Dear Fellow ASPN Members,

Earlier in June, the ASPN Council met for two days in Chicago for our annual retreat. This is the only opportunity that the Council has to focus on our Society’s business, without the pressures of an ongoing scientific meeting or our other work responsibilities. We review the Program Committee’s planning for next year’s ASPN meeting (an excellent program has been developed under the leadership of Vikas Dharnidharka), assess the status of our ongoing projects, and develop our priorities for the coming academic year. Some of the important highlights of this year’s retreat are listed here:

- The financial status of the organization is improved, with a high likelihood of a positive budget for the current year. In large part, this positive outlook reflects efforts by Sharon Perlman, our Treasurer, and Vicky Norwood, our Secretary, in finding funding sources for the Annual Meeting; and by Joseph Flynn, in his building the Corporate Liaison Board.

- The CLB continues to grow, with eight members presently. They have been extremely helpful in providing support for our Fellows’ educational program at the Annual Meeting (Genentech), our Leadership Training program (Novartis), senior Fellows’ career development (Fresenius/Renal Research Institute) and our advocacy efforts (Abbott). We hope to continue to build on these partnerships.

- The Central Office, with point-person Lisa Thompson, continues to add services. Our next goal is to make the web site more attractive and user-friendly. We are looking for help in accomplishing this task! Please see the “ad” elsewhere in this issue.

- Council approved plans for a Pediatric Nephrology Board Review Course, developed under the leadership of Len Feld and John Mahan, to be held in Charlotte, NC, this coming October 28-30. Please alert your graduating fellows, and also consider the possibility of having the course (or at least the materials) available to your current fellows. See the brochure on pages 8 and 9.

- The Membership Committee, chaired by Susan Massengill and Tarak Srivastava, is working with our Affiliate Members to enhance the benefits of their joining ASPN. We urge all of you to consider having your nurses, social workers, dietitians and other team members join and help shape these services. The dues for Affiliate Members are nominal; more information can be found on the web site under “Membership Information” at http://www.aspneph.com/members.asp, and on page 2.

- Elections for ASPN leadership will be held this September. Lisa Satlin is chairing the nominating committee and you will be hearing more from her about that process.

- Council and our Washington Representative, Katie Schubert of CRD, continue to work with CMS to develop responses to its decisions about payment for pediatric dialysis. We must generate better data regarding our costs in order to be able to continue to provide services. In the next month or so, we will be contacting many of you with a plan to develop that information. It is critical that every provider participates in this study. Please respond with alacrity when you hear from us.

- Many of these initiatives are outgrowths of the ASPN Strategic Plan that was developed beginning about 8 years ago. We are now in the process of reviewing the outcome of that plan and will be communicating with the Membership regarding our progress as things develop.

I hope you all have a great summer. Please don’t hesitate to contact me if you have any ideas or suggestions on how to improve our Society and our profession.

Best regards,

H. William Schnaper
President
JELF Advocacy Scholar’s Program “In session”:

The first Advocacy Scholar’s Program sponsored by the John E. Lewy Foundation is continuing its support of its inaugural trainees, Drs. Tamar Springel and David Hains, and planning for next year. Both scholars attended the American Academy of Pediatrics’ Legislative Conference in Washington DC in March for “advocacy boot camp” and are now working with ASPN Council and staff designing and implementing individual programming for the remainder of the summer and fall. Dr. Springel, whose interest is in public policy, will be working with Katie Schubert, ASPN’s Washington representative, to visit Capitol Hill and participate in the upcoming meeting of Kidney Care Partners. Dr. Hains plans to become involved with enhancing our society’s research advocacy initiatives and will focus his energies on learning more about the mechanisms by which Congress and the NIH move the nation’s biomedical research plans. We will hear details from both of these young experts as the program continues.

And be on the lookout for the call for applications for the 2010 version of the Advocacy Scholar’s Program. We plan to expand the program and look forward to more great participation from all!

Victoria F. Norwood, MD, Chairman of the Board

Committee Updates

RESEARCH COMMITTEE

STUDY UPDATES:

The Nephrotic Syndrome Study Network (NEPTUNE) (clinicaltrials.gov #NCT01209000; https://rarediseasesnetwork.epi.usf.edu/NEPTUNE) is a multidisciplinary research and education platform that brings together clinical and translational scientists and two patient-focused lay research and education foundations, to better study and educate patients with FSGS, MN, and MCD. A core aim of NEPTUNE is a multicenter, longitudinal cohort study that aims to establish a research cohort of nephrotic syndrome patients.

The prospective observational cohort study enrolls patients who present with nephrotic syndrome and captures characteristic and associated clinical data, kidney biopsy tissue and biofluids. The initial goals of the NEPTUNE Cohort study are: (a) to develop and use a combination of molecular phenotypes, quantifiable histological parameters, and discrete clinical features to predict clinical outcomes; and (b) to classify patients according to their molecular phenotype into discrete subgroups.

The NEPTUNE cohort study is recruiting pediatric and adult patients from 15 centers in the United States and Canada, with the goal of 450 patients by the end of 2012. The minimum follow-up will be 30 months. A key aim of the study is to make the clinical and molecular resources available to the scientific community and NEPTUNE strongly encourages ancillary studies from interested investigators. Ancillary studies may propose collection of additional data/biomaterials, secondary analyses of the data or biomaterials collected, or an interventional study using the cohort as a basis for recruitment. For more information, please contact the NEPTUNE study by phone (1-877-9-NEPTUNE) or e-mail at: NEPTUNE-Study@umich.edu.

A parallel outreach strategy employs a self-registry for patients with nephrotic syndrome, establishing a database to support observational studies and interventional trials in nephrotic syndrome. Patients can register themselves in the NEPTUNE Contact Registry at http://www.neptune-study.org/ in order to be contacted about current and future clinical research opportunities and updates on the progress of related research projects.

On Behalf of the Research Committee,
Jacqueline Ho, MD

AFFILIATE COLUMN

The ASPN continues to explore opportunities for the affiliate membership. There is ongoing discussion about regional meetings and then incorporating a national meeting with the annual ASPN meeting every 2-3 years. We are looking into easier ways to access and maintain appropriate contact information (emails and phone numbers) for the affiliate membership to facilitate networking.

Susan Massengill, Co-Chair, Membership Committee

pFeNA

Over the last year, pFeNa has taken a more active role in the pediatric nephrology community. Under the direction of pFeNa’s outgoing chairman, Randala Lakki, pFeNa has been involved in student and resident recruitment. This last May, pFeNa hosted two separate “sessions” at the ASPN’s annual meeting in Denver, CO. pFeNa has also worked with various members of the ASPN to help address issues with fellow attrition. Over the next year, pFeNa plans to continue these efforts as well as work with ASPN members to help current nephrology fellows with their job search. Of course, pFeNa will continue to host social events at the ASN’s kidney week and the APSN’s annual meeting. During the 2011-2012 academic calendar, John David Spencer will serve as pFeNa’s chairman and Isa Ashoor will serve as pFeNa co-chairman.

JD Spencer, Chair
The Pediatric Nephrology Fellowship NRMP Match Process was approved in November 2008 and we now have our third Match results back – from the 2012 Match with results released on 6.1.11. The interview season began in January 2011 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 candidates and programs were posted on line on June 1, 2011.

A total of 33 candidates ranked pediatric nephrology programs. A total of 32 spots were filled via the Match (out of an available pool of 47 first year fellow spots in pediatric nephrology offered via the Match). Two candidates were not able to match. There were more applicants through ERAS, but only 33 candidates completed rank lists.

A total of 34 of the available 40 ACGME accredited programs participated in this Match (85%) and several that did not were brand new programs. We estimate that there will be ~ 50-55 first year slots for 2012, meaning that at least 85% of anticipated slots were available through the Match. 20 programs filled all of their available positions through the Match while 14 programs did not completely fill with 16 unfilled spots. This represents a modest improvement in the number of matched programs while the number of matched candidates (31) is consistent with data from the first two years (matched candidates for class to begin 2010 - 31, for class to begin 2011 – 29).

In July 2011 we will be able to determine the number of first year fellows in Pediatric Nephrology and that will allow us to determine the number of fellows who were added to this pediatric nephrology class after the match in June 2010. For 2012 the 31 matched candidates for 47 available NRMP positions translates to 66% of positions filled. As of June 2012, there were 40 ACGME accredited Pediatric Nephrology Fellowship programs in the US.

For perspective, Pediatric Cardiology, Gastroenterology and Pulmonary also participated in the NRMP Spring Pediatric Subspecialties 2012 Match (announced in June 2011). Here are some comparative results:

<table>
<thead>
<tr>
<th>Pediatric Nephrology for 2012 Match</th>
<th>Pediatric Nephrology for 2011 Match</th>
<th>Pediatric Nephrology for 2010 Match</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Statistics</strong></td>
<td><strong>Program Statistics</strong></td>
<td><strong>Program Statistics</strong></td>
</tr>
<tr>
<td>Enrolled Programs</td>
<td>Enrolled Programs</td>
<td>Enrolled Programs</td>
</tr>
<tr>
<td>Withdrawn Programs</td>
<td>Certified Programs</td>
<td>Certified Programs</td>
</tr>
<tr>
<td>Programs Filled</td>
<td>Programs Filled</td>
<td>Programs Filled</td>
</tr>
<tr>
<td>Programs Unfilled</td>
<td>Certified Positions</td>
<td>Certified Positions</td>
</tr>
<tr>
<td>Positions Filled</td>
<td>Programs Filled</td>
<td>Programs Filled</td>
</tr>
<tr>
<td>Positions Unfilled</td>
<td>Positions Filled</td>
<td>Positions Filled</td>
</tr>
<tr>
<td>Applicant Statistics</td>
<td>Applicant Statistics</td>
<td>Applicant Statistics</td>
</tr>
<tr>
<td>Matched Applicants</td>
<td>Matched Applicants</td>
<td>Matched Applicants</td>
</tr>
<tr>
<td>US Grad</td>
<td>US Grad</td>
<td>US Grad</td>
</tr>
<tr>
<td>US Foreign</td>
<td>US Foreign</td>
<td>US Foreign</td>
</tr>
<tr>
<td>Osteopathic</td>
<td>Fifth Pathway</td>
<td>Foreign</td>
</tr>
<tr>
<td>Foreign</td>
<td>Foreign</td>
<td>Foreign</td>
</tr>
<tr>
<td>Matched Applicants</td>
<td>Unmatched Applicants</td>
<td>Unmatched Applicants</td>
</tr>
<tr>
<td>31</td>
<td>91</td>
<td>42</td>
</tr>
<tr>
<td><strong>Number</strong></td>
<td><strong>Number</strong></td>
<td><strong>Number</strong></td>
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<tr>
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<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>6%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

For comparison purposes the outcomes for the 2011 Pediatric Subspecialties Match are included.

<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>
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<td>66</td>
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<tr>
<td>Pediatric GI</td>
<td>91</td>
<td>94</td>
<td>68</td>
<td>30</td>
<td>70</td>
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<tr>
<td>Pediatric Nephrology</td>
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<td>29</td>
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<tr>
<td>Pediatric Pulmonology</td>
<td>53</td>
<td>61</td>
<td>34</td>
<td>2</td>
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</tbody>
</table>

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

<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>54</td>
<td>31</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Pediatric Pulmonology</td>
<td>68</td>
<td>76</td>
<td>41</td>
<td>5</td>
<td>87</td>
</tr>
</tbody>
</table>
As the numbers indicate, our discipline results were fairly consistent with the Appointment Year 2010 and 2011 Match. The number of candidates was very similar and our biggest issue in pediatric nephrology training continues to be 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 underway. There will be more discussion this summer 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 PD’s continue to appreciate the opportunity to interview a number of candidates and assess the candidates before the Match. Applicants strongly prefer the chance to visit multiple programs and not feel pressured to accept early offers. There were no substantiated Match violations this year – which continues to be a tribute to our discipline. Although we continue to be frustrated about the number of unfilled positions for our first year slots, we did enroll 31 qualified applicants for 2012 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

EXTRA TECHNOLOGY EXPERTISE HANGING AROUND YOUR HOUSE THIS SUMMER? The ASPN could use it!

Our website could benefit from some fresh eyes and techie expertise...if you have a kid, spouse, or friend who might be interested in a part-time job helping us out, please contact Lisa at lthompson@aspneph.com, and we’ll talk!

Welcome New Members!!

Howard Corey, MD
Atlantic Health Systems / Goryeb Children’s Hospital
Morristown, NJ

T. Keefe Davis, MD
St. Louis Children’s Hospital
St. Louis, MO

Erum Hartung, MD
Johns Hopkins University School of Medicine
Baltimore, MD

Malinda Harrington, AND, BSN, MSN
Pitt County Memorial Hospital
Greenville, SC

Jennifer Jackson, MD
Kentucky Children’s Hospital
Lexington, KY

Xiaogang Li, MD, PhD
Medical College of Wisconsin
Milwaukee, WI

Norman Pryor, MD
University of Florida
Orlando, FL

Nancy Rodig, MD
Children’s Hospital Boston
Boston, MA

David Selewski, MD
University of Michigan / C.S. Mott Children’s Hospital
Ann Arbor, MI
**Public Policy & Washington Update**

**DEBT CEILING NEGOTIATIONS AND BUDGET TALKS CONTINUE**

As the deadline looms for Congress and the Administration to reconcile their differences and come up with a deal to pass an increase in the nation’s debt ceiling, all eyes are on the so-called Biden Group this week as House Minority Leader Eric Cantor (R-VA) walked out of negotiations over the issue of taxes. The group set a July 1 deadline to negotiate a deal that would couple spending cuts with an increase in the debt ceiling, which will be reached by mid-August. Cantor’s exit followed Senator Tom Coburn’s (R-OK) from the Senate’s Gang of Six, which was also working on this issue. Coburn’s exit effectively disbanded the group.

House Speaker John Boehner (R-OH) famously said going into the talks that “the cuts should be greater than the accompanying increase in debt authority the president is given. We should be talking about cuts of trillions, not just billions.”

A new Balanced Budget Amendment to the Constitution is gaining some traction in Congress with House majority members supporting such a measure and a growing number of Senators backing the idea as well. Many public health advocates have called for discussion of this, citing that all discretionary spending and half of defense spending would have to be cut in order to actually balance the budget.

Meanwhile, Congress has begun work on its FY2012 spending bills. The House Labor-HHS-Education subcommittee took the largest cut from FY2011 spending levels at over $18 billion, while defense programs saw an increase of $17 billion. Both the House and Senate are expected to take up their version of the health spending measure later this summer. The ASPN has submitted its appropriations report language on pediatric chronic kidney disease research at the NIDDK to both the House and Senate.

**HEALTH REFORM UPDATE**

Implementation of the Affordable Care Act (ACA) moves forward despite legal challenges making their way through the court system. HHS is expected to release a proposed rule on health insurance exchanges and essential benefits this year, while the Supreme Court turned down a request to fast-track Virginia’s challenge to the ACA.

There have been multiple rulings on multiple cases challenging the health law, many of which are at the appeals stage. The Supreme Court’s decision not to take the case at this time holds no bearing on whether it will eventually be battled out on this stage in the future.

**NIH ENVISIONS FUTURE**

The National Institutes of Health (NIH) has formed a working group to look at the future of biomedical research in the U.S. and how to build its workforce. The group will make recommendations to the Advisory Committee to the Director and will gather input from the extramural community, including students, postdoctoral fellows, investigators, scientific societies, and grantee institutions.

They will also create a model for a sustainable and diverse workforce that will be used to inform decisions about how to train the right number of people for the appropriate types of positions in order to advance biomedical research.

The new NIH working group includes: Co-chair Shirley Tilghman, president of Princeton University; Co-chair Sally Rockey, NIH deputy director for extramural research; Sandra Degen, VP for research at the University of Cincinnati; Laura Forese, COO, CMO, and senior VP of New York Presbyterian Hospital/Weill Cornell Medical Center; Freeman Hrabowski, president of the University of Maryland, Baltimore County; James Jackson, director of the Institute for Social Research at the University of Michigan, Ann Arbor; Leemor Joshua-Tor, dean of the Watson School of Biological Sciences, and a Howard Hughes Medical Institute investigator at Cold Spring Harbor Laboratory; Richard Lifton, a Howard Hughes Medical Institute investigator at the Yale School of Medicine; Garry Neil, corporate VP of the Corporate Office of Science and Technology at Johnson & Johnson; Naomi Rosenberg, dean of the Sackler School of Graduate Biomedical Sciences, Tufts University School of Medicine; Bruce Weinberg, a professor at the John Glenn School of Public Affairs, Ohio State University; and Keith Yamamoto, executive vice dean of the School of Medicine at the University of California.
CMS CONTINUES WORK ON ACO RULE

The public comment period on CMS’ proposed rule for Medicare accountable care organizations (ACOs) closed in June, with ASPN providing public comment.

Despite many negative comments and a letter from seven Republican members of the Senate Finance Committee urging CMS to rescind the rule, CMS Administrator Dr. Don Berwick indicated the agency is moving forward with the rule and “will be conducting feedback sessions with providers to get the right balance between regulations to ensure quality and efficiency and avoid onerous demands that deter participation and savings.”

The ASPN’s comment letter can be viewed in the Members Only section at aspneph.com.

AN EYE ON CMS LEADERSHIP

The ASPN has sent a letter in urging the Senate Finance Committee to hold confirmation hearings on current CMS Administrator Don Berwick. However, if the Senate does not confirm Dr. Berwick by the end of the year his term will be up. Many believe that Berwick’s principal deputy, Marilyn Tavenner, RN is a top contender to take over as agency administrator. In a profile piece published in CQ HealthBeat, Tavenner was portrayed as “a central leader in managing the formulation of rules, revising payment systems and issuing grants both under the overhaul and for Medicare and Medicaid generally.”

Tavenner is a nurse by training, eventually managing Hospital Corp. of America’s national ambulatory care unit. She previously served as the Secretary of Health and Human Resources in the state of Virginia in Democratic Governor Tim Kaine’s administration.

Katie Schubert, Vice President, Cavarocchi Russo Dennis Associates

OPENINGS STILL AVAILABLE!
THE NATIONAL COURSE FOR RENAL FELLOWS: THE ORIGINS OF RENAL PHYSIOLOGY, a course cosponsored by ASN and NIH, will be given at the Mount Desert Island Biological Laboratories, September 3 – 10, 2011.

The course has received rave reviews from fellows, and pediatric nephrology fellows in particular have found it to be an extremely rewarding experience.

We are well under way with the registration for the Mt Desert Island course and have 25 slots spoken for out of 30. So far this year, we have no pediatric renal fellows, and so we are making a special appeal to pediatric renal program directors and fellows. To learn more about the course and to apply, please go to the course website: http://www.mdibl.org/courses/The_Origins_of_Renal_Physiology/114/

Attend the 3rd annual ASN Renal Week In-Depth Nephrology Course
Improving Design & Conduct of Clinical Studies including Pragmatic Trials in Nephrology
November 8-9, 2011, Philadelphia, PA
In collaboration with the Kidney, Urology & Hematology (KUH) Division of the National Institute of Diabetes, Digestive & Kidney Diseases (NIDDK)
www.asn-online.com
Contact: kamkal@ucla.edu

ANNOUNCING “Incorporating Urinary Tract Ultrasonography in Nephrology Practice”, a 2 day workshop, to be held on Saturday, September 17 and Sunday, September 18, 2011 at Winthrop University Hospital, Mineola, Long Island, NY under the aegis of the Kidney & Urology Foundation of America’s (KUFA) Council of Pediatric Nephrology & Urology.

Target Audience: This course is intended for pediatric nephrologists/urologists and nephrology/urology fellows- in-training as well as academic nephrologists/urologists who wish to incorporate ultrasonography into their training program.

Preregistration is required by Friday, July 22, 2011 and payment due by Monday, August 15, 2011.

For details on CME, conference location and lodging or to preregister, please call Carol Brower, KUFA Program Director @ 732.866.4444 or email cbrower@kidneyurology.org. To view the syllabus, please visit, www.kidneyurology.org/ultrasonography. KUFA’s federal Tax ID (501c3) is 13-1777413.
SAVE THE DATES!
April 28 - May 1, 2012
Boston, MA

Upcoming Deadlines!
2012 PAS Annual Meeting Invited Science Proposals ~ June 30, 2011
PAS Workshop Proposals ~ August 12, 2011
PAS Original Science Abstracts ~ November 17, 2011
Online Registration Now Open: Please register online at www.aspneph.com

Onsite Course Includes:
- Live presentations
- Binder of presentations
- Over 300 board review sample questions
- Online access to all course materials
- Answers to American Board of Pediatrics Content Specifications

Course Fee:
⇒ Nephrology Fellows - $300 (enrolled in an ACGME program at the time of the course)
⇒ Practicing Physicians - $700 (ASPN member)
⇒ Practicing Physicians - $900 (non-member)

Questions:
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Lisa Thompson; (281) 419-0052
lthompson@aspneph.com

Levine Children’s Hospital:
Sue Juerjens; (704) 381-6802
susan.juerjens@carolinashealthcare.org

Course Faculty
David Briscoe, MD
Harvard Medical School
Associate Professor
Pediatrics - Nephrology
The Children’s Hospital

Deepa Chand, MD
Director, Dialysis Services, Residency Research
Division of Nephrology and Hypertension
Akon Children’s Hospital

Leonard G. Feld, MD, PhD, MMM
Sara H. Bissell & Howard C. Bissell Endowed Chair in Pediatrics
Chief Medical Officer
Levine Children’s Hospital at Carolinas Medical Center
Clinical Professor of Pediatrics
University of North Carolina School of Medicine at Chapel Hill

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Associate Director, Michigan Institute for Clinical and Health Research
Associate Professor
Division of Nephrology
University of Michigan

Jens Goebel, MD
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Clinical Director, Nephrology and Hypertension
Medical Director of Kidney Transplantation
Cincinnati Children’s Hospital Medical Center

Elizabeth Jackson, MD
Division of Nephrology
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Cincinnati Children’s Hospital Medical Center

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Pediatrics
The Children’s Hospital of Philadelphia

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Division of Nephrology
Seattle Children’s Hospital

Charles McKay, MD
Division of Pediatric Nephrology
Director, Renal Stone Clinic
Levine Children’s Hospital

John Mahan, MD
Assistant Dean for Faculty Development
Professor, Department of Pediatrics
Program Director, Pediatric Residency and Pediatric Nephrology Fellowship Programs
Director, OSU College of Medicine Center for Education and Scholarship
The Ohio State University College of Medicine

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Pediatric Radiology
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Levine Children’s Hospital

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Nephrology
Children’s Hospital of Philadelphia

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Chief, Pediatric Nephrology
Program Director, Pediatric Nephrology Fellowship
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UNC Kidney Center
University of North Carolina School of Medicine

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Seattle Children’s Hospital

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Medical Director, Dialysis
Pediatric Nephrology and Hypertension
Cincinnati Children’s Hospital Medical Center

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Chair, Pediatric Nephrology Fellowship Program
Cincinnati Children’s Hospital Medical Center

John Mahan, MD
Assistant Dean for Faculty Development
Professor, Department of Pediatrics
Program Director, Pediatric Residency and Pediatric Nephrology Fellowship Programs
Director, OSU College of Medicine Center for Education and Scholarship
The Ohio State University College of Medicine

Kimberly Reidy, MD
Assistant Professor
Children’s Hospital at Montefiore

Adam Weinstein, MD
Assistant Professor of Pediatrics (Nephrology)
Acting Section Chief Pediatric Nephrology
Department of Pediatrics—Children’s Hospital at Dartmouth
Co-Director Pediatrics Clerkship Dartmouth Medical School

Susan Massengill, MD
Director, Division of Pediatric Nephrology
Levine Children’s Hospital

Kevin E.C. Meyers, MD
Associate Professor of Pediatrics
Nephrology
Children’s Hospital of Philadelphia

The Children’s Hospital of Philadelphia and University of Pennsylvania

American Board Review Course
October 28-30, 2011

Levine Children’s Hospital
at Carolinas Medical Center
Charlotte, NC

This Program is supported in part by the International Pediatric Nephrology Association.
Overview
Designed to prepare candidates for their pediatric nephrology board examinations, the American Society of Pediatric Nephrology Board Review Course will provide a review of pertinent topics in pediatric nephrology. The 2 and 1/2-day program will include lectures and slides presented by a distinguished panel of experts in the field of pediatric nephrology. In addition, participants will receive a binder containing slide kits and notes pages that correspond with each presentation.

Target Audience
The course is targeted to pediatric nephrology fellows and practicing pediatric nephrologists.

Schedule

**Friday, October 28**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 PM</td>
<td>Registration</td>
<td>Mahan / Feld</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Welcome and Introduction</td>
<td>Primack / Mancuso</td>
</tr>
<tr>
<td>1:10 PM</td>
<td>Diagnostics - Laboratory and Radiology Evaluation</td>
<td>Norwood</td>
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<tr>
<td>4:10 PM</td>
<td>Break</td>
<td>Gipson</td>
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<tr>
<td>5:25 PM</td>
<td>Dinner</td>
<td>Mahan</td>
</tr>
<tr>
<td>6:10 PM</td>
<td>Glomerular Disorders II</td>
<td>Briscoe / Goebel</td>
</tr>
<tr>
<td>7:10 PM</td>
<td>Basic Sciences and Research Methodology</td>
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**Saturday, October 29**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Registration</td>
<td>TBD</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Cystic / Inherited / Tubular Disorders</td>
<td>McKay</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Acid Base</td>
<td>Symons</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Break</td>
<td>Chand</td>
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<tr>
<td>9:50 AM</td>
<td>Acute Kidney Injury</td>
<td>McDonald</td>
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<tr>
<td>10:00 AM</td>
<td>Fluids / Electrolytes</td>
<td>Meyers</td>
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<tr>
<td>10:40 AM</td>
<td>Transplantation I</td>
<td>Briscoe</td>
</tr>
<tr>
<td>11:20 AM</td>
<td>Hypertension</td>
<td>Massengill</td>
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**Sunday, October 30**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>7:00 AM</td>
<td>Continental Breakfast</td>
<td>Van de Voorde</td>
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<tr>
<td>7:30 AM</td>
<td>Chronic Kidney Injury II</td>
<td>Leonard</td>
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<tr>
<td>8:30 AM</td>
<td>Core Knowledge in Scholarly Activities</td>
<td>Jackson</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Break</td>
<td>Feld</td>
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