

OKS newsletter

President: Natalie Brown Email: natalie@oks.nz 027 454 3512
Treasurer: Karen Macleod Email: karen@oks.nz 021 280 0552
Secretary: Philippa Pringle Email: pringlephilippa@gmail.com 021 987 887
Otago Kidney Society Email: info@oks.nz

Facebook page link [Otago Kidney Whānau | Facebook](#)



Welcome to the (OKS) Winter 2025 newsletter

Message from the Committee

Where has the time gone, we have had summer and autumn went in a flash, now we are looking forward to a winter where it is time to enjoy some down time, reading by the fire, hunkering down on the rainy days. I really look forward to winter and being a bit less hectic, with less outside jobs and doing some inside ones like cleaning out cupboards, wardrobes etc, maybe getting some extra pocket money from things we no longer need or want and maybe useful to someone else.

Our AGM had to be postponed to make sure we had a quorum and was held on Tuesday 29th April. We had a good turnout and met some new people. There were some changes to the Committee, myself taking on the President's role and Philippa taking back the Secretary role. We also welcomed Brenda Ryder and Cath Logan to our committee, the rest of the committee remains the same. It is lovely to have some fresh ideas, and we enjoyed some refreshments afterwards.

World Kidney Day was held at the Wall Street Mall on Thursday 13th March.

The Autumn lunch was held at the Ida Garden Bar in Alexandra on Sunday 30th March.

Again just a reminder to provide us with your email address so it is easier for us to have contact with you and saves money on postage and printing costs. Please if you an email address, can email info@oks.nz.

Introducing Philippa OKS new Secretary



Hi my name is Philippa Pringle and I am the new secretary of the OKS ,a position I have held previously.

I received a donor kidney in 1996 for a familial kidney disease. I also have a brother, now deceased ,and a sister who have received donor kidneys.

I am a recently retired nurse who worked for 25 years in ICU in Dunedin hospital with the last 10 years as Clinical Manager..Following that I moved to Mercy Hospital where I was

the Director of Nursing and latterly retired as the Chief Operating Officer.

I have a very patient husband, 2 lovely daughters and 4 beautiful grandchildren all of whom keep me busy.

I'm yet to settle into retirement but see it as a current work in progress. I look forward with catching up with many of you over the year.

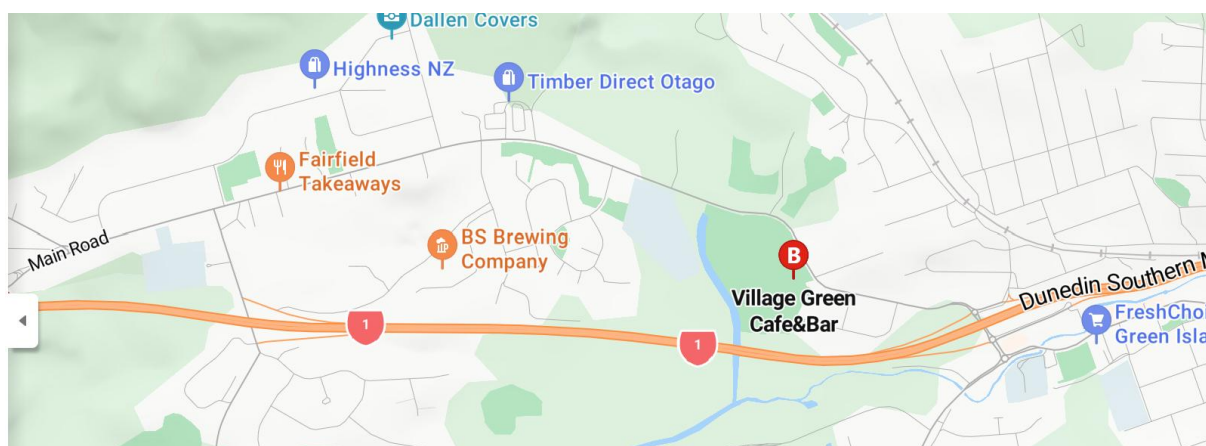
Events

Otago Kidney Society Lunch

Our next lunch will be held in Dunedin at The Village Green



Sunday 6 July at 12.30, see below for directions. We hope to see you all there, \$10 OKS subsidy provided.



Stewart MacLeod – Our Kidney Health Pamphlet Information Man



At our recent Annual General Meeting, during a discussion about getting information out to the people of Dunedin, Stewart MacLeod, one of our OKS

members offered to distribute our pamphlets on kidney health to Medical Centres, Pharmacies and other community organisations.

So far Stew has left pamphlets with

- District Nurses, Wakari Hospital**
- Dunedin Hospital, 4th Floor Outpatients, the Whanua Room and the 7th floor, Ward 7C**
- Mercy Hospital Reception**
- Samoan Advisory Council**
- South Dunedin Community Network**
- Roslyn Health Centre**
- Woolworths Mailer Street**
- Fresh Choice, Roslyn**
- Andersons Exchange Pharmacy**
- Urgent Doctors, Filleul Street**
- Urgent Pharmacy, Filleul Street**
- Awanui Labs, Filleul Street**
- Māori Hill Clinic**
- Helensburgh Medical Centre**
- Brockville Pharmacy**
- Brockville Community Connect**

The response from these organisations has been very positive and people are genuinely interested in giving out the pamphlets to their patients etc as they appreciate how important this information is.

If you would like to receive some pamphlets on kidney health issues please contact Natalie Brown at natalie@oks.nz

And if you would like to help with distributing some pamphlets, please contact Stewart at karen@oks.nz. This would be extremely helpful if you live in Central Otago and North Otago.

Footnote: Stew would like to thank Helensburgh Medical Centre for allowing him to have his photo taken dropping off some pamphlets at their clinic.



Tākihi Hauora Aotearoa

Prevention • Support • Research

Update from Kidney Health New Zealand (KHNZ)

KHNZ Update – Advocacy in Action: Aotearoa’s Kidney Health on the Agenda

The second quarter of 2025 has seen real momentum in our efforts to improve support and visibility for people living with chronic kidney disease (CKD).

Community Screening Grows – Early Detection in Action

KHNZ’s screening and testing events continue to gain momentum, reaching people in high-risk and underserved communities across the country. These events play a vital role in early detection and education, helping individuals access the care they need sooner. Looking ahead, we’re focused on significantly expanding the reach of these initiatives, particularly in at-risk communities, through regional and Māori-led partnerships that support equity and cultural responsiveness.

Patient Stories Shaping Policy

A rising number of patients and whānau are sharing their stories with us, highlighting both the challenges and successes of living with kidney disease. These personal insights are helping us influence DHBs and national policy discussions. If you have a story to share, we’d love to hear from you.

Invitation to Parliament – Reforming the NTA Scheme

KHNZ has been invited to speak at Parliament on 3 June to discuss urgent updates to the National Travel Assistance (NTA) Scheme. The current system places a heavy financial burden on rural and regional dialysis patients. We’ll be advocating for:

- Increased reimbursement rates
- Simplified processes
- Fairer access for people who need regular travel for treatment

This follows on from our earlier briefing to the Minister of Health and reflects growing recognition of the need for reform.

Kiri – A Digital Ally for Kidney Patients

Our digital assistant, Kiri, continues to evolve with new features and better navigation for patients managing early-stage CKD. We're now exploring how Kiri might be integrated into the primary care setting to support GP's identify and manage patients at risk.

Looking Forward

In the months ahead, our focus remains clear:

- **Policy reform – especially around dialysis, transplantation, and NTA**
- **Community engagement – with expanded screening and testing**
- **Innovation and sustainability – to keep building smart solutions for consumers requiring kidney care and support**

Thank you for being part of the journey as we continue to advocate for equity, access, and early intervention in kidney health.

Regards

Andrew

Update from Dunedin Dialysis Unit - for our kidney community

Hi all I am writing this update on behalf of Nlc (charge nurse manager) Who is on leave.

News – as mentioned in last update our new chairs have began to appear. Just went and checked one out myself – not bad – feedback from those sitting in chairs for 5 hours, not 5 minutes, very positive to date 😊 Oh and not to forget PD, we have a new chair in our peritoneal dialysis training room.

Currently into 4th week of extended dialysis unit hours - 7am to 7:30pm Mon – Sat. The new model has made respite for home patients much easier to accommodate and we have been able to welcome some holiday dialysis patients. Patients are now getting longer hours of treatment and we can offer additional training days, to speed up training for home HD.

We now have team nursing up and running which is an internationally recognised way of nursing. This model improves patient care by fostering collaboration and efficient use of resources. Patients are allocated into a team; Yellow, Blue, Green, Pink (haemodialysis teams) and Orange (peritoneal dialysis team).

Kath and Anu have oversight of PD patients in Dunedin/North Otago/Central with Dennis having oversight of Invercargill/Southland patients.

New staff in the units are

Becky RN Southland, Adelaide RN, Praveen RN, Morgan RN, Susana EN, Flavian EN – Dunedin

And two new health care support workers to help Lieny – Brianna and Carl Glad to report no recent staff departures

Hope this finds you all keeping well, warm and informed 😊

Lynda Pre-dialysis/renal access nurse

Christchurch Kidney Society

Hi All

We have an Ethel & Bethel Bingo fundraiser in August (Friday 8th) at the Hornby Club -! So maybe if any of you were planning on travelling around that time, you may be interested, they are a wonderful night?



[HOME](#) [ABOUT](#) [EVENTS](#) [FAQS](#) [CONTACT](#)

About Ethel & Bethel

Let us introduce you to Ethel & Bethel - the Bingo Babes!

Ethel & Bethel are a couple of old biddies who thrive on tea and bingo. Their fundraising and entertainment events transcend mere bingo. The comedy duo offer a delightful blend of adult entertainment with humour and spontaneous performances, infusing every occasion with laughter and a sense of community. For more than a decade, Ethel & Bethel have graced audiences across Aotearoa, promising to capture the very essence of old-school Kiwi hospitality.

The main thing we would need help with is the fundraising for the campervan and are asking members first, to avoid losing funds to a public funding forum. We have about \$50,000 put aside now for our \$130K project. As the campervan is used occasionally by Otago people it would be great if we could get behind this project, plus there is a chance of a discount for users with the Ferry company, to make it affordable to cross the ditch! Our fundraising account number is 03 1591 0025801 01 - The Christchurch Kidney Society. Any funds received into this account will be used for the new campervan, but the old one is on the road still and (fingers crossed) won't need anything done to it in the immediate future, after the last bill!

Kind regards

Jo Houghton

Field Officer / Manager

CHRISTCHURCH KIDNEY SOCIETY INC.

Serving our renal community for over 45 years

1/10 Yukon Place, Hornby, Christchurch 8042

Ph: 03 341 0906 or 021 2860 309



Having Chronic Kidney Disease (CKD) and/or being on dialysis can make starting your wellness journey or finding suitable exercises challenging.

If you are wanting to improve your...

- ✓ **Circulation**
- ✓ **Posture**
- ✓ **Breathing**
- ✓ **Mobility**
- ✓ **Strength**



Our Kidney Society Wellness YouTube channel is a safe, supportive space designed especially for people living with chronic kidney disease (CKD) and those on dialysis.

It offers a collection of videos featuring gentle, effective exercises and wellness tips tailored to your needs. This channel was created to help us reach and support as many of our clients as possible - wherever you are. There are a range of easy-to-follow exercises and practical advice to help you maintain and improve your overall wellbeing, safely and confidently.

Simply search **KIDNEY SOCIETY** in the YouTube search bar and look for our logo or use this link: <https://www.youtube.com/@kidneysocietyadks>

Research

A George Institute Fact Sheet

**PREVENTion with SGLT-2 inhibition of Acute Kidney Injury
in intensive care (PREVENTS-AKI) – November 2022**



The George Institute
for Global Health

Facts:

- AKI complicates around 20% of all hospital admissions, representing over 130,000 events annually in Australia.
- Globally, AKI is estimated to occur in over 13 million people and contribute to 1.7 million deaths per annum.

Project Cycle:

2023-2027

Partners:

The George Institute
for Global Health, Australia
UNSW Sydney, Australia

Supporters:

The George Institute for Global
Health

Principal Investigators

Prof Martin Gallagher

Background:

- Acute kidney injury (AKI) is a common complication of hospital care, especially for patients requiring intensive care.
- AKI is strongly associated with poor outcomes for patients and adds substantially to their time in hospital and the cost of their care.
- There are currently no treatments to prevent AKI or its impacts upon patients and health services, but there is data suggesting that a class of blood-sugar lowering medications (SGLT-2 inhibitors) may protect against AKI.

Aims:

- This project will definitively test whether the use of SGLT-2 inhibition prevents the development and complications of AKI in high-risk patients treated in intensive care.

Methods:

- A multi-centre double-blind randomised controlled trial of SGLT2-inhibitors versus placebo will be conducted in patients admitted to intensive care who have a high risk of developing AKI.
- Patients will be administered study treatment throughout their intensive care admission hospital stay up to 30 days. Follow up will be conducted via phone call at Day 30 and Day 180 post randomisation.

Impact:

- This is the first trial to test SGLT2-inhibitor use in the intensive care setting.
- This treatment has the potential to be the first preventative treatment for acute kidney injury.
- This treatment will potentially save lives and reduce harm among millions of patients who experience acute kidney injury around the world.

Some Research happening around the World in Autosomal Dominant Polycystic Kidney Disease (ADPKD) space

Q&A with Adele Rowley, Chief Scientific Officer



“ Our key priority is advancing our lead compound into the clinic, with plans to initiate Phase 1 trials this year. We are currently completing CTA-enabling studies and preparing regulatory filings, both of which are critical milestones in bringing our therapy closer to patients. ”

Adele Rowley
CSO

Q: As CSO of Mironid, what drives your passion for scientific innovation, and how do you keep your team motivated through challenges?

I've been a scientist for nearly 30 years, and I feel incredibly fortunate to be in a career where you learn something new every day. At Mironid, I work alongside a talented and passionate team who inspire me as much as I hope to inspire them. Our work in Autosomal Dominant Polycystic Kidney Disease (ADPKD) is particularly motivating. With this being a disease that runs in families, it carries a significant emotional burden for patients and their loved ones, making the work we do even more meaningful. A large aspect of what

keeps our team engaged is the very clear link we have observed between the mechanism of action of our LoAc® molecule and the disease itself – by lowering cyclic AMP, we have the potential to make a real difference. In a small company like ours, everyone sees the direct impact of their work, learns from challenges, and grows as scientists, which I believe is truly motivating.

Q: Mironid is advancing small molecule therapeutics for the treatment of ADPKD – what makes your approach unique in the industry?

Mironid's approach is built on deep expertise in PDE4 structure-function relationships, allowing us to precisely modulate the activity of this enzyme with small molecules. PDE4's natural role is to degrade cyclic AMP (cAMP), a key driver of cyst formation and expansion in ADPKD. Unlike conventional approaches, our LoAc® molecules are designed to selectively increase PDE4 activity, effectively lowering the aberrantly high cAMP levels that drive disease progression. This unique mechanism offers the potential to slow disease progression, delaying or even preventing the need for dialysis or transplant. By targeting the root cause of cyst growth, we aim to provide a transformative treatment that improves the quality of life for ADPKD patients and their families.

Q: Can you share an update on Mironid's latest advancements and their potential impact?

We are excited to have selected our lead compound for development and are on track to advance it into Phase 1 clinical trials this year. A key milestone in our progress has been the successful optimisation of urine cyclic AMP measurement as a biomarker for LoAc® response, which will be an important tool in our clinical studies. This biomarker allows us to directly assess the pharmacodynamic activity of our compounds, strengthening our ability to translate preclinical findings into meaningful clinical outcomes. As we complete the final regulatory-enabling studies ahead of our CTA submission, we are proud of the progress made and remain committed to bringing this innovative treatment to patients as soon as possible.

Q: What are the biggest challenges in developing next-generation small molecule drugs, and how is Mironid overcoming them?

Small molecules remain vital in drug development, offering the advantage of oral administration, which is particularly important for ADPKD where lifelong

treatment requires a simple, patient-friendly option. A key challenge is selecting the right target. With deep expertise in PDE4 biology, we know that increasing its activity to lower cyclic AMP directly addresses ADPKD's underlying pathology, strengthening our likelihood of success. Another challenge is ensuring that a molecule is not only effective but suitable for long-term development. The team at Mironid possesses exceptional scientific expertise, and have carefully considered factors like formulation, manufacturing, and physicochemical properties from the outset. By combining scientific insight with a focus on real-world drug development, we are advancing a small molecule therapy designed to be both impactful and accessible for patients.

Q: Looking ahead, what are the next key milestones for Mironid, and how do you see the company evolving in the coming years?

Our key priority is advancing our lead compound into the clinic, with plans to initiate Phase 1 trials this year. We are currently completing CTA-enabling studies and preparing regulatory filings, both of which are critical milestones in bringing our therapy closer to patients. Beyond our lead program, we are also developing backup molecules to support the long-term success of our approach. This continued investment in chemistry ensures a strong pipeline and reinforces our commitment to delivering impactful therapies for ADPKD.