Dear Colleagues,

This is my first President’s Corner, and I would be remiss if I didn’t start by thanking Lisa Satlin for the terrific leadership she has shown over the past two years and more. The entire Society owes her a debt of gratitude, and I know she will be a tough act to follow.

I thought we had a great meeting in Vancouver. The quality of the invited-speaker and platform presentations was outstanding. The commitment of the membership remains amazing. From the perspective of my interaction with other pediatric subspecialties, we have a uniquely high percentage of members who are enthusiastically engaged in furthering education, investigation and advocacy. I found the spontaneous endorsement of a dues increase from the floor at the Business Meeting to be particularly gratifying. Frankly, this was an issue that the Council anticipated grappling with over the summer, and the membership basically said, “Let’s do it and move on.” Of course, given our small numbers we cannot use dues to support all of the initiatives that we hope to pursue, so finance continues to be a significant issue for the Society.

With each of these messages, I hope to touch on one facet of ASPN activity. Here, I’d like to mention Council. Being an ASPN Councilor is not an honorific position. The Council members volunteer a lot of their time to keep things running smoothly and, given our finances, sometimes subsidize their efforts for the Society out of their own pockets. Councilors serve a 4-year term and work with one of our standing Committees. During those 4 years, each Councilor takes on a project of lasting significance to the Society. The two who rotated off in Vancouver are excellent examples. Elaine Kamil doggedly pursued finding all pediatric nephrologists in North America, whether or not they are ASPN members. The result was the thought-provoking workforce presentation that she gave in Vancouver, which will focus much of our effort over the next few years. Bill Smoyer worked to understand how the ASPN could better manage its funds and instituted a plan to optimize our financial health. His understanding of the intricacies of finance was uniquely beneficial to our rearranging the way we protect and grow our funds. We thank Elaine and Bill for their service hope that they will continue to provide leadership for our organization.

An important concern of the Council for several years has been the development and implementation of the ASPN Strategic Plan. The Plan is a blueprint for prioritizing the Society’s activities, and we invite your participation in it. Please see Joseph Flynn’s article in this issue of Kidney Notes for a description of the recent reassessment performed by the Council, and how you can contribute.

In closing, I am grateful for the confidence you have shown by choosing me as your president. I look forward to serving you. Please let us hear your ideas for improving our profession and helping the children we serve. Have a great summer, and I look forward to seeing many of you at the IPNA meeting in New York.

Sincerely,

H. William Schnaper, M.D.
President
A Note From The Treasurer

Marketplace is Open

Do you have an opening in your institution or practice for a pediatric nephrologist? Are you a Fellow seeking a position in pediatric nephrology? Are you a pediatric nephrologist looking for a new position or a locum tenens opportunity? If so, ASPN has just the solution: Marketplace, the ASPN website listing of currently available positions in pediatric nephrology. Here are just some of its benefits:

If you are a fellow looking for a position, you’re just a few, free, mouse clicks away from knowing what jobs are out there.

If you are seeking to fill a position, Marketplace is the quick, easy, inexpensive way to reach the spectrum of pediatric nephrologists - clinicians, scientists, educators - from fellows to division chiefs, all in one place. Your listing can specify the qualifications and interests you seek and can include links for candidates to obtain further information.

Posting your position on Marketplace serves as one of the required advertisements of your position, and reaches a broader audience than any one journal. As an added benefit, the fee you pay for posting your position on Marketplace supports the ASPN.

For more information, go to our website and click on Marketplace. We’ll be glad you did.

Sharon Perlman, M.D.
Treasurer

Clinical Research Opportunity
SLE and ESRD – Search for ESRD Genes

Subjects Needed

Lupus is an autoimmune disease that can affect any part of the body, and it is estimated that as many as 40% of people with lupus will develop kidney complications (lupus nephritis - LN), frequently within five years of being diagnosed with lupus. Many LN patients progress to end-stage renal disease (ESRD), one of the most serious and costly complications of lupus. Progression to ESRD is determined in part by the lupus patient’s genetic background, but the genes that contribute to ESRD susceptibility in lupus are currently unknown.

The National Institutes of Health has funded a new $3.35 million research study to identify genes responsible for ESRD in lupus. Investigators from multiple universities nationwide are recruiting LN/ESRD patients for this study, including the Ohio State University, The University of Alabama at Birmingham, University of Florida, Wake Forest University, Emory University, Johns Hopkins University, Medical University of South Carolina, Northwestern University, Oklahoma Medical Research Foundation and others. Both adult and pediatric LN/ESRD patients are eligible for the study. Pediatric patients may be particularly informative, as the genetic contribution may be stronger than in the adult LN/ESRD patients.

Participation involves providing a blood sample, and having the patient/parent answer a few questions about the disease and treatment. To participate, please contact the study center toll-free at 1-877-96LUPUS (877-965-8787) or by email at lupusresearch@uab.edu. More information about this study can be found at www.uab.edu/lnesrd.
ASPN's Corporate Liaison Board (CLB), formed in 2008, has been quietly maturing behind the scenes and is now becoming a significant venue for collaboration in support of several ASPN endeavors focused on trainee education, career development, and leadership skills. The CLB presently consists of 5 corporate partners engaged in the care of pediatric nephrology patients.

Support for fellow travel – ASPN successfully applied for a grant from CLB member Genentech that will provide travel funds to approximately 25 fellows who attended the 2010 PAS/ASPN meeting in Vancouver. Feedback on the educational component of the meeting was obtained by surveying the fellows who applied and this information was then passed along to the ASPN Program Committee planning the 2011 meeting. Thus, this joint effort between a CLB member and the ASPN not only directly benefited current fellows with travel support but also should provide indirect benefits to the ASPN membership at large in the form of improvements in the ASPN meeting program. We hope to continue this endeavor and will be applying for another grant to support fellow travel to the 2011 meeting in Denver.

ASPN Leadership development – As has been discussed at recent business meetings, Council has identified the development of future leaders for ASPN as a significant priority for the Society. This issue has also been raised with the CLB, as many companies have formal programs in place to ‘grow’ future leaders from within. CLB member Novartis has come forward with assistance in this regard, and we are currently in the process of finalizing a formal leadership development curriculum for ASPN members, the first component of which will be a session led by a trainer from Novartis.

Fellow education – The Renal Research Institute, an independent joint venture between CLB member Fresenius Medical Care - North America and Beth Israel Medical Center, sponsors an annual conference, “Advances in CKD,” which in the past has been primarily aimed at internist-nephrologists. Over the last 2 years, specific pediatric content has been added to this conference, and travel grants have been made available to pediatric nephrology trainees. At our most recent CLB meeting, we learned that the number of such grants allocated to pediatric fellows will be increased for the 2011 conference.

Advocacy and Public Policy – Decisions made by CMS and Congress impact not only nephrologists, but also pharmaceutical and device companies. While oftentimes the interests of corporations may differ from those of physicians, frequently there is common ground. Recently, ASPN’s Washington representative Katie Schubert met with the senior manager for Strategic Health Policy at CLB member Abbott to discuss potential common interests. Additionally, the John E Lewy Foundation has been developing a program for advocacy training of ASPN members, and Abbott and other CLB members have expressed interest in supporting such an endeavor.

In addition to the activities listed here, other potential interactions with the CLB were discussed at Council’s summer meeting earlier this month. There are likely significant opportunities for mutual benefit that have not yet been explored. We encourage all members of ASPN with questions about the CLB, or with ideas for new initiatives, to contact Joseph Flynn, or any member of Council.

**ASPN THANKS KUFA**

The ASPN would like to recognize the support of the Kidney and Urology Foundation of American (KUFA) for its generous support of the educational topic symposium at the 2010 ASPN/PAS meetings session entitled “Rocks in the Kidney: Mining New Data”. Recognition of KUFA’s support was unintentionally left out of the program guide and we would like to acknowledge their support of many years.

Thank you KUFA!
As all ASPN members will remember, in the spring of 2006, we embarked on a strategic planning process to help plan for the Society’s future growth. This consisted first of interviews of ASPN members by Susan Newton of Development Strategies Plus, the strategic planning consultant retained by ASPN to assist with the process. Then in March of 2006 ASPN Council held a retreat at which the interview data were reviewed and a draft plan initiated. The plan was further refined at the Council retreat in June 2006 and then the plan was launched.

Since our last in-depth review of the strategic plan was in June 2008, Council spent a considerable amount of time reassessing the status of the plan at its Summer meeting earlier this month. The strategic plan itself has been updated and revised as a consequence of that reassessment. We urge all ASPN members to log onto the members-only section of the website and review the updated plan. Updates from the 2008 review are noted in bold text in that document.

Key themes identified in the updated plan include:

- **IT infrastructure:** Since June 2008, the ASPN has purchased a dedicated server for its website, and there have been significant enhancements to the ASPN website as a result. The Website committee continues to actively review proposed changes to the website, and ensures that links and other resources are up-to-date. Unfortunately, some proposed IT projects have had to be placed on hold due to expense.

- **Member Education:** The Member Education Task Force was formed in 2008 to address several unfulfilled education-related tactics of the original strategic plan. Although the TF has conducted a comprehensive survey of the educational needs of our members, many of these needs remain unfulfilled. The TF will be asked to present a formal report on its activities to Council within the next few months, specifically addressing the feasibility of initiatives that have been proposed, including posting of PAS lectures on the ASPN website and development of a board review course.

- **Financial:** Formation of the Corporate Liaison Board in 2008 and launching of the John E Lewy Foundation in 2009 are significant accomplishments that will help to support the finances of ASPN. Many of the finance-related tactics identified in the original strategic plan have either been completed as a result, or have been assigned to either the CLB or JELF for completion.

As with any ambitious endeavor, some tactics identified in the original strategic plan have been judged to be not feasible for various reasons, usually cost or to lack of opportunity. These are identified in the updated plan as well.

The Strategic Plan is a living document. We anticipate that further changes will be needed in the future, and at some point it may be necessary to repeat the strategic planning process that we went through in 2006. Council will continue to regularly assess our progress in achieving the goals set forth in the original document. Please take the time to re-read the updated plan, and please share your comments with Council.

*Joseph Flynn*  
President Elect

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**In Memoriam**

*Dr. William J. Oliver passed away on May 11th at the age of 85. Dr. Oliver was one of the initial pediatric nephrologists to take the Board exam and participated in one of the first kidney transplants in Michigan. He initially came to the University of Michigan in 1953 for residency and rapidly rose to the rank of Professor at age 40 and was appointed Department Chairman in 1967. He served on numerous Pediatric and Kidney societies including Chairman of the Council on Pediatric Education of the AAP. His early kidney research examined catecholamines in patients with, and animal models of, nephrotic syndrome and he was able to convince one of us that nephrosis might be a defect of hormonal function rather than albumin metabolism. Subsequently, he became interested in renal function of indigenous South American peoples and continued to actively publish his work on uric acid and the Yanomama Indians up to 2008.*

*David Kershaw*  
*Bill Schnaper*
After 10 days of Medicare physician reimbursement claims being processed with a 21% cut, Congress passed a 2.2% retroactive update that will expire November 30, 2010. The ASPN put out a Member Alert, efforts of which surely contributed to convincing the House that this issue needed to be resolved. ASPN continues to push Congress to permanently address this issue.

Despite the ability to pass a doc fix, Congress has not been able to complete much else. Attempts to pass an emergency war supplemental appropriations bill were thwarted before the May recess amid concerns surrounding domestic spending and continuing the Afghanistan war effort. Although the Senate passed its own version at the end of May, the House will attempt to finish its version before the July 4th recess.

Meanwhile, the Labor, Health and Human Services, Education appropriations bill has yet to be scheduled for committee markup in the House or Senate. It seems unlikely that work will proceed on this bill before the August recess. Further complicating the bill is the Administration’s assertion that it will not seek additional funding for the recently passed Affordable Care Act (ACA, otherwise known as health care reform), as well as the fact that the spending levels expected to be set by the House Budget Committee will include a cut to discretionary domestic spending of roughly 7 percent.

President Obama nominated Harvard professor and quality expert Dr. Donald Berwick to serve as Administrator of the Center for Medicare and Medicaid; however, his confirmation hearings in the Senate have yet to move forward. Berwick faces mounting opposition from Republicans, who contend that Berwick is a supporter of rationing care and his support of the British health care system. Berwick is meeting with all Senate members to gain support for his nomination.

The Senate began confirmation hearings this week for President Obama’s Supreme Court nominee, Elena Kagan. It is largely expected that she will win the Senate’s approval. Also unexpectedly on the Senate’s schedule is a confirmation vote for General David Petraeus to take command of the Afghanistan war efforts, as General Stanley McChrystal resigned last week due to controversial statements he and his staff made about the Obama administration.

Additionally, the Senate has pushed back its work for the funeral of the longest serving member of the Senate, Senator Robert Byrd (D-WV), dead the age of 92. With the loss of Byrd, the Democrats’ 60th vote needed to debate legislation may remain elusive, but the Senate will attempt to tackle financial reform before July 4th. The West Virginia Governor will appoint someone to the Senate to take Byrd’s place.

Also still hanging is a tax extenders bill, which included both the doc fix and extension of unemployment benefits, including COBRA, which the Senate failed to pass prior to Memorial Day. Although the doc fix was eventually separated out and passed, the remainder of the bill has yet to garner the necessary 60 votes in the Senate.

Both the House and Senate face steep chances of completing its work before the November elections.

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Both the House and Senate face steep chances of completing its work before the November elections.

On the federal regulatory side, CMS has indicated that it will release the final rule for the ESRD bundled payment system and the proposed rule for the ESRD quality incentive program (QIP) as mandated under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) this summer. Once these rules are released ASPN will comment and work with CMS to ensure that the pediatric aspect of these new regulations are taken into consideration.
The CKiD prospective cohort study was initiated in September 2003 with the selection of two Clinical Coordinating Centers under the direction of study Principal Investigators, Bradley Warady, M.D. and Susan Furth, M.D., directing Clinical Coordinating Centers at Children’s Mercy Hospital and Johns Hopkins University School of Medicine (since transferred to the Children’s Hospital of Philadelphia), respectively; Alvaro Munoz, Ph.D. from the Johns Hopkins Bloomberg School of Public Health leading the Data Coordinating Center, and George J. Schwartz, M.D. coordinating the Central Laboratory at the University of Rochester. Forty-six pediatric nephrology sites have successfully collaborated in carrying out the protocol to define:

- Risk factors for progression of CKD in children
- The impact of CKD progression on neurocognitive function and quality of life
- The impact of CKD progression on cardiovascular disease risk factors
- The impact of CKD progression on growth

Study enrollment was begun in September 2005 with an enrollment goal of 540 patients. CKiD participating sites achieved an enrollment outcome that is unprecedented in pediatric nephrology studies, having enrolled 586 patients younger than 16 years with a GFR estimate based on the Schwartz formula in the range of 30 to 90 ml/min/1.73m2 at the close of enrollment in August, 2009. To date, 18 manuscripts have been published and several more are currently under review. Noteworthy products of CKiD that have been highlighted in the nephrology scientific community include:

- Demonstration of the ability of the plasma disappearance of iohexol to serve as clinically valid means of measuring glomerular filtration rate in children with CKD1
- Recognition of a substantial upward bias of the Schwartz formula so that the resulting CKiD cohort had a median iohexol-based GFR (iGFR) of only 44 ml/min/1.73m2 with 25% of the cohort having a GFR below 33 ml/min/1.73m2. This prompted the determination of a new estimating equation for GFR in children with CKD2;
  \[
  \text{eGFR}= 41.3 \times \left[ \frac{\text{ht(m)}}{\text{Scr(mg/dl)}} \right] \text{which explained 60% of the iGFR}
  \]
- Demonstration of the incidence and risk factors associated with systemic hypertension, masked hypertension and left ventricular hypertrophy in children with CKD3, 4
- Recognition of the unique relationship between abnormal birth history and subsequent long term growth impairment in patients with CKD5
- Assessment of the relationship between health related quality of life (HRQoL) and CKD in children6
- Demonstration of the relationship between proteinuria and CKD progression in children with mild-moderate impairment of kidney function7
- Novel longitudinal formulas to estimate GFR in children with CKD8

References


Submitted by Susan Furth on behalf of the Research Committee
The Pediatric Nephrology Fellowship NRMP Match Process was approved in November 2008 and we now have our second Match results back – from the 2011 Match with results released on 6.2.10. The interview season began in January 2010 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 5.19.10. Results for the anxious candidates and programs were posted on line on June 2, 2010.

A total of 32 candidates ranked pediatric nephrology programs. A total of 29 spots were filled via the Match (out of an available pool of 51 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 32 candidates completed rank lists.

A total of 35 of the available 39 ACGME accredited programs participated in this Match (90%) and 51 of the available 58 first year slots for 2011 were available through the Match (89%). 16 programs filled all of their available positions through the Match while 19 programs did not fill with 22 unfilled spots. For 2010 the 31 matched candidates for 50 available NRMP positions translates to 62% of positions filed. As of June 2010, there were 39 ACGME accredited Pediatric Nephrology Fellowship programs in the US. As for the 2009-2010 academic year there were 121 fellows in training (up by 14% from the 106 fellows for 2008-9) with 47 first year, 34 second year and 38 third year fellows with 2 additional fellows off cycle for a total of 121 fellows in training (for 170 approved slots, that represents 71% of all available slots filled presently).

The outcomes for the Pediatric Nephrology 2011 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>37</td>
<td></td>
</tr>
<tr>
<td>Withdrawn Programs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Certified Programs</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Programs Filled</td>
<td>16</td>
<td>46%</td>
</tr>
<tr>
<td>Programs Unfilled</td>
<td>19</td>
<td>54%</td>
</tr>
<tr>
<td>Certified Positions</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Positions Filled</td>
<td>29</td>
<td>57%</td>
</tr>
<tr>
<td>Positions Unfilled</td>
<td>22</td>
<td>43%</td>
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<table>
<thead>
<tr>
<th>Applicant Statistics</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matched Applicants</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>US Grad</td>
<td>12</td>
<td>41%</td>
</tr>
<tr>
<td>US Foreign</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Fifth Pathway</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Foreign</td>
<td>14</td>
<td>48%</td>
</tr>
<tr>
<td>Unmatched Applicants</td>
<td>3</td>
<td>9%</td>
</tr>
</tbody>
</table>

For comparison purposes the outcomes for the Pediatric Nephrology 2010 Match are also included:

<table>
<thead>
<tr>
<th>Program Statistics</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled Programs</td>
<td>39</td>
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</tr>
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<td>20</td>
<td>54%</td>
</tr>
<tr>
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<td>17</td>
<td>46%</td>
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<tr>
<td>Certified Positions</td>
<td>50</td>
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<tr>
<td>Positions Filled</td>
<td>31</td>
<td>62%</td>
</tr>
<tr>
<td>Positions Unfilled</td>
<td>19</td>
<td>38%</td>
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<tr>
<td>Applicant Statistics</td>
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<td></td>
</tr>
<tr>
<td>US Foreign</td>
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<td></td>
</tr>
<tr>
<td>Osteopathic</td>
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<td></td>
</tr>
<tr>
<td>Foreign</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Unmatched Applicants</td>
<td>3</td>
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</tbody>
</table>

For perspective, Pediatric Cardiology, Pediatric Gastroenterology and Pediatric Pulmonary also participated in the NRMP Spring Pediatric Subspecialties 2011 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>123</td>
<td>64</td>
<td>66</td>
</tr>
<tr>
<td>Pediatric GI</td>
<td>91</td>
<td>94</td>
<td>68</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>Pediatric Nephrology</td>
<td>46</td>
<td>57</td>
<td>29</td>
<td>3</td>
<td>91</td>
</tr>
<tr>
<td>Pediatric Pulmonology</td>
<td>53</td>
<td>61</td>
<td>34</td>
<td>2</td>
<td>94</td>
</tr>
</tbody>
</table>

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<table>
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<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 Pediatric Specialties 2011 Match. More information is available at http://www.nrmp.org.

As the numbers indicate, our discipline results were fairly consistent with the Appointment Year 2010 Match. The number of candidates was very similar and many PD’s state that our biggest issue in pediatric nephrology training is the lack of qualified competitive applicants for our positions. Efforts to increase exposure to pediatric nephrology careers for medical students and pediatric/medicine-pediatric residents are a continued interest for the ASPN Training and Certification Committee and the TPD Sub-committee. There will be more discussion about the potential value of moving the Pediatric Nephrology Fellowship Match to the Fall before appointment year, which would provide more time for residents to do pediatric nephrology electives and pursue potential interest in pediatric nephrology through resident experiences before having to commit to interview for fellowship.

Pediatric Nephrology Fellowship Program Directors continue to appreciate the opportunity to interview a number of candidates and have 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. There were no substantiated Match violations this year – which is a tribute to our discipline. Although we continue to be frustrated about the number of unfilled positions for our first year slots in pediatric nephrology, we did enroll 29 qualified applicants for 2011 and any “late deciders” now can identify institutions with unfilled positions to facilitate late commitments.

John D Mahan, MD, Co-Chair, Training and Certification Committee
Welcome New Members!!

Joseph Angelo, MD
Baylor College of Medicine
Houston, TX

Marybeth Bentson, RN, CNN, CPN
Children’s Hospital of Boston
Boston, MA

Patricia Edwards-Hare
All Children’s Hospital
St. Petersburg, FL

Elizabeth Hughson
Children’s Hospital of Boston
Boston, MA

Karen Kovey
Helen DeVos Children’s Hospital
Grand Rapids, MI

Claire Pomarico, RN
Children’s Hospital of Boston
Boston, MA

Kimberly Suarez, RN
All Children’s Hospital
St. Petersburg, FL

ASPN Annual Meeting
April 30 - May 3 ~ Denver Colorado
More Information

Pediatric Academic Societies Meeting
April 30 - May 3 ~ Denver Colorado
More Information

XXIII International Congress of The Transplantation Society
AUGUST 15 – 19, 2010 | VANCOUVER, CANADA
More Information
Meeting Announcements Cont’d...

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

More Information

The Origins of Renal Physiology
An MDI Biological Laboratory National Course for Renal Fellows
Sept. 4 - 11, 2010
More Information

American Society of Nephrology
Renal Week 2010 - Denver, CO | November 16 - 21
More Information

The Alport Syndrome Symposium for Physicians, Researchers, and Families
New York Hilton - New York City, NY
August 28, 2010
The Alport Syndrome Symposium for Physicians, Researchers, and Families (Symposium) will convene on August 28, 2010, in conjunction with the 15th Congress of the International Pediatric Nephrology Association (IPNA), August 29 – September 2, 2010, New York City, NY
Travel Grants Available
More Information

Fundamentals of Dialysis in Children course
22nd Pediatric Dialysis Symposium
February 19-22, 2011
Phoenix, Arizona
More Information

2011 Spring Clinical Meetings
April 26-30, 2011
MGM Grand Las Vegas, NV
More Information