Dear Colleagues,

For this edition of Kidney Notes, I have invited Dr. Tim Bunchman to prepare a special article about the response of the international pediatric nephrology community to the relief effort following the earthquake in Haiti. Tim’s updates about the relief activities, posted regularly on the Pediatric Nephrology list serve, were an invaluable source of information not only for ASPN members but also for pediatric nephrologists worldwide.

Lisa M. Satlin, MD
President

Pediatric Nephrology and the Haitian Earthquake Disaster
Special report from Dr. Tim Bunchman

On January 12, 2010 a large magnitude earthquake occurred in immediate proximity to Port-au-Prince, Haiti, a population of 3 million in a country of 9 million. The city sustained massive destruction with > 90% of buildings demolished. Earthquakes of this severity result in significant destruction with “three rings (times) of death”: the first within the first 72 hours, the second between days 5-14 due to AKI secondary to rhabdomyolysis, and the third after 2 weeks due to sepsis.

On January 13, Rick Kaskel, representing IPNA and ASPN, notified us for activation of a “rescue and communication plan”. For Rulan Parekh, Rita Swinford, Steve Alexander (from Australia) and I it was a “DejaVu”, for we had been on site in Port-au-Prince in 1995 due to AKI from diethylene glycol contamination in the local acetaminophen. At that time, the degree of AKI was limited to 100 or so children and the infrastructure (albeit primitive) was intact. In this 2010 disaster, infrastructure was destroyed, the extent of destruction was without boundaries, and the end point was unclear.

From January 13 on, communications were sent out using the Pediatric Nephrology list serve set up by Andrew Aronson. The first of many emails requested equipment, willingness and/or ability to accept patients, and go to Haiti if needed. Maria Ferris improved the questionnaire making it a more robust database for IPNA members.

Over the next few days countless hours of conference calls and emails merged IPNA’s efforts with those of the ISN and the ASN to help coordinate pediatric and adult AKI efforts. Communication between Rick Kaskel, Isidro Salusky, Emilio Mena (in Santo Domingo), Melvin Bonilla-Felix (in Puerto Rico), Gaston Zilleruelo, Nelson Orta (in Venezuela, representing ALANEPE) occurred routinely, providing updates from Emilio Mena as our source of “onsite” information.

More than 30 individuals in and 20 Pediatric Nephrology programs were willing to be involved. These included members from North, Central and South America, Europe, Russia and Israel, an amazing response. Equipment donated by MedComp, Cook Critical Care as well as by Maury Pinsk and associates from the Stollery Children’s Hospital in Edmonton, Canada were shipped to Santo Domingo for distribution as deemed needed by Emilio Mena. No members were “called out” for AKI relief, for less than 5 pediatric patients were diagnosed with AKI.

What did we learn? We need to have a robust, easily activated and frequently updated database listing members of the ASPN willing to help in disaster relief efforts. Lines of “cross communication” between subspecialties (e.g., Pediatric Critical Care) within pediatrics must be established now. Maria Ferris and I will report on this at the IPNA meeting in New York in September.

I had stated many times in numerous emails that I am proud and continue to be proud to be a Pediatric Nephrologist. This was a shining time for us, and even though our help was not needed, our efforts were a great education on what we can do and what we need to do.

I would like to not only thank the Pediatric Nephrology community but also my partners (Gina-Marie Barletta and Julia Steinke) for I made myself “on call” for Haiti and IPNA. This was clearly a group effort of many.
A Note From The Treasurer

Looking for that “perfect little something”? A way to acknowledge the tremendous work of your renal nurse on her/his birthday? A way to say “Congratulations!” to your fellow for getting that abstract in and accepted? A way to say “Best wishes for the future” for your social worker who is moving away?

Many people make donations to honor friends and family members by recognizing their birthdays, career achievements, or personal milestones. Donations are also an appropriate way to demonstrate affection and respect for a dear friend or colleague who has died. For donations of $25 or more, an honor card will be mailed to your friend or family informing them of the special gift you have made to the John E. Lewy Foundation for Children’s Health in their honor.

Please remember that a contribution to the John E. Lewy Foundation for Children’s Health can relay your admiration and good wishes while also building programs that will support the Foundation’s goals of enhancing advocacy, education, and science in pediatric nephrology and for all children. It is easy to do - just go to http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp

Vicky Norwood, MD
ASPN Treasurer

Announcements

The Renal Physicians Association (RPA) represents and serves nephrologists in their pursuit and delivery of quality kidney care. Much of what nephrologists need to know to thrive in practice in academic and private settings is not taught as part of traditional training programs. Therefore, RPA embarked on the development of a 24-module series of narrated slide presentations on a wide range of topics spanning the health care system and regulations and legislation affecting nephrology practice. The first four presentations have been completed and may be purchased on CD-ROM through the RPA office or accessed online at www.renalmd.org. Topics addressed in these 30-60 minute presentations include the Structure of Medicare and Medicaid; the Conditions for Coverage and Requirements for Dialysis Facility Medical Directors; Attending physician responsibilities in academic settings; Working with advanced practitioners; Working with dialysis organizations; Licensing, privileges, and Credentialing; and much more. In addition to these stand alone presentations that include questions and answers to test your knowledge, RPA will provide speakers to present each of these topics if requested by training program directors. For more information about the practice curriculum or other RPA fellows programs please contact the RPA office at 301-468-3515.

World Kidney Day, celebrated every year since 2006 on the second Thursday of March in more than 100 countries on 6 continents, will be held on March 11. This global health awareness campaign focuses on the importance of our kidneys and reducing the frequency and impact of kidney disease and its associated health problems worldwide. The International Society (ISN) is the primary sponsor of the event. For more information go to http://www.worldkidneyday.org/
A Note From The Treasurer

2010 Founder’s Award Recipient

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.

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

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

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.

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

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
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<tr>
<th>Saturday, May 1</th>
<th>Sunday, May 2</th>
<th>Monday, May 3</th>
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<td>Topic Symposium</td>
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<td>William Schnaper Negotiating a</td>
<td>Ethical and Social Implications of</td>
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<td>Nephrology: New</td>
<td>Faculty Position</td>
<td>Providing Intensive Interventions</td>
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<td>Concepts in Sepsis</td>
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<td>Abstract Program</td>
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<td>Issues in Dialytic Care</td>
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<td>The Brain and Hypertension</td>
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<td>1:00pm–2:30pm</td>
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<td>Rocks in the Kidney – Mining New</td>
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<td>ASPN Symposium</td>
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<td>2:45pm–4:45pm</td>
<td>10:15am–12:00pm</td>
<td>ASPN Presidential Plenary and Awards</td>
<td>Role of Extracellular Matrix</td>
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<td>ASPN Symposia</td>
<td>ASPN CPC Fellow’s Luncheon</td>
<td>12:00pm–1:30pm</td>
<td>In Regulation of Kidney</td>
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<td>The Application of New Technologies to Understanding Renal Development Disease, and Improved Diagnostics</td>
<td>Battle of the Brains</td>
<td>1:30pm–3:30pm</td>
<td>Development, Differentiation and Repair</td>
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<td>Topic Symposia</td>
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<td>ASPN Symposia</td>
<td>SPR Presidential Plenary and Awards</td>
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<td>Neonatal and Infant Hypertension</td>
<td>Glomerular Disease: New Perspectives on Pathogenesis and Treatment</td>
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<td>3:30pm–5:30pm</td>
<td>ASPN Presidential Address and Business Meeting</td>
<td>ASPN Awards Luncheon</td>
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<td>PAS Opening General Session President’s Welcome Joseph St.Geme Leadership Award Keynote Lecture</td>
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<td>Trainee Research Awards</td>
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<td>8:00pm–9:30pm</td>
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<td>Poster Session III &amp; Exhibits</td>
<td>Henry L. Barnett Award</td>
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<td>ASPN Member Reception</td>
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<td>IPHA General Business Meeting</td>
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<td>March of Dimes Prize in Developmental Biology Lectures</td>
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<td>IPHA General Business Meeting</td>
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Continuing Education Credit is through the PAS.
In his State of the Union address President Obama struck the theme of this year’s agenda: Rescue, Rebuild, Restore - A New Foundation for Prosperity. Based on the political fallout from the January 19 special election in Massachusetts, that theme might well be expanded to include Re-boot. As Congress moves into an election year, there is a big push to finish up legislative business and for Democrats to put a few victories under their belts. This is proving more and more difficult as the House and Senate struggle to find common ground and Washington shifts its focus to jobs.

FY2011 BUDGET

While the President announced his plans for three-year spending freeze during his speech, he transmitted his $3.8 trillion fiscal year 2011 budget proposal to Congress on February 1, with a plan to implement the freeze beginning in 2012. The President requested $32.2 billion for the NIH, an increase of $1 billion over last year. Included in this is funding for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which the President requested $2.008 billion, an increase of $50 million over last year.

The President also requested $169 million for the National Health Service Corps, an increase of $27 million over last year, $318 million for Children’s Hospitals Graduate Medical Education, which is no change over last year, and $26 million for the Health Resources and Services Administration (HRSA) organ transplantation program, also no change from last year.

Finally, the budget request includes a total of $784.3 billion for CMS – this includes mandatory AND discretionary funding, an increase of $48.3 billion over last year. This number took into account projected Congressional action on a physician pay fix (so does not project the 30% cut), a 6 month extension of the Federal Medical Assistance Percentages (FMAP) increase that was included in the stimulus bill for Medicaid funding to states, and $89 million for MIPPA implementation, which includes funding “to continue to implement ESRD pay for performance.” Congress will work over the next couple of months to write its own budget resolution and House and Senate Appropriations Committees will allocate that funding. Hearings will begin in April in the Labor-Health and Human Services-Education Appropriations subcommittee, with a goal of finishing the process prior to the end of Congress’ fiscal year, October 31, 2010.

HEALTH REFORM

As this issue of KidNEY Notes goes to press, the White House is gearing up for a health summit with bipartisan Congressional leaders. President Obama hopes to make headway in reconciling the House and Senate bills’ differences and move to pass legislation soon. Prior to the summit the President released his own health reform legislation that included many of the provisions that the House and Senate agree on.

With Senate Democratic leaders losing their 60th vote with the election of Scott Brown in Massachusetts and continued issues with the House in ironing out details, Congress remains closer than ever to passing health reform. However, there is still no clear path to legislative passage. There is hope that the summit will shed light on this, but in the meantime the House began taking individual provisions out of their package and put a bill to eliminate the health insurance industry’s anti-trust exemption on the floor for a vote.

Another tactic that could work is for the House to pass the Senate bill and then both chambers immediately pass a budget reconciliation bill that would “fix” some of the issues surrounding the Senate bill. Budget reconciliation process is a legislative process intended to allow a contentious budget bill to be considered without being subject to filibuster in the Senate. The legislation must ultimately balance the budget, and there are certain rules that keep irrelevant subject matter from being included in the bill. It could fix some of the problems the House has with the health bill, but not all, including the differences in each chamber’s abortion provisions.

Stay tuned. . .

DOC FIX

With the budget, health reform, and jobs bills looming over Congress, a scheduled 21% cut to Medicare reimbursement to physicians is scheduled to go into effect on March 1.

A House-passed bill included a permanent fix (HR 3961) at a cost of $210 billion over 10 years, however, the Senate has not taken any legislation up on this matter. The Finance Committee Chairman, Max Baucus, “is committed to finding a permanent fix for the physician payment formula and is examining a range of policy options to meet that goal,” an aide to the Montana Democrat said. “He intends to ensure payment cuts for critical medical services do not go into effect.”

There have been efforts to try to attach the doc fix to a various pieces of legislation, with no progress yet.

GEISINGER CEO NOMINATED AS NEXT CMS ADMINISTRATOR

After over a year of CMS not having an appointed head, the President announced his intention to nominate Geisinger CEO Glenn Steele as the next Administrator of the Centers for Medicare and Medicaid Services.

Dr. Steele became President and Chief Executive Officer of the Geisinger Health System on March 1, 2001. Dr. Steele joined Geisinger from the University of
Chicago where he served as the Richard T. Crane Professor in the Department of Surgery, Vice President for Medical Affairs and Dean of the Division of Biological Sciences and the Pritzker School of Medicine.

Prior to that, he was the William V. McDermott Professor of Surgery at Harvard University Medical School, Chairman of the Department of Surgery of New England Deaconess Hospital, and President and Chief Executive Officer of Deaconess Professional Practice Group.

Dr. Steele is widely recognized for his investigations into the treatment of primary and metastatic liver cancer and colorectal cancer surgery. He is a past Chairman of the American Board of Surgery and serves on the editorial boards of numerous prominent medical journals.

Dr. Steele is a member of the Institute of Medicine of the National Academy of Sciences, the New England Surgical Society, a fellow of the American College of Surgeons, the American Surgical Association, the American Society of Clinical Oncology, Society of Surgical Oncologists, The Commonwealth Fund, Healthcare Executive Network, the U.S. Department of Health’s National Advisory Committee on Rural Health, and the Center of Corporate Innovation (CCI). He is a past chair and a current examiner for the American Board of Surgery and serves on several scientific advisory boards including Simon Healthcare (University of Rochester) and the Institute of Medicine’s study of early detection of breast cancer.

He serves on the American Hospital Association Health Care Systems Governing Council and is presently serving as Chair ’05. He also serves on the AHA Strategic Policy Planning and Hospital/Medical Staff Committees. In addition to serving on the boards of Bucknell University and Priority Healthcare Corporation, he most recently became March of Dimes - Honorary Chair of the Pennsylvania Prematurity Campaign.

**ASPN NOMINATES MEMBERS TO PARTICIPATE IN CMS’ TECHNICAL EXPERT PANEL AND DEVELOPS MATERIAL TO PRESENT BEFORE MEDCAC**

ASPN nominated several members to serve on six technical expert panels (TEP) that CMS is convening to develop new quality measures for the ESRD population. The panels will each be comprised of 6-8 individuals that will evaluate evidence for the development of new measures in the topic areas of Anemia Management (target values for serum ferritin and transferrin saturation), Mineral Metabolism (target values for calcium and phosphorous), Vascular Access Infection Rate (catheter infection rate), Pediatric Adequacy (HD and PD), Pediatric Anemia (anemia management), and Fluid Weight Management. The panels will meet on March 10-11, 2010.

Additionally, the Medicare Evidence Development and Clinical Advisory Committee (MedCAC), an independent entity that makes coverage recommendations to CMS, is holding a meeting on March 24 to examine currently available evidence on the use of erythropoiesis stimulating agents (ESAs) to manage anemia in patients who have chronic kidney disease. The ASPN has registered to present at the meeting and plans to present evidence on this issue with respect to the pediatric population.

**Committee Updates**

**RESEARCH COMMITTEE**

This Research Committee update focuses on the “Novel Therapies for Resistant FSGS (FONT II): Phase II Clinical Trial”. FONT II is a randomized phase II clinical trial of children and adults with resistant FSGS and C1q nephropathy. The FONT II study follows on the successful completion of the phase I (FONT I) trial, which established preliminary safety, patient tolerance, and PK data for two novel therapies, rosiglitazone (a PPAR gamma agonist) and adalimumab (an anti-TNF alpha human monoclonal antibody).

In the phase I study, a total of 21 patients were enrolled. 11 were assigned to receive rosiglitazone, and 10 were assigned to receive adalimumab. The patients were evenly divided by gender and pubertal stage. All patients had a GFR >50 mL/min/1.73 m2. There were no serious adverse events necessitating the withdrawal of study drug.

Initially the FONT II trial was designed to test whether rosiglitazone and/or adalimumab can safely reduce proteinuria and protect kidney function better than current standard treatment for patients with focal segmental glomerulosclerosis (FSGS). However, the FONT Phase II trial has now been expanded and will compare 4 groups: standard conservative therapy (SCT) consisting of lisinopril, losartan and atorvastatin, SCT + adalimumab, SCT + rosiglitazone, and SCT + galactose. The treatment phase is 6 months long and the primary endpoint is a 50% reduction in proteinuria. As a significant percentage of patients with primary FSGS are resistant to corticosteroids and other immunosuppressive medications, it is imperative that new therapeutic approaches be evaluated in an efficient and systematic manner. The FONT II trial has 2 specific aims: 1) To evaluate two novel therapies for resistant FSGS – an anti-TNF-alpha antibody and a PPAR-gamma agonist against standard therapy and 2) To identify one or more novel agents as candidates for future study in a Phase III randomized clinical trial. The enrollment phase of FONT II is now open and ongoing. All interested subjects and clinical research sites are encouraged to contact a member of the FONT II study team led by Howard Trachtman (trachtma@lij.ed) and Deb Gipson (dgipson@umich.ed).

For more information regarding this important study please go to ClinicalTrials.gov (search term FONT). http://clinicaltrials.gov/ct2/results?term=FONT
Committee Updates Continued...

TRAINING AND CERTIFICATION COMMITTEE AND TRAINING PROGRAM DIRECTORS SUB-COMMITTEE

The ASPN Training and Certification Committee and Training Program Directors Sub-Committee report includes three new items:

- PREP Nephrology is now available as a method to achieve ongoing education in pediatric nephrology, obtain CME credit and prepare for the ABP certification or re-certification examination. PREP Nephrology is available through the AAP and a column by Doug Silverstein, MD, National Children’s Medical Center, a member of the Training & Certification Committee and co-editor of PREP Nephrology further details this excellent resource (see below).

- Our Pediatric Nephrology community has entered the second Pediatric Nephrology Match this winter/spring (for fellows to start training in July 2011). The following are the important Match dates and deadlines.

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<tr>
<th>Pediatric Specialties</th>
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<tr>
<td>Match Begins</td>
<td>01/20/10</td>
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<td>Rank Order List Opens</td>
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<td>Quota Change Deadline</td>
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<tr>
<td>Rank Order List Closes*</td>
<td>05/19/10</td>
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<tr>
<td>Match Day</td>
<td>06/02/10</td>
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Pediatric Spring Match involves: Pediatric Cardiology, Pediatric Gastroenterology, Pediatric Nephrology and Pediatric Pulmonology

- The Second Annual Pediatric Nephrology Fellow Workshop was conducted on January 22, 2010 in conjunction with the Annual Dialysis Meeting sponsored by the Renal Research Institute. Under the direction of Maria Ferris, MD and John D Mahan, MD, a series of sessions devoted to fellow career development and opportunities to display fellow QI projects was provided. The 12 fellows who received funding from the Renal Research Institute to attend the Pediatric Nephrology Fellow Workshop and the 12th International Conference on Dialysis and Advances in CKD 2010 Conference in New Orleans rated the experience very highly and particularly enjoyed the chance to interact with fellows from other training programs. This program and its fellow rating confirms the value of national meetings for pediatric nephrology fellows devoted to career development and other broad topics – a concept that the ASPN continues to explore.

John D Mahan, MD, Chair
Welcome New Members!!

Ayse Arikan
Baylor College of Medicine
Houston, TX

Sahar Fathallah-Shay
University of Alabama
Birmingham, AL

4th African Paediatric Nephrology Association Scientific Conference
March 19th – 21st, 2010
More Information

Abu Dhabi Continence Week (ABC)
March 23 - 28, 2010
More Information

4th African Paediatric Nephrology Association Scientific Conference
March 19th – 21st, 2010
More Information

The Fifteenth Congress of The International Pediatric Nephrology Association
August 29 - September 2, 2010, New York
More Information

More Information

More Information

More Information

More Information
Meeting Announcements Continued...

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

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

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

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

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

**2010 Midwest Pediatric Nephrology Regional Conference**
UTIs and VUR in Children: Best Practices and Future Directions
March 18, 2010
More Information