



The CARI Guidelines
Caring for Australasians with Renal Impairment
www.cari.org.au

ANNUAL REPORT
January – December 2005

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Guidelines Office: CARI Guidelines c/o Centre for Kidney Research, Locked Bag 4001,
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Report from the Chair

A significant achievement for the CARI Guidelines this year was the publication of 47 guideline recommendations in two Supplements to the journal *Nephrology*, published in October and December. This was achieved by the hard work of the Guideline Writers (who are all volunteers), the Guideline Reviewers and the CARI Office staff who support the Writers in their task.

More publications are planned for 2006 and 2007, with the choice of guideline topic based on clinical need and a reasonable evidence base. We have also commenced implementation activity and research and a survey of nephrologists in Australia and New Zealand to get feedback on the usefulness and content of the CARI Guidelines.

We look forward to 2006 and the continued development of CARI Guidelines on important topics, where there is a need for guidance.

Once again, thank you to all the volunteers who have given up their time and contributed their expertise to the development of CARI guidelines.



Rowan Walker
Chair, CARI Guidelines

History of the CARI Guidelines

CARI (Caring for Australians with Renal Impairment) is a national evidence-based project that commenced in 1999 with funding from the pharmaceutical industry. The idea for such a project came from a Dialysis, Nephrology and Transplant (DNT) Subcommittee meeting towards the end of 1998 and work began in earnest in early 1999. The first set of Clinical Practice Guidelines was printed in March 2000. The two bodies responsible for the CARI Guidelines are the Council of the Australian and New Zealand Society of Nephrology (ANZSN) and Kidney Health Australia (KHA), the main consumer organisation supporting research, public education and patient support for those with chronic kidney disease in Australia.

As with all guidelines, the aim is to improve the quality of health care given and improve patient outcomes. The development of the CARI Guidelines will hopefully, help clinicians and other health carers to understand evidence-based medicine and encourage the implementation of the guidelines in practice, as often as possible. It is anticipated that the guidelines will serve as both a valuable educational resource and a means of enhancing the quality, appropriateness, consistency and cost-effectiveness of renal health care. The guidelines were initially developed for use in Australia, but have been expanded to include many contributors from New Zealand and to be relevant to clinical practice in New Zealand. We are now keen for them to become regional guidelines.

The CARI process is very demanding of those involved, with the average cycle from guideline start to completion taking about 18 months. All new guidelines are presented at the DNT Scientific Meeting, which occurs every 2 years, and are then revised following feedback from those attending the meeting and subsequent peer review. Our policy is to update and revise all guidelines every 3 years, ensuring that guideline contents are kept relatively up to date. New guideline topics are suggested by the DNT Subcommittee and then reviewed by the 11-member CARI Steering Committee, before a final decision is made about which topics will be further pursued.

Activities 2005

CARI Website

The website has had a re-design and has had all guidelines re-arranged into 3 disease categories – ‘Chronic Kidney Disease’, ‘Dialysis’ and Transplantation’. The PDF files for the 2 Supplements that were published in 2005 will be added to the website shortly. There are plans to add summaries of all revised guidelines – both for health care and consumer audiences. Other material will also be added, such as useful links and resources.

Implementation: Participation in NICS Evidence Uptake Networks Program

In September 2004, the National Institute of Clinical Studies (NICS) advertised their ‘Evidence Uptake Networks Program’. CARI received a seeding grant of \$10,000 from NICS under the first phase of the program. Unfortunately, our application for funding in phase II of the grant was not successful. We are still looking for support for implementation of the project on Organ Donation.

Implementation: Audit of Current Practice – Iron Management Pilot Study

The first stage of the Iron project was completed in 2004. Six renal units located around Australia were audited and their Iron Management processes looked at. Iron parameters for each unit were accessed through ANZDATA and results compared with the recommendations in the CARI guideline. Barriers to implementation of the guideline were identified. The data has been compiled and analysed and a paper has been written and submitted to the Medical Journal of Australia. The next stage of this project will be to engage the same 6 renal units and to assist them in implementing any changes to practice that it is agreed are necessary.

Guideline Dissemination

The guidelines that were published in 2004 in the journal *Nephrology* have been written up in 1-page summary form and sent to various publishers with a request for their publication to help raise awareness both overseas and in Australia, of the existence of the CARI guidelines. This has had limited success, but the summary of the Urine Protein guidelines will appear in the November issue of the Australian Family Physician accompanied by an Expert Commentary from a Professor of General Practice.

Guideline Searches

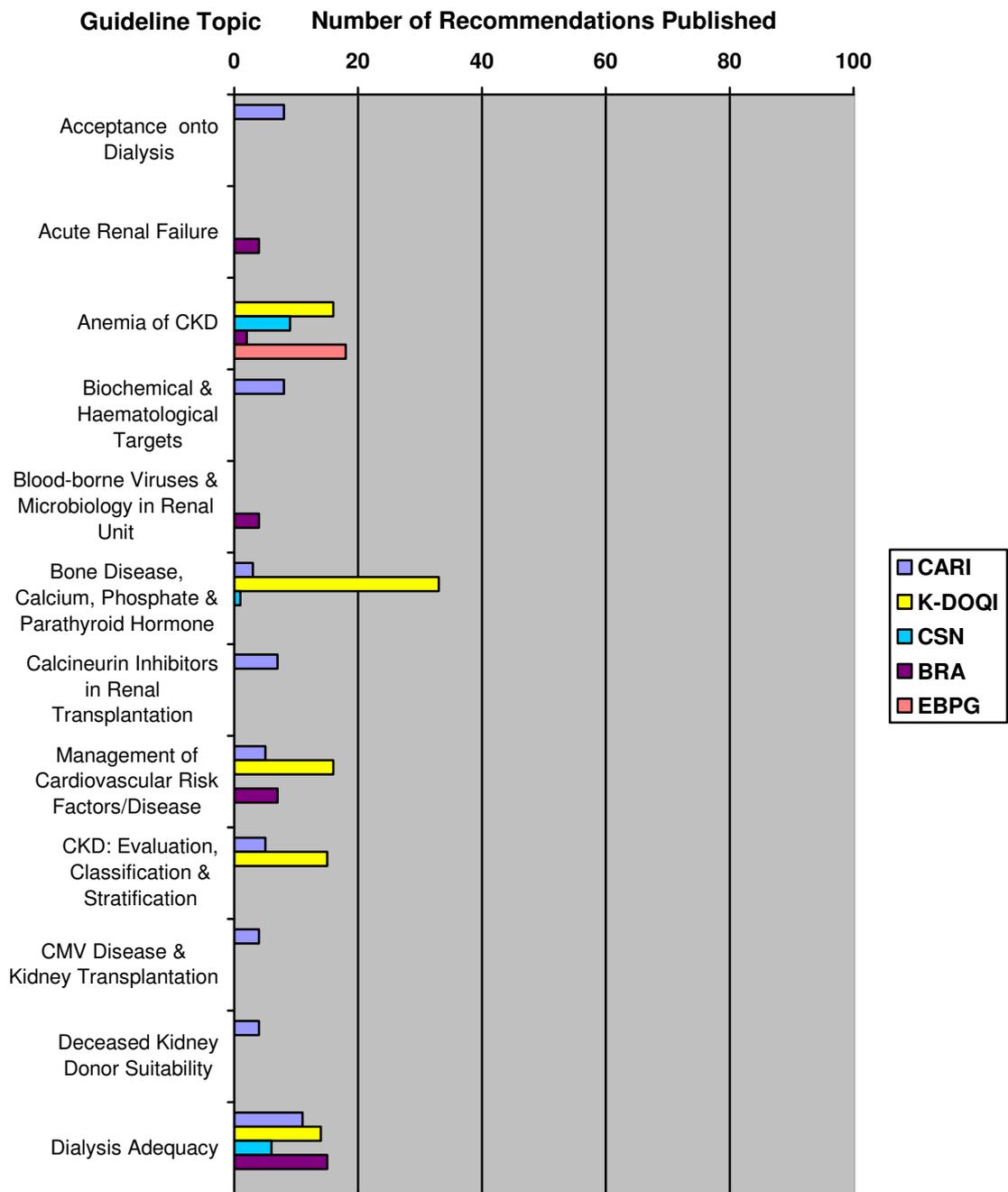
All Guidelines need to have a systematic current search of the literature performed to ensure that Guideline Writers have all of the relevant studies for their topic, from which to write their guideline. Devising the search strategy and scanning the search results (to weed out irrelevant studies) is a very time-consuming process. In 2005, the searches for CARI Guideline Writers were conducted by the Cochrane Renal Group, which has expertise in this field. The table below shows the number of searches conducted and articles that were obtained for 9 Guideline Groups during the year.

Medline, Embase and the Cochrane Register of Controlled Trials were included in each search.

Searches conducted and articles obtained for writers in 2005:

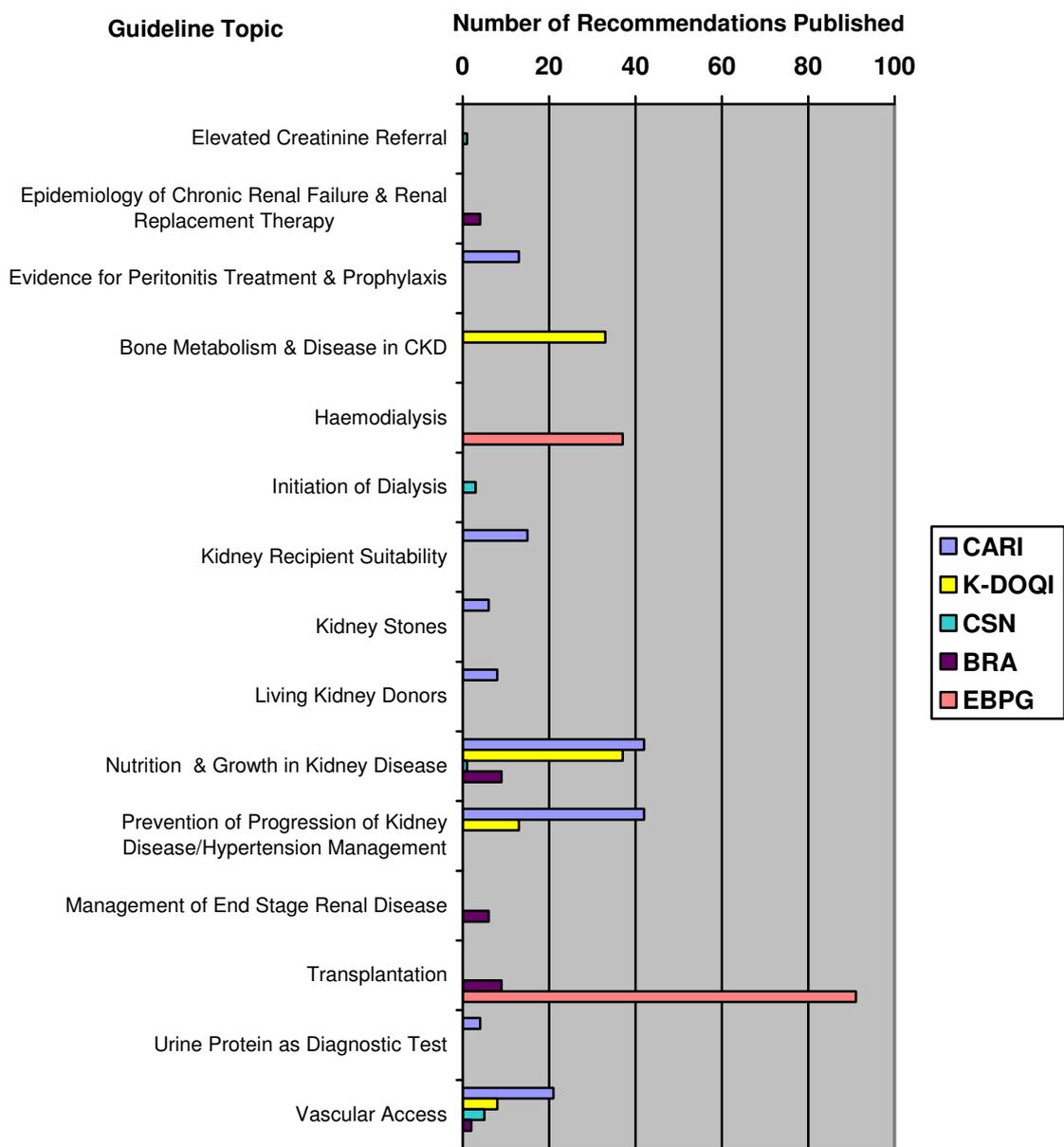
GUIDELINE GROUP	NUMBER OF SEARCHES	NUMBER OF ARTICLES REQUESTED
Acceptance onto Dialysis	8	43
Dialysis Adequacy (HD)	7	25
Biochemical and Haematological Targets	3	7
Deceased Kidney Donor Suitability	7	10
Kidney Stones	16	79
Calcineurin Inhibitors in Renal Transplantation	1	27
Cardiovascular Risk Factors	1	0
Prevention of Progression of Kidney Disease	0	5
Management of Bone Disease, Calcium and Phosphate	3	29

Guidelines Topics Covered by CARI and Other Nephrology Guideline Groups



CARI = Australian guidelines
K-DOQI = US guidelines
CSN = Canadian guidelines
BRA = UK guidelines
EBPG = European guidelines

Guidelines Topics Covered by CARI and Other Nephrology Guideline Groups cont.



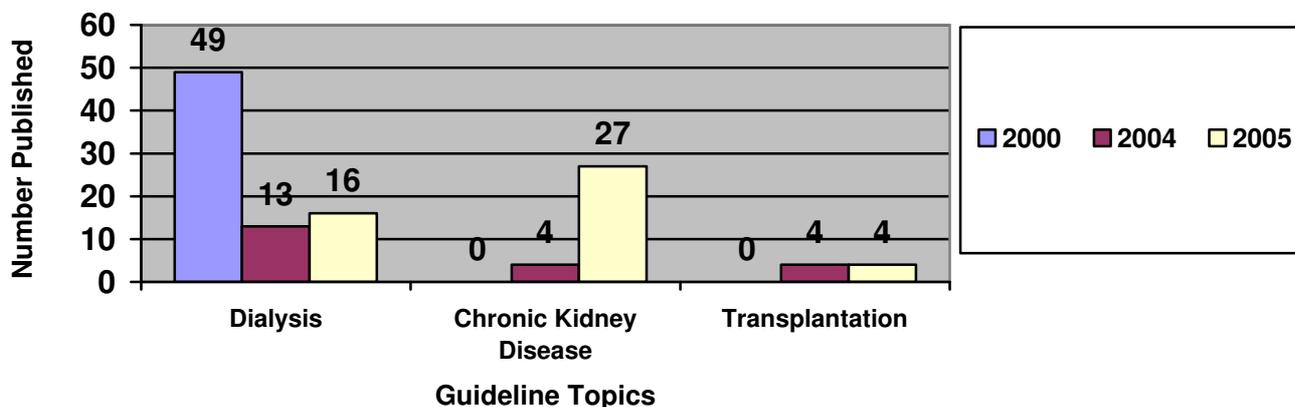
Publications

Two supplements containing CARI Guidelines were published this year. The December supplement contained guidelines on the topic of Chronic Kidney Disease, with subtopics covered being 'Nutrition and Growth' and 'Cardiovascular Risk Factors'. There were 22 recommendations in total.

In October 2005, CARI also published guidelines on the following subtopics: 'Acceptance onto Dialysis', 'Dialysis Adequacy (Haemodialysis)', 'Dialysis Adequacy (Peritoneal Dialysis)', 'Biochemical and Haematological Targets', 'Deceased Kidney Donor Suitability' and 'Evaluation of Renal Function'. There were 25 recommendations in total.

The figure below shows 130 recommendations have gone to print from 2000–2005.

CARI Recommendations Published from 2000-05



Meetings

March 2005 DNT Meeting, Couran Cove, Australia

The DNT workshop was attended by 164 people this year and was a huge success. The workshop was held in Queensland from Sunday 6th to Wednesday 9th March at the Couran Cove Resort on Stradbroke Island.

The topics that were presented by CARI Writers were 'Calcineurin Inhibitors in Renal Transplantation' and 'Kidney Stones' as these two groups are preparing new guidelines. An update on CARI activity was also presented to those attending the meeting.

Rowan Walker was acknowledged for the very significant work he has done as the Chair of the CARI Steering Committee over the past few years.

13th Cochrane Colloquium, Melbourne, Australia

This year, the Cochrane Colloquium was held in Melbourne from 22-26 October and was attended by Allison Tong, CARI's Research Officer. Oral presentations, posters, plenary sessions, workshops and meetings covered a wide variety of topics, including the development of new methodologies for synthesizing, interpreting and presenting evidence. Plans are underway to make the presentations available online at <http://www.colloquium.info>.

'Enabling wide participation in the work of the Collaboration by reducing barriers to contributing and by encouraging diversity' is one of the 10 Cochrane Collaboration principles. CARI recognises that a further step needs to be taken by involving patient and consumer perspectives in research. It is important to find ways that can increase the effectiveness and relevance of trials/ systematic review evidence and clinical practice guidelines.

Allison attended the 'Methods for Synthesizing Qualitative Data' session conducted by Jane Noyes and Jennie Popay. This was a training workshop, with the aim of teaching relevant skills to participants and gave them an opportunity to apply the skills being taught.

3rd Guidelines International Network (G-I-N) Conference, Lyon, France

Denise Campbell (Senior Project Officer) and Michelle Irving (Senior Research Officer) attended the yearly G-I-N conference in Lyon, France, from 5th – 7th December. This conference was attended by 313 participants from around the world and brings together the producers and users of clinical practice guidelines. Michelle had a poster accepted, titled 'A review of iron management practices: barriers to implementation of guidelines in dialysis units in Australia.' This summarised the baseline findings of the 6 units that participated in the Iron Implementation Study and outlined ways in which barriers to implementation of the CARI guideline on iron could be overcome.

The theme of the conference was 'Evidence in context', with a stated aim of "facilitating information sharing, education, knowledge transfer, and collaborative working between guideline programmes to promote best practices and avoid duplication of effort." The host committee were staff from the Centre Leon Berard in Lyon, which is involved in the development of French cancer guidelines (SOR programme). The format was a mixture of plenaries, workshops and oral sessions.

Meetings cont.

Plenary topics included guideline adaptation, ways in which to share the work of guideline development, capacity building for clinical behaviour change, ways of involving patients and carers in guideline development, the challenges of implementation, the evaluation of guideline use in practice, and the necessity of writing guidelines in clear, actionable language.

G-I-N is an international not-for-profit association of organisations and individuals involved in developing clinical practice guidelines. It was founded in November 2002 and has 54 member organisations from 27 countries. G-I-N seeks to improve the quality of healthcare by promoting the systematic development of clinical practice guidelines and their application into practice, through supporting international collaboration.

CARI Steering Committee

- Rowan Walker (Chair)
Renal Unit
Royal Melbourne Hospital, VIC
- Tim Mathew
Kidney Health Australia
Adelaide, SA
- Jonathan Craig
Centre for Kidney Research
Children's Hospital at Westmead,
NSW
- Debbie Gregory
Renal Unit
St Vincents Hospital, VIC
- Jim Dellit
School of International Studies
University of South Australia, SA
- David Johnson
Dept of Renal Medicine
Princess Alexandra Hospital, QLD
- Stephen McDonald
ANZ Dialysis & Transplant Registry
Queen Elizabeth Hospital, SA
- Josette Eris
Dept of Renal Medicine
Royal Prince Alfred Hospital, NSW
- Paul Snelling
Dept of Renal Medicine
Royal Prince Alfred Hospital, NSW
- Josephine Chow
Renal Unit
Liverpool Hospital, NSW
- Denise Campbell
Centre for Kidney Research
Children's Hospital at Westmead,
NSW

CARI Personnel

Denise Campbell, Senior Project Officer, has been working for CARI since November 2002. Denise has a Bachelor of Science degree, with a major in Microbiology and in 2005 completed a Masters of Public Health at the University of Sydney. Denise has previously worked as a microbiologist, in medical communications and in medical and arts publishing. She currently assists Guideline Writers with the revision and finalising of current and new guidelines and works on all other projects that CARI is involved with.

Michelle Irving is the CARI Senior Research Officer, and commenced working part time for CARI in May 2004. Michelle has Dental Therapy qualifications and a Master of Health Science Education which she obtained in 1999. Her previous work experience includes working as a dental therapist in various hospitals around Sydney, 3 months with the NSW Health Promotion Professional Services Unit, Public Relations work with the Blacktown/ Mt Druitt Health and a market research company and Health Promotion for the Hawkesbury District Health Service in 2003. Her role with CARI will involve devising and running implementation projects related directly to selected CARI guidelines.

In 2005, CARI employed 2 new staff members for the roles of Administration Officer and Research Officer.

Allison Tong is the part-time CARI Research Officer. Allison completed a Medical Science degree in 2003 and the Masters of Public Health at the University of Sydney in 2005. Allison has previously done some work as a co-reviewer of Cochrane Systematic Reviews and has commenced a PhD. Her main research project is about the use of qualitative methods to study the psychosocial aspects of chronic kidney disease. Allison will assist Guideline Writers by running literature searches for them (using standard Cochrane strategies) and obtaining relevant papers as needed.

Rachelle Samuels was employed as the CARI Administration Officer in June 2005 and is responsible for assisting Guideline Writers who are revising existing CARI guidelines or developing new ones, updating the CARI website and maintaining the CARI database, as well as general administrative duties. Rachelle studied Business Administration at TAFE for 2 years.

New Guidelines

The following guidelines were prepared for presentation at the March 2005 DNT Workshop which was held on the Gold Coast, QLD, in March 2005. These are scheduled to be published following peer review and feedback from the nephrology community, as a supplement to the December 2006 issue of *Nephrology*.

The subtopics being covered for the guideline 'Kidney Stones' include:

- Clinical diagnosis of kidney stones
- Cystine stones
- Prevention of recurrent calcium lithiasis
- Radiological diagnosis
- Renal stones
- Kidney stones epidemiology.

The subtopics being covered for the guideline 'Calcineurin Inhibitors in Renal Transplantation' include:

- Therapeutic monitoring of CNIs
- Adverse effects of CNIs
- The addition of anti-CD25 antibody induction to standard immunosuppressive therapy for kidney transplant recipients
- Nephrotoxicity of CNIs
- Outcomes related to CNIs
- Pregnancy and lactation and CNIs
- CNIs in paediatric renal transplantation.

Over the next few years, CARI will be developing new guidelines and establishing a Work Group for the topic 'Renal Vasculitis.'

Strategic Direction

Over the next few years, CARI will work on the following priority areas:

- Assisting guideline writers to systematically develop guidelines based on a review of the latest and best available evidence
- Disseminating the completed guidelines so that the nephrology community (both local and international) has easy access to them
- Implementing and evaluating the uptake of selected CARI guidelines so that clinical practice and best evidence converge in key areas
- Standardising the procedures for guideline development and revision
- Developing a Code of Conduct for corporate sponsors
- Developing slide presentations and workshop training sessions to help promote the CARI guidelines
- Updating the CARI website to ensure that the content is up to date and accurate
- Enhancing the CARI website to ensure that new content such as that for Consumers/Patients, Dissemination/Implementation, Guideline/Evidence Grading, Electronic Decision Support, and Policy/Process re Members/Convenors and Guideline Development/Revision is added.

Financial Report 2005

The following is an extract of the Financial Statements received from the accountants at Kidney Health Australia.

Financial Activities: 1 Jan 2005 to 31 Dec 2005	A\$
INCOMING RESOURCES	
Income from industry sponsors	234,000
TOTAL INCOMING RESOURCES	234,000
RESOURCES EXPENDED	
Administration fee (KHA)	11,700
Publication costs	18,114
Staff costs	165,845
Travel/ meeting costs	25,895
Miscellaneous	34,870
TOTAL RESOURCES EXPENDED	256,424
Balance of funds	-22,424
Total funds brought forward (2004)	43,494
Total funds carried forward	21,070