Dear Colleagues,

As we say goodbye to 2008, I would like to thank the ASPN Council, Committee Co-Chairs and members, ASPN members-at-large, Washington representative, and central office staff for their extraordinary contributions to our society this past year. With your help, the ASPN has made significant progress in advancing our mission – “to promote optimal care for children with renal disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology”.

In the realm of public policy, I would like to call your attention to the new ESRD dialysis CPT codes, along with a summary of the process for review and update of the work RVUs assigned for care of dialysis patients, now posted on the ASPN website in the Clinical Toolbox. Also posted on the website are issue briefs summarizing the new regulations regarding Clinical Performance Measures for ESRD care, and the ESRD provisions in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Among the highlights of the other committees are the following:

• Program Committee: planning has already begun for the 2010 ASPN Annual Meeting Program. Please forward any and all suggestions for symposia and workshops to Sue Furth (sfurth@jhmi.edu) or Lisa Guay-Woodford (lgw@genetics.uab.edu). Click here to read more about the upcoming 2009 Annual Meeting.

• Workforce Committee: in response to your input and lively discussion at the Philadelphia Business Meeting, we are planning a new and improved job posting service.

• Website Committee: Please click here to read more about our progress on an interactive mentorship database.

In closing, I wish you all a wonderful holiday and happy and healthy new year!

ASPN President
Having a tough time coming up with ideas for holiday gift giving? ASPN would be happy to help! A donation to ASPN can be used to support trainee travel and research awards, pFENa activities, educational programming, advocacy efforts, and any other activities of the organization that interest you. You may also consider gift dues, especially for those support personnel (nurses, social workers, nutritionists...only $35) that would benefit from membership with us. It’s a wonderful way to support our efforts in honor of those of importance to you.

Victoria F. Norwood, MD

Boardwalk

Certifying Examination:

The certifying exam in Pediatric Nephrology is administered every two years. Traditionally, this used to be on the odd numbered years, but was moved to the even numbered years in 2008. So the 2008 Pediatric Nephrology certifying examination was administered on April 7, 2008 to 75 candidates. This is an increase from the previous exam in 2005 when 52 candidates took the exam. The test performed well and the cut score for passing has continued to increase over the past several exams. The number of candidates passing was 57. The next certifying exam will be administered in the spring of 2010.

Maintenance of Certification:

At the Subboard meeting in 2008, a new cut score was arrived at that is slightly above the previous cut score. The Subboard reviewed the current cut score (65%) for the MOC examination and using the Hofstee exercise, a new cut score of 68% was arrived at. This will go into effect for the Fall 2008 administration of the MOC examination. The reason for this has to do with the charge of the American Board of Pediatrics to assure the public that certificate holders are indeed qualified as pediatric nephrologists. In previous years, everyone who has taken the recertification exam has passed, so there can be a concern that the exam is too easy. At the Board of Directors meeting, the Subboard chairs met and reviewed this. So I am happy to report that all of the Subboards have gone through this exercise and have come to similar conclusions. When reviewing the previous years' exam results, the higher cut score would have resulted in only one person not passing the examination. So overall, I think as a subspecialty, we are doing very well.

Keep studying and sign up for your MOC!

Ray Quigley, MD.
**Announcements**

**FELLOWSHIP OPPORTUNITY**

We are excited to announce that Division of Pediatric Nephrology at Tulane University School of Medicine, New Orleans, LA is accepting applications for a three-year ACGME-approved Fellowship in Pediatric Nephrology beginning July 1, 2009. Division of Pediatric Nephrology provides state of the art medical care to children and adolescents with diverse diseases of the kidney and urinary tract including kidney transplantation. Division faculty conduct active NIH-funded research utilizing a multi-faceted approach targeted at kidney development, renal and cardiovascular morbidity. Information on the training program can be found at [http://www.som.tulane.edu/departments/pediatrics/fellowships.htm](http://www.som.tulane.edu/departments/pediatrics/fellowships.htm).

**MAINTENANCE OF CERTIFICATION FOR ABP DIPLOMATES WITH PERMANENT CERTIFICATES: CALLING ALL “GRANDFATHERS”**

With the institution of mandatory maintenance of certification (MOC) for ABP diplomates with time-limited certificates, many of our colleagues with permanent certificates have begun to wonder “What does this mean for me?”, “Is this a requirement for me?”, and “Some of this looks interesting, but do I have to do all of it?”.

Permanent certificates are indeed permanent and do not require involvement in the MOC process. However, current philosophies regarding documentation of the provision of quality, up-to-date care will likely mean that groups outside the ABP may be less likely to accept credentials awarded many years ago as evidence of current abilities. Therefore, those with permanent certificates may note increasing needs to consider enrolling in MOC.

MOC will provide a broad menu of options to document ongoing educational and quality improvement activities. Many will simultaneously provide CME credit. It is truly an opportunity to learn.

An excellent source for additional resource questions can be found at the ABP website [www.abp.org/ABPWebSite/pmcp/permqanda.pdf](http://www.abp.org/ABPWebSite/pmcp/permqanda.pdf) or by contacting H. James Brown, MD at jbrown@abpeds.org.
President-elect Obama is moving quickly to shape an administration to take on the challenges he outlined during the campaign. He recently nominated former Senate Majority Leader Tom Daschle as Secretary of Health and Human Services. It has been widely reported that Daschle will be given an expanded role in health care reform, with HHS taking the lead in shepherding the initiative.

Obama campaigned on the idea of reducing medical costs, improving quality and eventually achieving universal insurance coverage. He promised to cover every child and to reduce the average family’s medical bill by $2,500 a year. He advocated a greater emphasis on prevention and expanding participation in the government-subsidized Medicare and Medicaid programs.

A serious restructuring of the health system will require extensive data and analytic capabilities to dissect the proposed changes and the impact they might have, said Karen Davis, president of the Commonwealth Fund, a private, nonpartisan research foundation. "Right now, there’s nothing other than the Office of the Actuary to do back-of-the-envelope estimates," she said.

With the expectation that Daschle will focus heavily on crafting and pushing legislation, there will be an even greater need for a strong number two. HHS is a collection of 11 agencies including the Food and Drug Administration, the National Institutes of Health, the Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention. Obama recently named President Clinton aide and co-author of Daschle’s book, “Critical: What We Can Do About the Health-Care Crisis,” Jeanne Lambrew as Daschle’s deputy.

Obama has also named several others to various posts including: current Congressman and longtime President Clinton aide Rahm Emmanuel as Chief of Staff, Senator Hillary Clinton as Secretary of State, president of the Federal Reserve Bank of New York Timothy Geithner as Treasury Secretary, Chicago schools superintendent Arne Duncan as Secretary of Education, and current Defense Secretary Robert Gates will continue on with Obama in the same position.

The House of Representatives moved in early December to pass an auto bailout package that did not pass muster with Republicans in the Senate, sending the Bush Administration into a frenzy of last-minute discussions with automakers on how to get them the loans they need to survive. The Bush Administration is currently working to use funds previously provided by Congress for the Troubled Asset Relief Program (TARP), signed into law October 3, to assist the auto industry.
Although President Bush signed an extension of employment compensation in November, Democratic leaders have begun work on a broader economic package they hope can be sent to Barack Obama soon after he is sworn in as President on January 20th. Along with tax cuts for the middle class, the legislation could include funding for infrastructure projects, state Medicaid programs, food stamps, health information technology (HIT) upgrades and even possibly a reauthorization of the State Children’s Health Insurance Program (SCHIP). Obama has cautioned that the stimulus package, which could cost between $500 and $700 million, must be focused on the economy.

With the new Congress scheduled to convene on January 6th, the climate is quickly shaping up with some new leadership. Rep. Henry Waxman (D-CA), currently the Chairman of the House Oversight and Government Reform Committee, successfully beat out House dean Rep. John Dingell (D-MI) for the chairmanship of the House Energy and Commerce Committee, which has jurisdiction over Medicaid and SCHIP along with issues related to climate change. Additionally, Republicans named Rep. Dave Camp (R-MI) to replace retiring Rep. Jim McCrery (R-LA) as senior Republican on the House Ways and Means Committee. Rep. Camp is an active member of the Congressional Kidney Caucus and current ranking member of the Ways and Means Health Subcommittee.

**Health reform moves forward despite economy**

Despite the economic outlook, both President-elect Obama and Democratic leaders in Congress have indicated that health care reform remains a top priority.

“Health reform is the biggest thing we can do on the social insurance front,” said Karen Kornbluh, a policy adviser to President-elect Barack Obama and a member of the transition team, at a forum held by the New America Foundation, a nonpartisan think tank. “There’s a lot of impetus for it but we can’t take it for granted obviously.”

Genevieve Kenney, a principal research associate in the Urban Institute’s Health Policy Center, said the economic downturn would put “tremendous pressure” on states’ ability to provide health insurance through Medicaid and the State Children’s Health Insurance Program (SCHIP) and that federal assistance would be needed to avoid large cuts.

“There is unequivocal evidence that the need for Medicaid and SCHIP grows during recessionary times,” she said, citing a study that showed a 1 percent increase in the unemployment rate leads to 1 million more people enrolling in Medicaid and SCHIP and another million who become uninsured.

Senator Max Baucus, Chairman of the Senate Finance Committee, released a white paper outlining goals for health care reform in the 111th Congress. The principles include taking steps toward universal coverage, creating insurance pooling arrangements to help individuals and businesses afford quality health care coverage, changes to the tax code’s treatment of health insurance and a greater focus on health care prevention. Baucus’ plan largely complements Obama’s health care reform plan discussed during the campaign. Baucus intends to introduce legislative language on the first day of the Congressional session.

Meanwhile, Senator Ted Kennedy, Chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, has begun work on health care reform as well, naming senators as point persons various issues including Senator Baucus, Senator Bingaman on insurance issues, Senator Harkin on prevention, and Senator Mikulski on quality issues. Stakeholder meetings on health care reform have been taking place since summer 2008, while HELP and Finance staff work in conjunction with one another as they share jurisdiction over the issue. Kennedy has also indicated that the HELP Committee will be using Obama’s health care reform plan as a model for legislation and will work closely with the new administration, while both Kennedy and Baucus have strongly asserted that bipartisanship is key in the process.

On the House side, Ways and Means Health Subcommittee Chairman Pete Stark (D-CA) warned that work on SCHIP and Medicare physician payment reform could delay overall health reform until early 2010. Stark told reporters during a telephone conference call that work on several “deferred maintenance” health care issues such as...
reauthorizing SCHIP, delaying an expected Medicare reimbursement cut for physicians due in 2010, and enacting health information technology legislation will push off consideration of health reform until 2010.

Also influencing the timetable is the need in 2009 for extensive hearings on health reform to ensure stakeholder groups such as providers, insurers, and drugmakers get behind health care legislation, Stark said. These comments were made during a conference call held to discuss the release of a new report calling for a public health insurance plan option to be included in health reform legislation. A public plan would be similar to conventional Medicare in that it would be managed by the federal government and pay private insurers to deliver care, the report stated.

“This is not an argument for a universal Medicare program, but instead for a ‘hybrid’ approach that builds on the best elements of the current system—large group plans in the public and private sectors—while putting in place a new means by which those without access to secure workplace insurance can choose among health plans that provide strong guarantees of quality, affordable coverage,” the report said. The report was released by the Institute for America’s Future, a think tank. Its author, University of California at Berkeley political science professor Jacob S. Hacker, told reporters that like Medicare, a public option would deliver care less expensively than private plans, would improve the quality of care and be able to coordinate care delivery with Medicare, and would become the benchmark for private plans seeking to improve value and performance.

The health insurance industry and many congressional Republicans oppose allowing public plans to compete with private plans.

**MEDICARE PHYSICIAN PAYMENT FIX LOOMS DESPITE OVERHAUL**

Without Congressional intervention physicians face a daunting 20 percent Medicare reimbursement rate cut on January 1, 2010. Congressional leaders remain mum on the subject, except to say that they are aware of the problem and intend to fix it prior to the deadline.

Meanwhile, at the AMA House of Delegates meeting in Orlando groundwork was laid for a push to reform the physician payment formula next year. Delegates agreed the Association will continue to lobby Congress for changes in the sustainable growth rate (SGR) formula to better reflect practice costs, to improve the accuracy of the index that gauges increases in those costs and to investigate geographic pay disparities, among other issues.

The AMA Council on Medical Service requested physician input on payment systems that could replace or improve the current one. Council Chair David O. Barbe, MD, MHA, said a great deal of political interest is focused on alternative methodologies. Four in particular stand out, according to a council report the House of Delegates adopted: bundled payments, under which physicians are paid flat rates per episode of care, rather than per service; gainsharing, under which hospitals and doctors agree to share incentive pay and savings from quality improvement; medical homes,
under which doctors are paid for coordinating care; and pay-for-performance, under which doctors are paid based on quality measures.

But the council is also examining other options for a follow-up report at the AMA 2009 Annual Meeting. Physicians should come forward with ideas they think would have merit, Dr. Barbe said. "Think outside the box a little regarding alternative payment methodologies."

Among other Medicare actions, delegates urged the Centers for Medicare & Medicaid Services to revise the Medicare Economic Index in a way that more accurately gauges the effects of productivity increases on physician practice costs. Delegates also agreed to commission an AMA study on variations in rural and urban physician practice expenses under the Medicare geographic practice cost index. And the house also called for stricter rules on private Medicare plans.

**UPDATE: FDA sending inspectors to other nations**

Under fire for not having the resources to better protect consumers at home, the U.S. Food and Drug Administration is deploying staff members abroad to work directly with importers and foreign regulatory agencies to guard against contaminated animal feed, counterfeit drugs, toys made with lead paint and dairy products containing melamine.

The FDA recently opened its first overseas office in China, with at least eight American employees along with several Chinese hires. Plans for a total of three offices in Beijing, Shanghai and Guangzhou to certify inspections of U.S.-bound Chinese exports are ongoing. Third-party certifiers will be allowed, either private commercial labs or Chinese government agencies working under the supervision and oversight of the FDA.

Although officials said they were not targeting any one country, many recent scandals have originated in China, where enforcement of food and drug regulations has often been nonexistent. The head of the Chinese agency that oversees quality supervision, inspection and quarantine, Li Changjiang, resigned in September after dairy companies producing tainted milk were found to have been exempt from inspection. Last year, a former chief of China's State Food and Drug Administration was executed for taking bribes to approve a deadly antibiotic.

Recently, melamine-tainted dairy products and animal feed from China have killed at least four Chinese infants and sickened thousands, prompting bans or recalls in 16 countries and last week's FDA directive that all Chinese foods made with milk be detained at U.S. ports unless importers certify them melamine-free.
As the 2009 ASPN Annual Meeting draws near, the ASPN Program Committee is beginning to plan the 2010 ASPN Annual Meeting Program. The members of the 2010 Program Committee include: Susan Furth and Lisa Guay-Woodford (Co-Chairs), Vikas Dharnidharka, Patrick Brophy, Prasad Devarajan, Liz Ingulli, Kevin Meyers, Bill Smoyer and Colin White. We invite the ASPN membership to participate in planning the programming for the 2010 Annual Meeting. We would greatly appreciate if by May 1st, 2009 you could forward to us (sfurth@jhmi.edu or lgw@genetics.uab.edu) your suggestions for themes, speakers, and talks for nephrology-specific or interdisciplinary symposia or workshops. Optimally, symposia are 50% clinical and 50% basic or translational. It would also be ideal if your suggestions could be crafted into the following format (with 4-6 potential speakers/ titles per session):

(Presented at the 2008 ASPN meeting):

**Proposed Topic / Session Title:** Pathophysiology of vesicoureteral reflux (VUR)

**Proposed Chair Recommendations:**

Iekuni Ichikawa, Vanderbilt University Medical Center

Carl Bates, Nationwide Children’s Hospital

**Brief Description:** (150 words or less)

Vesicoureteral reflux (VUR) is the most common congenital urogenital abnormality and reflux nephropathy is the 4th leading cause of chronic renal failure in children. The majority of patients with reflux nephropathy have had a history of urinary tract infections. Although VUR follows an autosomal dominant inheritance pattern, the genetics of the disease remains elusive. The first speaker will focus on recent animal models that reveal some of the mechanisms and natural history of VUR. The second speaker will present information on the genetics of VUR, as ascertained by genome wide screening approaches. The third speaker will discuss the findings of a recent clinical trial examining effectiveness of prophylactic antibiotics in patients with a history of VUR and febrile urinary tract infections. The fourth speaker will give an update on current perspectives on the treatment of patients with VUR.

**Target Audience:**

Clinicians and researchers who wish to learn more about the genetics, animal models, and current clinical approaches to managing patients with VUR

**Proposed Topic & Speaker Recommendations:**

1. Using the mouse to understand VUR
   Inga Murawski, Montreal Children’s Hospital Research Institute
2. Genetics of VUR
   Patricia Weng, MD, Mount Sinai Medical Center
3. Effectiveness of antibiotic prophylaxis in patients with VUR and pyelonephritis
   Eduardo H. Garin, MD, Shands Teaching Hospital/University of Florida
4. Vesicoureteral Reflux 2008: Shifting Sands
   Craig Peters, MD, University of Virginia

We greatly value your input and look forward to working with you to assemble an exciting program for 2010!
Committee Updates Cont’d...

**RESEARCH COMMITTEE**

**NEPHROLOGY FUNDING OPPORTUNITY**
The American Heart Association has many funding opportunities for investigators pursuing kidney research (see URL: http://www.americanheart.org/presenter.jhtml?identifier=9713).

While finding a way to relate your research to cardiac disease enhances the chances of funding, it is not necessary. There is a specific “Cardio-Renal” study section that considers kidney specific proposals, including basic, translational, and clinical topics. There is also a wide array of grants available, including those to support fellows, junior faculty, and more established investigators. Please follow the directions for each specific application found on the URL as some are submitted through the national organization and others through affiliates.

*Bill Smoyer, Co-Chair
ASPN Research Committee*

**WEBSITE COMMITTEE**
The committee continues to work on a searchable mentorship database for the society based on the APS/SPR registry. pFeNA has now been included in the website. A volunteer from each committee has been requested to be the liaison to the Website committee which meets quarterly.

*Cheryl Sanchez, Chair
ASPN Website Committee*

**PUBLIC POLICY COMMITTEE**

**NEW ESRD DIALYSIS CPT CODES:**
In early November, the 2009 Medicare Final Physician Fee Schedule was released to the public. This fee schedule goes into effect January 1, 2009 and includes an entirely new set of CPT codes for reporting and reimbursement of the care provided to ESRD patients on dialysis. These new CPT codes replace the G-codes we have been using for the past several years and, for the most part, result in much better reimbursement for the care we provide to pediatric ESRD patients. The process of development and approval of these new codes was long and arduous, and ASPN owes an enormous debt of gratitude to Eileen Brewer and Jennifer Shevchek, who devoted countless hours to compiling the data and making the case to support the increases in the work ascribed to the pediatric ESRD CPT codes. Eileen presented a summary of the process leading to the approval of the new codes and the work RVUs for each code at the ASPN Business meeting at the ASN in Philadelphia, and her PowerPoint presentation is posted on the website in the Clinical Toolbox.

*Elaine Kamil, co-chair
ASPN Workforce Committee*

**CLINICAL PERFORMANCE MEASURES FOR ESRD CARE**
On April 1, 2008 CMS issued “Phase III ESRD Clinical Performance Measures” (CPMs). The ultimate goal of CMS is to use these CPMs to improve the quality of care for patients with ESRD, and to drive improvement. This system will likely result in a pay for performance (P4P) system in the future. This is important information for any of you caring for ESRD patients, and an Issue Brief providing more information is on the website.

*Mippa:
On July 15, 2008 the House and Senate successfully overrode a Presidential veto of H.R. 6331, the Medicare Improvements for Patients and Providers Act (MIPPA), which immediately became law. In addition to averting a 10.6% cut in the physician reimbursement rate for Medicare, the legislation included two provisions pertaining to chronic kidney disease (CKD) education and renal dialysis. These provisions, Sections 152 and 153 of the law, will affect anyone providing care for ESRD patients, and are summarized in an Issue Brief posted on the website.*

*Sharon Perlman, Co-Chair
ASPN Public Policy Committee*
Committee Updates Cont’d...

TRAINING AND CERTIFICATION COMMITTEE REPORT

PEDIATRIC NEPHROLOGY IN INITIAL FELLOWSHIP MATCH RUN

The National Resident Matching Program (NRMP) Match for Pediatric Nephrology Fellows starting in July 2010 is now underway! Pediatric Nephrology joins most other pediatric specialties (Pediatric Cardiology, Critical Care, Emergency Medicine, Gastroenterology, Hematology/Oncology, Neonatology, Pulmonary, Rheumatology) in the Match process. To qualify for the Match process, % of the fellowship programs had to commit to the Match and agree to post all positions for the start date July 2010 in the Match. As of December 2009, seven of the nine pediatric subspecialties participating in the Match agreed to comply with Combined Spring or Fall Match dates:

SPECIALITIES MATCHING SERVICE OF THE NATIONAL RESIDENT MATCHING PROGRAM

PEDIATRIC SUBSPECIALTIES

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Appt Yr</th>
<th>Match Opens</th>
<th>ROL* Opens</th>
<th>Quota Change Deadline</th>
<th>ROL Closes</th>
<th>Match Day</th>
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<tbody>
<tr>
<td>Neonatal-Perinatal Medicine</td>
<td>2009</td>
<td>5/14/08</td>
<td>07/16/08</td>
<td>08/27/08</td>
<td>09/10/08</td>
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<tr>
<td>Pediatric Hematology/Oncology</td>
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<td>11/19/08</td>
<td>03/25/09</td>
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PEDIATRIC SPECIALTIES SPRING MATCH

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<th>ROL Closes</th>
<th>Match Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Cardiology, Gastroenterology, Nephrology, Pulmonology</td>
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<td>1/21/09</td>
<td>04/15/09</td>
<td>05/06/09</td>
<td>05/20/09</td>
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PEDIATRIC SPECIALTIES FALL MATCH

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</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Critical Care, Emergency, Rheumatology</td>
<td>2010</td>
<td>8/12/09</td>
<td>10/7/09</td>
<td>11/4/09</td>
<td>11/18/09</td>
<td>12/2/09</td>
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</table>

* =Rank Order List

Applicants are applying now to the 38 ACGME approved Pediatric Nephrology programs via the Electronic Residency Application System (ERAS), a process familiar to all pediatric residents. More information on the workings of the Match and Frequently Asked Questions about the Match is available at www.aspneph.com. A new description of “Considering a Career in Pediatric Nephrology” is now available at www.aspneph.com for students and residents who desire more information about training in pediatric nephrology. We look forward to a successful Match run this year and hope to improve on the 54 new fellows who started in pediatric nephrology fellowships in 2008, a record number of first year fellows for our Society.

John Mahan, Co-Chair
ASPN Training & Certification Committee
Welcome New Affiliate Members!!

Pirayeh Pedarsani
Cedars-Sinai Medical Center
Los Angeles, CA

Ramesh Radparvar
Cedars-Sinai Medical Center
Los Angeles, CA

Patti Spina
Levine Children’s Hospital
Charlotte, NC

American Society of Pediatric Nephrology

SAVE THE DATE!!
ASPN Annual Meeting
May 2-5, 2009 ~ Baltimore, Maryland
More Information

Pediatric Academic Societies Meeting
May 2 - 5, 2009 ~ Baltimore, Maryland
More Information

FIBROSIS MEETING
(joint with Allergy and Asthma)
January 20-25, 2009
More Information

THE MIAMI PEDIATRIC NEPHROLOGY SEMINAR
(Founded By Jose Strauss M.d.) Is Coming Again
February 26 - March 1, 2009
More Information

March 7 - 10, 2009
More Information

Meeting Announcements
SCM09

National Kidney Foundation
Spring Clinical Meetings
Nashville, TN/March 25-29, 2009

More Information

1st UAE International Meeting Neurogenic Bladder in Children and Adolescents
Abu Dhabi, 7-8 March 2009
More Information

ISCD’s 1st Pediatric Bone Densitometry Course
Saturday, March 14, 2009
More Information

IPNA Growth Symposium

More Information