Dear Colleagues,

The Annual Meeting of the ASPN in Baltimore was a resounding success, despite the inclement weather! The Program Committee had assembled an outstanding program of ASPN symposia, symposia co-sponsored with our sister societies, and workshops. Three platform and two poster sessions highlighted our members' cutting-edge research. I would like to personally thank Carl Bates (Chair), Susan Furth (Co-Chair), and the 2009 Program Committee, including Patrick Brophy, Vikas Dhamidharka, Sangeeta Hingorani, Kevin Meyers, Asher Schachter, Bill Smoyer, and Brad Warady for their contributions to this endeavor. The 2010 Program Committee, chaired by Susan Furth and co-chaired by Lisa Guay-Woodford has already made significant progress with the program for next year’s meeting in Vancouver, Canada (May 1-4, 2010). New to the 2010 Program Committee is an affiliate member, Tina Kvale, a pediatric nephrology nurse, who will be providing input regarding meeting programming relevant to nurses, social workers, dieticians and child life specialists. Please plan on submitting abstracts of your best research for presentation at the meeting!

The ASPN Council met in Chicago on June 13th and 14th, overlapping with meetings of the 2010 Program Committee and ASPN Corporate Liaison Board (CLB). We welcomed our newest Councilor, Prasad Devarajan, to this meeting. Prasad will be assuming the role of the Council liaison to the ASPN Research Committee, a position vacated by Susan Furth, who just completed a 4 year term as ASPN Councilor. Two major topics of discussion at the Council meeting were the ASPN budget (read more this on p. 2,) and leadership development. We look forward to discussing both of these issues further with membership at the ASPN Business Meeting to be held during the ASN Annual Meeting in San Diego in October.

In closing, thanks to all members for their continued active participation on committees and task forces. Your involvement makes a difference!

Lisa M. Satlin, MD
President
Note from the Treasurer

COST CUTTING IN DIFFICULT ECONOMIC TIMES

At the 2009 ASPN Business Meeting in Baltimore, I presented a deficit budget to our membership…to the tune of approximately -$75,000. This budget was conservatively derived utilizing past expenses and our expected reduced future income streams from both industry and non-profit sources. At the summer Council Meeting held in Chicago in early June, we analyzed the budget in detail and agreed unanimously to cut a number of anticipated and/or planned expenses in order to bring the budget into better alignment.

Council and Program Committee members shared rooms at this meeting and will continue to do so in the future. In addition, the 2011 Program Committee will now meet in conjunction with the 2010 ASPN meeting in Vancouver to further reduce costs. The Program Committee has also been asked to critically consider the cost for invited speakers at all upcoming meetings in order to maximize quality while minimizing costs. Lastly, some planned projects involving significant website expansion and utilization will be put on hold indefinitely until we are able to identify and secure specific additional income sources to fund them. These initial efforts are expected to provide a net improvement in our bottom line of nearly $30,000.

We have further developed new processes to reevaluate the costs of our central office administration as an additional mechanism to rein in costs and enhance income. We are continuing to attempt to secure meeting support, as well as support for the Society in general, from outside sources. Eventually, the John E. Lewy Foundation will be able to support some activities that the Society has traditionally funded, but this may not be feasible from a financial standpoint in the near-term.

Council is dedicated to maintaining and advancing the missions of the Society in a fiscally responsible way. As always, membership creativity, efforts, and support for these actions are necessary to achieve these goals, and your input is welcomed.

Victoria F. Norwood, MD
ASPN Treasurer

Note from the Secretary

STRATEGIC PLAN UPDATE: INCREASING MEMBER PARTICIPATION IN ASPN

In 2006, when the ASPN went through its strategic planning process, a major issue identified in the survey of members was a need to increase the participation of ASPN members in the society's activities. This is highlighted in the report from the strategic planning consultant, which included observations drawn from the survey such as:

• The group is more exclusive than inclusive (still viewed as an “old boys” club)
• Need to engage the general membership more in the workings of ASPN
• Many only connected to ASPN through the annual meeting
• Develop a better way to incorporate new members
• Too many cliques in the older generation/members so independent groups are started.

From these observations, a number of recommendations were made to Council by the consultant on how to address this issue in the strategic plan. Specifically, the recommendations were:

• Be more inclusive and less elitist
• Get the membership more involved and engaged
• Reach out to the younger membership and fellows
• Diversify some power to the committees.

With this in mind, several approaches were incorporated into the Strategic Plan, including creating new Task Forces composed of volunteers from the membership to tackle specific needs, soliciting nominations for open Council positions directly from the membership, and soliciting nominations for open committee positions from the committee co-chairs instead of relying on Councilors to fill open positions. Additionally, several committees were given authority to make some decisions independently of Council, particularly for time-sensitive public policy or clinical issues. In order to get younger members involved, pFENA, the fellows’ group, has been asked to appoint at least one representative to each committee, and the pFENA president is regularly invited to participate in the face-to-face Council meetings held at the PAS and ASN meetings. Finally, all new members are now asked about their specific committee interests at the time they submit their application to join the society.
So, what have the results been? To determine this, data on committee number and member participation in ASPN committees from the end of 2005 and mid-2009 were compared. A summary is in the table:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2009</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of committees*</td>
<td>7</td>
<td>12**</td>
<td>+71%</td>
</tr>
<tr>
<td>Total participation in committees</td>
<td>83</td>
<td>183</td>
<td>+120%</td>
</tr>
<tr>
<td>Number of unique individuals on committees</td>
<td>70</td>
<td>131</td>
<td>+87%</td>
</tr>
<tr>
<td>Number of non-Councilor members on committees</td>
<td>62</td>
<td>124</td>
<td>+100%</td>
</tr>
<tr>
<td>Percent active membership (excluding Council) involved in committees</td>
<td>15.7</td>
<td>24.5</td>
<td>+56%</td>
</tr>
<tr>
<td>Number of Councilor nominations from the membership†</td>
<td>0</td>
<td>10</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*excludes Audit, Award & Nominating committees
**includes one Task Force
†2008 election for one open Council position

These significant increases in member participation in ASPN activities are the direct result of the commitment of our membership to ASPN’s mission, and demonstrate a broad interest of the membership in actively participating in the society’s activities. As we continue to work through the remaining unfulfilled goals of the Strategic Plan (see the May-June 2008 issue of Kidney notes and the updated plan on the members-only section of the website), we are confident that membership participation in ASPN activities will continue to increase further over time.

Joseph T. Flynn, MD, MS
ASPN Secretary

THANK YOU
TO THE 2009 ANNUAL MEETING SPONSORS!!

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

Save the Dates!
May 1-4
Vancouver, Canada
Vancouver Convention Center

American Society of Pediatric Nephrology
Dear ASPN Members,

The Nominating Committee is requesting nominations for three councilor positions for a 4 year term to commence in May 2010. A slate of three candidates for each position will be developed. Nominations should be sent to Lisa Thompson at the central office by, mail, fax or email. The deadline for nominations is **August 16th, 2009**. Sharon Andreoli will serve as Chair of the committee. Other members of the committee are Allison Eddy, Professor of Pediatrics at the University of Washington in Seattle and Steve Wassner, Professor of Pediatrics at Hersey.

The councilor to be elected for one position should have the interest and experience to become a Co-Chair of the Clinical Affairs Committee. The mission of the Clinical Affairs Committee is below:

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**Clinical Affairs Committee Activities:**

- Facilitates and advocates for the provision of quality care to children with kidney disease.
- In conjunction with the Public Policy committee educates the ASPN membership about fiscal issues that impact the clinical practice of pediatric nephrology.
- Serves as liaison to other organizations that have the responsibility of developing guidelines, educational and clinical care materials (AAP, NK-DEP, K/DOQI, NIDDK Clearinghouse, RPA, others).
- Serves as a task force for Council in evaluating issues of clinical importance.
- Assists ASPN by critically evaluating newly developed guidelines and policies that affect pediatric patients.
- Provides the ASPN Program Committee with suggestions for sessions at PAS and other ASPN meetings that are relevant to the clinical practice of pediatric nephrology.

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The councilor to be elected for one position should have the interest and experience to become a Co-Chair of the Research Committee. The mission of the Research Committee is below:

---

**Research Committee Activities:**

- Identifies clinical and basic science research priorities in the pediatric nephrology community.
- Develops new strategies for encouraging and supporting research by our community.
- Serves as a task force for the ASPN Council for reviewing issues of research interest.
- Serves as liaison with other organizations (e.g. ASN, NIH) that promotes and support research.
- Contributes recommendations for symposia/workshops for ASPN annual meeting program consideration.
- Participates in any other activities related to supporting the research efforts of the Society’s membership.
- Keeps membership informed of pediatric research funding opportunities.

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The councilor to be elected for one position should have the interest and experience to become a Co-Chair of the Workforce Committee. The mission of the Workforce Committee is below:

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**Workforce Committee Activities:**

- Estimates the workforce needs in our subspecialty in coming year.
- Finds ways to better attract and retain trainees in our subspecialty.
- Evaluates the “quality of life” for pediatric nephrologists and ways to enhance it.

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Please submit your nominations by **August 16th** to Lisa Thompson with a very brief biographical sketch and rationale for the nomination. The final slate will be announced and the elections will take place in September 2009 with the election results announced at the ASPN business meeting during the ASN meeting. If you have any questions, please do not hesitate to contact us. We look forward to receiving your nominations!

**Sharon Andreoli**, Committee Chair  
**Lisa Satlin**, ASPN President  
**Joseph Flynn**, ASPN Secretary
Announcements Cont’d...

**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.

American Board of Pediatrics  
111 Silver Cedar Court  
Chapel Hill, NC 27514-1513  
Phone: 919-929-0461  
Fax: 919-918-7114 or 919-929-9255  
www.abp.org

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**INTERVENTIONAL STUDY FOR CHILDREN WITH ADPKD**

We are currently conducting a three-year randomized double-blind placebo controlled clinical trial of pravastatin treatment in children and young adults with ADPKD at The Children’s Hospital in Aurora, Colorado. The principal investigators are Melissa Cadnapaphornchai, MD, and Robert W. Schrirer, MD.

Eligibility criteria include otherwise healthy children and young adults with ADPKD who are between 8 and 21 years old and who have normal kidney function.

The study protocol includes three hospital visits over a three-year period. Each hospital visit will last two days and will involve blood pressure measurement, blood and urine studies, renal/cardiac MRI, and brachial artery ultrasonography. Study subjects will receive lisinopril and will be randomized to receive either pravastatin or placebo. Between hospital visits, participants will be asked to take the investigational medications and to record blood pressure measurements at home on a regular basis.

Potential benefits of participation include physical examination and laboratory and radiology studies. All expenses including study-related medications, a home blood pressure machine, travel costs to and from Denver (including one parent for children under 18 years of age), and laboratory and radiology testing, will be provided. There is no cost to the subject for participation in this research study. The subject will not be paid for participation in this research study.

This is research study #05-0704 as designated by the Colorado Multiple Institutional Review Board. Study participants will need to sign a specific consent form as well as a release for use of personal health information (HIPAA form). This study is registered with clinicaltrials.gov as NCT00466365.

Please contact Dr. Cadnapaphornchai with questions or concerns regarding this research study. Our toll-free number is 877-765-9297 and our email address is pkd.nurse@ucdenver.edu. Parents/subjects can also contact us directly.

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**ASPN VISITS CAPITOL HILL**

On May 6th several ASPN members visited Capitol Hill to inform their Members of Congress about the ASPN and important issues affecting pediatric nephrologists. The day was a resounding success.

Sharon Perlman, ASPN Public Policy co-chair, along with Bill Schnaper and Barbara Fivush met with the Senate Finance Committee staff to discuss pediatric subspecialty workforce issues and overall health care reform. Sharon then took new Public Policy Committee member Hillary Hotchkiss to meet with Congressman Bill Young’s office and Senator Mel Martinez’s health advisor. Hillary made the visit memorable by discussing how a 3 year old on dialysis could be sitting next to a 90 year old amputee, really getting to the heart of the issue.

New Public Policy Committee member Jonathan Heiliczer made an impression by getting the mother of a young transplant patient on the phone when he met with Senator Bob Menendez’s staff.

At the end of the day, ASPN President Lisa Satlin, Bill Schnaper and Sharon Perlman met with staff from the House Ways & Means Committee, where they took the opportunity to discuss pediatric ESRD’s role in Medicare. The conversation was very focused on the workforce for primary care, but Bill was ready with the precursors of adult kidney disease starting in childhood, taking the obesity/hypertension angle and making the argument for increasing the number of pediatric nephrologists.

It was a great day - ASPN made great points on the Hill and will continue to use those new connections to discuss health care reform and how it impacts pediatric nephrologists. Special thanks should go to those ASPN members who took the time to visit the Hill: Sharon Perlman, Bill Schnaper, Barbara Fivush, Manju Chandra, Doug Silverstein, Hillary Hotchkiss, Lisa Satlin, and Jonathan Heiliczer. We’re looking forward to doing this again next year!

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**FY2010 APPROPRIATIONS PROCESS UNDERWAY**

Both chambers of Congress have begun work on the FY2010 appropriations bills, with the House passing four and Senate passing one of the twelve necessary bills. The Labor, Health and Human Services and Education bill is scheduled for House committee action on July 10th. The Senate is expected to follow suit in mid-to-late July. As it has in years past, the ASPN is working with House and Senate members to include report language on translational studies on pediatric chronic kidney disease.

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**TIMELINE FOR PASSAGE OF HEALTH REFORM BILL MAY SLIP**

As the Senate works to negotiate a health reform package, the initial timeline of passing a bill prior to the August recess may slip. Although the Senate Health, Education, Labor, and Pensions (HELP) Committee has begun to mark up legislation, the Senate Finance Committee has yet to introduce a bill, amidst debate on a public option, employer mandate, and how to pay for the over $1 trillion overhaul.

The HELP and Finance Committees would have to reconcile their bills before bringing the bill the floor, and Senate Democrats have said floor debate could take as long as two weeks. Even if the committees are able to join the two bills, debate could be derailed by the need for Senate floor time to debate the nomination of Sonia Sotomayor to the Supreme Court.

The House, meanwhile, is more likely to meet its deadline of passing health reform legislation before it leaves town at the end of July, although the committee process has yet to begin. President Obama is pushing the House and Senate to approve health care reform legislation by August and to send him a bill by October.

A summary of the House and Senate bills can be found on CRD’s website, www.dc-crd.com.

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**Washington Update**
Committee Updates

TRAINING AND CERTIFICATION COMMITTEE

PEDIATRIC NEPHROLOGY FELLOWSHIPS - FIRST MATCH REPORT

The Pediatric Nephrology Fellowship NRMP Match Process was approved in November 2008 and we have our first results back – from the 2010 Match with results released on 6.10.09

After some detailed training of program directors and coordinators, the interview season began in January 2009 and applications were submitted via the Electronic Residency Application Service (ERAS). Interviews occurred between February and May and rank order lists were due to the National Residency Match Program (NRMP) by 5.20.09. Results for the anxious candidates and programs were posted on line on June 10, 2009.

A total of 34 candidates ranked pediatric nephrology programs. A total of 31 spots were filled via the Match (out of an available pool of 50 first year fellow spots in pediatric nephrology). Three candidates were not able to match. Although there were far greater numbers of applicants through ERAS, only 34 candidates completed rank lists.

A total of 37 of the available 40 ACGME accredited programs participated in this first time Match (93%) and 50 of the available 58 slots open in the country for 2010 were available through the Match (86%). Since this was the first year of the Match, there may have been some programs that already had signed agreements with candidates, and therefore did not need to go through the Match. Twenty programs filled all of their available positions through the Match while 17 programs had 19 unfilled spots. For 2010 the 31 matched candidates for 50 available NRMP positions translates to 62% of positions filled.

As of June 2009, there were 40 ACGME accredited Pediatric Nephrology Fellowship programs in the US. There were 106 fellows according to the ACGME rolls, 43 first year, 38 second year and 22 third year fellows with 3 additional fellows off cycle for a total of 106 fellows in training (for 168 approved slots, that represents 64% of all available slots filled presently)

The outcomes for the Pediatric Nephrology 2010 Match are listed below:

<table>
<thead>
<tr>
<th>Program Statistics</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Programs</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Withdrawn Programs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Certified Programs</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Programs Filled</td>
<td>20</td>
<td>54%</td>
</tr>
<tr>
<td>Programs Unfilled</td>
<td>17</td>
<td>46%</td>
</tr>
<tr>
<td>Certified Positions</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Positions Filled</td>
<td>31</td>
<td>62%</td>
</tr>
<tr>
<td>Positions Unfilled</td>
<td>19</td>
<td>38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Statistics</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matched Applicants</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>US Grad</td>
<td>16</td>
<td>52%</td>
</tr>
<tr>
<td>US Foreign</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Osteopathic</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Foreign</td>
<td>13</td>
<td>42%</td>
</tr>
</tbody>
</table>

For perspective, Pediatric Cardiology, Pediatric Gastroenterology and Pediatric Pulmonary also participated in the NRMP Spring Pediatric Subspecialties Match. Here are some comparative results:

<table>
<thead>
<tr>
<th>Program Statistics</th>
<th>Programs filled %</th>
<th>Positions filled %</th>
<th>Matched candidates</th>
<th>Unmatched candidates</th>
<th>% of Candidates who matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Cardiology</td>
<td>98</td>
<td>99</td>
<td>117</td>
<td>61</td>
<td>66</td>
</tr>
<tr>
<td>Pediatric GI</td>
<td>88</td>
<td>89</td>
<td>56</td>
<td>39</td>
<td>57</td>
</tr>
<tr>
<td>Pediatric Nephrology</td>
<td>54</td>
<td>62</td>
<td>31</td>
<td>3</td>
<td>91</td>
</tr>
<tr>
<td>Pediatric Pulmonology</td>
<td>68</td>
<td>76</td>
<td>41</td>
<td>6</td>
<td>87</td>
</tr>
</tbody>
</table>

In the Fall, Pediatric Critical Care, Hematology, Rheumatology, Emergency Medicine and Neonatology will participate in a Fall Match. More information is available at http://www.nrmp.org.

Early returns from this first Match are encouraging. Program Directors appreciated the opportunity to interview a number of candidates and the time to assess the candidates before the Match. Applicants were enthused about the chance to visit multiple programs and not feel pressured to accept early offers. Although we continue to be frustrated about the number of unfilled positions for our first year slots in pediatric nephrology, we did enroll 31 qualified applicants for 2010 and any “late deciders” now can identify institutions with unfilled positions to facilitate late commitments.

Participation in the NRMP is voluntary for all candidates and programs; all programs who agreed to participate had to commit to follow
the NRMP Match rules. At this time, we are unaware of any Match violations – this is truly a tribute to the collegiality and integrity of the Program Directors in our field!

We continue to assess the landscape for pediatric nephrology training in the US. Led by Doug Silverstein, the Training and Certification Committee developed and piloted a survey of pediatric residents to better understand their exposure to pediatric nephrology during residency and the factors that influenced their decision to either pursue or not pursue pediatric nephrology training. With 27 pediatric residency programs participating in the survey, we hope to gain valuable insight into some of the modifiable factors that are important for our discipline.

- The T&C Committee has developed a Work Group that is undertaking preparation of Maintenance of Certification information materials regarding expectations for members who are boarded by the American Board of Pediatrics. This group should have information available for posting on our ASPN web site by August – this was identified as a high value priority by the T&C committee meeting in Baltimore in May 2009 and we thank K Jabs, B Dixon, R VanderWorde, V Norwood, J Mahan and A Neu for agreeing to work on the ABP MOC Information Work Group!

**John D Mahan, MD, Chair**
Training and Certification Committee

---

**WORKFORCE COMMITTEE**

**COMING TO YOUR EMAIL BOX, SOON — THE 2009 PEDIATRIC NEPHROLOGY CENSUS!**

You have no doubt heard that we are the proud owners of the oldest pediatric subspecialty workforce. Our mean age is 56, and 197 of us are between the ages of 61 and 70, prime ages for upcoming retirement. A preliminary review suggests that about 25% of board-certified pediatric nephrologists are not practicing pediatric nephrology. In an effort to determine how many US pediatric nephrologists are active in the workforce in some capacity, late this summer we will be surveying all pediatric nephrologists that we can track down. We have reconciled the list of all board certified pediatric nephrologists with our ASPN membership directory, the AAP section on nephrology, our ASPN All Pediatric Nephrologists lists that our state liaisons had previously developed, and with Google. Right now the ASPN state liaisons are working hard to find contact information on everyone. When you get your very brief survey late this summer, please fill it out promptly. We will be presenting our results at ASN, and we hope to use this data to generate more accurate projections on the need for training more fellows. On our behalf, our Washington representatives are working with the National Association of Children’s Hospitals and with the AAP to urge Congress to implement some measures to ease our workforce shortage. Please be on the lookout for this very brief but important survey!

Thanks for your help,

Elaine Kamil, David Kershaw, Sharon Bartosh, Co-Chairs
Workforce Committee

---

**MEMBERSHIP COMMITTEE**

The long awaited E-Forum for the affiliate membership is up and running. This venue will provide opportunities for networking, posting questions, sharing resources and hopefully the development of collaborative relationships for research ideas and meeting agendas. Note that this E-forum is only accessible to members so encourage your support staff including the nurses, social workers, dieticians and child life specialists to join the ASPN. Many thanks to the ASPN council and the Website Committee for their support in bringing this E-Forum to fruition. In addition, work is underway to design a meeting opportunity for affiliate members in conjunction with the annual ASPN meeting.

Susan Massengill, MD

---

**Welcome New Members!!**

Anwar Khan, MD
National Institute of Kidney Diseases & Urology
Dhaka, Bangladesh
Meeting Announcements Continued...

**American Society of Pediatric Nephrology**

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

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

**6th International Conference on Pediatric Continuous Renal Replacement Therapy (PCRRRT)**
Angelicum Congress Center
Rome, Italy
April 8 – 10, 2010

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

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

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