

KHA-CARI Guidelines



Annual Report 2015



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REPORT FROM THE CHAIR

Kidney Health Australia – Caring for Australasians with Renal Impairment (KHA-CARI) Guidelines has had a busy and productive year. In its 17th year of existence, KHA-CARI Guidelines has received acknowledgement of its respect within the Australian and New Zealand nephrology community, fostered international collaboration with other renal guideline groups and continued to produce high quality clinical practice guidelines to improve quality of care and outcomes for patients with kidney disease in Australian and New Zealand.

In 2015, KHA-CARI Guidelines underwent an independent external review commissioned by Kidney Health Australia and the Australian and New Zealand Society of Nephrology. The findings of the review were released in March 2015 and were favourable and demonstrated that KHA-CARI Guidelines is held in high standing and trusted by the Australian and New Zealand nephrology community. In response to the recommendations made by the review, KHA-CARI Guidelines has developed a document that can be found on the CARI website. During 2015, KHA-CARI Guidelines has focused on the implementation of the recommendations from the external review within existing funding.

To further international collaboration, KHA-CARI Guidelines and the European Best Practice (ERBP) guidelines organisation have agreed to make a formal partnership with a Memorandum of Understanding signed by both parties. This will provide a solution to the challenges of updating and producing local clinical practice guidelines. Both guideline groups will be sharing a work plan over 2016 – 2017 and be involved throughout the guideline development process, leading to endorsement of guidelines primarily developed by ERBP and vice-versa, and the potential for co-publication. As part of the cooperative approach to international guideline development, KHA-CARI will continue to review the KDIGO guidelines as they are published and assess whether an adaptation or commentary is the best means of building upon their work.

In February 2015, the 'Diagnosis and Treatment of Urinary Tract Infection in Children' guideline summary was published in the journal *Nephrology*. The complete guidelines are available on the KHA-CARI Guidelines website (www.cari.org.au).

The 'Autosomal Dominant Polycystic Kidney Disease' guideline held a consumer workshop as part of the development of these guidelines. The findings from this parallel process were reported back to the guideline working group to ensure that the guidelines were relevant to patients with autosomal dominant polycystic kidney disease and their caregivers. The report detailing the results of this unique consumer engagement process was accepted for publication in *Nephrology* in July 2015, and presented at the Australian and New Zealand Society of Nephrology Annual Scientific Meeting in Canberra, in September 2015. A summary of the 'Autosomal Dominant Polycystic Kidney Disease' guideline was accepted for publication in *Nephrology* in October 2015. The full guideline subtopics were also published in November 2015 in a special issue of *Seminars in Nephrology* and can also be accessed via the KHA-CARI website.

The new guidelines on the 'Screening and Management of Infectious Diseases in Haemodialysis Units' commenced in 2014 and are on track for completion in 2016. In addition, Kidney Health Australia has identified a priority area of Indigenous Health and chronic kidney disease. In response, KHA-CARI Guidelines commenced working on the new topic of 'Management of Indigenous Populations with Renal Impairment'. This guideline will be in partnership with Kidney Health Australia and cover both indigenous populations in Australia and New Zealand. Extensive community consultation will be undertaken in 2016 to determine what the scope of the guidelines should be.

KHA-CARI is not currently working on an implementation research project. The implementation phase of the Peritoneal Dialysis implementation project was finished in December 2014. The participating units attended a post-implementation meeting in June 2015 in Sydney. This was an opportunity to evaluate the project, give feedback and review data from the 12-month implementation period. A paper discussing the results of the implementation phase is currently being written and will be sent for publication in 2016.

KHA-CARI Guidelines is greatly appreciative of the significant support it received in 2015 from Amgen, Shire and the ANZSN, without which KHA-CARI Guidelines could not continue.

The mission of KHA-CARI Guidelines is to improve the quality of care and outcomes for patients with chronic kidney disease in Australia and New Zealand by facilitating the development, dissemination and implementation of high quality clinical practice guidelines that are based on the best available evidence and effectiveness. Without the contribution of various stakeholders this would not be possible. The voluntary contribution of many nephrologists, nurses and allied health staff underpins the whole process and is recognised and appreciated. I would also like to thank the KHA-CARI staff for their hard work in supporting the many writers in the guideline groups. I would like to make special mention of the Steering Committee in helping to direct and guide the work of KHA-CARI Guidelines, particularly the outgoing members Associate Professor Tim Matthews and Professor Alan Collins.

A handwritten signature in black ink, appearing to read 'M Gallagher', with a large, stylized initial 'M'.

Martin Gallagher

Chair

KHA-CARI Guidelines Steering Committee

GUIDELINE ACTIVITIES

The KHA-CARI Guidelines are divided into three disease stages: Chronic Kidney Disease, Dialysis, and Transplantation. A complete listing of guidelines and subtopics and their current status can be found under the Guidelines section on the KHA-CARI website www.cari.org.au

Summary of KHA-CARI Guideline topics being developed and published in 2015

Guidelines	No. of subtopics	In development	Published
Chronic Kidney Disease			
Autosomal Dominant Polycystic Kidney Disease	13		✓
Diagnosis & Treatment of Urinary Tract Infection in Children	4		✓
Management of Indigenous Populations with Renal Impairment	n/a	✓	
Dialysis			
Screening and Management of Infectious Diseases in Haemodialysis Units	4	✓	
Transplantation			
No guidelines in development			
Adaptation of KDIGO Guidelines			
No adapted guidelines in development			
Commentary on KDIGO Guidelines			
No commentaries in development			

Chronic Kidney Disease

Autosomal Dominant Polycystic Kidney Disease

The convenors of this guideline group are A/Prof Gopala Rangan and Prof Judy Savige and its guideline group members include Dr Michel Tchan, Dr Chirag Patel, A/Prof Allison Tong, Dr Andrew Mallett, Prof Stephen Alexander, Dr Vincent Lee, Dr Jun Mai, Dr Katrina Campbell, Ms Pamela Lopez-Vargas, Dr Mark Dexter, Dr Manish Patel, and Dr Philip Vladica.

The first draft of the guideline was presented at the Dialysis, Nephrology and Transplant Committee (DNT) meeting in Launceston, Tasmania, March 2015.

The paper documenting the perspectives of patients with ADPKD obtained from the parallel consumer group meeting held in August 2014 was accepted for publication in *Nephrology* in July 2015.

The guideline was completed in 2015, and the guideline summary was accepted for publication in *Nephrology* in October 2015; the print publication will take place early 2016. The guideline subtopics were published in November 2015 in a special issue of *Seminars in Nephrology*.

The following subtopics were published:

1. Imaging approaches for diagnosis
2. Genetic testing for diagnosis
3. Genetics and genetic counselling
4. Screening for polycystic kidney disease
5. Monitoring disease progression
6. Diet and lifestyle management
7. Pharmacological management
8. Psychosocial care
9. Management of end-stage kidney disease
10. Management of renal stones
11. Management of chronic pain
12. Management of intracranial aneurysms
13. Management of polycystic liver disease

Diagnosis & Treatment of Urinary Tract Infection in Children

The convenor of this guideline group is Dr Steven McTaggart, and its guideline group members include Dr Joshua Kausman, Dr Margie Danchin, Dr Peter Trnka, Dr Michael Ditchfield, Dr Sean Kennedy, Dr Ian Hewitt, and Dr Gabrielle Williams.

This guideline summary was published in *Nephrology* in February 2015.

The following subtopics are included:

1. Diagnosis of Urinary Tract Infection
2. Acute management of Urinary Tract Infection
3. Radiological Investigation Following Urinary Tract Infection
4. Management and Investigation of Recurrent Urinary Tract Infection and Vesicoureteric Reflux

Management of Indigenous Populations with Renal Impairment

A Memorandum of Understanding between Kidney Health Australia and KHA-CARI Guidelines is being developed and agreed upon prior to the development of this guideline. Initial discussions about consumer engagement and timelines have occurred.

Transplantation

No guidelines in development.

Dialysis

Screening and Management of Infectious Diseases in Haemodialysis Units

The co-Convenors for this group are A/Prof Meg Jardine and A/Prof Eugene Athan with guideline group members being Dr Carolyn van Eps, Dr Robert Commons, A/Prof Rhonda Stuart, Dr Nicky Gilroy, Belinda Henderson, Dr Janak de Zoysa, Dr Muh Geot Wong and Julianne Greene.

The population, intervention, comparator and outcome (PICO) table developed for the literature searches was presented at the Dialysis, Nephrology and Transplant Committee (DNT) meeting in Launceston, Tasmania, in March 2015.

A parallel consumer group examining the perspectives of patients who attend haemodialysis units was held in July 2015. The findings from the meeting were sent to the guideline working group to ensure the guideline subtopics gave consideration to the priorities of patients and caregivers.

The following subtopics are being written:

1. The epidemiology of blood-borne viruses.
2. Screening for blood-borne viruses and multiply resistant organisms.
3. Transmission-based precautions.
4. Environmental controls: cleaning and disinfection.

Adaptation of KDIGO Guidelines

No adapted guidelines were developed in 2015.

Commentary on KDIGO Guidelines

We aim for commentaries to be completed and ready for publication within six months of publication of the KDIGO guideline. The commentary writers are appointed by the KHA-CARI Steering Committee and the

format of an editorial is followed. Draft commentaries are reviewed by the Steering Committee and edited by the KHA-CARI Office prior to publication in the journal *Nephrology*.

No commentaries on KDIGO Guidelines were produced in 2015.

IMPLEMENTATION OF GUIDELINES

Peritoneal Dialysis Implementation Project: Prevention of Infection in Incident PD Patients

The Peritoneal Dialysis (PD) implementation project is focussed on the implementation of KHA-CARI and ISPD guidelines regarding the prophylactic use of antibiotics and antifungals in PD patients. Essentially, these are: use of prophylactic antibiotics at insertion of the PD catheter; use of prophylactic antibiotics at the exit site or nasally; and use of antifungal prophylaxis whenever a PD patient is given a course of antibiotics. The first phase of the project has been written up and was published in *Nephrology Dialysis Transplantation* in 2015.

The 12-month implementation phase finished in mid-December 2014. The units had a face-to-face meeting with the project's Steering Committee in June 2015 at which there was a discussion of any issues they had encountered with using the tools, and any changes made or barriers to change encountered at their unit during this phase. Suggested improvements applicable to future implementation programs were also made at the meeting. Data on catheter surgery, infection prophylaxis and PD-related infection data were collected. The data from the implementation period will be compared with the data obtained during the baseline period. The results will be summarised for presentation at local and international scientific meetings and a paper will be submitted to a relevant journal.

The Steering Committee for this project consists of A/Prof David Mudge (Convenor), Assoc Prof Martin Gallagher, Prof Jonathan Craig, Dr Dwarakanathan Ranganathan, Dr Wai Hon Lim, Dr Walaa Saweers, and Dr Geoffrey Playford. Denise Campbell is the Project Officer responsible for the day-to-day running of the project.

DISSEMINATION STRATEGIES

Dissemination and promotion of the KHA-CARI Guidelines continued to be a prime focus during 2015. Communications to all members of the ANZSN, TSANZ and the RSA are an integral part of this process.

KHA-CARI Guidelines had materials available at an exhibition stand shared between KHA-CARI and the Australasian Kidney Trials Network (AKTN) at the Australia and New Zealand Society of Nephrology's Annual Scientific Meeting held in Canberra, September 2015. KHA-CARI gave the many members who visited the stand a KHA-CARI Guidelines USB memory card containing all of the KHA-CARI published and accepted guidelines to date. KHA-CARI staff developed and presented promotional material on guideline development, expressions of interest, and new guideline proposals. Visitors to the stand were encouraged to sign up to participate in a guideline work group or to act as peer reviewers.

All guidelines published in *Nephrology* in 2015 were made freely available on the KHA-CARI website and promoted via twitter. In 2015, compared with 2014, the KHA-CARI website saw an increase of 9.5% in the number of unique visitors. In addition, the Autosomal Dominant Polycystic Kidney Disease guideline subtopics were published in *Seminars in Nephrology* in November 2015.

KHA-CARI Guidelines has been using the social platform twitter since 2014. During 2015, the @KHACARI profile increased by 75 followers from 37 followers to 112. KHA-CARI Guidelines tweets highlighting the publication of clinical practice guidelines had a potential reach of 1519 twitter users in 2015.

CONSUMER ENGAGEMENT

As a part of the 'Screening and Management of Infectious Diseases in Haemodialysis Units' guideline development, a consumer engagement workshop was held on the 16th June 2015 at the Mercure Sydney Hotel in the Sydney CBD. The workshop was attended by eight patients and three caregivers. Participants provided feedback on the scope of the guideline and on topic selection. The inclusion of consumers in the

guideline development process helps to ensure that the guidelines address clinical topics that are relevant and important to patients and caregivers.

A paper describing the process and outcomes of the ADPKD guideline consumer workshop held in 2014 was accepted for publication in *Nephrology* in July 2015; the print publication will occur in early 2016. The findings from this workshop were also presented at the 51st Australia and New Zealand Society of Nephrology Annual Scientific Meeting held in Canberra, September 2015.

KHA-CARI EXTERNAL REVIEW

In 2014, an independent external review of KHA-CARI Guidelines was commissioned by Kidney Health Australia and the Australia and New Zealand Society of Nephrology through the Dialysis, Nephrology and Transplant Committee. Prof Carol Pollock and Ms Catherine Marshall sought the opinion of 59 informants ranging from nephrologists, nurses, and allied health practitioners to policy makers. Their report containing recommendations was published in March 2015. The report was favourable and found that KHA-CARI Guidelines is held in high standing and considered responsible for the high level of understanding of the Australian and New Zealand nephrology community as regards evidence-based medicine.

The report outlined several recommendations in areas such as governance, national and international collaboration, topic selection, implementation of guidelines, and resourcing. KHA-CARI Guidelines has written a response to the report and its recommendations. The report and the response to it can be found on the KHA-CARI website: http://cari.org.au/kha-cari_other_reports.html

COLLABORATION ON GUIDELINE DEVELOPMENT

Currently, there is a formal lack of collaboration among renal guideline organisations, resulting in guidelines that use varying methodologies and the existence of gaps in guidance in important clinical areas. In 2015, KHA-CARI and the European Renal Best Practice (ERBP) guideline group drafted a Memorandum of Understanding as the basis for the two groups to work together on chronic kidney disease guideline development and implementation. It is expected that the collaboration between KHA-CARI Guidelines and ERBP will help provide a solution to the challenges of producing and updating chronic kidney disease guidelines.

To guide this collaborative process, a Steering Committee will be established. In order to achieve geographical representation, the Steering Committee will have equal representation of representatives for KHA-CARI Guidelines and ERBP. The Steering Committee will be responsible for maintaining the focus of the partnership and removing barriers to its success.

KHA-CARI Guidelines and ERBP have initially developed a shared work plan for a two-year period (2016 – 2017). One of the main aims is to ensure that duplication of effort is avoided. The model of participation that will be used will ensure that each guideline group work on their allocated topic/s using their existing infrastructure; input from the other guideline group will occur throughout the guideline development process, resulting in guidelines endorsed by the other guideline working group with the option for co-publication.

PUBLICATIONS

1. McTaggart S, Danchin M, Ditchfield M, Hewitt I, Kausman J, Kennedy S, Trnka P, Williams G. KHA-CARI guideline: Diagnosis and treatment of urinary tract infection in children. *Nephrology*. 2015, 20(2): p. 55-60.
2. Mai J, Lee VW, Lopez-Vargas P, Vladica P. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Imaging approaches for diagnosis. *Seminars in Nephrology*. 2015, 35(6): p. 538-544
3. Tchan M, Savige J, Patel C, Mallett A, Tong A, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Genetic testing for diagnosis. *Seminars in Nephrology*. 2015, 35(6): p. 545-549.
4. Patel C, Tchan M, Savige J, Mallett A, Tong A, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Genetics and genetic counselling. *Seminars in Nephrology*. 2015. 35(6): p. 550-556.
5. Rangan GK, Lee VW, Alexander SI, Patel C, Tunnicliffe DJ, Vladica P. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Screening for polycystic kidney disease. *Seminars in Nephrology*. 2015: 35(6): p. 557-564.
6. Mai J, Lee VW, Lopez-Vargas P, Vladica P, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Monitoring disease progression. *Seminars in Nephrology*. 2015. 35(6): p. 565-571.
7. Campbell KL, Rangan GK, Lopez-Vargas, Tong A. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Diet and lifestyle management. *Seminars in Nephrology*. 2015. 35(6): p. 572-581.
8. Mallett A, Lee VW, Mai J, Lopez-Vargas, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Pharmacological management. *Seminars in Nephrology*. 2015. 35(6): p. 582-589.
9. Tong A, Mallett A, Lopez-Vargas P, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Psychosocial care. *Seminars in Nephrology*. 2015. 35(6): p. 590-594.
10. Lee VW, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Management of end-stage kidney disease. *Seminars in Nephrology*. 2015. 35(6): p. 595-602.
11. Mallett A, Patel M, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Management of renal stones. *Seminars in Nephrology*. 2015. 35(6): p. 603-606.
12. Savige J, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Management of chronic pain. *Seminars in Nephrology*. 2015. 35(6): p. 607-611.
13. Lee VW, Dexter MAJ, Mai J, Vladica P, Lopez-Vargas P, Rangan GK. Autosomal dominant polycystic kidney disease guideline: Management of intracranial aneurysms. *Seminars in Nephrology*. 2015. 35(6): p. 612-617.
14. Savige J, Mallett A, Tunnicliffe DJ, Rangan GK. KHA-CARI Autosomal dominant polycystic kidney disease guideline: Management of polycystic liver disease. *Seminars in Nephrology*. 2015. 35(6): p. 618-622.
15. Rangan GK, Alexander SI, Campbell KL, Dexter MAJ, Lee VW, Lopez-Vargas P, Mai J, Mallett A, Patel C, Patel M, Tunnicliffe DJ, Tchan M, Tong A, Vladica P, Savige J. KHA-CARI guideline recommendations for the diagnosis and management of autosomal dominant polycystic kidney disease. *Nephrology*, accepted 29th October 2015.
16. Tong A, Tunnicliffe DJ, Lopez-Vargas P, Mallett A, Patel C, Savige J, Campbell KL, Patel M, Tchan M, Alexander SI, Lee VW, Craig JC, Fassett RG, Rangan GK. Identifying and integrating consumer

perspectives in clinical practice guidelines on autosomal dominant polycystic kidney disease. *Nephrology*, accepted 31st July 2015.

17. Campbell DJ, Brown FG, Craig JC, Gallagher MP, Johnson DW, Kirkland GS et al. Assessment of current practice and barriers to antimicrobial prophylaxis in peritoneal dialysis patients. *Nephrol Dial Transplant* 2015; doi: 10.1093/ndt/gfv115.
18. Campbell DJ, Craig JC, Johnson DW, Mudge DW. Assessment of current practice and barriers to antimicrobial prophylaxis in peritoneal dialysis patients. *ISPD Asia-Pacific Chapter Newsletter*. Fall 2015; Vol 13 Issue 3.

MEETINGS AND CONFERENCES

Dialysis, Nephrology and Transplant Committee Meeting – Launceston, Tasmania

Gopala Rangan and Judy Savige (co-Convenors, KHA-CARI Guidelines: Autosomal dominant polycystic kidney disease) attended this meeting in March 2015 and presented the initial drafts of the guidelines.

Meg Jardine (co-Convenor, KHA-CARI Guidelines: Screening and management of infectious diseases in haemodialysis units) attended and presented the population, intervention, comparator and outcome (PICO) tables that have been developed to search the literature for this guideline topic.

51st Annual Scientific Meeting – Australian and New Zealand Society of Nephrology, Canberra, Australia

Pamela Lopez-Vargas, Allison Tong and David Tunnicliffe attended the 51st Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology in Canberra in September.

All members had oral and some poster presentations. Pamela presented her work on educational interventions for patients with chronic kidney disease. Allison presented her work on haemodialysis outcomes, and the perspectives of pregnancy in women chronic kidney disease. David presented KHA-CARI work on integrating patient priorities in guidelines on autosomal dominant polycystic kidney disease and his work on the priorities of young patients with systemic lupus erythematosus.

The following are the abstract titles for the individual presentations:

006. DETECTING BOWEL CANCER IN CHRONIC KIDNEY DISEASE (CKD) – THE DETECT STUDY. GR Wong, JR Chapman, A Castells, N Cross, B Cooper, F Diekman, M Bourke, R Hope, SD Roger, P Macaskill, C Pollock, R Turner, A Kieu, S Sen, R Allen, SJ Chadban, A Tong, N Williams, C Lok, WH Lim, G Williams, JC Craig on behalf of the DETECT Steering Committee.

019. THE RELATIVE PREFERENCES OF RECIPIENTS FOR OUTCOMES AFTER KIDNEY TRANSPLANTION: A BEST-WORST SCALING SURVEY. M Howell, G Wong, J Rose, A Tong, JC Craig, K Howard.

036. SCOPE AND CONSISTENCY OF OUTCOMES REPORTED IN RANDOMISED TRIALS OF HAEMODIALYSIS. G Williams, A Tong, B Manns, B Hemmelgarn, DC Wheeler, P Tugwell, WC Winkelmayer, W Van Biesen, PG Kerr, KR Polkinghorne, K Howard, C Pollock, CM Hawley, DW Johnson, SP McDonald, MP Gallagher, R Urquhart-Secord, JC Craig.

124. HEALTHCARE AND RESEARCH PRIORITIES OF ADOLESCENTS AND YOUNG ADULTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS. DJ Tunnicliffe, D Singh-Grewal, M Howell, P Tugwell, F Mackie, M Lin, S O'Neill, AF Ralph, JC Craig, A Tong.

125. IDENTIFYING AND INTEGRATING CONSUMER PERSPECTIVES IN CLINICAL PRACTICE GUIDELINES ON AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE. DJ Tunnicliffe, A Tong, P Lopez-Vargas, A Mallett, C Patel, J Savige, K Campbell, M Patel, M Tchan, SI Alexander, V Lee, JC Craig, G Rangan.

135. PERSPECTIVES OF PREGNANCY IN WOMEN WITH CHRONIC KIDNEY DISEASE: AN INTERVIEW STUDY. A Tong, M Brown, WC Winkelmayer, JC Craig, S Jesudason.

The Transplantation Society of Australia and New Zealand — 2014 Annual Scientific Meeting, Canberra, Australia

Martin Howell and Allison Tong attended the Transplant Society of Australia and New Zealand's Annual Scientific Meeting in Canberra in June.

Martin presented his work on patient preferences and trade-offs for outcomes after transplantation. Allison presented her research relating to community attitudes and beliefs about paying living kidney donors.

American Society of Nephrology – Kidney Week, 2015, San Diego, USA

Allison Tong attended the American Society of Nephrology Kidney Week meeting held in San Diego, USA, in November 2015.

Allison presented her work on haemodialysis outcomes, and the perspectives of CKD patients on pregnancy.

WEBSITE STATISTICS

KHA-CARI Guidelines Website

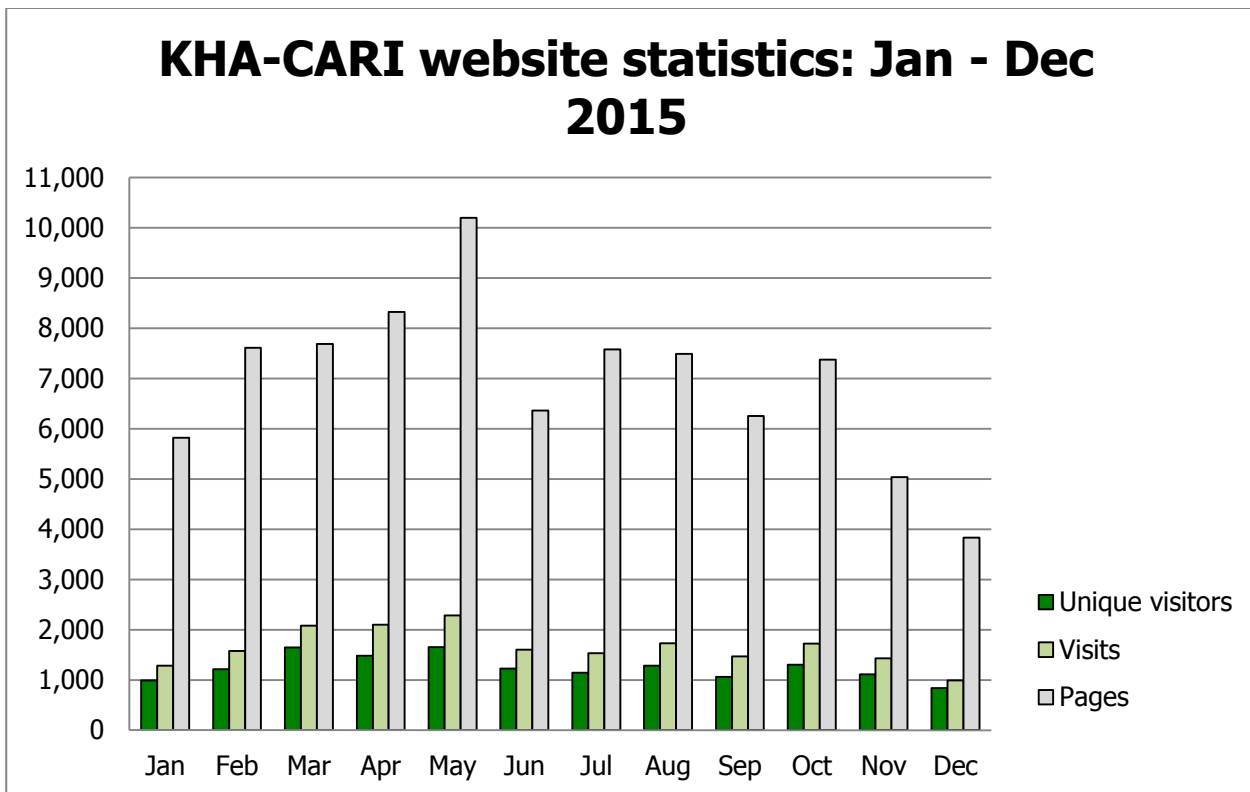
Definitions

Unique visitors: a person or computer (host) who has made at least one hit on one page on the website within a specified period of time. Unique visitors are counted only once no matter how many times they visit the site during this period. Visitors are tracked by IP address, so if multiple users are accessing the site from the same IP address, they will be counted as a single unique visitor.

Visits: represents the number of visits made by all visitors. All of the pages accessed within a single session, are included in the site visit. Therefore there will be multiple pages per visit and multiple visits per unique visitor.

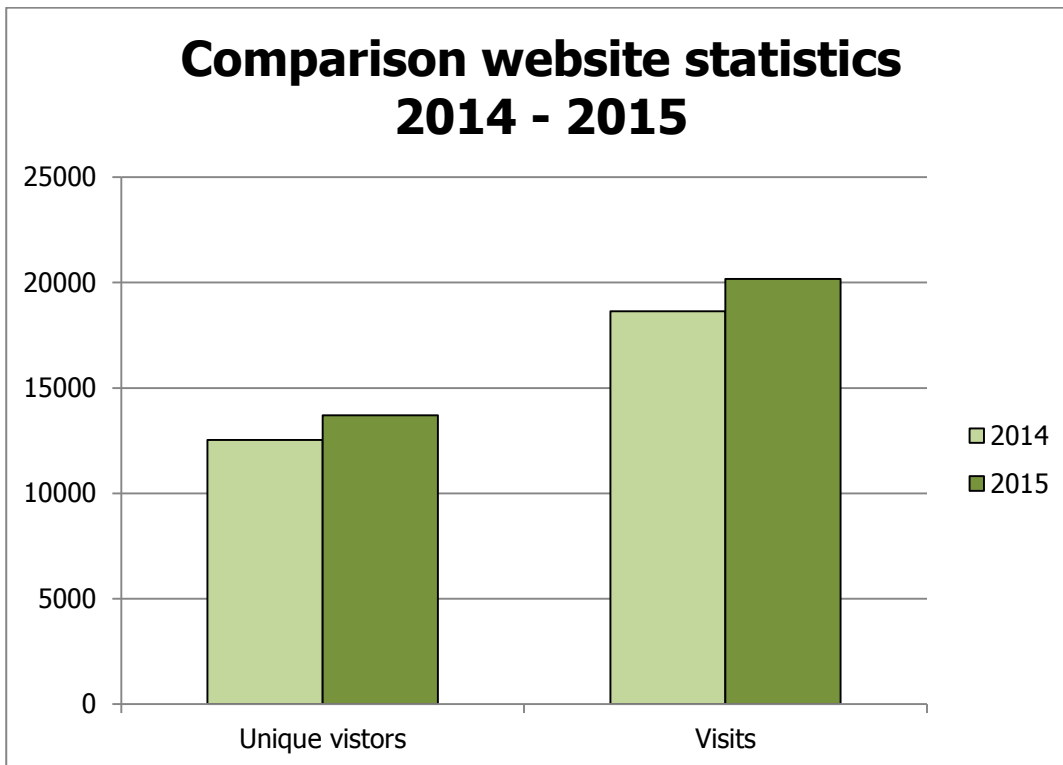
Pages: represents the number of pages viewed by visitors. Pages are usually HTML, PHP or ASP files only.

The graph below shows the number of unique visitors, visits, and pages viewed by month for the year Jan - Dec 2015. The highest number of unique visitors, site visits and pages viewed was recorded in May with 1653 unique visitors, 2286 visits and 10,198 pages viewed. All other months, with the exception of January and December, had over 1000 unique visitors to the website.



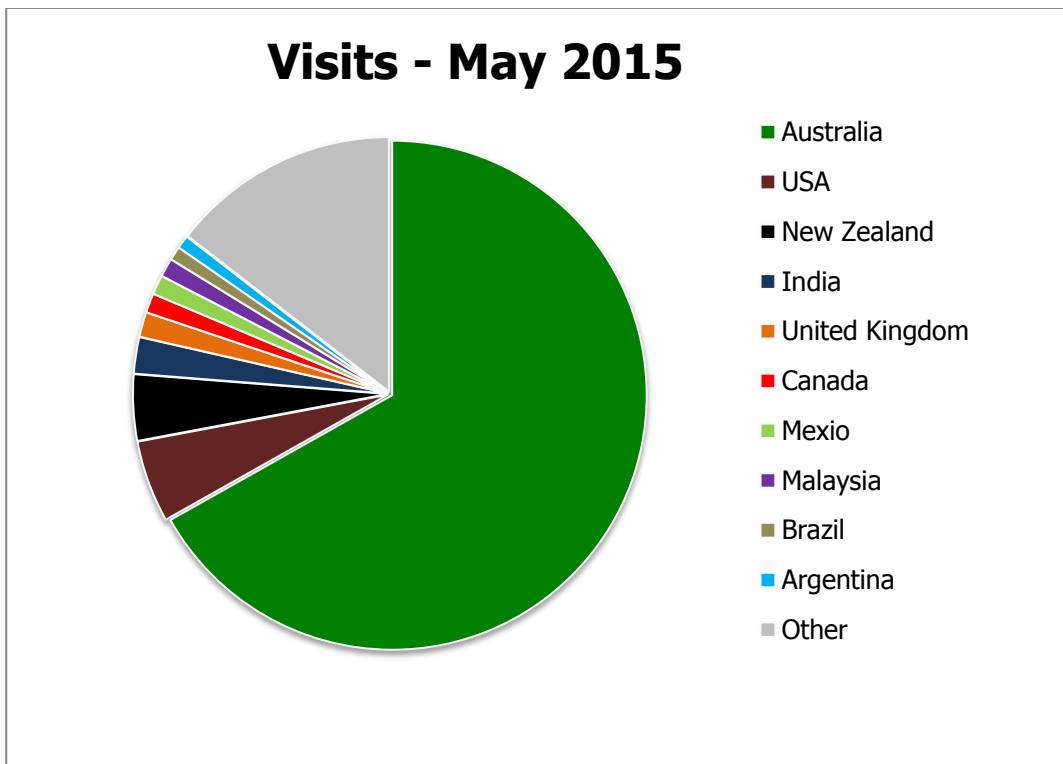
Statistics reported from Google analytics

The graph below shows the number of unique visitors and visits since the inception of the new KHA-CARI Guidelines website (January 2014 – December 2015). In 2015, there has been a 9.5% increase in unique visitors and a 7.6% increase in the number of visits to the KHA-CARI Guidelines website.



Statistics reported from Google analytics

The figure below shows the top 10 countries which accessed the KHA-CARI website during May, a sample month for the 2015 year.



Statistics reported from Google Analytics

The table below shows the top 20 KHA-CARI articles downloaded via the *Nephrology* website in 2015.

KHA-CARI Guideline Title	Year published	Number of full text downloads
KHA-CARI adaptation of the KDIGO Clinical Practice Guideline for Acute Kidney Injury	2014	668
Peritonitis Treatment and Prophylaxis (summary)	2014	641
Diagnosis and Treatment of Urinary Tract Infection in Children (summary)	2015	530
Early Chronic Kidney Disease – Detection, Prevention and Management (summary)	2013	494
Biochemical and Haematological Targets – Use of Iron in Chronic Kidney Disease Patients	2013	447
Vascular Access – Central Venous Catheters, Arteriovenous Fistulae and Arteriovenous Grafts (summary)	2013	426
Chronic Kidney Disease: Prevention and Progression of Kidney Disease – Smoking	2006	291
Recipient Assessment for Transplantation (summary)	2013	222
Type 2 Diabetes: Kidney Disease – Prevention and Management of Chronic Kidney Disease in Type 2 Diabetes	2010	183
Chronic Kidney Disease: Urine Protein as Diagnostic Test – Evaluation of Proteinuria in Children	2004	178
Biochemical and Haematological Targets – Haemoglobin	2008	176
Peritonitis Treatment and Prophylaxis – Indications for the Removal of Peritoneal Dialysis Catheters	2004	169
Acceptance onto Dialysis – Diabetes	2010	165
Acceptance onto Dialysis – Peritoneal Dialysis versus Haemodialysis (adult)	2010	162
Dialysis Adequacy (haemodialysis) – Dialysis Membranes	2013	135
Chronic Kidney Disease: Prevention and Progression of Kidney Disease – Acidosis	2006	129
Peritonitis Treatment and Prophylaxis – Peritoneal Dialysis Catheter-Related Infection: Exit Site and Tunnel	2004	127
Peritonitis Treatment and Prophylaxis – Indications for the Use of Urokinase in Peritoneal Dialysis-Associated Peritonitis	2004	120
Transplantation Nutrition – Protein Requirement in Adult Kidney Transplant Recipients	2010	118
KHA-CARI adaptation of the KDIGO Clinical Practice Guideline for the Care of Kidney Transplant Recipients	2012	115

FINANCES AND FUNDING

The following is a summary of the income and expenditure associated with KHA-CARI Guidelines for the 2015 calendar year.

Financial Activities: 1 January to 31 December 2015

TOTAL INCOME	\$ 250,000
Kidney Health Australia	\$ 200,000
ANZSN	\$ 50,000
TOTAL EXPENDITURE	\$ 237,000
Salaries (including 18% oncost)	\$ 201,000
Goods & Services	\$ 16,200
Guideline Implementation – PD Project	\$ 10,000
Guideline Dissemination	nil
Guideline Writer Training Workshop	\$ 5000
Guideline Publication	nil
Teleconferences – Steering Committee & Guideline Groups	\$ 2400
Face-to-Face meetings – Steering Committee & Guideline Groups	\$ 2400
KDIGO Meetings	nil
BALANCE OF FUNDS	\$ 13,000

CONTRIBUTORS TO KHA-CARI

KHA-CARI Guidelines Steering Committee

Martin Gallagher, Chair, KHA-CARI Steering Committee, University of Sydney, Concord Hospital, Concord, NSW

Tim Mathew, University of Adelaide, Medical Director, Kidney Health Australia, SA

Jonathan Craig, University of Sydney, Centre for Kidney Research, Sydney Children's Hospital Network (Westmead), Westmead, NSW

Neil Boudville, University of Western Australia, Sir Charles Gairdner Hospital, Nedlands, WA

Deirdre Fetherstonhaugh, La Trobe University, Australian Centre for Evidence Based Aged Care, Bundoora, VIC

Balaji Hiremagalur, Griffith University, Consultant nephrologist, Gold Coast Hospital, Southport QLD

David Mudge, University of Queensland, Princess Alexandra Hospital, Woolloongabba, QLD

Suetonia Palmer, University of Otago, Christchurch, New Zealand

Kevan Polkinghorne, Monash University, Monash Medical Centre, Clayton, VIC

Luke Toy, Government Relations Officer for Kidney Health Australia, Canberra, ACT

Nigel Toussaint, University of Melbourne, Royal Melbourne Hospital, Parkville, VIC

Denise Campbell, Centre for Kidney Research, Sydney Children's Hospital Network (Westmead), Westmead, NSW

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Allison Tong
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Guideline Group Members

Chronic Kidney Disease	
<p>Autosomal Dominant Polycystic Kidney Disease</p> <p>A/Prof Gopala Rangan (Convenor) Prof Judy Savige (Convenor) Dr Michel Tchan Dr Chirag Patel A/Prof Allison Tong Dr Andrew Mallett Prof Stephen Alexander Dr Vincent Lee Dr Jun Mai Dr Katrina Campbell Ms Pamela Lopez-Vargas Dr Mark Dexter Dr Manish Patel Dr Philip Vladica</p>	<p>Diagnosis & Treatment of Urinary Tract Infection in Children</p> <p>A/Prof Steve McTaggart (Convenor) Dr Ian Hewitt Dr Sean Kennedy Dr Gabrielle Williams Dr Joshua Kausman Dr Michael Ditchfield Dr Peter Trnka</p>
Dialysis	
<p>Screening and Management of Infectious Diseases in Haemodialysis Units</p> <p>A/Prof Meg Jardine (Convenor) A/Prof Eugene Athan (Convenor) Dr Carolyn van Eps Dr Robert Commons A/Prof Rhonda Stuart Dr Nicky Gilroy</p>	<p>Belinda Henderson Dr Janak de Zoysa Dr Muh Geot Wong Julianne Greene</p>

