



2025 Annual Research Report

Central Northern Adelaide Renal and
Transplantation Service (CNARTS)

Contents

| | |
|----|---|
| 3 | Welcome |
| 4 | About CNARTS |
| 5 | Mission statement |
| 6 | Research sponsors |
| 8 | Awards and Fellowships |
| 10 | Research funding |
| 19 | Centre for Clinical and Experimental Transplantation (CCET) |
| 27 | ANZDATA CNARTS |
| 39 | CNARTS Clinical Trials Unit |
| 43 | Student supervision |
| 45 | Conference abstracts |
| 52 | Publications |
| 58 | Contact details |

This report is produced by Dr Richard Le Leu and Prof Shilpa Jesudason on behalf of CNARTS. Any queries about the content please contact Dr Richard Le Leu (richard.leleu@sa.gov.au).

Welcome



Prof Shilpa Jesudason
Head of Unit, Renal

We are delighted to deliver the 2025 Annual Research Report from the Central Northern Adelaide Renal and Transplantation Service (CNARTS), Central Adelaide Local Health Network (CALHN).

CNARTS produces this annual report to showcase the research activities of the department. Clinical, registry and laboratory-based research remains a core pillar of CNARTS. We strive to generate the highest quality evidence to underpin our clinical care. Inter-professional collaboration is another hallmark of our efforts, along with nurturing the next generation of researchers.

Hospitals are busy places and there is constant competition between delivering high quality clinical service versus academic endeavors. As evidence by the breadth and scope of research activities in this report, we are confident the CNARTS team remains committed to research as a fundamental endeavour for hospital staff. Organisational support for research – whether it is time, funding or infrastructure – is an essential element for success that must be sustained even in challenging times. We value the support provided by CALHN.

We also could not function without our generous funding bodies, sponsors and supporters. We thank them for their investment in kidney, diabetes and transplant related research. Many of our projects run “on the smell of an oily rag” but represent exceptional return on investment in terms of impact and future funding success.

I hope you enjoy browsing through this report – the CNARTS team are always happy to talk to anyone about our activities!

About CNARTS

The Central Northern Adelaide Renal and Transplantation Service (CNARTS) is the largest renal unit in South Australia and the third largest renal unit in Australia, caring for over 1700 patients with kidney failure, and many thousands more at all stages of chronic kidney disease. CNARTS currently provides dialysis services to approximately 900 dialysis patients, including supporting 155 home dialysis patients and provides supportive care to 110 patients. CNARTS is the 3rd largest transplant unit and supports around 1000 existing transplant recipients. In 2025, CNARTS performed 106 transplants in total, which included 24 living donors, 2 simultaneous kidney-pancreas transplants, 2 Allogeneic islet transplants and 6 Auto islet transplants.

Visit the CNARTS website: rah.sa.gov.au/services-clinics/cnarts





We service South Australia and Northern Territory



Mission statement

CNARTS has a strong history of research, delivering pioneering therapies and advancing care in general nephrology but also many specialised areas where we have been national and world leaders.

We aim to

-  *Improve the understanding of the science underpinning kidney diseases, type 1 diabetes and hereditary pancreatitis*
-  *Conduct translational research that is patient-centred and leads to improvements in treatments, outcomes and the patient experience*
-  *Advance the use of new technologies, methodologies and treatments*
-  *Support and mentor staff and students to build a highly skilled future research workforce*



Research sponsors

We are very grateful for the generous donors and fundraisers who support our research efforts. Without this support we would not be able to progress projects to improve the lives of people living with kidney disease.



**The Hospital Research
Foundation Group**

hospitalresearch.org.au



**Kidney, Transplant &
Diabetes Research Australia**

kidneydiabetesresearch.org.au

The Hospital Research Foundation (THRF) Group funds life-changing medical research, improved treatments and healthcare services in the community.

Kidney, Transplant and Diabetes Research Australia (KTDRA) is a charity of THRF Group. Together, KTDRA and THRF commit funds to advance kidney research through a number of 2025 CNARTS projects, including:

- Pre-clinical screening of GAD65 CAR-Tregs as a Novel Therapy for Type 1 Diabetes **(\$27,230)**
- The Effect of an Exercise Program on Peritoneal Dialysis Outcomes: A Feasibility Study (CORE-PD) **(\$22,800)**
- Investigating Tacrolimus exposure in pregnancy through advancing therapeutic drug monitoring and exploring impact on outcomes **(\$50,000)**
kidneydiabetesresearch.org.au/news-stories/latest-news/funding-boost-for-kidney-transplant-diabetes-research/
- Feasibility and acceptability of a codesigned self-management program for chronic kidney disease patients **(\$10,000)**
- How to best manage a patient 24 hours after a kidney transplant **(\$94,000)**
kidneydiabetesresearch.org.au/news-stories/latest-news/world-first-transplant-management-research-is-on-track/
- Establishing islet isolation in Adelaide – Total pancreatectomy and Islet-Auto Transplantation (TPIAT) **(\$118,495)**

**KTDRRA sponsored two new awards for 2025
– The Tim Mathew Award and Nancy Douglas-Irving Award.**

The Tim Mathew Award honours the legacy of pioneering nephrologist, A/ Prof Timothy Mathew.

It aims to recognise individuals whose work in kidney health exemplifies the values and passions that A/Prof Mathew embodied: clinical excellence, mentorship of young nephrologists, excellence in patient advocacy, research contributions, and development of the ANZDATA Registry. Professor Matthew Jose was awarded the inaugural Tim Mathew Award at the 2025 Australian and New Zealand Society of Nephrology (ANZSN).

The Nancy Douglas-Irving Award honours the memory of Nancy Douglas-Irving OAM.

The aim of the Scholarship is to build the clinical leadership capacity and capability of nurses through encouraging active participation in study tours and professional/scientific conferences, in turn supporting innovative practice change and quality improvement initiatives that are embedded in person-centred care across areas of identified priority within CALHN Renal Service. In 2025, Hilary Styles was awarded the inaugural Nancy Douglas-Irving OAM Scholarship.



**Kidney, Transplant & Diabetes
Research Australia raised over
\$53,000
from the 60th Anniversary of
Kidney Transplantation Ball,
held in 2025**



Awards and Fellowships



Prof Stephen McDonald was appointed a *Member of the Order of Australia* in recognition of his service to kidney medicine as a clinician, researcher and administrator. Wearing many hats across clinical care, research and health system leadership, his long-standing contribution to ANZDATA has been particularly influential. Beginning his involvement as the Registry's inaugural Clinical Epidemiology Fellow, he went on to lead ANZDATA as Executive Officer, shaping its evolution into a trusted national and international clinical quality registry. Under his leadership, ANZDATA evidence has informed policy, improved access to dialysis and transplantation, and strengthened equity of care, particularly for Aboriginal and Torres Strait Islander peoples and those living in regional and remote communities.



Prof Shilpa Jesudason was presented with the prestigious *Roscoe R. Robinson Award* by the International Society of Nephrology, becoming the first Australian to win the award.

This award recognises exceptional contributions to nephrology education and medical research.



Dr Sam Bateman was awarded her *doctorate (PhD)* by Adelaide University for her thesis "The Benefits and Burdens of Kidney Replacement Therapy for Aboriginal and Torres Strait Islander People".

Sam was awarded both a *Dean's Commendation for Doctoral Thesis Excellence* and an *Adelaide University Doctoral Research Medal*.



Dr Richard Le Leu was awarded a *CALHN Staff Values Commendation Award* for exemplifying CALHN's future focused value. Richard was commended for supporting many CNARTS staff in a huge number of research projects, including quality improvement, data management and advancing data to underpin clinical care.



Dr Georgina Irish was awarded the *Early Career Researcher Award* at SAHMRI. Her research focus is on transplant epidemiology, registry science, risk prediction, and global transplant ethics. She leads programs using registry data to inform decision-making in transplantation and co-founded two research groups: the Transplant Epidemiology Group (TrEG) and the International Travel for Organ Transplantation (ITOT) Collaborative.

Georgina was awarded her *doctorate (PhD)* by Adelaide University for her thesis "Decision making in kidney transplantation". Georgina was awarded the *Dean's Commendation for Doctoral Thesis*.



Dr Griffith Perkins was awarded the *Florey Fellowship* from the RAH Research Committee/HSCGB [2026–2028].

He was a finalist for the Australian and New Zealand Society for Immunology (ASI) New Investigator Prize, received an *Early Career Researcher Award* from the Transplantation Society of Australia and New Zealand, and travel awards from CNARTS/KTDRA and ASI to support conference attendance.

2025 was the final year of his Kidney International Editorial Fellowship [2023–2025] and Mary Overton Early Career Research Fellowship [2023–2025].



James Zuiani (PhD candidate) received a *KTDRA travel award* to attend The International Pancreas and Islet Transplant Association conference (IPITA) in Italy to present his work entitled "Development of an organoid model from hereditary pancreatitis patients complements spatial-transcriptomic characterisation"



Denghao Wu (PhD candidate) was awarded *The Transplant Society Scientific Abstract Award* at the International Pancreas and Islet Transplant Association (IPITA) 2025 World Congress in Pisa, Italy for his abstract "The epidemiology and genome bioinformatics analyses of hereditary pancreatitis in Australia"



Hilary Styles was awarded the inaugural *Nancy Douglas-Irving OAM Scholarship*. Hilary will travel to New Zealand to explore increasing living donation and rapid transplant work for recipients and donors. The Nancy Douglas-Irving OAM Scholarship is supported by Kidney, Transplant, Diabetes Research Australia.

Research funding

CNARTS Clinical Research

\$22,800

2024–25 Kidney, Transplant & Diabetes Research Australia (KTDR)

B Tarca, **S Jesudason**, **M Oviden**, P Bennett

The Effect of an Exercise Program on Peritoneal Dialysis Outcomes: A Feasibility Study (CORE-PD)

This innovative 12-week program is designed to maintain good physical function for people about to undertake peritoneal dialysis. The program is aimed at prevention and getting people physically fit to handle their dialysis journey.

\$50,000

2024–25 Kidney, Transplant & Diabetes Research Australia (KTDR)

E Hewawasam, B Sallustio, B Huuskes, **S Jesudason**

Investigating Tacrolimus exposure in pregnancy through advancing therapeutic drug monitoring and exploring impact on outcomes.

\$60,000

2024–25 The Health Translation SA (HTSA) MRFF Catalyst Grant Scheme

S Jesudason, C Siu, E Hewawasam, M Howell, K Owen, C Malik, B Robson, K Lam, G Harvey, A Sluiter

The kidney as a window to pregnancy and future health.

\$1,950,172

2021–25 NHMRC Ideas Grant

K O'Donnell, J Kelly, **K Owen**, R Tsetsakos, N Sinclair, **S Bateman**, J Lavoie

Als: **S Jesudason**, **R Le Leu**, O Pearson, T Mackean, **S McDonald**, E Garrard, M Arnold-Chamney, L Jamieson

AKtion2: Aboriginal Kidney Care Together – Improving Outcomes Now.

Centre for Clinical and Experimental Transplantation

\$1,319,883

2024–2028 Medical Research Future Fund (MRFF)

CIA: PT Coates, CI: GB Perkins, M Tunbridge, G Irish, N Spurrier, C Furst, P Hissaria, L Rowntree, B Grubor-Bauk, T Ying, J Singer, S Chadban

Repurposing mTOR inhibitors to boost vaccine responses in the immunocompromised and elderly.

This grant aims to deliver a novel, practical (consumer-informed) and widely-accessible strategy to restore vaccine immunogenicity in kidney transplant recipients and older adults. The grant supports linked observational and interventional studies of low-dose mTOR inhibitors as vaccine-agnostic oral adjuvant therapy to promote the formation of protective T cell responses and reverse age-associated immune decline.

\$49,550

2024–2025 University of Adelaide Medical School

CIA: **GB Perkins**

A novel methodology for single-cell transcriptomics of clinical cohorts.

\$10,000

2025 AIFA Viatris Early Career and New Researcher Grant, Australasian Society of Clinical Immunology & Allergy (ASCIA)

CIA: GB Perkins

\$322,000

2023–2025 Royal Adelaide Hospital Research Committee (RRC) & Health Services Charitable Gifts Board (HSCGB) Mary Overton Early Career Research Fellowship

CIA: GB Perkins

\$118,495

2023–2026 The Hospital Research Foundation

C Drogemuller and PT Coates

Establishing islet isolation in Adelaide – Total pancreatectomy and Islet-Auto Transplantation (TPIAT).

\$750,000

2022–2025 Targeted Translation Research Accelerator (TTRA) Program (Australia)

S Grey, **C Drogemuller** and **PT Coates**

Restoring glucose control in T1D patients with genetically engineered GARV-AAV2-A20-islet cells – a first in Human safety and efficacy trial. TTRARP2097.

\$2,014,561

2022–2027 The Medical Research Future Fund (MRFF)

PT Coates, C Drogemuller, H Pleass, R Couper, J Chen, S De Sousa, S Khurana, L Palmer, A Brown, N Rogers, D Torpy



HEPATA: Hereditary Pancreatitis and Autologous Islet Transplant Trials in Australia

The aim of this project is to collect the evidence required for TP-IAT to become a reimbursed medical procedure for the treatment of hereditary pancreatitis (HP) (grant term 2022–2027). To achieve this, 24 HP patients will undergo TP-IAT and the impact on disease progression, quality of life, reduction in pain medication, hospitalisations, health costs and economic impacts will be determined. This will allow a formal application to the government for assessment of TP-IAT to become a reimbursed medical procedure.

\$500,276

2020–2025 Commercial in Confidence (International)

T Coates, C Drogemuller

Intracutaneous Ectopic Pancreas (IEP) creation by seeding Human Stem Cell-derived Islets (HSCI) into integrated BTM.

and Autologous Islet Transplant Trials in Australia

ANZDATA, ANZOD and BEAT-CKD

\$2,500,000

2021–25 National Health and Medical Research Council – Centre of Research Excellence

A Tong, J Craig, C Hawley, G Wong, D Johnson, N Scholes-Robertson, S McDonald, K Howard, S Jesudason, A Teixeira-Pinto

Partnering with patients with chronic kidney disease to transform care and outcomes (CRE-PACT).

CNARTS Clinical Research projects 2025

Patient Activation guided Self-management in Chronic Kidney Disease

Lead: Laura Lunardi (PhD candidate)

Team: R Le Leu, S Jesudason, P Bennett, A Britton, S Muthuramalingam, L Matricciani and Renal Consumers: R Bastin, E Johns, D Bradbrook, M Bradbrook, R Lester, D Myers,

This project used a systematic co-design approach to partner with researchers, consumers, and clinicians.

Study aims included:

1. Develop a co-designed self-management program for people with CKD
2. Determine the clinical feasibility and acceptability in usual kidney care service of this co-designed self-management program among patients with CKD stage 5 not receiving dialysis.



A single-arm, pre-post feasibility study in adults with kidney failure not yet on dialysis within CNARTS was conducted. Of the 40 patients invited, 31 consented to enrol with the program (recruitment rate 31/40, 78%). All but one participant completed the follow-up survey (30/31, retention rate 97%), achieving 100% program adherence among completers. Most participants reported improvements in knowledge, greater confidence in self-management, and valued the nurse support. Participants highlighted the convenience of home-based learning but noted challenges with small-screen readability and requested additional video resources. It was concluded that a co-designed, nurse-led self-management program was feasible and highly acceptable for people with kidney failure not yet on dialysis. Findings support further evaluation in a larger controlled trial. Integration of this program into routine care could strengthen patient readiness for kidney replacement therapy.

Funded by:

- 2022 Allied Health, Pharmacy and Nursing RAH Research Committee (**\$35,000**)
- 2024 Kidney, Transplant & Diabetes Research Australia (KTDR) (**\$10,000**)



The Feasibility, Acceptability, and Impact of a Prehabilitation Exercise Program for People Commencing Peritoneal Dialysis (CORE-PD)

Lead: Dr Brett Tarca

Team: S Jesudason, M Ovenden, M Borlace, R Le Leu, N Scholes-Robertson, A Meaade, J Byrnes, T Boyle, P Bennett

(Collaboration with Allied Health and Human Performance, Adelaide University)

This project aims to introduce exercise prior to catheter insertion targeting physical function for people commencing peritoneal dialysis.

The program will recruit patients who are ~3-4months from peritoneal dialysis catheter insertion, following them through the insertion/ treatment commencing and re-introducing exercise so that they exercise safely and effectively whilst receiving peritoneal dialysis.

As part of this study, patients will receive resistance bands and gym balls for simple home-based exercises, with ongoing support and monitoring from an exercise physiologist via a hybrid face-to-face and telehealth model.

Recruitment opened in April 2025. To date, nine participants have been recruited: three have completed the study (intervention = 2; control = 1), four are currently ongoing (intervention = 2; control = 2), and two have withdrawn (both from the intervention group). Very early feedback indicate that the intervention is acceptable and well received, with participants valuing contact with exercise professionals. Some interesting feedback suggests a desire for greater opportunities to engage in gym-based or group exercise with other patients, which will be explored in future trials. One participant notably reflected, "I wish I could have done this well before I started PD". Recruitment is on-going with an aim to recruit 20 patients.

kidneydiabetesresearch.org.au/news-stories/latest-news/strengthening-the-core-for-dialysis-patients/

Funded by: 2024 Kidney, Transplant & Diabetes Research Australia (KTDR) (\$22,800)



Kidney Care Clinician Perceptions of a Prehabilitation Exercise Program in Peritoneal Dialysis

Lead: Dr Brett Tarca

Team: S Jesudason, P Bennett

(Collaboration with Allied Health and Human Performance, University of South Australia)

This qualitative study aimed to explore the perceptions and attitudes of clinicians regarding prehabilitation exercise programs for people commencing peritoneal dialysis. Recruitment began in late October with 17 clinicians taking part in a 1:1 interviews. Participants were mainly nephrologist (n=8) and nurse (n=5) with dietitians and occupational therapists also involved. All participants reported having experience in working with patients in both the pre and post-catheter phase. Recruitment has been closed with data saturation and sufficiency achieved.

Aboriginal Kidney Care Together- Improving Outcomes Now – AKAction2

Co Leads: Dr Kim O'Donnell & Prof Janet Kelly

Team: K Owen, R Lester, N Sinclair, S Bateman, J Lavoie, I T Williamson, J Kartinyeri, R Gadd, L Simpson-Lytle, W Dono, C Franks, T Reid, M Wilson, D Forbes, D Champion, S Champion, O Pearson, T Mackean, S Jesudason, S McDonald, M Arnold- Ujvari, R Le Leu, L Jamieson, K Herman, A Cormick, T Stevenson, L Rix, B O'Connor.

(Collaborations are established with Community members, CNARTS services and sites, SAHMRI, National Indigenous Kidney Transplantation Taskforce and the COMPASS Project, ANZDATA, Kidney Health Australia, Menzies School of Health Research NT, Adelaide University Rural Health Alliance, Adelaide Nursing School and the Adelaide Rural Clinical School.)

2025 was all go for AKAction2, with the planning and reshuffling of courses, staff and office space in the School of Nursing and Medicine, (The University of Adelaide), now Adelaide University where the project is situated. AKAction2 were relieved to receive the news from the National Health & Medical Research Council (NHMRC) that we could extend our work into 2026 to complete AKAction2 deliverables that we set out to achieve. This extension took into consideration the time lost due to the Covid epidemic and restrictions.

Funded by: 5-year (2021–25) NHMRC Ideas Grant **(\$1,950,172)**

The Nari Sinclair room, University of Adelaide

AKAction2 worked hard over the last few years to advocate for a room at the University of Adelaide to be named after Nari Sinclair, Kidney Warrior, advocate for equitable kidney care and improved services for Aboriginal and Torres Strait Islander people in SA and beyond. It is the first room at Adelaide University named after an Aboriginal woman (Ngarrindjeri SA/ Yorta Yorta Vic).

The AKAction Reference Team (A2RT), project and clinical staff, Nari's daughters Linda and Marissa, friends, family and Nari's health care colleagues celebrated on 3rd July and paid tribute to her staunch advocacy, memory and kidney care work. A fantastic [press release](#) was also put out by the University of Adelaide.

The [Koori Mail](#) also picked up on our story. The Koori Mail is owned by Indigenous Australians since 1991. It is published fortnightly in printed form and electronic copies are available.

Nari Sinclair and AKAction fans 'Stylin UP'



Sista2Sista 2025

During September 2025, Janet Kelly and Rhanee Lester travelled to Ceduna to attend the annual Sister2Sister event. The event was held at Ceduna Town Hall and hosted by the Ceduna Family Violence Legal Service. The Sister2Sister event created a space for women to come together, share and provide information about the different service organisations in Ceduna. Women were treated to a pamper day where self-care was prioritised.

Although health and wellbeing were part of the key messages, the day included conversations about coercive control and the new laws that have come into effect. AKAction2 provided educational resources about looking after kidneys, Rhanee shared her lived experience and perspective of kidney disease and the transplant process. While there, Rhanee and Janet mapped Tania Benbolt's kidney journey to capture her challenges and the strength of her spirit.

Tania, Janet and Rhanee



Knowledge Sharing and Advocacy

Jared Kartinyeri and Rhanee Lester gave a presentation to the Oral Hygienist students from TAFE SA, (July) as part of our collaborations with the *Adelaide Dental School*, guided by Margie Steffens. Margie's passion for community outreach and creating equitable access to dental care led her to establish a dental program for homeless and marginalized citizens.

Jared represented AKtion2 during NAIDOC week (July) in Victoria Square. He was invited to the Men's Tent to talk about his kidney journey, and answer questions people had about transplants. Jared's passion is to engage more men to talk about kidney care, the ongoing effects on family and to support each other.

The Aktion2 Team was invited to the *Moorundi Health Fair* on the 14th of July. Jared, Kim, Tahlee and Janet attended which was a great opportunity to share kidney health information with community members in Murray Bridge and to build on our working relationship and networking with Moorundi staff, including Kuranye Owen, who received his kidney transplant in June 2022. Kuranye graduates in December as an Aboriginal Health Practitioner, followed by AHPRA accreditation and registration. He is employed at Moorundi Aboriginal Health Service LTD to support kidney and chronic health patients.



AKtion2 traction at Moorundi Health Fair



Kuranye Owen, at Moorundie, Murray Bridge



AKtion2 traction at Moorundi Health Fair

In July, the Mapping Journeys for Health and Wellbeing website was established, a work in progress and one of four nested projects that make up AKtion2. This work builds on from the Managing Two Worlds Together project (2008). The AKtion2 Reference Team members (A2RT), along with other partners/collaborators inform and guide this work.

health.adelaide.edu.au/our-research/mapping-journeys-for-health-and-wellbeing#research-team

The Aktion2 website was also established at Adelaide University to highlight the work we have achieved to date and to share our resources. Our focus in 2026 alongside the AKtion Reference Team is to evaluate AKtion1– AKtion2 and complete the practical resources for kidney warriors, their families and clinicians to use to improve the health and wellbeing of Aboriginal and Torres Strait Islander People, systems and policy in the renal space.

health.adelaide.edu.au/nursing/aboriginal-kidney-care/

Yalata Kidney Festival

AKtion2 (Janet, Tahlee, Liz) attended the Yalata Kidney Festival SA, together with medical, allied health and nursing students. They spent a week in the remote community of Yalata supporting a cohort of 10 medical, nursing and allied health students who worked with Yalata school students, yarning about ways to keep kidneys healthy. It is fundamental that health and medical students from the University of Adelaide experience remote communities as a practical part of their training. Team members are currently working on a paper to publish, reporting on the power of cultural immersion and student feedback.



Kidney Mums 'n Bubs

AKtion2 Reference team women (organised by Kelli Owen and Tahlee Stephenson) met online and face to face to talk about Women's reproductive issues. AKtion2 arranged a safe space for Aboriginal and Torres Strait Islander women to talk about this important topic with Dr Nishanta Tangirala, PhD candidate. Many women don't get the opportunity to talk about what it's like to live with End Stage Kidney Disease (ESKD) and how they can safely become a mum, on dialysis, planning options or after transplant. This work will inform the best methodology for researching women's health in First Nations patients.

Stylin and Talkin up with Dr Nishanta Tangirala



Dr Kerry Taylor Cultural Safety (new edition)

In late 2025 AKtion Team members met with Kerry Taylor to discuss contributing AKtion's team and individual member's expertise and publications to the 4th Edition of her and her co-authors, Pauline Thompson and Cheryl Davis's book Health Care and Indigenous Australians: Cultural safety in practice. Janet Kelly, Kim O'Donnell and Liz Rix were cited as Contributors. We were delighted to have several case studies from AKtion included in the latest edition, Liz Rix's work in being an effective Accomplice to Aboriginal people in healthcare and Kim O'Donnell and Nola Whyman's 10 Steps to overcome racism: Wirkara way.



AKtion2 Reference Team members, partners and staff Xmas celebration

10 Steps to overcome racism Wirkara way

- 1** Acknowledge the Australian 'inconvenient truth' we are a colonised nation and the legacy lives on but it has never been formally acknowledged and many people refuse to admit or fully explore this continuing reality. As a result, working in Aboriginal and Torres Strait Islander health and wellbeing is fraught with challenges we all need to address.
- 2** Avoid the excuse, 'I don't know how'. You bring valuable knowledge. Remember, it's only a mistake if you make it twice. Wisdom comes from learning from mistakes and not repeating them.
- 3** Let go of the fear of being racist and fear of getting things wrong. Engage respectfully and you'll learn as you go.
- 4** Avoid the excuse, 'it's all too hard' while occupying positions of power-change your attitude and then take action to change the narrative.
- 5** Understand that cultural safety requires health care providers to 'see' their own culture and its assumptions. Racism doesn't have to be intended- it's often built in the way systems work. Get over worrying about it, and do something. The more you practice, the easier it gets.
- 6** Don't be afraid to take a leap of trust in the relationship... if this fails, take a longer leap but don't give up!
Time + Respect = Trust
- 7** Please don't think you 'know it all' about Aboriginal health and wellbeing from participating in a cultural competency workshop- that's just the beginning. Working to close the colonial health system gaps is reciprocal lifelong learning that can grow into lifelong friendships.
- 8** Aboriginal and Torres Strait Islander people need space to talk with other Aboriginal and Torres Strait Islander people to resolve issues and to strategise. This is not 'reverse racism' it is Indigenous Peoples' right! (UNDRIP, 2007)
- 9** Question your own defensive reactions -if you make a mistake, admit and work towards fixing it. This is an example of humility and integrity, which are strengths required to work *wikara way*.
- 10** All Aboriginal and Torres Strait Islander people carry knowledge, experiences and strategies from community Elders to the medical practitioner. Lighten the load by respecting and valuing all the knowledge and being a friend and advocate *wikara way*.

Developed from the life experiences of Barkindji women Dr Kim O'Donnell and Nola Whyman, far Western NSW.

Benefits and Burdens of Kidney Transplantation for First Nations Australians

Lead: Dr Sam Bateman (PhD Candidate)

Team: S Jesudason (Principal Supervisor), O Pearson, P Clayton, S McDonald

Sam completed her PhD thesis "The Benefits and Burdens of Kidney Replacement Therapy for Aboriginal and Torres Strait Islander People" in 2025 and was awarded both a Dean's Commendation for Doctoral Thesis Excellence and a Adelaide University Doctoral Research Medal. The final publication from her thesis entitled "We can do better. Pre-formed Dialysis Access for Aboriginal and/or Torres Strait Islander people" is currently in press in *Kidney 360*. Following on from her doctorate, Sam was selected for the International Society of Nephrology Emerging Leaders Program and as deputy chair of the Scientific Program and Awards Committee of the Australian and New Zealand Society of Nephrology. She continues, in partnership with Kelli Owen and Kate Tyrell, to co-create and implement the CNARTS Purdita Muna Pirku model of Aboriginal Kidney Care and to co-chair the ANZDATA Aboriginal and Torres Strait Islander Working Group.



Funded by:

- NHMRC post-graduate scholarship
- RACP Jacquot Award for Excellence Research Entry
- BEAT-CKD post-graduate scholarship

A Pilot Randomised Controlled Trial Of Advanced Recovery Room Care Post Living Donor Kidney Transplantation

Lead: Dr Karthik Venkataraman

Team: M Collins, G Ludbrook, T Coates

We conducted a single-centre pilot open-label randomised controlled trial (ACTRN12622001093774), randomising live donor kidney transplant recipients 1:1 to either post operative care in the ARRC or to standard of care management on the renal ward. The intervention involved closer haemodynamic monitoring, more frequent medical officer review and the ability to assess and address post operative hypotension with fluids and vasopressors.

The primary outcomes were:

1. safety (adverse events in the first 28 days post transplantation)
2. recruitment feasibility and 3) between group differences in mean arterial blood pressure over 24 hours.
3. A total of 27 living donor transplants were performed during the study; 18 recipients were eligible for enrolment into the trial. A total of 17 participants underwent randomisation. There were no major adverse events in either arm. 4 out of 9 participants (44.4%) were hypotensive post operatively in the control arm compared to 1 out of 8 participants (12.5%) in the intervention. In this pilot trial, use of advanced recovery room care was safe, and recruitment into a larger clinical trial appears feasible. Advanced recovery room care may reduce the incidence of post-transplant hypotension.

Funded by: 2024 Kidney, Transplant & Diabetes Research Australia (KTDR) PhD scholarship (**\$94,000**)



Clinical database that will help us understand how we care for patients, the quality of care they get and their outcomes

Lead: Prof Shilpa Jesudason

Team: R Le Leu, P Clayton, J Fabian, E Dicus

(Collaboration with CALHN Digital and Strategy Team)

This project has developed a secure clinical database for capturing the specialised data required for researching, measuring and auditing service delivery, patient care and health outcomes across the patient journey, including end stage kidney disease, patients on dialysis and transplant recipients.

This database has transformed CNARTS data visibility, understanding and application capabilities for CNARTS busy clinicians, particularly through further developments in easily accessed and informative data dashboards.

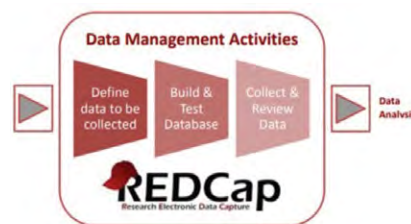
Through the collaboration with CALHN digital, the CNARTS database has been linked with the current electronic medical record system to create a 'Kidney Watch dashboard'. This dashboard is now currently being used to monitor patients approaching dialysis in real time.

The CNARTS database is now routinely informing the development of new and enhanced services and care pathways to improve patient care, treatment choices and to reduce unnecessary hospitalisations.

The next steps in collaboration with CALHN digital team are to further enhance the dashboard's functionality and visual design, broaden the scope, build links with the electronic medical record and the ANZDATA renal registry. Funding will enable the employment of a data developer in 2026 to scale up dashboard development.

Funded by:

- Kidney, Transplant and Diabetes Research Australia (KTDR) (**\$200,000**)
- Heritable Charitable Gift Board (HSCGB)



Centre for Clinical and Experimental Transplantation (CCET)

The CNARTS laboratory is based at the new biomedical precinct within the University of Adelaide Health and Medical Sciences building. The laboratory has continued its excellence in training the next generation of scientists and clinicians further enhancing its reputation for producing outstanding independent researchers, with a research focus on kidney disease, diabetes and other diseases of the pancreas. The laboratory was founded at the Queen Elizabeth Hospital by Prof Graeme Russ in 1986 and was the first dedicated transplantation immunology laboratory in Australia. Since then, the research interests of the CNARTS laboratory have broadened to include many aspects of kidney disease, diabetes and other diseases of the pancreas.

The laboratory is led by Prof Toby Coates AO and Chief Scientist A/Prof Chris Drogemuller and includes a team of senior scientists, grant funded scientists, technical officers, PhD and Honours students. Many previous laboratory students have gone onto leadership roles in nephrology and transplantation from the CNARTS laboratory and become independent researchers in leading institutions all around the world. To date, the lab has had 3 prestigious CJ Martin fellowships awarded and a Rhodes Scholar.

Visions statement

To train the next generation of medical doctors and scientists in basic laboratory science for application to the causes and treatment of renal diseases and organ transplantation.

Laboratory staff

A/Prof Chris Drogemuller (Chief Scientist)
 Dr Griffith Perkins (Post-Doctoral Fellow)
 Dr Bahman Delalat (Senior Medical Scientist)
 Dr Plinio Hurtado (Senior Grant Funded Scientist)
 Jodie Nitschke (Senior Grant Funded Scientist)
 Daniella Penko (Senior Grant funded Scientist)
 Lachlan Paparella (Grant Funded Scientist)
 Julie Johnston (Technical Officer)
 Gorjana Radisic (Project Officer)

Students

Denghao Wu (PhD candidate)
 Nick Chai (PhD candidate)
 Dylan Barnett (PhD Candidate)
 Jessica Lee (PhD Candidate)
 James Besanko (Masters Candidate)
 James Zuiani (PhD Candidate)
 Daniella Penko (PhD candidate)
 Dr Mathew Tunbridge (PhD candidate)
 Dr Shweta Mhatre (PhD candidate)
 Deborah Pratt (PhD candidate)



CCET Laboratory research projects 2025

Total Pancreatectomy and Islet Auto Transplantation (TPIAT)

Researchers: T Coates, C Drogemuller, D Penko, J Johnston, J Nitschke, C Etherton, A Rickard, G Radisic, D Wu, G Perkins, C Russell, B Delalat

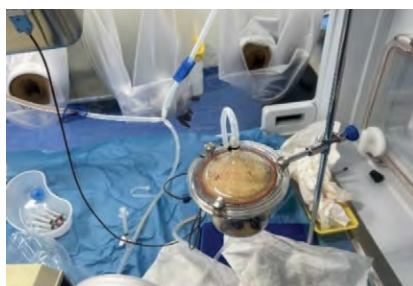
Associated Researchers: D Torpy, S Khurana, J Chen, J Couper, R Couper, E L Neo

With the generous support of the Hospital Research Foundation, the LIONS Club and the state government we have established a new clinical program for the treatment of hereditary pancreatitis.

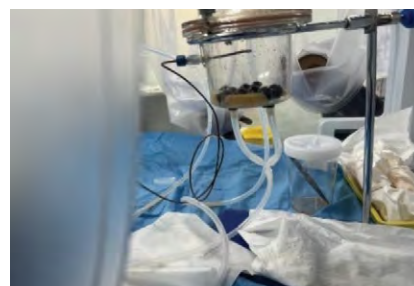
To date, we have processed 15 donor pancreas within the newly established Biospherix facility. An additional 8 donor pancreas deemed unsuitable for islet isolation were used to train senior scientist Daniella Penko in the process of trimming, cannulation and enzymatic perfusion of the organ. The most critical steps for achieving quality islet isolation outcomes. In addition, ongoing training of staff in the islet isolation process, operation of the Biospherix system, development of SOPs and collection of safety and quality data required to initiate clinical activity has continued throughout 2025. In preparation for clinical activation the entire system underwent testing and servicing, performed by the US based Biospherix technician, late 2025. As part of the system service and testing A/Prof Chris Drogemuller and Dr Bahman Delalat received training to enable in house system servicing and testing without requiring annual visits from the US based service provider. This will significantly reduce ongoing maintenance costs moving forward.



Chamber before pancreas is loaded



Pancreas loaded into chamber midpoint of tissue digestion



Empty chamber at completion of digestion

Hypothermic Oxygenated Machine Perfusion using the Organ Angel – Donor Kidney Preservation for transplantation

In collaboration with a local Adelaide company – Vital Organ Technologies, we are designing, testing and evaluating a bespoke kidney preservation device called the 'Organ Angel'. The Organ Angel has been designed to comply with aviation standards that enable the device to be transported on commercial flights, adhering to strict weight, dimension and absence of hazardous components (pressurised oxygen cylinders). The aim of this technology is to enable any organ donor kidney retrieved from any hospital in Australia or New Zealand to be preserved using the 'Organ Angel' for transplant in any hospital within Australia and New Zealand. Current preservation technology limits what donor organs can be transplanted at which hospitals based on travel time between the two centres.

Hereditary Pancreatitis and Auto-Islet Transplant Trials in Australia (HEPATA) clinical program

Researchers: C Drogemuller, B Delalat, G Radisic, T Coates

Associate Researchers: H Pluess, R Cooper, J Chen, S De Sousa, S Khurana, L Palmer, A Brown, D Torpy, N Rogers

A key activity of the MRFF funded HEPATA project is performing the clinical intervention for definitive treatment of hereditary pancreatitis, known as TPIAT – Total Pancreatectomy and Islet Auto-Transplant. This involves surgically removing the diseased pancreas, a complex operation often taking 5–6 hours to complete. Once removed the pancreas is transported to the isolation facility, which houses a specialized piece of medical equipment called the Biospherix System. Here the pancreas is infused with digestive enzymes that breakdown the tissue releasing the islets within. Once again, another complex task that often takes 4–6 hours to complete. The islets are then packaged into a gas permeable bag containing specialized fluid to protect them for infusion back into the patient on the same day. The islets are infused into the patient's liver where they re-establish their own blood supply to enable them to sense changes in blood glucose levels and release insulin to maintain tight glucose control. To date, 16 patients have undergone the procedure, with their clinical outcomes captured in the national HEPATA registry. This information will be used in support of future government funding for the procedure.

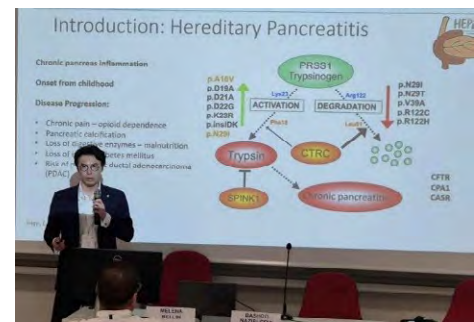


The Genetic Epidemiology of Hereditary Pancreatitis in South Australia

Researchers: D Wu, CJ Drogemuller, G Radisic, C Etherton, A Rickard, GB Perkins, J Zuiani, S De Sousa, PT Coates

Associated Researchers: D Adelson, G Irish, S Jahan

Hereditary Pancreatitis (HP) is a debilitating condition caused by inheritance of a variety of genetic mutations. HP results in inflammation of the pancreas from a young age, chronic abdominal pain, and dependency upon pain management opioids. Severe cases of HP are candidates for total pancreatectomy and islet auto transplant (TP-IAT) surgical treatment. This project is the first to identify Australian families suffering from HP and assess correlation between phenotypic disease outcome and genotypic variant. Patients with HP were identified from existing hospital records at the Royal Adelaide Hospital, Women's and Children's Hospital, St. Vincent's Hospital in Melbourne, and Westmead Hospital in Sydney. Medical Interviews were conducted for enrolled patients. Salivary biosamples were obtained from patients and family members to be whole-exome-sequenced (WES) and analysed *in silico* using bioinformatics toolkits (GATK) and the Integrative Genomics Viewer (IGV) developed by the Broad Institute.



A total of 20 pedigrees comprising 122 individuals were recruited for the project. Overall, 76% of HP presented with clinical onset before the age of 10. Ongoing opioid usage for pain management in the HP cohort was 55% and 64% of patients reported ongoing moderate to severe pain. Strikingly, HP was 67 times more prevalent in Indigenous populations than non-Indigenous. Our estimated prevalence of HP is higher than previously described and disproportionately affect Indigenous populations. The percentage of HP patients requiring lifelong analgesics is alarming and genetic factors are an important cause of pancreatitis in Australian children. Bioinformatics analyses of WES genotypic data yielded a list of 33 potentially pathogenic variants identified outside of known HP-associated gene including *ECE1*, *GJA5*, and *SPTBN5*. The analysis of the WES genomic data uses the latest bioinformatics tools including the Illumina DRAGEN platform to accurately align our patient data with a large panel of human reference genomes. The study described the prevalence of HP in an Australian population for the first time, highlighted the importance of utilising genetic testing protocols to guide medical decision-making in HP, generated candidates of potential pathogenic genetic variants associated with HP disease risk, and successfully established a patient registry for candidates of TP-IAT treatment.

Novel Methods For Characterisation of Hereditary pancreatitis: Patient Derived Organoids and Spatial Transcriptomics

Researchers: J Zuiani (PhD candidate, University of Adelaide), G Perkins, F Ryan, S Grey, C Drogemuller, T Coates

Hereditary pancreatitis (HP) is a chronic disease caused by a series of HP associated genetic mutations. This condition manifests in adolescence, leading to inflammation, severe abdominal pain, and the eventual development of pancreatic fibrosis, endocrine and exocrine insufficiency and a substantially increased risk of pancreatic cancer. The only current long-term treatment option is total pancreatectomy with islet auto-transplantation (TPIAT).



In the past we have developed an organoid model using both healthy and patient derived HP samples. Continuing this work, we have begun using these organoids in immune co-culture assays, both in house and in collaboration with Dr Mohamed Saad of SAiGENCI. These organoids assays were employed in Dr Saad's investigation of the role of ADAM17 in acute lung inflammation during pancreatitis.

Alongside this work we have also begun characterising HP using the Visium HD platform, the cutting edge in sequencing based spatial transcriptomics. This is the first time this technology has been applied to the study of pancreatitis in humans and will allow us to determine the cellular landscape and transcriptional programming of HP by utilising patient samples from those who have undergone TPIAT.

We began our spatial transcriptomic analysis by optimising the quality control and pre-processing steps of this data, including clustering cells using spatial versus non-spatially aware algorithms, and different methods for the identification and labelling of cell types. We mapped these labelled cells onto an image of the tissue, thus allowing us to identify and study areas of immune activation and fibrosis as well as understand the cellular composition of tissue during HP. The primary focus of this analysis was on fibrotic regions during HP and included a range of analyses including differential gene expression, pathway enrichment and cell-cell communication, as well as identifying the transcription factors and gene regulatory networks which control these cells. As more samples are processed via the Visium HD pipeline this analysis will continue to be strengthened and expanded to other topic including the state of islets during HP, and how this may affect outcomes post-transplant.

The establishment of National Hereditary Pancreatitis Registry as part of Hereditary Pancreatitis and Auto-Islet Transplant Trials in Australia (HEPATA)

Researchers: T Coates, C Drogemuller, G Radisic, J Chen, S Khurana, S De Sousa, L Palmer, D Torpy, A Brown, N Rogers, G Thomas, H Pleass

Project Manager: G Radisic

The HEPATA program supports the development of Australia's first national Hereditary Pancreatitis (HP) Registry, designed to collect demographic, genetic, and clinical information from individuals living with HP and their families. The registry provides a central platform for research and contributes to improving clinical care for this rare condition.



Since becoming operational in 2024, the registry has continued to grow through ongoing recruitment and increasing participation from patients and families. A key focus has been the continued growth of the registry at a national level, with new interstate collaborations being established to support recruitment from other states. As part of this process, new partnerships have been formed with clinicians, researchers, and health services, strengthening the registry's reach and capacity.

We anticipate that data generated through the registry will continue to produce valuable insights to inform clinical practice and support advocacy for government funding of TPIAT, with the ultimate aim of improving equitable access to this procedure for all Australians affected by hereditary pancreatitis.

The Consumer Advisory Group continues to meet quarterly as part of the HEPATA program, providing ongoing input into project progress and emerging priorities from a lived-experience perspective. This sustained collaboration ensures that consumer perspectives remain central to informing future research and clinical initiatives.

SIR ZOSTER: Safety and Immunogenicity of Recombinant ZOSTER vaccination in kidney transplant recipients

Researchers: GB Perkins, M Tunbridge, CS Chai, D Penko, L Paparella, D Pratt, G Irish, PR Hurtado, K Fischer, PT Coates

Associate researchers: S Chadban, T Ying, B Grubor-Bauk, L Rowntree

Supported by the MRFF, SIR ZOSTER is investigating how immunosuppression shapes shingles vaccination responses in kidney transplant recipients. Based on previous findings that kidney transplant recipients receiving mechanistic target of rapamycin inhibitors (sirolimus and everolimus) produced exceptional T cell immune memory to SARS-CoV-2 vaccination, we hypothesise that particular immunosuppressive drug combinations will promote protective T cell responses to shingles vaccination. This is important because kidney transplant recipients are vulnerable to severe shingles and, unlike many infectious diseases, protection against shingles is primarily mediated by T cells.

This trial will conclude in 2026 and will inform novel strategies to restore vaccine efficacy in transplant recipients.



How does immunosuppression shape outcomes for kidney transplant recipients?

Researchers: GB Perkins, CS Chai, PT Coates

Supported by a Building Research Leaders grant from Adelaide University, we are constructing the *first Kidney Transplant Recipient Immune Cell Atlas*. By profiling the identity and behaviour of millions of immune cells in the blood, we aim to map out how the immune systems of transplant recipients are shaped by different immunosuppressive drugs. In stage 1, this project will focus on discovering mechanisms that govern response to vaccination. Later outcomes will include allograft rejection, cancer, and response to immune checkpoint blockade.

What determines successful vaccination in people receiving B cell-depleting therapy?

Researchers: GB Perkins, CS Chai, M Tunbridge, J Zuiani, P Hurtado, PT Coates

Associate researchers: C Hope, S Barry, B Grubor-Bauk, J Ravindran, P Hissaria

Therapies that deplete B cells are commonly used in the treatment of autoimmune diseases. They work by removing the immune cells that produce auto-antibodies; however effective vaccination is reliant on a functioning antibody response. This study investigated why some people with multiple sclerosis on B cell-depleting therapy (ocrelizumab) were able to mount a protective antibody response to SARS-CoV-2 vaccination, while most were not.

After three SARS-CoV-2 vaccines, half of participants produced a detectable antibody response but only a quarter achieved levels required for protection against infection – a threshold achieved by 100% of participants on non-B cell-depleting therapies. B cell reconstitution to 0.4% of lymphocytes (~10 cells/ μ L) predicted those who mounted a protective response, while responsiveness in participants with lower B cell counts was associated with lower frequencies of a novel immunosuppressive NK cell population. Timing of vaccination following ocrelizumab infusion was not a reliable surrogate for B cell reconstitution nor vaccine response, suggesting that personalised immune monitoring may be helpful to guide vaccination in this vulnerable group. (Perkins *et al.*, *Clin. Transl. Immunol.* 2026)

POTENCY: How does haematopoietic stem cell transplantation shape response to vaccination?

Researchers: CS Chai, P Hurtado, J Johnston, PT Coates, GB Perkins

Associate researchers: M Roberts, D Yeung, B Grubor-Bauk

Supported by The Hospital Research Foundation Group, the POTENCY study investigated SARS-CoV-2 vaccine responses in people with immune systems reconstituted from a haematopoietic stem cell transplant (HSCT). HSCT recipients at the RAH were prospectively monitored across two years and up to five vaccine doses. Compared with age- and sex-matched healthy controls, one to three additional vaccine doses were required for HSCT recipients to achieve healthy antibody titres, which were strongly influenced by immunosuppression use. In addition, we identified a peculiar defect in the formation of *central memory and stem-like* T cell populations that impart long-lived protection. This impairment in long-lived immunity was linked to a striking deficiency in the master regulator of T cell plasticity, TCF-1, which was confirmed in an independent cohort. This is important because TCF-1+ T cells sustain both vaccine immunity and graft-versus-host disease (GvHD) and TCF-1 may therefore represent a biomarker of infection versus GvHD risk.



Targeting premature ageing of the immune system in dialysis and transplant recipients

Researchers: D Pratt (PhD candidate), G Perkins, L Paparella, M Tunbridge, PT Coates

Vaccine responses are reduced in dialysis patients. As a result, many vaccines are less effective, but getting vaccinated remains essential since they are more likely to experience severe illness.

This project will comprehensively evaluate features of immunosenescence and “inflammageing” in dialysis patients and healthy controls, and their association with vaccine response, with the aim of testing the mTOR inhibitor rapamycin as an “anti-ageing” intervention to improve vaccine efficacy in this vulnerable group.



Development and validation of in-vitro biomarkers to assess insect allergy and venom immunotherapy

Researchers: S Mhatre, G Perkins, A Le, T Wanandy, T Coates, P Hissaria

This research was aimed at development and validation of in-vitro biomarkers to assess insect venom allergy and monitor Venom immunotherapy (VIT). Although VIT is the only effective treatment strategy known to prevent anaphylaxis in patients with a history of insect venom allergy, there is no reliable biomarker validated so far which can predict outcome of the treatment and determine its duration. The validation of a potential biomarker will help clinicians to determine the efficacy of treatment without exposing patients to a risky sting challenge, the only gold standard used at present to determine the success of VIT. As a part of this project, we aimed to develop mast cell activation assay (MAT) to assess the insect venom allergic patients undergoing VIT. A proteomic study was also done to investigate serum-based biomarkers associated with VIT.



Systematic review: A systematic review was conducted on 'utility of BAT in evaluation of efficacy of venom immunotherapy determined by sting challenge'. Due to the high risk of bias (RoB) and heterogeneity in reporting BAT outcome across the studies, meta-analysis was not performed. Hence, synthesis without meta-analysis (SWiM) guidelines were followed to synthesize and report the data. The analysis revealed that BAT can be useful to assess long-term VIT (>12 months) as the basophil reactivity aligned with the clinical reactivity of the patients undergoing VIT. BAT also demonstrated a high negative predictive value, suggesting potential utility in accurately identifying individuals who are unlikely to experience systemic reactions. However, the limited number of studies, inconsistent reporting and methodological variability prevented any firm conclusion from being drawn. Additional well designed and standardised studies are needed to determine the clinical value of BAT in VIT monitoring.

Establishment of mast cell culture from peripheral blood derived CD34+ progenitors and development of MAT: As a part of this research, we have successfully established a mast cell culture from peripheral blood derived CD34+ pluripotent cells in serum-free media. The mast cells generated after five weeks of culture demonstrated a potential to be used in the development of MAT assay. The MAT assay was used to analyse previously stored pre and post VIT serum samples from the JUMPVAX trial, a randomized placebo control trial which assessed the efficacy of jack jumper ant venom immunotherapy (JJA VIT). The results revealed that MAT can be helpful in identifying the reactors as higher mast cell activation was observed in case of reactors both pre and post VIT when compared to non-reactors. The analysis also revealed that the test can also be helpful in the assessment of BAT non-responders.

Proteomic analysis to investigate biomarkers associated with VIT: This analysis was done at Flinders proteomic facility in collaboration with Prof. Tim Chataway. The proteomic analysis conducted in this study evaluated serum protein changes associated with venom immunotherapy (VIT) in a cohort of 21 patients, integrating differential expression, missing protein assessment, pathway enrichment and correlation analyses. Ten proteins showing consistent modulation post VIT were identified, spanning complement activation (C4B, C8B, CFH), extracellular matrix organisation (ITIH1, ITIH2, ITIH3, vasorin, F13A1) and innate inflammatory pathways (PPBP, serglycin). Although these proteins mapped to biologically relevant pathways linked to immune regulation and tissue remodelling, none demonstrated statistically significant associations with clinical responsiveness or effector cell desensitisation as measured by BAT or MAT. The overall pattern suggests that VIT induces coordinated, system level immunological adjustments rather than producing a discrete proteomic biomarker of treatment outcome. Larger, longitudinally sampled cohorts will be required to validate these pathway level signatures and determine their potential relevance as biomarkers of VIT efficacy.

Awards and Scholarships:

1. The scholarship for pursuing this research as a part of M.Phil by research is funded by National Allergy Centre of Excellence (NACE). This project is also partly funded by HSCGB grant.
2. 2025 Faculty of Health and Medical Sciences HDR Travel Awards (**\$3,322.40**)

Investigating the immunostimulatory properties of human DNA

Researchers: P Hurtado and C Peh

This research, in collaboration with Prof Chen Au Peh, focuses on understanding how the immune system becomes dysregulated in diseases such as autoimmune disorders, severe infections, and cancer. While the immune system is essential for protecting us, inappropriate or excessive activation can lead to significant tissue damage, particularly in the kidneys. Aims are to uncover the biological mechanisms behind these processes and translate this knowledge into improved diagnosis and new therapeutic strategies.

A central component of this research examines fragments of our own DNA that circulate in the bloodstream, known as cell-free DNA. In diseases such as lupus, the immune system mistakenly reacts to this self-DNA. We have identified previously unrecognised characteristics of circulating DNA that may help explain how this abnormal immune activation occurs. These findings, currently under review for publication, may contribute to earlier detection of disease activity and more targeted treatment approaches.

In partnership with Prof David Torpy (Department of Endocrinology) and A/Prof. Richard Young, this work is investigating the therapeutic potential of intravenous administration of cortisol-binding globulin (CBG) in the treatment of septic shock and other systemic inflammatory conditions. The findings demonstrate a striking therapeutic benefit in an established animal model of septic shock. This work has been submitted for publication and may open new avenues for modulating glucocorticoid bioavailability during severe inflammatory states.

Overall, this research programme seeks to better understand how immune responses are regulated.



Preclinical evaluation of GAD65-specific chimeric antigen receptor T regulatory cells (CAR Tregs) for the prevention of type 1 diabetes

Researchers: D Penko, J Scaffidi, T Sadlon, V Bandara, C Drogemuller and T Coates

At present there is no cure for type 1 diabetes (T1D). Standard treatment is lifelong administration of exogenous insulin. While effective at lowering blood glucose levels, and delaying the onset of secondary diabetic complications, like nephropathy, it does not prevent the autoimmune destruction of the pancreatic islet beta-cells. Whole pancreas and islet transplantation are promising options, as they restore endogenous insulin secretion but are limited due to donor shortages, lifelong treatment with immunosuppressive drugs, and organ rejection. Therefore, novel interventions are required which prevent the development and progression of the disease.

Regulatory T cells (Tregs) are a subset of CD4+ T lymphocytes, responsible for maintaining immune tolerance to self. Chimeric Antigen Receptor (CAR) technology has enabled the engineering of Tregs to recognise target islet-autoantigens, creating CAR Tregs. Ms Jacqueline Scaffidi, a prior PhD student of the lab has successfully manufactured CAR Tregs from T1D patients' Tregs and demonstrated their suppressive capability in vitro.

Building on this previous work, this project will evaluate the functionality of these cells in vivo, their ability to traffic to the pancreas and suppress autoimmune inflammation and beta-cell destruction in a mouse model of T1D.



ANZDATA CNARTS

The Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) collects and reports the incidence, prevalence, and outcome of dialysis treatment and kidney transplantation for patients with kidney failure across Australia and New Zealand.



The mission of the registry is to improve the quality of care and outcomes for people with kidney failure in Australia and New Zealand by:

- Collecting and analysing accurate and comprehensive data from all patients receiving long-term dialysis or kidney transplantation in Australia and New Zealand,
- Producing and disseminating reports,
- Informing the development of practice, policy, and health services,
- Working with stakeholders to improve the understanding of kidney disease and outcomes of treatment.

The ANZDATA Registry encourages and enables the highest quality of care for people in Australia and New Zealand with kidney failure by providing information that is complete, accurate, clear, relevant, readily available, and timely.

The following information pertains to current research, publications, projects, events, conferences, and talks presented by ANZDATA staff and its affiliates.

Research staff

Prof Stephen McDonald (Director of Strategy and Policy)

A/Prof Phil Clayton (Technical Director)

Dr Georgina Irish (Director of Projects and Analytics)

Ms Kelly Marshall (Registry General Manager)

Dr Chris Davies (Analytics and Reporting Lead; Lead Biostatistician)

Ms Feruza Kholmurodova (Biostatistician)

Dr Dominic Keuskamp (Post-Doctoral Research Fellow)

Ms Matilda D'Antoine (Patient Engagement Project Officer)

Ms Lavern Greenham (Communications and Compliance Lead; Project Officer)

Ms Katie Cundale (Equity, Access, and Research Lead; National Indigenous Kidney Transplantation Taskforce Program Director)

Alexa Dinant (Data Intake Lead; Project Manager)

Ms Kelli Owen (NIKTT– Consumer Engagement Coordinator)

Dr Samantha Bateman (PhD candidate)

Madison Cachagee (Project Officer)

Dr Alison Weightman (PhD candidate)

Ms Annie Conway (Data Scientist / Biostatistician)

Dr Dana Forcey (ANZDATA/ANZSN Clinical Epidemiology Fellow)

Dana Alhuzaimi (Clinical Research Coordinator SWIFT)

Ms Isabelle Haklar (Senior Project Officer)

Dr Lachlan McMichael (PhD candidate)

Alexandra Picorelli (Research Assistant)

Prof Shilpa Jesudason (Investigator)



Key Achievements in 2025

Launch of ANZORRG

2025 marked an important milestone with the introduction of the Australia and New Zealand Organ Replacement Therapies Registry Group (ANZORRG). For almost five decades, ANZDATA has been a trusted source of high-quality data supporting improvements in dialysis and kidney transplant care. Over time, this capability has expanded to support a broader suite of organ replacement and donation registries.

The ANZORRG identity provides a clearer description of the operational group underpinning these registries, bringing together shared expertise in data collection, analysis and reporting. This alignment has strengthened consistency across registries while preserving the clinical focus, governance and identity of individual registries. A new [ANZORRG website](#) was launched in 2025 to provide a single-entry point to registries and shared capabilities.

ANZDATA Special Report Series

The *ANZSN/ANZDATA Special Report: Unit Survey 2024*, released in 2025. It provided a detailed binational overview of workforce capacity and haemodialysis service constraints across Australia and Aotearoa New Zealand.

The report identified significant staffing variation, limited haemodialysis capacity, and widespread implementation of service restrictions in response to infrastructure and funding pressures. Its release generated strong clinical and media engagement, supporting advocacy for workforce and infrastructure investment.

[Access the Special Report, accompanying infographic, and ANZDATA/ANZSN commentary](#)

Development of the KiWI (Kidney Waitlist Index) Score

Using data from the ANZDATA, Dr Phil Clayton and Dr Georgina Irish, Executives of ANZDATA and Transplant Epidemiology Group (TrEG) worked with New Zealand Transplant Nephrologist Professor Helen Pilmore to develop the Kidney Waitlist Index (KiWI) score to improve equity and transparency in kidney transplant waitlisting in Aotearoa New Zealand.

The score was rigorously derived, validated and tested in a New Zealand population and a clinical app was created to support its use in practice. This score has significantly improved performance compared to the New Zealand Survival Score and is now being used as a key tool for transplant suitability in Aotearoa New Zealand. [View the KiWI score](#)

Australia Day Honours

Each year the Australia Day Honours list recognises and celebrates individuals who have made a significant contribution through sustained service, leadership and impact.

Professor Stephen McDonald was appointed a Member of the Order of Australia in recognition of his service to kidney medicine as a clinician, researcher and administrator. Wearing many hats across clinical care, research and health system leadership, his long-standing contribution to ANZDATA has been particularly influential. Beginning his involvement as the Registry's inaugural Clinical Epidemiology Fellow, he went on to lead ANZDATA as Executive Officer, shaping its evolution into a trusted national and international clinical quality registry. Under his leadership, ANZDATA evidence has informed policy, improved access to dialysis and transplantation, and strengthened equity of care, particularly for Aboriginal and Torres Strait Islander peoples and those living in regional and remote communities.



National CQR Capacity Building Grant: PROMs Module Development

In 2025, ANZDATA secured funding through the National Clinical Quality Registries Program to develop and pilot a Patient-Reported Outcome Measures (PROMs) module. Stakeholder consultations identified priority PROMs, collection frequency and reporting formats. The module has been developed and tested and will be piloted in kidney units in 2026. Feedback from this pilot will inform refinements before the module becomes a standard component of ANZDATA reporting, strengthening patient-centred care and enhancing the value of registry data for clinical decision-making.

ANZDATA research projects 2025

Pregnancy and Kidney Research Australia (PKRA)

Lead: Prof Shilpa Jesudason

Researchers: E Hewawasam, N Tangirala, C Davies, S McDonald, A Orsillo, S Jahan, A Jain

Consumer engagement support: J Mazis, M D'Antoine

Parenthood advisory group members: J Boag, C Green, L Heffernan, B Huuskes, C Maistry, K Owen, A Tolic, A Williamson, A Sluiter, E Newman, S Davies.

pkra.com.au



Funded by: The Hospital Research Foundation (THRF) Women's Health Grant 2021–24; Kidney Transplant Diabetes Research Australia Project Grant 2023–25; THRF / HTSA MRFF Catalyst Grant 2024–25; BEATCKD CRE=PACT NHMRC CRE Grant 2021–25.

Pregnancy Kidney Research Australia (PKRA) continues to bring consumers and researchers together from across Australia and internationally to advance patient-centred research in women's health particularly pregnancy planning and care for people living with kidney disease. Our program maintains a strong focus on mixed-methods research, with consumer co-design and collaboration embedded throughout all stages of the research process.

In 2025, PKRA has sustained momentum across a broad portfolio of research and consumer engagement activities. Several major studies were published in 2025, including work examining long-term outcomes for children born to women with kidney transplants, labour and delivery outcomes in transplant recipients, pregnancy outcomes in early kidney disease, outcomes for women commencing dialysis or receiving a transplant in the postpartum period, and an international cohort study on commencement of dialysis during pregnancy. Ongoing projects underway include research on tacrolimus monitoring during pregnancy, prenatal genetic diagnosis and IVF for women with kidney disease, menopause and reproductive health experiences in women receiving peritoneal dialysis, perspectives of nephrologists on managing reproductive health issues, experiences of early career trainees and nephrologists on obstetric nephrology training.

Consumer-led initiatives remained a central strength of PKRA's work in 2025. Consumers actively contributed to the development of practical resources to support clinical care and shared decision-making, including pregnancy planning checklists and the ongoing '10 Things We Would Like to Have Told Our Nephrologist' project and the establishment of an online peer support community in collaboration with Kidney Health Australia.

PKRA's online presence and community engagement activities continued throughout 2025, with ongoing management of the 'Parenthood with Kidney Disease Facebook' group and further development of website content, including the Kidney Mum's Toolkit set to launch in 2026. PKRA members also contributed to national and international nephrology forums, with strong visibility of pregnancy and kidney disease research and consumer perspectives at major conferences and workshops.

Prof Shilpa Jesudason also continued to lead the International Society of Nephrology "Train the trainer" program for Pregnancy and Kidney disease. Now in its second cohort, this program brings together 30 faculty members and trainers from over 20 countries to develop educational resources and grow the field of pregnancy and women's health in kidney disease.

theisn.org/initiatives/toolkits/pregnancy-and-kidney-disease/

The **ANZDATA Parenthood Working Group**, established in 2023, reviews registry data capture for parenthood, promotes utilisation and community awareness, assists in report development, and presents research findings at meetings. Click for more details – anzdata.org.au/anzdata/about/working-groups/parenthood-working-group/

Together, these activities reflect PKRA's continued commitment to empowering people living with kidney disease, strengthening clinician–consumer partnerships, and translating research into meaningful, real-world impact for individuals and families.

Data linkage projects

Lead: Prof Stephen McDonald

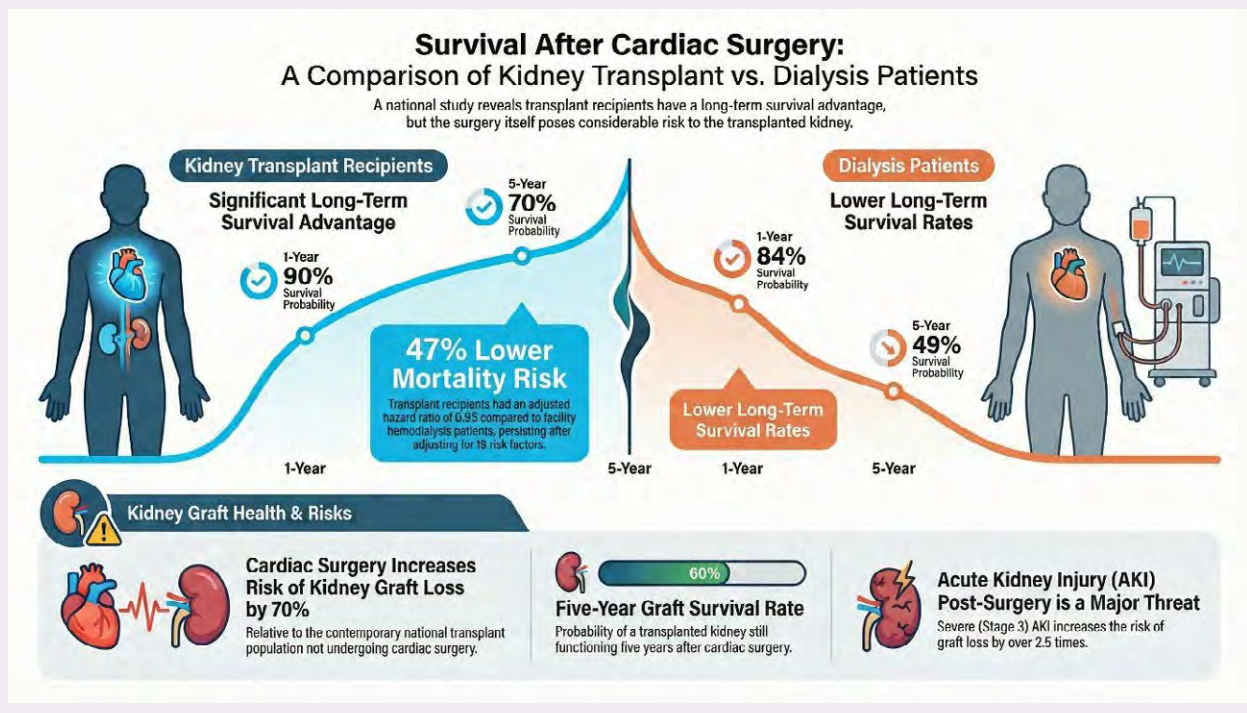
Researchers: C Davies, K Dansie, D Keuskamp, P Clayton, A Conway

Cardiac Surgery Registry

In 2022, a national linked dataset was created between ANZDATA and the Australian and New Zealand Society of Cardiac & Thoracic Surgeons Database (ANZSCTS), which collects data on most cardiac surgical procedures. Key research aims include quantifying (1) the risk of developing kidney failure (treated with KRT) after cardiac surgery, and (2) the risks of cardiac surgery for KRT patients. Analyses were published in 2024 and 2025 establishing (a) KRT patients experienced higher rates of cardiac surgery and worse post-surgical outcomes than the non-KRT population,, (b) there was a survival advantage over the longer term for patients with prior kidney transplantation, (c) kidney transplant patients undergoing cardiac surgery were at higher risk of graft loss than the contemporary population. Further analyses have looked at the risk of developing treated kidney failure after cardiac surgery for general surgery cohorts.

Recent publications include:

- Keuskamp D, Davies CE, Baker RA, et al. National outcomes of cardiac surgery in patients receiving kidney replacement therapy. Ann Thorac Surg 2025;119(3):670-676. doi:10.1016/j.athoracsur.2024.09.048
- Keuskamp D, Davies CE, Baker RA, et al. The incidence of cardiac surgery in adults with treated kidney failure in Australia: a retrospective cohort study. Aust Health Rev 2025;49 doi:10.1071/ah24188
- Keuskamp D, Davies CE, Baker RA, et al. Long-term cardiac surgery outcomes in patients receiving dialysis and with previous kidney transplantation: a national registries analysis. JTCVS Open 2025:101535. doi:https://doi.org/10.1016/j.xjjon.2025.11.019



Intensive Care Registry

In 2022 a national linked dataset was created between ANZDATA and the Australian & New Zealand Intensive Care Society Adult Patient Database, which collects data from over 90% of Intensive Care Units (ICUs). Key research aims include quantifying the incidence, cause, and duration of ICU admission for KRT patients. Analyses were published in 2025 reporting that Australian KRT patients experienced higher rates of ICU admission than the non-KRT population, particularly for non-surgical diagnoses. Further analyses will look at quantifying short- and long-term outcomes following ICU admission for KRT patients.

Intensive Care Units

In 2023 a linked dataset was created between ANZDATA, South Australian and Northern Territory Intensive Care Units, inpatient hospitalisation, and deaths data. Analyses in 2026 will look at longer-term outcomes of ICU admission and enable quantification of the risk for any critical care patient of developing kidney failure.

Recent publications include:

- Keuskamp D, Davies CE, Secombe PJ, et al. Intensive care admissions for adults with treated kidney failure in Australia: A national retrospective cohort study. *Crit Care Resusc.* Mar 2025;27(1):100099. doi:10.1016/j.ccrj.2025.100099

Sharesource (Vantive) APD

The Vantive (formerly Baxter) "Claria" APD device collects individual treatment characteristics for each peritoneal dialysis session into a database – "Sharesource". This project links the Sharesource database with the ANZDATA registry. Data from the Sharesource database can help us get a clearer picture of the nightly experiences of patients, and how they relate to various outcomes. In 2025, we published research in *Peritoneal Dialysis International* demonstrating that higher frequencies of machine alerts in the first 30 days of therapy were associated with increased risk of treatment discontinuation within the first year. This study is the first peer-reviewed research to utilise Vantive's Sharesource database.



The Baxter "Claria" APD device

SWIFT – Symptom Monitoring With Feedback Trial (SWIFT) – Patient reported outcome measures (PROMS) in Australia & New Zealand kidney dialysis units and the ANZDATA Registry

Lead: Prof Rachael Morton (Chief Investigator- University of Sydney)

Researchers: S McDonald (clinical lead), P Bennett, B Smyth, A Viecelli, C Brown, F Caskey, C Couchoud, D Alhuzaimi, P Nassikkar, J Nikolovski

The Symptom monitoring With Feedback Trial (SWIFT) is a novel two-arm cluster randomised controlled trial testing the hypothesis that 3-monthly symptom monitoring using the IPOS-Renal questionnaire with feedback to clinicians and patients, improves quality of life and overall survival for patients receiving haemodialysis. This trial is conducted in collaboration with the ANZDATA registry in Adelaide and the NHMRC Clinical Trials Centre, University of Sydney. [Click here for more information.](#)

In 2025, SWIFT completed recruitment of >2,400 participants across 92 centres in four Australian states (NSW, VIC, QLD and SA). Participants are now in follow up with a study end date of July 2026, and final results expected at the end of the year.

In November 2025, Prof. Rachael Morton presented at the ACTA Clinical Trials and Registries Symposium in Melbourne, Australia. Title: “SWIFTly Driving Change In Participant and Centre Diversity and Inclusivity”.

Preliminary analysis of symptom scores and quality of life at baseline is underway. These results will be presented by Prof. Stephen McDonald at the World Congress of Nephrology (WCN 26) in Yokohama, Japan, March 2026.



SWIFT Research Coordinator Dana Alhuzaimi (Left), Nurse Unit Manager Amelia Flowers (Middle), Associate Nurse Unit Manager Luena May Gurney (Right) at Epworth Eastern Dialysis Unit in Melbourne.

Better Evidence and Translation – Chronic Kidney Disease

Researchers: S Jesudason, S McDonald, S Bateman, G Irish, J Mazis

Better Evidence and Translation – Chronic Kidney Disease (**BEAT-CKD**) is a collaborative research network dedicated to enhancing the quality of life for individuals affected by chronic kidney disease. Our primary objective is to generate robust and reliable research evidence that empowers patients, healthcare professionals, and policymakers to make well-informed decisions regarding healthcare.



BEAT-CKD was initially founded with generous funding from the NHMRC Program Grant (APP1092957) and currently provides support to four research and translation organisations throughout Australia including Australia and New Zealand Dialysis and Transplant Registry.

The objectives of BEAT-CKD are to:

- Identify promising interventions that address health outcomes of high priority to patients, caregivers, health professionals, and policymakers.
- Provide robust evidence about these interventions.
- Identify and evaluate strategies to deliver these interventions in diverse clinical settings.

Throughout 2025, BEAT-CKD continued its program of education and engagement activities, including [Kidney Bites sessions](#), research methods training, online seminars, and consumer- and researcher-led forums, supporting capacity building and meaningful consumer involvement in CKD research.

In November 2025, BEAT-CKD held its annual End-of-Year Workshop and Forum, bringing together patients, caregivers, clinicians, researchers, and industry representatives to explore how patient-centred research can inform equitable kidney health policy and future research priorities.



BEAT-CKD End of Year Forum attendees at Flinders University City Campus

National Indigenous Kidney Transplantation Taskforce (NIKTT)

Leads: S McDonald, J Hughes

Researchers: K Owen, K Cundale, M D'Antoine, I Haklar, M Cachagee

In 2025, the National Indigenous Kidney Transplantation Taskforce (NIKTT) continued its mission to improve access to kidney transplantation for Aboriginal and Torres Strait Islander peoples.



A major milestone in 2025 was the launch of the [Data Equity Dashboard](#), designed to support monitoring of equity across kidney care and transplantation and to track progress toward closing gaps in access and outcomes. While consultations and refinements are ongoing, the dashboard has already attracted significant interest. Early feedback suggests it will be a valuable tool to help services and stakeholders identify barriers to waitlisting and transplantation, support local quality improvement efforts, strengthen advocacy for equitable access, and inform resource mobilisation.

NIKTT also delivered the Transplantation Equity Gathering on Kurna Yarta in early 2025, convening more than 120 participants including Aboriginal and Torres Strait Islander patients, carers and health workers, alongside non-Indigenous clinicians, advocates, researchers, and policymakers. A key outcome of the Gathering was the co-creation of the [2025 Position Statement](#), outlining a shared commitment and collective priorities for advancing transplantation equity. The full Gathering report is available on the [NIKTT website](#).

Throughout the year, NIKTT sustained active engagement with ministers, the Commonwealth Department of Health, and state and territory stakeholders, advocating for ongoing funding and national implementation of its recommendations and the National Strategy for Organ Donation, Retrieval and Transplantation. Collaboration and knowledge-sharing with external partners further strengthened NIKTT's role as a national leader in improving access to kidney transplantation for Aboriginal and Torres Strait Islander peoples.



NIKTT Equity Gathering 2025



NIKTT Equity Gathering Artwork (Artist Cedric Varcoe)

Connecting Our Mob: Patient navigators As Sustainable Supports (COMPASS Project)

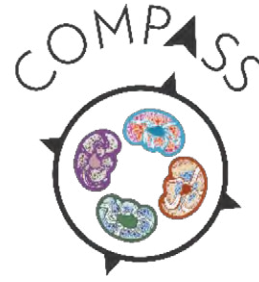
Lead: K Owen

Researchers: C Algy, S Bateman, M D'Antoine, I Brown, D Croker, K Cundale, G Gorham, H Hall, P Henwood, K Herman, I Haklar, J Kelly, W Majoni, M Misener, K O'Donnell, L Ross, R Lester, K Tyrell, N Wilkshire, S Jesudason, S McDonald.

The COMPASS (Connecting Our Mob: Patient navigators As Sustainable Supports) project concluded in June 2025. This project aimed to improve access to transplantation wait listing for Aboriginal and Torres Strait Islander people living with chronic kidney disease and kidney failure. The program employed Patient Navigators, Aboriginal and/or Torres Strait Islander people with lived experience of kidney disease to support patients from South Australia and the Northern Territory through the complex transplant system.

The project demonstrated the value of Patient Navigators from multiple perspectives: patients reported feeling more supported and better able to navigate care; clinicians noted improvements in cultural safety and communication; and health service staff observed enhanced appointment attendance and greater understanding of care pathways. It also identified key enablers and barriers to implementing these roles effectively.

Findings and ongoing evaluation informed business cases at participating sites, securing continued funding for Patient Navigator positions beyond the project's duration, including at the Royal Adelaide Hospital, South Australia's leading kidney transplantation unit. The project's outputs, recommendations, and insights for specialist health services are detailed in the [Final Project Report](#) and were recently published in [First Nations Health and Wellbeing – The Lowitja Journal](#).



Royal Adelaide Hospital Patient Navigators

Consumer-prioritised Quality Indicator Outcomes in Kidney Failure Care Survey

Lead: S McDonald

Researchers: E Duncanson, N Gray, C Davies, S Muthuramalingam, E Johns, Z Tasevski, K McColm

In 2025, researchers at ANZDATA undertook a thematic analysis of the responses to an online consumer survey to better understand the views of people with lived experience of kidney disease, regarding quality indicators in kidney failure care. The analysis focused on how participants defined good quality care, and which outcomes are important to assess quality. The results of this thematic analysis will be used to improve the ANZDATA quality indicator reports.

ANZDATA Consumer Advisory Panel

The ANZDATA Consumer Advisory Panel (CAP) had a productive year in 2025. The Panel continues to play a crucial role in providing consumer-centred advice to the ANZDATA Executive team on registry priorities, outcomes, data collection, and research activities.

In 2025, Paolo Cardelli was appointed Chair, working alongside Deputy Chair Luca Torrisi. Together, they led a year of consolidation and growth for the Panel. Key areas of focus included a comprehensive review of the CAP Terms of Reference, strengthening governance and clarity of purpose, and continued input into consumer-focused infographics and communications to improve accessibility and understanding of registry information.

The Panel contributed to refining the consumer requests process, ensuring clearer pathways for consumer input and engagement with ANZDATA activities. Recruitment was also a priority in 2025, with three new consumer members appointed, broadening the diversity of perspectives represented within the Panel.

There were changes within the ANZDATA Consumer Engagement team during the year. Jasmin Mazis stepped down from the Patient Engagement Officer role, and the Panel welcomed Matilda D'Antoine as the new Patient Engagement Officer, who now supports the work of the CAP and ongoing consumer engagement initiatives.

CAP members continued to provide input beyond scheduled meetings, including contributing feedback to ANZDATA staff and projects as required. The Panel also played an important role in the review of the former ANZDATA website and provided targeted input into the consumer-facing pages of the new ANZORRG website, which was launched in 2025. This work ensured that consumer information remained clear, relevant, and accessible.

Overall, 2025 was a productive year marked by leadership transition, strengthened governance, expanded membership, and meaningful contributions to consumer communications and digital resources, reinforcing the central role of consumer voices within ANZDATA.

TrEG

Director: A/ Prof Philip Clayton

Executive Directors: Dr Georgina Irish and Dr Lachlan McMichael

The Transplant Epidemiology Group (TrEG) is a multidisciplinary research collaborative dedicated to improving outcomes, equity, and decision-making in organ transplantation through high-quality epidemiological and registry-based research. In 2025, TrEG consolidated its position as a leading registry-based research group across Australia and New Zealand, delivering research with clear and measurable clinical and policy impact.



A major milestone for the group was Dr Georgina Irish being awarded her PhD, recognised with a Dean's Commendation. Other key highlights included national policy impact through contributions to kidney allocation reform in Australia, and the development and implementation of clinical risk tools to support real-world decision-making, including the KFRE and KiWI scores. These achievements were complemented by multiple high-impact publications and prestigious awards, underscoring TrEG's growing influence in the transplantation research landscape.

TrEG Highlights from 2025

1. National Policy Impact: Kidney Allocation Reform

In 2025, TrEG contributed directly to national kidney allocation reform in Australia through the leadership of Associate Professor Philip Clayton, who led the statistical remodelling of the deceased donor kidney allocation algorithm with the RTAC Statistics Working Group (TSANZ). This work underpinned the revised Australian Deceased Donor Kidney Allocation Framework, providing the quantitative evidence to inform major changes in national transplant policy and allocation practice.

2. Risk Scores and Apps: Enabling Data-Driven Decision Making

A major pillar of TrEG's work is the development and implementation of risk prediction tools that support shared decision-making and equitable access to transplantation. These tools leverage large registry datasets and advanced statistical methods to provide individualised estimates of risk and benefit. In 2025 we deployed to risk scores to change clinical practice

A. Kidney Failure Risk Equation (KFRE) App treg.shinyapps.io/kfre/



TrEG has led the development of a publicly accessible web-based application implementing the Kidney Failure Risk Equation (KFRE).

The KFRE is a validated prediction model used to estimate the risk of progression to kidney failure in individuals with chronic kidney disease (CKD). TrEG's KFRE app enables clinicians to input routinely available clinical parameters and generate personalised risk estimates of progression to end-stage kidney disease at 2 and 5 years. By translating a complex statistical model into an intuitive, clinician-friendly interface, TrEG has facilitated the real-world adoption of risk-based decision-making in nephrology practice across Australia and New Zealand.

B. The Kidney Waiting List Index (KiWI) treg.shinyapps.io/kiwi/



One of TrEG's most significant contributions to transplant policy is the development and validation of the Kidney Waiting List Index (KiWI), a new national risk score for access to kidney transplantation in Aotearoa New Zealand. In New Zealand, since February 2013, a risk score has been used to determine eligibility for the deceased donor kidney transplant waiting list. Approaching the 10-year anniversary of the original score's implementation, TrEG Irish in collaboration with Dr Helen Pilmore undertook a comprehensive evaluation of the existing score and developed the Kidney Waiting List Index (KiWI). The KiWI score is a more parsimonious, locally derived prediction model based on New Zealand registry data, designed to estimate post-transplant survival in a transparent and equitable manner.

The KiWI score has now been formally adopted across New Zealand as the national tool to determine eligibility for entry to the kidney transplant waiting list. This represents a rare example of registry-based research directly driving national policy change. The KiWI project exemplifies TrEG's commitment to equity-focused, evidence-based decision-making and highlights the group's capacity to translate epidemiological research into impact.

3. Understanding System Policy Settings & Impact on Access to Kidney Transplantation

TrEG has continued to progress projects understanding the impact of system settings and policies on access to kidney transplantation.

A. Comparing access to kidney transplantation across national borders

TrEG continues to investigate the impacts of national policy settings on access to kidney transplantation through collaborative work with colleagues in the United Kingdom and the United States of America.

Dr McMichael presented the outcomes of his work with the United Kingdom Renal Registry (UKRR) at the 2025 European Renal Association Congress and the 2025 Transplant Society of Australia & New Zealand Annual Scientific Meeting. He has identified variations in system practices between the United Kingdom and Australia that influence patient flow within the kidney transplant system.

B. Understanding access to living donor kidney transplantation in Australia & New Zealand

TrEG has sought to compare access to living donor kidney transplantation in Australia and New Zealand. Access to living donor kidney transplantation has been declining in Australia over the past decade and previous studies have identified variation across geographical regions in both countries in which patients are waitlisted for deceased donor and living donor kidney transplantation.

Dr McMichael has presented findings of this work at the 2025 Transplant Society of Australia & New Zealand Annual Scientific Meeting and the 2025 World Transplant Congress. This work highlighted that access to living donor kidney transplantation differs across transplant referral regions. This research will help to drive further analysis to understand the factors contributing to higher and lower performance between referral regions which may help to increase access and improve equity in living donor kidney transplantation.

Summary and Future Directions

The Transplant Epidemiology Group represents a leading example of how registry science can drive real-world improvements in healthcare. Through its integrated program of risk prediction, donor and recipient outcome research, and policy-focused analytics, TrEG has directly influenced clinical guidelines, national transplant eligibility criteria, and patient decision-making tools. The successful implementation of the KFRE and KiWI apps demonstrates TrEG's unique ability to bridge methodological rigor with practical clinical application. Future directions include further development of personalised decision aids, simulation modelling of allocation policies, and expanded international collaborations to improve equity and efficiency in organ transplantation.



For more information, visit tregaustrialia.org.au
or follow TrEG on Bluesky [@tregaustrialia.bsky.social](https://bsky.app/profile/tregaustrialia.bsky.social)

CNARTS Clinical Trials Unit

The Central Northern Adelaide Renal and Transplantation Service (CNARTS) Clinical Trials Unit recruits for and coordinates clinical trials in patients with Chronic Kidney Disease (CKD), receiving renal replacement therapies and renal transplants across metropolitan and country areas of South Australia and Northern Territory.

Medications that are standard of care for kidney patients were trialed for the first time in the CNARTS Clinical Trials Unit, thereby bringing new treatments directly to our patients. These medications include Tacrolimus, Everolimus and Myfortic for kidney transplant patients; Erythropoiesis-stimulating agents and Difelikefalin for patients receiving haemodialysis and peritoneal dialysis, and Tolvaptan for patients with Polycystic Kidney Disease.

We conduct clinical trials in collaboration with the Royal Adelaide Hospital (RAH) Vascular Surgery, RAH Oncology Clinical Trials, Women's and Children's Hospital, SA Pathology, Red Cross Tissue Typing Laboratory, the Islet Transplant team, Australasian Kidney Trials Network (AKTN), Australian Teletrial Program and The University of Manitoba.

During 2025, CNARTS researchers and patients have been involved in over thirty clinical trials. With encouraging results, patients enrolled in several of our studies were offered the opportunity to receive open label medication in open label extension studies.

In 2026 we will be trialling new compounds and treatments in IgA Nephropathy, Focal Segmental Glomerulosclerosis, Systemic Lupus Erythematosus, Vasculitis, CKD, the prevention of Acute Kidney injury in CKD patients undergoing cardiothoracic surgery and the prevention of delayed graft function in kidney transplant recipients.

Project staff

Karen Fischer (Clinical Trials Assistant)
 Jing Zhang (Registered Nurse/Clinical Trials)
 Bronwyn Hockley (Nursing Unit Manager)
 Krystal Skinner (Clinical Trial Coordinator)
 Meg Hockley (Assoc. Nursing Unit Manager)



Clinical trials

1. **AT-1501-K102:** A Phase 1b, Multicenter, Open-Label Study to Evaluate the Safety, Pharmacokinetics and Efficacy of AT-1501 in Patients Undergoing Kidney Transplant.
Sponsor: Eledon **PI:** Prof Toby Coates
2. **AT-1501-K207 BESTOW:** A Phase 2, Multicenter, Randomized, Open- Label Study to Evaluate the Safety and Efficacy of Tegoprubart in Patients Undergoing Kidney Transplantation.
Sponsor: Eledon **PI:** Dr Michael Collins
3. **AT-1501-K209 BESTOW-EXTENSION:** A Phase 2, Multicenter, Open-Label Extension Study to Evaluate the Long term Safety and Efficacy of Tegoprubart in Kidney Transplant Recipients.
Sponsor: Eledon **PI:** Dr Michael Collins
4. **ARGX-117-2201:** A Phase 2, Multicenter, Randomized, Double-Blinded, Placebo-Controlled Study to Assess the Safety, Efficacy, and Tolerability of ARGX-117 in Improving Allograft Function in Recipients of a Deceased Donor Renal Allograft at Risk for Delayed Graft Function (VARVARA).
Sponsor: argenx BV **PI:** Dr Michael Collins
5. **ALXN1210-DGF-321:** A Phase 3, Double-blind, Randomized, Placebo-controlled, Multicenter Study to Evaluate the Efficacy and Safety of Ravulizumab Administered Intravenously in Adult Participants at High Risk of Delayed Graft Function after Kidney Transplantation (AWAKE).
Sponsor: Alexion **PI:** Dr Michael Collins
6. **CARSK study:** Canadian-Australian Randomised Trial of Screening Kidney Transplant Candidates for Coronary Artery Disease.
carsk.org
Sponsor: The University of Sydney **PI:** Dr Philip Clayton
7. **IM103-392:** A phase II, single arm multicentre trial of thymoglobulin, belatacept and sirolimus in pancreatic islet transplant recipients.
Sponsor: The University of Sydney **PI:** Prof Toby Coates
8. **INCEPTR BTM:** Intra-cutaneous ectopic pancreas' - A prospective evaluation of a novel treatment for Type I Diabetes Mellitus employing deceased donor islets implanted into modified, preintegrated Biodegradable Temporising Matrix (BTM) dermal replacement.
Sponsor: Beta Cell Technologies Pty. Ltd. **PI:** Prof Toby Coates
9. **219900 (RSV OA=ADJ-023):** A Phase 2b, randomized, controlled, open-label study to evaluate the immune response and safety of the RSVPreF3 OA investigational vaccine in adults (≥18 years of age) when administered to lung and renal transplant recipients comparing 1 versus 2 doses and compared to healthy controls (≥50 years of age) receiving 1 dose.
Sponsor: GlaxoSmithKline Biologicals S.A. **PI:** Prof Toby Coates

CKD/Glomerulonephritis trials

10. **CLNP023A2301:** A multi-center, randomised, double-blind, placebo controlled, parallel group, phase III study to evaluate the efficacy and safety of LNP023 in primary IgA nephropathy patients.
Sponsor: Novartis **PI:** Dr Chii Yeap
11. **CLNP023A2002B:** A multicenter rollover extension program (REP) to evaluate the long-term safety and tolerability of open label iptacopan in adult participants with primary IgA nephropathy who have completed study CLNP023X2203 or CLNP023A2301.
Sponsor: Novartis **PI:** Dr Chii Yeap
12. **CLNP023R12201:** A randomized, controlled study to evaluate LNP023 (iptacopan) in patients with active ANCA-associated vasculitis.
Sponsor: Novartis **PI:** A/Prof Chen Au Peh

13. **WA43966:** A Phase III, Multicenter, Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of RO7434656, An Antisense Inhibitor of Complement Factor B, In Patients with Primary IgA Nephropathy at High Risk of Progression.
Sponsor: Roche **PI:** Dr Chii Yeap
14. **M25-147:** A Phase 2, Multicenter, Randomized, Double-blind, Placebo-controlled Study to Evaluate the Safety and Efficacy of ABBV-CLS-628 in Adult Subjects with Autosomal Dominant Polycystic Kidney Disease (ADPKD).
Sponsor: AbbVie Pty Ltd **PI:** Professor Randall Faull
15. **M11-001 aHUS Registry:** An Observational, Non-Interventional, Multi-Centre, Multi-National Study of Patients with Atypical Hemolytic-Uremic Syndrome.
Sponsor: Alexion Pharmaceuticals **PI:** Dr Sadia Jahan
16. **021FSGS16010:** A Randomized, Multicenter, Double-Blind, Parallel, Active Control Study of The Effects of Sparsentan, A Dual Endothelin Receptor and Angiotensin Receptor Blocker, On Renal Outcomes in Patients with Primary Focal Segmental Glomerulosclerosis (FSGS).
Sponsor: Retrophin **PI:** A/Professor Chen Au Peh
17. **021IGAN17001:** A Randomized, Multicenter, Double-blind, Parallel-group, Active-control Study of the Efficacy and Safety of Sparsentan for the Treatment of Immunoglobulin A Nephropathy (PROTECT Study).
Sponsor: Retrophin **PI:** A/Professor Chen Au Peh
18. **417-201-00007:** A Phase 3, Multicenter, Randomized, Double-blind, Placebo-controlled Trial to Evaluate the Efficacy and Safety of Sibeprenlimab Administered Subcutaneously in Subjects with Immunoglobulin A Nephropathy (Visionary).
Sponsor: Otsuka Pharmaceuticals **PI:** Dr Chii Yeap
19. **TESTING ON:** Therapeutic Evaluation of Steroids in IgA Nephropathy Global- Post-Trial ObservatioNal Cohort Study.
Sponsor: The George Institute for Global Health George **PI:** Prof Chen Au Peh
20. **The Renal Life Cycle Study:** A Randomized Controlled Clinical Trial to Assess the Effect of Dapagliflozin on Renal and Cardiovascular Outcomes in Patients with Severe Chronic Kidney Disease.
renal-lifecycle.com/en/home-en
Sponsor: The George Institute for Global Health **PI:** Prof Shilpa Jesudason
21. **CAPTIVATE:** The Chronic kidney disease Adaptive Platform Trial Investigating Various Agents for Therapeutic Effect.
captivatetrial.org
Sponsor: The George Institute for Global Health **PI:** Dr Michael Collins
22. **IMPEDE-PKD Trial:** Implementation of Metformin therapy to Ease Decline of kidney function in Polycystic Kidney Disease (IMPEDE-PKD) Randomised Placebo-Controlled Trial.
aktn.org.au/impede-pkd
Sponsor: AKTN **PI:** Prof Randall Faull.
23. **ALXN1210-CSA-AKI-318:** Ravulizumab to Protect Patients with Chronic Kidney Disease (CKD) from Cardiac Surgery Associated Acute Kidney Injury (CSA-AKI) and subsequent Major Adverse Kidney Events (MAKE): A Phase 3, Randomized, Double-blind, Placebo-controlled, Multicenter Study (ARTEMIS).
Sponsor: Alexion **PI:** Professor Toby Coates

Kidney Failure/Dialysis trials

- 24. RESOLVE:** Randomised Evaluation of Sodium dialysate Levels on Vascular Events, Protocol Number: GI-RM-7338.
aktn.org.au/resolve
Sponsor: AKTN **PI:** A/Prof Philip Clayton
- 25. TEACH-PD:** A pragmatic, registry-based, international, cluster-randomised controlled trial examining the use of TEACH-PD training modules for incident PD patients versus existing practices on the rate of PD-related infections.
aktn.org.au/teach-pd
Sponsor: AKTN **PI:** Prof Stephen McDonald
- 26. PHOSPHATE study:** Pragmatic randomised trial of High or Standard PHosphAte Targets in End-stage kidney disease.
aktn.org.au/phosphate-trial
Sponsor: AKTN **PI:** A/Prof Philip Clayton.
- 27. INCH HD:** The INCremental dialysis to improve Health outcomes in people starting Haemodialysis (INCH-HD) study: a randomised controlled trial.
aktn.org.au/inch-hd
Sponsor: AKTN **PI:** Prof Randall Faulk
- 28. TRACK study:** Treatment of CVD with low dose Rivaroxaban in Advanced CKD.
tracktrial.org
Sponsor: George Institute **PI:** Prof Shilpa Jesudason.
- 29. SWIFT:** Symptom monitoring With Feedback Trial: A Registry-Based Cluster Randomised Controlled Trial to determine the clinical effectiveness and cost-effectiveness of symptom monitoring with feedback to clinicians and patients compared with standard care in improving quality of life outcomes at 12 months for adults on haemodialysis.
[Registry-Embedded Clinical Trials | ANZORRG](#)
Sponsor: NHMRC Clinical Trials Centre The University of Sydney **PI:** Professor Stephen McDonald
- 30. BEAT CALCI:** Better Evidence And Translation for Calciphylaxis.
beat-calci.sydney.edu.au
Sponsor: NHMRC Clinical Trials Centre The University of Sydney **PI:** Dr Michael Collins
- 31. TICKERS HD:** Trial of Intradialytic Cycling as Kidney Exercise Rehabilitation for Cardiac Stunning in Hemodialysis (TICKERS-HD)-Implementation Sub-Study.
Sponsor: University of Manitoba **PI:** Prof Shilpa Jesudason
- 32. VBX -2206:** The GORE VBX FORWARD Clinical Study: A Comparison of the GORE® VIABAHN® VBX Balloon Expandable Endoprosthesis to Bare Metal Stenting for Patients with Complex Iliac Occlusive Disease.
Sponsor: GORE **PI:** Dr Conor Marron

Student supervision

Mirabel Alonge (PhD candidate, Adelaide University) "Using pharmacokinetic principles to improve the safety of tacrolimus in kidney transplant recipients" – awarded doctorate August 2025.

Supervisors: B Sallustio, S Jesudason, A Somogyi

Dr Dylan Barnett (PhD candidate, Adelaide University) "Organ preservation and resuscitation by isothermic oxygenated machine perfusion in an ex-vivo porcine model".

Supervisors: PT Coates, S Bhattacharjya

Dr James Besanko (Masters candidate, Adelaide University) "Evaluation of heart transplant transportation device in a pig model".

Supervisors: PT Coates, J Beltrame, J Edwards

Dr Samantha Bateman (PhD candidate, Adelaide University) "Benefits and Burdens of Kidney Transplantation for First Nations Australians" – awarded doctorate October 2025

Supervisors: S Jesudason, O Pearson, P Clayton, S McDonald

Cheng Sheng Chai (PhD candidate, Adelaide University) "Exploring the adjuvant effect of mTOR inhibitors on vaccine-induced T cell responses in immunocompromised transplant patients".

Supervisors: PT Coates, G Perkins, C Drogemuller, B Grubor-Bauk

Dr Brigette Clarke (PhD candidate, Adelaide University) "Adrenal cell transplantation for Addison's disease using Biodegradable Temporising Matrix technology".

Supervisors: PT Coates, P Hurtado, D Torpy

Dr Georgina Irish (PhD candidate, Adelaide University) "Decision making in kidney transplantation" – awarded doctorate October 2025.

Supervisors: P Clayton, PT Coates

Dr Arunima Jain (PhD Candidate, UNSW) "Improving diagnosis and management of kidney disease in and beyond pregnancy".

Supervisors: A Henry, J Erlich, Z Endre, H Barrett, S Jesudason.

Dr Jessica Lee (PhD candidate, Adelaide University) "Development of new approaches to measure proteolysis and glycosylation profiling of high and low affinity corticosteroid-binding globulin (CBG) in septic shock using mass spectrometry".

Supervisors: PT Coates, D Torpy

Laura Lunardi (PhD candidate, Adelaide University) "Patient activation in Chronic Kidney Disease".

Supervisors: R Le Leu, P Bennett, D Dumuid, L Matricciani

Dr Lachlan McMichael (PhD candidate, Adelaide University) "Understanding the path to kidney transplantation".

Supervisors: P Clayton, J Gill, M Kadatz, S Klarenbach

Dr Shweta Mhatre (Masters candidate, Adelaide University) "Development and validation of in-vitro biomarkers to assess insect allergy and venom immunotherapy".

Supervisors: G Perkins, PT Coates, P Hissari

Daniella Penko (PhD candidate, Adelaide University) "Preclinical evaluation of GAD65-specific chimeric antigen receptor T regulatory cells (CAR Tregs) for the prevention of type 1 diabetes".

Supervisors: PT Coates, C Drogemuller, T Sadlon, V Bandara

Deborah Pratt (PhD candidate, Adelaide University) "Targeting premature immune system ageing to improve outcomes for dialysis and transplant recipients."

Supervisors: G Perkins, P Asare, PT Coates

Jacqueline Scaffidi (PhD candidate, Adelaide University) "Chimeric Antigen Receptor T regulatory cells (CAR-Tregs) as a therapy for autoimmune-driven Type 1 Diabetes".

Supervisors: PT Coates, S Barry, V Bandara, T Sadlo

Dr Nishanta Tangirala (PhD candidate, Adelaide University) "Can I have a baby?" Complexities in decision making around pregnancy in Australian women with kidney disease.

Supervisors: S Jesudason, E Hewawasam, G Mangos

Dr Matthew Tunbridge (PhD candidate, Adelaide University) "Modulation of the foreign antigen response in solid organ transplantation".

Supervisors: G Perkins, C Drogemuller, X Luo, PT Coates

Dr Karthik Venkataraman (PhD candidate, Adelaide University) "Post-operative haemodynamic management after kidney transplant to improve early graft function".

Supervisors: M Collins, PT Coates

Dr Alison Weightman (PhD candidate, Adelaide University) "Decision Making in Deceased Donor Kidney Transplant Offers".

Supervisors: P Clayton, S Coghlan

Denghao Wu (PhD candidate, Adelaide University) "The genetic epidemiology of hereditary pancreatitis in South Australia".

Supervisors: PT Coates, L Palmer, K Kassahn, C Drogemuller

James Zuiani (PhD candidate, Adelaide University) "Characterisation of Pancreatic Organoids in hereditary pancreatitis and normal individuals".

Supervisors: S Grey, C Drogemuller, PT Coates, G Perkins, F Ryan

Conference abstracts

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



TSANZ 43rd
ANNUAL SCIENTIFIC
MEETING AND
ASSOCIATED PRE-
MEETINGS

20-24 JUNE 2025

NATIONAL
CONVENTION
CENTRE CANBERRA

"First in human study of intra-cutaneous islet transplant into pre-vascularised Novosorb® Neodermis: 12 month results"

Coates T, Penko D, Nitschke J, Johnson J, Kireta S, Concannon E, Loudavaris T, Rickard A, Etherton C, Coghlan P, Torpy D, Kay T, Grey S, Greenwood J, Drogemuller C

"Transplant Centre Variation in Living Kidney Donation: A Binational Analysis."

McMichael L, Cross N, Wyburn K, Clayton P, Wyld M

"Access to waitlisting and kidney transplantation for patients with incident kidney failure in Australia and the United Kingdom"

McMichael L, Santhakumaran S, Nitsch D, Kadatz M, Clayton P

"A new method for prioritising HLA matching in kidney allocation that accounts for difficult-to-match individuals"

Clayton P, Gatley R, Hedley J, Sypek M, White S, Wyburn K.

"Nephrologist perspectives on offer and consent practices for increased viral risk kidney transplant offers"

Weightman A, Duncanson E, Coghlan S, Clayton P

"Building Solutions: National Indigenous Kidney Transplantation Taskforce"

McDonald S, Hughes J

"Comparable long-term outcomes between donation after circulatory versus neurological death donors in Australia and New Zealand"

Xu A, Kholmurodova F, Irish G, Clayton P

"A single-cell imaging atlas of the peripheral immune system in kidney transplant recipients"

Perkins G, Chai CS, Wise K, Mangiola S, Martelotto L, Coates PT

"Spatial transcriptomic analysis in hereditary pancreatitis"

Zuiani J, Wu D, Roach M, Putoczki T, Saad M, Martelotto L, Ryan F, Drogemuller C, Perkins G, Coates T

"SIR-ZOSTER: Immunogenicity of recombinant zoster vaccination in solid organ transplant recipients and non-immunosuppressed cohabitants"

Perkins GB, Penko D, Tunbridge MJ, Chai CS, Hurtado PR, Grubor-Bauk B, Irish G, Shi B, Singer J, Ying T, Chadban S, Coates PT

Australian and New Zealand Society of Nephrology (ANZSN), Perth



"Towards system change: How do we embed Community priorities into national transplantation policy?"
Cundale K, McDonald S, Owen K, Hughes J

"Variation in living kidney donation by transplant referral region: A binational analysis"
McMichael L, Cross N, Wyburn K, Clayton P, Wyld M

"Towards system change: How do we embed Community priorities into national transplantation policy?"
Cundale K, McDonald S, Owen K, Hughes J

"I want good kidneys going to young people and good enough kidneys going to older people: Nephrologist views on prognosis matching in deceased donor kidney transplant allocation"
Weightman A, Duncanson E, Coglán S, Clayton P

"How patient navigators can improve the cultural safety and responsiveness of healthcare systems for Aboriginal and Torres strait islander people with kidney failure: The compass project"
Haklar I, Cundale K, D'Antoine, Cachagee S, McDonald S, Jesudason S, Tyrell K, Kelly J, O'Donnell K, Herman K, Hall H, Misener M, Ross J, Henwood P, Wilkshire N, Croker D, Algy C, Lester R, Owen K

"NEDD4-2 ablation in kidney improves glycaemic control in diabetic mice"
Manning J, Jesudason S, Moretti P, Pitson S, Shabbar M, Kumar S

"Increased urinary extracellular vesicles and reduced expression of NEDD4L in diabetic nephropathy – a pilot study"
Thyagarajan N, Le Leu R, Kumar S, Jesudason S, Manning J

"Long-term patient and graft survival following cardiac surgery for people receiving kidney replacement therapy: A national data linkage study"
Keuskamp D, Davies C, Baker R, Polkinghorne K, Reid C, Smith J, Tran L, Williams-Spence J, Wolfe R, McDonald S

"Coproduct and Translating Evidence into Practice and Policy in Kidney Disease: Perspectives of Stakeholders in Australia and New Zealand"
Coghlan D, Mazis J, Jesudason S, Sabanayagam D, Scholes-Robertson N, Craig J, Jaure A

"Acute kidney injury associated with immune-checkpoint inhibitors in cancer patients: A single centre retrospective study"
Kuppa J, Rao N, Juneja R, Milton C

"TSANZ: Deceased Kidney Allocation Algorithm"
Clayton P

"AI in Healthcare: Ethics, legalities"
Weightman A

"Pregnancy and kidney disease – the current landscape of risk assessment"
Jesudason S

"Preparing for transplant : Overcoming barrier"
Lim W, Meade A

Australian and New Zealand Society for Immunology



"mTOR inhibition as a therapeutic strategy to improve T cell memory to vaccination" – Invited talk
Perkins GB

Renal Society Australasia (RSA), Melbourne



"Dialyser reaction or sensitivity – Are we getting it right with our clinical management"
Donnelly F

"The Kidney Watch Program: Implementing a Multifaceted Strategy to Improve Preparedness for Kidney Dialysis"
Borlace M, Taylor R, Matthew Y, Grzunov, Lee C, Le Leu R, Jesudason S

"Transforming haemodialysis care in critical care units: a proposal for a coordinated acute off-site model across two separate networks but on one site"
Nor M, Turner D

"Evaluating acuity and service needs for haemodialysis patients for the development of a new haemodialysis unit"
Turner D

"Train-the-Trainer" model for Point of Care Ultrasound (POCUS)"
Taylor R, Hill M

ISN World Congress of Nephrology (WCN), Delhi



"Showcasing Excellence in Kidney International" – Invited talk
Perkins GB

"Early alert frequency predicts technique failure in automated peritoneal dialysis"
Conway A, Hopkins J, McDonald S

"Overview of the TT Program and Toolkit Launch"
Jesudason S

"ISN SharE-RR – Sharing Expertise to Support the Set-up of Renal Registries: Using Registries to Support Clinical Trials"
M Jardine, Jesudason S

"Co-opting Patients as Partners in Kidney Care: How Do We Do It?"
Jesudason S

"Differential Diagnosis and Treatment of TMAs in Pregnancy"
Jesudason S



"Inclusion of Donors Who Are Not ABO or HLA Incompatible – NDADs and Compatible Pairs"

– State of the Art

Coates T

"How Patient Navigators Can Improve Patient Journeys for Aboriginal and Torres Strait Islander People with Kidney Disease: The COMPASS Project"

Owen K, O'Donnell K, D'Antoine, Bateman S, McDonald S, Kelly J, Cundale K, Haklar I

"Variations in Access to Living Donor Kidney Transplantation – Insights from the Parent Transplant Centre Model in Australia and New Zealand"

McMichael L, Cross N, Wyburn K, Clayton P, Wyld M

"Access to Waitlisting and Kidney Transplantation for Patients with Incident Kidney Failure in Australia and the United Kingdom – A Binational Comparative Analysis"

McMichael L, Santhakumaran S, Nitsch D, Kadatz M, Clayton P

"Bench Testing of a New Australian Device for Hypothermic Oxygenated Perfusion (HOPE) of Donated Hearts and Kidneys" –

Nazarizadeh-Khangheshlaghi A, Johnson J, Nitschke J, Ou R, Buttfield I, Gaitan-Ortiz R, Knight J,

Coates T, Drogemuller C

"Prognosis Matching in the Australian Deceased Donor Kidney Allocation Algorithm"

Hedley J, Clayton P, White S, Sypek M, Gately R, Wyburn K

"Living Donor Demographics in Australia and New Zealand: Have Disparities Increased over Time?"

Scarlato R, De La Mata N, Clayton P, Harnos S, Wyburn K, Wyld M

"Comparable Long-Term Outcomes Between Donation After Circulatory Death versus Neurological Death Donors for Kidney Transplant Recipients: An Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) Study"

Xu A, Kholmurodova F, Irish G, Clayton P

"Perspectives and Experiences of Women with a Kidney Transplant on Access to Healthcare – An International Qualitative Study"

Scholes-Robertson N, Ladhani M, Vinson A, Jaure A, Wong G, Shah S

"Is Delayed Graft Function in Renal Transplantation Surgeon Driven"

Bhattacharjya R, Olakkengil S, Collins M, Coates T, Bhattacharjya S

"Hypothermic Oxygenated Perfusion (HOPE) Machine Perfusion Using the Organ Angel Device of Donor Hearts in a Porcine Model"

Besanko J, Edwards J, Worthington M, Beltrame J, Ou R, Drogemuller C, Coates T

"Reanimation of Porcine Kidneys Perfused by a New Australian Device for Hypothermic Oxygenated Perfusion (HOPE) of Donated Kidneys"

Ou R, Nazarizadeh-Khangheshlaghi A, O'Connell A, Johnson J, Nitschke J, Buttfield I, Gaitan-Ortiz R, Knight J, Coates T, Drogemuller C

"Tegoprubart, an Anti-CD40L Antibody, for the Prevention of Rejection in Kidney Transplantation: An Ongoing Phase 1B Study"

Gill J, Coates T, Harden P, Katz E, Hovland D, Li Y, Perrin S, Peschard G, Kadatz M, Tchervenkov J

"Brief Updates on Report of the DICG/TTS Ethics Committee Workshop From Buenos Aires 2022 Meeting (Australia / Refugees From SE Asia, Pacific Islands)" – Invited symposia

Coates T

International Pancreas and Islet Transplant Association (IPITA), Italy

IPITA2025

Pisa, Italy, 15 - 18 June 2025

20th WORLD CONGRESS OF THE INTERNATIONAL PANCREAS AND ISLET TRANSPLANT ASSOCIATION



"First in human study of intra-cutaneous islet transplant into pre-vascularised NOVOSORB® NEODERMIS: 12 month results of the INCEPTR trial"

Coates T, Greenwood J, Etherton C, Rickard A, Kay T, Loudovaris T, Torpy D, Concannon E, Penko D, Nitschke J, Kireta S, Johnston J, Coughlan P, Grey S, Drogemuller C

"Engineering islets for tolerance with protective genes: Update on a first in human safety study with BABS-AAV2-A20"

Grey S, Greenwood J, Lisowski L, Etherton C, Kay T, Loudovaris T, Torpy D, Concannon E, Penko D, Nitschke J, Kireta S, Johnston J, Drogemuller C, Alexander I, Coates T

"The epidemiology and genome bioinformatics analyses of hereditary pancreatitis in Australia"

Wu D, Zuiani J, Etherton C, Drogemuller C, Sousa Sunita S, Coates T

"Impact of total pancreatectomy and islet auto transplantation (TPIAT) on South Australian hospital admission rates"

Etherton C, Rickard A, Drogemuller C, Khurana S, Couper R, Chen J, Louvovaris T, Radisic G, Wu D, Jahan S, Coates T

"Understanding hereditary pancreatitis: Patient organoids compliment spatial transcriptomic analysis"

Zuiani J, Wu D, Roach M, Putoczki T, Saad M, Martelotto L, Ryan F, Drogemuller C, Perkins G, Coates T

European Renal Association, Vienna

62nd ERA CONGRESS
VIENNA & VIRTUAL
JUNE 4-7, 2025
Beyond Nephrology

in collaboration with
ÖG N
Österreichische
Gesellschaft für
Nephrologie

"Access to waitlisting & kidney transplantation for patients with incident kidney failure in Australia and the United Kingdom – a binational comparative analysis"

McMichael L, Cross N, Wyburn K, Clayton P, Wyld M

"Early to mid pregnancy renal parameters and adverse pregnancy outcomes in women with early stage chronic kidney disease"

Orsillo A, Hewawasam E, Jesudason S

American Society of Nephrology (ASN), Texas, USA



KIDNEY WEEK 2025
November 5-9 | Houston, TX

"Graft Nephrectomy Rates in Australia and New Zealand, 2001–2015"

Pan C, Johnson D, Pascoe E, McDonald S, Boudville N, Jose M, Cross N, Fahim M, Palamuthusingam D, Ng M

European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA) International Conference, Portugal



"Self-management barriers and facilitators in people living with chronic kidney disease using consumer-led focus groups"

Lunardi L, Le Leu R, Jesudason S, Muthuramalingam S, Matricciani L, Bennett P

International Congress of Therapeutic Drug Monitoring & Clinical Toxicology, Singapore



"Blood and plasma tacrolimus concentrations and gestational outcomes in pregnant patients"

Sullustio B, Collier J, Reuter Lange S, Jesudason S

The European Society for Organ Transplantation, London



"The impact of donor and recipient diabetes on patient and graft survival in kidney transplant recipients"

Orsillo A, Kholmurodova F, Clayton P, Chadban S, Weightman A, Irish G

"Non-retrieval and non-utilisation of deceased donor kidneys for transplantation: An Australian cohort study"

Cutting R, De La Mata, Singla A, Hedley J, Opdam H, Clayton P, Wyburn K, Cavazzoni E, Robertson P, Pleass H

Australasian Diabetes in Pregnancy Society and Society of Obstetric Medicine Australia and New Zealand Joint Scientific Meeting (SOMANZ), New Zealand



"Pregnancy and neonatal outcomes in women receiving home-based dialysis: an analysis of the ANZDATA registry"

Banjade A, Chua S, Vaughn E, Wyld M, Davies C, Hewasasam E, Jesudason S

"Graft outcomes following pregnancy with a functioning kidney transplant in Australia and New Zealand"

Chia S, Davies C, Shanmugalingam R, Makris A, Yo J, Jain A, Tangirala N, Sluiter A, Huuskes B, Pettit F, Chan L, Vaughan E, Wyld M, Jesudason S

"Medically assisted reproduction and pregnancy outcomes in women with kidney disorders: An Australian population-based study"

Hewasasam E, Jesudason S, Sluiter A, Hull L, Arulpragasam K, Jorm L, Li W, Chambers G

**The European Academy of Allergy
and Clinical Immunology (EAACI),
Glasgow, Scotland**

**EAACI
2025**
13-16 JUNE
GLASGOW
UNITED KINGDOM



“Utility of basophil activation test (BAT) in evaluation of efficacy of venom immunotherapy determined by sting challenge: A systematic review (SWiM- Synthesis without meta-analysis)”

Mhatre S, Perkins GB, Wanandy T, Le A, Kavadiachanda C, Koplin J, Hornung C, Karahalios E, Coates T, Hissaria P 2025

Publications

CNARTS Research

Alexiuk, J., O. Harasemiw, J. Vanderlinden, D. Verrelli, B. Tarca, D. Collister, H. Ribeiro, B. Corradetti, K. Fowler, F. Manfredini, M. McAdams-DeMarco, N. Chu, **S. Jesudason**, C. McKeaveney, S. J. Leon, U. Anandh, J. Tollitt, S. Thompson, I. Dasgupta, C. Bohm, and Network Global Renal Exercise. "Identifying Research Priorities for Cognition in Ckd: A Delphi Study." *Kidney360* 6, no. 5 (2025): 739-53.

dx.doi.org/10.34067/KID.0000000708

Chan, J., **K. Olakkengil**, **S. Bhattacharjya**, and **S. Olakkengil**. "Autosomal Dominant Polycystic Kidney Disease Patients Requiring Nephrectomy: Characteristics and Surgical Considerations." *ANZ J Surg* 95, no. 7-8 (2025): 1605-16.

dx.doi.org/10.1111/ans.70192

Chan, J., **K. Olakkengil**, **S. Bhattacharjya**, and **S. Olakkengil**. "Index Cases of Intracranial Aneurysms in Autosomal Dominant Polycystic Kidney Disease: Longitudinal Experience from a Single Renal Transplantation Centre." *ANZ J Surg* 95, no. 7-8 (Jul-Aug 2025): 1597-604.

dx.doi.org/10.1111/ans.70134

Chandra, Y., A. Ta'eed, B. Matalavea, D. Voss, M. McCulloch, B. Cullis, **S. Jesudason**, and A. Ritchie. "The Progress of Nephrology in Pacific Island Countries of Oceania." *Kidney Int Rep* 10, no. 8 (2025): 2511-14.

dx.doi.org/10.1016/j.ekir.2025.06.032

Choo, J., W. Kang, **R. Le Leu**, S. Manning, L. Elms, N. Watson, M. Mukherjee, **C. Trimmingham**, **P. T. Coates**, **S. Jesudason**, G. B. Rogers, and **A. Meade**. "The Capacity of Gastrointestinal Microbiota in Kidney Transplant Recipients to Ferment Prebiotic Starch." *J Nephrol* 38, no. 9 (2025): 2977-82.

dx.doi.org/10.1007/s40620-025-02439-7

Chu, G., L. Matricciani, S. Russo, A. K. Viecelli, **S. Jesudason**, P. Bennett, and R. Fernandez. "Sleep Disturbances in Adults with Chronic Kidney Disease: An Umbrella Review." *J Nephrol* 38, no. 2 (2025): 353-69.

dx.doi.org/10.1007/s40620-025-02214-8

Hill, K., **A. Britton**, and **D. Cotton**. "Investigating Perceptions of Quality Nephrology Nurse Training." *J Ren Care* 51: e70037 (2025).

dx.doi.org/10.1111/jorc.70037

Hopkins, J. A., A. Nguyen-Hoang, J. Brealey, P. Hissaria, and **J. Kapojos**. "Plasma-Negative, Renal-Limited Cryofibrinogen-Associated Glomerulonephritis: A Unique Case Report." *Kidney Med* 7, no. 7 (2025): 101017.

dx.doi.org/10.1016/j.xkme.2025.101017

Jahan, S., and A. J. Mallett. "Genetic Testing in Potential Kidney Transplant Recipients and Their Donors: Building on What We Know through New Real World Evidence." *Transplantation* 109, no. 7 (2025): 1115-16.

dx.doi.org/10.1097/TP.0000000000005283

Kumar, V., Y. Chandra, S. Khan, M. L. Perman, A. Ritchie, **S. Jesudason**, and A. Ta'eed. "Challenges of Managing Lupus Nephritis in an Emerging Nephrology Centre: A Fijian Cohort Study." *Nephrology* 30, no. 3: e70012 (2025).

dx.doi.org/10.1111/nep.70012

Manning, J., **S. Jesudason**, P. Moretti, S. Pitson, A. S. Y. Chou, M. Shabbar, S. Saad, C. Pollock, and S. Kumar. "Nedd4-2 Ablation in Kidney Improves Glycaemic Control in Diabetic Mice." *Cell Death Dis* 16, no. 1 (2025): 496.

dx.doi.org/10.1038/s41419-025-07826-3



McMichael, L., S. Bateman, and S. Jesudason. "Upstream Causes, Downstream Consequences: Targeting Predialysis Pathways to Tackle Inequities in Access to Kidney Transplantation." *Kidney Int Rep* 10, no. 7 (2025): 2097-99.

[dx.doi.org/10.1016/j.ekir.2025.05.032](https://doi.org/10.1016/j.ekir.2025.05.032)

McPhail, C., H. Szewczyk, A. McCarthy, T. Wark, A. Parange, and **S. Jesudason.** "Management of Potassium-Wasting Syndrome in the Antepartum, Intrapartum and Postpartum Period." *Aust N Z J Obstet Gynaecol* 65, no. 1 (2025): 173-75.

[dx.doi.org/10.1111/ajo.13865](https://doi.org/10.1111/ajo.13865)

Saleem, N., J. Wang, A. Rejuso, A. Teixeira-Pinto, J. Stephens, A. Wilson, A. Kieu, R. Gately, F. Boroumand, E. Chung, B. Bonevski, M. Carlino, **R. Carroll**, W. Lim, J. Craig, N. Murakami, and G. Wong. "Outcomes of Solid Organ Transplant Recipients with Advanced Cancers Receiving Immune Checkpoint Inhibitors: A Systematic Review and Individual Participant Data Meta-Analysis." *JAMA Oncol* 11, no. 10 (2025): 1150-59.

[dx.doi.org/10.1001/jamaoncol.2025.2374](https://doi.org/10.1001/jamaoncol.2025.2374)

Salehi, T., G. B. Chapman, T. E. Farrah, F. A. Chapman, D. Pugh, R. W. Hunter, and N. Dhaun. "Combination Cyclophosphamide and Rituximab to Minimize Glucocorticoid Use in Antineutrophil Cytoplasm Antibody-Associated Vasculitis." *Kidney Int Rep* 10, no. 7 (Jul 2025): 2334-43.

[dx.doi.org/10.1016/j.ekir.2025.04.030](https://doi.org/10.1016/j.ekir.2025.04.030)

Salehi, T., T. French, T. E. Farrah, and R. W. Hunter. "Weight Gain Following a Diagnosis of Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis." *Rheumatol Adv Pract* 9, no. 3 (2025): rkaf088.

[dx.doi.org/10.1093/rap/rkaf088](https://doi.org/10.1093/rap/rkaf088)

Salehi, T., K. Venkataraman, J. Hopkins, J. Lau, P. Clayton, J. Tieu, and C. A. Peh. "Early Glucocorticoid Withdrawal in Severe Anca-Associated Vasculitis Treated with Combination Cyclophosphamide and Rituximab: A Single-Centre Case Series." *Intern Med J* 55, no. 11 (2025): 1939-43.

[dx.doi.org/10.1111/imj.70212](https://doi.org/10.1111/imj.70212)

Stretton, B., **K. Venkataraman,** J. Kovoov, A. Gupta, S. Bacchi, D. Liew, **M. Collins,** G. Maddern, and M. Boyd. "Characterizing Perioperative Sleep in Acute Renal Transplants." *Prog Transplant* 35, no. 3 (2025): 143-49.

[dx.doi.org/10.1177/15269248251349760](https://doi.org/10.1177/15269248251349760)

Ta'eed, A., A. Raj, Y. Chandra, **S. Jesudason,** and A. Ritchie. "Fiji's Rising Tide: The Growing Burden of Diabetic Kidney Disease on Emerging Nephrology Services." *Nat Rev Nephrol* 21, no. 5 (2025): 279-80.

[dx.doi.org/10.1038/s41581-025-00942-5](https://doi.org/10.1038/s41581-025-00942-5)

Temple, K., R. Lester, N. Sinclair, and K. Owen. "Indigenous Spirituality and Cultural Knowledges Provide Strength and Resilience to Aboriginal People with Chronic Kidney Disease." *Kidney Int* 108, no. 1 (2025): 2-4.

[dx.doi.org/10.1016/j.kint.2025.02.022](https://doi.org/10.1016/j.kint.2025.02.022)

Centre for Clinical and Experimental Transplantation (CCET):

Bampton, T., J. Chen, A. Brown, M. I. Barnett, **P. T. Coates,** and L. Palmer. "Epidemiology and Burden of Adult Chronic Pancreatitis in South Australia: A 20-Year Data Linkage Study." *BMJ Open* 15, no. 3 (2025): e089297.

[dx.doi.org/10.1136/bmjopen-2024-089297](https://doi.org/10.1136/bmjopen-2024-089297)

Kusay, Y., D. Wu, S. De Sousa, **C. Drogemuller, P. T. Coates,** C. H. Kok, and H. S. Scott. "Evaluating Ngs Variant Callers in a Challenging Genomic Context with a Focus on the Prss1-Prss2 Locus for Hereditary Pancreatitis." *Gut* (2025): gutjnl-2025-336988.

[dx.doi.org/10.1136/gutjnl-2025-336988](https://doi.org/10.1136/gutjnl-2025-336988)

Perkins, G., M. Tunbridge, C. Chai, C. Hope, A. E. L. Yeow, T. Salehi, J. Singer, B. Shi, M. Masavuli, Z. Mekonnen, P. Garcia-Valtanen, S. Kireta, J. Johnston, **C. Drogemuller,** B. Sim, S. Spencer, B. Sallustio, I. Comerford, G. Bouras, D. Weiskopf, A. Sette, A. Aggarwal, V. Milogiannakis, A. Akerman, S. Turville, P. R. Hurtado, T. Ying, P. Hissaria, S. Barry, S. Chadban, B. Grubor-Bauk, and **P. T. Coates.** "Mechanistic Target of Rapamycin Inhibitors and Vaccine Response in Kidney Transplant Recipients." *J Am Soc Nephrol* 36, no. 11 (2025): 2213-27.

[dx.doi.org/10.1681/ASN.0000000716](https://doi.org/10.1681/ASN.0000000716)

Roberts, M., J. Coussement, D. Lebeaux, **P. T. Coates,** and W. Clemente. "Seizures and Lung Lesions in a Solid Organ Transplant Recipient: Bringing Things Together." *Transpl Infect Dis* 27, no. 3 (2025): e14449.

[dx.doi.org/10.1111/tid.14449](https://doi.org/10.1111/tid.14449)

Robertson, H., and **G. B. Perkins**. "Adopting a Wider View: Factoring Blood, Biopsy, and Urine into Kidney Transplant Outcomes." *Kidney Int* 108, no. 5 (2025): 745-48.
[dx.doi.org/10.1016/j.kint.2025.07.020](https://doi.org/10.1016/j.kint.2025.07.020)

Zhang, Z. J., F. Casiraghi, **G. B. Perkins**, W. M. Baldwin, and R. L. Fairchild. "Can Mouse Kidney Transplant Models Inform Mechanisms of Injury and Acceptance in Clinical Kidney Transplantation?" *Am J Transplant* 25, no. 7 (2025): 1391-98.
[dx.doi.org/10.1016/j.ajt.2025.04.001](https://doi.org/10.1016/j.ajt.2025.04.001)

ANZDATA, ANZOD and Beat-CKD

Albahr, R., D. Sylvertooth, B. Bieber, **S. Jesudason**, D. W. Johnson, H. Kawanishi, K. Nitta, Y. Kim, T. Kanjanabuch, M. Naljayan, R. Pecoits-Filho, R. Pisoni, J. Perl, and E. Brown. "Sex-Specific Outcomes in the Peritoneal Dialysis Outcomes and Practice Patterns Study." *Clin J Am Soc Nephrol* (2025).
[dx.doi.org/10.2215/CJN.0000000937](https://doi.org/10.2215/CJN.0000000937)

Baldwin, H., N. De La Mata, G. Sara, F. McMillan, B. Biles, J. Wu, P. Lawton, **S. McDonald**, and A. C. Webster. "Closing the Gap in Kidney Disease: Validating the Reporting of Aboriginal and/or Torres Strait Islander Identification in a Clinical Quality Registry Using Linked Data." *Med J Aust* 222, no. 5 (2025): 240-48.
[dx.doi.org/10.5694/mja2.52613](https://doi.org/10.5694/mja2.52613)

Barracough, K. A., B. Talbot, J. Knight, S. Blair, F. McGain, R. Masterson, R. Knight, C. Nelson, **S. McDonald**, and S. McAlister. "Carbon Emissions from Different Dialysis Modalities: A Life Cycle Assessment." *Am J Kidney Dis* 86, no. 4 (2025): 465-74 e1.
[dx.doi.org/10.1053/j.ajkd.2025.04.019](https://doi.org/10.1053/j.ajkd.2025.04.019)

Chan, L. W., **G. Irish**, T. L. Goh, B. Alnasrallah, C. E. Davies, M. P. Sypek, **P. Clayton**, and **M. Collins**. "Outcomes of Living Kidney Donors Following Donor Nephrectomy in Aotearoa New Zealand." *Kidney Int Rep* 10, no. 3 (2025): 762-71.
[dx.doi.org/10.1016/j.ekir.2024.11.1362](https://doi.org/10.1016/j.ekir.2024.11.1362)

Coghlan, D., A. Jaure, A. Hughes, R. Wu, A. K. Viecelli, N. Amir, H. Candler, B. Cashmore, Y. Cho, J. Craig, R. Cazzolli, C. Guha, C. M. Hawley, A. Hiyare-Hewage, M. Howell, **S. Jesudason**, D. Johnson, D. Keuskamp, F. Kholmurodova, K. Manera, J. Mazis, **S. McDonald**, S. Muthuramalingam, J. Silva, A. Sluiter, A. Teixeira-Pinto, D. Tunnicliffe, A. van Zwieten, P. Velayudham, G. Wong, N. Scholes-Robertson, and investigators workshop. "Patient and Caregiver Involvement in Implementing Health Research in Chronic Kidney Disease: A Workshop Report." *Clin Kidney J* 18, no. 3 (2025): sfaf021.
[dx.doi.org/10.1093/ckj/sfaf021](https://doi.org/10.1093/ckj/sfaf021)

Conway, A., **J. Hopkins**, **M. Ovenden**, **M. Borlace**, D. W. Johnson, J. Chen, K. Sud, N. Boudville, and **S. McDonald**. "Frequency of Therapy Alerts During the First 30 Days of Automated Peritoneal Dialysis and Its Relationship to Time on Treatment." *Perit Dial Int* (2025): 8968608251386224.
[dx.doi.org/10.1177/08968608251386224](https://doi.org/10.1177/08968608251386224)

Cuthbertson, L., E. Hewawasam, A. Kitsos, T. Saunder, **S. Jesudason**, and M. Jose. "Impact of Preconception Kidney Function on Pregnancy Outcomes." *Nephrol Dial Transplant* (2025).
[dx.doi.org/10.1093/ndt/gfaf213](https://doi.org/10.1093/ndt/gfaf213)

Cutting, R., N. L. De La Mata, A. Singla, J. Hedley, H. Opdam, **P. Clayton**, K. Wyburn, E. Cavazzoni, P. Robertson, H. Pleass, and A. C. Webster. "Non-Retrieval and Non-Utilisation of Deceased Donor Kidneys for Transplantation: An Australian Cohort Study." *ANZ J Surg* 95, no. 7-8 (2025): 1584-96.
[dx.doi.org/10.1111/ans.70208](https://doi.org/10.1111/ans.70208)

Cutting, R., D. Muscat, P. Patel, N. De La Mata, **G. L. Irish**, M. Wyld, S. White, and A. Webster. "Values, Preferences, and Risk Tolerance of People Waitlisted for a Kidney Transplant Regarding Potential Deceased Donor Organ Profiles: A Systematic Review." *Transplantation* 109, no. 6 (2025): e326-e39.
[dx.doi.org/10.1097/TP.0000000000005267](https://doi.org/10.1097/TP.0000000000005267)

De Souza, L., D. Pham, A. M. Craven, R. Sekar, **S. Jesudason**, S. Ratanjee, W. Walker, and D. Ranganathan. "Pregnancy in Women on Dialysis - Challenges in Achieving Evidence-Based Care." *Obstet Med* 18, no. 2 (2025): 82-86.
[dx.doi.org/10.1177/1753495X241254243](https://doi.org/10.1177/1753495X241254243)

Ellis, R. J., C. Davies, D. Keuskamp, B. Lazarus, and **S. McDonald**. "Kidney Failure Due to Diabetic Kidney Disease among Australians Aged \leq 45 Years, 2000-2022: A Population-Based Geospatial Analysis." *Nephrology (Carlton)* 30, no. 3 (2025): e70019.
[dx.doi.org/10.1111/nep.70019](https://doi.org/10.1111/nep.70019)

Giapoutzidou, S., E. Hewawasam, M. Gosselink, A. Titia Lely, M. Moritz, S. Constantinescu, L. Coscia, **S. Jesudason**, and M. F. C. de Jong. "Pregnancy after Kidney Transplantation: Global Insights Based on Registry Data from Three Continents." *J Nephrol* 38, no. 9 (2025): 2969-76.
[dx.doi.org/10.1007/s40620-025-02451-x](https://doi.org/10.1007/s40620-025-02451-x)

Gutman, T., D. Coghlan, J. C. Craig, C. Guha, A. Jaure, **S. Jesudason**, A. Levin, D. M. White, J. R. Silva, A. van Zwieten, D. Tunnicliffe, A. K. Viecelli, G. Wong, A. Teixeira-Pinto, S. Kim, **S. McDonald**, C. M. Hawley, and N. Scholes-Robertson. "Systematic Review of Patient and Caregiver Involvement in Ckd Research." *Kidney Int Rep* 10, no. 6 (2025): 1657-72.
[dx.doi.org/10.1016/j.ekir.2025.03.018](https://doi.org/10.1016/j.ekir.2025.03.018)

Hopkins, J., A. Conway, D. Johnson, **M. Borlace**, N. Boudville, M. Tomlins, K. Chau, J. Chen, and **S. McDonald**. "Trends in Peritoneal Dialysis Demographics, Peritonitis and Hd Transfer in Australia from 2013-2022." *Perit Dial Int* (2025): 8968608251401387.
[dx.doi.org/10.1177/08968608251401387](https://doi.org/10.1177/08968608251401387)

Hughes, A., N. Scholes-Robertson, D. Coghlan, R. Wu, N. Amir, H. Candler, B. Cashmore, Y. Cho, J. C. Craig, R. Cazzolli, F. Kholmurodova, C. Guha, C. M. Hawley, A. Hiyare, M. Howell, **S. Jesudason**, D. W. Johnson, D. Keuskamp, K. Manera, J. Mazis, **S. McDonald**, S. Muthuramalingam, J. R. Silva, A. Sluiter, A. Teixeira-Pinto, D. J. Tunnicliffe, A. van Zwieten, P. Velayudham, A. K. Viecelli, G. Wong, A. Jaure, and investigators workshop. "Identifying Strategies for Disseminating Research to Patients with Chronic Kidney Disease and Caregivers: A Workshop Report." *Kidney Int* 107, no. 6 (2025): 985-93.
[dx.doi.org/10.1016/j.kint.2025.01.020](https://doi.org/10.1016/j.kint.2025.01.020)

Jesudason, S., and L. Lightstone. "Pregnancy as a Window to Current and Future Kidney Health-an Opportunity." *Kidney Int Rep* 10, no. 3 (2025): 645-49.
[dx.doi.org/10.1016/j.ekir.2025.01.015](https://doi.org/10.1016/j.ekir.2025.01.015)

Jesudason, S., and G. Piccoli. "Is Preeclampsia Ever "Mild?" Lessons on Long-Term Consequences for Offspring from a Danish Registry-Based Study." *Kidney Int* 108, no. 2 (2025): 181-83.
[dx.doi.org/10.1016/j.kint.2025.05.011](https://doi.org/10.1016/j.kint.2025.05.011)

Jesudason, S., N. Safi, Z. Li, M. Brown, W. Hague, A. Makris, **S. McDonald**, M. J. Peek, and E. Sullivan. "Significant Kidney Disease in Pregnancy: Feasibility and Outcomes of a National Population-Based Study Using the Australasian Maternity Outcomes Surveillance System." *Aust N Z J Obstet Gynaecol* 65, no. 2 (2025): 227-34.
[dx.doi.org/10.1111/ajo.13885](https://doi.org/10.1111/ajo.13885)

Katz-Greenberg, G., Y. Afshar, J. Bonn, J. Casale, S. Constantinescu, E. DeFilippis, R. George, A. Iltis, **S. Jesudason**, M. Kittleson, D. Levine, M. Moritz, M. Sarkar, S. Shah, K. Uccellini, L. A. Coscia, A. P. Rossi. Contraception American Society of Transplantation Women's Health Community of Practice Reproductive Health, Transplantation Pregnancy after, and Participants Living Donation Controversies Conference. "Pregnancy after Solid Organ Transplantation: Review of the Evidence and Recommendations." *Transplantation* 109, no. 9 (2025): 1483-94.
[dx.doi.org/10.1097/TP.0000000000005341](https://doi.org/10.1097/TP.0000000000005341)

Keuskamp, D., C. Davies, R. A. Baker, K. R. Polkinghorne, C. Reid, J. A. Smith, L. Tran, J. Williams-Spence, R. Wolfe, and **S. McDonald**. "The Incidence of Cardiac Surgery in Adults with Treated Kidney Failure in Australia: A Retrospective Cohort Study." *Aust Health Rev* 49, (2025).
[dx.doi.org/10.1071/AH24188](https://doi.org/10.1071/AH24188)

Keuskamp, D., C. Davies, R. Baker, K. Polkinghorne, C. Reid, J. Smith, L. Tran, J. Williams-Spence, R. Wolfe, and **S. McDonald**. "National Outcomes of Cardiac Surgery in Patients Receiving Kidney Replacement Therapy." *Ann Thorac Surg* 119, no. 3 (2025): 670-76.
[dx.doi.org/10.1016/j.athoracsur.2024.09.048](https://doi.org/10.1016/j.athoracsur.2024.09.048)

- Keuskamp, D., C. Davies, P. J. Secombe, D. Pilcher, S. Chavan, S. Jones, B. Reddi, and **S. McDonald**. "Intensive Care Admissions for Adults with Treated Kidney Failure in Australia: A National Retrospective Cohort Study." *Crit Care Resusc* 27, no. 1: 100099.
[dx.doi.org/10.1016/j.ccrj.2025.100099](https://doi.org/10.1016/j.ccrj.2025.100099)
- Keuskamp, D, C Davies, R Baker, K Polkinghorne, C M. Reid, J Smith, L Tran, J Williams-Spence, R Wolfe, and **S McDonald**. "Long-Term Cardiac Surgery Outcomes in Patients Receiving Dialysis and with Previous Kidney Transplantation: A National Registries Analysis." *JTCVS Open* (2025).
[dx.doi.org/10.1016/j.xjon.2025.11.019](https://doi.org/10.1016/j.xjon.2025.11.019)
- Kolovos, P., C. Davies, F. Kholmurodova, **G. Irish**, H. Kulkarni, K. Polkinghorne, C. Dendle, A. Pilmore, D. Potter, M. Roberts, S. Thomas, S. Kotwal, and S. Menahem. "Risk Factors Associated with 30-Day Mortality Following Covid-19 Infection in Patients Receiving Kidney Replacement Therapy in Australia and New Zealand." *Intern Med J* 55, no. 4 (2025): 622-29.
[dx.doi.org/10.1111/imj.16628](https://doi.org/10.1111/imj.16628)
- Lazarus, B., K. Polkinghorne, M. Gallagher, J. Catiwa, N. Gray, S. Coggan, K. Higgins, G. Talaulikar, **S. McDonald**, and S. Kotwal. "The Epidemiology of Haemodialysis Catheter Infections in Australia, 2016-20: A Prospective Cohort Study." *Med J Aust* 223, no. 5 (2025): 248-56.
[dx.doi.org/10.5694/mja2.70014](https://doi.org/10.5694/mja2.70014)
- Manski-Nankervis, J., B. Hunter, N. Lumsden, A. Laughlin, R. McMorrow, D. Boyle, P. Chondros, **S. Jesudason**, J. Radford, M. Pictor, J. Emery, P. Amores, A. Tran-Duy, and C. Nelson. "Effectiveness of Electronic Quality Improvement Activities to Reduce Cardiovascular Disease Risk in People with Chronic Kidney Disease in General Practice: Cluster Randomized Trial with Active Control." *JMIR Form Res* 9: e54147.
[dx.doi.org/10.2196/54147](https://doi.org/10.2196/54147)
- McDonald S.**, K. Cundale, C. Davies, Nharangga Owen Kurna, K. Ngarrindjeri, K. Dole, F. Kholmurodova, M. D'Antoine Paakantyi, and J. T. Hughes Wagadagam. "Am I on the List? Clinician-Reported Factors for Kidney Transplantation Non-Waitlisting among Aboriginal and Torres Strait Islander People with Kidney Failure: A Cross-Sectional Study." *Med J Aust* 223, no. 1 (2025): 46-53.
[dx.doi.org/10.5694/mja2.52698](https://doi.org/10.5694/mja2.52698)
- B. Stallard, and **S. McDonald**. "Gender Differences in Kidney Failure Incidence in Australia: A Registry Study." *Am J Nephrol* 56, no. 5 (2025): 571-76.
[dx.doi.org/10.1159/000543663](https://doi.org/10.1159/000543663)
- McMichael, L.**, N. Cross, K. Wyburn, **P. Clayton**, and M. Wyld. "Variations in Access to Living Donor Kidney Transplantation - Insights from the Parent Transplant Centre Model in Australia and New Zealand." *American Journal of Transplantation* 25, no. 8 (2025/08/01/ 2025): S442.
[dx.doi.org/10.1016/j.ajt.2025.07.1014](https://doi.org/10.1016/j.ajt.2025.07.1014)
- Muscat, D., P. Patel, R. Davies, R. B. Cutting, B. M. Rosales, **S. Jesudason**, K. McCaffery, K. R. Wyburn, and A. C. Webster. "Understanding Factors Influencing Decision Making During Assessment of Potential Organ Donors: A Qualitative Study of Clinicians Assessing the Medical Suitability of Potential Donors." *MDM Policy Pract* 10, no. 2 (2025): 23814683251386881.
[dx.doi.org/10.1177/23814683251386881](https://doi.org/10.1177/23814683251386881)
- Orozco, A., R. Shemies, L. Enrique Alvarez Rangel, H. Trimarchi, G. de Jesus, I. Craici, A. Schmidt, G. Ankawi, N. Sellami, I. W. Wu, W. Cheungpasitporn, N. Kozlovskaya, E. Zakharova, Ulasi, II, **S. Jesudason**, and G. B. Piccoli. "Access to Care During Pregnancy for Patients with Chronic Kidney Disease and Kidney Failure in Latin America: A State of the Art with an International Comparison." *Semin Nephrol* 45, no. 1-2 (2025): 151610.
[dx.doi.org/10.1016/j.semnephrol.2025.151610](https://doi.org/10.1016/j.semnephrol.2025.151610)
- Orsillo, A.**, E. Hewawasam, and **S. Jesudason**. "Early-Mid Pregnancy Renal Parameters and Adverse Pregnancy Outcomes in Women with Early Stage Ckd: A Case Series." *J Nephrol* 38, no. 8 (2025): 2343-51.
[dx.doi.org/10.1007/s40620-025-02398-z](https://doi.org/10.1007/s40620-025-02398-z)
- Orsillo, A.**, and **G. L. Irish**. "Short Course Immunosuppression to Prevent Transfusion-Related Human Leukocyte Antigen Sensitisation in Kidney Transplant Candidates: Con." *Kidney360* (2025).
[dx.doi.org/10.34067/KID.0000000827](https://doi.org/10.34067/KID.0000000827)

Orsillo, A., F. Kholmurodova, P. A. Clayton, S. Chadban, A. Weightman, and G. L. Irish. "The Impact of Donor and Recipient Diabetes on Patient and Graft Survival in Kidney Transplant Recipients." *Kidney Int Rep* 10, no. 11 (2025): 3834-42.

dx.doi.org/10.1016/j.ekir.2025.08.013

Piccoli, G., S. B. Ahmed, F. Fakhouri, V. D. Garovic, M. Hladunewich, **S. Jesudason**, J. Prakash, A. Webster, E. Zakharova, M. Cheung, J. M. King, M. Jadoul, W. Winkelmayr, C. Wyatt, and Participants Conference. "Women and Kidney Health: Conclusions from a Kidney Disease: Improving Global Outcomes (Kdigo) Controversies Conference." *Kidney Int* 108, no. 3 (2025): 355-79.

dx.doi.org/10.1016/j.kint.2025.02.021

Piccoli, G., A. Orozco, R. Shemies, R. Attini, G. Cabiddu, M. Toreggiani, **S. Jesudason**, and V. Garovic. "Postpartum Counseling and Interventions to Reduce the Risk of Chronic Kidney Disease: Back to the Future." *Kidney Int* 108, no. 2 (2025): 160-66.

dx.doi.org/10.1016/j.kint.2025.03.031

Piccoli, G., M. Torreggiani, N. Schwotzer, G. Cabiddu, R. Attini, A. Orozco, R. Shemies, **S. Jesudason**, F. Fakhouri, and V. D. Garovic. "Kidney Health Outcomes of Hypertensive Disorders of Pregnancy." *Nat Rev Nephrol* 21, no. 10 (2025): 671-86.

dx.doi.org/10.1038/s41581-025-00977-8

Shah, S., B. Rachwal, P. Vyas, P. Basera, S. Rao, N. Sheshashayee, A. C. Leonard, P. Verma, J. Konel, S. Constantinescu, M. Moritz, **S. Jesudason**, and L. A. Coscia. "Pregnancy Outcomes Using Assisted Reproductive Technology in Kidney Transplant Recipients." *Transplantation* 109, no. 12 (2025): 1896-904.

dx.doi.org/10.1097/TP.0000000000005449

Steinberg, A., N. Toussaint, C. Davies, N. Gray, and **S. McDonald**. "Variability in Dialysis Access over Time and across Centres in Australia and New Zealand: Effect of Centre- and Patient-Related Factors on Dialysis Access Quality Indicators." *Nephrology* 30, no. 7 (2025): e70076.

dx.doi.org/10.1111/nep.70076

Tangirala, N., E. Hewawasam, C. E. Davies, A. Poprzeczny, E. Sullivan, **S. P. McDonald**, and **S. Jesudason**. "Labor and Delivery Outcomes in Australian Mothers after Kidney Transplantation." *J Am Soc Nephrol* 36, no. 6 (2025): 1152-63.

dx.doi.org/10.1681/ASN.0000000559

Venkataraman, K., G. Irish, M. Collins, and P. Clayton. "The Association between Early Graft Function, Donor Type and Long-Term Kidney Transplant Outcomes." *Transpl Int* 38 (2025): 14197.

dx.doi.org/10.3389/ti.2025.14197

Yo, J. H., A. Orozco-Guillen, D. S. Genest, G. B. Piccoli, G. Cabiddu, R. Attini, T. Podymow, M. Ibarra-Hernandez, K. Wiles, K. Bramham, **S. Jesudason**, and M. A. Hladunewich. "A Multinational Cohort Study of Dialysis Initiation During Pregnancy." *Kidney Int Rep* 10, no. 7 (2025): 2202-12.

dx.doi.org/10.1016/j.ekir.2025.03.057

Clinical Trials Unit:

O'Reilly, C., D. Tunnicliffe, A. Blackley, **M. Collins**, E. O'Neill, S. Kim, K. Venkataraman, E. See, and R. Francis. "Cari Guideline: Evidence-Based Recommendations for Balanced Electrolyte Solutions to Improve Kidney Transplant Outcomes." *Kidney Int Rep* 10, no. 8 (2025): 2566-74.

dx.doi.org/10.1016/j.ekir.2025.05.051

Wan, S. S., K. Wyburn, S. J. Chadban, and **M. G. Collins.** "Balanced Electrolyte Solutions Versus 0.9% Saline for Kidney Transplantation: An Updated Systematic Review and Meta-Analysis." *Transplant Direct* 11, no. 1 (2025): e1687.

dx.doi.org/10.1097/TXD.0000000000001687

Contact details

CNARTS Clinical Research Group

Dr Richard Le Leu

Clinical Research Coordinator
Central Northern Adelaide Renal and Transplantation Service
Level 7F.401, Royal Adelaide Hospital, Port Road, Adelaide 5000
Email: richard.leleu@sa.gov.au

Centre for Clinical and Experimental Transplantation (CCET)

A/Prof Chris Drogemuller

Level 7 Adelaide Health and Medical Sciences Building (AHMS)
North Terrace, Adelaide 5000
Email: chris.drogemuller@sa.gov.au

ANZDATA

Prof Stephen McDonald

SAHMRI Building
Level 4 South, North Terrace, Adelaide 5000
Email: stephen@anzdata.org.au

CNARTS Clinical Trials

Bronwyn Hockley

Clinical Services Coordinator
Renal Unit Clinical Trials
Central Northern Adelaide Renal and Transplantation Service
7F Renal Reception
Royal Adelaide Hospital, Port Road, Adelaide 5000
Email: bronwyn.hockley@sa.gov.au

ANZDATA & NIKTT



