

THE HISTORY
OF
THE TRANSPLANTATION SOCIETY OF AUSTRALIA AND NEW ZEALAND
AGR Sheil and BM Hall

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Introduction and Brief Targeted History

To set the scene for the history of the Transplantation Society of Australia and New Zealand (TSANZ) we begin in these countries in the late 1970s as, by then, renal transplantation (Tx) was firmly established in all Australian States and in New Zealand, with a healthy collaboration between all groups working in Tx supported by top class collaborative tissue typing.

The first heart (1), liver (2), and bone marrow (3) Tx in Australia had been performed. Corneal Tx, long-established, continued. Immunology was alive and well as a result of powerful Australian immunologists including the late Sir McFarlane Burnett, GJV Nossal, Donald Metcalf, Jacques Miller, Kevin Lafferty, Ian McKenzie, Peter Morris, John Faber, Susan Dorsch and Bruce Roser.

As a result, there was a significant body of individuals -- clinicians, researchers, support personnel and technicians engaged in or studying Tx and/or transplant-related disciplines.

The Transplantation Society (the international body -- TTS) and the British Transplantation Society (BTS)

The clinicians involved in Tx in Australia and New Zealand in the early days had been able to witness the benefits of a society dedicated to Tx with TTS, which had developed from biennial meetings reporting on tissue typing, hematology, immunology and human Tx at the New York Academy of Sciences, culminating in the founding of TTS at the seventh conference, chaired by John Marquis Converse, in 1966.

TTS had its first International Congress of Tx in Paris in 1967. The Chairman of this Congress was the legendary Sir Peter Medawar who had been elected TTS's first President at the 1966 New York Academy of Sciences meeting. Sir Peter went on with his colleague Dr. Leslie Brent to play a major role in the formation of the BTS which had its inaugural meeting in 1972.

The objectives of these societies were similar to those adopted by TSANZ some 9 years later.

The Birth of TSANZ

In Australia, those involved in clinical practice and in research in Tx and related fields were predominantly surgeons, physicians, immunologists, hematologists, tissue typers and researchers in all these disciplines. Their work was reported at meetings of

the Royal Australasian College of Surgeons, and of the corresponding Australian and New Zealand Nephrological, Hematological and Immunological Societies.

By 1981, there were 1647 patients supported by renal dialysis and 1495 with functioning renal Tx (4). Forty-five hospitals were involved in renal dialysis and 27 in renal Tx. As Tx activity and success grew, the number of individuals working in Tx and related fields, both clinical and research, became large and continued to increase. Besides the clinicians, there were those involved in tissue typing, basic science, nursing personnel, transplant coordinators and support personnel.

A national forum where all these individuals could come together to report on their efforts, meet like minded individuals and advance research interests was necessary. As well, such a forum could facilitate national collaborations, protocol developments and the establishment of legal and ethical requirements.

Support from industry groups, at this time feverishly endeavoring to produce and test new immunosuppressive agents, as well as supply all aspects of dialysis support and backup investigative and therapeutic modalities, was assured. These companies would help those working in the various fields with their research funding and travel and help realize a significant objective of TSANZ, which was to bring to Australia world authorities in all the various aspects of Tx science and practice.

Foundation of the Society

The establishment of TSANZ was not, however, to proceed without some difficulties. Those who were to be the major players were already contributing significantly in their various, surgical, nephrological, immunological and hematological societies, none of which wished to lose the Tx input. Some pressure was brought to bear on the key individuals to avoid this.

Even so, when Ross Sheil (AGRS) approached the major players, all recognized the potential benefits of a National Transplantation Society and, in October 1981, all signed a letter to be sent to interested individuals. Besides AGRS, the signees were Prof. GJA Clunie, Prof. Sir GJV Nossal, Prof. PS Kincaid-Smith, Dr TH Mathew, Prof. A Basten, Prof. VC Marshall, Dr DJ Tiller, Prof. DF Scott, Dr JH Stewart, Prof. J May. In that letter was stated "it is planned that the Society will be formally established at a meeting to be convened at the National Tx Conference in Adelaide on Monday, 30 November (1981) 5:30 PM" This letter is shown in Annexure 1.

The minutes of the meeting are shown in Annexure 2. Nine Australian members of TTS were present and approximately 50 other individuals.

At the meeting AGRS and Dr Bruce Hall were appointed as an informal Secretariat to oversee procedures leading up to the proper election of office bearers of the Society. They were to establish a role of the membership, draw up a constitution for consideration by the members, arrange incorporation of the Society, establish affiliation of the Society with TTS and call an inaugural meeting.

With the support of all those present, at 5:45 PM, November 30, 1981, Prof. Vernon Marshall formally declared the establishment of TSANZ.

The Society Constitution, Membership, Office Bearers, Incorporation and Subscriptions

During 1982 a draft constitution for the Society was drawn up by the informal Secretariat and promulgated. Annual fees, as decided at the meeting to inaugurate TSANZ, were set at \$20. Those interested in becoming members were asked to submit applications to become Foundation Members. All applications were accepted. There were 160 Foundation Members of whom 7 were from New Zealand.

Elections for Council were also held with Prof. AGR Sheil being elected as President, Dr Bruce M. Hall Secretary/Treasurer (Fig1) and Doctors TH Matthew and AJF d'Apice and Professors GJA Cluney and JC Biggs the inaugural Councillors. A list of office bearers of the Society since its inception is shown in Annexure three. To date, all Councillors have been from Australia with the exception of Dr. Derek Hart (Christchurch, New Zealand), who was Councillor 1991 to 1995.

The Constitution was set so that the elections of office bearers of the Society were held each two years. Also, in order to ensure a fair distribution of interests and members, there was to be representation in the Council at any time of at least three interest groups, which were broadly renal Tx, non-renal Tx and basic sciences. Representation also had to be from at least three different states or New Zealand (represented for voting purposes as equivalent to a state).

The Society was incorporated in 1987, this event being announced at the first TSANZ Inc. meeting held at the RACP on Tuesday, February 9th, 1988 by the then President of the Society, Dr Tony d'Apice. Also announced at that meeting was the decision of Council to increase the annual subscription to \$35, beginning in 1989. This was the first time that the annual subscription had been increased since the founding of the Society seven years earlier.

The first Annual Scientific Meeting (ASM)

The first ASM of the Society was held in April, 1983. The Academy of Science, situated in the National University in Canberra, was chosen as the site for the meeting, diminishing intercity rivalries. The meeting was timed to coincide with the University holidays in autumn, allowing abundant moderately priced accommodation in the colleges and at University House, and at a time when Canberra is at its most beautiful. By this time there were 230 financial members. One hundred and twenty members registered for attendance and more than 60 abstracts were submitted. The meeting was highly successful.

The Secretariat of the Society

The Society Secretariat was established in the gracious mid-18th century sandstone and iron building which has housed the Royal Australasian College of Physicians (RACP) since 1938 (Fig 2). The building at 145 Macquarie St in Sydney is a charming four-story building which, despite renovations, remains a fine example of the grand terraced houses of colonial Sydney. It is now dwarfed by high-rise buildings on either side and is one of the few remaining houses of its period. We were delighted when the Royal College accepted the TSANZ submission for a home. TSANZ Council meetings were held, appropriately, in the Council Room of RACP.

However, with the passage of time and the availability of a suite of rooms in the building next door to the RACP building, the offices of the Secretariat are now at 1/149 Macquarie St. Here, the rooms (and staff) are shared with the Australian and New Zealand Society of Nephrology and the Australian and New Zealand Association of Neurologists. The business address and telephone number remain the same!

Similarly, as time has moved on, the polished mahogany and famous paintings of the RACP Council Room have given way to the Sydney Airport surrounds, as Council meetings are now held at the airport to facilitate the comings and goings of the interstate and international Councillors and obviate the need for travel into the city

The Society has been blessed by a succession of top quality executive officers who have been rocks providing a firm foundation for the Society. The first, the delightful Mrs Roma Kneen, endured 18 years. She was followed by Ms Linda Bowler (five

years), Pamela Carland (several months), and the current Executive Officer, Ms Aviva Rosenfeld, who has been with the Society for nearly 14 years (Fig.3). She has graciously contributed significantly to this work. Other support administrative staff members are Louise Deller and Linda Catanzariti. Since its inception, the Society's accounts have been audited and financial statements prepared by Mr. Colin Marr.

The Society logo, shown in Fig. 4, was first used in 1993. It was selected from a number of inspirational submissions to a competition organized by the Council. The winning design was by Cath Nicholls, from the Tx Immunology Laboratory, Queen Elizabeth Hospital, Woodville, South Australia. The three points of the design "represent the contribution of the donor, medicine and science to organ Tx. The complexity of the process of organ Tx is represented by the intertwining of the colors. Australia and New Zealand are symbolized by their respective national colours: green and gold, black and white".

The Society has an excellent, well designed and informative website (www.tsanz.com.au) which was originally established with the assistance of the RACP in the mid-1990s. Since 2007 the site has been maintained independently by the Society and its Executive Officer.

The Society as a pivotal forum

Through the 1980s Tx activity in Australia and New Zealand increased steadily. Renal Tx procedures numbered in the hundreds each year. Pancreas Tx began in Melbourne in 1984 (Scott, DF Personal communication). After the proclamation of brain death legislation in 1984, cardiac Tx began again in Sydney in that year (5) and in Melbourne in 1989 (Ms Michael McBride, Australian Coordinating Committee on Organ Registries and Donation (ACCORD) personal communication). Liver Tx was begun again in Brisbane in 1985 (6) and in Sydney in the following year (7). Heart-lung (1986) and lung (1990) Tx were performed in Sydney (Ms. Michael McBride personal communication).

Centers for each of these Tx now exist in all states and in New Zealand. Corneal Tx is widely practiced. Tissue Tx including bone marrow, heart valves and bone are also carried out.

With increasing numbers and variety of organ Tx a major objective of the Society has been to maintain the Society as a pivotal forum for all Tx, even though there is recognition of the importance of subgroups to oversee the interests of groups involved in separate tissue and organ Tx. At present, each subgroup is represented by a Standing Committee.

Membership, Councillors, Standing Committees and Honorary Life Members

The number of individuals involved in Tx throughout Australia and New Zealand continues to grow steadily. On 30 October, 2009 Society membership stood at 623 of whom 23 resided in New Zealand. International members, numbering 39, are from a wide range of countries. "Student" members number 63. There are 10 Councillors and 9 Standing Committees. The committees are named for each of the organs which are transplanted (Cardiac, Liver, Lung, Pancreas and Islet Cells, and Renal Committees) and Committees for Cornea, Donor Surgeons and Coordinators and Xenotransplantation.

In its 28 years of existence, TSANZ has honoured 10 individuals with Honorary Life Membership of the Society. To date, with one exception, all have been Australians. The exception is Prof. Anthony P Monaco, who was honoured in 1988, a

year when he was president of TTS and TSANZ hosted the X11 International Congress of TTS. A list of TSANZ Honorary Life Members is shown in Annexure 4

Annual Scientific Meetings

The annual scientific meetings (ASM) have been a highlight of the Society's activities. Submissions of abstracts of work in progress have steadily increased, now exceeding 100 each year. A boon has been the publication of the accepted abstracts, initially as brief papers, in the prestigious journal "Tx Proceedings", a privilege which arose following the affiliation of TSANZ with TTS, soon after the inauguration of TSANZ. More recently, abstracts have been published in the Journal of Immunology and Cell Biology, published first by Blackwell and now by Nature Publishing.

The ASM meetings have been held in Canberra each year with exceptions in 1987, 1988 and 2008. The 1987 meeting was held in Adelaide, coincident with the ASM of the Australasian Nephrological Society. However, some Councillors felt that the TSANZ meeting suffered because of the joint meeting requirements. Conjoined meetings were held with TTS at the International Meetings hosted in Sydney by TSANZ in 1988 and 2008.

The ASM have been organized each year by Society members nominated by Council and designated as Conveners, together with supporting committees. The Conveners and committees have usually not being Council members, resulting in the participation of a large number of Society members in the planning and organizing of the scientific content and social aspects of the meetings. The hard work and capable assistance of the Secretariat of the Society has ensured that the meetings are well organized and run smoothly.

Another distinction of the ASM is the tradition of scholarships for young researchers and clinicians to assist them attend the meetings and present their work. Many of the successful applicants have gone on to independent research and clinical roles and have made significant contributions to their fields and to the Society.

Of great importance has been the welcoming of distinguished individuals from overseas centers to address the meetings and present their work. All invitees have been leaders in their fields, drawn from the diverse disciplines related to Tx. The number of invitees has varied from 1 to 4 at each meeting.

The international visitors have been supported generously by the Society's sponsors, including pharmaceutical industry partners such as Sandoz which became Novartis Pharmaceuticals Australia Proprietary Ltd (Novartis), Janssen-Cilag Proprietary Ltd (Janssen-Cilag), Roche Products Proprietary Ltd (Roche) and, more recently, Wyeth Australia Proprietary Ltd (Wyeth).

Almost without exception, the visitors have taken the opportunity to visit with their colleagues in hospitals and universities around Australia and New Zealand to the great benefit of the Tx community and, in many cases, providing an opportunity for young Australian researchers to open negotiations for visits to the visitors in their own countries.

Listings of the Meeting Conveners, Invited Guests, their Institution and the Supporting Organizations are shown in Annexure 5.

A major feature of the ASM has been the presentation of evolving clinical and scientific findings, including many contributed by Australian and New Zealand TSANZ members.

The reports of the ANZDATA Renal Registry by its first and long-term Medical Director, Dr. Alex Disney, and, more recently, Dr. Stephen Donald, both supported

superbly by the Registry Manager, Mrs. Lee Excell and others, have always been an annual highlight.

Landmark presentations over the years have been many and include the first clinical results from the newly commencing cardiac, liver, lung and pancreas programs, as well as progress and improvements in the established renal and corneal Tx programs.

The introduction of new immunosuppressive agents, such as cyclosporine, anti-CD3 monoclonal antibodies, tacrolimus, mycophenolate mofetil, rapamycin and everolimus were reported and debated, together with trials of other less well established immunosuppressive agents.

In basic sciences the new fields of monoclonal antibody production and characterization, molecular genetics, transgenic and knockout models have been presented, representing cutting edge science.

There have been engrossing debates between groups of members who are world leaders in the fields of passenger leukocytes and dendritic cells, the major histocompatibility complex, T cell subsets in rejection, T-suppressor/regulatory cells and cytokines and chemokines.

Society members have been at the forefront of research in xeno-Tx, including the study of complement de-activation molecules and modification of the targets of xeno antibodies.

The high quality and diversity of presentations have led to extraordinarily exciting meetings for the members and for the international guests who have been impressed with the clinical and scientific endeavors of TSANZ members.

Postgraduate Training Course

A Postgraduate Training Course is presented by TSANZ.

The Courses are convened by 1-3 (usually different) senior Society members. On each occasion, 2 -- 3 International Guests are invited to lecture, together with 20 to 26 senior Society members. The invited lecturers address a wide and exciting range of topics, always updated to the last moment.

The first Course was held in 1991, when it was in association with the Postgraduate Committee in Medicine of the University of Sydney. The first several Courses extended for three -- five days. They were held approximately biennially initially, the major emphasis alternating between basic sciences and advanced Tx science. However, courses are now for two days and they occur annually.

Initially, the Courses took place in sites in different cities, but, on the last five occasions, they have been in Canberra. They are live-in affairs and immediately precede the ASM.

The courses have been an important addition to the training and knowledge of all those who attend, but especially younger Society members. They are available for general attendance, but Society members are offered a discounted subscription. Recently, there has been an annual registration of 50 to 60 individuals.

In the last two years the Course has generously been subsidized by Roche.

The years on which the courses were held, their site, the conveners and the invited International and Local Speakers are shown in Annexure 6.

Research Grants and Awards

A key aspect of the Society's activities relates to the fostering of research with research grants. Many of the grants are directed specifically at younger members.

The President's Prize has been a highlight of the meeting for many years and features the best abstracts submitted by young investigators. These are presented at a special plenary session and are judged by a panel which includes the overseas speakers.

Novartis and Wyeth Young Investigator Awards support the attendance of many young investigators at the ASM and are awarded to those making meritorious presentations of their work. There are also Amgen Young Investigator Book Prizes for worthy presentations.

Since 1988, Kidney Health Australia has awarded a prize for the best Clinical and the best Laboratory Presentations at the ASM, for which all abstracts are eligible.

There have also been two generous research awards for clinical research sponsored by Amgen and TSANZ since 2008.

Since its inception, the Society has provided travel scholarships for young investigators to travel overseas to international meetings, especially the biennial International Meeting of TTS, the Basic Sciences Meeting of TTS, the American Tx Society Meeting and the International Xenograft Meeting. Most of the overseas scholarships have been funded by generous grants to the Society by Novartis and Roche, while some have come from the Society itself. Janssen-Cilag has sponsored an important Travelling Fellowship to support postdoctoral studies overseas by young investigators selected by the Society.

In the last few years two new and prestigious awards have been established:

In 2008 the Mark Cocks Tx Research Scholarship was donated by Tx Australia to commemorate the contribution of the late Mark Cocks, a much loved Tx recipient, to that organization and to Tx in general. The scholarship is awarded to a Society member "to encourage members of the Tx community to study or enhance their Tx techniques and procedures, or to develop innovations that will improve survival rates and quality of life of patients".

The Ian Mackenzie Prize is to honour the lifelong commitment of Prof. Ian McKenzie to Tx research. It began in 2003 as the "Ian McKenzie Fellowship for Experimental and Applied Tx Research," and was funded for the first three years by the Austin Institute in Melbourne. The inaugural award in 2003 was won by Dr Wayne Hawthorne. In 2004 it was won by Dr Karen Dwyer and in 2005 by Dr Gail Christianson. After a period of two years, TSANZ took over funding of the award which was then designated the "Ian McKenzie Prize for Outstanding Contribution in Tx". The description of this honour is as follows: "The award recognizes researchers who have demonstrated excellence and exceptional contribution in the field of Tx. Preference will be given to applicants who are within 10 years of embarking on their own research program, either in the field of basic science, clinical research or both. The defining period for assessment will be the postdoctoral research years or a similar independent research period".

In 2008 the award was won by Dr. Stephen Chadban and in 2009 by Dr Geoffrey Hill.

International Impact of the Society and Its Members

The importance of Australian contributions in the field of Tx has been recognized worldwide from the outset, a recognition embracing the Society and its members.

Society members have been Councillors, Secretaries, Vice Presidents and, on two occasions, Presidents of TTS. As Presidents, we claim Prof. Sir Peter Morris, a Melbourne graduate who now lives in Oxford, England, as one of our own, And the current TTS President is Prof. Jeremy Chapman.

On two occasions the Society has made successful bids to host the International Congress of TTS, a huge compliment to the members. These meetings, the first in 1988 and the second in 2008, both held in Sydney, were highly successful and acclaimed. Both meetings were financial winners, resulting in TSANZ being a significant beneficiary, enabling continuing substantial initiatives to support research and education within the society. On each occasion an earlier President of the Society was Chairman of the Local Organizing Committee. In 1988, Prof. AGR Sheil; in 2008 Prof. Jeremy Chapman.

The Contribution of the Society and its Members to Public Policy in Australia and New Zealand

Society members have been pivotal in the establishment and maintenance of registries dealing with all aspects of Tx. The registries' documentation and reports are freely available and have significant medical, political and public significance. Comprehensive registries of kidney, liver, pancreas and cornea Tx are maintained. Recently an ANZ Organ Donor Registry (ANZODR) was established. As well, the Society provides universal direction on the medical and ethical aspects of Tx, including selection criteria for donors and recipients of organ Tx.

The Society and its senior members have been closely involved with the medical, legal and governmental issues which have resulted from the advent of this new, immensely important, highly expensive, clinical and research development, which has allowed the successful treatment by Tx of large numbers of previously-doomed individuals in the Australian and New Zealand populations.

Senior Members of the Society were part of Justice M D Kirby's 1978 Law Reform Commission investigating and reporting on the social and legal aspects of human tissue Tx, including "brain death". The Federal and State Governments were directly involved with the resulting brain death legislation and have played an increasingly large role with organ donation, including an indication of an individual's wishes on his or her driving license.

The Society and its members have been involved with, or have advised, national bodies such as The National Health and Medical Research Council (NHMRC), the Health Ministers Advisory Council and the Australian Health Technology Advisory Committee on the rationalization of the delivery of therapies and access to treatment, the evaluation and distribution of costs and on ethical requirements. Society members have taken part in reviews of National Units in Australia. They have contributed to the NHMRC development of an "Australian Code of Practice for Tx of Cadaveric Organs and Tissues".

The Federal Government has now appointed a body, the Australian Organ and Tissue Donation and Tx Authority which will oversee many aspects of organ Tx. One of the Authority's first undertakings is to draft a "National Protocol for Donation after Cardiac Death." It is anticipated that Society members will be involved directly in this recent development and, already, the Society is involved with developing Allocation and Eligibility criteria for Tx of all organs.

Summary

TSANZ has been a major success from its beginning in 1981. It continues to grow and contribute to the clinical and scientific aspects of Tx in Australia and New Zealand and Internationally. It has been an excellent forum for the coming together of all individuals involved in organ Tx or related disciplines in Australia and New Zealand. The ASM have, without exception, been successful. The Society and its

industry supporters have fostered young investigators and their research. It has facilitated collaborations in all aspects of organ tx including clinical, tissue matching, research and support. It has played a significant role in determining legal and ethical requirements. It has fostered a wonderful collaboration between individuals and units and seen the development of collaborative protocols, registries and the setting of high ethical standards. It has brought senior clinicians and researchers from overseas, benefiting all members, with special emphasis on our younger members. It has contributed notably to public policy and legal aspects concerning Tx. It remains financially secure.

Acknowledgment

The authors wish again to acknowledge the gracious contributions of Ms Aviva Rosenfeld, current Executive Officer of TSANZ and Ms Louise Deller, Administrative Officer for TSANZ.

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Captions for Annexures

- 1 Letter inviting those interested in becoming Foundation Members of the Transplantation Society of Australia and New Zealand to apply for membership.
- 2 Minutes of the meeting to inaugurate the Transplantation Society of Australia and New Zealand (November 30, 1981).
- 3 TSANZ Office Bearers 1982 – 2011
- 4 TSANZ ASM Conveners, Invited Speakers, Institutions and Sponsors 1983 – 2009
- 5 Honorary Life Members of TSANZ
- 6 TSANZ Postgraduate Course -- Year, Conveners, Invited International and Local Speakers, Location.

Captions for figures

Figure 1 Professor Bruce Hall. The Inaugural Secretary/Treasurer of TSANZ.

Figure 2 The Royal Australasian College of physicians building at 145 Macquarie Street, Sydney. The TSANZ Secretariat was housed here in the early days. Photographed by Narelle Munro. Photograph 2007. Artist' s Collection.

Figure 3. The current executive officer, Aviva Rosenfeld, hard at work on "The History of TSANZ".

Figure 4. The TSANZ logo is shown. Its origins and significance are detailed in the text

