NHMRC: IMPACT CASE STUDY

JAN 2025





Establishing kidney transplantation

Up until the mid-20th century there was little that clinicians could do to help a patient with renal (kidney) failure: the condition was fatal. By the late 1960s, however, advancements in medical research had made it possible to replace diseased kidneys with healthy ones through transplantation and to keep patients alive with dialysis until donor kidneys became available. NHMRC-funded clinician researchers played key roles in transforming kidney transplantation from an experimental procedure to a world-leading health care service for Australians with renal disease.





The kidneys are essential organs within the body. If a person does not have at least one functioning kidney - or some other mechanism for cleaning their blood - they will die.

When, in 1957, the immunosuppressive drug azathioprine became available, it became possible to treat kidney disease with a kidney transplant.

But patient mortality and graft loss rates were initially high. Research was needed if treatment was to improve.



Investment

NHMRC provided grants to researchers at a number of universities and hospitals to support work on kidney transplantation. Both NHMRC and the Australian Kidney Foundation (AKF) provided funding for a transplant registry.

An NHMRC committee made recommendations for rationalising facilities for organ transplantation and dialysis. This led to an integrated national approach based on organ exchange between renal units and the close integration of dialysis and transplantation.



Research

solutions and storage/transport

patients who had had pre-transplant blood transfusions.

They established a national tissue-B-cell crossmatch test.



Translation

By 1970, a national kidney exchange program had developed between all transplantation units in Australia and New Zealand that still exists today.

ANZDATA has recorded data on all patients in Australia who have ever been treated for end-stage kidney failure by dialysis or transplantation, making it the longest continuous dataset of its type in the world. It has been a central resource for kidney transplant and dialysis related research since its inception and has enabled Australian researchers to contribute to major international clinical trials.

1976 Marshall's

solution created



Impact

By the early 1990s, average kidney transplant survival rate across Australia rivalled those of the better individual transplant units elsewhere in the world.

Australia's national kidney transplantation capability remains world-leading. It is based on a model of central coordination and collaboration and underpinned by the ANZDATA registry, which has been critical to the identification of key elements to successful kidney transplantation and assuring appropriate access to and outcomes of transplantation.

ANZDATA has been critical to the improvement of kidney transplant outcomes, globally

1960



1965 - First successful kidney transplant in Australia

1965

1967-1970 Grants USvd

1969 Collins' 1970 National kidney solution created

1970

exchange established

1969-1974 Initial registry grants

1976 ANZDATA formed 1968-1974 Grants University of Queensland

1975

1983 US FDA approves ciclosporin for clinical use 1984: 400+

1982: By 31 October, 3,535 patients kidney transplants had received a kidney transplant 1981: One-year patient survival rate is 94%

1980

taking place in Australia annually

1980-1986 ANZDATA grants



Prof Sir John Lowenthal CMG Prof Priscilla Kincaid-Smith AC CBE Prof Gordon Clunie Prof Sir Peter Morris AC

Prof James Lawrence AO Prof Ross Sheil AO

Prof Alan Ting Prof John Stocker AO Prof Vernon Marshall AO

visit **nhmrc.gov.au** to read the full story

1975-1979 AKF grants for registry



1985