

President's Corner



Dear Colleagues,

As the summer comes to a close, I hope that many of you were able to find ways to enjoy family and friends and to spend some time not just away from work but actually doing no work, despite all of the challenges that continue to face us in 2020.

The ASPN Summer Series was a highpoint of Society activities over the last two months, and a significant proportion of the membership was able to log on to at least one of the sessions, with many then taking advantage of the MOC credit that was offered. The 2020 Program Committee acquired unexpected expertise in transforming in-person programming to a virtual platform, and the 2021 Program Committee is already well on the way to replicating this virtuoso performance now that we know that next spring's ASPN meeting during PAS will be entirely virtual.

Over the next few months, all of the ASPN committees will be having virtual meetings to take stock on progress towards achieving the annual goals set during the spring committee meetings. I would like to remind everyone that all committees are open to anyone with an interest in that committee's area of focus, and if you would like to join any committee, please reach out to one of the chairs of that committee, as can be found on the website.

In the next weeks, you will be learning more about a new Fellows Educational Grant program that will aim to defray the costs of education activities for our pediatric nephrology trainees. The ASPN Foundation and the ASPN Council have voted to devote funds that would have normally gone to trainee travel grants to be used for other educational purposes instead. More details about the application process are forthcoming.

Later this autumn, we will also be doing a virtual business meeting for the entire membership. If there are topics that you would like to see discussed, please do not hesitate to reach out to me or to Connie or Sarah in the ASPN office.

Over the next few months, all of us have a chance to become engaged in some manner in our electoral process. I would urge everyone to never forgo the opportunity to advocate for our patients with kidney disease or for our profession as pediatric nephrologists. Although we may not always succeed with our efforts, if we remain silent or unengaged, there may be no voice to take up our cause, and our goals are too important to leave to chance.

Sincerely,

Michael Somers, MD
President, ASPN
michael.somers@childrens.harvard.edu

ASPEN Corporate Liaison Board



Please send us (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*.



From the Editor's Desk

In August 2020 we celebrated the centennial anniversary of the 19th amendment, guaranteeing women the right to vote. In these past 100 years we have come a long way, but if we look around we also know that the journey to true gender equity is far from over. As in other areas of life, academic medicine has woken up to this challenge and we are now at a pivotal moment. In this 'perspectives' section, Dr. Michelle Rheault's inspiring piece 'Advancing Women in Nephrology: Don't Just Say it, Do it', powerfully highlights the role each one of us can play to bring about positive change within our orbit. Please note that in Dr. Rheault's piece, the underlined phrases have embedded links which will take you to relevant articles for further reading. All of us- men and women can be "uplifters" in the true sense- through simple, but intentional acts. These actions may seem small compared to that of the women and their allies in the suffrage movement, but these are no less powerful and have the capacity to create lasting ripple effects, for generations to come, transforming academic medicine into a more inclusive and just space for all.

Please feel free to send me your thoughts and ideas for this section, or your own "perspective" piece.

Take care all,
Roshan

Roshan George, MD
roshan.punnoose.george@emory.edu



Roshan George, MD
Editor, KIDneyNotes

Advancing Women In Nephrology: Don't Just Say It, Do It



Dr. Michelle Rheault
Director, Division of Pediatric
Nephrology
Medical Director of Dialysis
Associate Professor of Pediatrics
University of Minnesota
Children's Hospital
Secretary of Women In Nephrology

As a woman in medical school and pediatrics residency, I never felt out of place because of my gender. My medical school class was nearly half female and there were way more women in pediatrics compared to other specialties. I didn't give feminism a second thought. That was a battle that had long been won by the more senior women physicians who had gone before me. Unfortunately, it's become clear that that was the ignorance of youth talking. The older I get and farther I move up the ladder of academia, the more clearly I'm able to see the inequities in the career opportunities for women in medicine. And the more it bothers me. For example, I was recently very excited to be invited to serve on a steering committee for a clinical trial. On the first zoom meeting, as all of our little

faces popped up in boxes on the screen, it was very clear that I was the only woman out of 16 committee members. It doesn't have to be this way, but we each have to do our part. It's no longer enough to wring our hands about the "pipeline" issues that hold women back from attaining leadership positions. We have to put our words into actions. Here are a few suggestions:

Nominate her: Seeing women win awards in the field of nephrology is a morale boost for junior women. They see that high achievement is possible and hope that they will be rewarded for their hard work. If you can see it, you can be it. Unfortunately, women are underrepresented as award recipients [in many medical societies](#) including nephrology. Over the past 5 years, only 10% of ASN's highest awards were received by women. ASPN awarded 33% of its top awards to women in the same time period. Women can't receive awards if they're not nominated. When you see these requests for nominations come around, take the time to think about deserving women in nephrology. Then take more time and write the nomination letter.

Vote for her: Although women are approaching equal membership numbers in many specialty societies, they are still [underrepresented in leadership](#). Look hard at the panel of candidates for leadership positions when this comes up for the various societies and organizations that you belong to. Who is already on the council? Would a woman provide a viewpoint that isn't currently represented? If you are currently serving on a council, have you reached out to strong women or people of color to invite them to run? Many women undervalue their contributions and may not consider the possibility without a nudge.

Invite her: Invited talks are an important component of one's CV when going up for promotion. Two recent nephrology CME events were advertised where between 6 and 14 speakers were entirely male. [These "manels" don't just happen by chance](#). An organizing group sat down, made the list, invited the speakers, created the advertisement, and never once thought to include a single women. Are you the organizer of a conference or speaker series? Do you have a written statement on diversity and inclusion and goals for representation that reflect the workforce you are serving? If not, you should.

Write with her: Manuscripts are the bread and butter of academic promotion. I am most grateful for the mentors in my career who have reached out to ask me to write a manuscript with them or assist with a research project. The COVID-19 pandemic is making it difficult for women to write given the additional stresses and responsibilities of supervising distance learning and childcare. [One recent publication](#) found that the proportion of COVID-19 papers with a woman first author was 19% lower than that for papers published in the same journals in 2019. Look at your list of manuscripts in progress. Are there women who could provide a meaningful contribution?

If you see something, say something: Everyone needs to be an ally for women in nephrology. See a manel? Send a note to the organizers expressing your concerns or call it out on social media. In a meeting where a woman is getting interrupted or her ideas are being co-opted? Help create space for her to speak.

All women in nephrology benefit from these actions. And we see you and are grateful when you do it. Through all of our actions we can continue to make nephrology, and pediatric nephrology in particular, a welcoming place for women to not only practice, but thrive.

Committee Updates

Communications Committee Update

ASPEN continues to post recent literature updates on Social Media, both on Twitter and on Facebook. ASPEN is currently followed by more than 5,300 users (5,351) on Twitter and by more than 9,100 on Facebook (9,147), as of August 14, 2020. What about our Twitter activity? In July, the Top Tweet earned 3,670 impressions, the Top Mention earned 1,632 engagements and Top Media Tweet earned 2,876 impressions.



As the committee tasks have grown, we have now established a Social Media Editor, Assistant Editor and Podcast Editor positions. Plans for the future include creating an ASPEN Instagram account, collaborating in new projects with other ASPEN committees, re-establishing the "Member of the Month" feature and hopefully, engaging more of our members on Social Media and in our Committee. If you would like to volunteer for our committee, please email us @ jkupferman@maimonidesmed.org or stella.shin@emory.edu

Juan Kupferman, MD, MPH (Chair) and Stella Shin, MD (Co-Chair)
On behalf of the Communications' Committee



Research Committee Update: Grant Review Workshop

Planning on submitting your first K award? Working on an NIH LRP application? Foundation award or institutional grant? We are here for you! Come get feedback, additional content expertise, and overall guidance from seasoned, funded clinician scientists during the ASPEN Research Committee's **Virtual Grant Review Workshop** being held this October 2020 by ZOOM! This is a great opportunity for anyone, particularly junior faculty and fellows, to get an expert review of grant materials prior to submission.

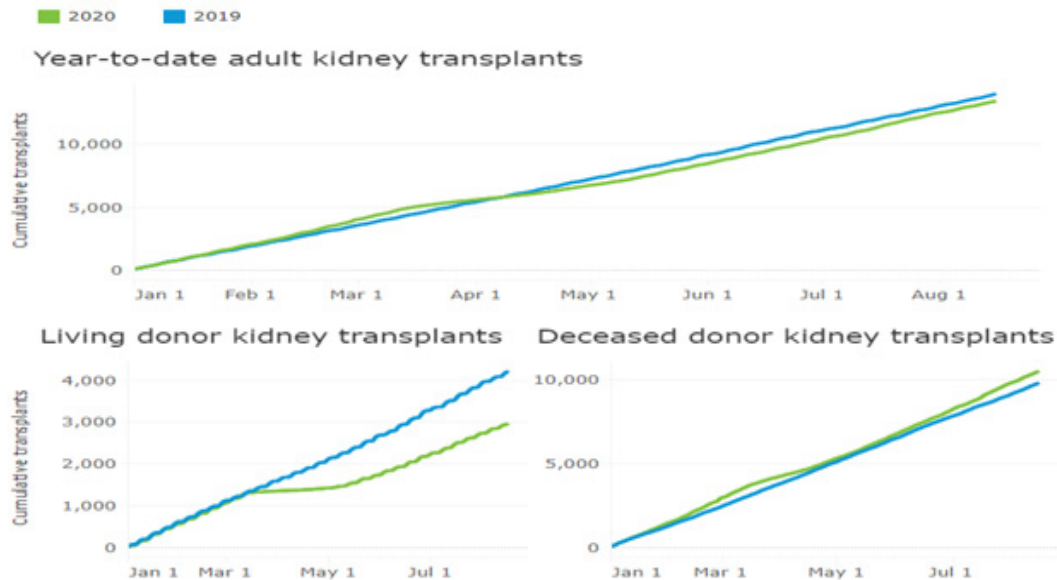
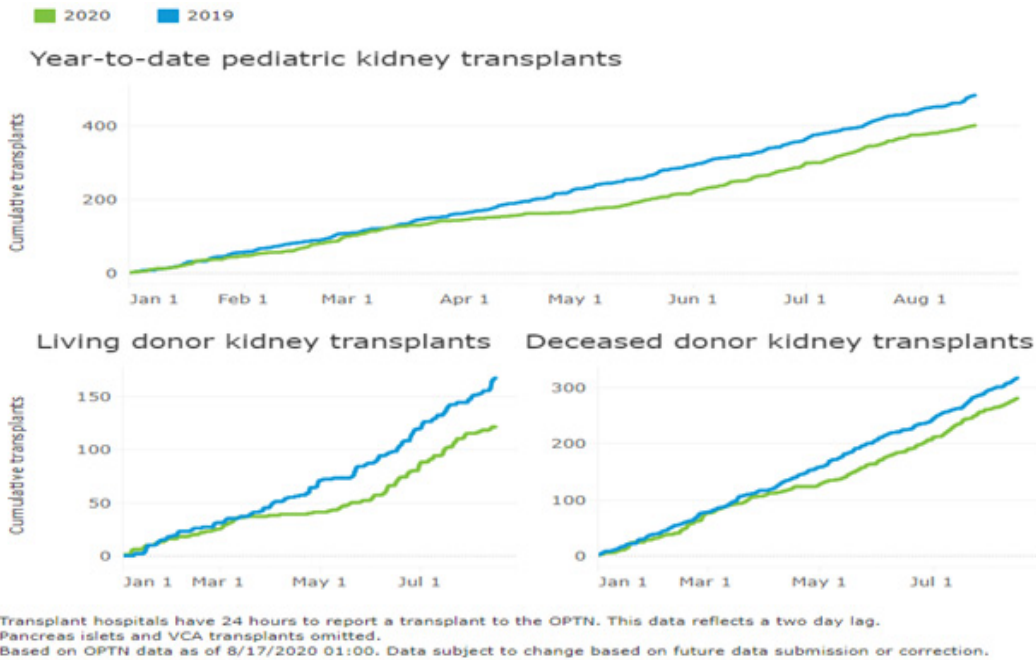
To participate, we request at a minimum a Specific Aims page and a Career Development Plan, but the more grant materials the better (draft of Research Strategy is also encouraged). To provide the most thorough, thoughtful review the sooner we receive your materials the better. This gives us time to identify appropriate reviewers and gives the reviewers time to review your materials. *Please let the ASPEN research committee co-chairs know of your interest in participating, your research topic/field, and any preliminary materials you may have by mid-August.* **Final grant materials for review should be submitted by mid-September.**

Committee Updates

Transplantation Update

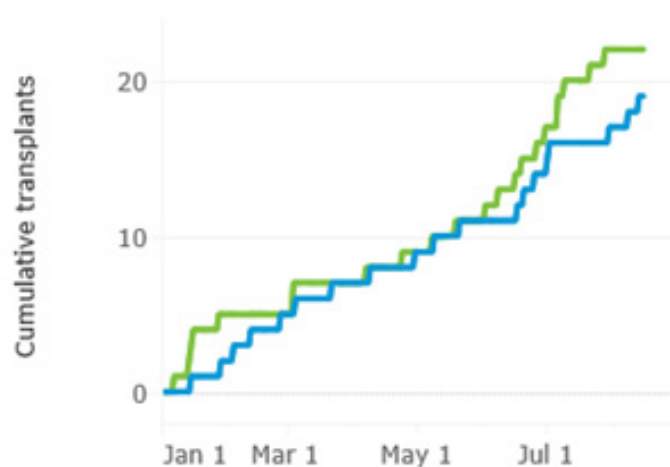
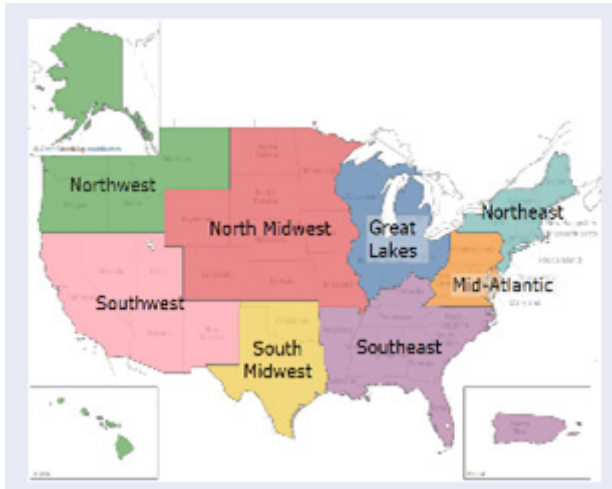
OPTN/UNOS NEWS:

COVID-19 and Pediatric Kidney Transplantation: Pediatric kidney transplant volume remains decreased for both living donor and deceased donor pediatric kidney transplants compared to 2019 whereas **adult transplant volume has rebounded and adult DD transplants have actually surpassed 2019 volume at the same time last year** (data current to 8/17/20). The decrease in pediatric kidney transplants has been particularly concerning in the Northwest, North Midwest and North East. On a brighter note, the Mid Atlantic Region has had a significant increase in Living Donor kidney transplants to children!



Living Donor Pediatric Kidney Transplants in the Mid-Atlantic Region

Committee Updates



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.

Pediatric Transplant Program Requirements Update: Many of you may have already heard of your status following completion of the MPSC (Membership and Professional Standards Committee) review.



OPTN new allocation policy that affects pediatric kidney candidates:

- At the June BOD meeting, the “[Addressing Medically Urgent Candidates in New Kidney Allocation Policy](#)” proposal and an amendment that stated that medical urgency priority can be applied to both adult and pediatric patients and that physical characteristics unique to smaller pediatric candidates are valid contraindications, was approved. The policy itself can be found at <https://optn.transplant.hrsa.gov/governance/public-comment/addressing-medically-urgent-candidates-in-new-kidney-allocation-policy/>. This policy has relevance for pediatric DD kidney candidates who have lost/are at risk of losing dialysis access.

Current OPTN Public Comment that affects pediatric kidney candidates:

- [PHS Increased Risk organs](#): This proposal, currently out for public comment, revises OPTN policy to be in alignment with the most up to date Public Health Service (PHS) recommendations for mitigating the risk of acquiring HIV, hepatitis B and hepatitis C through organ transplantation. A summary of the proposal and a link to submit a comment can be found at <https://optn.transplant.hrsa.gov/governance/public-comment/align-optn-policy-with-us-public-health-service-guideline-2020/>. The proposal can be found at https://optn.transplant.hrsa.gov/media/3933/align_policy_with_phs_guideline_2020_pc.pdf

OPTN Pediatric Committee initiatives:

- Analyze [the effect of multiorgan transplants](#) on pediatric DD kidney transplant access
- [Review Trends in Pediatric Kidney Transplantation](#);
 - [Use of PHS “increased risk” donors](#) in pediatric candidates
 - [Allocation of kidneys from children/teens](#)
 - [Decreased living donation rates for children.](#)

Committee Updates

3. Increase pediatric kidney transplant program participation in NKR
4. KDPI calculation for kidneys coming from pediatric donors or any kidney going into a child.
5. the DD kidney candidate who began dialysis before the age of 18 (perhaps at the age of 15) but did not get listed until after turning 18
6. Loss of stratification of children by age within KAS.



UNOS Regional Meetings

- Region 1: Sept. 15
- Region 2: Sept. 10
- Region 3: Sept. 2
- Region 4: Aug. 19
- Region 5: Aug. 20
- Region 6: Sept. 16
- Region 7: Sept. 3
- Region 8: Sept. 9
- Region 9: Sept. 23
- Region 10: Sept. 16
- Region 11: Sept. 25

Respectfully submitted, Sharon M. Bartosh, MD, smbartosh@wisc.edu



Workforce Committee Update

Student loans stressing you out?

If you missed our recent webinar on loan repayment “Taking Control of Your Student Loans: Advice for the Pediatric Nephrologist”, catch the recording at https://aspneph.s3.amazonaws.com/zoom_7_09_2020.mp4

Our very own Dr. Darcy Weidemann gives a fantastic overview of loan repayment options available to pediatric nephrologists. Very helpful tips particularly for fellows and junior faculty!

Do you have residents interested in pediatric nephrology?

The 2021 ERAS application cycle is in full swing with Match rank list submission deadline set for December 2nd, 2020. Encourage your residents to consider a career in pediatric nephrology by sharing the following resource tip sheet: [ASPEN Resident Resources](#)

Request for Volunteers: Fellow Speed Mentoring Event

We are recruiting faculty volunteers from all levels to participate in our Fellow Speed Mentoring event this fall. This is traditionally hosted at the ASN. The focus is to prepare fellows to find and acquire their first faculty position. No prior mentoring experience is required. **You know more than they do!** You can be present to recruit for a position at your institution; describe your practice model; give sage advice on how to start and progress through one’s first faculty job search; or just share with fellows what you wish you would have known when you were in their shoes.

The event will be hosted via Zoom at a mutually agreed upon date this fall and should last no longer than 1 1/2 hours. If you are interested in volunteering, please contact Patty Seo-Mayer at patty.seo-mayer@inova.org

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

Optimal care for all children with kidney disease.

JOIN US TODAY!



ASPEN 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 2019 webinar series has closed and we will move forward with the 2020-2021 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 2020-2021 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series 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). [Click here for payment instructions](#). 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, rruebne1@jhmi.edu.

ASPEN Pathology Webinar

Date: September 14, 2020, 3pm ET
Topic: 14 Year Old with Kidney Transplant and Elevated Creatinine

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>

U.S. FDA Approves CYSTADROPS® (Cysteamine Ophthalmic Solution) 0.37%, A New Practical Treatment Option for the Ocular Manifestations of Cystinosis

Lebanon, NJ, August, 25, 2020 – Recordati Rare Diseases Inc., today announced the U.S. Food and Drug Administration (FDA) has approved CYSTADROPS® (cysteamine ophthalmic solution) 0.37%. CYSTADROPS is a new, viscous eye drop solution that depletes corneal cystine crystal deposits in people living with cystinosis. CYSTADROPS demonstrated a significant reduction in cystine crystal deposits in the cornea of the eye and is the first and only FDA-approved cysteamine drop formulation with four times a day dosing. Cystinosis is a rare genetic condition present from birth that leads to the build-up of cystine crystals throughout the body, causing widespread tissue and organ damage and significant impact on the eyes.

“Cystinosis is a complex disease and early detection and prompt treatment are critical in slowing the development and progression of symptoms. Improvements in the treatment of cystinosis in the last few decades has led to increased life expectancies. Despite these advances, eye manifestations of the disease are a continual struggle for patients,” said Clinton Moore, President, Cystinosis Research Network. “Cystinosis patients live with sensitivity to light, eye discomfort, and pain. They often wear sunglasses even when indoors and fight to keep up with daily activities like school and work.”

The FDA approval of CYSTADROPS was supported by data from two clinical trials, both in which patients received CYSTADROPS at a median frequency of four times per day. A Phase 3 open-label, randomized, controlled, two-arm multicenter trial, with 15 patients in the CYSTADROPS arm, investigated the reduction in corneal cystine crystal density as assessed by *in vivo* confocal microscopy (IVCM). In the CYSTADROPS arm, the trial showed a 40 percent reduction in the IVCM total score across all corneal layers from baseline to 90 days.

A Phase 1/2a open-label, adaptive dose-response clinical trial of eight cystinosis patients showed that treatment with CYSTADROPS resulted in a 30 percent decrease in IVCM total score that was maintained for the five-year study period.

“People living with cystinosis and their caregivers have to manage multiple medications every day. To reduce their daily burden, Recordati worked to develop a new viscous eye drop formulation for treating corneal cystine crystals,” said Andrea Recordati, CEO. “We are pleased to bring Cystadrops® to patients in the U.S., the first FDA-approved cysteamine eye drop formulation that reduces corneal crystals with a practical four times a day dosing.”

The safety of CYSTADROPS was evaluated in two clinical trials. The most commonly observed adverse reactions were eye pain (stinging), blurred vision, eye irritation (burning), eye redness, discomfort at instillation site (sticky eyes or sticky eyelids), eye itching, watery eyes, and medicine deposit on the eye lashes or around the eyes.

Please click [here](#) for full Prescribing Information and Instructions For Use.

What is CYSTADROPS (cysteamine ophthalmic solution) 0.37%?

CYSTADROPS is a viscous, or thick, cystine-depleting ophthalmic solution indicated for the treatment of corneal cystine crystal deposits in adults and children living with cystinosis. Cystinosis is a complex, rare disease requiring patients and caregivers to manage multiple different medications every day.

CYSTADROPS is the first and only FDA-approved cysteamine eye drop formulation applied four times a day during waking hours. CYSTADROPS can be stored at room temperature for up to seven days after opening.

Indications and Usage

CYSTADROPS (cysteamine ophthalmic solution) 0.37% is a cystine-depleting agent indicated for the treatment of corneal cystine crystal deposits in adults and children with cystinosis.

Important Safety Information

- To minimize the risk of contamination, do not touch the dropper tip to any surface. Keep bottle tightly closed when not in use.
- A condition where the pressure inside the skull increases for unknown reasons has been reported with cysteamine taken by mouth or cysteamine eye drops (used at the same time as cysteamine taken by mouth). This condition went away with the addition of medicine that increases the production of urine.
- Contains the preservative benzalkonium chloride. Contact with soft contact lenses should be avoided. Remove contact lenses prior to application. Lenses may be reinserted 15 minutes following administration.
- The most common side effects are eye pain (stinging), blurred vision, eye irritation (burning), eye redness, discomfort at instillation site (sticky eyes or sticky eyelids), eye itching, watery eyes, medicine deposit on the eye lashes or around the eyes.

To report SUSPECTED SIDE EFFECTS, contact Recordati Rare Diseases Inc. at 1-888-575-8344, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

For more information, visit www.cystadrops.com.

About Cystinosis

Cystinosis is a rare genetic disorder affecting multiple organs and systems that most frequently begins in infancy. Cystinosis requires patients and caregivers to manage multiple different medications every day. It is estimated that approximately 600 people in the U.S. have cystinosis. Cystinosis is caused by a mutation in the cystinosis gene (*CTNS*) that impairs the transport of the amino acid cystine out of lysosomes in cells. This, in turn, results in formation and accumulation of cystine crystals in cells, causing damage to organs throughout the body and significant impact on the eyes.

Corporate Liaison Board Perspective

The cornea, or front layer of the eye, is the part of the eye that may be most affected. The first and most frequently reported ocular symptom is photophobia -- sensitivity to light that results in discomfort. It is thought that photophobia is mainly due to the presence of corneal cystine crystals that cause light entering the eye to scatter. As the disease progresses, ocular symptoms increase in number and intensity, daily activities become more difficult to carry out, and severe complications may develop, including visual impairment and potential corneal transplant.

About Recordati Rare Diseases Inc.

Recordati Rare Diseases Inc. is a biopharmaceutical company committed to providing often-overlooked orphan therapies to the underserved rare disease communities of the United States. Recordati Rare Diseases is part of the Recordati Group, a public international pharmaceutical company committed to the research and development of new specialties with a focus on treatments for rare diseases.

Recordati Rare Diseases' mission is to reduce the impact of extremely rare and devastating diseases by providing urgently needed therapies. We work side-by-side with rare disease communities to increase awareness, improve diagnosis and expand availability of treatments for people with rare diseases.

The company's U.S. corporate headquarters is located in Lebanon, NJ, with global headquarter offices located in Milan, Italy.

For a full list of products please click here: <http://www.recordatirarediseases.com/us/products>.

For additional information, please visit our website: www.recordatirarediseases.com/us.

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Statements contained in this release, other than historical facts, are "forward-looking statements" (as such term is defined in the Private Securities Litigation Reform Act of 1995). These statements are based on currently available information, on current best estimates, and on assumptions believed to be reasonable. This information, these estimates and assumptions may prove to be incomplete or erroneous, and involve numerous risks and uncertainties, beyond the Company's control. Hence, actual results may differ materially from those expressed or implied by such forward-looking statements. All mentions and descriptions of Recordati products are intended solely as information on the general nature of the company's activities and are not intended to indicate the advisability of administering any product in any particular instance.

Announcements

Call for Nominations: 2021 AAP SONp Henry Barnett Award

The AAP Section on Nephrology recognizes one individual yearly for lifetime achievement in the field of pediatric nephrology encompassing those disorders related to the kidney, urinary tract, or hypertension. Any pediatric nephrologist can be nominated for this award. This individual should meet at least one of the following qualifications:

- Dedication to teaching
- Contributions to advocacy for children
- Distinguished service

Note that the core criteria to be considered by the Award Committee are contributions to teaching, advocacy and service in the field of pediatric nephrology. Other achievements in research, general pediatrics etc may also be considered as secondary contributions or factors.

Access the nominations form and additional information about the award [here](#). Please submit the necessary information to Suzanne Kirkwood at skirkwood@aap.org by **September 30, 2020**.

Previous Henry L. Barnett Award Recipients

| |
|---|
| 2020 – Victoria Norwood, MD, FAAP |
| 2019 – Joseph Flynn, MD, FAAP |
| 2018 – Sharon Andreoli, MD |
| 2017 – Isidro Salusky, MD |
| 2016 – Barbara Fivush, MD |
| 2015 – Bradley Warady, MD, FAAP |
| 2014 – 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 |
| 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 – Malcom Holiday, MD |
| 1997 – Jay Bernstein, MD |
| 1995 – Clarke D. West, MD |
| 1994 – Wallace McCrory, MD |
| * Note – Name changed to Henry L. Barnett Award |
| 1993 – Robert L. Vernier, MD |
| 1992 – Henry L. Barnett, MD and Ira Griefer, MD |
| 1991 – Jack Metcoff |
| 1990 – Section on Nephrology establishes “The Kidney Award” |

ASPN Virtual Summer Series

A massive thank you to the 2020 ASPN Program Committee Chair, Dr. Jennifer Charlton, the speakers, and the moderators for all of the hard work that went into putting the ASPN Virtual Summer Series together. The Summer Series recordings as well as instructions to obtain CME/ MOC credit have been posted in the member’s only section of the ASPN website.

Welcome New Members!

Prabesh Bajracharya, MD
Elizabeth Kerngard, MD
Eloise Salmon, MD
Divya Ravindra Reddy, MBBS
Lorena Botero Calderon, MD
Katherine Kurzinski, MD
Hannah Brummer, MD
Caitlin Whiteman, MSN
Jacob John, MD
Xavier Gaeta, MD, PhD
Emilia Maria Cadiz, DO
Naile Tufan Pekkucuksen, MD
Estefania Rodriguez Ballestas, MD
Ryan Town, MD
Haejun Ahn, MD
Jessica Ashley Williams, MD

Benefits of Membership

We would like to note that all ASPN members have access to free previously recorded webinars on the ASPN website. Webinars on the following topics are posted and can be accessed after logging to the ASPN website, and then go to About --> Affiliates --> Webinar Recordings

Webinar Topics:

1. [Pediatric Intradialytic Parenteral Nutrition](#), password: affiliates
2. [Preparing Adolescents for Adult Renal Care: Multidisciplinary Transition Programs](#), password: Transition
3. [Office Pediatric Nephrology Problems for NPs](#), password: affiliates
4. [Ambulatory Blood Pressure Monitoring](#), password: affiliates

Meeting & Lecture Announcements


Upcoming Meeting Dates*

| Meeting | Place | Meeting Dates | Abstract deadline | Online registration opens | Early bird registration ends |
|--|---------|-----------------|--------------------------------|----------------------------------|------------------------------------|
| Now Virtual: ASN Kidney Week 2020 | Virtual | Oct 20-25, 2020 | May 28 th , 2pm EST | June 3 rd , 10 am EST | Aug 12 th , 11:59pm EST |

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



Meeting & Lecture Announcements



Our four-day conference will include a pediatric nephrology virtual meeting on 01/26/2021. Learn about practice pearls and professional development, while networking with others. Join us!

Abstracts due November 17, 2020

<http://renalresearch.com/#conferences>

Meeting & Lecture Announcements



14th Asian Congress of Pediatric Nephrology

Evidence-based clinical management in pediatric nephrology, An IPNA Scientific Workshop March 30-31, 2021 Taipei, Taiwan.

Evidence-based clinical management in pediatric nephrology is a challenging and major goal of our Society. Indeed, most diseases pediatric nephrologists deal with are severe rare diseases requiring optimal management in the face of a limited number of randomized clinical trials.

To this end, IPNA has successfully begun a new initiative with the aim of developing “IPNA Clinical Optimal Recommendations (IPNA-CPR)”, addressing important global topics in the field of pediatric nephrology. The first IPNA-CPR on steroid resistant nephrotic syndrome (SRNS) will soon be published in Pediatric Nephrology the journal of the IPNA.

To address this, the Best Practice and Standards Committee is organizing a scientific workshop solely dedicated to guideline methodology, distribution and implementation. More than 20 new guidelines will be presented by international experts. The scientific workshop precedes the 14th Asian Congress of Pediatric Nephrology (ACPN) and will be held over 1 1/2-days with symposia, invited lectures, free oral presentations, panel discussions, and guided poster walks. Since the workshop follows directly the junior master class (March 29-30) one can smoothly attend all three events.

@Taipei Grand Hotel
10F Grand Ballroom

2021.
March
30-31

Important Dates for Registration

January 10, 2021
Deadline for Early Bird Registration

February 28, 2021
Deadline for Standard Registration

Important Dates for Abstract Submission

| | |
|-------------------|--|
| July 01, 2020 | Online System Opens for Abstract Submission & Travel Grants |
| November 01, 2020 | Deadline for Abstract Submission & Travel Grants Application |
| November 24, 2020 | Notification of Abstract Acceptance & Travel Grants |
| January 31, 2021 | Deadline for Abstract Author Registration |

More information: www.acpn2020.com



Taipei Grand Hotel

Muslim Friendly Restaurant (MFR)
Muslim Friendly Tourism (MFT)



Meeting & Lecture Announcements



Due to the restrictions imposed by the COVID-19 Pandemic, the **47th Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 17-19, 2021 at the historic Royal Palm Hotel in Miami Beach. 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. The **Pediatric Nephrology Critical Care Workshop** will follow on Sunday afternoon at the Holtz Children's Hospital. Please follow us closely and we will keep the tradition going!!

Meeting & Lecture Announcements

Fellows can
join RPA for
FREE!



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
- Practice Management resources
- Legislation, Regulation and Compliance information
- Patient Care resources and education



To join, visit www.renalmd.org.

ASPEN Central Office

Connie Mackay, Executive Director

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