

## President's Corner



### President's Corner:

As I reflect on the past couple of year's in my role as your president, I am humbled by the depth and breadth of the expertise, innovation, energy and hard work that our members demonstrate every day! In my last installment of President's Corner, I wanted to thank everyone for their support during the COVID-19 Pandemic. Our ASPN executive team lead by Connie Mackey, our committee leadership teams (Dr. Sarah Twitchell for providing the regular COVID updates, Erika Miller for keeping Hill updates moving forward, and Dr. Jennifer Charlton for helping develop the Virtual Neonatal Nephrology program in conjunction with the PNRC) and all of our council members

for their support during a difficult time for us all. I am sure I missed acknowledging others, so please accept this as a universal thank you!

It is unfortunate that we will not be able to gather physically in order to transition the presidency to Dr. Michael Somers. Michael has been a stalwart leader- stepping in when I was out sick and again remaining a calm and thoughtful leader of our executive team. I am very thankful to him, the executive council and our council for all of their hard work during my tenure. It has been an amazing experience. I will be handing over the gavel to Michael at an upcoming Virtual meeting. We will be reaching out to let you know the details.

We all look forward to getting back to our new normal and I am hopeful we will be able to gather at this year's ASN meeting. We are monitoring the situation and will develop plans accordingly, thank you for your patience. In my role as Past- President, I am committed to finishing up our work focusing on ASPN workforce issues. I will work with our working group in whatever manner I am needed.

I have appreciated everyone's support, your thoughtful suggestions and the honor of representing an amazing group of professionals. Thank you all. Please stay safe.

Again, thank you all for what you do for our patients and their families.

Sincerely,

Patrick Brophy, MD, MHCDS  
President, ASPN  
[Patrick\\_Brophy@urmc.rochester.edu](mailto:Patrick_Brophy@urmc.rochester.edu)

## ASPEN Corporate Liaison Board



Please send us ([info@asneph.org](mailto:info@asneph.org)) announcements and photos of pediatric nephrologists receiving awards, giving important lectures and news of other accomplishments so we can share them in *KidneyNotes*.



# COVID-19 Updates

## Thank you Sarah Twichell, MD!

ASPN would like to give a huge shout out to Sarah Twichell, MD, for the daily and weekly COVID-19 updates! We appreciate the time and dedication that she has put into keeping us informed. [Check out the updates here!](#)

# Committee Updates

## Certification Committee Update

### COVID-19 Impact on Certification by the American Board of Pediatrics

The ABP recognizes the potential impact of COVID-19 on pediatricians and has issued a statement that *"no pediatrician will lose their ABP certification because of the extraordinary patient care pressures associated with this pandemic."* The registration deadline for the fall Initial Certifying Exam has been extended to May 15. The Initial Certifying Exam for Pediatric Nephrology was rescheduled from March to August with multiple dates available. The deadline for the August exam is April 30.

### Proctored MOC Exams at Prometric Test Centers

For those scheduled to take a proctored exam, Prometric closed testing centers in the United States and Canada on March 17 with the intent to reopen on May 1. However, the actual reopening date will depend on pandemic circumstances that are changing daily. Prometric will work closely with you to find new appointment dates and times that work for your schedules, and they will waive any rescheduling fees. Additional information is available on the ABP website at <https://www.abp.org/news/covid-19-updates>.



## Public Policy Committee Updates

### ASPN Advocates to Advance Kidney-Specific Policies in COVID-19 Legislative Packages

ASPN partnered with the Renal Physicians Association on a letter to Congress requesting kidney-specific policies to be included in the third COVID-19 stimulus bill, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). In particular, the letter urged Congress to increase Medicare flexibilities during the public health emergency, to waive the face-to-face meeting requirement for home dialysis visits, to increase the coverage of immunosuppressive drugs to 90 days, to clarify that all outpatient dialysis care be able to be provided by telehealth, and to direct the Centers for Medicare and Medicaid Services (CMS) to reimburse for telephone-only visits. All of these proposals were either included in the final CARES Act, or implemented by CMS.

Besides these issues, the CARES Act also temporarily suspended automatic Medicare sequestration payment cuts from May 1 through December 31. The bill also provided \$100 billion for hospitals and health care provider relief through the Public Health and Social Services Emergency Fund and funding for the National Institutes of Health, although none was directed to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

As Congress begins its work on a fourth COVID-19 stimulus package, ASPN is asking that legislation include funding for NIDDK, and that funding is included to re-start NIH-funded research that had to pause due to the pandemic. We are also requesting that children's hospitals receive aid from the Emergency Fund, and that volunteer health care providers do not face liability for offering services during the crisis.

### HHS Forms Kidney-COVID-19 Work Group

The Department of Health and Human Services (HHS) recognized that COVID-19 poses significant risks for already vulnerable patients with chronic kidney disease and formed a working group that includes community stakeholders and staff from across the department to address the unique needs of these patients during the public health emergency. Dr. Sharon Bartosh and Erika Miller, ASPN's Washington Representative, have represented ASPN on this working group which developed a detailed report of policy considerations for HHS leadership. We are still waiting to see what policy changes will be as a result of this effort.

### Regulatory Relief Provided during COVID-19 Public Health Emergency

The Centers for Medicare and Medicaid Services (CMS) promulgated an interim final rule with comment period (IFC) on March 30, 2020 that extended temporary regulatory waivers to health care providers in order to facilitate safe and effective care for the duration of the public health emergency. The regulations aim to increase hospital capacity, expand the health care workforce, improve access to telehealth services, and reduce the regulatory burden on providers. A link to the rule can be found [here](#). The regulations are retroactively applicable beginning March 1, 2020.

The blanket waivers for health care providers (listed [here](#)) will assist health care systems in effectively managing potential surges and other challenges of treating COVID-19 patients. The agency waived a number of requirements for dialysis facilities, including emergency preparedness certifications, training and audit requirements for equipment, requirements for certain patient assessments, requirements on the time period for initiation of care planning and monthly physician visits, and dialysis home visit requirements, among others.

# Committee Updates

## Research Committee Update

Stay at home orders and emergency declarations have changed the focus of research all across the world essentially overnight. Many of us have closed our basic science research labs, and human subjects research has been either halted or amended dramatically. ASPN has been compiling relevant guidance from [NIH](#) and [FDA](#) for carrying out clinical trials during Covid-19. There are numerous opportunities arising for those who wish to participate in Covid-19 specific research, including the [ERKNet survey study](#) supported by IPNA and the Pediatric Infectious Disease Society's [PIDTRAN network](#) for transplant patients. The [IPNA Covid Initiative](#), the [Transplant Society Dashboard](#) and the [ASN Covid-19 resource portal](#) contain lists of Covid-19 specific publications and [Preprint Articles](#).

For those interested in continuing research on other kidney-related topics, now is a great time to finish that manuscript collecting dust on the back of your desk, or to submit grant applications. A third idea is to propose an Ancillary Study that takes advantage of the growing amount of pediatric data being collected in our large pediatric databases. Most large registries, such as [CKiD](#), [CureGN](#), and [NEPTUNE](#) have published data sharing policies. The Pediatric Health Information System (PHIS) has a [Data Analytics & Research webpage](#). Industrious renal researchers can also propose ancillary studies for post hoc analyses of clinical trials – many of the most influential kidney trials over the past decade have data and sample sharing policies for access to their clinical datasets and biorepositories. The [NIDDK Central Repository](#) lists a number of available resources, and the ASPN research committee can also post links upon request for [Collaborative Research Resources](#) (if you are disappointed that your registry/study is not mentioned in this column, hint, hint).

[TranSMART](#) is one example of a data-sharing platform that allows interested researchers to view available research datasets for specific registries. Access is available to the community at large after a brief registration process. Although publication quality analyses (using standard analysis files) typically require approval from Ancillary Studies Committees (to insure effort is not being duplicated), and fees are often levied (to offset costs of data curation), initial uses of data sharing platforms are free. So hypothesis testing can be performed before dedicating the time to writing a grant or submitting an Ancillary studies application. [TranSMART](#) sites for [CureGN](#) and [NEPTUNE](#) just require an email request to the administrator, and then you can get started. Other registries like [USRDS](#) and [NAPRTCS](#) publish annual reports with aggregate data and specific

Hopefully, we'll all get back to our laboratories and our human research subjects will be able to safely return to our medical centers very soon. But while you wait, think about leveraging the datasets that have already been assembled.

Reported by Scott Wenderfer, on behalf of the ASPN Research Committee



## Therapeutics Development Committee Update

Performing human subjects research is challenging in the best of times. If you are looking for guidance on how to keep your research going in this time of the Covid-19 pandemic, the ASPN's Therapeutics Development Committee has assembled some documents published by the FDA and NIH on their website. We are currently looking for more energetic and dedicated pediatric nephrology researchers who want to help us analyze our survey data on "Clinical Trial Readiness" to support the Committee's educational mission – let us know if you'd like to help.

Submitted by Scott Wenderfer, on behalf of the TDC



## Training Program Directors Committee Update

[Pediatric Nephrology Match Results/Fellow Numbers \(from Dec 2019 Match\)](#)

Time for our annual update, even in this 'crazy' unprecedented time we all can recognize the need and how the life blood of our discipline is represented in the new cohort of trainees entering our programs and our profession. The results from the Dec 2019 tell only part of the story about who will start in our training programs this July and we will update you all when we receive the 'Current Fellows' information from our TPDs in August.

This month's ASPN TPD column focuses on the recent Match results for the class to begin in July 2020. We will present the status of our present Fellow enrollment, based on the best source we have, the ASPN Fellowship PD survey completed every Fall, in a later column. This year's Match numbers offer some better results for our subspecialty compared to the previous few years; it will be important to see what the trend becomes over the next few years.

Our US NRMP Match numbers were better at 38 matched fellow applicants (compared to only 27 matched applicants in the class that started 2019 and similar to the number of 36 matched candidates for the class that started in 2017). [We expect the total number of fellows who start in July 2020](#)

# Committee Updates

to be higher (due to 'late-deciders'). We can be sure that PDs will continue to try to sign up more qualified Fellows to start in July 2020, with 26 unfilled positions at the end of the match.

Finally, we continue to be among the lowest performers among the pediatric subspecialties over time – this year we have a better (59%) percentage of filled positions than the previous year (43%), however, we are still in the bottom half of pediatric subspecialties disciplines.

## Pediatric Nephrology Match Report [Dec 2019] for Class Starting 2020

- 41 of our 44 approved Pediatric Nephrology Fellowship programs participated [3 programs did not participate due to lack of available funded positions].
- 19 of 41 programs filled all positions (46%).
- There were 38 matched applicants (from a pool of 39 applicants) for 64 available positions. In the 2018 match the total was 27; the all-time low was 21 in 2014.
- 59% of the available 64 positions were filled. This is close to the all-time high in number of available spots (there were 65 in the 2018 match)
- We filled 59% of our positions this year (38/64) versus 43% (27/65) in the 2018 match.
- Of the 38 matched applicants, 29 (76%) were US grads and 9 (24%) were IMGs (74% were US grads in the 2018 match).
- Over time, Pediatric Nephrology continues to lag behind many of the other Fall Pediatric Specialty disciplines – this year we continue to be among lowest in percentage of positions filled through the Match (with Peds Endocrine, Pulmonary and Rheumatology).

We will be highlighting our Fellow numbers and implications for the workforce in a future Kidney News. The 2019 ASPN Workforce summit addressed a number of issues that affect the attractiveness and ability to enlist trainees to our field. More to come from this ASPN position paper which we anticipate will generate a number of distinct steps that we can take individually and as a society to insure the needed numbers of new practitioners and scientists in our field.

John D Mahan MD and Susan Halbach MD, MPH

## NRMP 2019 Match Results – Pediatric Medical Subspecialties – For Training Starting July 2020

	Child Abuse	DBP	Ped Cardio	Ped Crit Care	Ped EM	Ped Endo	Peds GI	Peds H/O	Neo-natal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
Programs	19	35	58	67	53	67	61	71	96	39	54	41	49	30
Programs Filled (%)	12 (63%)	20 (57%)	55 (95%)	65 (97%)	52 (100%)	22 (35%)	55 (90%)	57 (80%)	71 (74%)	36 (92%)	19 (35%)	19 (46%)	19 (40%)	15 (50%)
Total Positions	20	48	154	191	146	99	101	176	270	56	79	64	70	39
Positions Filled (%)	13 (65%)	30 (63%)	151 (98%)	189 (99%)	146 (100%)	50 (51%)	93 (92%)	158 (90%)	234 (87%)	52 (93%)	37 (47%)	38 (59%)	40 (54%)	19 (49%)
Total Matched Applicants	13	30	151	189	146	50	93	158	234	52	37	38	40	19
Total Applicants /Positions (ratio)	17/20 (0.85)	35/48 (0.73)	176/151 (1.17)	209/191 (1.09)	206/146 (1.41)	51/99 (0.52)	102/101 (1.01)	165/176 (0.94)	239/270 (0.87)	78/56 (1.39)	37/79 (0.47)	39/64 (0.61)	42/70 (0.60)	22/39 0.57
US Grads (%)	12 (92%)	23 (77%)	120 (80%)	145 (77%)	131 (90%)	35 (70%)	67 (72%)	118 (75%)	177 (76%)	49 (94%)	31 (84%)	29 (76%)	33 (83%)	16 (84%)
IMG Grads (%)	1 (7%)	7 (23%)	31 (20%)	44 (23%)	15 (10%)	15 (30%)	26 (28%)	40 (25%)	57 (24%)	3 (6%)	6 (16%)	9 (24%)	7 (17%)	3 (16%)

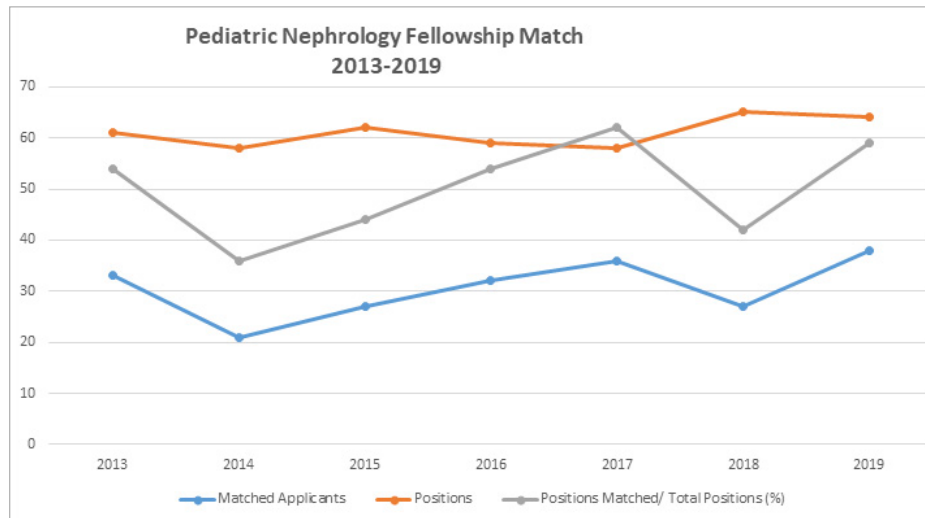
## NRMP 2018 Match Results – Pediatric Medical Subspecialties – For Comparison

	Child Abuse	DBP	Ped Cardio	Ped Crit Care	Ped EM	Ped Endo	Peds GI	Peds H/O	Neo-natal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
Programs	19	35	58	67	53	67	61	71	96	39	54	43	49	30
Programs Filled (%)	12 (63%)	20 (57%)	55 (95%)	65 (97%)	52 (100%)	22 (35%)	55 (90%)	57 (80%)	71 (74%)	36 (92%)	19 (35%)	10 (23%)	19 (40%)	15 (50%)
Total Positions	20	48	154	191	146	99	101	176	270	56	79	65	70	39
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Total Matched Applicants	13	30	151	189	146	50	93	158	234	52	37	27	40	19
Total Applicants /Positions (ratio)	17/20 (0.85)	35/48 (0.73)	176/151 (1.17)	209/191 (1.09)	206/146 (1.41)	51/99 (0.52)	102/101 (1.01)	165/176 (0.94)	239/270 (0.87)	78/56 (1.39)	37/79 (0.47)	27/65 (0.43)	42/70 (0.60)	22/39 0.57
US Grads (%)	12 (92%)	23 (77%)	120 (80%)	145 (77%)	131 (90%)	35 (70%)	67 (72%)	118 (75%)	177 (76%)	49 (94%)	31 (84%)	20 (74%)	33 (83%)	16 (84%)
IMG Grads (%)	1 (7%)	7 (23%)	31 (20%)	44 (23%)	15 (10%)	15 (30%)	26 (28%)	40 (25%)	57 (24%)	3 (6%)	6 (16%)	7 (26%)	7 (17%)	3 (16%)

# Committee Updates

## NRMP Pediatric Nephrology Match Results 2014-2019

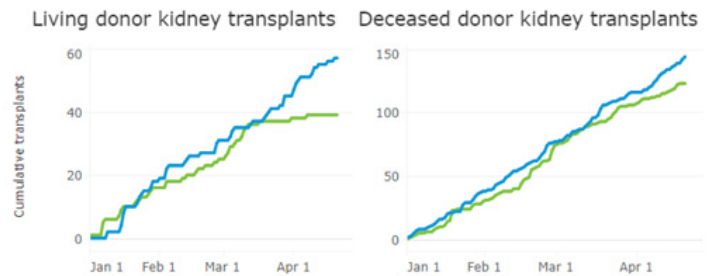
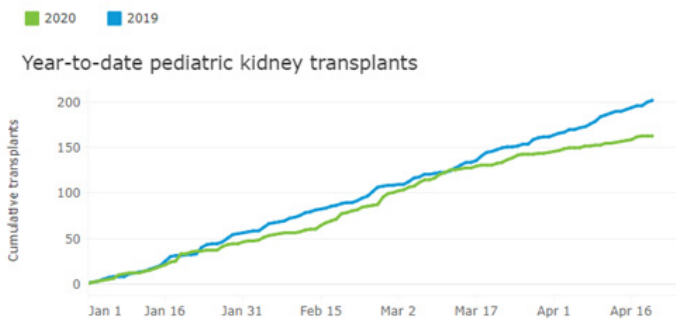
NRMP MATCH	2019 (%)	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)
Matched Applicants	38	27	36	32	27	21	33
AMG	27 (70)	18 (67)	28 (78)	18 (56)	16 (59)	10 (48)	20 (61)
US Foreign	0	0	1 (3)	4 (13)	1 (4)	3 (14)	3 (9)
Osteopath	2 (6)	2 (7)	2 (6)	3 (9)	1 (4)	1 (5)	0 (0)
IMG	9 (34)	7 (26)	5 (14)	7 (22)	9 (33)	7 (33)	10 (30)
Matched Applicants	38 (97)	27 (100)	36 (92)	32 (97)	27 (96)	21 (91)	33 (89)
Unmatched Applicants	1 (3)	0	3 (8)	1 (3)	1 (4)	2 (9)	4 (11)
Positions	64	65	58	59	62	58	61
Positions matched/Total positions	38/64 (59)	27/65 (42)	36/58 (62)	32/59 (54)	27/62 (44)	21/58 (36)	33/61 (54)



## Transplant Interest Group Update

### OPTN/UNOS NEWS:

### COVID-19 and pediatric kidney transplantation:



UNOS actions related to COVID-19 can be found at <https://unos.org/covid/>. Important information regarding changes in reporting requirements, COVID offer refusal codes, relaxation of TIEDI data submission requirements, COVID testing in DonorNet, changes in monitoring requirements and changes in MPSC reviews can be found thru the link.



# Committee Updates

## Epidemiology and clinical features of COVID -19, pediatric patients, transplant considerations

- CoVs are a large family of single stranded RNA viruses that can be isolated in different animal species. The term corona comes from the “crown like” appearance by EM due to the spike glycoproteins on the envelope. There are 4 genera of CoVs, alpha, beta, delta and gamma. The beta genus divides into 5 sub-genera. Seven human CoVs capable of infecting humans have been identified. All are of the beta genera. The A lineage causes the common cold. Estimates are that 2% of the human population are healthy carriers of CoV and that these viruses are responsible for about 5-10% of acute respiratory infections. The C lineage cause epidemics of variable clinical severity with high mortality rates.
- SARS-CoV-1, 2002 and 2004, MERS-CoV 2012, Saudi Arabia
- SARS-CoV-2 (Severe Acute coronavirus 2) likely reservoir in bats with unknown intermediary host.
- SARS CoV-2 is sensitive to UV rays and heat and inactivated by lipid solvents including ether, ethanol, chlorine, peroxyacetic acid and chloroform. Not chlorhexidine.
- Mainstay of diagnosis is PCR from respiratory tract.
- Viral load is generally highest early in the illness
- Incubation period is 2-14 days in the general population (? Immunosuppressed?)
- The viral infection is capable of producing an excessive immune reaction in the host: “cytokine storm” effecting extensive tissue damage. The protagonist of the storm is IL-6, which is pro-inflammatory and produced by activated leukocytes.
- AKI is common at presentation and during hospitalization for covid-19 and has an associated high mortality in adults.
- Of the initial 2572 children reported by the USA CDC (2/12 thru 4/2) <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>
  - o this represented 1.7% of the 149,760 total cases in this dataset
  - o 20% required hospitalization (hospitalization rate was 14% in the 1-17 yr olds and 62% in the < 1 yr olds )
  - o Hospitalization was more common in children with underlying conditions (chronic lung disease, cardiovascular disease and immunosuppression)
  - o 3 children died
  - o Median age was 11 yrs with 15% < 1 yr, 11% 1-4 yrs, 15% 5-9 yrs, 27% 10-14 yrs and 32% 15-17 yrs.
  - o 57% were male
  - o although this data set was very incomplete with regard to symptoms, what was reported was
    - 56% fever, 54% cough, 23% myalgia, 7% rhinorrhea, 24% sore throat, 28% headache, 11% nausea/vomiting, 13% diarrhea
- **Prior experience with SARS and MERS and immunocompromised/immunosuppressed pts**
  - o SARS (2002 and 2003) had 8100 pts infected with 774 fatalities (9.5%) in over 30 countries.
  - o Children under 12 mostly had mild symptoms (fever, cough, rhinorrhea)
  - o No case of poor outcome in a transplant pt was recorded for SARS
  - o MERS (2012) thus far has infected 2182 pts with 779 deaths (35%) in 27 countries
  - o Immunosuppression was not found to be risk factor for poor outcome with MERS
  - o Some have postulated that the host response is an important contributor to the disease process; dysregulated and excessive innate immune response appear particularly important drivers of tissue damage during infection. These aspects may be relevant when it comes to infection of an immunocompromised host, potentially protected by a weaker immune response against the virus
- **SARS CoV-2/ Covid-19 in transplant patients**
  - o Data on transplant patients remains limited. One of the largest reports of 103 pooled adult kidney transplant patients in the USA describes 56% presenting as mild, 17% moderately ill and 26% critically ill. Treatment approaches were to reduce or stop the antimetabolite in 90%, reduce or stop the CNI in 40% and reduce steroids in 8%. Antiviral treatment in this multicenter group of patients included 50-85% receiving hydroxychloroquine, 10-25% receiving remdesivir, 5-17% receiving lopinavir/ritonavir and 30-60% receiving azithromycin. 5-10% of these patients had their ACE/ARB discontinued.
  - o Lymphopenia/lower ALC appears to be seen in those adult tx pts who require ICU care or who die. It is unknown whether the lymphopenia is a manifestation of severe disease or predisposes to severe disease.
  - o Elevated CRP also portends a poor outcome in adult kidney transplant patients
  - o Transplant pts who are covid positive and lymphopenic might need hospitalization rather than care at home
  - o Out of 200 at risk children in Bergamo Italy (liver transplant) only 3 tested positive for covid-19 and none developed clinical pulmonary disease
  - o **For pediatric transplant patients who have been diagnosed with COVID, consideration should be given to enrollment in the registry supported by the Pediatric Infectious Disease Society. They are collecting data on ALL children diagnosed with covid at <https://redcap.stjude.org/surveys/?s=37F8JCEWR8>**
  - o A Pediatric ID consortium has recommended guidelines for consideration of degree of immunocompromise
    - Severe – ATG within 3 months, Alemtuzumab within 6 months, transplant rejection treatment within 3 months, ALC < 100/mm<sup>3</sup>

# Committee Updates

**Pediatric Transplant Program Requirements Update:** Application deadline was 12/3/2019. As of April, 282 pediatric applications have been received. 50 applications have been reviewed and approved by MPSC (UNOS Membership and Professional Standards Committee) and will be headed to the UNOS BOD for final approval. Programs are being notified now of this preliminary approval. The notification is going to your program's OPTN representative. An additional 21 programs have been reviewed by the MPSC subcommittee and are headed to the full MPSC meeting. 12 more are currently under MPSC subcommittee review. 75 more are in membership staff review. 44 more have been reviewed by staff with portions sent back to the member for revision. 73 more applications have not yet been reviewed by staff. I do not have the breakdown by organ. Centers will be able to continue to function normally until the applications are reviewed by the MPSC and then voted on by the OPTN BOD in December 2020. If you submitted your application and you were short an observation of a pediatric transplant or a procurement, it is recommended that you submit an amendment to your application when you have completed what you were missing. It will be important for us to look at how many programs were "eliminated" by this application process and whether any geographic gaps in access were created by this policy initiative.

**OPTN Pediatric Committee initiatives:** A new project to analyze the effect of multiorgan transplants on pediatric kidney transplant access has begun. We know, or at least have the perception, that pediatric access may be disadvantaged by the priority given to multiorgan transplants, which come ahead of all children as well as ahead of all highly sensitized patients. If the data analysis request is approved by the Policy Oversight Committee, we should have preliminary data to examine within a few months. Without data, we are unable to proceed with any confidence or standing to ask for allocation sequence changes. This is not an insignificant issue for pediatric DD kidney candidates since yearly there are over 800 Kidney-Pancreas transplants, more than 600 Liver-Kidney transplants and more than 200 heart-kidney transplants performed. The numbers of liver-kidney and heart-kidney transplants have been steadily increasing. The effect of the multiorgan transplants on pediatric DD kidney candidates is likely to be geographically variable since the volumes across the country are variable. There are 12 states that have done > 30 KP transplants each year consistently (California, Florida, Illinois, Louisiana, Maryland, Minnesota, New York, North Carolina, Ohio, Pennsylvania, Texas, Wisconsin). The regions that have the highest volumes of KP transplants are Region 2, 3, 5, 7, and 11, with there being > 100 KP transplants done yearly in those regions. The questions we are attempting to answer with this project are:

- Is pediatric kidney transplant access impacted negatively by the volume of KPs/MOTs.
- Do children who compete in high volume KP areas experience adverse consequences?
  - o Do they have a lower transplant rate?
  - o Do they have a longer time on the wait list?
  - o Do they have a higher mortality rate?
  - o Do they receive less well-matched kidneys?
  - o Do they receive kidneys with higher KDPI scores

I will keep you posted on the progress of this initiative.

**ASPN TIG** (Transplant Interest Group). The TIG continues to meet regularly. Active projects include; 1) submission of a transplant session proposal for consideration for ASPN 2021 in Vancouver, 2) examination of current pediatric fellowship training in the area of transplantation, with the intention to create a recommended transplant curriculum for pediatric kidney fellowship training, 3) create a "plain language" list of current UNOS primary pediatric personnel requirements for pediatric kidney transplant programs for those who desire to be qualified. Next meeting will be scheduled for late April/early May.



Respectfully submitted, Sharon M. Bartosh, MD, [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu)



# Committee Updates

## Workforce Committee Update

### Rescheduled Webinar Announcement:

The Workforce committee would like to invite you to join us for our next webinar on Thursday July 9, 2020 at 1200 EST/ 1100 CST/ 0900 PST titled: "Taking Control of Your Student Loans: Advice for the Pediatric Nephrologist"

This webinar is intended to provide education and address your concerns about student loans. The organizers would like to hear from you about specific questions you may have about loan repayment. Please submit questions to [dkweidemann@cmh.edu](mailto:dkweidemann@cmh.edu) by May 31, 2020.

### Covid-19 Workforce Resources:

For all the latest updates regarding telemedicine, billing, coding, and physician well-being during this crisis, please visit the workforce committee section on the ASPN Covid-19 resources webpage at <https://www.aspneph.org/covid-19-information/>

Submitted by Isa Ashoor, MD on behalf of the ASPN Workforce Committee

# ASPN Pathology & Radiology Webinars

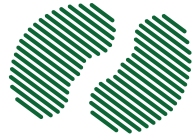
We are continuing the Nephrology Part II pathology and imaging webinar series, which allows members to have the opportunity to claim MOC 20 Part II points. Please note, claiming credit for the 2017 webinar series has closed and we will move forward with the 2018-2019 Academic Year webinar series. ASPN members will continue to have access to the content through the ASPN website.

If you are interested in claiming MOC 20 Part II credit in the upcoming 2018-2019 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series, unlike the previous one, you will be required to remit payment of \$50 (credit card or cash) to the Children's Hospital of Philadelphia (to cover the cost of managing the MOC points). The REDCap link will be available on the webinars as well as the ASPN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, and Ben Laskin, emails: [ruebne1@jhmi.edu](mailto:ruebne1@jhmi.edu) and [LaskinB@email.chop.edu](mailto:LaskinB@email.chop.edu).

## ASPN Pathology Webinar

**Date:** May 11, 2020  
**Topic:** 14 Year Old with Proteinuria

All pathology and imaging webinars can be viewed online on the ASPN website under the Member Education Committee page. You can earn up to 20 Part II MOC points by participating in the webinars! You can either participate live or watch online. Then answer 5 questions on the REDCAP Database (link below). You can earn 20 MOC points if you answer a total of 50 questions from 10 webinars. <https://redcap.chop.edu/surveys/?s=WAEWFTLPD9>

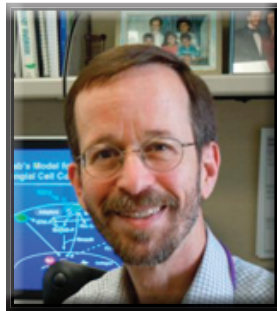


## American Society of Pediatric Nephrology FOUNDATION

### ASPEN Foundation Updates

The American Society of Pediatric Nephrology Foundation would like to acknowledge the Joshua Samuels Family Foundation's generous gift of \$10,000 for supporting trainee travel for educational meetings.

The Foundation Board of Directors also has launched named lectureships for two distinguished pediatric nephrologists, H. William Schnaper, MD and Adrian Spitzer MD.



*H. William Schnaper, MD*



*Adrian Spitzer MD*

Dr. Schnaper has made major contributions in the areas of research, advocacy, clinical nephrology and international nephrology. He is known as an outstanding mentor and was President of the ASPN from 2010-2012 and was the Scientific Chair of the International Pediatric Nephrology Association's 15th Scientific Congress in NYC, 2010. Dr. Spitzer is an esteemed investigator and played a seminal role in the development of the emerging field of developmental renal physiology. He led a training program that spawned many future leaders in our field and was President of the ASPN in 1982 and started the International Pediatric Nephrology Association's prestigious Workshop in Developmental Nephrology. The inaugural presentation of these two lectureships will occur at the 2021 ASPN annual meeting. Initial funding for the first two years of the lectures has been established and additional donations are sought for sustaining the lectures into the future. Donations to these funds are available on the ASPN website.

### Thank you Sandra Watkins, MD

The ASPNF Board of Directors gratefully acknowledge the contributions of Dr. Sandra Watkins who is rotating off the Foundation Board after serving 4 years as our founding Secretary/Treasurer. Sandy, a former ASPN President and Founder's Award recipient, helped lead the efforts to create the Foundation and was instrumental in organizing the infrastructure and regulatory approvals for our successful programs. We cannot thank her enough for her time commitment and contributions to our Foundation, as well as to the ASPN.



### JELF Scholars Update

#### Virtual Hill Day:

While the COVID-19 might have blocked ASPN Hill Day on May 6th from happening, it has not diminished the enthusiasm of Pediatric Nephrologists to advocate for their patients! On May 13th, ASPN is planning to host a Virtual Hill Day to advocate electronically with our elected officials.

#### Thanks to our D.C. Advocacy Staff

Special thanks to Erika Miller, JD and Stephanie Rinehart, JD, MPH for their frequent updates about legislative and regulatory actions related to COVID-19 that are relevant to our field.

#### ASPEN Trivia:

During these stressful times, what better way to feel excited about the important work our organization is doing than with some historical trivia! Feel free to use this fun fact in your next party conversation.

Q: Which was founded first, the American Society of Pediatric Nephrology or the European Society of Pediatric Nephrology?

A: European Society of Pediatric Nephrology in 1966 (ASPEN: 1969)

## *In Memorium ~ Michel Broyer*

We are very sad to announce the death of Professor Michel Broyer on March 10, 2020 at the age of 86, following a COVID19 infection.

Early during his residency in Professor Pierre Royer's unit at the Necker-Enfants Malades Hospital in the early 1960's, Michel Broyer was fascinated by the recent developments in pediatric nephrology. His unique aim became to offer children with kidney disease the best possible diagnostic approach and treatment. He was the first in Europe in 1969 to develop and adapt dialysis techniques, in particular hemodialysis, to children. It was a heroic period when the vascular access was by an external arteriovenous shunt and the sessions lasted more than 8 hours. In 1973 he took charge of pediatric kidney transplantation. Despite a difficult start, his efforts made it possible for these children not only to survive but to return to an almost normal life. Since then, more than 1300 kidney transplants have been performed in this centre. He succeeded Pierre Royer as head of Pediatric Nephrology department in Necker Enfants Malades Hospital from 1978 to 1999.



Michel Broyer's contributions have not been limited to the treatment of chronic kidney disease. He has studied all areas of this specialty, as evidenced by his list of more than 400 publications. Himself and Renée Habib, both internationally recognized for their work, described a number of new entities in childhood kidney disease. With Pierre Royer and Renée Habib, he has made the Necker-Enfants Malades hospital a major clinical and academic center of pediatric nephrology, internationally recognized.

In 1975, Michel Broyer and Renée Habib organized highly successful annual Pediatric Nephrology seminars that continue nowadays, attracting pediatricians and nephrologists from many parts of the world. Michel Broyer also initiated the French "Pediatric Nephrology Club". He defined its role as follows: "The annual meeting of the Club has been and remains for the youngest members an opportunity to learn how to communicate, a preliminary and logical step towards participating in international meetings. The small size of the Club has also helped to maintain the feeling that members belong to the same family where everyone knows each other and is likely to help each other. Thanks to the Club, cooperative studies have been carried out. Over time, the scientific quality of the meetings continues to improve, while their tone remains very convivial." In 2000, the Club was renamed the Société de Néphrologie Pédiatrique.

The conviviality between pediatric nephrologists continues with another generous idea of Michel Broyer who initiated in the early 2000's a yearly three-day cultural meeting of the French speaking pediatric nephrologists retired from their professional activities. These meetings are since organized every year in a different town by the local pediatric nephrologist. Dr. Broyer himself organized this meeting in 2015 in Lorient, close to his house in Brittany. He also co-organized the last 2019 meeting in Paris with his Parisian colleagues. These meetings illustrate his fidelity in friendship, for the benefit and pleasure of all.

Michel Broyer trained many pediatric nephrologists from France and abroad. Many became leaders in their countries. All of them admired his medical knowledge, his scientific rigour and his generosity for the children, their families and colleagues.

Michel Broyer had a major role in the development of the registry of the European Dialysis Transplantation Association and in the association "France Transplant". He was editor of the journal "Pediatric Nephrology". For several years, he chaired the Ethics Committee of the Necker-Enfants Malades Hospital.

Michel Broyer was in the noble sense of the terms "un honnête homme" and "un homme de bien".

*Patrick Niaudet, Marie-Claire Gubler, Marie-France Gagnadoux, Chantal Loirat and Rémi Salomon*

# Exciting Announcement! Virtual Platform Presentations from 2020 PAS/ASPEN Meeting

## Virtual Platform Presentations

Due to the COVID-19 pandemic, the 2020 Pediatric Academic Society meeting has been cancelled. While we are all disappointed that we will not be able to meet in person, the 2020 ASPEN Program Committee is excited to announce that the basic, clinical and neonatal nephrology platform presentations accepted to the PAS meeting will be presented in a virtual format. We realize this does not cover all of the nephrology themed abstracts accepted to PAS, but we have done our best to include as much as we can.

With support from the ASPEN, two webinars will be hosted. Please **register** for each of these events. There is no charge for attending these sessions.

1. **Neonatal Nephrology:** On *Monday, May 4th, 2020*, the Neonatal Kidney Collaborative will host the neonatal nephrology platforms and posters from 1- 5 EDT. There were a record number of abstracts and a first ever platform session dedicated to "Neonatal Nephrology." We are looking forward to sharing the high-quality research that had been accepted for oral presentations and posters at PAS. Register at **Neonatal Nephrology Session 2020 PAS**

2. **Basic and Clinical Nephrology:** On *Tuesday, May 5th, 2020*, the Pediatric Nephrology Research Consortium will host the basic and clinical platform sessions from 12:30-5 EDT. [Click here](#) to register.

The enthusiasm, flexibility and support of the leadership of the ASPEN (Pat Brophy and Sandi Amaral), Neonatal Kidney Collaborative (David Askenazi), Pediatric Nephrology Research Consortium (John Mahan) and Pediatric Academic Societies have made this event possible. I would also like to thank my co-chairs: Maury Pinsk (chair 2021) and Dave Selewski (chair 2022) and the entire 2020 ASPEN Program Committee for their hard work: developing sessions, organizing speakers, and reviewing abstracts. Thank you to the 2020 Program Committee: Katherine Dell, Jun Oh, Damien Noone, Michelle Denberg, Tray Hunley, Indra Gupta, Stephanie Jernigan, Julian Midgley, Julie Goodwin, Kim Reidy, Megan Lo, Priya Verghese, Daniel Ranch, Sun-Young Ahn, and Erica Winnicki.

As we attempt to reschedule the education content from the 2020 ASPEN/PAS meeting, we hope you will take this opportunity to support our trainees and colleagues and celebrate the great work from our community by attending all or part of these sessions. Please share this invitation with others you feel would benefit.

Sincerely,  
Jennifer Charlton, MD, MSc  
2020 ASPEN Program Committee Chair

## Announcements

### Congratulations Dr. Gibson!

Congratulations to Keisha Gibson on her election to the Society for Pediatric Research (SPR) Council!



### Members Publish Study

Onur Cil, MD, PhD, and Farzana Perwad, MD, at the University of California, San Francisco recently published a study that shows therapeutic efficacy of an over-the-counter nutritional supplement (alpha-lipoic acid) in patients with cystinuria.



### Guidance for NIH-funded Clinical Trials and Human Subjects Studies Affected by COVID-19

NIH has provided guidance outlining the flexibilities available to recipients conducting NIH-funded clinical trials and human subject studies that are impacted by the declared public health emergency for COVID-19. NIH recognizes the significant effects that this emergency is having on NIH-funded clinical trials and other human subjects studies. Please [click here](#) for the complete guidelines.

### ESPN 2020 Canceled

Due to the COVID-19 pandemic, the September 16-19 ESPN 2020 meeting in Ljubljana and all the Pre-Congress Courses are canceled. There is a potential plan to have a small virtual meeting in September 2020. The non-virtual 2021 ESPN meeting will next take place as previously planned in Amsterdam, and Ljubljana will host the meeting in June 2022. As plans evolve, the ESPN website will be updated.

In these unprecedented times, I wish our friends from around the world all the best as they continue to manage the chaos with integrity and grace.

Priya Verghese, MD, (ASPEN Liaison for ESPN)



### 47<sup>th</sup> Miami Pediatric Nephrology Seminar

The **47<sup>th</sup> Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 6-8, 2020. It is a unique international forum for pediatric and adult nephrologists, renal pathologists, pediatricians, pediatric urologists, transplant surgeons and other health professionals from all over the world. This year, it will be preceded by the **ASPEN Multidisciplinary Seminar** on November 4-5, 2020 composed of practitioners from multiple disciplines specialized in the care of pediatric patients with kidney disease including nurses, social workers, dietitians, psychologists, play therapists and physicians. The groups will blend on Thursday evening (November 5<sup>th</sup>) and the Seminar will continue on Friday (November 6<sup>th</sup>) through Sunday morning (November 8<sup>th</sup>). The **Pediatric Nephrology Critical Care Workshop** will follow on Sunday afternoon at the Holtz Children’s Hospital.

## Meeting & Lecture Announcements

### Upcoming Meeting Dates\*

Meeting	Place	Meeting Dates	Abstract deadline	Online registration opens	Early bird registration ends
American Transplant Congress (ATC) 2020	Philadelphia, PA	May 30- June 03, 2020	<b>NOW VIRTUAL (May 30<sup>th</sup>-June 1<sup>st</sup>, 2020)</b>		
ASN Kidney Week 2020	Denver, CO	Oct 20-25, 2020	May 28 <sup>th</sup> , 2pm EST	June 3 <sup>rd</sup> , 10 am EST	Aug 12 <sup>th</sup> , 11:59pm EST

\*Please verify dates on the individual meeting websites as they are subject to change.



Save the Date



American Society of  
Pediatric Nephrology

# 8th Annual

## ASPN Multidisciplinary Symposium



November 4-5, 2020 | Royal Palm South Beach | Miami, FL

## Audience

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

**CONTINUING EDUCATION (CE)** offered for  
Nurses, Dietitians, and Social Workers

Please email [connie@aspneph.org](mailto:connie@aspneph.org) or call 703-718-6012 for more information.  
Updates and registration information will be posted on the ASPN website.

The *47<sup>th</sup> Miami Pediatric Nephrology Seminar: Challenges for the Next Decade*  
immediately follows this meeting and a joint registration rate will be available.

# Meeting & Lecture Announcements

Optimal care for all children with kidney disease.

## JOIN US TODAY!

 **IPNA** International Pediatric Nephrology Association  
GREAT CARE FOR LITTLE MONKEYS, EVERYWHERE



**Save the Dates!**  
**November 6-8, 2020**



**Pediatric Nephrology Seminar XLVII**  
& **Critical Care Workshop VII**

**Royal Palm South Beach**  
**Miami Beach, Florida**





## Meeting & Lecture Announcements

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When you become a member, you will have access to a special section on our website giving you access to useful and valuable resources and tools:

- Employment Center
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- Patient Care resources and education



To join, visit [www.renalmd.org](http://www.renalmd.org).

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ASPEN is managed by Degnon Associates, an accredited professional association management company.

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## KIDney NOTES

The Bi-Monthly Newsletter of the  
American Society of Pediatric Nephrology