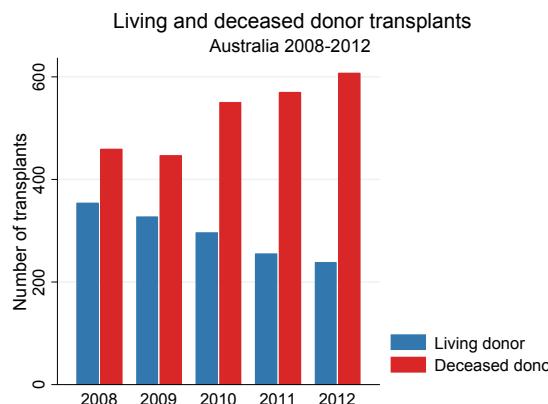
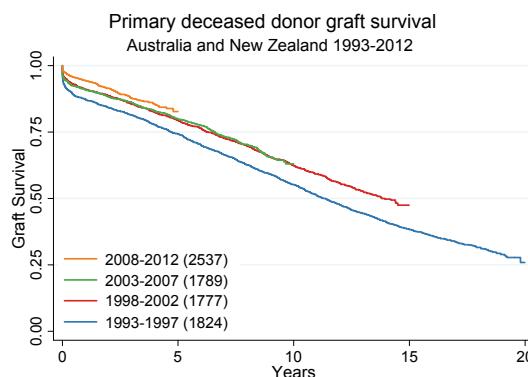




TRANSPLANTATION



The majority of transplants performed in Australia are from deceased donors. In recent years there has been a large increase in deceased donor rates. The majority of this increase is from donors after circulatory death (DCD). Conversely, living donor rates fell over the period 2008-12.



Transplant outcomes in Australia and New Zealand are excellent, and getting even better over time. In the above graph, graft failure includes



PUBLICATIONS

ANZDATA is the source of a large number of scientific and other publications. Some selected recent publications are listed here. A more complete list is available on our website.

- [Pregnancy outcomes for kidney transplant recipients](#). Wyld ML, et al. Am J Transplant. 2013
- [Pregnancy Outcomes According to Dialysis Commencing Before or After Conception in Women with ESRD](#). Jesudason S, et al. Clin J Am Soc Nephrol. 2013
- [Cytomegalovirus & Epstein Barr Virus Serostatus as a predictor of the long term Outcome of Kidney Transplantation](#). Le Page AK, et al. Nephrology (Carlton). 2013
- [Post-transplant lymphoproliferative disorder: no relationship to recombinant human growth hormone use in Australian and New Zealand pediatric kidney transplant recipients](#). Longmore DK, et al. Pediatr Transplant. 2013

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Australia &
New Zealand Dialysis
& Transplant Registry

v2013

The Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) records the incidence, prevalence and outcomes of dialysis and transplant treatment for patients with end-stage kidney disease

COLLECTS

- Data on chronic dialysis and transplantation
- Indicators of clinical process
- Outcome Data

REPORTS

- Outcome of treatment
- Individual Hospital activity
- Australian and New Zealand data

PROVIDES

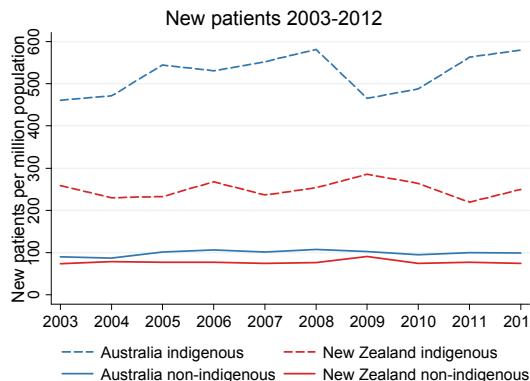
For widespread use of its data for Quality Assurance, Audits, Surveys, Service Planning and Research Projects



INTRODUCTION

This brochure provides an introduction to ANZDATA and includes data collected to the end of 2012, and reported in the 2013 Annual Report. The ANZDATA Registry collects information on renal replacement therapy (dialysis and transplantation) for end-stage kidney disease in Australia and New Zealand.

Much more information can be found at our website, including our Annual Report, data forms and dictionaries, list of publications and guidelines for requesting data.



NEW PATIENTS

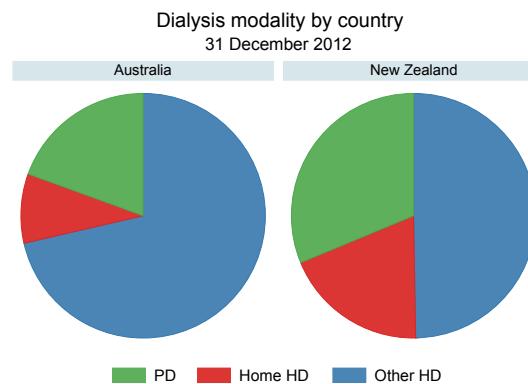
There were 2534 patients who commenced treatment for end-stage renal failure in Australia in 2011, a rate of 112 per million population. In New Zealand, the number of new patients commencing renal replacement treatment was 513, a rate of 116 per million of population.

Rates of treated end-stage kidney disease are substantially higher in Indigenous than non-Indigenous populations in both Australia and New Zealand.

PREVALENT PATIENTS

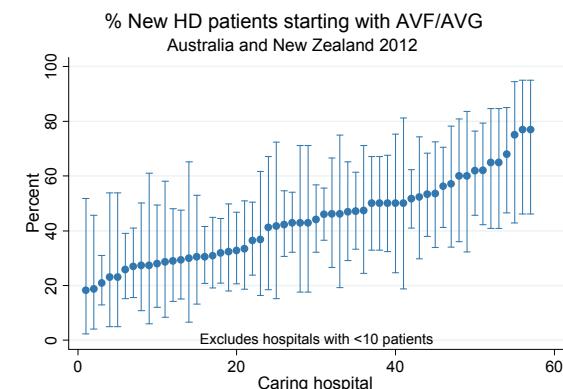
| Australia Total | 20,766 (919) |
|-----------------------------|--------------|
| No. Functioning Transplants | 9,320 (413) |
| No. Dialysis Patients | 11,446 (507) |
| Proportion Home | 29% |
| Proportion Satellite HD | 49% |
| Proportion CAPD/APD | 19% |
| New Zealand Total | 3993 (901) |
| No. Functioning Transplants | 1524 (344) |
| No. Dialysis Patients | 2469 (557) |
| Proportion Home | 50% |
| Proportion Satellite HD | 16% |
| Proportion CAPD/APD | 31% |

At the end of 2012 there were just under 21,000 patients receiving renal replacement therapy in Australia and nearly 4,000 in NZ.

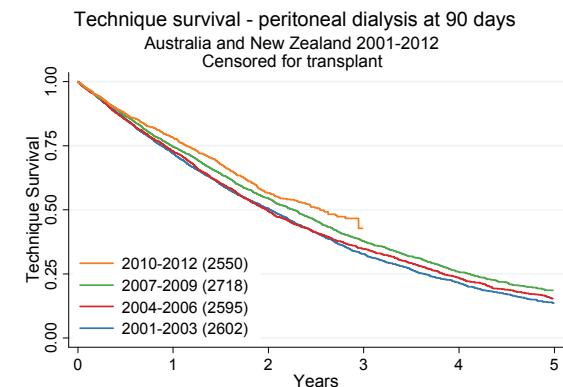


Australia and New Zealand have a strong focus on home dialysis, with 29% of Australian and 50% of New Zealand dialysis patients receiving dialysis at home.

DIALYSIS



ANZDATA has been reporting real-time and annual “key process indicators” (KPIs) for haemodialysis (HD) and peritoneal dialysis (PD) since 2011. At present for HD we report the proportion of new patients starting HD with a fistula or graft. There is a large variation between treating hospitals.



A relatively large proportion of dialysis patients in Australia and New Zealand use PD. The main reasons for technique failure are patient preference, infective complications and death.