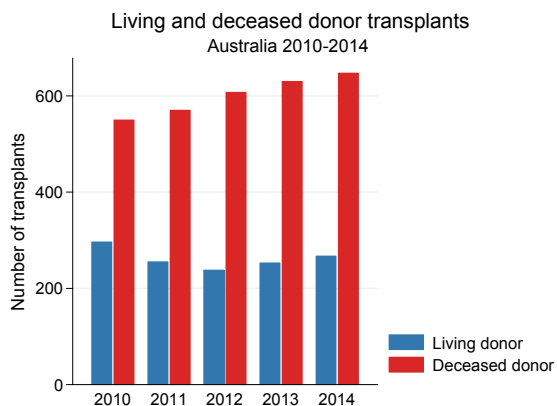
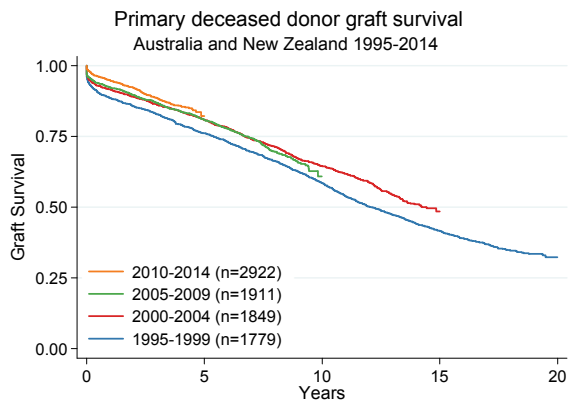




TRANSPLANTATION



The majority of kidney transplants performed in Australia are from deceased donors. In recent years there has been a large increase in the deceased donor rate. The living donor rate has been relatively stable over 2010 to 2014 .



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



PUBLICATIONS

ANZDATA is the source of a large number of scientific and other publications. Some selected recent publications are listed here.

Lawton PD et al. Survival of Indigenous Australians receiving renal replacement therapy: closing the gap? *Med J Aust.* 2015 Mar 2;202(4):200–4.

Kasza J et al. Clustering and Residual Confounding in the Application of Marginal Structural Models: Dialysis Modality, Vascular Access, and Mortality. *Am J Epidemiol.* 2015 Sep 15;182(6):535–43.

Wyld ML et al. Pregnancy outcomes for kidney transplant recipients with transplantation as a child. *JAMA Pediatr.* 2015 Feb 2;169(2):e143626.

Spicer RA et al. Patient and Graft Survival Following Kidney Transplantation in Recipients With Cystinosis: A Cohort Study. *Am J Kidney Dis.* 2014 Sep 18.

A more complete list is available on our website.

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Australia &
New Zealand Dialysis
& Transplant Registry



Australia &
New Zealand Dialysis
& Transplant Registry

v2015

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

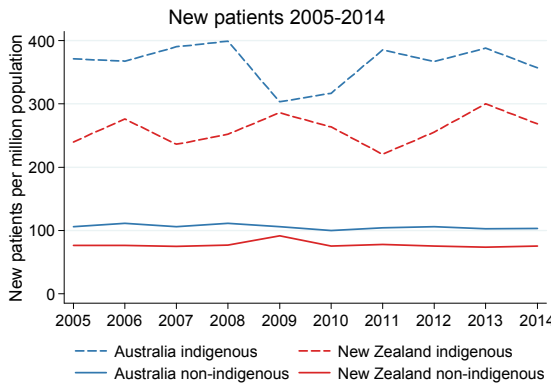
For widespread use of its data for
Quality Assurance, Audits, Surveys,
Service Planning and Research Projects



INTRODUCTION

This brochure provides an introduction to ANZDATA and includes data collected to the end of 2014, and reported in the 2015 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 2610 patients who commenced treatment for end-stage kidney disease in Australia in 2014, a rate of 111 per million population. In New Zealand, the number of new patients commencing renal replacement treatment was 547, a rate of 122 per million of population.

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

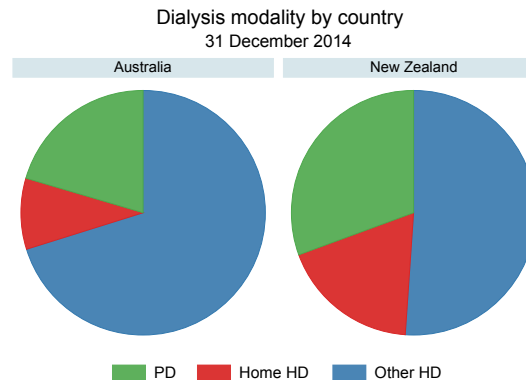


PREVALENT PATIENTS

Australia Total	22,234 (947)
No. Functioning Transplants	10,143 (432)
No. Dialysis Patients	12,091 (515)
Proportion Home Haemodialysis	9.4%
Proportion Facility Haemodialysis	70.1%
Proportion Peritoneal Dialysis	20.4%
New Zealand Total	4,306 (959)
No. Functioning Transplants	1,628 (362)
No. Dialysis Patients	2,678 (596)
Proportion Home Haemodialysis	18.3%
Proportion Facility Haemodialysis	51.1%
Proportion Peritoneal Dialysis	30.6%

New Zealand.

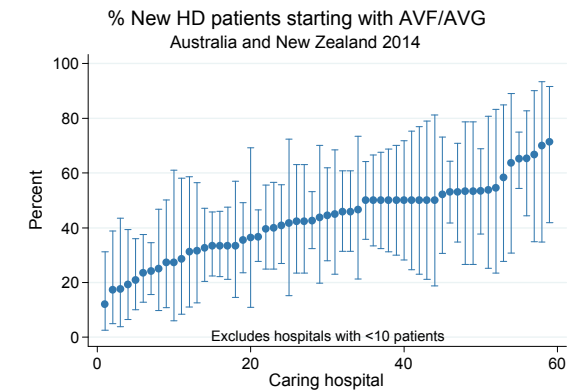
At the end of 2014 there were just over 22,000 patients receiving renal replacement therapy in Australia and around 4,300 in NZ.



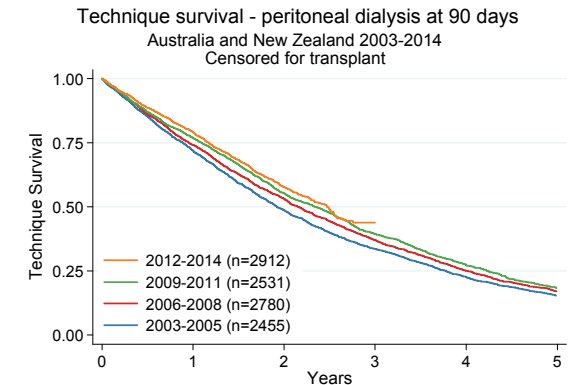
Australia and New Zealand have a strong focus on home dialysis, with 30% of Australian and 49% of New Zealand dialysis patients receiving dialysis at home.



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 death, infective complications and inadequate dialysis.