Dear Colleagues,

Within the next month, we will be asking you for nominations to serve on the ASPN council. You can nominate others or self-nominate. Although it requires time and hard work, serving on council is an interesting and rewarding experience.

The six non-officer council members serve four-year terms, with biennial elections for three positions. A nominating committee, which consists of the past-president (Vicky Norwood, this year) and two volunteers from the society, reviews the applications and selects six people to run for the three positions. Hence, not everyone who is nominated has the opportunity to run for council. The rationale for this approach is that we want council members who have proven through prior activities that they have the time and ability to serve the society. It also ensures that those elected have likely received support from the majority of those who voted. All active members of the society have the opportunity to vote electronically after reviewing a statement from each of the candidates. The winners of the election are announced at the business meeting at ASN.

You will also have the opportunity to vote for a new officer of the society. The officers of ASPN, who are also members of the ASPN council, consist of a President, a President-elect, past-President, and a secretary-treasurer or a secretary and a treasurer. You will be electing a new secretary and that person will serve two years as secretary, two years as President-elect, two years as President and one year as past-President. Currently, due to illness, the treasurer role is separate from this sequence. The officers of ASPN are considered the “ASPN executive committee” and have a weekly conference call to discuss society business.

You will notice that the vote for the new secretary does not require a difficult decision for you since only one person will be on the ballot. In the interest of transparency, I’d like to explain how this person is selected (I did not know prior to being asked to “run” for this office). Quite simply, the executive committee selects a former council member. The justification for this approach is our desire to have someone in this role with council experience who has the ability to work effectively and collegially with the other members of the executive committee. This is also a person that membership previously elected to council. In our last survey, you told us that you had a high level of trust in the ASPN council so I hope you find this approach reasonable. If you would prefer a different approach or have any questions about the ASPN council election process, please let me know.

Larry Greenbaum, MD, PhD
President
lgreen6@emory.edu
News and Announcements

Member of the Month (May & June, 2017)

The ASPN communications committee started a new initiative to highlight an ASPN member of the month to distribute through our social media platforms. Member of The Month is a monthly recognition of an ASPN member for their service to ASPN. We ask our membership to help us and nominate members who went above and beyond in servicing the ASPN and advancing its mission. Please send an email to Michelle Rheault, Ibrahim Shatat.

CONGRATULATIONS TO DAVID ROZANSKY, MD, PhD
MAY ASPN MEMBER OF THE MONTH

David Rozansky, MD, PhD
Oregon Health and Science University

ASPN Service: Chair 2017 Program Committee

CONGRATULATIONS TO PATTY SEO-MAYER, MD
JUNE ASPN MEMBER OF THE MONTH

Patty Seo-Mayer, MD
Inova Children’s Hospital

ASPN Service: Chair Workforce Committee, JELF Advocacy Scholar, Member Public Policy Committee

National Kidney Foundation Educational Activity – FREE

EVIDENCE-BASED USE OF GROWTH HORMONE IN CHRONIC KIDNEY DISEASE: A QUALITY IMPROVEMENT INITIATIVE FOR OPTIMIZING OUTCOMES
(An Application-Based Virtual Patient Activity)

Free CME/CE Online Activity (available through Nov 16, 2017) - Register NOW!

This web-based interactive virtual patient activity focuses on the issue of growth failure as a result of growth hormone dysfunction in chronic kidney disease (CKD). Participants have the opportunity to review an expert discussion on the treatment of growth failure CKD, with an emphasis on the role of growth hormone therapy in improving outcomes. Recommendations for appropriate use of growth hormone therapy are presented, along with two virtual patient case studies through which participants learn how to assess, monitor, and treat patients with growth failure in CKD.

Optimizing Chronic Kidney Disease Outcomes Across the Life Stages

Presented by
Kidney & Urology Foundation of America
Friday, September 15, 2017
7:30am - 4pm
The New York Academy of Medicine | 1216 Fifth Avenue | New York, NY 10029

A conference for pediatric and adult nephrologists, transplant specialists, critical care physicians, onco-nephrologists, nurses, residents, students, fellows and other health care professionals with an interest in kidney disease.

Visit www.kidneyurology.org for details and registration
Job Hunting?

Visit the ASPN Market Place for information about the latest job openings in Pediatric Nephrology!

http://aspneph.org/MarketPlace/MarketPlaceMain.asp
Washington Update

Senate Unveils Affordable Care Act Repeal Legislation

At press time, the Senate’s Better Care Reconciliation Act (BCRA), to repeal large portions of the Affordable Care Act (ACA), has been introduced and negotiations to amend the bill to ensure the support of the 50 Senators needed to pass the bill are underway. We anticipate a final vote will have occurred by the time you are reading this.

BCRA, the Senate’s alternative to the House-passed American Health Care Act (AHCA), comes two months after the House approved ACA repeal legislation on its second try. Republican Senators expressed concerns about the AHCA immediately after its passage and committed to developing their own version of ACA repeal legislation, creating speculation that the Senate bill would provide greater protections to the most vulnerable Americans – those with lifelong chronic illnesses, the elderly, and the low-income. However, the Senate bill does not differ significantly from the House legislation, and if implemented, would negatively impact children with kidney disease and other medically vulnerable populations.

Under the ACA, 31 states and the District of Columbia chose to expand the Medicaid program and are still receiving enhanced federal funding to assist in the coverage of a broader Medicaid population. However, under BCRA, beginning January 1, 2020, these increased payments will be phased-out gradually and will be fully eliminated by 2024. Additionally, the Senate legislation, similar to the House bill, will convert the Medicaid program to a per capita allotment or a block grant system, leaving the choice up to the states. If enacted, this will be the first time how the Medicaid program is funded will be altered since its inception. The AHCA adjusts each state’s targeted spending amount by the percentage increase in the medical care component of the consumer price index (CPI). However, the Senate bill uses the same inflationary adjustment as the House until 2025 but then switches to the less generous CPI for all urban consumers. These changes would make it more difficult for states to respond to fluctuations in the price and demand for health care services. The bill includes misleading ‘protections’ for children by proposing to exempt them from certain Medicaid cuts. A ‘carve out’ for some children determined to be ‘disabled’ does not work if Medicaid is stripped of overall funding, which will force states to chip away coverage in other ways.

BCRA allows states to apply for waivers to opt out of certain ACA requirements. While BCRA differs from AHCA in that states cannot waive the community rating requirement, allowing insurers to charge higher prices to individuals with pre-existing conditions, the Senate waiver provision does allow states to define the essential health benefits (EHBs), which include 10 categories of benefits such as hospital care and prescription drugs. EHBs ensure access to broad coverage, and many important patient protections only apply to services defined as EHBs, including the elimination of annual and lifetime limits. Changes to EHBs would seriously undermine the ban on lifetime and annual caps and the annual maximum for out-of-pocket expenses.

NIH Launches the Next Generation Researchers Initiative

In order to address concerns about the long-term stability of the biomedical research workforce, the National Institutes of Health (NIH) has launched the Next Generation Researchers Initiative (Initiative) to support early and mid-career investigators. Competing for NIH research dollars has become extremely competitive with many meritorious applications remaining unfunded, making it difficult many to enter and remain in research careers.

NIH has proposed a multi-pronged approach to increase the pool of early and mid-career investigators. Most notably, NIH will allocated $210 million the first year and ramp up this funding to $1.1 billion per year over 5 years to support these investigators. These funds will be used to further extend the payline for R01 equivalent applications with an aim of funding most applications in the top 25 percentile for early and mid-career investigators. NIH will also place greater emphasis on existing programs, like the NIH Common Fund’s New Innovator Awards and the National Institute of General Medicine Sciences Maximizing Investigators’ Research Award, that target these investigators.

Besides allocating funds to support early and mid-career investigators, NIH will take steps to evaluate how these funds are being spent ensure this program is effective. Specifically, they plan to develop and test new metrics to measure the impact of this funding earlier than the success of research funding is traditionally measures.

Erika Miller, JD
ASPN Washington Representative
The ASPN Foundation has been active and has exciting news. Just completing our first year, we have seen outstanding support for the Foundation and the JELF Advocacy Fund. We have supported fellow travel grants to the IPNA Congress and to this year’s ASPN/PAS meeting. The JELF Advocacy scholar program is stronger than ever.

A raffle will be held for donations to the ASPNF History project. The ASPN will be 50 years old in 2018. As part of the upcoming celebration, a committee headed by Dr. Rick Kaskel has developed the ASPN History project. This History will be a living video history of the ASPN and Pediatric Nephrology. The proceeds of this year’s Raffle will be directed to the completion of this history. Generous donors have allowed us to begin the project which will ultimately be available publically. You may contribute to the Foundation and to the raffle online, see details below.

**It’s a Raffle!**

In celebration of the 50th Anniversary of ASPN in 2018, the ASPN Foundation is holding a raffle to raise funds for the History of Pediatric Nephrology project as well as increasing support for trainee travel grants.

An amazing prize has been generously donated by the ASPN: PAS registration (valued at $550)

The raffle will be open between now and **October 31st**. Tickets can be purchased online at: [www.aspneph.org/secure/raffle/](http://www.aspneph.org/secure/raffle/).

The winner will be announced at the ASPN Business Meeting at the ASN Meeting in New Orleans. You do not need to be present to win.

**And You Can Increase Your Odds!**

The more tickets you buy, the greater your chance of winning. We’re even offering a deal on bulk purchases:

- 1 for $20
- 4 for $60
- 8 for $100

**Support the ASPN Foundation While You Shop!**

We have recently joined AmazonSmile, which will donate 0.5% of what you spend on Amazon.com to the ASPN Foundation. This is a very easy way to support the ASPN while just going about your daily life.

AmazonSmile: You shop. Amazon gives.
**Announcements**

**ASPN Research Mentorship Program - Grant Review Workshop (Mock Study Section) - November 2017 at ASN**

**CALLING ALL JUNIOR INVESTIGATORS!**
Are you interested in receiving feedback on your draft grant applications from established investigators? If so, please consider participating in the Grant Review Workshop at the 2017 ASN meeting in New Orleans.

Mentees who are preparing NIH, foundation, or intramural grants will be paired with 1-2 experienced grant reviewers to receive feedback on their draft grant application in an NIH-style Mock Study Section format.

If interested, please contact us with the following information:
1) Contact Information
2) Research Interest/ Project title
3) Timing/type of upcoming grant applications

Daryl Okamura, Chair (daryl.okamura@seattlechildrens.org)
Erum Hartung, Co-Chair (HartungE@email.chop.edu)
Scott Wenderfer, Co-Chair (sewender@texaschildrens.org)

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**FREE Entertainment Supplies for Pediatric Dialysis Units**
The Guts Gear Foundation has delivered Guts Gear packages to more than 50 pediatric dialysis units across the United States! Guts Gear packages are for the children in the dialysis centers. The Guts Gear packages have iPads, ipad covers, drawing pads, coloring books, Rubik cubes, board games, markers, dry erase boards and other items to help keep kids busy during dialysis.

The Guts Gear Foundation was started by John Cook, a former pediatric dialysis patient. Your unit could be next! Refills are also available for units that have received supplies in the past. Please contact via the website: www.thegutsgearfoundation.org. Let me know if you have any questions.
Larry Greenbaum (lgreen6@emory.edu)

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**Kidney Health Collaborative Research Group Seeking New Members**
The Kidney Health Collaborative Research Group (CRG) is a network of researchers interested in kidney disease. Part of the National Patient-Centered Clinical Research Network (PCORnet) initiative, the CRG seeks to create and support research teams to develop proposals for important research questions leveraging this unique resource. PCORnet is a large, national distributed research network with electronic health record data available on over 120 million people. For more information on the PCORnet resource, please visit pcornet.org/about-pcornet.

The Kidney Health CRG holds monthly webinars to inform members about the PCORnet resource, support data requests and discuss funding opportunities as they arise. Upcoming Kidney Health CRG webinars will take place on July 19th and August 16th at 10:00am EST. For more information about the CRG and details about how to connect to the webinars, please email NKN-Operations@ArborResearch.org.

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**Podcasts From Annual Meeting**
ASPN Communications Committee Chair Ibrahim Shatat produced podcasts from the ASPN Annual Meeting at PAS in San Francisco. They can be downloaded at the following links:


Google Play: https://play.google.com/music/m/Iyrc6bawicmekpliz5gzumc2gpe?tp=0
Announcements

Call for Nominations: 2018 AAP SONp Henry Barnett Award

The American Academy of Pediatrics (AAP) Section on Nephrology (SONp) will recognize one individual for lifetime achievement in the field of pediatric nephrology. Any pediatric nephrologist meeting the following qualifications can be nominated for this award:

- Dedication to teaching nephrology
- Contributions to advocacy for children
- Distinguished service to the field of pediatric nephrology

Access the nominations form here and additional information is on the website. Please submit the necessary information to Suzanne Kirkwood at skirkwood@aap.org by September 29, 2017.

Previous Henry L. Barnett Award Recipients

- 2017 – Isidro Salusky, MD
- 2016 – Barbara Fivush, MD
- 2015 – Denis Geary, MD
- 2013 – Robert Chevalier, MD, FAAP
- 2012 – Sandra Watkins, MD
- 2011 – James Chan, MD, FAAP
- 2010 – Aaron Friedman, MD, FAAP
- 2009 – Julie Ingelfinger, MD
- 2008 – Ellis D. Avner, MD
- 2007 – William Harmon, MD
- 2006 – Jose Strauss, MD
- 2005 - Adrian Spitzer, MD
- 2004 – Russell Chesney, MD, FAAP
- 2003 - Richard N. Fine, MD, FAAP
- 2002 – Alan B. Gruskin, MD
- 2000 – Shane Roy III, MD
- 1999 – John Lewy, MD
- 1998 – Malcolm Holiday, MD
- 1997 – Jay Bernstein, MD
- 1995 – Clarke D. West, MD
- 1994 – Wallace McCrory, MD
- 1993 – Robert L. Vernier, MD
- 1992 – Henry L. Barnett, MD and Ira Griefer, MD
- 1991 – Jack Metcalf
- 1990 – Section on Nephrology establishes “The Kidney Award”

2017 Annual Dialysis Conference

Congratulations to the following people who completed a competency assessment and received a certificate.

Swansan Al-Batati, MD
Issa Alhamoud, MD
Mohamed Farhan Ali, MD
Kathleen Altemose, MD
Kevin Barton, MD
Abbie Bauer, MD
Eliza Blanchette, MD
Amirtha Chinnadurai, MD
Neha Dhingra, MD
Aditi Dokras, MD
Maria Eloisa Domingo, MD
Caroline Gluck, MD
Monica Guzman, MD
Jyoti Jain, MD
Werner Keenswijk, MD
Ei Khin, MD
British Columbia's Children's Hospital
Southwestern Medical Center
University of Miami
Johns Hopkins Hospital
St. Louis Children's Hospital
Seattle Children's Hospital
Yale New Haven Hospital
Nationwide Children's Hospital
UCLA Medical Center
UCLA Medical Center
Children's Hospital of Philadelphia
University of Texas McGovern MS
UT Southwestern Medical Center
Ghent University Hospital
University of Texas Southwestern Medical Center
Reeti Kumar, MD
Daniella Levy, MD
Rachel Millner, MD
Judy Moon, MD
Gina Nieto, MD
Esther Park, MD
Ranita Patel, MD
Sandrica Peart, MD
Jessica Rodriguez, MD
Candice Sheldon, MD
Vaka Sigurjonsdottir, MD
Michelle Starr, MD
Ken Sutha, MD
Jillian Warejko, MD
Nationwide Children's Hospital
Children's Hospital of Philadelphia
Nationwide Children's Hospital
UCLA Medical Center
Texas Children's Hospital
UCLA Medical Center
Seattle Children's Hospital
Montreal children's Hospital
Stanford University Medical Center
Stanford University Medical Center
Stanford University Medical Center
Seattle Children's Hospital
Stanford University Medical Center
Boston Children's Hospital
Tips to determine your readiness to submit a successful NIH Mentored Career Development Grant Award (K Award)

The purpose of the K awards is to transition young faculty to research independence over a 3 or 5-year period. Here, we discuss a few important issues that must be taken into consideration before you start writing these grants.

1. First you must determine your eligibility to apply.
   For K23 or K08 awards, you must be a U.S. citizen or permanent resident, and you must not have had any previous large grants. You are still eligible if you have received, smaller grants like an R03, R21, R36 or SBIR/STTR (R41, R42, R43, R44). Keep in mind that if you’ve received a K12 for more than one year, this will reduce the number of years you can get the K08/K23. Your total combined time limit of support by the K12 and K08/K23 is six years. So if you had a K12 for two years, you would be eligible for the K08/K23 for a maximum of only four years, instead of the standard five years.

   For the K23 award, you must perform research involving human subjects that might include studying disease mechanisms, developing new technologies or therapeutic interventions, or conducting clinical trials. For the K23, you must hold a health-professional doctoral degree, such as an MD, DO, DDS, DMD, OD, DC, PharmD, ND, or a doctoral degree in nursing research or practice. If you have a PhD, you’re eligible for the K23 if your degree is in a clinical field and you usually perform clinical duties, as the NIH states. To receive the award, you must have already completed your clinical training and subspecialty training, but you can submit an application before you’ve completed clinical training.

   For K08 award, on the other hand, does not require human subjects, but instead involves basic research, behavioral or biomedical research including translational research, as well as any studies into applying basic research discoveries toward human disease prevention, diagnosis and management. For the K08, you must hold a clinical doctoral degree, such as an MD, DO, DDS, DMD, OD, DC, PharmD, ND, or D.V.M. You are also eligible for the K08 if you have a PhD or other doctoral degree in a clinical discipline, such as clinical psychology, nursing, clinical genetics, speech-language pathology, audiology or rehabilitation, according to the NIH.

   The K99/R00 award, or Pathway to Independence (PI) Award for post-doctoral fellows, is designed to facilitate a timely transition from a mentored postdoctoral research position to a stable independent research position with independent NIH research support at an earlier stage than is currently the norm. A typical successful candidate has an impressive record of research productivity and publications, and will have identified a unique research direction to pursue after the mentored phase of the award. For this type of award, both U.S. citizens and non-U.S. citizens are eligible to apply. This award will provide up to 5 years of support consisting of two phases. The initial phase will provide 1-2 years of mentored support for postdoctoral research scientists. This phase will be followed by up to 3 years of independent support contingent on securing an independent tenure-track or equivalent research position. At the time of application submission (or resubmission) candidates for this award must have earned a terminal clinical or research doctorate (including Ph.D., M.D., D.O., D.C., N.D., D.D.S., D.V.M., Sc.D., D.N.S., Pharm. D., or equivalent doctoral degree, or a combined clinical and research doctoral degree); and have no more than 4 years (48 months) of postdoctoral research experience since completing the requirements of the doctoral degree (resubmissions must also comply with this requirement). Parental leave or other well justified leave for pressing personal or family situations of generally less than 12 months duration (e.g., family care responsibilities, disability or illness, active military duty) is not included in the 4-year eligibility limit. In addition, time spent conducting postgraduate clinical training that does not involve research is not considered as part of the 4-year research training eligibility limit. Only time dedicated to research activities would count toward the 4-year limit.

   To apply to any of these grants you must have a “full-time” appointment to an academic institution, and you must commit at least 75-percent full-time professional effort (9 months) to the award program and related career-development activities.

2. Identify your topic of interest and select a good mentor.
   Select the main topic of your proposal with your mentor. The choice of the mentor is the most important factor for success of K awards. Consequently, it must be your first decision before any drafts of the proposal are written. You must identify a primary mentor who is a renowned expert in the field you are considering. Your mentor should have a substantial track record of NIH funding, preferably with an active R01 grant, significant training experience, and should be on-site. Once you have selected the topic of research, you must talk to the corresponding program officer at NIH to determine the institute’s interest to support K awards on the topic you have selected, and to confirm your eligibility and duration criteria (e.g. three or five years). If you have been working with your mentor for more than 3-4 years, you will have to convince the NIH study section why you need more training in the same environment, and what unique set of skills you will acquire to facilitate your transition to independence. You should discuss with your mentor whether he/she thinks that you will have significant institutional commitment to submit a K award, before you start writing this grant.

3. Review your publication record with your mentor.
   Published original manuscripts related to the main topic of the proposal with your mentor represent powerful preliminary data for the grant, since these demonstrate to reviewers that the mentor-mentee relationship not only has been established, but also is in good working order. If you do
Announcements

NOT have 1st author original publications related to the topic of the K award, you probably are not ready to write a K award yet. Review articles are not considered original publications.

4. Develop a focused plan to write your specific aims page.
After you've settled on a project, draft a short description of your specific aims page. This page should include: 1) A statement that your main goal is the transition to research independence over a 3 or 5-year period; 2) an outline describing how you intend to achieve this: Where you are now? Where do you want to go? What training or new skills do you need to get there?; 3) Develop a focused hypothesis for your research plan. This hypothesis should increase our knowledge in an important biologic process, be based on YOUR previous research, and must be provable and doable during your 3-5 year award with the resources available; 4) Your career development and research plans must have significant training value to facilitate your transition to independence.

5. Discuss your specific aims with your mentor.
At this time, re-assess the support that you are getting from your mentor and institution. If your assessment is positive, you are ready to write the first complete draft of your K award. This grant is mainly written in three broad sections: the Candidate, the Career Development Plan, and the Research Plan. All these sections should be written in collaboration with your mentor. Remember that you will need significant mentorship and institutional commitment to submit a successful K award grant.

CLB Member Update

Alexion initiates registration trials of ALXN1210 in patients with atypical hemolytic uremic syndrome who have not been treated previously with a complement inhibitor

ALXN1210 is a highly innovative, longer-acting anti-C5 antibody that inhibits terminal complement. In comparison to eculizumab, ALXN1210 may be administered less frequently.

Study titles:
A Phase 3, Open-Label, Multicenter Study of ALXN1210 in Children and Adolescents With Atypical Hemolytic Uremic Syndrome (aHUS)
ClinicalTrials.gov Identifier: NCT03131219

This is a Phase 3, open-label, single arm, multicenter 26-week study to evaluate the safety and efficacy of ALXN1210 in complement inhibitor treatment-naive children and adolescents (less than 18 years at age at screening) with aHUS. The primary endpoint is complete thrombotic microangiopathy (TMA) response at 26 weeks. Secondary endpoints include dialysis requirement status, complete TMA response over time, observed value and change from baseline in estimated glomerular filtration rate, and change from baseline in chronic kidney disease stage, all evaluated at 26 weeks; time to complete TMA response; and additional efficacy measures. Patients will receive a single loading dose of ALXN1210, followed by weight-based maintenance dosing. This multinational study will enroll approximately 16 children and adolescents weighing at least 5 kg who have never been treated with a complement inhibitor. At the end of the 26 week initial evaluation period, all patients will continue on treatment for an extension period of up to 2 years.

Single Arm Study of ALXN1210 in Complement Inhibitor Treatment-Naive Adult and Adolescent Patients With Atypical Hemolytic Uremic Syndrome (aHUS)
ClinicalTrials.gov Identifier: NCT02949128

This is a Phase 3, open-label, single arm, multicenter 26-week study to evaluate the safety and efficacy of ALXN1210 in complement inhibitor treatment-naive adolescent and adult patients with aHUS. The primary endpoint is complete thrombotic microangiopathy (TMA) response at 26 weeks. Secondary endpoints include dialysis requirement status, complete TMA response over time, observed value and change from baseline in estimated glomerular filtration rate, and change from baseline in chronic kidney disease stage, all evaluated at 26 weeks; time to complete TMA response; and additional efficacy measures. Patients will receive a single loading dose of ALXN1210, followed by maintenance dosing every 8 weeks. This multinational study will enroll approximately 55 adult (≥ 18 years of age) and adolescent (12 to < 18 years of age) patients with aHUS who have never been treated with a complement inhibitor. At the end of the 26 week initial evaluation period, all patients will continue on treatment for an extension period of up to 2 years.

ALXN1210 is also being tested in patients with paroxysmal nocturnal hemoglobinuria (PNH), using the same weight-based dosing and 8 week maintenance interval.

For further information or patient referral, please contact Alexion Pharmaceuticals, Inc. at 1-855-585-8266 or clinicaltrials@alexion.com.
Meeting & Lecture Announcements

45th MIAMI PEDIATRIC NEPHROLOGY SEMINAR and 5th Renal Pathology
MARCH 8–11, 2018
ALEXANDER HOTEL MIAMI BEACH, FLORIDA
http://pediatrics.med.miami.edu/nephrology/seminar

SAVE THE DATE

American Society of Pediatric Nephrology

ASPN Board Review Course
October 27-29, 2017
Nationwide Children's Hospital
Columbus, OH

Register Now!

Abstract Deadline: October 2, 2017
1st Asia Pacific AKI CRRT 2017
20 - 23 August, 2017
Kuala Lumpur Convention Centre, MALAYSIA

Jointly Organised by
CRRT, INC.

www.apcrrt2017.com.my

in conjunction with
33rd Annual Congress of MSN

EARLY REGISTRATION DEADLINE
3rd July 2017

EXTENDED ABSTRACT SUBMISSION DEADLINE
15th May 2017 22nd May 2017

www.apcrrt2017.com.my
Meeting & Lecture Announcements

5th Annual

REGISTER NOW

MULTIDISCIPLINARY SYMPOSIUM

OCTOBER 19 - 20, 2017

WARWICK MELROSE
DALLAS, TEXAS

AUDIENCE: Nurses, Social Workers, Dietitians, Child Life Specialists, or anyone who works on a Pediatric Nephrology Team

CONTACT HOURS will be offered for Nurses, Dietitians, and Social Workers

EDUCATION includes Urologic Biofeedback (Thursday Keynote)

- Monitoring Compliance
- Cultural Competency
- Interacting with School Services
- Family Panel: Living the Renal Diet

Dealing with Tween and Teen Attitudes
Phosphorus: Essential Nutrient or Potential Poison?
Immunization in CKD & Immunosuppressed Patients
Controlling Labs in Formula-Fed Patients

EARLY REGISTRATION ends September 20, 2017

FEES:

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Please contact bfreshly@verizon.net or call 804-874-1097 for more information.

Updates and registration information will be posted on the ASPN website.
RENAL SUPPORT NETWORK’S ESSAY CONTEST CELEBRATES 15 YEARS!

PEOPLE WITH KIDNEY DISEASE ARE INVITED TO ENTER THE 15TH ANNUAL PATIENT ESSAY CONTEST!

2017 Theme: “Describe a positive decision that you have made about your healthcare.”

GLENDALE, Calif., May 30, 2017 -- Renal Support Network (RSN), a nonprofit, patient-run organization that provides nonmedical services to those affected by chronic kidney disease (CKD), encourages people with kidney disease to think back and share with others by entering RSN’s 15th Annual Patient Essay Contest. This year the essay contest commemorates 15 years with the theme, “Describe a positive decision that you have made about your healthcare.” All submissions must be written by someone who has been diagnosed with CKD.

People who successfully adapt to life with a chronic illness like kidney disease learn both universal and specific coping skills,” says Lori Hartwell, RSN’s founder and president, who was diagnosed with kidney disease in 1968 and the author of Chronically Happy: Joyful Living in Spite of Chronic Illness. “The people who suffer from kidney disease know firsthand the importance of sharing their experiences and inspiring their peers.” She added, “There are so many stories and great life lessons that have come from our renal patient community, as RSN’s Essay Contest has shown over the years. Every year, we still learn from the incredible stories that people who have kidney disease share with us.”

This essay contest is incredibly moving and inspires people with kidney disease to share their experience with others traveling the same road and looking for answers.

Last year's 1st place winner Sasha Couch said, “I'm surprised and thrilled to win! Having kidney disease can be a very lonely journey despite being surrounded by people who love and support you. It feels less lonely when others who know exactly what you experience daily share their stories and feelings. I really value the stories others share.”

Joy Araujo, who is the second place winner last year, said, "When I got the phone call that I had won, it truly made my day! I try to remain optimistic throughout my struggles, but sometimes things do get hard. This contest reaffirmed to me that if you just stay positive and keep your head up, miracles can happen!"

Contest winners will receive cash prizes: First Place, $500; Second Place, $300; and Third Place, $100. The submission deadline is August 10th and winners’ names will be announced after September 14th, 2017. The winning essays will be featured in RSN’s publication, Live & Give, and posted on RSNHope.org. For further information about the contest, rules and to read previous winning essays visit www.rsnhope.org/essay-contest.

The essay contest is proudly supported by:
AstraZeneca ~ Dialysis Clinic, Inc. ~ Fresenius Medical Care ~ Keryx Biopharmaceuticals, Inc. Becton, Dickinson and Company ~ National Renal Administrators Association ~ NxStage ~ U.S. Renal Care

The Renal Support Network (RSN) is a nonprofit patient-run organization that provides nonmedical services to those affected by chronic kidney disease (CKD). RSN strives to help patients (dialysis, kidney transplant, and newly diagnosed patients) develop their personal coping skills, special talents, and employability by educating and empowering them and their family members to take control of the course and management of the disease. www.rsnhope.org
Meeting & Lecture Announcements

MACRA Webinar
ASPN presented a webinar on MACRA June 16th. Slides from the presentation are available at the following link:
www.aspneph.org/Committees/Public%20Policy/ASPN_MACRA_Presentation%20v7_5-24-17.pdf

NATIONAL KIDNEY FOUNDATION’S PATIENT-FOCUSED DRUG DEVELOPMENT (PFDD) MEETING FOR C3G
August 4, 2017
Click here for details

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