

## President's Corner



Dear Colleagues,

Happy New Year! As 2020 came to a close, the Nephrology community celebrated a significant policy victory with Congressional approval of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act. As a result, our patients who do not have other insurance options will now not lose their Medicare coverage for immunosuppressive medications once they reach 36 months post-transplant. ASPN and its Public Policy Committee, under the guidance of our Washington representative Erika Miller, highlighted this bill during both sets of Capitol Hill Day visits this year, and have been championing its passage for

nearly two decades. This success calls attention to the importance of advocacy and the effectiveness of longitudinal education about the barriers that patients face that impede optimal outcomes. As the Public Policy Committee embarks on its advocacy calendar for 2021, all members who wish to become involved with these efforts are invited to reach out to Erika or to the Public Policy Chairs.

The ASPN Foundation's new initiative to support educational and professional activities for fellows has met with great success, only a few months into its kick off. A significant number of \$400 career enrichment grants related to education, quality improvement, or research have already been distributed. Fellows interested in applying can contact the ASPN office for more details at [info@aspneph.org](mailto:info@aspneph.org). Thanks to all members who made end of year donations to the Foundation as well.

The 8<sup>th</sup> Annual Multidisciplinary Symposium for our affiliate ASPN members was held virtually over two days in the late autumn. Nearly 150 people participated, with presentations germane to nurses, social workers, dietitians, child life specialists, and psychologists who take care of children with kidney conditions. Congratulations to the planning committee, chaired by Ewa Elenberg, who were able to pivot in the face of the pandemic and put together our most successful Multidisciplinary Symposium yet.

The Program Committee under the leadership of Maury Pinsk continues to prepare for our 2021 ASPN meeting during the PAS. Over the next few months, please be alert to messages from PAS and ASPN about the specifics of this virtual meeting so you can plan to make the most of this educational opportunity.

Thanks to everyone who has been able to renew ASPN membership. For those of you who have not yet had a chance, when you do access the renewal site, you will see that several new questions are asked that gather important information about our society for our Membership, Clinical Affairs, Workforce, and Equity, Diversity and Inclusion Committees. Please contact the ASPN office if you have any questions about membership or membership renewal.

Although 2020 presented challenges that few could have foreseen, ASPN's activities proceeded at full throttle, in large part due to the dedication of Connie and Sarah in the ASPN office, and the generous efforts of so many ASPN members. Like many, I look optimistically to 2021 and what will ensue over the next 12 months, and I urge everyone to remain involved and active in ASPN so we can continue to expand the scope of our efforts.

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

Happy New Year Everyone! As we come up with New Year's resolutions, or 'goals' to strive for this year, I am reminded of a word I came across several weeks ago - 'confelicity' which is to delight in another's happiness; the opposite of Schadenfreude. There is also a Sanskrit word for this- 'Mudita'- to find pleasure in the well-being of others. This seems like a nebulous 'goal' but if we think about it, the essence of genuine mentorship, or sponsorship, or coaching others, is based on this sentiment.

Dr. Asha Moudgil's, very thoughtful and action oriented "Perspectives" piece captures this foundation, on being a selfless mentor to others and the joy it can bring to anyone who approaches it intentionally.

As always, please send in your thoughts and ideas for this section, or your own "perspectives" piece.

Let's all find 'confelicity' in 2021!

Take care all,  
Roshan

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



**Roshan George, MD**  
*Editor, KIDneyNotes*

## Perspective on Mentorship: Have One and Be One!

When I was asked to write this, I was not sure if I was fully equipped to do so, but I decided to humbly accept this challenge and give it a try.

I thought to myself, why do I want to be a mentor? I received mentorship from many of my senior colleagues. I appreciated it then and still do today. In our professional lives we come across many people, but those we consider our mentors are the ones we truly remember for their impact on our lives. Unstructured mentorship happens every day in our professional lives and I am a big proponent of this.



Asha Moudgil, MD, FASN, FAST,  
Professor of Pediatrics  
Associate Chief  
Children National Hospital

Some basic tenets of good mentorship include:

**Building a trustworthy relationship:** Mutual trust is the foundation of the mentor-mentee relationship. The mentee must believe that the mentor is there to help with the best intentions. The mentor must believe that the mentee will accept the advice rendered with an open mind. The mentor must take care to render advice in a careful, thoughtful manner. Clear and honest communication is important to maintain the relationship. The goals and expectations of both the mentor and mentee should be considered. The mentee should feel comfortable reaching out to the mentor for help but should also be cognizant of respecting the mentor's time.

Believe me, a good mentor and mentee relationship is so satisfying that it will motivate you to do it again and again. The relationship can be also fluid over time and in many cases the mentor and mentee end up learning from each other.

**A strong motivation to help someone else:** A good mentor must have true concern for others and a genuine desire to help. Mentors must love what they do and be altruistic in their motivation. One can't be selfish in thinking, "What's in for me?"

Great mentorship could start with a simple sentence asking someone (your fellow, a junior colleague) how they are doing, and sensing when something is not right. A few words of inquiry and encouragement could help the other person feel safe in sharing their problems, whether personal or professional. A simple gesture like giving some time off to grab a snack or a nap can go a long way to make your fellow feel refreshed and ready to push on.

**Dedication to life-long learning:** Great mentors believe in life-long learning. They should be willing to both share their knowledge and learn from others which creates an atmosphere of mutual respect.

**Ability to provide an open and honest feedback:** This will go a long way to help others achieve their goals.

During our professional lives, all of us face situations where we are not sure about the best course of action. It could be related to choosing a research topic, finding a first job, having anxiety about preparing for boards, trying to balance personal and professional life, or what to do when applying for promotion. Would it not be wonderful if, at these crucial junctures, you had someone to go to and discuss your ideas without being judged?

Envision a time when you made a decision you were not proud of. Then imagine someone came up to you and assured you that as humans, we all make mistakes. The best course of action is to learn from them and move on. Young professionals often struggle with the new responsibility of having to make complex patient care decisions. They need someone to lean on and consult without feeling incompetent. Here is where you can offer your guidance and mentorship as a senior colleague. Of course, you can't mentor someone with whom you are competing. Therefore, mentorship may come with time and seniority. However, it is never too early to be a mentor and to start developing a mentorship mindset. As a mentor, you must have the courage to comment on another person's ideas in a non-judgmental way. The goal is to create an atmosphere of learning and improvement.

**Be a sponsor of opportunities:** It is important for a good mentor to introduce junior colleagues to different opportunities available since they may not be aware and may not know how to get involved. Such opportunities may include membership to various national committees and pediatric nephrology research groups, volunteering to peer-review abstract and manuscripts for national and international meetings and journals and joining editorial boards to name a few. The mentor may consider nominating their mentee to co-author articles or book chapters, moderate scientific sessions at meetings and present their research. This will help prepare our future generation to assume leadership roles to advocate for our specialty and our patients.

My friends, at some point we have all received mentorship to get where we are in our lives and it is our duty to pay it forward to the next generation. We also owe this to the patients and families we serve. It is our duty to ensure that they will always have access to the best and most compassionate clinicians, with a capacity to understand human and scientific complexities and uncertainties, with a desire to help provide care and advocate for their patients. Our job is also to help create a next generation of educators, scientists and leaders with a drive to move the field forward. I want to close with a statement that "it is in the giving that we receive".

# Committee Updates

## Certification Committee Update

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

*Meredith Atkinson, MD, MHS, Johns Hopkins School of Medicine*

If your center participates in the SCOPE Dialysis Collaborative (<https://www.childrenshospitals.org/Programs-and-Services/Quality-Improvement-and-Measurement/Collaboratives/SCOPE>), you are eligible to receive 25 points of Part 4 MOC credit for participating, even if you are NOT the dialysis director or the SCOPE project leader at your center. I successfully obtained part 4 credit this way as part of the Collaborative's "Reducing Exit-Site Infections and Peritonitis Rates in Pediatric Peritoneal Dialysis Patients" project. I attended and participated in our division's monthly dialysis QAI meeting, where benchmarking data is reviewed and root cause analyses for any infections are presented.

In order to claim credit for your participation, you need to submit an Attestation form on the ABP website ([www.ABP.org](http://www.ABP.org)). To access, log in and navigate to the "MOC Dashboard", then click on the Part 4 button, followed by the "Quality Improvement (Part 4) Search" button, and then "Attestation Forms" on the lower right. Enter "SCOPE" in the search bar and the attestation form will appear. Fill out the form, print/sign and date it, then obtain a signature from your local SCOPE project leader. Your SCOPE leader should then forward it to [Mary.Headley@childrenshospitals.org](mailto:Mary.Headley@childrenshospitals.org), who will forward on to the ABP for credit. (If you **are** the local SCOPE leader, you can also claim credit! Complete your form and email directly to Mary, who will obtain a signature from QI project leaders Drs. Neu or Warady and forward to ABP.)



## Communications Committee Update

### Social Media

- ASPN is currently followed by 5,715 on Twitter and approaching 9,700 on Facebook as of December 14, 2020.
- The communications committee successfully covered the ASN #KidneyWk on Twitter.
- We continue to post recent literature updates both on Twitter and on Facebook.
- The committee is also advertising the Imaging and Pathology webinars, organized by the Education committee, on social media.
- Members are writing educational tweetorials on Twitter summarizing the webinar presentations once a month.
- Finally, we are in the process of setting up an Instagram account in order to attract a younger audience and increase interest in our subspecialty. We are considering to use Instagram for the "Member of the Month" section, to highlight society members and their accomplishments and dedication to ASPN at all levels including attendings & fellows with special consideration of diversity & inclusion.

### Podcasts

- We are participating in the development of a new ASPN podcast, in collaboration with the Education Committee. Member participation is being sought. We are anticipating a kick off date in Spring 2021.

If you would like to volunteer for our committee, please email me @ [jkupferman@maimonidesmed.org](mailto:jkupferman@maimonidesmed.org)

Juan C. Kupferman (Chair)  
On behalf of the Communications' Committee

# Committee Updates

## Transplant Interest Group

### OPTN/UNOS NEWS:

**Major changes to Kidney Allocation were coming December 15<sup>th</sup> with removal of DSA and Regions.** <https://optn.transplant.hrsa.gov/news/changes-to-kidney-and-pancreas-allocation-to-be-implemented-later-this-year/> but at the December BOD meeting, the **changes will be delayed until February 13, 2021.** Current policies that allocate kidneys to children, using regions and DSA remain in effect.

### Pediatric Transplant Program Requirements Update:

The UNOS BOD met December to approve pediatric transplant programs. <https://optn.transplant.hrsa.gov/members/member-directory/>

If you click on member directory and ask for peds kidney transplant approved programs, it will drill down for you. Below is a map with the locations of the approved programs with pink dots.



There is a robust monitoring plan that is being reviewed to prospectively monitor access/transplants/etc. It will be critically important that you share with us, any adverse instances relating to your patients, that you believe may be related to the implementation of this policy.

### Proposed OPTN Policy changes that affect pediatric kidney candidates:

**PHS Increased Risk organs:** This proposal, was approved by the UNOS BOD in December. The proposal 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. The proposal can be found at [https://optn.transplant.hrsa.gov/media/3933/align\\_policy\\_with\\_phs\\_guideline\\_2020\\_pc.pdf](https://optn.transplant.hrsa.gov/media/3933/align_policy_with_phs_guideline_2020_pc.pdf)

### 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 pool of donors 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).** 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.

# Committee Updates

## 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



<https://unos.org/community/regions/regional-meetings/>

Respectfully submitted, Sharon M. Bartosh, MD, [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu), December, 2020



## Public Policy Committee

### Congress Passes End-of-Year Package to Fund Government and Provide COVID Relief

On December 21, Congress introduced and passed an end-of-year legislative package that included funding for the remainder of Fiscal Year (FY) 2021, COVID relief, and a number of other health provisions. The government which had been operating under a continuing resolution since the new fiscal year began October 1, will now be funded through September 30, 2021. The bill provides \$42.394 billion for the National Institutes of Health (NIH), which is an increase of 3 percent over FY 2020. The National Institute of Diabetes and Digestive and Kidney Diseases will be funded at \$2.132 billion.

The bill also includes a big legislative victory for the ASPN and kidney patients! It enacts the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Act, which expands Medicare coverage of immunosuppressive drugs beyond the current 36-month limit. Now coverage for immunosuppressive drugs will extend for the life of a patient's transplanted kidney.

In response to the budget neutrality cuts that lowered the Medicare Physician Fee Schedule (MPFS) conversion factor, Congress included a provision in the year-end bill to delay implementation of G2211, the complexity add-on code, for three years. ASPN members will not be able to bill G2211 with the outpatient evaluation and management codes (99202-99215) for Medicare patients as the Centers for Medicare & Medicaid Services had previously finalized. The bill also adds \$3 billion into the MPFS in 2021, resulting in an across the board boost in the conversion factor helping all Medicare providers during the ongoing COVID-19 pandemic. The bill also delays the 2 percent sequester cuts that were supposed to resume on January 1, 2021 for three additional months.

### Update on Virtual Advocacy Day

ASPN held a virtual Hill Day in November during which 12 members met with 36 members of Congress to discuss our policy priorities for the end-of-year legislative package, including regular and emergency funding for NIH, support for expanded access to telehealth, and passage of the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplants Act. We also discussed the importance of a pediatric modifier for the ESRD bundled payment, and asked members of the House to sign-on to a Dear Colleague letter led by Representatives Suzan DelBene (D-WA) and Larry Bucshon (R-IN), co-chairs of the Kidney Caucus, that requests CMS create a pediatric modifier.

### ASPN Letter on ETC Model

In response to CMS' final rule on the ESRD Treatment Choice (ETC) Model, ASPN joined with RPA and ASN to write a letter to CMS Administrator Verma requesting that all pediatric facilities be excluded from the model. Currently, the model excludes patients under 18 years of age, but if a provider treats patients 18 and over, then they could be included. Such an inclusion appears to contradict CMS' intent in excluding pediatric patients from the model. To rectify this, our letter requested that CMS specifically exclude pediatric facilities from participating in the ETC Model. We will continue to engage with the agency on this issue in hopes of correcting this.

# Committee Updates

## PFS Final Rule and Budget Neutrality

The Centers for Medicare & Medicaid Services (CMS) released the CY 2021 Medicare Physician Fee Schedule (MPFS) [final rule](#) on December 1—a month behind schedule. CMS finalized the majority of its proposed policies, including incorporating the new outpatient E/M values into the ESRD monthly capitation payment (MCP) codes. The agency did not address ASPN's request to increase the value CPT code 90954 for patients aged 2-11 based on the new E/M code values. Now this service creates a rank order anomaly in the code family, and we will continue to engage with the agency to increase the value of this service.

Physicians, their practices, and Medicare Administrative Contractors have less than a month to prepare to implement these major changes on January 1; however, Congress has even less time to determine what, if anything, to do about the cut of over 10 percent finalized in the rule. CMS is statutorily mandated to make any changes to the MPFS in a budget neutral manner, meaning no new money is added to the system to pay for new policies or RVU changes. When the CY 2021 MPFS proposed rule was released in August, stakeholders were surprised by magnitude of the cut to the conversion factor. CMS chose to offset the outpatient E/M RVU increases and the addition of G2211, the complexity add-on code that can be billed with the vast majority new and established outpatient E/M services billed by ASPN members, by only cutting the conversion factor, not redistributing the RVUs for other MPFS services.

As many physicians and practices struggle to withstand the financial impact of COVID-19, specialties are even more concerned about the conversion factor cut than they would be under ordinary circumstances. Physician specialties united to request the Department of Health and Human Services (HHS) to use its waiver authority to mitigate these cuts; CMS declined to do so in the MPFS final rule. As the medical community waited for the release of the final rule, stakeholders began to explore legislative options. ASPN joined with RPA and ASN to write a letter advocating that any relief for the conversion factor cut treat all specialties equitably since the challenges posed by COVID-19 are not unique to procedural specialties. In the interim, two pieces of legislation have been introduced in the House:

**HR 8505:** Dr. Michael Burgess (R-TX) and Representative Bobby Rush (D-IL) introduced this bill to waive budget neutrality for one year, providing relief to all physicians regardless of their case mix of outpatient E/M care compared to non-E/M care. This solution has widely been seen as too expensive.

**HR 8702:** Drs. Ami Bera (D-CA) and Larry Bucshon (R-IN) introduced this bill which would hold services harmless from the cut to the conversion factor for two years. Any service paid less in 2021 or 2022 than in 2020 would receive an additional hold harmless payment. The established outpatient E/M codes, G2211, and the new outpatient E/M codes when billed with G2211 are specifically excluded. ASPN has not supported this bill because it does not provide any relief to pediatric nephrologists who are also struggling to address COVID and the second year of the bill could create a number of complications. While this solution costs less than HR 8505, it is still viewed by many as too expensive.



## Research Committee Update

### Research and NIH policies in the era of COVID-19

It goes without saying that COVID-19 has had far-reaching impacts on all of our research productivity – whether due to lab shutdowns, restrictions on clinical study visits, or our own difficulties juggling research while handling increased clinical and family responsibilities.

Amid all this, the NIH has continually been monitoring the [impact of COVID-19 on biomedical research](#) and trying to [learn how it can support extramural researchers](#). One silver lining to this otherwise dark COVID-19 cloud is that the NIH is using this opportunity to implement several reforms that were recommended in a compelling essay by [Gibson et al.](#) These authors highlighted long-standing problems in academic research, including a complex system that favors senior researchers. The NIH has now implemented several of their recommendations to simplify procedures and help early stage investigators, including:

- A new [Stephen I. Katz R01 award](#) for early stage investigators, with no preliminary data allowed in applications
- [Expedited processes](#) for requesting extension of early stage investigator status
- Revised policies for [post-submission of preliminary data](#) and [instructions to reviewers to disregard situations](#) directly related to the COVID-19 pandemic, such as temporary declines in productivity
- [Expedited processes](#) for requesting no-cost extensions
- Stay tuned to the [Open Mike](#) blog of Dr. Michael Lauer, NIH's Deputy Director for Extramural Research, and to the [NIH coronavirus home page](#) to learn about how the NIH continues to adapt to the pandemic.
- The Research Committee is offering virtual Grant Review Workshops in 2021 on a rolling basis, in April/July/October to coincide with grant review cycles. If you have a grant (Career Development Award, Loan Repayment Program award, or other grant proposal) that you would like to have reviewed in one of these cycles, please e-mail the Research Committee Co-Chairs at [researchcommchair@aspneph.org](mailto:researchcommchair@aspneph.org).

*Submitted by Erum Hartung on behalf of the Research Committee*



# Committee Updates

## Training Program Directors Committee Update

### Pediatric Nephrology Match Results/Fellow Numbers (from Dec 2020 Match)

Time for our annual update, and this is clearly a 'complicated' time for all of us in our profession and all of those in our society. We have some unprecedented Match results to report. Whether we can make full sense of the reasons is not clear – all that we can say is the Pediatric Nephrology had a good month of Dec, perhaps a harbinger of good times ahead for all of us and society in general.

This ASPN TPD column focuses on the recent Match results for the class to begin in July 2021. This year's Match numbers offer positive results for our subspecialty. In fact, the largest number of pediatric nephrology trainees through the Match ever! As always, it will be important to follow the upcoming trends over the next few years.

Our US NRMP Match numbers were outstanding this year with 51 matched fellow applicants (compared to 38 matched applicants in the 2019 Match for the class that started 2020 and 27 in the 2018 Match). Since there were still some unmatched positions (18) the total number of fellows who start in July 2021 may even be higher (due to 'late-deciders').

Pediatric Nephrology did better than some of our usual comparators in terms of Match fill rate this year. This is another interesting observation that will require more perspective and future trends to fully understand.

Our percentage fill rate (74%) stands out as the best we accomplished in over a decade (our highest was 62% in the 2017 Match). At least for this year, we are in the top half of pediatric subspecialty disciplines for Match fill rate.

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

- 44 of our 47 approved Pediatric Nephrology Fellowship programs participated [3 programs did not participate this year].
- 28 of 44 programs filled all positions (64%).
- There were 51 matched applicants (from a pool of 53 applicants) for 69 available positions. In the 2019, the Match total was 38; for 2018 the Match total was 27 with an all-time low of 21 in 2014.
- 74% of the available 69 positions were filled. This is the highest number of available spots ever for pediatric nephrology (there were 65 in the 2018 match).
- With filling 74% of our positions this year (51/69) we outdid 2019 when we filled 59% of our positions that year (38/64).
- Of the 51 matched applicants, 44 (86%) were US grads and 7 (14%) were IMGs.
- Pediatric Nephrology continues to be in the lower half of subspecialties in terms of percentage of available positions filled – but this year there were 5 subspecialties with lower fill rates than pediatric nephrology (Child Abuse, Ped Endo, Ped ID, Ped Pulm, Peds Rheum) and 8 subspecialties with higher fill rate.
- All 7 of the lower fill rate subspecialties (Child Abuse, DBP, Ped Endo, Ped ID, Ped Neph, Ped Pulm, Ped Rheum) had higher fill rate this year than they did in 2019!
- In 2019 there were 1361 applicants who filled 1628 available positions; in 2020 there were 1414 applicants who filled 1639 positions – for an increase of 52 applicants who filled positions (an increase of 4% over previous year).

We will be highlighting our total Fellow numbers and implications for the workforce after programs start their next academic year in July 2021. It is only then that we will obtain more complete data on our total Fellow numbers.

Final recommendations from the 2019 ASPN Workforce summit are being composed now and we will have additional data to now consider as we look at distinct steps we should consider individually and as a society to insure the number of practitioners and scientists needed to meet the demands in our field.

John D Mahan MD, Susan Halbach MD, MPH and Josh Samuels MD

# Committee Updates

## NRMP 2020 Match Results – Pediatric Medical Subspecialties – For Training Starting July 2021

	Child Abuse	DBP	Ped Cardio	Ped Crit Care	Ped EM	Ped Endo	Peds GI	Peds H/O	Neonatal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
<b>Programs</b>	21	32	62	69	54	66	64	71	96	54	55	44	48	28
<b>Programs Filled (%)</b>	14 (67%)	24 (75%)	54 (90%)	68 (99%)	54 (100%)	34 (52%)	62 (97%)	40 (56%)	80 (83%)	53 (98%)	25 (46%)	28 (64%)	25 (52%)	19 (68%)
<b>Total Positions</b>	24	42	157	189	143	103	109	176	273	83	77	69	76	34
<b>Positions Filled (%)</b>	17 (71%)	32 (76%)	149 (95%)	188 (99%)	143 (100%)	62 (60%)	107 (98%)	133 (76%)	254 (93%)	82 (99%)	42 (55%)	51 (74%)	52 (68%)	25 (74%)
<b>Total Matched Applicants</b>	17	32	149	188	143	62	107	133	254	82	42	51	52	25
<b>Total Applicants/ Positions (ratio)</b>	17/24 (0.71)	34/42 (1.06)	157/157 (1.00)	233/189 (1.23)	221/143 (1.55)	63/103 (0.61)	118/109 (1.08)	133/176 (0.76)	267/273 (0.98)	122/83 (1.47)	42/77 (0.57)	53/69 (0.77)	56/76 (0.74)	28/34 (0.82)
<b>US Grads (%)</b>	14 (82%)	17 (53%)	120 (80%)	120 (81%)	129 (90%)	35 (57%)	83 (77%)	95 (72%)	183 (72%)	72 (88%)	32 (76%)	44 (86%)	41 (79%)	20 (80%)
<b>IMG Grads (%)</b>	3 (18)	15 (47%)	31 (20%)	29 (19%)	14 (10%)	27 (43%)	24 (33%)	38 (28%)	71 (28%)	10 (12)	10 (24%)	7 (14%)	11 (21%)	5 (20%)

## 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	Neonatal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
<b>Programs</b>	19	35	58	67	53	67	61	71	96	39	54	41	49	30
<b>Programs Filled (%)</b>	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%)
<b>Total Positions</b>	20	48	154	191	146	99	101	176	270	56	79	64	70	39
<b>Positions Filled (%)</b>	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%)
<b>Total Matched Applicants</b>	13	30	151	189	146	50	93	158	234	52	37	38	40	19
<b>Total Applicants/ Positions (ratio)</b>	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
<b>US Grads (%)</b>	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%)
<b>IMG Grads (%)</b>	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 Training Starting July 2019

	Child Abuse	DBP	Ped Cardio	Ped Crit Care	Ped EM	Ped Endo	Peds GI	Peds H/O	Neonatal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
<b>Programs</b>	19	35	58	67	53	67	61	71	96	39	54	43	49	30
<b>Programs Filled (%)</b>	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%)
<b>Total Positions</b>	20	48	154	191	146	99	101	176	270	56	79	65	70	39
<b>Positions Filled (%)</b>	13 (65%)	30 (63%)	151 (98%)	189 (99%)	146 (100%)	50 (51%)	93 (92%)	158 (90%)	234 (87%)	52 (93%)	37 (47%)	27 (42%)	40 (54%)	19 (49%)
<b>Total Matched Applicants</b>	13	30	151	189	146	50	93	158	234	52	37	27	40	19
<b>Total Applicants /Positions (ratio)</b>	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
<b>US Grads (%)</b>	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%)
<b>IMG Grads (%)</b>	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 2014-2020

NRMP MATCH	2020 (%)	2019 (%)	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)
Matched Applicants	51	38	27	36	32	27	21	33
AMG	36	27 (70)	18 (67)	28 (78)	18 (56)	16 (59)	10 (48)	20 (61)
US Foreign	0	0	0	1 (3)	4 (13)	1 (4)	3 (14)	3 (9)
Osteopath	8	2 (6)	2 (7)	2 (6)	3 (9)	1 (4)	1 (5)	0 (0)
IMG	7	9 (34)	7 (26)	5 (14)	7 (22)	9 (33)	7 (33)	10 (30)
Matched Applicants	51 (96)	38 (97)	27 (100)	36 (92)	32 (97)	27 (96)	21 (91)	33 (89)
Unmatched Applicants	2	1 (3)	0	3 (8)	1 (3)	1 (4)	2 (9)	4 (11)
Positions	69	64	65	58	59	62	58	61
Positions matched/ Total positions	51/69 (74)	38/64 (59)	27/65 (42)	36/58 (62)	32/59 (54)	27/62 (44)	21/58 (36)	33/61 (54)



## Workforce Committee Updates

### **I. Webinar Announcement:** Save the Date!

The Workforce committee is hosting a 2-part webinar series on how to succeed as a dialysis unit medical director. Please mark your calendars for the first webinar scheduled on **Wednesday January 27, 2021 at 12 PM EST/ 11 AM CST/ 9 AM PST**.

The webinar will be moderated by Dr. Vivian Shih, MD from C.S. Mott Children's Hospital. Drs. Kera Luckritz, DO, MPH and Keia Sanderson, MD, MSCR will be content experts.

### **II. COVID-19 Financial Impact on Pediatric Nephrologists:**

Thanks to those who completed the first ASPN COVID19 Financial Ramifications survey. The Workforce Committee recognizes that these issues likely have changed over the past several months and have put together a second iteration of the survey. It should take no more than a couple of minutes of your time. If interested, please visit the survey at: [www.surveymonkey.com/r/ZDGFBR](http://www.surveymonkey.com/r/ZDGFBR)

### **III. 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

### **Pediatric Nephrology Disaster Preparedness:**

The workforce committee recently launched the twitter account [@KidneySOS](https://twitter.com/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

## *In Memoriam: John Herrin, MD*

It is with great sadness that we announce the passing on October 25, 2020 of John T. Herrin, MBBS, FRACP, 84, former Director of Clinical Services within the Division of Nephrology at Boston Children's Hospital.

After his initial medical training, John left his native Australia and moved to Boston. He spent much of his early career at the Massachusetts General Hospital, where he was chief of Pediatric Nephrology from 1974 to 1994. He then moved to Boston Children's Hospital in 1994, where he remained a cherished member of the Division of Nephrology until he retired in 2014. John held an appointment at Harvard Medical School for 49 years.

John was a passionate medical educator and developed a preceptor practice program to enhance how hundreds of pediatric residents and dozens of nephrology fellows learned clinical nephrology. He welcomed physicians, nurses, and students from around the world to Boston to spend time observing pediatric nephrology practice and care. He had near total recall of the medical literature and was a walking encyclopedia of clinical pearls that he delighted in sharing.

John was also the consummate clinician, totally committed to his patients and their well-being. There were no constraints to the length of a clinic visit or the duration of in-patient rounds if there were questions to be answered or concerns to be assuaged. In all his interactions, he modeled rare equanimity and unfailing generosity.



For those who worked alongside John, his extraordinary skills as a physician, his careful guidance as a teacher and mentor, and his unparalleled kindness as a colleague will always be remembered. He will be sorely missed.

***Members of the Division of Nephrology  
Boston Children's Hospital***

## 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, February 1, 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>

## JELF Scholars Update

### ASPN Foundation Updates

Despite the distance and pandemic, the JELF scholars have been hard at work! Thanks to the guidance of the JELF Scholars Steering Committee, scholars have engaged in the JELF mentor program and have continued monthly didactic sessions. Recent topics include: ESRD Bundled Payments, Racism & Inequality in Healthcare, & the 2020 Election Results.

JELF Scholars also participated in a Virtual Hill Day on November 17<sup>th</sup> & 19<sup>th</sup>. Topics discussed included:

1. NIH support for FY 2021 plus emergency funding for COVID related research and COVID caused delays in ongoing research,
2. Expanding access to telehealth services by extending flexibilities and supporting broadband access,
3. Passage of the Comprehensive Immunosuppressive Drug Coverage for Kidney Patients Act.
4. Support of a pediatric-specific modifier for the ESRD bundled payment.

The JELF Scholars Program remains committed to training the next generation of advocates and will be accepting application for its next class of scholars later on this year. We kindly ask that you consider donating to the JELF Scholars fund as part of your end of your New Year's charitable contributions or while renewing your membership.

You can contribute to these programs at: <https://aspneph.z2systems.com/np/clients/aspneph/donation.jsp?campaign=15&>

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/>

# In Memoriam: H. William (Bill) Schnaper

## Life Course Journey of a True Mensch

H. William (Bill) Schnaper was the Irene Heinz Green & John LaPorte Given Chair in Pediatric Research and Tenured Professor & Vice Chair, Department of Pediatrics, Feinberg School of Medicine, Northwestern University. He was a graduate of the Baltimore Polytechnic Institute (1967) and received a B.A. from Yale University (1971) and his M.D. from the University of Maryland (1975). He trained in Pediatrics at New York's Mount Sinai Hospital and was Chief Resident (1975-78). It was there that he met a nurse named Maria and started a lifelong journey of love and family. He next served in the National Health Service Corps (1978-80) and was a Senior Clinical Instructor in Pediatrics at Hahnemann Medical College (1979-80). He then entered a fellowship in Pediatric Nephrology at St. Louis Children's Hospital and the Washington University School of Medicine (1980-82) under the mentorship of Alan Robson and supported by the National Kidney Foundation. He was a Research Fellow in Pathology at the Jewish Hospital of St. Louis under Carl W. Pierce during his training and through 1988. He received an NIH Clinical Investigator Award to examine the soluble immune response suppressor in nephrosis followed by an NIH R01 to examine inhibition of tumor cell growth by the lymphokine SIRS. He rose through the ranks as an Instructor, Assistant, and Associate Professor of Pediatrics at Washington University School of Medicine before moving to Washington, DC and joining the Faculty at Children's National and George Washington University in 1990 as an Associate Professor. He also served as a Special Volunteer/Expert in the Laboratory of Developmental Biology at the NIH from 1990-94.

In 1994, Bill joined the Faculty as an Associate Professor of Pediatrics at the Feinberg School of Medicine, Northwestern University Medical School where he advanced to a tenured Professor in 2000. Bill assumed numerous leadership responsibilities including Director of the Fellowship Training Program, of the Research Career, Development and Physician Scientist Program, of the K and TL1 Postdoctoral Awards Programs of Northwestern University's CTSA, and of the Pediatric Academic Affairs and Child Health Research Center (CHRC) and its Integrated Graduate and Fellowship Programs. As a faculty member Bill was highly academically productive, with more than 170 peer-reviewed publications. He made seminal research contributions related to the immunologic basis and molecular pathogenesis of nephrotic syndrome, the role of cell signaling and tubulointerstitial injury in the development of renal fibrosis among other areas. In addition, he served as a mentor for over 60 students and trainees, ranging from high school, undergraduate college, medical school, graduate school, fellowship, post-doctoral training, and junior faculty. Bill served on and chaired more than 20 NIH and other scientific organization grant review committees and certainly facilitated the investigative careers of an entire generation of pediatric nephrologists.

As if these were not enough, Bill served on the Board of Directors of Children's Memorial Medical Center. He also was Chair of the American Board of Pediatrics, Sub-Board of Pediatric Nephrology, later serving as medical editor for the Sub-Board for many years, work that he continued to do through the late stages of his illness. Along with Bruder Stapleton, Dick Behrman and Ted Sectish, he co-founded the Council of Pediatric Subspecialties. He played important roles in many scholarly publications, including being the Medical Editor of the journal *Nephrology* and on editorial boards for the *Journal of the American Society of Nephrology* and the *American Journal of Physiology (Renal Physiology)*, as well as being a founding member and the longest member of the Editorial Board of the journal *Pediatric Nephrology*.

Distinguished service was part of Bill's DNA, as exemplified by his service to the American Society of Pediatric Nephrology (ASPEN) and the International Pediatric Nephrology Association (IPNA). He had the longest tenure ever on ASPEN Council from 2000-2014 where he was Council Member (2000-04), Secretary-Treasurer (2004-08), President-Elect (2008-10), President (2010-12) and Past-



President (2012-14). He was the North American Regional Secretary of IPNA from 2004-08 and Chair of the Scientific Organizing Committee for the 15<sup>th</sup> IPNA Congress in New York City in 2010. He was also the organizer of the American Society of Nephrology's "Why kidneys fail: translating basic mechanisms of disease progression in novel therapies" during Renal Week 2005. He was the recipient of the Jose Strauss M.D. Award for Career Academic Excellence in Pediatric Nephrology and received the ASPEN's highest honor, the Founder's Award, in 2018.

During Bill's long tenure on ASPEN Council, he was challenged with multiple tasks including working with then President Lisa Satlin to transition the ASPEN office to a permanent one with dedicated professional staffing. Along with Sandra Watkins and Sharon Andreoli, he conceptualized and initiated the Corporate Liaison Board (CLB) to strengthen ASPEN's fund raising efforts. Additionally, he heralded both the first ASPEN Strategic Planning Initiative and Leadership Development Program along with Joseph Flynn. With Bill Smoyer, Marva Moxey-Mims and others, he also started the ASPEN Therapeutics Development Committee. He led an effort to have a Program Project Grant funded for ancillary studies to the NIH FSGS-Clinical Trial with 4 investigators receiving NIH funding. Finally, and most importantly in terms of Bill's legacy to ASPEN, he participated in the founding of the ASPEN John E. Lewy Advocacy Scholars Program, for which he became a mentor and nurtured advocacy skills of over two dozen junior pediatric nephrologists, helping to ensure that ASPEN will be well-represented on Capitol Hill for the next generation.

Bill's dedication to pediatric nephrology and academic medicine was only exceeded by his devotion to his family, including his wife Maria, daughter Adrienne, sons Michael and Owen and his seven grandchildren. He coached soccer teams and mentored school science projects. Music was also an important part of Bill's life. He played a variety of instruments—violin, bass guitar and guitar—and performed in diverse settings such as a band while in college at Yale, his Synagogue choir, a local Klezmer band and singing the lyrics he had written for songs commemorating ASPEN's 50<sup>th</sup> Anniversary. He was also a dedicated runner and completed the Chicago marathon.

So much has been said by so many colleagues about Bill and his impact on our field and our community. His remembrance will live on with the H. William Schnaper Honorary Lecture and his wonderful interview on the ASPEN's History Project site. At the end of the Memorial Service for Bill, everyone sang "Puff the Magic Dragon," and we can only imagine Bill's smiling face to us all as we said one last goodbye.

*-Drs. Laurence Greenbaum, Victoria Norwood, Eileen Brewer, William Smoyer, Marva Moxey-Mims, Joseph Flynn, Barbara Fivush, Patrick Brophy, Brad Warady, Sandra Watkins, Isidro Salusky, Rick Kaskel*

\*We welcome you to add a comment on wonderful life that Dr. Schnaper led on the [H. William Schnaper Tribute page](#).

# Announcements

## Thank you, Dr. Shatat!

ASPEN would like to thank Dr. Ibrahim F. Shatat for his many years serving as the Social Media Chair! We appreciate the more than 20,000 tweets and posts, and for growing our followers to more than 5,500! Words cannot express how much we appreciate the time and dedication to ASPEN's social media accounts. We know that this was no small task. Thank you!



## NephCure Pilot Program Announcement

NephCure Kidney International is continuing in 2021 the Pilot Program for investigator **initiated** studies that employ CureGN or NEPTUNE resources. The deadline to submit a Letter of Intent to apply is approaching – January 28, 2021. The program is welcome to all regardless of participation in CureGN or NEPTUNE. Details about the program and application process can be found on the NephCure website: <https://nephcure.org/research/apply-for-research-grants/>.



## Reminder: ASPEN Has Moved to a New Platform! Renew your 2021 ASPEN & IPNA Membership and Update Your Profile Today!

### Welcome to ASPEN's New Portal!

This portal allows you to renew your dues, register and track annual meeting registrations, update your member profile, and visit the members only section of our website.

### ACCOUNT CREATION INSTRUCTIONS:

1. Click [here](#) to get to the members only log in portal. *Your username is the email address associated with your membership.*
2. Click "I forgot my log in name or password"
3. Enter the email address associated with your membership.
4. You will receive an email with instructions on how to update your password. Please follow those instructions.

Your new credentials (email address and password) will be used to log in to our members only portal moving forward.

### RENEWING YOUR 2021 MEMBERSHIP:

1. After successfully logging in, click on the blue hyperlink to renew your membership for 2021. It says "*Click here to renew your membership for 2021!*" You will be led to a new page.
2. If not automatically selected, choose your membership type.
3. You have the option to add a donation. If you choose to donate, please specify which campaign you are donating to in the text box that is located towards the bottom of the page.
4. After clicking "submit", you can decide whether you would like to pay by credit card, e-check, or pay later and mail in a check.
5. After remitting payment, you will be directed to the page where you can update your profile information. Please be ensure this is updated, it is important that records remain updated.
6. You will be emailed a confirmation after renewing your membership. *If you need a receipt, please login to the ASPEN Member's Site and click "Renew My Dues" and then to "Transaction Details" to print your dues receipt.*
7. **IPNA Membership:** If you would like to renew your IPNA membership, click on IPNA Renewal under the What Would You Like To Do dropdown on the right hand side. From there, choose either the Online Journal or the Printed Journal. Add the membership type of your choice to the "cart" and proceed with payment.

### FRIENDLY REMINDER TO REVIEW YOUR PROFILE

We would like to have up to date information on all members; this will help us serve you better! There are two ways to renew your profile:

1. After remitting your 2021 membership payment you can update your profile information (see step 5 under the 2021 membership renewal instructions)
2. Or, under the What Would You Like To Do dropdown on the right hand side, click on "Update my Profile". Update your information and then click "submit".

We hope you enjoy the new log in portal! If you have any questions, please reach out to [info@aspnep.org](mailto:info@aspnep.org).



## Renew your IPNA Membership

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

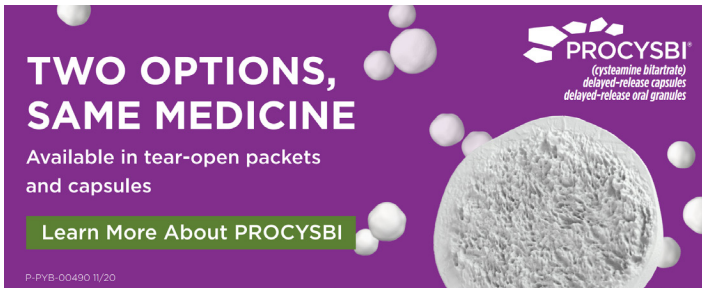


# Meeting & Lecture Announcements

## 8th Annual ASPN Multidisciplinary Symposium Sponsors

Thank you to our generous sponsors!

### Gold Level



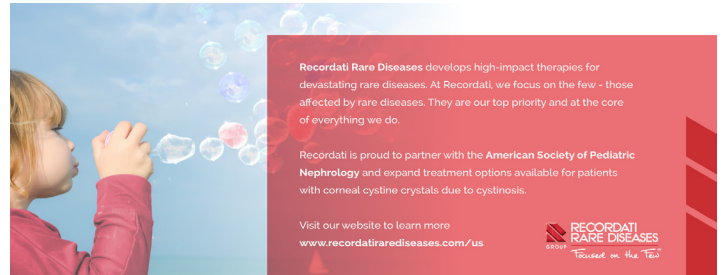
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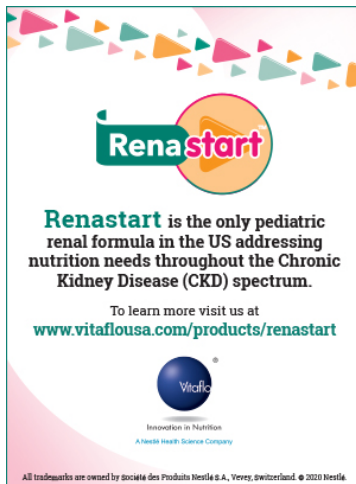
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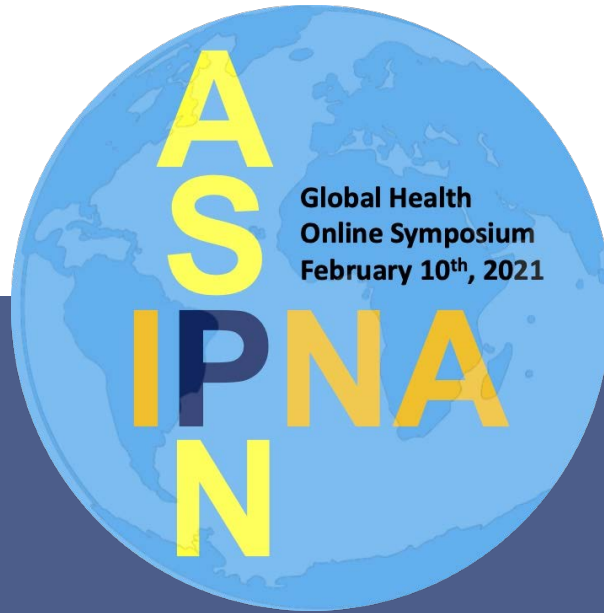
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## ASPN/IPNA Global Health Online Symposium

Bringing together a community of individuals passionate about the success of pediatric nephrology education, collaboration, and program development in limited resource settings.

### Topics:

- Geographic Resource Variation
- Nephrology-focused Site Assessment
- Current Projects and Collaboration
- IPNA Programs and Future Directions

More information: [www.ipna-online.org](http://www.ipna-online.org)

**February 10, 2021 2pm CET/8am EDT**



American Society of  
Pediatric Nephrology



# Meeting & Lecture Announcements



American Society of  
Pediatric Nephrology

On behalf of the American Society of Pediatric Nephrology's Committee for Global Health and the International Pediatric Nephrology Association's Specific Priorities in Low Resource Countries Committee, we are pleased to invite you to join as faculty for a joint ASPN / IPNA Global Health Online Symposium.

The goal of the symposium is to bring together a community of individuals passionate about the success of pediatric nephrology education, collaboration, and program development in limited resource settings. The symposium aims to share knowledge and experience regarding pediatric nephrology resource variation, ongoing collaborations, and existing programs and opportunities.

**Date:** Wednesday February 10<sup>th</sup>, 2021

**Time:** 5 AM Seattle, 8 AM New York 1 PM London, 2 PM Italy, 6:30 PM India, 2 AM New Zealand (Thursday)

## Program:

	Topic	Presenter	Duration (min)
	<b>Welcome</b>	Dr. Dorey Glenn	3
1	<b>Geographic Pediatric Nephrology Resource Variation- <i>What do we need to know?</i></b>	Dr. Melvin Bonilla-Felix	20
2	<b>Nephrology-focused assessment of clinical sites in low resource settings- <i>How do we assess what we need to know?</i></b>	Dr. Mignon McCulloch	20
3	<b>Mini-presentations- <i>What are we doing and what lessons have we learned?</i></b>		8 min + 4 min for questions
	1. Long Term Pediatric Nephrology Collaboration (Managua and Milano)	Dr. Giovanni Montini	
	2. Starting a Peritoneal Dialysis Program in Addis Ababa- Lessons Learned	Dr. Sangeeta Hingorani	
	3. Puerto Rico and Guatemala- An IPNA Sister Centre Collaboration	Dr. Melvin Bonilla-Felix Dr. Randall Lou-Meda	
	4. ISN Sister Renal Center Experience- St John's Medical College Bangalore, India	Dr. Nivedita Kamath	
	5. Health Volunteers Overseas- A Partnership for Pediatric Nephrology Volunteerism	Nancy Kelly Dr. Dorey Glenn	
4	<b>IPNA and Low Resource Countries- <i>Current Programs and Future Directions</i></b>	Dr. Kim Yap	10
5	<b>Discussion and Closing</b>	Dr. Sudha Mannemuddhu	10

## Meeting & Lecture Announcements



Children's  
of Alabama

U.S. MEDICINE

VIRTUAL  
TRAINING  
via  
**zoom**

1.5 day course: All day Monday and either morning or afternoon session on Tuesday (assigned by meeting organizers)

### TOPICS INCLUDE

- Acute Kidney Injury and Fluid Overload in Small Children
- End Stage Renal Disease in Neonates
- Principles of Neonatal Kidney Support Therapy
- Neonatal Kidney Support – The Neonatologist Perspective
- Neonatal Kidney Support – The Parent's Perspective
- Educating Your Team
- Caring for Your Program
- Nutrition and Medications While Providing Kidney Support
- Team-Based Simulations

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Physicians: \$325

Nurses: \$275

**Monday, February 1 and  
Tuesday, February 2, 2021**

*Save the Date!*

We will notify you when registration opens.



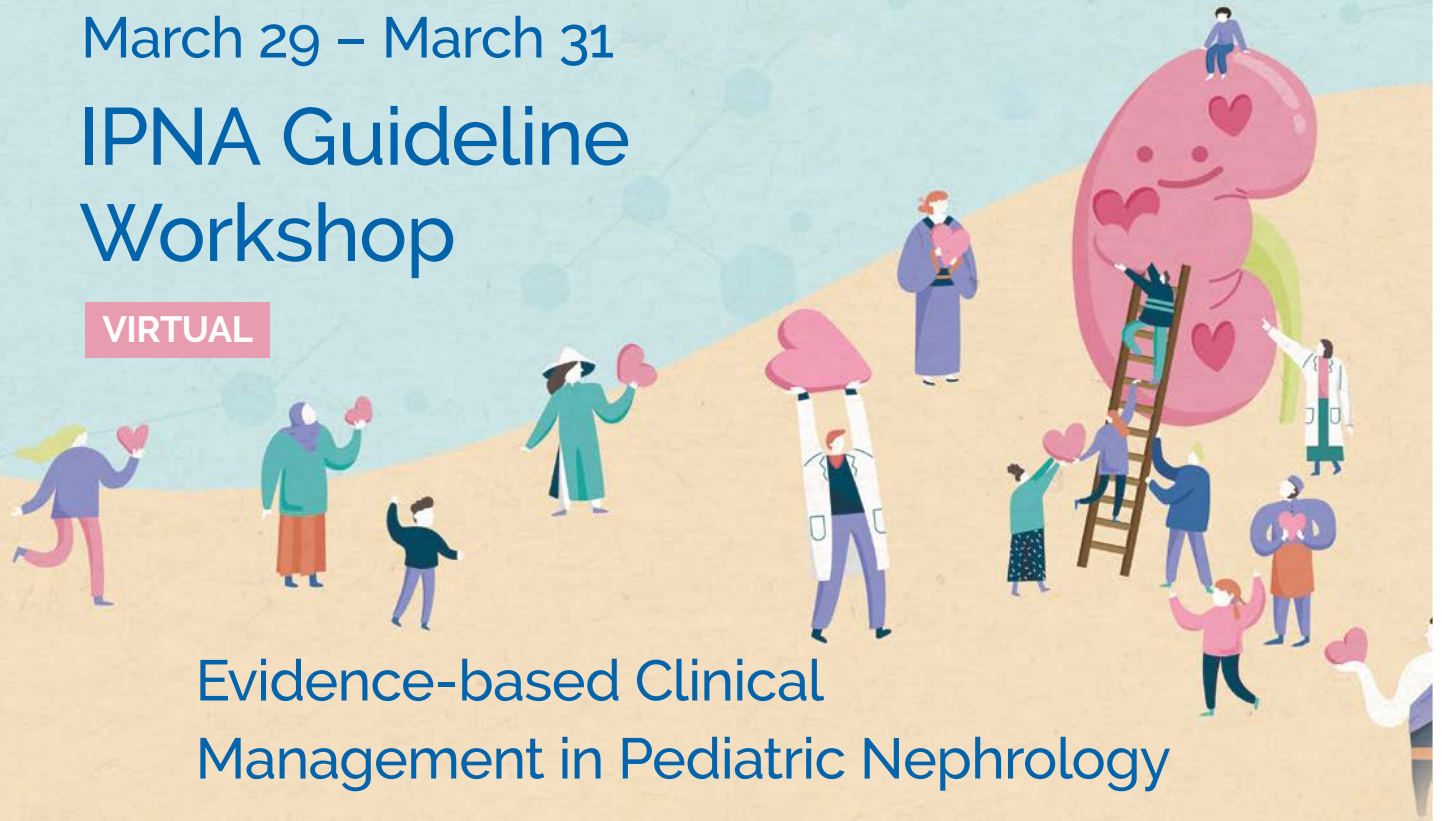
Due to the restrictions imposed by the COVID-19 Pandemic, the **47<sup>th</sup> Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 19-21, 2021 at the historic Royal Palm Hotel in Miami Beach. It is a unique international forum for pediatric and adult nephrologists, 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!!



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

## March 29 – March 31 IPNA Guideline Workshop

VIRTUAL



## Evidence-based Clinical Management in Pediatric Nephrology

Dear Colleagues,

I cordially invite you to the first workshop on Evidence-based Clinical Management in Pediatric Nephrology which is organized by the IPNA Best Practice and Standards Committee. Due to the ongoing COVID-19 pandemic this workshop will be held virtual. The workshop is dedicated to guideline methodology, distribution and implementation. More than 20 new guidelines will be presented by international experts and there will be plenty time for discussion. The workshop takes place in the afternoon of Central European Time (CET), and begins after the day's program of the Asian Congress of Pediatric Nephrology (ACPN2021). This allows convenient attendance from colleagues from different time zones and thereby offers a unique opportunity to discuss important guidelines and identify new burning topics in the field of pediatric nephrology within a large audience spanning the whole globe.

I look forward to your participation

Prof. Dieter Haffner, Chair of the Scientific Committee

Free  
Registration  
[www.acpn2020.com](http://www.acpn2020.com)



# PAS 2021 VIRTUAL

Phase I: April 30 – May 4, 2021 | Phase II: May 10 – June 4, 2021

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- 60+ Specialties & 500+ Hours of Top-Level Science & Education
- Attend Live Sessions online or listen at your convenience
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- Access to Recorded Presentations and E-Posters through January 2022
- Flexible Two-Phase Schedule to minimize "Zoom" fatigue

#### PHASE I

Friday, April 30 – Tuesday, May 4, 2021

#### Three Scientific Blocks Per Day:

- Live Scholarly Sessions, Platforms & Plenaries
- Live Q&A, Networking, and Topic Chats
- 3,000+ E-Posters
- Pre-Conference Programs
- Interactive Exhibit Hall
- CME & MOC Part 2 Credits

#### PHASE II

Monday, May 10 – Friday, June 4, 2021

#### Two Scientific Blocks Per Day:

- Live Sessions
- Workshops with Breakout Discussions
- Additional Scholarly Sessions, Platforms, and Scientific Programming
- Continued Access to All Phase I Recorded Content & E-Posters
- Exhibit Hall Access
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[pasmeeing.org](https://pasmeeing.org)

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## 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:

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

### ASPEN Central Office

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