

## President's Corner



Dear Colleagues,

As those of us who live in areas with four seasons look forward to saying goodbye to winter and welcoming spring, we also can anticipate the return this spring of our ASPN Program during the 2021 Pediatric Academic Societies Meeting – PAS 2021 Virtual. The Program Committee, with Maury Pinsk as Chair and Kim Reidy and David Selewski as co-chairs, has put together another top-notch calendar of events. This year the PAS will consist of two phases, with an initial period from Saturday, May 1 to Tuesday, May 4 of more traditional programming featuring platform and plenary sessions as well as free communications and posters, followed by a second

longer phase starting on Monday, May 10 with the opportunity for ongoing workshops and other sessions. Specific program details will soon be available at both the PAS and ASPN websites.

During our ASPN Meeting at PAS, I would urge everyone to especially keep in mind attendance at two inaugural named lectureships. These talks honor two pediatric nephrologists whose careers greatly influenced both the general pediatric nephrology community as well as ASPN. On Saturday, May 1 at 1 pm Central Time, the Adrian Spitzer Lecture entitled “Model-Based Insights into Genetic Links to Kidney Disease” will be given by Dr. Andy McMahon from USC. On Sunday, May 2 at 1 pm Central Time, the H. William Schnaper lecture “Improving Access and Outcomes in Pediatric Renal Transplant Recipients” will be presented by Dr. Stephen Marks from University College of London. These sessions address topics that are not only particularly germane to contemporary pediatric nephrology practice, but also will demonstrate how far our advances have come through the last several decades, largely due to the efforts of outstanding clinical and research leaders in pediatric nephrology such as Drs Spitzer and Schnaper.

Also, please mark Friday, May 14<sup>th</sup> from 3pm to 5pm Eastern Time on your calendars for our spring ASPN Business Meeting. We plan on providing updates on key projects and committee work, along the lines of our usual business meeting annually at PAS. Again, further details will be forthcoming.

Lastly, our Public Policy Committee is coordinating another virtual Capitol Hill Day to kick off springtime. If you haven't yet had a chance to do some advocacy with elected officials for pediatric nephrology patients and families, here is your chance to get some training and experience under your belt and to see that it is both easy and rewarding to do. Reach out to Becca Branum at [BBranum@dc-crd.com](mailto:BBranum@dc-crd.com) if you would like to join us or learn more.

I continue to hope that everyone remains well and safe, and once more would like to thank all the members who provide so much time and effort for ASPN to get so much accomplished.

Michael JG Somers, MD  
President, ASPN  
[michael.somers@childrens.harvard.edu](mailto:michael.somers@childrens.harvard.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*.



## From the Editor's Desk

Hopefully many of us have welcomed 2021 with hearts filled with gratitude- for our sore arms, from receiving one of the COVID-19 vaccines. In these challenging times, reflecting on this historic accomplishment in science and research, also brings to the forefront disparities in access to vaccines here, and around the globe. In the next couple of months as various communities around the world celebrate the upcoming spring season, we in the kidney community also have our own special day- the 'World Kidney Day'! The theme this year is "Living Well with Kidney Disease". In our 'perspectives' piece for this issue, Dr. Sudha Mannemuddhu brilliantly and insightfully delves into the journey of International Medical Graduates (IMGs) who make up about a third of the Pediatric Nephrology workforce and how we can all be great allies to IMGs who play a tremendous role in healthcare. As Booker T. Washington said "If you want to lift yourself up, lift up someone else"; and we are here to advocate for, and celebrate each and every one in our pediatric nephrology family.

Thank you to all for your continued engagement. I welcome your feedback for this section, or your own "perspectives" piece.

Take care all,  
Roshan

Roshan George, MD  
[roshan.punnoose.george@emory.edu](mailto:roshan.punnoose.george@emory.edu)



**Roshan George, MD**  
Editor, KIDneyNotes

## Perspectives

### Nurturing the International Medical Graduates Workforce is Vital for the Future of Pediatric Nephrology



*Sai Sudha Mannemuddhu, MD*  
East Tennessee Children's Hospital

International medical graduates (IMGs) play a vital role in the medical workforce in the United States (US). Importantly, IMGs also play a key role in the care of medically underserved population in both urban and rural settings. In pediatrics, IMGs account for 23% of physician workforce. This increases to 36.5% in pediatric nephrology, and ~40% in adult nephrology workforce. Look around you, every 3<sup>rd</sup> pediatric nephrologist is an IMG. Because of this, it is easy to understand how a decrease in the number of IMGs would have a profound impact on the health care system. Thus, the maintenance and fostering of a robust IMG pipeline is paramount to the future of pediatric nephrology.

The pathway for non-citizen IMGs to establish a successful career as a physician in the US is long and expensive. After finishing medical school and being qualified to practice in the home country, not only does one have to take the expensive United States Medical Licensing Examinations (USMLE), but also to arrange for observerships, interviewing, travel, lodging, visa application process, and additional Educational Commission for Foreign Medical Graduates (ECFMG) expenses. This could wipe out all the savings and lead to significant debt. Furthermore, IMGs are offered less interviews/ positions compared to American medical graduates, despite similar qualifications and scores. This is followed by re-training for additional 3-6 years after going through the prolonged process of landing a position.

Let's assess a few scenarios-

Have you ever considered not applying to a training program that you are very interested in, due to your visa status despite feeling that you are a competitive applicant? Have you not applied for a specific job or lost an opportunity, despite your qualifications due to your visa status? Were you not able to rank a resident/ fellow or hire a qualified faculty member due to their legal residence status in the US? If the answer is yes to any of these questions, we have a problem. In my case, I have experienced each of these.

Although, there are many legal issues intertwined within the process (many of which need to be addressed by policy), there is much we all can do as a field to ensure this vulnerable group is nurtured. Here are a few suggestions that can be incorporated at an individual, institutional and society level-

# Perspectives, continued

## As an individual:

### 1. *Understand that IMGs have to start searching for jobs early:*

IMGs- fellows & residents on visas (especially J1 exchange visitor or alien physician) have to apply and sign contracts for faculty positions at least 12-18 months before their graduation, to allow enough time for the legal status and visa approval from the department of health, respective state and United States Citizenship and Immigration Services (USCIS). As such their curriculum vitae (CV) may not be as completed and shiny as a graduating trainee. As you all know, it is during the last months that all the projects take a step forward toward publication. But talking to them about their current projects and assessing their potential is important.

### 2. *Encouraging them to be prepared early:*

Mentors should be cognizant of this delay in the processing and procedures, and encourage IMG trainees to be prepared earlier than their peers by providing them with opportunities in publications, project collaborations, teaching, and advocacy, based on their interests and abilities. This will not only help your mentees, but also provide a pipeline for the next generation leaders and educators.

### 3. *Research and grants:*

Identifying IMGs with interest in research and guiding them toward grants that can be obtained even by non-US citizens such as from American Heart Association, American Kidney Fund, American Society of Nephrology -Ben Lipps award, National Kidney Foundation- young investigator research grant program etc., is crucial for the development of physician scientists.

### 4. *Networking and communication*

Teaching the art of networking and communication is crucial for the career development and should start as early as possible and this is where many IMGs are known to have a deficiency.

## As an institution:

Leadership of residency and fellowship programs should familiarize themselves with the common immigration process that your trainees navigate. Every institution should make a commitment to ensure your graduates find the next step. Developing a team or committee with expertise in visa and legal process, and legal information, that meets with IMGs periodically to address their individual needs is highly encouraged. This can originate from the institution's diversity and inclusion committee, which might already have people experienced with these issues. This is important as IMGs account for ~20% of all pediatric residents. Moreover, success of alumni will reflect greatly upon the institutions. In turn, these alumni with their wealth of experience and skills, would benefit institution and serve as their ambassadors.

## As a society:

ASPN can incorporate workshops, lectures and/ or mentorship dedicated to IMGs to address issues like searching for jobs, navigating visa process etc., into their usual resident and fellow mentorship activities. This would not only strengthen IMGs, but also be encouraging to residents and medical students considering nephrology as a career, and could potentially increase our workforce.

Dear friends, I believe that by being cognizant of the challenging course and helping each other in our careers, we can build a successful, and more importantly a happy nephrology workforce that would serve our patients and families better.

I sincerely thank Matthew A. Sparks, MD, FASN, FAHA for providing valuable suggestions on this piece.

# Committee Updates

## Certification Committee

For each Kidney Note, the Certification Committee will continue to feature experiences from members obtaining American Board of Pediatrics (ABP) Maintenance of Certification (MOC). The majority of these will relate to MOC Part 4 – Improving Professional Practice – Quality Improvement. We thank Dr. Atkinson for sharing how she obtained MOC Part 4 credit while participating in Standardizing Care to Improve Outcomes in Pediatric ESRD (SCOPE).

Keia Sanderson, MD, MSCR, University of North Carolina  
Certification Committee Chair

### My Success with MOC

*Rima S. Zahr, DO University of Tennessee Health Science Center*

In order to obtain my Part 4 MOC credit I had to look for ideas from the ABP. During that time, my center was not participating in several of the known pediatric nephrology collaboratives. I started looking at the ABP ~ 6 months prior to due date.

I logged into the ABP.org and went over to MOC, selecting *online module* search. I specifically filtered out “Free with MOC Enrollment” as some of these modules cost extra. I found several modules that were interesting but, in the end, chose the CME activity titled “Improve Health Literacy Performance Improvement Module”. This was performance improvement module (PIM) sponsored by the ABP. It required three cycles, one baseline and two improvement cycles. Minimum patient number per cycle were 20. This PIM did not require the same patients to be used. The module provided an introduction to QI principles and model for improvement with a short self-assessment. It further provided reading on the PIM process followed by reading material for this specific PIM. There were two forms/questionnaires to be downloaded. One for me to complete at the end of the patient visit and one for the family. I worked with my nursing staff to have the questionnaires distributed to my patients before being seen. The questionnaire to the family/patient had several questions about my performance in communicating effectively and how well they (family) understood. I had to fill out my own questionnaire that asked questions on how well I thought I communicated with the family etc. The data collected and entered into the module was de-identified.

At the completion of this PIM, I was awarded 20.0 AAP credits and completed this QI project in November 2019. This was a great module; I received overall great feedback from my patients and really enjoyed the changes I have made in my daily practice.



## Clinical Affairs Committee

The Clinical Affairs Committee has been working on updating our website, and have added links to clinical practice guidelines. If you feel there are guidelines we should include, please share with Sarah Twichell ([sarah.twichell@uvmhealth.org](mailto:sarah.twichell@uvmhealth.org)), and we will add them to the website.

We would also like to compile useful note templates and copies of successful letters of medical necessity for commonly used therapies for our patients; if you have any you would like to share, please send to [sarah.twichell@uvmhealth.org](mailto:sarah.twichell@uvmhealth.org) and we will also add them to the CAC section of the ASPN website.



# Committee Updates

## Equity, Diversity and Inclusion Committee

Black History is American History. The month of February is Black History Month. The Equity, Diversity, and Inclusion Committee of the American Society of Pediatric Nephrology would like to acknowledge some of the Black Pediatric Nephrology Faculty. Thank you for your contributions to the field of Pediatric Nephrology.



## Program Committee

The ASPN Program for PAS is set, and would not be possible without the tremendous efforts of everyone on the Program Committee. The program is the result of five video conferences, 14 hours of program selection, and many additional volunteer hours in abstract ranking and platform selection, and soon to be MOC reviews. The PAS is virtual this year, with a combination of live streaming sessions, on demand sessions, and both live streamed Q+A sessions, and chat sessions with poster and platform presenters. You will see the main program (Phase I) occurs between April 30 and May 4, with most of ASPN programming May 1-May 4. Workshops and meetings are part of Phase II, and are all live streamed, scheduled through May as indicated.

We are also grateful for the funding from the ASPN to introduce two new lectureships this year. The first lecture is to honor Dr. Adrian Spitzer, who is a mentor to many in pediatric nephrology, including many leaders in our community. The Adrian Spitzer lecture will be given by Andy McMahon, PhD from USC on *Model-based insights into genetic links to kidney disease* during the *Management of CAKUT: from genetics to optimizing nephron function* symposium scheduled for Saturday May 1. The second lecture is to honor Dr. Bill Schnaper, who had a tremendous impact on the world of pediatric nephrology, and sadly passed away earlier this year. The lecture will be given by Dr. Stephen Marks from The University College of London and he will be speaking on *Increasing the donor pool for pediatric kidney transplant recipients*, scheduled for Sunday May 2. Look for many other great talks, posters and platforms sessions in the program. We hope that you find the program engaging and informative.

I want to take this opportunity to thank all members of the Program Committee for their hard work, engagement, creativity, and innovation. It has been a privilege to chair this planning cycle and work with a fantastic group of people. I especially want to acknowledge the hard work of the Committee Cochairs Dr. Dave Selewski (Chair for 2022), for his willingness to help and be a sounding board for ideas, and to Dr. Kim Reidy (Chair

# Committee Updates

for 2023) who masterfully pulled the best out of 2020, and programmed the best research for Urine the Know from our trainees and early career colleagues; this workshop that will not only showcase quality research, but discuss how QI/QA is academically relevant in pediatric nephrology.

Just as the 2021 program is launching, so does the preparation for the PAS in 2022. Dr. Dave Selewski is starting preparations for the Planning Committee meetings, which will occur in small groups over a series of days, culminating in the group meeting April 30. To this end, proposals for PAS submission for 2022 are now being accepted (**submission form enclosed**) – and we are asking that you submit your proposal directly to him (contact information on the form) by mid-March. It's not known if PAS 2022 will be virtual or not, but there is hope that we will be able to meet in Denver.

Maury Pinsk, MD  
Chair ASPN Planning Committee for PAS 2021

## ASPN Program 2021 at PAS

All times are listed in Central Time.

### Saturday, May 1 2021

SESSION	FORMAT
AAP Plenary	Live Stream
9:00 ASPN: Symposium: An Update on Cutting Edge Critical Care Nephrology (0900-11:00)	On demand
11:00 Break	
11:30 ASPN: Symposium Q+A: An Update on Cutting Edge Critical Care Nephrology (11:30-12:00)	Live Q+A
12:00 Exhibit Hall (12:00-13:00)	
13:00 ASPN: Symposium: Management of CAKUT: From Genetics to Optimizing Nephron Function – (includes Spitzer Lecture) (13:00-15:00)	Live Stream -includes (Q+A)
15:00 Break	
15:30 Break	
16:00 Break	
16:30 Platform: Neonatal AKI and Nephrology (16:30-18:00)	Chat Q+A
18:00 Break	
18:15 Highlighted poster Q+A (18:15-19:15)	Chat Q+A

### Sunday, May 2, 2021

SESSION	FORMAT
APA Plenary	Live Stream
ASPN: Symposium: Adherence to Treatment: Barriers to Making It Stick (0900-11:00)	On demand
Break	
ASPN: Symposium Q+A : ASPN: Symposium: Adherence to Treatment: Barriers to Making It Stick Q+A (11:30-12:00)	Live Q+A
Exhibit Hall (12:00-13:00)	
ASPN: Symposium: Improving Access and Outcomes in Pediatric Renal Transplant Recipients (Includes Schnapper lecture, speaker from UK) (13:00-15:00)	Live stream – includes Q+A
Break	
(15:30-16:00)	Live Q+A
Break	
Poster Platform: Renal Transplantation (1630-18:00)	Chat Q+A
Break	
Highlighted poster Q+A (18:15-19:15)	Chat Q+A

### Monday, May 3, 2021

SESSION	FORMAT
APS Plenary (0900-11:00)	Live stream
9:00 ASPN Symposium: Onco-Nephrology: Surviving the Cancer and Protecting the Beans (0900-11:00)	On demand
11:00 Break	
11:30 ASPN Symposium Q+A: Onco-Nephrology: Surviving the Cancer and Protecting the Beans (11:30-12:00)	Live Q+A
12:00 Exhibit Hall (12:00-13:00)	
13:00 APS Presidential series Issue of the year RDEI (13:00-15:00)	Live Stream
13:00 ASPN Symposium: Integrating Palliative Care into Pediatric Nephrology Practice (13:00-15:00)	On demand
15:00 Break	
15:30 ASPN Symposium Q+A : Integrating Palliative Care into Pediatric Nephrology Practice (15:30-16:00)	Live Q+A
16:00 Break	
16:30 Poster Platform: Nephrology Potpourri (16:30-18:00)	Chat Q+A
18:15 Highlighted posters 18:15-19:15	Chat Q+A

### Tuesday, May 4, 2021

SESSION	FORMAT
SPR Plenary 0900-11:00	Live Stream
IPHA Symposium: Coming Ashore: Early Results From the SHIP-AHOY Study 09:00-11:00	On demand
IPHA Symposium: Coming Ashore: Early Results From the SHIP-AHOY Study Q+A 11:30-12:00	Live Q+A
Exhibit Hall (12:00-13:00)	
SPR Presidential series: Abstracts and Sallie Permar (13:00-15:00)	Live Stream
IPHA Symposium: Secondary Hypertension: It's Essential to Know Causes of Secondary Hypertension (13:00-15:00)	On demand
ASPN Symposium: Update on Systemic Vasculitis (13:00-15:00)	On demand
Break	
IPHA Symposium Q+A: Secondary Hypertension: It's Essential to Know Causes of Secondary Hypertension (15:30-16:00)	Live Q+A
ASPN Symposium Q+A: Update on Systemic Vasculitis (15:30-16:00)	Live Q+A
Poster Platform: Hypertension 16:30-18:00	Chat Q+A
Highlighted posters 18:15-19:15	Chat Q+A

# Committee Updates

## ASPEN Program 2021 at PAS: Phase II

May 9	10 0900-11:00 Workshop: Chesney Lecture: Entrust Me (Virtually)Understanding and Surviving Competency Based Medical Education. (Live)	11	12	13 11:30-12:30 2020 and 2021 Barnett Award Presentations  13:00-15:00 Workshop: Secrets to Developing (...and Sustaining) a Clinical Research Program that Every Institution Wants (Live)	14 15:00-1700 ASPEN Business Meeting / Presidential Awards	15
16	17	18	19	20	21	22
23	24 0900-11: 00 Workshop: Urine the Know: Nephrology as a Quality Specialty (Live)	25	26	27	28	29
30	31	June 1	2	3	4	



### Public Policy Committee

#### ASPEN Sets 2021 Advocacy Agenda

In February, the ASPEN Public Policy Council finalized its [2021 advocacy agenda](#). The agenda aims to build on ASPEN's 2020 advocacy successes, including a \$1.25 billion increase for the National Institutes of Health and securing language requesting a report from HRSA and NIDDK on the pediatric workforce, by further expanding ASPEN's impact. ASPEN's 2021 advocacy priorities emphasize biomedical research funding, workforce development, improving reimbursement for pediatric ESRD care, and the advancement of health equity.

#### Congress Advances COVID-19 Response through Reconciliation

On Friday, February 5 the House and Senate both to adopt a budget resolution to advance the \$1.9 trillion "American Rescue Plan" setting the high level budgetary framework for the next COVID-19 relief legislation. Following that adoption, 12 House committees were directed to draft their respective portions of the bill, and at press time, planned to finish markups in February with the goal of bringing the full package to the House floor for a vote during the week of February 22. The Democrats' goal was to pass the full package by March 14, when expanded unemployment benefits expired.

The House package included \$7.5B for the planning, promotion, distribution, administration, monitoring, and tracking of COVID-19 vaccine distribution; \$5.2B for COVID-19 vaccine and therapeutic supply chain; \$46B for COVID-19 testing, contact tracing, and mitigation activities; expanding Medicaid eligibility for COVID-19 vaccines; and creating a state option to extend Medicaid coverage for women to 12-months postpartum for five years. The package did not include funding for the National Institutes of Health (NIH) to support the costs of restarting research despite there being bipartisan support for it. Once Congress finishes the reconciliation package, there are rumors they may pass another emergency funding package which could include funding for NIH. We will continue to monitor this and ask members to weigh in with their members of Congress on this issue when appropriate.

#### ASPEN Meets with CMS on ETC Model

On Friday, February 12, ASPEN met with the Centers for Medicare & Medicaid Services (CMS) to discuss the ESRD Treatment Choices (ETC) Model and its impact on nephrology practices that care for pediatric patients. While the model intends to exclude pediatric patients, certain patients over age 18 require pediatric care, making the application of the model to these patients unclear and potentially burdensome for pediatric centers. In November of 2020, ASPEN joined the American Society of Nephrology and the Renal Physicians Association in a letter to urge then-Secretary of Health and Human Services Alex Azar and then-Administrator of CMS Seema Verma to exclude pediatric facilities from participation in the ETC model. The February 12 meeting built on this letter and communicated ASPEN's ongoing concerns to the new administration. We will be following up with the agency on this issue to find a solution that meets the needs of pediatric patient and ASPEN members.

Submitted by Erika Miller, JD, ASPEN Washington Representative  
Cavarocchi Ruscio Dennis Assoc, L.L.C.



# Committee Updates

## Research Committee

The groundhog has declared six more weeks of winter and we have all just finished celebrating those we love, but much more importantly, we are halfway through our celebration of Black History Month as I write this research committee update for March/April. Thus, I thought it appropriate to use this opportunity to connect the ASPN research community to resources: 1) highlighting past and present research accomplishments of black biomedical and STEM researchers, 2) underscoring the continued effects of systemic racism in biomedical research and 3) drawing attention to some resources available to the research community to improve diversity in biomedical research and grants available for those from underrepresented minorities.

### **Accomplishments, Past and Present:**

A chronology of achievements of African Americans in Medicine with links to learn more about these accomplishments. <https://guides.mclibrary.duke.edu/blackhistorymonth/chronology>

Highlights game changers and change agents in biomedical research. <https://www.edi.nih.gov/people/sep/blacks/campaigns/black-history-month-2021>

### **Effects of Systemic Racism on Biomedical Research**

NIH commissioned literature review to understand the impact of diversity in the scientific community. This is a searchable list of references. <https://extramural-diversity.nih.gov/diversity-reports>

### **Encourage Diversity in Biomedical Research**

Diversity Speaker Series with both past recordings and upcoming events providing educational and cultural/sensitivity awareness opportunities <https://www.niehs.nih.gov/health/scied/osed/dss/index.cfm>

Grant funding through the NIDDK for new investigators from backgrounds underrepresented in biomedical research. <https://grants.nih.gov/grants/guide/pa-files/PAR-16-064.html>

Summarizes racism and disparities in biomedical science including institutional and national approaches to transition to an antiracist environment (Table 1). <https://www.nature.com/articles/s41562-020-0917-7#Tab1>

This update is not meant as a comprehensive list of resources related to increasing diversity in those conducting biomedical research. Instead it should serve as a starting point for those of us just beginning our antiracist efforts in research and as a renewal of focus for those of us who have already committed to antiracism. From my position of white privilege, I challenge those in similar positions to continue to fight for equality for our research colleagues of color by promoting their accomplishments, engaging them in all levels of research planning from study sections to national program planning, and providing mentorship in a manner that recognizes the struggles they face due to systemic racism and unique perspectives they offer as a result of these struggles.

To this final point, I would like to again raise awareness of two programs offered by the ASPN research committee. Our Grant Review Workshop is coming soon - date to be announced. Individuals interested in having their grants reviewed need to submit at least a Specific Aims page and Career Development Plan to the [researchcommchair@aspneph.org](mailto:researchcommchair@aspneph.org) email address by March 15<sup>th</sup> to enable enlisting reviewers who are available to participate. If you want to review grants for the workshop, you may also reach out to the research committee. Also, we would like to put out another call for individuals wishing to participate in the Research Mentorship program (either trainees or junior faculty interested in this mentorship, or midlevel/senior faculty interested in serving as a mentor) to contact us, the co-chairs, at [researchcommchair@aspneph.org](mailto:researchcommchair@aspneph.org).

*Written by Laurel Willig, MD, MS on behalf of the research committee*

# Committee Updates

## Transplantation Special Interest Group

**Free educational resources on the AST Website:** Even if you are not a member of AST (American Society of Transplantation), the website is chock-full of free educational resources for providers, patients, living donors, etc. We (AST Education Committee) are in the process of revamping the educational materials on the website to make it more user friendly. That said, even in its current form, the website <https://www.myast.org/> and its public-facing Power 2 Save sister site <https://power2save.org/> is a valuable resource for us and our patients. Some particularly valuable information on the site is related to Pediatric Transition <https://www.myast.org/education/specialty-resources/peds-transition> <https://www.myast.org/communities-practice/pediatric/web-resources-transition-adult-care> and family education <https://power2save.org/wp-content/uploads/2019/02/16-AST-18-EB-16-Pediatric-Kidney-Transplantation-1-1.pdf>. This guide also comes translated into Spanish.

### OPTN/UNOS NEWS:

**UNOS/OPTN Public Comment:** Public comment opened on 1/21 and will close on 3/23/21. The link to review the proposals out for public comment is <https://optn.transplant.hrsa.gov/governance/public-comment/>. There are a few proposals that are of particular relevance and interest to the pediatric nephrology community.

The UNOS OPO Committee is sponsoring a proposal to **Clarify Multi-Organ Allocation Policy** <https://optn.transplant.hrsa.gov/governance/public-comment/clarify-multi-organ-allocation-policy/>. This proposal, if adopted, will (among other things) increase the “required offer” distance from the donor hospital to 500 NM for all multiorgan combinations. As you are aware, multi organ allocations come before all waitlisted pediatric kidney candidates and before even the highly sensitized wait list candidates (adults and children). *It is critical that our community voice our concerns as to what impact this may have on our waitlisted pediatric kidney candidates.*

Another proposal of interest to our community is the proposal from the UNOS Ethics Committee to **Revise General Considerations in Assessment for Transplant Candidacy** <https://optn.transplant.hrsa.gov/governance/public-comment/revise-general-considerations-in-assessment-for-transplant-candidacy/>. This white paper discusses the ethical considerations relating to transplant program evaluation of potential transplant candidates and deals with issues such as adherence, subjective and psychosocial considerations and social support.

Other proposals of potential interest are; proposal to **Update Transplant Program Key Personnel Training and Experience Requirements and 2021-2024 OPTN Strategic Plan**.

You can provide public comment thru the public comment link provided and/or join (they are open to the public) your Regional Meeting to hear the discussion and participate. <https://unos.org/community/regions/regional-meetings/>

**Major changes to Kidney Allocation December 2020, with removal of DSA and Regions.** <https://optn.transplant.hrsa.gov/news/changes-to-kidney-and-pancreas-allocation-to-be-implemented-later-this-year/>, were to be delayed due to legal challenges and “critical comments” **but they will be implemented on March 14, 2021**. Current policies that allocate kidneys to children, using regions and DSA remain in effect until March 14, 2021.

### OPTN Pediatric Committee initiatives:

1. Analyze the effect of multiorgan transplants on pediatric DD kidney transplant access. The difficulty is related to the impact of Kidney Pancreas transplants on pediatric DD kidney transplant offer access. The donor pool is the same for both types of transplants.
2. Review Trends in Pediatric Kidney Transplantation;
  - a. Use of PHS “increased risk” donors in pediatric candidates
  - b. Allocation of kidneys from children/teens
  - c. Decreased living donation rates for children
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.

**TIG (Transplant Interest Group).** In addition to working on development of a transplant curriculum or transplant training standard recommendations for pediatric nephrology fellowships, our group is working on increasing participation and access for ASPN members to UNOS/OPTN Regional meetings as well as UNOS Committee meetings. These meetings, in theory, are open to the “public” but knowledge of how to access is not very transparent. If you are interested in listening to one of the UNOS Pediatric Committee meetings please reach out to [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu), or [Jodi.smith@seattlechildrens.org](mailto:Jodi.smith@seattlechildrens.org), or [amarals@email.chop.edu](mailto:amarals@email.chop.edu). If you are interested in joining the TIG, please reach out to [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu) and we will add you to the membership!

# Committee Updates

**Upcoming Transplant meetings:** CEOT (Cutting Edge in Transplantation: Innovations in Modern Immunosuppression, February 25-27, 2021) <https://www.myast.org/meetings/cutting-edge-transplantation/2021/meeting-summary> and ATC (American Transplant Congress, June 5-9, 2021) <http://atcmeeting.org>

## UNOS Regional Meetings

Region 1	Tuesday, March 2, 2021
Region 2	Tuesday, March 16, 2021
Region 3	Wednesday, February 3, 2021
Region 4	Thursday, January 28, 2021
Region 5	Thursday, February 11, 2021
Region 6	Thursday, February 4, 2021
Region 7	Thursday, March 4, 2021
Region 8	Wednesday, February 10, 2021
Region 9	Wednesday, March 17, 2021
Region 10	Wednesday, March 3, 2021
Region 11	Tuesday, March 9, 2021



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



## Workforce Committee Updates

### I. Webinar Recording: Roles and Responsibilities of a Dialysis Medical Director (part 1)

Here is the recording from the Workforce Committee Webinar that was held on Wednesday, January 27, 2021: [https://aspnep.s3.amazonaws.com/ASPN Workforce Clinical Practice Webinar.mp4](https://aspnep.s3.amazonaws.com/ASPN_Workforce_Clinical_Practice_Webinar.mp4)

After watching the webinar please fill out the feedback survey: <https://www.surveymonkey.com/r/M7T8HMR>

### II. Pediatric Nephrology in a Small Group Setting:

The ASPN workforce committee has begun a “*pediatric nephrology in a small group setting*” sub-committee. The goal of this group is to establish a community and share resources, which can enhance the quality of patient care and self-care in small practices (3 physicians or less). We aim to have clinical discussions, obtain second opinions, and focus on challenges faced by nephrologists working in a small group setting. This might be particularly beneficial to early career physicians who have embarked upon this scary-exciting journey. Please email Dr. Ashley Rawson at [ashley1027@gmail.com](mailto:ashley1027@gmail.com) if you would be interested in joining the small group sub-committee or participating in events and surveys related to the small group setting.

Sincerely,

Co-chairs: (Sai) Sudha Mannemuddhu, MD, Ashley Rawson, MD, and Joann Carlson, MD

### III. Pediatric Nephrology Disaster Preparedness:

The workforce committee recently launched the twitter account @KidneySOS to provide real-time communication to followers regarding natural disasters that may impact operations of pediatric nephrology programs around the country. The account also provides periodic educational links useful for both patients, caregivers and healthcare providers regarding disaster preparedness topics. In addition, the account will serve as a real-time communication tool in the event of a natural disaster to connect programs around the country as needed and facilitate disaster mitigation efforts. Please check out the account, follow it and share it with your colleagues and patients!



Scan the QR code with your phone camera to follow the account.

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

# JELF Scholars Update

## ASPN Foundation Updates

### JELF Advocacy Scholars Program Update

JELF Scholars Program continue to educate the future leaders of the ASPN advocacy via virtual platform. The Scholars participated in a virtual interactive training on policy and regulation for the Centers for Medicare and Medicaid Services (CMS) led by formal pediatric nephrologist, Jesse Roach, MD. Dr. Jesse Roach is currently a nephrologist and medical officer at the Centers for Medicare and Medicaid Services (CMS) in the Center for Clinical Standards and Quality (CCSQ). He works in the Quality Measurement and Value Based Incentives Group.

At CMS he is well-positioned to advocate for the needs of kidney community. His work behind the scenes left many scholars feeling empowered. He remarked on the long weeks during the height of the pandemic and how instrumental his team had been in securing adequate dialysis supplies for our patients. His webinar illuminated the importance of the role of clinicians in advocacy.

Virtual Advocacy has been a new chapter for JELF during the pandemic. With social distancing practices and work from home requirements for many government senators and representatives, ASPN transitioned Advocacy Hill Days into a virtual platform and JELF advocates were eager to take on this challenge. JELF Scholars have remained abreast to the challenges faced by our patients and families regarding racial and health disparities and well-connected with other scholars and mentors in the JELF program through virtual forums. In addition, JELF Scholars will be participating in the 2021 virtual AAP Advocacy Conference this year.

We thank you for your dedication to advocacy and maintaining the legacy of John E Lewy. You can contribute to these programs at: <https://aspneph.z2systems.com/np/clients/aspneph/donation.jsp?campaign=15&https://www.aspneph.org/aspn-foundation/donate/>

### Call for Applications!

The ASPN JELF Advocacy Scholars Program is an immersive 2-year experience for leadership and advocacy skills development with specific expertise in governmental and regulatory processes affecting children's health care. JELF Advocacy Scholars remain at the forefront of ASPN advocacy efforts for children with kidney disease. If you are passionate about advocacy, then the JELF Advocacy Scholars program is for you!

To learn more about the John E Lewy Fund, the Advocacy Scholars Program, or the Perlman Program for Perpetual Participation, contact David Hains ([dhains@iu.edu](mailto:dhains@iu.edu)) or visit: <https://www.aspneph.org/jelf-advocacy-scholars-program/>

Judith Sebestyen VanSickle, MD, MHPE, FASN, FAAP  
Associate Professor  
Children's Mercy Hospital  
Kansas City, MO

Kaye Brathwaite, MD, FAAP  
Pediatric Nephrology Fellow  
Children's Hospital at Montefiore  
Bronx, NY

# ASPN 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](mailto:rruebne1@jhmi.edu).

## ASPN Imaging Webinar

**Date:** Monday, April 5, 2021  
**Topic:** TBD

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>

# Announcements

## Call for Nominations

### SONp Executive Committee Training Fellow Liaison

The SONp Executive Committee is interested in engaging Nephrology training fellows in leadership opportunities. One Nephrology Training Fellow Liaison position was approved by the membership and the AAP leadership. Dr Juliann Reardon has served as the SONp Training Fellow Liaison and her term will end on June 30, 2021.

At this time, we invite all interested first or second-year Nephrology fellowship trainees to submit their nomination by **Friday, March 26, 2021** to Suzanne Kirkwood at [skirkwood@aap.org](mailto:skirkwood@aap.org). Below is the position description with the eligibility criteria. AAP and SONp membership is required. Additional information and a description of the position with the eligibility criteria can be viewed [here](#).

Should you have any questions, please feel free to contact Juliann Reardon, MD FAAP at: [juliann.reardon@yale.edu](mailto:juliann.reardon@yale.edu), Vikas Dharnidharka, MD, FAAP, Chairperson, Section on Nephrology at [vikasD@wustl.edu](mailto:vikasD@wustl.edu) or Suzanne Kirkwood, Manager, Section on Nephrology at 800/433-9016, ext. 6648 or at: [skirkwood@aap.org](mailto:skirkwood@aap.org)



## Survey for Nephrologists working in the US

What are the challenges you and other nephrologists experience in returning genetic results to nephrology patients and research participants? What could help you in the process of returning genetic results? If you are a nephrologist working in the United States – a Nephrology Genetics Research Group at Columbia University Irving Medical Center would be grateful to hear from you!

Our survey hopes to identify ethical and practical barriers arising in the return of genetic results, including issues of consent, genetic knowledge, and budgetary considerations. Our overall goal is to develop recommendations for improved workflow of returning genetic results from nephrology research. We will conduct webinars to share our results and publish aggregated data in peer-review articles.



The online survey is anonymous and will take 20-minutes to complete. You will be offered a \$25 e-gift card for completing the survey upon provision of your professional email address.

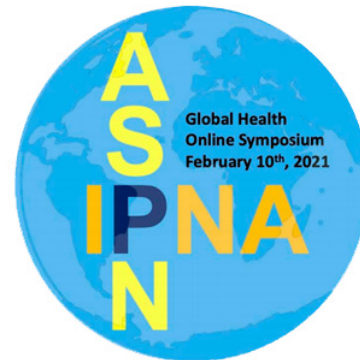
If you are interested in participating, you can receive the link by contacting Olivia Balderes, at [ob2214@cumc.columbia.edu](mailto:ob2214@cumc.columbia.edu)

If you have questions about this study, you can contact the Co-Principal Investigators, Ali Gharavi, MD, at [ag2239@cumc.columbia.edu](mailto:ag2239@cumc.columbia.edu) or Maya Sabatello, LLB, PhD, at [ms4075@cumc.columbia.edu](mailto:ms4075@cumc.columbia.edu).



## ASPEN – IPNA Global Health Online Symposium – Thank you Drs. Glenn and Mannemuddhu!

ASPEN would like to thank Drs. Dorey Glenn, MD and Sai Sudha Mannemuddhu, MD for all of their hard work and dedication to the ASPEN – IPNA Global Health Online Symposium. The February 10<sup>th</sup> event was a success! Please visit the ASPEN Global Health Committee page for the recording. Thank you Drs. Glenn and Mannemuddhu.



## Renew your IPNA Membership

for 2021 and be a part of the largest global pediatric nephrology community.



# Meeting & Lecture Announcements



MORE INFORMATION  
[www.acpn2020.com](http://www.acpn2020.com)

## March 29 – March 31 IPNA Guideline Workshop

VIRTUAL



Due to the restrictions imposed by the COVID-19 Pandemic, the **47<sup>th</sup> Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 19-21, 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](http://www.renalmd.org).

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## ASPEN Leadership

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## KIDney NOTES

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