Dear Colleagues,

One of the most important duties we have is to help develop a pipeline of trainees interested in pursuing Pediatric Nephrology as a career. Despite our focus on workforce and the amazing efforts of our membership, I believe we all were disappointed with our recent fellow match that resulted in very few people entering our fellowship programs. Indeed, many of our fellowship programs went unfilled. Over the remainder of my presidency I would like to make trainee recruitment as a major focus. I have spoken with Dr. John Mahan who has a wealth of experience and ideas on how we might be able to approach this issue in a multi-pronged and innovative manner.

At this point I welcome any and all ideas regarding this critical issue. Over the next few months we will likely be conducting surveys and may well entertain a summit to explore these issues and develop a QI approach to address potential options and identify metrics we could use to assess the results of new and enhanced methods to improve fellow, resident and student recruitment. Please stay tuned!

Pat
Patrick_Brophy@urmc.rochester.edu
Please send us (info@aspneph.org) photos of pediatric nephrologists receiving awards or giving important lectures so we can share them in *KidneyNotes*.
I so appreciated the opportunity to participate in APSN last year with the help of an ASPN travel grant. With this support, I was able to take a break from the general responsibilities of residency and network with mentors, learn from research presentations, and discover what a career in nephrology looks like by participating in career development workshops and speaking with nephrology fellows from around the country. I have planned on pursuing fellowship in pediatric nephrology since starting residency, and this was a wonderful way to stay engaged with the field I am passionate about!

Please support the ASPNF

A Lane Baldwin, MD, Pediatric Resident
Innovative research update. The Children’s Hospital of Philadelphia (CHOP) Pediatric Center of Excellence in Nephrology (CHOP PCEN), funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), was established to break down barriers to implementing clinical trials in childhood kidney disease. It includes two research cores: a Learning Health Systems (LHS) Core and a Clinical Phenotyping Core. The LHS Core leverages PEDSnet (www.pedsnet.org), a national multi-specialty collaboration across eight pediatric academic health systems, which has developed a national digital architecture to rapidly implement an LHS across multiple pediatric conditions. The LHS Core Services include a data science consultation service, methodological consultation on design and analysis using PEDSnet as a data resource, and access to Pediatric Nephrology Data Resource for descriptiveobservational studies. The Clinical Phenotyping Core leverages the resources of the CHOP Center for Human Phenomic Science and its state-of-the-art methods for the assessment of bone quality, body composition, bionutrition, and vascular health. Core services include: anthropometric growth assessment, body composition, bone health assessment, muscle strength measures, cardiovascular profiling, and dietary assessment.

The CHOP PCEN is seeking applications to support 1 pilot and feasibility research project funded to a maximum of $50,000 per year for up to 2 years, and will also entertain applications for a mini-grant voucher program ($2K to 10K) to utilize resources of the PCEN Cores. Applications must include human subjects’ research in pediatric nephrology. Letters of Intent are due on March 8, invitations to submit Full Applications will be issued by March 29, and full applications are due on May 10, 2019. Awards will be announced by June 14, 2019. For questions, please contact Benjamin Laskin, MD (laskinb@email.chop.edu) or Natalie Walker walkerna@email.chop.edu.

CHOP PCEN has also put out Call for Applications for the 2019 Summer Research Scholars Program. This 8-week program (June-August 2019) is open to high school, undergraduate, post-graduate, or medical students. Students will perform their own mentored research, receive didactic training on clinical epidemiology and career development, and will shadow nephrologists in the clinic. Students will receive a $4000 stipend. Complete applications, including a faculty recommendation letter, must be received on March 18th and final decisions will be made by April 1, 2019. Apply online: https://redcap.chop.edu/surveys/?s=EY99SWE79F For more information, please contact the program coordinator Natalie Walker (walkerna@email.chop.edu) or the program director Dr. Erum Hartung (hartunge@email.chop.edu).

The Division of Nephrology and Hypertension at Cincinnati Children’s, is recognized as a Pediatric Center of Excellence in Nephrology. In late 2017, the NIH renewed the center’s P50 ($4.2 million grant; Principal Investigator and Division Director Prasad Devarajan, MD). The overarching theme: to conduct innovative and high-impact bench-to-bedside studies that explore the causes and possible therapies for critical pediatric kidney diseases that are underserved from a research standpoint—namely, acute kidney injury, kidney fibrosis and cardio-renal syndromes. The Center currently includes three major projects and six pilot studies, as well as several Cores (Gene Expression, Biomarker, and Enrichment). The P50 grant provides a unique opportunity for collaboration and innovation among talented researchers. It will be exciting to see what the next several years yield in the Center national collaborative efforts to better understand and treat pediatric kidney disease.

Therapeutics Development. Historically, there was no good mechanism connecting the academic pediatric nephrology community with industry sponsors and vice versa. ASPN research committee (RC) is working with ASPN’s Therapeutics Development Committee (TDC) and pharmaceutical industry partners to advocate for clinical trials in childhood kidney disease. A new workgroup “ASPN TDC RC Study Site Readiness for pediatric nephrology clinical trial (pnCT)” has begun meeting to develop a survey to better understand our community’s readiness and desire to participate in clinical trials; to address institutional challenges and assess needs for education and support. This should culminate in an educational workshop to be held at an upcoming PAS meeting. This workgroup is open to all members of the RC and TDC - We are open to and looking forward to hearing your ideas, suggestions, proposals, etc. With great minds and collaboration, we hope this will prove to be a great and beneficial venue for all of us to bring many great pharmaceutical discoveries to our patients’ bedside in a timely, safe, and ethical manner.

KidneyX #RedesignDialysis. The Kidney Health Initiative (KHI) developed a framework for new ideas and proposals to improve dialysis and called it: KidneyX #RedesignDialysis. During ASN Kidney Week 2018, Joseph V. Bonventre, MD, PhD, announced the release of the “Technology Roadmap for Innovative Approaches to Renal Replacement Therapy”. The roadmap is intended to increase interest, investment, and innovation in renal replacement therapy. It is now available for innovators, researchers, and entrepreneurs. February 28, 2019 is the deadline for Redesign Dialysis Phase 1. We hope that the Pediatric Nephrology community will come together to participate in this upcoming and innovative technology to adopt and redesign it for pediatric needs. One of the substantial areas of need is an adequate dialysis for low-birth and pre-term babies with AKI. We hope our group participates in Phase 2 of this initiative and help address the needs of our patients.

Pediatric Nephrology Research Consortia: We have compiled and would like to maintain an up-to-date list of pediatric nephrology research consortia which includes approximate numbers of member sites, numbers of past and current studies, as well as coordinator contact information. The list is located on our ASPN Research Committee website (https://www.aspneph.org/committees/research-committee/). If you would like your research consortium listed please contact one of the research committee co-chairs.
Clinical Affairs Committee Update

Greetings everyone!

Despite the exceptionally cold winter this year, the CAC has been hard at work!

The collaboration with the AAP for the Choosing Wisely project was finalized and is published on the AAP website:
http://www.aappublications.org/news/2018/08/02/fyinephrology080218

A letter of support for Reconsideration of National Coverage Determination for Ambulatory Blood Pressure Monitoring was submitted to the Center for Medicare Services. Unfortunately no new updates on the status.

LOOK OUT for the Billing & Coding Webinar which is a collaboration between the Workforce and Clinical Affairs Committees. The first one will be mostly focused on the nuances of dialysis billing with scenarios but if successful we anticipate expanding the topics based on your suggestions! The inaugural webinar titled “Dialysis Billing: A case-based discussion” will take place on Tuesday April 23rd from 3-4 PM EST and will feature Dr. Mark Joseph and Dr. Sarah Swartz as content experts.

SEEKING VOLUNTEERS

2018 and 2019 have been ripe with examples of how important it is to BE PREPARED for any emergency. Whether it be weather related (snow, flooding, bitter cold) or other disasters (wildfire, contamination of local water) the importance of having a clear organized plan for such emergencies is evident. Clinical Affairs Committee would like your help to develop guidelines and materials for pediatric nephrology practices and dialysis units as they prepare and help their patients prepare. If you are interested please reach out to any of the co-chairs.

Join Us

We will be hosting a conference call prior to PAS on March 7 at 4PM EST. All ASPN members are invited to join! Dial-in to: 800-944-8766 and use code 61100.

Looking forward to seeing everyone in Baltimore in April!
Member Education Committee Update
Looking for content speakers and interesting cases!
The member education committee is looking for help for their monthly webinars. These conferences are typically held on the first Monday of every month at 3PM EST. We alternate each month between radiology and pathology webinars. This webinar is for physician learners at all levels of experience from fellows to experienced full professor faculty. During each webinar, there is a content speaker who delivers a 10-15min powerpoint presentation on the topic with a few multiple choice questions. There is usually a practice session one week before the conference.

**Currently, we are looking for interesting cases or content speakers. Content speakers do not necessarily need to be experts in the field; speakers just need to be able to review the webinar topic and present innovative and updated information.**

If you are interested in being involved, please email Joann.Carlson@rutgers.edu for Pathology and rruebne1@jhmi.edu for Radiology.

Workforce Committee Update
The Workforce committee is pleased to announce a new "Clinical Practice Webinar Series" that we hope will add value to the ASPN membership by addressing timely and practical issues relevant to the day to day practice of pediatrics nephrology. The inaugural webinar titled "Dialysis Billing: A case-based discussion" will take place on Tuesday April 23rd from 3-4 PM EST and will feature Dr. Mark Joseph and Dr. Sarah Swartz as content experts. The Webinar cases will be distributed to the membership in a follow-up webinar reminder email.
Public Policy Committee Update
Fiscal Year 2020 Appropriations Process to Kick Off Soon
The President recently signed the final fiscal year (FY) 2019 spending package that funds all of the agencies that had been shutdown earlier this year marking the conclusion of the FY 2019 appropriations process. Washington’s focus can now shift to FY 2020 appropriations. That process will officially begin with the release of the President’s FY 2020 budget in March.

The Office of Management and Budget (OMB) will issue the main budget volume containing the President’s budget message, top priorities and summary tables during the week of March 11. The remaining materials will be released the week of March 18. These include the appendix, which contains detailed line-item information for each agency; “major savings and reforms” volume, which details proposed cuts to mandatory and discretionary programs; and analytical perspectives document, which contains information on a variety of topics ranging from the long-term budget outlook to funding priorities that cut across several agencies like research and development.

The budget was delayed as a result of the 35-day partial government shutdown — the longest in history — which began after the President and the Congress were unable to agree on border security funding. According to White House planning documents and press reports, only about one-third of OMB staff were working during the shutdown, which lasted from December 22, 2018 through January 25, 2019, during what would have been prime time for finalizing the FY 2020 budget.

Of more substantive concern, some media sources are now reporting that the budget will propose much higher defense spending than allowed under the statutory caps that go back into effect in FY 2020. Previously, administration officials have floated figures as high as $750 billion, or 30 percent higher than next year’s limit, though it’s unclear how much of that figure would utilize funds that are exempt from the caps.

The reporting also says the budget will propose that nondefense spending – which includes virtually every program of interest to ASPN members -- be held at the level of next year’s nondefense cap, which is $55 billion or 9 percent below fiscal 2019 levels. That would be in keeping with past budget requests from this administration and would be absolutely devastating for domestic discretionary spending.

Congressional leaders are expected to try to negotiate another deal with the President to raise the defense and nondefense discretionary spending caps, preventing a drop in allowable discretionary spending in FY 2020. If history is a guide, the caps have been raised three times since they were enacted in 2011. Assuming that effort is successful again, we would not expect to see that agreement reached until much later in the year. That would likely mean the need for Continuing Resolutions once we get past October 1, 2019, the start of the new fiscal year. We should not expect the Labor-HHS spending bill to be enacted before the start of the new fiscal year for the second consecutive time.

Living Donor Protection Act Introduced
The Living Donor Protection Act, a long-time policy priority for ASPN, has been re-introduced in the 116th Congress by Representatives Jerry Nadler (D-NY) and Jamie Herrera-Beutler (R-WA) in the House of Representatives and by Senators Tom Cotton (R-AR) and Kirsten Gillibrand (D-NY) in the Senate. The bill would promote access to living kidney donations by protecting donors, securing jobs and providing education about living kidney donation. The House and Senate both introduced the same version of the bill, which should help simplify the process as the legislation advances. We are hopeful that the next step will be for the committees of jurisdiction to hold hearings and markups on the bill. Stay tuned for ways to take action to ask your Members of Congress to support this important legislation!

PATIENTS Act Advocacy Continues
In February, ASPN met with the bipartisan sponsors in the House of Representatives of the PATIENTS Act, which has not yet been reintroduced in the 116th Congress. ASPN shared suggested changes to the bill that would protect pediatric ESRD patients. One change would be to include a pediatric nephrologist on the stakeholder board and as an eligible participating provider for programs that include pediatric patients. ASPN also requested that the Government Accountability Office (GAO) conduct a study and report on payment adequacy for pediatric ESRD services. We will continue to update ASPN members on updates on the PATIENTS Act.
Nephcure Establishes Nephrotic Syndrome Specialists Panel

Because patients (mostly adult patients) have often had difficulty finding a nephrologist who has expertise in the evaluation and management of nephrotic syndrome, Nephcure Kidney International is establishing a glomerular disease specialist list for patients. Nominations can come from renal pathologists, other nephrologists and healthcare providers, and individual physicians can self-nominate. Since so many pediatric nephrologists are expert in the care of patients with nephrotic syndrome, many of you would qualify for inclusion in the list. If you practice in a large pediatric nephrology group, please limit the nominations to those in your group who are focused on glomerular disease. Consider the family that might come from another state and be assigned to someone in your clinic who is fresh out of fellowship or who spends the majority of his/her time with dialysis patients. You would want that patient to see your local guru!

Here are the criteria for inclusion in the list.

Role as a Glomerular Disease Specialist:
• Regularly sees patients with nephrotic syndrome
• History of research participation (i.e. clinical trials, consortia, or other studies)
• Designated glomerular disease specialist within the practice/clinic

Role as a Physician:
• Demonstrated compassionate bedside manner
• Experience referring patients to clinical trial sites
• Willingness to see patients for a second opinion.

To nominate someone (or yourself) please go to nephcure.org/nss—please note: this list of experts in no way is linked to ASPN and Nephcure does not represent this list as provided by ASPN.

Please help us make this a path to improve care for our patients with nephrotic syndrome!
Thanks and Happy New Year,
Elaine Kamil, MD

Call for Transplant Interest Group (TIG)

• Do you take care of children who are pre or post kidney transplant?
• Do you wonder how to stay current on transplant related regulations, standard of care, new developments, etc when your transplant practice is not the major focus of your clinical work?
• Do you have an interest in connecting with others who feel similarly?

We are considering initiating a Transplant Interest Group (TIG) with the intent of providing a mechanism for like-minded pediatric nephrologists who care for children both pre and post transplant but who do not have the ability to attend the annual transplant meetings or be active members of the transplant societies to fill that need. We also encourage the participation of those of our members who are heavily involved in transplant as part of their practice.

To assess interest in this new initiative, I would appreciate if you could reach out to me at smbartosh@wisc.edu and copy info@aspneph.org.

More details to follow!!!
Sharon M. Bartosh, MD

FREE Entertainment Supplies for Pediatric Dialysis Units

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

The Guts Gear Foundation was started by John Cook, a former pediatric dialysis patient.

Your unit could be next! Refills are also available for units that have received supplies in the past.

Please contact via the website: www.thegutsgearfoundation.org
Let me know if you have any questions.
Cyndi Cook (Cyndicook@gmail.com)

SAVE THE DATE
ASPN 2019 Board Review Course
September 13-15
Nationwide Children’s Hospital
Columbus, OH
Registration Now Open!

ASPN Marketplace

ASPN Marketplace is the place to advertise employment opportunities in Pediatric Nephrology. To place an advertisement, go to https://www.aspneph.org/employment-ads/.
Save the Date:

ASPN Affiliate Webinar

Date: Friday, March 15, 2019 at 12pm EST
Topic: Office Pediatric Nephrology Problems for NPs presented by Dr. Sudha Garimella

To join the webinar, go to the following link: http://aspn.adobeconnect.com/affiliates

Adobe Connect is easy to use and gives you the option of listening to the audio via your phone or your computer. You will be able to see the slide and ask questions via your computer. You can test out the link above now to make sure you have no problems connecting.

For audio, call in to the following number:
US (Toll Free): 1-866-876-6756; and use participant code: 6197655207

Call for Nominations: AAP SONp Executive Committee Training Fellow Liaison

The AAP Section on Nephrology Executive Committee is interested in engaging pediatric nephrology training fellows in leadership opportunities. Dr. Brian Stotter is currently serving in the Executive Committee Training Fellow Liaison role and his term will end on June 30, 2019. At this time, we invite all interested first or second year pediatric nephrology fellowship trainees to submit their nomination for the open position by Friday, April 19, 2019. Nominees must be an AAP and SONp member and can join at the time of nomination. Additional information and a description of the position with the eligibility criteria can be reviewed here.

Should you have any questions, please feel free to contact Dr. Brian Stotter at brian.stotter@childrens.harvard.edu. You may also contact Suzanne Kirkwood at skirkwood@aap.org at 800/433-9016, ext. 6648.

Making Dialysis Safer For Patients Coalition

The Making Dialysis Safer for Patients Coalition is a partnership of organizations and individuals that have joined forces with the common goal of promoting the use of CDC’s core interventions and resources to prevent dialysis bloodstream infections. Launched in September 2016, the Coalition’s goals are to:

• Facilitate implementation and adoption of core interventions through promotion, dissemination, and use of audit tools, checklists, and other resources
• Increase awareness about the core interventions for dialysis bloodstream infection prevention through educational efforts
• Share experiences and findings through collaboration with other Coalition participants

We welcome Partners and Members to join. Partners include organizations, such as professional organizations, dialysis delivery organizations, patient groups, state and local health departments, certification organizations, and other organizations from the kidney care community. Partners join the Coalition by contacting DialysisCoalition@cdc.gov to request a partnership packet.

Members include individuals, such as staff from individual clinics, nephrologists and nephrology nurses, dialysis technicians, leaders in infection prevention and/or patient safety, dialysis educators, patients, caregivers, and others. The role of Members is to help spread the word about the effectiveness of the CDC Core Interventions and motivate staff to implement them in their facilities. If you are interested in joining the Coalition as a Member, please visit our Members page to sign up.

Learn more about the history of the Coalition in the CJASN feature article titled, “The Making Dialysis Safer for Patients Coalition: A New Partnership to Prevent Hemodialysis-Related Infections”
Dr. John K. Orak FOLLY BEACH - On Sunday, February 17, 2019, Dr. John K. Orak, loving husband and caring father of four, passed away at the age of 67. John grew up in Linden, New Jersey and attended St. Peter's College. His father was a firefighter and his mother was an immigrant from Czechoslovakia. In fact, John spoke Slovak before English. He graduated from The George Washington University's School of Medicine in 1977 and completed his post-doctoral work at Shands Teaching Hospital at the University of Florida in 1983. He established the pediatric nephrology program at the Medical University of South Carolina. For 30 years, John devoted his life to caring for his young patients as a pediatric nephrologist at MUSC and Dialysis Clinic Inc. He flew all of the state as the only pediatric nephrologist to care for the children of SC. John Orak was a committed physician who embodied service above self with a heartfelt compassion that made him beloved by his patients. For anyone lucky enough to meet him, there was never any doubt in the depth of love this man felt for his patients and his family. He was absolutely a unique and brilliant person – on the one hand, a renaissance man who would expertly expound on music, film, religion/philosophy, sailing, the economy, politics – seemingly endless topics. On the other hand, he was a true “salt of the earth” rebel who with his trademark loud and colorful language never hesitated to question authority or bureaucracy. He never shied from denouncing hypocrisy, selfishness or self-righteousness. John had zero pretenses – he was simply all there. In the early days of his career he often came to round in our PICU with a musical instrument in hand extemporaneously composing songs for the patients and staff. He was truly a people person – a gifted extrovert who genuinely wanted to know and understand the personal history of everyone he met. His passion for caring was simply so encompassing and obvious that it was endearing. John's clinical acumen was remarkable – he could almost instantaneously distill enormous medical data into a diagnostic and therapeutic plan. You would be hard pressed to find a topic that John could not hold his own in a conversation with you. He mentored many students, residents and colleagues over the years. Dr. Coral Hanevold wrote, "After I left MUSC John loved to tell people and I QUOTE – "I taught her everything she knows" – and while some might take exception to that, it was in a sense true. John's intense devotion to his family, patients and colleagues never seemed to waver and he shared his enthusiasm for life with all. Robert Hollemean wrote, "I remember spending a month with Dr. Orak at MUSC in 1991 as a second year resident and wondering if we were EVER going to get done with rounds because he was busy playing the piano and singing to the kids in the atrium! That month cemented my interest in nephrology." For me, John was one of the main reasons I came back to MUSC as I was excited to work with my mentor from medical school. Even though he retired before I started, we shared many phone calls as he would call to check in on his patients and give me the ‘low down’ on what was going on in Charleston. John is survived by Barbara (Zahner) Orak, his wife of 41 years; his four children, Jennifer Meyer and her husband Robert, John Orak and his wife Yolla, Jacqueline Orak, and Jessica Orak; his sister Deborah Orak; and his grandchildren Marisa, Benjamin, John, and James. A Funeral Mass was offered on Monday, February 25, 2019 at 11 o'clock a.m. in Our Lady of Good Counsel Catholic Church at 56 Center Street, Folly Beach, SC. In lieu of flowers, donations to Camp Okawehna in John's memory would be appreciated. Camp Okawehna is a weeklong summer camp for children with kidney disease. Camp Okawehna 1633 Church St., Suite 500 Nashville, TN 37203.
**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 2017 webinar series has closed and we will move forward with the 2018-2019 Academic Year webinar series. ASPN members will continue to have access to the content through the ASPN website.

If you are interested in claiming MOC 20 Part II credit in the upcoming 2018-2019 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series, unlike the previous one, you will be required to remit payment of $50 (credit card or cash) to the Children’s Hospital of Philadelphia (to cover the cost of managing the MOC points). The REDCap link will be available on the webinars as well as the ASPN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, and Ben Laskin, emails: rruebne1@jhmi.edu and LaskinB@email.chop.edu.

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**ASPN Renal Pathology Webinar**

Date: April 1, 2019  
Topic: TBD

The ASPN Member Education Committee invites all members to attend our monthly renal pathology interactive webinars/discussions. These will feature a new case each month with pathology presented by Dr. Patrick Walker of Nephropath and a content expert from the ASPN membership. The sessions will typically be the 1st Monday of each month at 3PM Eastern. Watch for an email from ASPN with call-in details.

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**John E. Lewy Foundation (JELF) Scholars Update**

**Join us for ASPN Capitol Hill Day, Wednesday May 1, 2019!**

As pediatric nephrologists, we have another opportunity to advocate for our patients this spring, immediately following the Pediatric Academic Societies / ASPN annual meetings. This year’s ASPN meeting (April 27-30, 2019) takes place in Baltimore, MD – please join us as we make the short trip to Capitol Hill on May 1 to speak with our legislators on behalf of our patients and their families!

**The JELF Advocacy Scholars Program**

The JELF Advocacy Scholars Program is proud to announce our ninth class of Advocacy Scholars. Dr. Jill Krissberg from Lucile Packard Children’s Hospital, Dr. Kaye Brathwaite from The Children’s Hospital at Montefiore, and Dr. Alex Kula from Seattle Children’s Hospital will begin the two-year program this July.

The purpose of the Advocacy Scholars Program is to develop leaders with specific expertise in governmental processes and policies affecting children’s health care. These “mini-sabbaticals” support the education of competitively selected pediatric nephrologists to learn more about federal advocacy initiatives. Focusing on kidney disease and children’s health, the program teaches skills useful in broad arenas of advocacy including federal legislative and regulatory affairs, national and NIH research advancement, and team building with ASPN’s coalition partners. Our current Scholars will attend the Hill Day following this year’s PAS meeting and meet with NIDDK leadership in May as well. All Scholars will attend the AAP Legislative Conference in April 2020. We will be continuing our new curriculum and mentorship program for our current and past Scholars.

We welcome this new group to the growing number of pediatric nephrologists trained in the skills and attitudes needed to be lifelong advocates for children.

You can contribute to these programs at: [http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp](http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp)

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) or visit: [http://aspneph.com/JohnELewyFoundation/JELFMain.asp](http://aspneph.com/JohnELewyFoundation/JELFMain.asp)
OPTN/UNOS NEWS:
As I reported previously, HRSA has directed the UNOS/OPTN to completely eliminate the use of DSA (donor service areas) or regions in allocation policy in order to be compliant with The Final Rule (https://optn.transplant.hrsa.gov/governance/about-the-optn/final-rule/). The Final Rule requires that organ allocation policies “shall not be based on the candidate’s place of residence or place of listing, except to the extent required” by other requirements of The Rule. Those “other requirements” are for allocation policies to include sound medical judgement, best use of organs, the ability for centers to decide whether to accept an organ offer, to avoid wasting organs and to promote efficiency.

At the December Board of Directors (BOD) meeting of UNOS/OPTN, three organ distribution frameworks and the public comment were considered for adoption going forward. The BOD of UNOS/ OPTN approved the framework of Continuous Distribution. To move forward with a kidney allocation policy that eliminates the use of DSA and Regions and works toward the selected Continuous Distribution framework, the UNOS/OPTN Kidney and Pancreas Transplantation Committee (with input from Pediatric Committee members), has been modeling schema to replace the current system for allocation of kidneys. The results of the modeling of alternatives to inform decisions are available via the following links:

- View analysis (PDF; 12/2018)
- Access results (XLSX; 12/2018)

Because there was no consensus as to which of the modeled allocation alternatives would be optimal and because there is not even agreement that any of the modeled options is acceptable, the UNOS/OPTN Kidney and Pancreas Committee has put out for public comment a “Concept Document.” This differs from a policy proposal in that the Committee is asking for stakeholder feedback through the public comment process. All current proposals, including the “Concept Document,” that are available for public comment can be found at https://optn.transplant.hrsa.gov/governance/public-comment/. There are also Webinars available through this link. The deadline for submitting a public comment is March 22nd. The Pediatric Community of Practice (PCOP) of AST is currently working on a comment to represent the pediatric transplant community. I would encourage all to look at the “Concept Document” and the analysis that it is based on and submit a comment if you have particular preferences or concerns regarding this HRSA mandated action. Although not in the “Concept Document,” the Kidney Pancreas Committee has suggested that they are willing to consider changing the pediatric deceased donor candidates fall in the allocation schema. Presently, our patients come after the highly sensitized and multi organ transplants. With increasing kidney Pancreas transplant volumes across the country, some DSAs and Regions have seen longer wait times for their pediatric kidney DD candidates. Additionally, the kidneys that are allocated for combined transplants to adults are typically from low KDPI, excellent donors so they are being taken from the pool of potential donors who would otherwise be offered to children. Again, I would encourage anyone with an opinion on this aspect of pediatric kidney allocation to make a public comment supporting the prioritization of pediatric kidney recipients. The good news is that unlike KAS (the Kidney Allocation System), all of the modeling being considered seems to favor increased transplant volume for children, although the kidneys may likely be coming from further distances with longer cold ischemia times. We will need to monitor carefully the impact on pediatric deceased donor transplantation rates as well as delayed graft function rates for children. The time frame for any potential changes to kidney allocation would be no sooner than 2020. After this public comment period, the Kidney and Pancreas Committee (with pediatric representation input) will put forth a proposal for policy change that will again go out for public comment and will require approval by the UNOS/OPTN Board of Directors. Another proposal that is of interest to our community is the White Paper from the UNOS/OPTN Ethics Committee relating to Ethical Implications of Multi Organ Transplants. The Ethics Committee chose to not address pediatrics in this White Paper which was disappointing. Again, comments supporting the prioritization of children and consideration of the effect of the increasing volume of Kidney Pancreas transplants on pediatric deceased donor candidates would be helpful.

Pediatric Program Requirements
“Applications are Coming”……… It is anticipated that the applications will be sent by UNOS late this Spring to all member transplant programs that have/had at least one pediatric patient on their waiting list in the last five years. Members declining to apply will need to complete an opt-out notice. If for some reason your program does not get an application, please let me or your Regional UNOS representative know. It is anticipated that the 90 day application period will open in Summer 2019. All applications for pediatric transplant programs will be reviewed by the MPSC (Membership and Professional Standards Committee) of UNOS/OPTN. At this point, the likely timeline for decisions to be made will be Fall/Winter 2019/2020 with BOD approval anticipated at either the June 2020 or December 2020 BOD meeting. ALL PROGRAMS, WHETHER YOU ARE FREE STANDING OR NOT, WILL NEED TO COMPLETE THIS APPLICATION PROCESS IF YOU WISH TO CONTINUE DOING PEDIATRIC KIDNEY TRANSPLANTS AFTER 2020. ALL PROGRAMS WILL BE ABLE TO CONTINUE TO OPERATE AS USUAL DURING THE APPLICATION PROCESS AND THE REVIEW OF APPLICATIONS. I will keep you updated as more regarding the timeline becomes available. The policy can be found at https://optn.transplant.hrsa.gov/governance/public-comment/establish-pediatric-training-and-experience/. It is important that you understand that, in addition to the transplant volume requirements (they differ depending on the pathway you are choosing to apply under), you must have documentation of observation of three kidney procurements and three pediatric kidney transplants. Many of us do not have this operating room experience despite many years of taking care of transplant patients and even those fresh out of fellowship do not typically have this volume. Members with questions may contact the UNOS Membership Analyst for your Region at 804-782-4800. You can also contact your Regional UNOS representative directly

Regions 1, 4, 5
  Tierra Yuille  tierra.yuille@unos.org
Regions 2, 3, 10
  Christi Manner  christi.manner@unos.org
Regions 6, 7, 9, 11
  Nadine Drumn  nadine.drumn@unos.org
**Transplantation Update**

**New process for policy-related questions in place at UNOS/OPTN**

It is common for pediatric transplant programs to have questions related to waiting time, listing, multiple listing, pediatric priority, etc. Examples of questions you might have: How are points assigned to kidney candidates? How much time waiting time can my patient accrue while “inactive” on the deceased donor kidney waiting list? UNOS/OPTN has a new streamlined process for responding to your questions about policy and policy-related resources and education. Questions can be directed to this toll-free number **844-395-4428** or sent to member.questions@unos.org.

The responsibility for responding to general member questions is moving from Regional Administrators to a new team of staff. Staff will be available to respond to your questions Monday-Friday, 9:00am to 5:00pm eastern. You can expect to receive a response the same day.

**SAVE THE DATE:** the next IPTA meeting will be held May 3-7, 2019 in Vancouver! [https://ipta2019.org/](https://ipta2019.org/).

**SAVE THE DATE:** The next ATC meeting will be held June 1-5, 2019 in Boston! [https://atcmeeting.org/](https://atcmeeting.org/)

**TIG: First meeting of the ASPN TIG (transplant interest group) will be at PAS.** Details coming for those who have expressed interest.

Respectfully submitted, Sharon M. Bartosh, MD. smbartosh@wisc.edu. March 2019

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**American Society of Pediatric Nephrology**

**CALL FOR PROPOSALS FOR ASPN/PAS 2020**

It’s that time of year again & we really need your help!!!

Are you looking forward to a great 2019 ASPN/PAS Annual Meeting in Baltimore? Then, please help us continue to make these meetings valuable and relevant by contributing YOUR ideas and recommendations for future meeting content.

The ASPN Program Committee welcomes proposals for Symposia and Workshops to be considered for the **2020 ASPN/PAS Annual Meeting in Philadelphia, PA.** ALL submitted proposals will be reviewed and considered for inclusion by the Program Committee.

Please submit your ideas utilizing the Topic Worksheet Form to jrc6n@virginia.edu by **April 2, 2019.**

**In addition, please let us know if you would like to become an active member of the ASPN Program Committee.** We will be meeting in Baltimore on Friday April 26, 2019 to plan the 2019 meeting in Baltimore.

We would greatly appreciate your time and input!!!
## American Society of Pediatric Nephrology (ASPN) Schedule at a Glance

<table>
<thead>
<tr>
<th>Saturday, April 27</th>
<th>Sunday, April 28</th>
<th>Monday, April 29</th>
<th>Tuesday, April 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am–8:00 am Resident &amp; Student Mentorship Breakfast with Pediatric Nephrology Fellows &amp; Faculty</td>
<td>7:00 am–8:00 am Pediatric Nephrology in a Small Group Setting Breakfast</td>
<td>7:00 am–7:45 am Meet the Professor Breakfast</td>
<td>7:30 am–9:30 am Scholarly Session: Kid Rocks! (Pediatric Nephrolithiasis)</td>
</tr>
<tr>
<td>8:00 am–10:00 am ASPN Symposium Honoring Russell Chesney: The Complex Conundrum of Calcium &amp; the Kidney</td>
<td>8:00 am–10:00 am IPHA Symposium: Pediatric Polycystic Kidney Disease</td>
<td>8:00 am–10:00 am IPHA Scholarly Session: Neonatal Hypertension: Before, During and After the NICU</td>
<td>9:45 am–11:45 pm Workshop: Participation in Collaborative Research</td>
</tr>
<tr>
<td>10:00 am–10:30 am PAS Welcome Coffee Break</td>
<td>10:00 am–10:30 am Hypertension Speed Dating</td>
<td>10:30 am–12:30 pm Scholarly Session: Serving the Underserved in Pediatric Nephrology</td>
<td>12:15 pm–2:15 pm Scholarly Session: This is Your Brain on CKD</td>
</tr>
<tr>
<td>10:30 am–12:00 pm PAS Opening General Session (Includes presentation of the Joseph St. Gme Leadership Award)</td>
<td>10:30 am–12:30 pm IPHA Symposium: Pediatric Polycystic Kidney Disease</td>
<td>10:30 am–12:30 pm IPHA General Business Meeting</td>
<td></td>
</tr>
<tr>
<td>12:00 pm–1:00 pm ASPN Awards Luncheon</td>
<td>1:00 pm–3:00 pm Scholarly Session: Promoting Clinical Trials in Pediatric Nephrology: Context and Next Steps</td>
<td>1:00 pm–3:00 pm ASPN CPC Fellow’s Luncheon: Battle of the Brains</td>
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</tr>
<tr>
<td>1:15 pm–2:30 pm Nephrology Poster Session I</td>
<td>3:30 pm–5:30 pm ASPN Presidential Address &amp; Business Meeting</td>
<td>1:00 pm–3:00 pm March of Dimes &amp; Richard B. Johnston, Jr. MD Prize in Developmental Biology Lectures</td>
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</tr>
<tr>
<td>2:45 pm–4:15 pm Scholarly Session: Podocytes: Not Putting Their Best Foot Forward</td>
<td>5:45 pm–7:30 pm Nephrology Poster Session II</td>
<td>1:00 pm–3:00 pm Original Science Abstracts Platform Presentations Nephrology II: Basic Science</td>
<td></td>
</tr>
<tr>
<td>4:30 pm–6:30 pm Original Science Abstracts Platform Presentations Nephrology I: Clinical Science</td>
<td>6:00 pm–7:00 pm IPHA General Business Meeting</td>
<td>1:00 pm–3:00 pm IPHA Original Science Abstracts Platform Presentations: Hypertension</td>
<td></td>
</tr>
<tr>
<td>7:00 pm–9:00 pm ASPN Member Reception</td>
<td>6:30 pm–8:00 pm ASPN Fellows Job Search and Speed Mentoring Event</td>
<td>3:30 pm–5:30 pm Scholarly Session: The Evolving Management of Neonatal ESRD</td>
<td></td>
</tr>
<tr>
<td>Posters/Exhibits Open 1:00 pm–4:00 pm</td>
<td>Posters/Exhibits Open 4:15 pm–7:30 pm</td>
<td>5:45 pm–7:30 pm Nephrology Poster Session III</td>
<td>Posters Only (Exhibits Closed) 7:00 am–11:00 am</td>
</tr>
</tbody>
</table>

This will be the second year that attendees may earn both MOC and CME credits. American Board of Pediatrics MOC Part 2 Credits will be available to diplomats registered for the meeting—additional information will be available through the PAS online program guide.
2019 ASPN Founders Award Recipient
Bradley A. Warady, MD, FAAP

The American Society of Pediatric Nephrology is pleased to announce that Dr. Bradley A. Warady has been named as the 2019 recipient of the ASPN Founders Award. Dr. Warady has dedicated his remarkable career to the advancement of clinical care and education in the field of pediatric nephrology.

Dr. Warady was born in Chicago, Illinois. He attended medical school at the University of Illinois’ Abraham Lincoln School of Medicine, then trained in pediatrics at Children’s Mercy Hospital in Kansas City, Missouri where he was also Chief Resident. His pediatric nephrology training followed at the University of Colorado in Denver, and his first academic position was back at Children’s Mercy Hospital in 1984. He has remained at Children’s Mercy throughout his career, where he has held numerous leadership positions including Director of Pediatric Nephrology, Director of Dialysis and Transplantation, Associate Chair, Clinical and Regional Operations, and both Senior Associate Chairman and Interim Chairman, Department of Pediatrics. He is a Professor of Pediatrics, University of Missouri-Kansas City School of Medicine.

Dr. Warady is widely recognized as a worldwide authority on pediatric dialysis and chronic kidney disease (CKD). He is best known for his many outstanding contributions to pediatric nephrology in national and international collaborative efforts. Early in his career he founded the Pediatric Peritoneal Dialysis Study Consortium (PPDSC), and for more than a decade he has been a member of the Board of Directors of the North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS). He co-founded the International Pediatric Dialysis Network (IPDN) and has worked tirelessly to promote the advancement of dialysis care for children worldwide through his membership on multiple guideline working groups and expert panels. He was the 2013 recipient of the J. Michael Lazarus award from the NKF for his contributions to the care of dialysis patients and the 2015 Henry Barnett award from the American Academy of Pediatrics Section of Nephrology. He has organized and directed many highly successful multi-center clinical studies including the Chronic Kidney Disease in Children (CKiD) study, now in its fourth cycle of continuous federal funding. He has been a prolific contributor to the pediatric nephrology literature, editing three textbooks on pediatric dialysis, and publishing over 400 peer reviewed articles, 52 invited reviews, 78 book chapters and nearly 400 abstracts. His invited lectureships have become almost too numerous to count and have taken him throughout the world. In addition, Dr. Warady has generously given of his time to many local, regional and national organizations (eg. AAP Section on Nephrology, International Society for Peritoneal Dialysis, American Society of Pediatric Nephrology, International Pediatric Nephrology Association, National Kidney Foundation, Midwest Organ Bank, and Gift of Life Foundation) and has made lasting contributions to his community and region, best exemplified by his founding nearly 30 years ago of Camp Chimer, the Kidney Camp in Missouri and his longstanding work with the Ronald McDonald House.

Dr. Warady is also an outstanding and highly valued teacher to medical students, pediatric residents and fellows. Through the years, he has continued to serve as mentor and teacher to countless pediatric nephrologists throughout the world, aiding not only the careers of these young investigators, but fostering a new generation of pediatric nephrologists committed to collaborative research aimed at improving the lives of our patients.

In summary, Bradley Warady is a tireless advocate for children with kidney disease, and a skilled and dedicated researcher whose body of work has provided invaluable knowledge for those of us who care for children with chronic kidney disease. His passion for improving patient care and his collaborative and mentoring skills have been key to the success of numerous research groups in pediatric nephrology, and have attracted pediatric nephrology fellows and faculty to high quality collaborative clinical research.

The award will be presented in conjunction with the Pediatric Academic Societies (PAS) annual meeting in Baltimore, MD on Saturday, April 27, 12:15 pm during the American Society of Pediatric Nephrology awards luncheon. Please join us in congratulating Dr. Warady.
The AAP Section on Nephrology (SONp) recognizes one individual yearly for lifetime achievement in the field of pediatric nephrology. The SONp Executive Committee is pleased to present the 2019 Henry L. Barnett Award to Dr. Joseph T. Flynn.

Dr. Flynn is a Professor of Pediatrics at the University of Washington - School of Medicine. At Seattle Children’s Hospital, he holds the Robert O. Hickman Endowed Chair in Pediatric Nephrology and is Chief of the Division of Nephrology. He also serves as the Associate Director of the Clinical Research Scholars Program at the Seattle Children’s Research Institute. He is an internationally recognized authority and leader in the field of pediatric hypertension.

Dr. Flynn exemplifies the core qualifications of the Henry L. Barnett Award:

**Dedication to teaching nephrology:** Since early in his career, Dr. Flynn has worked to energize the next generation of pediatric nephrologists. He has participated as a faculty member in training over 50 trainees, 44 of them in pediatric nephrology. Fellows from these programs are among the current leaders in pediatric nephrology. He has also been recognized with outstanding teaching awards throughout his career. Dr. Flynn has served as a faculty member at the AAP National Conference for many years, receiving positive feedback from attendees for his presentations. During his tenure as a member of the AAP Section on Nephrology Executive Committee (2002-2008), he was charged with developing nephrology sessions for many AAP National Conferences. He has contributed to many other educational courses in the US and internationally, and has contributed to most of the leading textbooks used by learners worldwide.

**Distinguished service to the field of pediatric nephrology:** Dr. Flynn’s main clinical and research focus has been in the field of pediatric hypertension. No one familiar with the subject would doubt Dr. Flynn’s leadership and enduring impact. He has published widely (over 120 peer reviewed publications and over 100 additional reviews, editorials, and book chapters). He was a member of the National High Blood Pressure Education Program Working Group that produced the “Fourth report” on pediatric hypertension in 2004. He most recently co-chaired the AAP Education in Quality Improvement in Pediatric Practice committee on hypertension that produced the newest clinical practice guideline on pediatric hypertension: the “Clinical Practice Guideline for Screening, and Management of High Blood Pressure in Children and Adolescents” in 2017. He also is lead author on the 2014 American Heart Association guidelines for use of ABPM in children. Dr. Flynn’s work has even greater reach, as he serves as a co-chair of the cardiovascular subcommittee of the ongoing NIH funded CKD study and as a project PI in the AHA funded SHIP AHoy study. These projects continually stretch the boundaries of our knowledge and will further improve children’s health.

**Contributions to advocacy for children:** Dr. Flynn has been instrumental in inducing the Food and Drug Administration to require pediatric trials for anti-hypertensive agents. He has been an effective advocate for children with end-stage renal disease, meeting with legislators and regulatory agencies in his roles as a member of the American Society of Pediatric Nephrology’s Public Affairs Committee and the Renal Physicians Association Board of Directors.

Dr. Flynn will receive the award during the ASPN Award Luncheon on April 27, 2019 at 12:00 pm in conjunction with the Pediatric Academic Societies Meeting in Baltimore, Maryland. Please join us in congratulating Dr. Flynn on this achievement!
Dr. Stapleton is an Associate Dean at the University of Washington School of Medicine, and Chief Academic Officer and Senior Vice President at The Children’s Hospital and Regional Medical Center of Seattle. Dr. Stapleton is an outstanding pediatric leader who has contributed meaningful changes for the future health care of children, the education of pediatricians, and the vibrancy of key pediatric organizations.

The award will be presented at the PAS Opening General Session on Saturday, April 27th. Please join us in congratulating Dr. Stapleton.
## Meeting & Lecture Announcements

### Upcoming Meeting Dates*

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Place</th>
<th>Meeting Dates</th>
<th>Abstract deadline</th>
<th>Online registration opens</th>
<th>Early bird registration ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPTA 2019</td>
<td>Vancouver, Canada</td>
<td>May 4-7</td>
<td>Extended - November 15, 2018, 23:59 EST</td>
<td>November 15, 2018</td>
<td>Feb 1, 2019</td>
</tr>
<tr>
<td>ATC 2019</td>
<td>Boston, Massachusetts</td>
<td>June 1-5</td>
<td>November 30, 2018, 11:59 PM PST</td>
<td>January 2019</td>
<td>Member rates if member dues for 2019 paid by May 24th, 2019</td>
</tr>
<tr>
<td>ASPN 2019</td>
<td>Baltimore, Maryland</td>
<td>April 27 - 30</td>
<td>January 2, 2019</td>
<td>November 15, 2018</td>
<td>March 14th, 2019 (PAS)</td>
</tr>
<tr>
<td>National Kidney Foundation (NKF)</td>
<td>Boston, Massachusetts</td>
<td>May 8th-10th</td>
<td>Late breaking abstract submission opens: January 11, 2019</td>
<td>February 22, 2019</td>
<td>March 11 2019</td>
</tr>
<tr>
<td>IPNA 2019</td>
<td>Venice, Italy</td>
<td>Oct 17-21, 2019</td>
<td>May 31st, 2019</td>
<td>Open now</td>
<td>June 17, 2019</td>
</tr>
<tr>
<td>ASN Kidney Week 2019</td>
<td>Washington DC</td>
<td>Nov 5-10, 2019</td>
<td>April 3-May 30, 2019 (2:00 pm. EDT)</td>
<td>June 12, 10:00 am EDT</td>
<td>September 5, 11:59 p.m. EDT</td>
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*Please verify dates on the individual meeting websites as they are subject to change.
ICHCA
The 2nd International Congress of Hypertension in Children and Adolescents
24-26 May, 2019 | Warsaw, Poland

ICCBH
9th International Conference on Children’s Bone Health
22-25 June 2019
Salzburg • Austria www.iccbh.org
Meeting & Lecture Announcements

7th Annual Multidisciplinary Symposium will be held in Las Vegas, NV on September 12-13, 2019

program@ipna2019.org
www.ipna2019.org

18th Congress of the International Pediatric Nephrology Association
Venice (Italy), October 17-21, 2019
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.

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