Dear Colleagues,

We hope you are enjoying what remains of summer, which has been quite busy for the ASPN, particularly in the areas of public policy. The ASPN has played an active role in the health care reform debate and legislative mark up process. The Society helped draft language for a pediatric subspecialty loan repayment program and then lobbied for its inclusion in the House and Senate bills. The language is currently in the Senate HELP Committee bill, and the ASPN and Pediatric Subspecialty Workforce Working Group continues to push for its inclusion in the House bill. Additionally, both bills include the immunosuppressive drug coverage language, in large part because of ASPN's support for it. Please read more about ASPN's activities on page 3.

The ASPN Program Committee, chaired by Susan Furth, in collaboration with the PAS Program Committee and IPHA, has finalized the invited science portion of the program for the 2010 Annual Meeting of the ASPN, to be held in Vancouver May 1-3, 2010. Please note that the 2010 Annual Meeting will be ending one day earlier than usual (on Monday afternoon, instead of Tuesday), given the concerns of the ASPN leadership and PAS about conflicts with other meetings and the temporal proximity of our Annual Meeting to the IPNA Congress in August 2009.

We look forward to seeing everyone at the ASN meeting in San Diego during the last week of October. As always, we invite all ASPN members to attend committee meetings of interest (Please see page 4 for additional information about ASN-related activities at the ASN meeting). In particular, we urge all ASPN members to attend the Business Meeting on Thursday, October 29th from 6:30-7:30 pm in the San Diego Marriott Hotel’s, Torrey room. Lisa Thompson will be sending out an e-mail to the membership to solicit suggestions for issues that you would like to discuss at the meeting.

Hope to see you there!

Lisa M. Satlin, MD
President
Note from the Secretary

CONFLICT OF INTEREST

As many ASPN members know, there has been increasing scrutiny of actual and/or perceived conflicts of interest (COI) by leaders of professional societies. Many societies, including the American Academy of Pediatrics, American Heart Association, and the American Board of Pediatrics among others, have adopted COI policies and require that society leaders such as officers and committee members disclose any activity that may create an actual or perceived COI.

To date, ASPN has not had a COI policy, nor have we required COI disclosures from our leaders. However, it is clear that we are in the minority among peer societies on this issue, and that we must change our stance. Therefore, at the June Council meeting, ASPN Council decided to adopt a COI policy and to require annual disclosure of actual or perceived COI’s from several groups of individuals, including officers and Councilors, Committee Co-Chairs, and all members of the Program Committee. Additionally, the officer, committee chair or committee member must recuse themselves from discussion of any ASPN business involving an entity with which they have an actual or perceived COI. This policy was finalized and approved by Council during its August conference call.

Areas that pose a possible COI that the ASPN Officer, Councilor or committee member will be asked to disclose include the following:

1. Direct stock holdings in any pharmaceutical, biotechnology, or medical service company >$10,000;
2. Compensation from ongoing consultancies to industry or as a paid speaker in a speaker’s bureau;
3. Affiliations with other medical organizations as a trustee, officer, director or in a similar capacity;
4. Employment by, or status as an independent contractor to, any company in the health care industry such as pharmaceutical, biotechnologic, and medical instrument companies, or health maintenance organizations;
5. Private research or grant funding;
6. Membership on review panels or advisory committees;
7. Ownership interests (product royalties, licensing fees in addition to shares/stocks).

A summary of these disclosures will be posted on the public portion of the ASPN website, and original COI disclosure forms will be kept on file in the ASPN Central Office for review by interested parties. We are hoping that adoption of this COI policy will keep the ASPN among the forefront of peer professional societies, and will further enhance the ability of our leaders to objectively serve the Society.

Joseph T. Flynn, M.D.
ASPN Secretary

Announcements

CoPS UPDATE

The Council of Pediatric Subspecialties (CoPS) is now three years old and is actively working in a number of arenas to strengthen all pediatric subspecialties with a prominent role for pediatric nephrology. In June, CoPS was invited to represent pediatric subspecialty medicine at an ACGME Congress dedicated to the assessment of the Institute of Medicine’s December report requesting additional restrictions in trainee duty hours. In this format, CoPS was able to stress the concerns about these changes as they pertain to pediatrics, fellowships, and subspecialty workforce issues. The CoPS advocacy task force is working in a collaborative fashion to address concerns of workforce reimbursement and research within the current healthcare reform initiatives. Other task forces continue to evaluate changes in the application and match processes for fellowship training, the development of a specialty program director’s guide in collaboration with the American Board of Pediatrics, strengthening relationships to the subspecialty sections of the American Academy of Pediatrics and development of core curriculum models for all subspecialty training. For more details on all of these issues, please check out the newsletter at http://www.pedsubs.org/newsletters/index.cfm. For more details on CoPS activities, please feel free to contact Vicky Norwood, Alicia Neu, Bill Schnaper, or Steve Wassner.
**John E. Lewy Foundation for Children’s Health**

The leadoff event for the newly formed John E. Lewy Foundation for Children’s Health was indeed a success at the May ASPN meeting in Baltimore. Our society had the opportunity to both remember the vision and accomplishments of Dr. Lewy and begin the process by which those visions and accomplishments can continue in the future. Initial plans for the foundation are to support the development of “mini-sabbaticals or mini-fellowships” to improve trainee and member abilities in governmental processes affecting children’s health care and pediatric nephrology, funding of trainee research and travel awards to encourage our future colleagues, and strengthening of partnerships with other organizations and industry to enhance global initiatives and provide support for advanced training and research.

With your 2009 dues notice, you will have the opportunity to contribute to these processes on an annual basis. Please consider a generous donation to these efforts as we work to enhance the abilities of our clinicians, the success of our trainees, and address the advocacy needs for children with complex health concerns.

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### 2010 Certifying Examination in Pediatric Nephrology

**Examination Date:** March 22, 2010  
**Registration Dates:** August 4, 2009 through November 3, 2009  
**Registration for re-registrants:** September 15, 2009 through December 15, 2009

The final month of registration requires payment of a late fee.

All applicants must complete applications online during the registration periods. The requirements for online applications are found on the ABP website: www.abp.org. Additional information including eligibility requirements is found on the ABP website. Each application will be considered individually and must be acceptable to the ABP.

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### ASPN Submits Comments on the 2010 Physician Fee Schedule Proposed Rule Issued by the Centers for Medicare and Medicaid Services (CMS)

On August 26, 2009 the ASPN submitted comments to CMS on the 2010 proposed physician fee schedule rule. ASPN’s comments focused on making Medicare’s Physician Quality Reporting Initiative (PQRI) more attractive for pediatric nephrologists to participate in, advice on including young adult and adolescent patients’ needs in the new Stage IV chronic kidney disease education benefit, and expressed concern regarding CMS’ proposal to eliminate the use of consultation codes. The final rule is expected at the end of the year and will go into effect January 1, 2010.

The rule also includes a scheduled 20% cut in physician fees. The only way to reverse this cut is through Congressional action.

*Katie Schubert*  
*Vice President*  
*Cavarocchi Ruscio Dennis Associates, LLC*

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### Washington Update

**Congress Breaks for Recess without Passing Health Reform. . .**

Health insurance reform legislation was pushed off until after the August congressional recess as the House Blue Dog Coalition, a group of conservative Democrats, slowed down the process in the Energy & Commerce Committee to allow for extra time to debate the bill.

Health reform has been front and center as members of Congress convene town hall meetings during August, with the discussion often turning emotional. While there are many hot-button issues, the inclusion of a public insurance option to compete with private plans within a health insurance exchange has taken center-stage throughout the debate.

Meanwhile, the Senate Finance Committee has yet to introduce health reform legislation, as Chairman Max Baucus continues to work with a bipartisan group of Senators to write a bill.

. . . and Returns in September with a Full Agenda

The Speaker of the House, Nancy Pelosi, has indicated that the House intends to take up health legislation sometime before the beginning of October, while Baucus has announced a September 15 goal introducing legislation in the Senate.

In addition to health reform, both chambers must finish the fiscal year 2010 appropriations bills. Specifically, the Labor, Heath and Human Services, Education bill, which funds the Department of Health and Human Services, including the National Institutes of Health (NIH), is likely to be scheduled for floor action in the Senate sometime in September. The House passed its version of the bill on July 24, 2009. The House’s bill included $932 million more for the NIH than the 2009 bill.

The Senate’s version appropriated $30.8 billion for the NIH, $500 million less than the House bill. The Senate bill also included ASPN-sponsored report language directing the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to conduct multicenter translational studies on pediatric kidney disease. Once both the House and Senate have passed their respective bills, the two Chambers will have to come together to reconcile the differences.
ASPN Leadership

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It’s Election Time Again!
Ballots will go out within the next few weeks so be on the lookout for yours!
Survey Monkey will be used for voting so if you have previously opted out of surveys via Survey Monkey please click on the link below to opt back in.

Tentative Schedule of Ancillary Meetings to be held during ASN Meeting in San Diego, October 27 ~ November 1, 2009

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Day/Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Meeting</td>
<td>Thursday, 10/29</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Clinical Affairs Committee</td>
<td>Friday, 10/30</td>
<td>6:30-7:30am</td>
</tr>
<tr>
<td>Clinical Affairs &amp; Public Policy Combined Committee</td>
<td>Thursday, 10/29</td>
<td>12:15-1:15pm</td>
</tr>
<tr>
<td>Council Meeting</td>
<td>Wednesday, 10/28</td>
<td>Noon-6:00pm</td>
</tr>
<tr>
<td>Corporate Liaison Board Meeting</td>
<td>Wednesday, 10/28</td>
<td>8:30-11:30am</td>
</tr>
<tr>
<td>Membership Committee</td>
<td>Wednesday, 10/28</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Practice Management Sub-Committee</td>
<td>Friday, 10/30</td>
<td>7:30-8:30am</td>
</tr>
<tr>
<td>Program Committee</td>
<td>Wednesday, 10/28</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Research Committee</td>
<td>Thursday, 10/29</td>
<td>6:30-7:30am</td>
</tr>
<tr>
<td>Stone and Bone Club</td>
<td>Friday, 10/30</td>
<td>12:15-1:15pm</td>
</tr>
<tr>
<td>Training and Certification Committee</td>
<td>Wednesday, 10/28</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Training Program Directors</td>
<td>Saturday, 10/31</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Website Committee</td>
<td>Wednesday, 10/28</td>
<td>6:30-7:30pm</td>
</tr>
<tr>
<td>Workforce &amp; Career Development Combined Committee</td>
<td>Thursday, 10/29</td>
<td>6:30-7:30am</td>
</tr>
</tbody>
</table>

PLEASE NOTE: ASPN COMMITTEE MEETINGS AT THE ASN WILL NO LONGER BE HELD IN HOTEL CONFERENCE ROOMS. PLEASE CONTACT THE COMMITTEE CHAIRS FOR THE DETAILS OF WHERE EACH COMMITTEE WILL BE HOLDING ITS MEETING.
Committee Updates

RESEARCH COMMITTEE

Current Trials: Several multicenter clinical trials in pediatric nephrology are ongoing. The FSGS Clinical Trial (clinical trials.gov #NCT00135811) is a randomized trial of children and adults ages 2-40 with biopsy proven steroid resistant FSGS to determine if treatment with mycophenolate mofetil (MMF) in conjunction with pulse steroids is superior to treatment with cyclosporine (CSA) in inducing remission from proteinuria over 12 months. Enrollment is complete with a total of 138 patients randomized. Patient characteristics at enrollment were published in an abstract at the American Society of Nephrology (ASN) meeting Nov. 2008. 64% of enrolled patients were 17 years of age or younger and 38% were African-American. Look for an abstract at this year’s ASN meeting describing hypertension control at study entry. This trial closes Nov 2009.

The Randomized Intervention for Children with Vesicoureteral Reflux (RIVUR; clinical trials.gov #NCT00405704) trial is a multicenter, randomized, double-blind, placebo-controlled study designed to determine whether daily antimicrobial prophylaxis is superior to placebo in preventing recurrence of urinary tract infection in children ages 2-71 months with vesicoureteral reflux. The trial, which was set to end in May 2010, has been extended and is continuing to enroll patients. Please contact any of the 19 participating centers for more information.

Funding opportunities: Several research grant deadlines are approaching. We encourage pediatric investigators to apply! The Nephcure foundation (www.nephcure.org/nephcure-grant.htm) is a parent/family organization committed to supporting research on the etiology and treatment of FSGS and nephrotic syndrome. They offer several types of grants including post-doctoral fellowships, young investigator awards, and established investigator awards. Please check their website for more information and eligibility details. Deadline for applications is December 2009.

The National Kidney Foundation (www.kidney.org) also offers grants to renal researchers including a clinical scientist award, research fellowship award, young investigator grant, KDOQI grant, and an IgA nephropathy research award. Check their website for application instructions and eligibility details. Deadlines have not been announced but are usually in late November.

Finally, the American Society of Nephrology (www.asn-online.org) offers several grants including the Norman Siegel Research Scholar Grant. The purpose of this award is to provide funding for young faculty to foster evolution to an independent research career. Although not a restricted award, preference for the Norman Siegel Research Scholar Grant is given to pediatric researchers. More information can be found on the website. The application deadline is January 29, 2010.

Acknowledgements: Special thanks to Aaron Friedman, Russell Chesney, and Alejandro Hoberman for clinical trial updates.

WEBSITE COMMITTEE

The new e-forum is functional and has a few members. Affiliate members who are interested can join and post messages and questions. Please check the website in the members’ only section.

WORKFORCE COMMITTEE

Please be on the lookout for the very important workforce survey coming to your inbox in early September. It is brief. We want to collate our results and present them at the business meeting at ASN in November, so please reply right away!!

Thanks,
Elaine Kamil & David Kershaw, Co-Chairs

pFeNA (PEDIATRIC FELLOWS IN NEPHROLOGY ASSOCIATION)

The last pFeNA meeting was held during the recent PAS meeting in Baltimore. The event was very well -attended, with over forty fellows and residents in attendance. Topics discussed included: ongoing work on a fellow timeline, web site expansion, match feedback, transition to practice issues, identification of research/funding opportunities, fellow recruitment.

We would like to expand the role of the fellows in the ASPN and there are opportunities for fellows to serve on committees (list available on ASPN website). A goal for the next ASN meeting will be for improved fellow attendance at each of the ASPN Ancillary Meetings. Recent volunteers: Parnell Mattison (Chair, pFeNA, and Training & Certification Committee); Randala Lakkis (Research Committee); Davoud Mohtat (Research Committee); Jennifer Charlton (Workforce Committee); Rosemary Thomas (Public Policy Committee); Ryan Raffaeili (Public Police Committee).

We plan to meet at the ASN meeting in October/November and the PAS/ASPN meeting next year…more to follow regarding time/date/ location.

Congratulations to the recent fellowship graduates and welcome to the first-year fellows!

If you have any feedback, questions, concerns, please contact Parnell Mattison at pmattiso@cnmc.org.
TRAINING & CERTIFICATION COMMITTEE

Highlights:

- The ASPN Program Directors Sub-Committee will be surveying our Program Directors later in September about their experience and satisfaction with the first Pediatric Nephrology Fellow Match that was completed in June 2009. This survey should help us understand the Program Director’s issues and help us address ways to improve the process for subsequent years.

- The Second Annual Ped Neph Program Director’s Workshop will be held in Chicago at the AAP on Oct 2, 2009. This one day meeting will convene PD’s to develop a national curriculum for Pediatric Nephrology Fellowship Training Programs. This opportunity will also facilitate sharing of experiences and solutions among our PD’s

- Look for more information on our website to help you understand the ABP Maintenance of Certification issues that confront you – coming later in September, thanks to the efforts of our T&C Committee American Board of Pediatrics MOC Work Group!

John D Mahan, MD, Chair

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Welcome New Members!!

Alisa Acosta  
Texas A&M Health Science Center College of Medicine  
Temple, TX

Michael Ferguson  
Children’s Hospital of Boston  
Boston, MA

Jyothsna Gattineni  
University of Texas Southwestern Medical School  
Dallas, TX

Roberto Gordillo  
University of South Alabama Children’s & Women’s Hospital  
Mobile, AL

Juhi Kumar  
New York Presbyterian Hospital  
New York, NY

Michele Mills  
University of Michigan, C.S. Mott Children’s Hospital  
Ann Arbor, MI

Yosuke Miyashita  
Children’s Hospital of Pittsburgh of UPMC  
Pittsburgh, PA

Lynn Puma  
Levine Children’s Hospital  
Charlotte, NC

Donald Weaver  
Levine Children’s Hospital  
Charlotte, NC

Adam Weinstein  
Dartmouth Hitchcock Medical Center  
Lebanon, NH
Meeting Announcements

Pediatric Academic Societies Meeting
May 1-4, 2010 ~ Vancouver, Canada
More Information

University Of Virginia School Of Medicine
Therapeutic Apheresis Academy 2009
September 24-26, 2009
More Information

International Conference on Early Disease Detection and Prevention (EDDP)
February 25-28, 2010
Munich, Germany
More Information

ASPN Annual Meeting
May 1-4, 2010 ~ Vancouver, Canada
More Information

6th International Conference on Pediatric Continuous Renal Replacement Therapy (PCRRT)
Angeliacum Congress Center
Rome, Italy
April 8 – 10, 2010
More Information

21st Annual Symposium on Pediatric Dialysis
10th Annual Fundamentals of Dialysis in Children Course
March 6-10, 2010 ~ Seattle, Washington
More Information

March 11-14, 2010
The Miami Pediatric Nephrology Seminar
More Information
More Information

THANK YOU
TO THE 2009 ANNUAL MEETING SPONSORS!!

International Pediatric Nephrology Association
Kidney & Urology Foundation of America, Inc.
Spacelabs Healthcare
NephCure
NephroPath

KIDney NOTES
Is the Bi-Monthly Newsletter of the
American Society of Pediatric Nephrology

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