quality and robust research. I attended a variety of informative presentations on genetic and tubular disorders, nephrotic syndrome throughout the lifetime, infectious complications in transplantation and end of life supportive care for renal patients. The daily poster sessions were also of significant educational benefit to me as they gave a snapshot of the exciting and novel research being undertaken in centres both large and small worldwide. I presented two posters at these sessions.

The ISN session on ‘0 by 25’ on changing AKI care in low resource settings I found to be a particular highlight of the conference. I was fortunate enough to have been able to meet Professor Mignon McCulloch in person and discuss her “Saving Young Lives” project. She is truly an inspiring nephrologist and crusader for children with kidney disease.

Overall, I found both the course and conference of great benefit to both my clinical and research work.

I am grateful to the ANZSN for providing me with a travel grant so that I was able to attend.

**Samuel Chan**

I am very grateful to ANZSN for the award of a travel grant in 2019 to attend the World Congress of Nephrology in Melbourne.

This gave me an opportunity to attend a largescale conference and present the work, as a poster, on ‘haemodialysis withdrawal in Australia and New Zealand – a binational registry study’, which I completed as an advanced trainee at the Royal Brisbane and Women’s Hospital and the Princess Alexandra Hospital.

A wide range of sessions and topics were covered during the week. In addition to the excellent plenary talks, I found the talks on the ‘gut microbiome in kidney disease’ and the ‘infectious challenges in kidney transplantation’ very worthwhile as this has direct relevance to my PhD studies on ‘infectious complications in kidney transplantation’. I got the opportunity to communicate with likeminded researchers in this field and received valuable feedback from them which was helped to advance my research work.

One of the highlights of the Congress was the Clinical Trials session, particularly learning about the CREDENCE trial. The goal of the trial was to assess
the effect of canagliflozin versus placebo on renal outcomes in patients with CKD and Type II diabetes mellitus. There was a total of 4,401 participants over a duration of 2.62 years. The results indicated that canagliflozin was superior to placebo in improving glycaemic control and reducing adverse renal events, suggesting that SGLT2 inhibitors may need to be considered routinely among similar patients who are already on renin-angiotensin system inhibitors.

In addition to the many informative and inspirational sessions during the conference, the other highlight of the conference was the opportunity to interact with nephrologists around the globe. The Young Nephrologist Committee organised social functions and opportunities to interact with each other and 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.

Overall, it was an excellent week, enriched with stimulating presentations and conversations with like-minded professionals which have inspired me to advance my PhD studies further. I am humbled and grateful to the ANZSN for granting me this award. Thank you so much.

Sine Donnellan

The late breaking clinical trials session was a highlight of this year’s World Congress. Previous studies of SGLT2 inhibitors (EMPA-REG and CANVAS) had shown positive kidney outcomes in those with mild chronic kidney disease but these patient groups were at low risk of progression of CKD. The results of CREDENCE were long awaited and did not disappoint where they were met with thunderous applause.

4401 patients with eGFR 30-60ml/min/1.73m2 and albuminuria (300 to 5000mg/g) were included. All patients were stable on maximum tolerated RAS blocker for four weeks and were then randomized to either canagliflozin (100mg) or placebo. Treatment was continued even if estimated GFR fell below 30ml/min. Patients with amputation or high risk vascular ulcers were excluded. The trial was concluded early on the basis of a planned interim data analysis. The relative risks of ESKD, doubling of serum creatinine and death due to cardiovascular cause were reduced by 32%, 40% and 22% respectively. There was no increased risk of fracture or amputation.

Advances in the management of membranous nephropathy were highlighted whilst we await the official 2019 KDIGO guideline. In those with PLAR2 antibody disease levels can be used to help guide therapy. Rituximab was shown to be a valuable treatment option (MENTOR trial) with lower and quicker remission rates at 24 months reported for those treated with rituximab (60%) compared with ciclosporin (20%).

Several presentations focused on IgA nephropathy. Older and newer data indicate a role of the gut-kidney connection based on genetic, microbial and dietary factors which all interact to modify the intestinal mucosal immune system favoring development of IgA nephropathy. Results of NEFIGAN and TESTING trials in selected cohorts showed reduction of proteinuria or improvement in GFR but there were a substantial number of severe infections. A new risk prediction tool was presented which uses clinical factors including ethnicity and histological features (MEST criteria) to help predict risk of progression of CKD.

An informative session was held on the challenges of pregnancy in lupus depicting the multiple risks and the complex management needs involved but emphasizing that successful pregnancy and kidney outcomes are possible, even in those with severe glomerular disease.

Tamara Young

I was very grateful to receive a travel grant to attend the 2019 WCN in Melbourne. I had the opportunity to present my 2 posters based on a large prospective data linkage study called EXTEND45.

It was also a great networking opportunity and a chance to attend a variety of presentations. Highlights of the week include watching my colleagues present in the Late Breaking session, in particular the ACTIVE dialysis trial, and the release of the CREDENCE trial results.

As a junior consultant working clinically as an endocrinologist and general physician and current full time PhD student researching in the areas of CKD and diabetes, it was a fantastic opportunity and I appreciate the financial support from this travel grant.

Theepika Rajkumar

No report available at the time of publishing.
Valeria Saglimbene

I found the World Congress of Nephrology 2019 innovative and inclusive.

I appreciated the attention towards disadvantaged people like patients requiring dialysis and living in remote areas or in highly populated countries where haemodialysis cannot be performed more than 2 times per week as it should.

However, in my view the highlight of the congress was the effort that the scientific community is making in involving patients in the design of research. The SONG initiative is doing an extraordinary job in identifying core outcomes for patients treated with haemodialysis or peritoneal dialysis, as well as patients receiving transplant and patients with glomerulonephritis, by asking directly patients what their priorities are. Allison Tong gave a brilliant talk explaining the standardized process leading to the identification of the core outcomes, starting from a systematic review of all the outcome measures for each field of interest and following with Nominal technique, Delphi survey and consensus workshop procedures. Interestingly, and not surprisingly, patients prioritised outcomes that were different from the usual ones considered important by clinicians, including ability to travel, dialysis free time and fatigue. Along similar lines, Adeera Levin gave an inspiring talk about the Can-SOLVE CKD project showing how patients can learn about technical aspects of research and can provide important input in developing a research protocol or evaluating grant applications.

During the congress, I had also the privilege of helping with the SONG-kids workshop aimed to standardise outcomes in nephrology for children and adolescents. It was touching listening to few kids who wanted to share their view with courage and gave adults a lesson of what matters in a very powerful, straight to the point, communicative way.

I was also impressed by the movie night that confirmed this focus of the congress on giving patients voice and trust.

Finally, I appreciated the plenary talks emphasising that, despite the importance and progress of technology, the human touch of clinicians and trainees cannot be replaced, and that the future of medicine is personal.

Wai Lau

As a first timer at an international kidney conference, it has been a very honourable and unbelievable experience to present orally about my PhD project on transplantation of stem cell derived podocytes into newborn mice and kidney organoids.

My main highlight was the first plenary session (Thursday) presented by Molly Shoichet on the topic of personalised medicine. She presented her views on bioengineering in kidney as well as an intriguing story about the use of a significant optimised hydrogel to treat retinopathy.

The second highlight was also closely related to my personal interest: single cell sequencing analysis on kidney organoids. The morning session presented by award winner Professor Melissa Little, from Melbourne, has been always inspiring for her pioneer work in kidney organoids.

The third highlight would be the presentation from Professor Benjamin Humphrey – the finding of subsets of differentiated cells that can represent neurons and muscles within current protocol in making kidney organoids. Overall, the increased amount of interest on regenerative medicine in nephrology is reassuring.

Other area that captured my attention is ISN’s ongoing work with the United Nations about addressing the problem of CKDu. Other work on data registry and clinical trials has opened my horizon. This work reinforced the importance of collaboration between basic researchers and all stakeholders.

On Sunday, I had the chance to present my poster in less than two minutes. The experience has further honed my scientific skills, and my poster was recognised and endorsed by the ISN Young Nephrology Investigator tour.

I received an interesting question about how to ensure that disease phenotypes in kidney organoids are accurate in kidney organoid model. I believe that we now have a better understanding for kidney organoid maturity. I still believe that due to lack of maturity, the field is still working towards a goal the full optimisation of organoids so we can model kidney disease accurately. However, it is generally agree that cilia or cysts in proximal tubules can be observed in kidney organoids. It is important for researchers to carefully prioritise the diseases they want to study at this stage.
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Contact Details

Australian and New Zealand Society of Nephrology
Mailing address: 145 Macquarie Street, SYDNEY NSW 2000
Phone: (02) 9256 9637
Email: anzsn@nephrology.edu.au
Website: www.nephrology.edu.au