

KHA-CARI Guidelines



Annual Report 2017



CONTENTS

REPORT FROM THE CHAIR	4
GUIDELINE ACTIVITIES	6
IMPLEMENTATION OF GUIDELINES	9
DISSEMINATION STRATEGIES	9
CONSUMER ENGAGEMENT	9
PUBLICATIONS	11
MEETINGS AND CONFERENCES	12
FINANCES AND FUNDING	17
CONTRIBUTORS TO KHA-CARI	18

Sponsored and supported by Kidney Health Australia (The Australian Kidney Foundation)

Supported by unrestricted development grants from:

Australian and New Zealand Society of Nephrology
NHMRC Program Grant – BEAT-CKD
Amgen Australia Pty Ltd
Roche Products Pty Ltd

Address for correspondence:

Centre for Kidney Research
The Children’s Hospital at Westmead
Locked Bag 4001
Westmead NSW 2145
Telephone: (02) 9845 1477
Facsimile: (02) 9845 1491
Email: cari.schn@health.nsw.gov.au

REPORT FROM THE CHAIR

Kidney Health Australia – Caring for Australasians with Renal Impairment (KHA-CARI) Guidelines is now in its 19th year and continues to facilitate the development, dissemination and implementation of high quality clinical practice guidelines to improve the quality of care and outcomes for patients with chronic kidney disease in Australia and New Zealand. An important focus in this 19th year has been to strengthen our engagement with patients and carers in developing the scope of our guidelines and in ensuring that they meet the needs of patients and their caregivers.

KHA continues to have an active leadership role in the work of KHA-CARI Guidelines. In particular, during 2017 KHA continued to work closely with KHA-CARI on the 'Management of Chronic Kidney Disease in Aboriginal and Torres Strait Islander Peoples and Māori' Guidelines. These important guidelines present unique challenges in community consultation both in Australia and New Zealand. In Australia the leadership of KHA Medical Director Dr Shilpa Jesudason working in partnership with KHA-CARI has been key to the progress made towards the consultation program. In Aotearoa New Zealand, where a separate consultation program is being established, KHA-CARI have received assistance from Kidney Health New Zealand and the Ministry of health. The extensive community consultation that will take place in Australia and New Zealand during 2018 is critical to ensuring that the guidelines meet the needs of the many Indigenous Australian and Māori communities as well as health professionals. We hope that this is the first step in making our guidelines accessible and applicable to all Australians and New Zealanders.

During 2017, the 'Autosomal Dominant Polycystic Kidney Disease' working group developed and published the first consumer version of a KHA-CARI guideline. This was a collaborative effort between the guideline working group, the KHA-CARI office, the PDK Foundation and a number of patients. It is our intent that all future guidelines will be accompanied by consumer versions as a step to supporting patient empowerment and shared decision making. This is another example of our increasing focus on patients and caregivers as is the workshop that was held in October with adult patients to discuss their experiences of renal biopsies. The findings of the workshop, which has been accepted for publication, had a significant influence on the scope of the Renal Biopsy guidelines that are due for completion in 2018. The patient and caregiver workshops have become a key part of our guideline development process to ensure that KHA-CARI provide for meaningful engagement of consumers.

KHA-CARI continues to be committed to improving efficiency of guideline preparation and to minimise duplication of effort. An exciting development in the second half of 2017 was the establishment of a collaboration between KHA-CARI, Cochrane Kidney and Transplant and KDIGO. In this collaboration, Cochrane Kidney and Transplant has been engaged to form the evidence review team for the update of the KDIGO blood pressure in chronic kidney disease and glomerulonephritis guidelines and the new diabetes in chronic kidney disease guidelines. KHA-CARI's David Tunnicliffe has been seconded to Cochrane to oversee this evidence review process with assistance from others within the KHA-CARI office. This collaboration is recognition of the skills, resources and reputation of both KHA-CARI and Cochrane Kidney and Transplant and places us at the forefront of guideline development. Of particular value to KHA-CARI is the use of the emerging web-based guideline development processes for KDIGO which is one step towards a 'living guideline'.

During 2017 KHA-CARI, as one of the partners in the NHMRC Partnership Project called 'REDUCing the burden of dialysis Catheter ComplicaTIONS: a National approach (REDUCCTION) undertook the literature searches to support the design of the multidisciplinary care intervention that will be implemented in the REDUCCTION trial, to reduce bacteraemia rates across dialysis units in Australia and New Zealand.

KHA-CARI Guidelines is greatly appreciative of the significant support it received in 2017 from Kidney Health Australia, the Australian and New Zealand Society of Nephrology, NHMRC Program Grant – BEAT-CKD, Amgen Australia and Roche Products Pty Ltd, without which KHA-CARI Guidelines could not continue.

The voluntary contributions of the many stakeholders in KHA-CARI are vital to achieving our mission to improve the quality of care and outcomes for patients with chronic kidney disease in Australia and New Zealand. The contributions of the many patients, caregivers, nephrologists, nurses, infectious disease specialists and allied health staff has underpinned the progress we have made in 2017 towards the ADPKD, Infectious Diseases, Indigenous and Biopsy guidelines and is greatly 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 welcome Talia Gutman who joined the team during 2017. I would like to make a special mention of the Steering Committee in helping to direct and guide the work of KHA-CARI Guidelines and to welcome Dr Shilpa Jesudason as the KHA representative and to thank the outgoing member Dr Balaji Hiremagalur.

I would like to take this opportunity to acknowledge Associate Professor Martin Gallagher who has retired from the position of Chair of the KHA-CARI Steering Committee. Martin was the Chair of the Steering Committee for nine years during which he Promoted KHA-CARI at a national and international level. Martin was also a great supporter of guideline implementation during which time he ensured that enough funding was secured for KHA-CARI to conduct the vascular access implementation project and the peritoneal dialysis implementation project.

Finally, I wish to acknowledge Denise Campbell who left the KHA-CARI office at the end of 2017. Denise was a CARI project officer for over 15 years and was instrumental in the publication of all but the last few of our guidelines. Denise was an integral part of the success of KHA-CARI and will be missed.

Suetonia Palmer

Professor Suetonia Palmer

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 2017

Guidelines	No. of subtopics	In development	Published
Chronic Kidney Disease			
Autosomal Dominant Polycystic Kidney Disease – Consumer Guidelines			✓
Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori	n/a	✓	
Renal biopsy	8	✓	
Dialysis			
Infection Control for Haemodialysis units	4	✓	
Transplantation			
No guidelines in development			
Commentary of KDIGO Guidelines			
Living kidney donor evaluation and care	n/a	✓	
Mineral bone disease	n/a	✓	

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, Dr Pamela Lopez-Vargas, Dr Mark Dexter, Dr Manish Patel, Dr Philip Vladica and Mr David Tunnicliffe.

The guideline was completed in 2015, and a consumer-friendly version of the autosomal dominant polycystic kidney disease guidelines was completed in 2017.

These consumer guidelines have been developed by the working group in partnership with patients and caregivers. An accessible language is used to ensure that all patients and caregivers can understand the guidelines. The draft of these guidelines underwent review by consumers and public consultation in 2017. The completed consumer guidelines were published online in 2017 by KHA-CARI, Kidney Health Australia, and the PKD foundation.

Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori

In March 2017 the guideline members decided there would be two working groups: one representing Australia and another representing New Zealand.

The convenors of the Australian guideline group are Dr Jacqui Hughes and Dr Richard Phoon. The guideline group members include Dr Odette Gibson, Dr Janet Kelly, Dr Liz Rix, Dr William Majoni, and Dr Shilpa Jesudason.

The convenors of the New Zealand guideline group are Dr John Collins and Dr Curtis Walker. The guideline group members include Prof Suetonia Palmer, Dr Tonya Kara, Dr Rachael Walker, and Dr Helen Rodenburg.

In 2017, the guideline working group worked to finalise the methodology and secure funding for a community consultation process. This will aim to identify the needs of the community to inform the scope of these guidelines and will begin in 2018. An impromptu meeting was held at the ANZSN Annual Scientific

Meeting on 5th September 2017 during which both the Australian and New Zealand guideline groups discussed details of the community consultation including consultation locations and funding. The community consultation for both groups will be underway in 2018.

Renal Biopsy

The convener of the guideline group is A/Prof Robert MacGinley and its guideline group members include A/Prof Solomon Menahem, Dr Paul J Champion de Crespigny, Dr John Saunders, Dr Emily See, Dr David Voss, and Dr Jeff Wong.

The guidelines were drafted in 2017 with the following eight subtopics to be included:

1. Patient support
2. Use of DDAVP
3. Anti-platelets
4. Needle type and size
5. Imaging modality
6. Site/patient position
7. Post-biopsy care
8. Bleeding complications

The guidelines are due for completion in 2018.

Transplantation

No guidelines in development.

Dialysis

Infection Control for 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, David Tunnicliffe and Julianne Greene.

The guideline was completed in 2017, with the following subtopics being included:

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

The draft guidelines were presented to the nephrology community at the Dialysis Nephrology and Transplantation meeting in Glenelg, South Australia.

A summary of the guidelines was submitted to the Medical Journal of Australia in March 2018, and the guidelines are expected to be published on the KHA-CARI website in 2018.

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*.

Commentary on the KDIGO Guideline on the Evaluation and Care of Living Kidney Donors

The KDIGO guidelines were published in August 2017.

The writers of this commentary are Neil Boudville and John Kanellis. A draft commentary was written in 2017 and it is expected to be published in early 2018.

Commentary on the KDIGO Guideline for Mineral Bone Disease

The KDIGO guideline for Mineral Bone Disease was published in July 2017.

The writer of this commentary is Prof Suetonia Palmer. The commentary is expected to be published in 2018.

Commentary on the KDIGO Guideline for Living Kidney Donor Evaluation and Care

The KDIGO guideline for Living Kidney Donor was published in August 2017.

The writers of this commentary are Prof Neil Boudville and Prof John Kanellis. The commentary is expected to be published in 2018.

IMPLEMENTATION OF GUIDELINES

KHA-CARI has played a vital role in evidence review and synthesis for an implementation project to reduce the burden of catheter-related complications for haemodialysis patients in Australia and New Zealand. Healthcare-associated infections result in a significant burden and cost to the healthcare system, and patients with kidney disease, particularly those on haemodialysis, are at a higher risk of infection than other patients. As there is no routine data collection for catheter infections in current clinical practice, KHA-CARI were invited to partner with The George Institute to conduct literature searches, review the evidence and provide summaries to inform the interventions for this study. The "REDUCCTION" project, a stepped cluster wedge randomised study, has now been implemented in 36 renal units across Australia and New Zealand for all catheter insertions.

DISSEMINATION STRATEGIES

KHA-CARI Guidelines has continued to engage with the nephrology community, including clinicians, patients and caregivers, and circulation of evidence-based guidelines through various methods.

KHA-CARI Guidelines were represented at the 53rd Australian and New Zealand Society of Nephrology (ANZSN), held in Darwin, September 2017. KHA-CARI Guidelines shared an exhibition stand with the Cochrane Kidney and Transplant (CKT) at this congress. KHA-CARI gave the many members who visited our stand pens with the KHA-CARI website, and a USB memory card containing recently published KHA-CARI guidelines. KHA-CARI staff developed and presented promotional material on guideline development, collected expressions of interest, and discussed new guideline proposals. Visitors to the stand were informed of current guidelines in development and encouraged to sign up to participate in a guideline work group or to act as peer reviewers.

During 2017, the @KHACARI twitter profile saw an increase from 197 followers to 404 followers, doubling the number of followers for the second year in a row. Twitter is used to promote the use of the guidelines, provide updates of recent KHA-CARI activities, and direct users to the KHA-CARI website.

The KHA-CARI website provides free access to all current and archived guidelines. From 2014 to 2017 there has been an increase of 35% in the number of unique visitors, and an 18% increase in the number of visits to the website, There was also an increased number of unique visitors (25%) and visits (9%) to the website between 2016 and 2017.

The Polycystic Kidney Disease consumer guidelines were sent to the Polycystic Kidney Disease Foundation of Australia and Kidney Health Australia (KHA) for dissemination with their databases and on their websites (190 downloads from KHA website).

CONSUMER ENGAGEMENT

In 2017, KHA-CARI Guidelines continued to develop and improve our engagement with patients and caregivers.

The autosomal dominant polycystic kidney disease consumer guidelines were finalised and uploaded to the KHA-CARI website in 2017. These consumer guidelines have been written in plain language to help patients and caregivers understand what the best clinical care for patients with autosomal dominant polycystic kidney disease is. Patient and caregivers were involved in the development of the guideline by providing feedback, identifying further topics for inclusion and reviewing the draft guidelines.

In 2017 work began on the development of the methodology for an extensive community consultation process to be undertaken in Australia and New Zealand as part of the development of the 'Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori' guidelines. The consultation process aims to identify the needs of the community to inform the scope of the clinical practice guidelines. Planning is now well underway, and workshops are expected to take place in the second half of 2018, beginning with the first workshops in New Zealand on the 11th and 12th of July 2018.

In April 2017 the report of the consumer workshop for the infectious diseases guideline was published in *Hemodialysis International*. The report summarised the impact of consumer involvement through the identification of new patient important topics: privacy and confidentiality, psychosocial care during/after disease notification, quality of transportation, psychosocial treatment of patients in isolation, patient/caregiver education and engagement, and patient advocacy. The workshop emphasised the need for clinical practice guidelines to consider and address patient concerns and priorities in relation to their care, and served to improve the KHA-CARI processes for engaging consumers in the development of the guidelines.

In October 2017, a consumer workshop was held to inform the topic and outcome selection for the 'Percutaneous Renal Biopsy Guideline.' The workshop highlighted differences in perspective and priorities between the guideline working group of nephrologists and the patients and caregivers, resulting in an additional topic relating to patient care and education being added to the guideline scope. This workshop has helped to ensure that patient/caregiver concerns and needs for education, psychosocial support, and self-management are explicitly addressed; enabling a patient-centred approach to renal biopsies. A paper describing the process and outcomes of the workshop has been submitted to *Nephrology* in March 2017.

PUBLICATIONS

1. Miller HM, Tong A, Tunnicliffe DJ, Campbell D, Pinter J, Commons RJ, Athan E, Craig JC, Gilroy N, Green J, Henderson B, Howell M, Stuart RL, van Eps C, Wong MG, de Zoysa J, Jardine MJ. Identifying and integrating patient and caregiver perspectives for clinical practice guidelines on the screening and management of infectious microorganisms in hemodialysis units. *Hemodialysis International*. 2017. 21(2): p. 213-223
2. Campbell DJ, Mudge DW, Gallagher MP, Lim WH, Ranganathan D, Saweirs W, Craig JC. Infection Prophylaxis in Peritoneal Dialysis Patients: Results from an Australia/New Zealand Survey. *Peritoneal Dialysis International*. 2017. 37(2): p. 191-197
3. Bradshaw W, Fortnum D. An introduction to the KHA-CARI guidelines. *Renal Society of Australasia Journal*. 2017. 13(3): p. 97-99

Papers citing KHA-CARI:

In 2017, 69 peer reviewed publications cited KHA-CARI publications.

MEETINGS AND CONFERENCES

Dialysis Nephrology and Transplantation Workshop, Australian and New Zealand Society of Nephrology, Glenelg, South Australia

A/Prof Meg Jardine presented the drafts of the Infection Control and Haemodialysis Guideline to the nephrology community.

National Health and Medical Research Council – Guideline Developers Meeting, 2017, Melbourne, Australia

David Tunnicliffe and Karine Manera attended the NHMRC Guideline Development Meeting held in Melbourne, on the 17th March 2017. David and Karine provided feedback to inform the development of the implementation module for the NHMRC Guideline Development handbook

The NHMRC Guideline Development handbook will be published in 2018.

All members had oral and some poster presentations. David Mudge presented the findings of a patient interview study focused on the prevention and treatment of peritonitis in peritoneal dialysis. Martin presented his work on kidney transplantation. Allison presented her work on haemodialysis outcomes. David presented his work on the Specialists' perspectives on management of managing patients with systemic lupus erythematosus.

The following are the abstract titles for the individual presentations:

PATIENTS' PERSPECTIVES ON THE PREVENTION AND TREATMENT OF PERITONITIS IN PERITONEAL DIALYSIS: A SEMI-STRUCTURED INTERVIEW STUDY. Campbell D, Craig J, Mudge D, Brown F, Wong G, Tong A.

COMPLETENESS OF REPORTING OF ADVERSE EVENTS IN TRIALS OF MAINTENANCE IMMUNOSUPPRESSION IN KIDNEY TRANSPLANTATION: A SYSTEMATIC REVIEW. Howell M, Yeo R, Tong A, Craig J, Howard K, Wong G.

STANDARDISED OUTCOME MEASURES FOR FATIGUE IN PATIENTS ON HAEMODIALYSIS. Ju A, Craig J, Tong A.

LIVING KIDNEY DONOR PRIORITIES FOR OUTCOMES: A NOMINAL GROUP TECHNIQUE STUDY. Hanson C, Kanellis J, Wong G, Pinter J, Chadban S, Chapman J, Craig J, Gill J, Garg A, Lewis J, Tong A.

DEVELOPING A SET OF CORE OUTCOMES FOR TRIALS IN HAEMODIALYSIS: AN INTERNATIONAL DELPHI SURVEY Evangelidis N, Tong A, Manns B, Hemmelgarn B, Wheeler D, Tugwell P, Crowe S, Harris T, Van Biesen W, Winkelmayr W, Sautenet B, O'donoghue D, Tam-Tham H, Youssouf S, Mandayam S, Ju A, Hawley C, Pollock C, Harris D, Johnson D, Rifkin D, Tentori F, Agar J, Polkinghorne K, Gallagher M, Kerr P, Mcdonald S, Howell M, Craig J

SPECIALISTS' PERSPECTIVES ABOUT DECISION-MAKING IN THE MANAGEMENT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A SEMI-STRUCTURED INTERVIEW STUDY. Tunnicliffe D, Singh-Grewal D, Jesudason S, Lin M, O'Neill S, Sumpton D, Craig J, Tong A.

KIDNEY TRANSPLANT PATIENT PREFERENCES AND TRADE-OFFS FOR OUTCOMES AFTER TRANSPLANTATION. Howell M, Wong G, Rose J, Tong A, Craig J, Howard K.

The Transplantation Society of Australia and New Zealand — 2016 Annual Scientific Meeting, Canberra, Australia

Martin Howell and Allison Tong attended the Transplant Society of Australia and New Zealand's Annual Scientific Meeting in Sydney in April 2016.

Martin presented his work on patient preferences and trade-offs for outcomes after transplantation.

American Society of Nephrology – Kidney Week, 2016, Chicago, USA

Martin Howell and Allison Tong attended the American Society of Nephrology Kidney Week meeting held in Chicago, USA, in November 2016.

Martin presented his work on outcomes in kidney transplantation and Allison's work on haemodialysis outcomes was presented by co-authors.

WEBSITE STATISTICS

KHA-CARI Guidelines Website

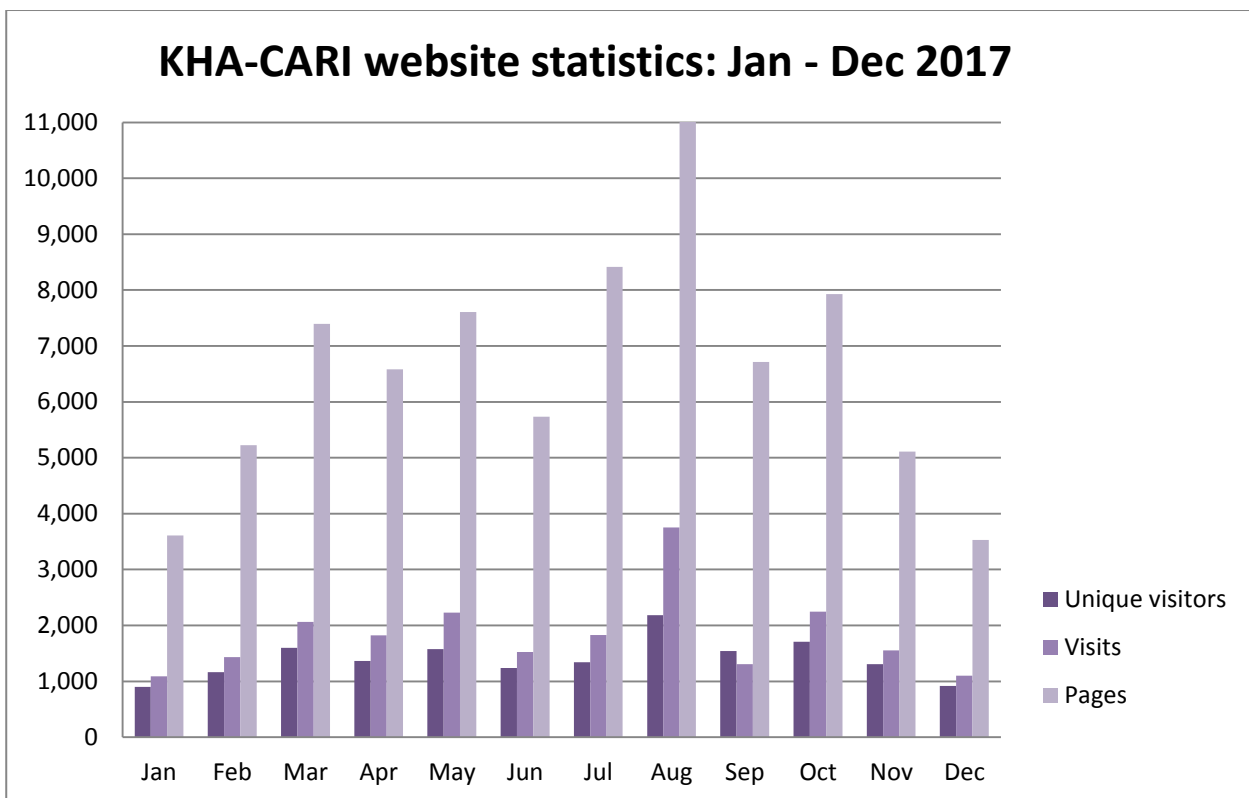
Definitions

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.

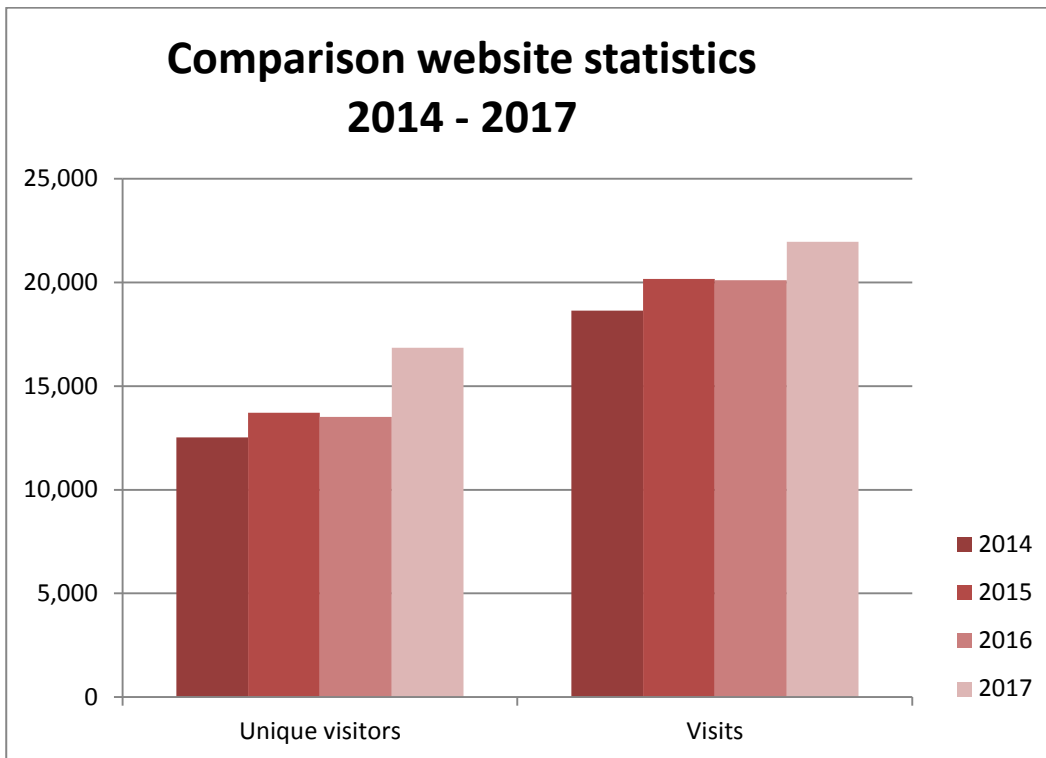
Pages: represents the number of pages viewed by visitors. Pages are usually HTML, PHP or ASP files only.

The graph below shows the number of unique visitors, visits, and pages viewed by month for the year Jan - Dec 2017. The month of August recorded the highest number of unique visitors (2,185), number of site visits (3,755) and pages viewed (16,649). All other months, with the exception of January and December, had over 1000 unique visitors to the website.



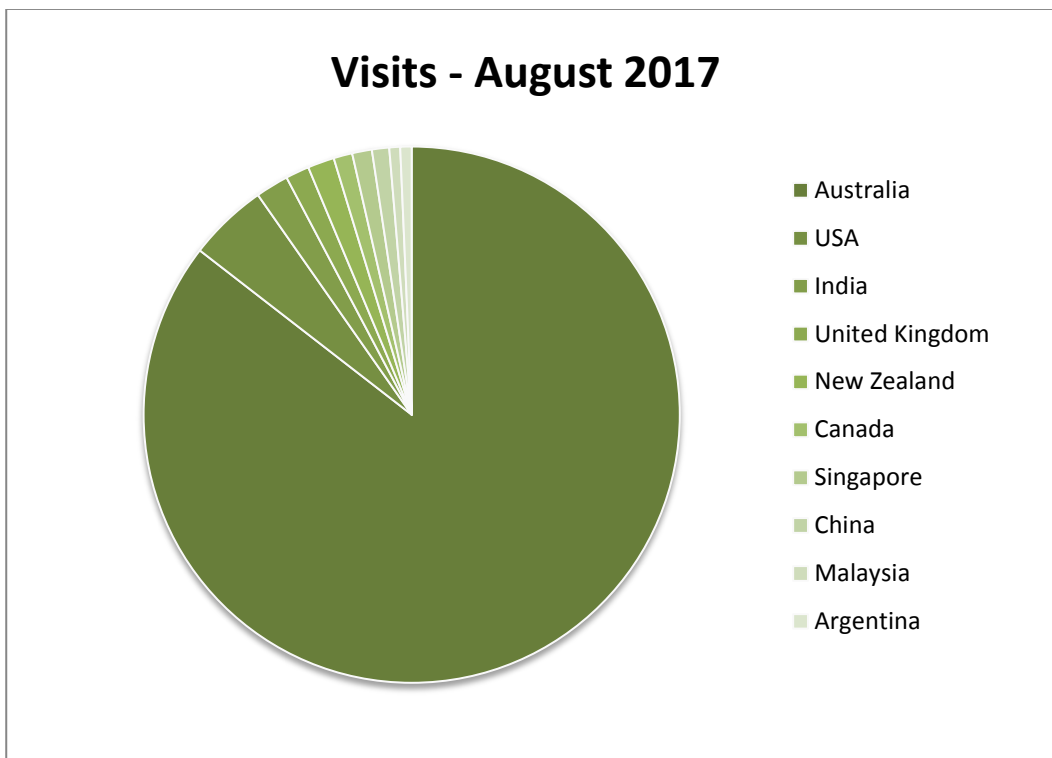
Statistics reported from Google analytics

The graph below shows the number of unique visitors and visits since the inception of the new KHA-CARI Guidelines website (January 2014 – December 2017). In 2017, there has been a 25% increase in unique visitors and a 9% increase in the number of visits to the KHA-CARI Guidelines website since 2016.



Statistics reported from Google analytics

The figure below shows the top 10 countries which accessed the KHA-CARI website during August, a sample month in 2017.



Statistics reported from Google Analytics

The table below shows the top 20 KHA-CARI articles downloaded via the *Nephrology* website in 2017.

KHA-CARI Guideline Title	Year published	Number of full text downloads
KHA-CARI Guideline: Early chronic kidney disease: Detection, prevention and management	2013	791
KHA-CARI guideline: Diagnosis and treatment of urinary tract infection in children	2015	626
Peritonitis Treatment and Prophylaxis - Type of peritoneal dialysis catheter	2004	460
Peritoneal dialysis versus haemodialysis (adult)	2010	413
Acceptance Onto Dialysis: Ethical considerations	2010	372
KHA-CARI guideline: KHA-CARI adaptation of the KDIGO Clinical Practice Guideline for Acute Kidney Injury	2014	372
Protein requirement in adult kidney transplant recipients	2010	325
Urine Protein as Diagnostic Test - Evaluation of proteinuria in children	2004	265
Biochemical and Haematological Targets - Haemoglobin	2008	250
Prevention and management of chronic kidney disease in type 2 diabetes	2010	234
Treatment of peritoneal dialysis-associated peritonitis in adults	2004	232
Peritoneal dialysis catheter-related infection: exit site and tunnel	2004	226
KHA-CARI guideline recommendations for the diagnosis and management of autosomal dominant polycystic kidney disease	2016	212
Peritonitis Treatment and Prophylaxis - Indications for the removal of peritoneal dialysis catheters	2004	188
Peritonitis Treatment and Prophylaxis - Indications for the use of urokinase in peritoneal dialysis-associated peritonitis	2004	185
Assessment of kidney function in type 2 diabetes	2010	176
Peritonitis Treatment and Prophylaxis - Prophylactic antibiotics for insertion of peritoneal dialysis catheter	2004	174
Prevention of Progression of Kidney Disease - Smoking	2006	164
Prevention, detection and management of early chronic kidney disease: A systematic review of clinical practice guidelines	2013	149
Prevention of Progression of Kidney Disease - Acidosis	2006	147

FINANCES AND FUNDING

The following is a summary of the income and expenditure associated with KHA-CARI Guidelines for the 2017 calendar year.

Financial Activities: 1 January to 31 December 2017

TOTAL INCOME	\$ 245,000
Kidney Health Australia	\$ 120,000
ANZSN	\$ 50,000
BEAT-CKD program grant	\$ 75,000
TOTAL EXPENDITURE	\$ 171,575
Salaries	\$ 143,184
Oncost charges	\$ 17,251
Goods & Services	\$ 3,176
Guideline development – Indigenous guideline consumer consultation process (Australia, NZ)	\$ 25,000
Guideline Implementation	nil
Guideline Dissemination	nil
Guideline Writer Training Workshop	\$ 2,581
Guideline Publication	nil
Consumer Group Meeting (Renal Biopsy)	\$ 4,503
Teleconferences – Steering Committee & Guideline Groups	\$ 880
Face-to-Face meetings – Steering Committee & Guideline Groups	nil
BALANCE OF FUNDS	\$ 48,425

CONTRIBUTORS TO KHA-CARI

KHA-CARI Guidelines Steering Committee

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

Suetonia Palmer, University of Otago, Christchurch, New Zealand

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

Mikaela Stafrace, Chief Executive Officer, Kidney Health Australia, Melbourne, VIC

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

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

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

Debbie Fortnum, Sir Charles Gairdner Hospital & University of Western Australia, Perth, WA

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

Marie Ludlow, General Manager Health Outcomes, Kidney Health Australia, Adelaide, SA

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

Wendi Bradshaw, Casey Dialysis Unit, Monash Health, Melbourne, VIC

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

KHA-CARI Staff

Denise Campbell
Senior Project Officer

Talia Gutman
Research Officer

Martin Howell
Research Fellow

Pamela Lopez-Vargas
Research Officer

Karine Manera
Research Officer

Allison Tong
Research Fellow

David Tunnicliffe
Research Officer

Guideline Group Members

Chronic Kidney Disease	
<p>Autosomal Dominant Polycystic Kidney Disease A/Prof Gopala Rangan (Convenor) Prof Judy Savige (Convenor) Prof Stephen Alexander A/Prof Katrina Campbell Dr Mark Dexter Dr Vincent Lee Dr Pamela Lopez-Vargas Dr Jun Mai Dr Andrew Mallett Dr Chirag Patel A/Prof Manish Patel Dr Michel Tchan A/Prof Allison Tong David Tunnicliffe Dr Philip Vladica</p>	<p>Management of Chronic Kidney Disease among Aboriginal and Torres Strait Islander Peoples and Māori A/Prof John Collins (convenor) Dr Jaqui Hughes (convenor) Dr Richard Phoon (convenor) Dr Curtis Walker (convenor) Dr Tonya Kara Dr William Majoni Dr Janet Kelly Dr Liz Rix Dr Helen Rodenburg Prof Suetonia Palmer Dr Rachel Walker</p>
<p>Renal Biopsy A/Prof Robert MacGinley (convenor) A/Prof Solomon Menahem Dr Paul J Champion de Crespigny Dr John Saunders Dr Emily See Dr David Voss Dr Jeff Wong</p>	
Dialysis	

<p>Screening and Management of Infectious Diseases in Haemodialysis Units A/Prof Meg Jardine (Convenor) A/Prof Eugene Athan (Convenor) Dr Robert Commons Dr Janak de Zoysa Dr Nicky Gilroy Julianne Greene Belinda Henderson A/Prof Rhonda Stuart David Tunnicliffe Dr Carolyn van Eps Dr Muh Geot Wong</p>	
--	--

