14th September 2026

Dear Taranaki Medical Foundation Executive Committee,

I am writing to thank you for your support for me to recently attend the Australia and New Zealand Society of Nephrology (ANZSN) Congress 2026 Scientific Meeting in Brisbane, Australia as an ambassador for the Foundation. I am extremely grateful for your continued support and guidance alongside Dr Mahmoud Amer to advance my research and knowledge beyond my initial summer student project. As the TMF celebrates its 60th anniversary, I am proud to have been an ambassador for the next generation of Taranaki medical professionals who have benefited from the Foundation's hard work and advocacy to strengthen healthcare in Taranaki through support of local education and research.

For those not familiar, our project was named "A Change in Direction for Haemodialysis Access? Catheter Survival in Antegrade Vs Retrograde Tunnelled Haemodialysis Catheters." This retrospective study of 199 tunnelled catheters inserted at Taranaki Base Hospital (148 retrograde and 51 antegrade) was the first of its kind comparing survival outcomes in the two catheter types. Catheter survival is an important clinical variable in haemodialysis access as insertion and removal of multiple tunnelled catheters reduces future vascular access options, particularly in those unable to receive an arteriovenous fistula. We found that retrograde catheters had longer survival than antegrade catheters, however this difference was non-significant after adjustment for covariates. Considering the novelty of our study and its small, single-centre nature, the evidence for a difference is still equivocal and may yet have wider implications in the field. Our main goal in attending ANZSN Congress 2026 was thus to present this research to an international audience of nephrologists to raise awareness of this potential difference in outcomes between the two catheter types, starting conversations that could inform a larger, multi-centre study or randomised controlled trial. We were also excited to gain valuable feedback on our study that could potentially inform future journal publication.

I am pleased to report that I was able to achieve this goal. My poster was on display throughout the week, along with a formal presentation evening where I was able to discuss my poster with dozens of nephrologists, trainees, university academics, sales representatives and medical students. Dr Amer introduced me to several members of the ANZSN Committee for Interventional Nephrology, including the committee chairperson, Dr Catherine Wilkinson. Many had stopped using retrograde catheters due to being anecdotally more time-consuming and 'fiddly' to insert and were intrigued whether catheter survival could be superior to antegrade catheters, especially considering our secondary finding of higher dialysis adequacy using retrograde catheters. Multiple clinicians from across Australia and New Zealand were willing to be involved in a future multi-centre study to provide more statistical power. They were also

willing to review our draft manuscript and offer feedback prior to submitting for publication.

Aside from presenting, I had the privilege of attending the wider Scientific Meeting, giving me exposure to the exciting and innovative field of nephrology – a field that aside from my research, I have had relatively little exposure to throughout my time at medical school. The theme for ANZSN Congress 2026 was 'Integrated Kidney Care Across the Lifespan', which resonated well across the various specialties represented at the conference. Here are just a few of my learnings that reflect the breadth of knowledge shared:

At a symposium of paediatric nephrologists, neonatologists and intensivists, I learnt that the seeds of kidney disease are laid before birth. Around 60% of nephron mass is developed in the 3rd trimester of pregnancy, meaning preterm babies are often born with underdeveloped kidneys. These babies have a much higher risk of CKD development in adulthood, with risk being cumulative in those that also are low birth weight, whether that be due to being small for gestational age or growth restricted. With increased preterm birth survival since the 1990s, we are projected to have a bolus of CKD incidence appearing in the 2030s, raising concerns for dialysis availability and equity, especially considering our most vulnerable populations have higher rates of preterm birth. Following birth, preterm neonates in the NICU have a 30% chance of developing AKI, carrying increased risk of mortality, length of stay and short-term morbidity (i.e., ventilator requirement or poor growth progression). AKI in children is not entirely transient and reversible, with paediatric AKI patients having 57% higher odds of developing CKD, and 83% higher odds of mortality than healthy counterparts. The post-AKI period is a crucial window for intervention to prevent progression, yet there is a large awareness and documentation deficit for risk and diagnosis in these patients. They highlighted the importance of a kidney health assessment at 2 years for these children focussed around managing risk, rather than assigning diagnoses.

Moving into adulthood, there continues to be low awareness and underappreciation of CKD and its risk factors, with many cases being undetected until symptomatic in later stages. Additionally, 30% of AKI survivors progress to CKD 3 months later. Multiple speakers highlighted that measuring eGFR alone is an ineffective means of measuring kidney health progression over time - assessment must also include a blood pressure check and urine albumin-creatinine ratio (ACR). Patients with preserved eGFR but elevated ACR have a higher risk of cardiovascular mortality, and this risk is even greater in women. 1 in 8 patients with preserved eGFR (defined as over 60) have rapid decline of kidney function, with rapid decliners more often being female, having type 2 diabetes, high blood pressure, and having higher baseline urine ACR. Several interventions were being designed to alleviate these shortfalls in screening and prevention. Many patients with undiagnosed renal disease are comorbid, requiring many visits to a pharmacy for

medications. Some community pharmacists had thus been trialling point of care testing of BP, eGFR and urine ACR for risk identification and were identifying renal disease at similar rates to GPs. Kidney Health Australia shared their nationwide 'Start Taking the Piss' campaign advocating for people to get their kidney health checked, with great success so far. It will be interesting to see whether similar initiatives are able to be trialled here in New Zealand too.

For diagnosed renal patients, we were updated on the multiple new treatments already available in the clinic as well as in the pipeline. SGLT2 inhibitors have saved millions of lives, reducing both dialysis rates and heart failure hospitalisations. Newer medications like finerenone, a non-steroidal mineralocorticoid receptor antagonist have been introduced in Australia with good effect in slowing CKD progression and lowering cardiovascular risk. It was also intriguing to see the innovations in CAR T cells and B cell inhibition as emerging therapies for autoimmune-mediated nephropathies. Although not currently funded in New Zealand and still may be years away, it was exciting to see a hopeful future for not just treating but curing some causes of renal disease. CKD patients have high rates of loneliness and social isolation, so it was also interesting to hear about interventions that increase life participation in these patients, as well as development of modelling software to address adequate dialysis access across Australia and New Zealand.

Overall, sharing my research as well as being able to engage with the presentations of other leaders in the field of nephrology was an extremely enlightening and valuable experience. I am deeply grateful for the Foundation's support in turning this project from a local summer studentship into research that is now shaping international discussion. I am excited to continue to keep you updated as this work now progresses towards publication.

Ngā mihi nui,

Lachie White