

KIDNEY Notes



Dear Colleagues,

As the 2010 Annual Meeting of the ASPN draws near, I hope to see all of you in Vancouver, where we have an outstanding educational and scientific program planned. I would like to thank Susan Furth, Program Chair, Lisa Guay-Woodford, Program Co-Chair and the Program Committee members, including Lorraine Bell, Patrick Brophy, Prasad Devarajan, Vikas Dharnidharka, Liz Ingulli, Tina Kvale, Kevin Meyers and Bill Smoyer for developing our 2010 program. Please plan to attend the Business Meeting on Sunday afternoon (May 2) and the Awards Luncheon on Monday (May 3). At the Awards Luncheon, Dr. Eileen Brewer will receive the ASPN Founder's Award for her lifetime contributions to pediatric nephrology and Dr. Aaron Friedman will receive the Henry L. Barnett Award in recognition of his outstanding teaching and clinical care for children with kidney disease. We will also introduce the 2010 ASPN Trainee Research Awardees: T. Keefe Davis (St. Louis Children's Hospital), Gal Finer (Northwestern University Feinberg School of Medicine), and Rosemary Thomas (Montefiore Medical Center/Albert Einstein College). Finally, I personally invite you to attend the ASPN social event on Saturday evening, where we have some special acknowledgements planned. Please also remember that committee meetings are open to the membership and we encourage you to attend those that are of interest to you. Input from the membership is essential to reach the ASPN goals in research, clinical affairs, advocacy, public policy, education, workforce and training and certification.

At the end of the 2010 meeting, I will be stepping down as President of the ASPN and passing the gavel to Bill Schnaper. My term has coincided with a remarkable period in history, where we have witnessed the election of the first African American U.S. President, the worst economic crisis in decades, and a prolonged battle in Congress over health care reform. As I reflect on the numerous accomplishments of the society during these tumultuous past two years, I want to thank my fellow Officers, Council and our hardworking committees for their input and support, and to thank the membership for the privilege of serving as your President.

Sincerely,



Lisa Satlin, M.D.
ASPN President

ASPEN Leadership

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2010 Founder's Award Recipient



Eileen D. Brewer, MD
*Texas Children's Hospital
Houston, TX*

Dr. Eileen Brewer has been selected to receive the 2010 Founder's Award. This award is given each year to an ASPN member in recognition of unique and lasting contributions to the field of pediatric nephrology. Dr. Brewer has contributed significantly to the ASPN by promoting its activities to assure a continuing role for its members in science as well as in specialized health care for children with kidney disease. She will be recognized for her contributions during the ASPN Awards Luncheon on Monday, May 3rd at the ASPN Annual Meeting in Vancouver.

American Academy of Pediatrics Section on Nephrology 2010 Henry L. Barnett Award Recipient



Aaron Friedman, MD
*University of Minnesota Medical School
Minneapolis, MN*

Dr. Aaron Friedman has been chosen to receive the 2010 Henry L. Barnett Award in recognition of his distinguished contributions in the field of pediatric nephrology. Dr. Friedman will receive the award at the ASPN luncheon on Monday, May 3, at the ASPN Annual Meeting in Vancouver.

2010 Trainee Research Award Recipients

Annual awards are given at the ASPN meeting: one for best clinical abstract and one for best basic science abstract. This year's recipients are listed below.

Basic Research Science
T. Keefe Davis, MD,
St. Louis Children's Hospital
Gal Finer, MD,
Northwestern University

Clinical/Translational Science
Rosemary Thomas, MD
Children's Hospital at Montefiore

2010 Resident Travel Award Recipients

Each year the ASPN sponsors residents and selected other non-fellow trainees to attend the annual meeting. Stipends to partially support travel as well as complimentary registration are given on a competitive basis. The following are this year's recipients:

Smitha Chillambhi, *Massachusetts General Hospital*
Ritika Coelho, *University of Illinois Medical Center*
Danielle Coury, *University of Tennessee Health Science Center*
Rachel Engen, *Cincinnati Children's Hospital*
Michael Freeman, *Children's Hospital of Pittsburgh of UPMC*
Benjamin Harris, *University of North Carolina at Chapel Hill*
Janet Lee, *Temple University of Medicine*
Sarah Milliken, *Helen DeVos Children's Hospital*
Tecile Prince, *Indiana University School of Medicine*
Zachary Smith, *University of North Carolina at Chapel Hill*
Aaron Wightman, *University of Washington Medical Center*

ASPN Ancillary Meetings Schedule

Meeting	Day	Date	Start	End	Fairmont Waterfront Hotel Rooms
Council	Friday	4/30/10	12:00 PM	06:00 PM	Princess Louisa Suite
Clinical Affairs Committee	Saturday	5/1/10	12:00 PM	01:00 PM	Princess Louisa Suite
John E. Lewy Foundation Board of Directors	Saturday	5/1/10	12:00 PM	01:00 PM	Douglas Boardroom
Stone and Bone Club CANCELLED	Saturday	5/1/10	01:00 PM	02:00 PM	Terrace Room w/Patio
Website Committee CANCELLED	Saturday	5/1/10	01:00 PM	02:00 PM	Burrard Suite
Member Education Task Force	Sunday	5/2/10	7:00 AM	8:00 AM	Nootka Room
Research Committee	Sunday	5/2/10	7:00 AM	8:00 AM	Burrard Suite
Program Committee	Sunday	5/2/10	12:00 PM	01:00 PM	Burrard Suite
Clinical Affairs/Public Policy Combined Committees	Sunday	5/2/10	05:45 PM	06:45 PM	Cheakamus Room
Training & Certification Committee	Sunday	5/2/10	05:45 PM	06:45 PM	Nootka Room (Room Change)
Workforce Committee	Sunday	5/2/10	05:45 PM	06:45 PM	Burrard Suite
Career Development Sub-Committee	Monday	5/3/10	7:00 AM	8:00 AM	Terrace Room w/Patio
Practice Management Sub-Committee	Monday	5/3/10	7:00 AM	8:00 AM	Burrard Suite
Training Program Directors Sub-Committee	Monday	5/3/10	7:00 AM	8:00 AM	Princess Louisa Suite

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KIDney NOTES
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 American Society of Pediatric Nephrology



May 1-3, 2010
 Vancouver Convention Centre
 Vancouver BC, Canada

Saturday May 1	Sunday, May 2	Monday, May 3	Tuesday, May 4
<p>8:00am-10:00am Topic Symposium Critical Care Nephrology: New Concepts in Sepsis</p> <p>10:15am-12:15pm ASPN Symposia Issues in Dialytic Care</p> <p>1:00pm-2:30pm Poster Session I & Exhibits Nephrology I</p> <p>2:45pm-4:45pm ASPN Symposia The Application of New Technologies to Understanding Renal Development, Disease, and Improved Diagnostics Topic Symposium Neonatal and Infant Hypertension</p> <p>5:00pm-6:30pm PAS Opening General Session President's Welcome Joseph St. Geme Leadership Award Keynote Lecture</p> <p>8:00pm-9:30pm ASPN Member Reception</p>	<p>7:00am-8:00am Meet the Professor Breakfasts William Schnaper: Negotiating a Faculty Position</p> <p>8:00am-10:00am ASPN Original Science Abstract Program Nephrology I</p> <p>10:15am-12:15pm ASPN Symposia Rocks in the Kidney - Mining New Data</p> <p>10:15am-12:00pm APS Presidential Plenary and Awards</p> <p>12:00pm-1:30pm ASPN CPC Fellow's Luncheon Battle of the Brains</p> <p>1:30pm-3:30pm ASPN Symposia Glomerular Disease: New Perspectives on Pathogenesis and Treatment</p> <p>3:30pm-5:30pm ASPN Presidential Address and Business Meeting</p> <p>5:30pm-7:30pm Poster Session II & Exhibits Nephrology II</p>	<p>8:00am-10:00am Topic Symposia Ethical and Social Implications of Providing Intensive Interventions to Infants for Whom the Clinical or Developmental Prognosis is Uncertain The Brain and Hypertension</p> <p>10:15am-12:15pm ASPN Symposium Role of Extracellular Matrix in Regulation of Kidney Development, Differentiation and Repair</p> <p>SPR Presidential Plenary and Awards</p> <p>12:30pm-1:45pm ASPN Awards Luncheon Trainee Research Awards Henry L. Barnett Award Founders Award</p> <p>1:00pm-3:00pm March of Dimes Prize in Developmental Biology Lectures</p> <p>2:00pm-4:00pm Original Science Abstract Program Hypertension</p> <p>3:15pm-5:15pm State of the Art Plenary An Update on Pediatric Drug Development Trials</p> <p>4:15pm-6:15pm ASPN Original Science Abstract Program Nephrology II</p> <p>5:30pm-7:30pm Poster Session III & Exhibits</p> <p>6:00pm-7:00pm IPHA General Business Meeting</p>	<div style="background-color: #4a7ebb; color: white; padding: 20px; text-align: center;"> <p>Continuing Education Credit is through the PAS.</p> </div>
<p>THANKS to our 2010 Meeting Sponsors</p> <p>International Pediatric Hypertension Association</p> <p>Genzyme Corporation</p> <p>NephCure</p> <p>NephroPath</p>			

Washington Update

PRESIDENT SIGNS HEALTH REFORM INTO LAW

A full summary of the health reform bill's provisions that might be of interest to ASPN members will be distributed at the Business Meeting on May 2, and will be available on the website.

Comprehensive health reform has been at the top of the Democrats' platform for decades. In 1994 President Clinton came very close to achieving this goal, however, the White House and Congress simply could not find common ground with egos and serious differences getting in the way. When President Obama was elected in 2008, health reform was once again at the top of his priority list. With Senator Ted Kennedy (D-MA), a long-time champion of health care reform, on his team, and a comfortable majority in both chambers of Congress, it seemed like the time was right to attempt reform once again. The President proposed a set of principles but let Congress take the lead.

With an initial deadline of August 2009, the Senate and House got to work on hearings and markups. The House acted first with a series of markups among the three committees of jurisdiction, Energy & Commerce, Ways & Means, and Education and Labor. They were unable to meet the deadline of August, but did pass its version of health reform, H.R. 3962, the Affordable Health Care for America Act on November 7, 2010.

The Senate Health Education Labor and Pensions Committee held a markup with Senator Chris Dodd at the helm while Senate Finance tried its best to get bipartisan consensus. This bipartisan group could not come to agreement, setting the process back several weeks. However, the Senate did pass H.R. 3590, the Patient Protection and Affordable Care Act, on December 24, 2010. The House and Senate then prepared to begin conference negotiations to reconcile the two bills in order to come back with one version of the bill that both chambers could pass.

However, on January 19, 2010, Scott Brown was elected to the Senate in Massachusetts, taking the Democrats' 60th vote, making it nearly impossible to pass another health bill in the Senate. The process broke down, President Obama became involved by hosting a summit at Blair House at the end of February, and subsequently released his own version of health reform.

Congressional leaders and White House officials soon came to the conclusion that the only way to pass health reform was to have the House pass the exact bill the Senate already passed, by-passing the conference process and sending that directly to the President for his signature. However, the House had several changes it wished to make to the Senate bill, and had a serious problem on its hands with the pro-life caucus in its party, who refused to support the abortion language that was included in the Senate bill. To accommodate Speaker Pelosi's need to make changes without having to go back to the Senate, a new bill was written amending the Senate bill, and proceeded via a process called reconciliation. Reconciliation had its own issues – although it did not need to meet the 60 vote threshold in the Senate, the provisions in the bill had to directly affect the budget – there were some provisions that could not be changed through reconciliation, such as the abortion language. The reconciliation bill was very carefully crafted to ensure its passage in the Senate without parliamentary concern.

On March 21, 2010, the House passed HR 3590 and then immediately passed the reconciliation bill, H.R. 4872. HR 3590 was then sent to the President, who signed it into law on March 23, 2010, while the Senate took up HR 4872 on March 25, 2010. The reconciliation bill was signed into law on March 31, 2010.

21% MEDICARE PHYSICIAN REIMBURSEMENT CUT AVOIDED . . . FOR NOW

After leaving for a two week recess without addressing looming Medicare physician reimbursement cuts, the Senate approved legislation by a 59-38 on April that would extend funding for several federal programs including a delay in a 21 percent Medicare reimbursement cut to physicians through May 31.

The lack of final action on the bill by Congress means the Centers for Medicare & Medicaid Services will begin processing claims with the 21 percent payment cut for claims submitted after April 1 "as soon as systems are fully tested to ensure proper claims payment," CMS spokeswoman Ellen B. Griffith said in an April 15 statement. Physicians will receive their full pay retroactively once Congress approves H.R. 4851 and will not have to resubmit claims, Griffith said.

This temporary extension means that Congress will once again have to take legislative action prior to June 1 to once again avoid this cut. Jonathan Blum, deputy administrator and director for CMS's Center for Medicare Management, agreed that the payment system should be reformed. "The Administration has repeatedly stated that the formula that determines what physicians and others are paid under the Medicare Physician Fee Schedule is broken and needs to be fixed," Blum said in a statement. "We will continue to work with Congress to find a long-term solution."

Washington Update Continued...

REPORTS SURFACE THAT CMS ADMINISTRATOR WILL BE NOMINATED SOON. . .

After over two years without an appointed CMS Administrator, it is anticipated that President Obama will nominate Harvard University scholar and quality expert Donald Berwick to head the agency.

A clinical professor of pediatrics and health policy at Harvard Medical School, Berwick founded the Institute for Healthcare Improvement in 1991 to identify and foster best practices in medicine that would save lives and reduce suffering. Berwick is best known for his “100,000 Lives” campaign built around the idea that certain specific practices can eliminate that number of deaths — which is the estimated number of deaths from medical errors that occur in the hospital each year.

If nominated, Berwick will have to go through the Senate confirmation process, which is expected to be thorough. “This is always a big job, but the administration of health care reform, which includes implementing the hundreds of billions of dollars in Medicare cuts and the biggest expansion of Medicaid in its history, will make it more challenging than ever,” Charles E. Grassley of Iowa said in a statement. “The Finance Committee vetting will need to explore the nominee’s preparedness for the enormous challenges that face the agency.”

FY2011 BUDGET REMAINS ELUSIVE

Just because health reform has passed does not mean Congress’ work is finished. There is plenty on the agenda, including the FY2011 budget. According to the House Budget Chairman John Spratt, the budget resolution will be taken up in April or May, followed by the appropriations process. The Senate seems less clear, with Budget Committee Chairman Kent Conrad indicating that perhaps the Senate will move forward without a blueprint and move straight to the appropriations process.

ASPN CONTINUES ADVOCACY EFFORTS ON THE REGULATORY AND LEGISLATIVE FRONTS

With the expected release of both the Medicare ESRD bundled payment final rule and the ESRD Quality Incentives Program draft rule by CMS within the next couple of months, ASPN will continue its efforts to influence the guidance with respect to pediatric patients.

Beyond this, ASPN continues its efforts to secure funding to implement health reform and continue funding for the NIDDK, as well as Congressional efforts to find a permanent solution to the SGR problem.

Committee Updates

MEMBERSHIP COMMITTEE

ASPN MEMBERSHIP SURVEY

The goals of the survey were to assess the respondents’ 1) level of professional experience as measured by years since completion of pediatric nephrology fellowship training, 2) membership in other professional nephrology organizations, 3) level of satisfaction with current membership in ASPN, and 4) desire for more services to improve membership and attract new members. The survey revealed a nearly equal distribution of respondents into groups based on decade of graduation from fellowship: 23% graduated before 1980, 21% graduated 1980-1990, 28% 1991-2000, and 27% after 2000). Ninety-three percent of respondents were members of ASPN, and the majority were also members of other professional nephrology organizations (ASN 93%, IPNA 75%). Non-active members of ASPN said they would consider reactivating their memberships, if membership offered free access to the journal Pediatric Nephrology, lower ASPN membership fee, or lower fees for attending other nephrology related meetings. To make ASPN membership more attractive, respondents suggested the following: expanding the ASPN annual meeting to include concurrent symposia, literature updates, case studies and reviews of basic science, clinical nephrology, pathology and urology, as well as addition of ASPN sessions during the ASN annual meeting.

Prepared by Ewa Elenberg, M.D. on behalf of ASPN Membership Committee

Committee Updates Continued...

WORKFORCE COMMITTEE

Over the last 3 years the workforce committee has developed a list of state liaisons. Since California and New York are so large, those states have 2 regional liaisons. One of the charges of the state liaison is to maintain an accurate list of individuals practicing pediatric nephrology in each state. This list might be of use to ASPN members in each state who are planning regional educational seminars or research projects. Please contact the ASPN central office to see who your state liaison is. Also, please notify your liaison if you are new to a state, or if there is a change in personnel in your division. Thanks to everyone for helping to maintain the strength of this list of our active workforce!

Elaine Kamil, David Kershaw, Co-Chairs Workforce Committee

RESEARCH COMMITTEE

Study Updates:

The Randomized Intervention for Children with Vesicoureteral Reflux Clinical Trial (RIVUR-CT) (clinicaltrials.gov #NCT00405704) is active and currently enrolling patients. The trial is a multicenter, randomized, double-blinded, placebo-controlled study aimed at determining if daily trimethoprim-sulfamethoxazole prophylaxis is superior to placebo in preventing recurrent urinary tract infections and scarring. Currently, 19 centers are contributing patients aged 2 months-71 months. The enrollment period originally was designed to end in May 2010 but has been extended to enroll the goal of 600 patients. After enrollment is completed, patients will be followed for 2 years to collect all data necessary for the study.

Furthermore, ancillary studies are ongoing to this trial. The RIVUR-CT Ancillary Studies Committee is accepting proposals for researchers interested in performing secondary analysis of the data collected from the parent study or studies involving the repository samples. The ASPN Research Committee is encouraging

investigators to utilize the large collection of clinical data and biosamples for clinical as well as basic science research in children with vesicoureteral reflux. For more information, please contact Ron Keren, MD, MPH, Chair of the Ancillary Studies Committee (CHOP, 3535 Market Street, Room 1524, Philadelphia, PA 19104).

Meeting Updates:

In December 2009, the NIDDK hosted a two-day workshop entitled "Genetics of Urologic Malformations" in Washington D.C. The goal of the workshop was to create a venue for geneticists, clinicians, and developmental biologists to gather and discuss current issues perplexing clinicians and researchers in this field. The meeting also had a strong focus on vesicoureteral reflux. The second day of the workshop was spent learning about and discussing the current large collections of vesicoureteral reflux patients around the world as well as the best approach for using these collections for gene discovery. Refer to the website for more details: <http://www3.nidk.nih.gov/fund/other/GVUR2009/index.htm>

Acknowledgements: Russell Chesney, MD

Prepared by David Hains and Fangming Lin on behalf of the Research Committee

CLINICAL AFFAIRS COMMITTEE

A subset of the Clinical Affairs Committee is looking at the pertinent content on the website and will be updating it. If anybody has any suggestions they can contact [me](#), [Michael Somers](#), [Charles Kwon](#), [Hiren Patel](#), [Gunjeet Kala](#), [Jodi Smith](#) or [Jeff Fadrowski](#).

Deepa Chand, Co-Chair

Announcement

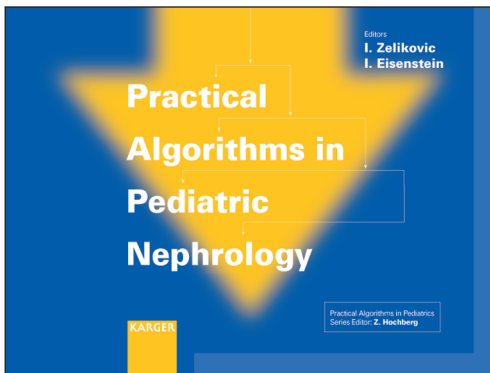
"The American Kidney Fund's annual Calendar Kids contest is now accepting entries from pediatric kidney patients! Please visit our website, www.kidneyfund.org, or call 1.800.638.8299 ext. 6677 for additional details and entry forms. The 13 selected artists will win an all-expenses-paid weekend trip to Washington, D.C. for themselves and a parent/guardian."

eFORUMS PROVIDE NETWORKING OPPORTUNITY FOR AFFILIATE MEMBERS

Did you know that affiliate members have their own discussion board on the ASPN website? This is a relatively new feature of www.aspneph.com, and was added as a means of facilitating communication among ASPN's affiliate members (nurse, social workers, dietitians, etc). A LISTSERV such as PEDNEPH or PEDCRRT was also considered at the time, but the software was beyond ASPN's means. However, the discussion board format is quite popular on the Internet, and was thought to be the next best method of providing the opportunity for affiliate members to exchange ideas and network.

To access the eForums, just log onto the members-only section of the website. eForums is one of the menu of options. After clicking on the eForums link, you'll be taken to the home page of the eForums board. From there, you can immediately post as a guest, but it is recommended that you register as a forum member and then post a reply to an existing discussion or start a new discussion. There is FAQ in the upper right hand corner that goes into all of the details.

Currently, the "general rules forum" is the only forum with significant content, but the possibilities are almost endless, and depend only on the creativity of members who post and respond to discussion topics. Hopefully, as more affiliate members join ASPN, the activity on the eForums will increase, and it will become an invaluable resource .



Order 2 copies, get a 3rd one for free for your colleagues!

Practical Algorithms in Pediatric Nephrology

Editors: Israel Zelikovic, Israel Eisenstein

Practical Algorithms in Pediatric Nephrology

Editors: Zelikovic, I.; Eisenstein, I. (Haifa)
IV + 122 p., 56 graphs, 1 fig., 10 tab., spiral bound, 2008
CHF 53.- / EUR 38.- / USD 53.00
Prices subject to change
EUR price for Germany, USD price for USA only
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Medical textbooks are mainly oriented by body systems, disease or diagnosis, yet practicing physicians are confronted with patients' complaints in the form of symptoms, physical signs or laboratory abnormalities, from which they are expected to reach a diagnosis and proceed with treatment.

This book is meant as a pragmatic text for use at the patient's bedside. It classifies common clinical symptoms and signs, laboratory abnormalities and issues of management as they present themselves in daily practice. Special emphasis is given to new knowledge that has accumulated on the molecular pathophysiology and molecular genetics of various kidney diseases in order to deepen and strengthen the practical approach to common problems in pediatric nephrology.

Aimed at an audience of general and family prac-

tioners, pediatricians and trainees who are not exposed on a day-to-day basis to pediatric nephrology problems, it provides a logical, concise and cost-effective approach from which they can profit and acquire medical reasoning.

Main Headings

- Glomerular and Vascular Disease
- Urinary Tract Disease/Tubulointerstitial Nephropathy
- Structural/Congenital Abnormalities
- Hypertension
- Tubular Disease
- Fluid/Electrolyte/Acid Base Balance
- Divalent Ion Metabolism
- Renal Failure

Meeting Announcements

Welcome New Members!!

Margaret Bach

All Children's Hospital

St. Petersburg, FL

Elizabeth Brown

Children's Hospital Boston

Boston, MA

Carolyn Defayette

All Children's Hospital

St. Petersburg, FL

Stefanie Nguyen

University of California Davis

Davis, CA

Jane Petruccelli

All Children's Hospital

St. Petersburg, FL

Aniziya Smaga

SUNY, Downstate Medical Center

Brooklyn, NY



Pediatric Academic Societies Meeting

May 1-4, 2010 ~ Vancouver, Canada

[More Information](#)



ASPN Annual Meeting

May 1-4, 2010 ~ Vancouver, Canada

[More Information](#)



International Pediatric
Nephrology Association

[More Information](#)



XXIII International Congress of The Transplantation Society

AUGUST 15 - 19, 2010 | VANCOUVER, CANADA

[More Information](#)



The Fifteenth Congress of The International Pediatric Nephrology Association

August 29 - September 2, 2010, New York

[More Information](#)