

# KIDney Notes

The ASPN Newsletter

## FROM THE PRESIDENT



Jodi Smith, MD, MPH, President

Wow! I can't believe I am writing to you as the 43rd ASPN President. When Michael passed me the infamously misspelled 'nephrology' gavel at the business meeting, I had to pause, recognizing that I stand on the shoulders of giants. In particular, it is a tremendous honor to be the 8th female in this role following in the footsteps of inspirational leaders – Barbara Cole (1990), Julie Ingelfinger (1994), Eileen Brewer (1998), Sandy

Watkins (2004-2006), Sharon Andreoli (2006-2008), Lisa Satlin (2008-2010), and Vicky Norwood (2014-2016) - #womeninnephrology.

I want to recognize the outstanding leadership of Michael Somers whose tenure occurred during unprecedented times. There are few, if any, who could have navigated ASPN through the choppy waters of a pandemic with as much grace, steadiness, and humor. While we were all trying to figure out how to do our clinical jobs and how to turn our dining rooms into classrooms, Michael did not skip a beat keeping the ASPN boat afloat. Thank you, Michael!

Last month, we held our first in person meeting since March 2020 and it was an amazing success! It was energizing to be able to see everyone in person, catch up, learn, and laugh. Huge thanks to David Selewski and the entire Program Committee for putting together such a rich and stimulating program. I want to specifically acknowledge and congratulate David and his team on the focus on justice, equity, diversity and inclusion in the topics, speakers and moderator panels. As an organization, we need to continue to lead the way.

A highlight of the meeting was the Awards Luncheon where we were finally able to be together to celebrate the awardees of the 2020 and 2021 ASPN Founders' Awards – Joseph Flynn and Sharon Andreoli and the 2021 AAP Henry L. Barnett Awardee Eileen Brewer.

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# FROM THE PRESIDENT

I want to express our community's gratitude to Pat Brophy as he finishes his term as PAS Program Committee Chair. ASPN has benefited from his tireless efforts to support our Society in numerous roles and at every level. It was a special privilege to be able to hear our rock star colleague Ray Bignall's presentation in person at the PAS opening session. Thank you, Ray, for the wisdom and guidance you share with all of us!

Looking forward, there are many exciting initiatives on the horizon. As you know, we are embarking on ASPN's fourth strategic plan - ASPN 4.0! Your input is critical in advancing our Society's work to meet the needs of all of you who care for children with

kidney disease. Thank you to all who completed the survey. We are determined to hear the voices of everyone in our community so the ASPN leadership team is going on tour! #ASPNTour2022. Look for us to be zooming into your division's meeting over the next few months to hear your hopes and dreams for what's next for ASPN.

Serving as ASPN President alongside an incredibly dedicated Council is a once in a lifetime opportunity for me. I can't wait to get started.

Thank you for all that you do  
Jodi

# FROM THE EDITOR



This month we have the privilege of hearing from our new ASPN President, Dr. Jodi Smith. We also get to reintroduce the ASPN Council with the newly elected members. Thank you to our outgoing President and Council Members, and welcome to the new guard!

In this issue's Perspectives Piece, Dr. Jesse Roach shares with us his path to a nontraditional career in medicine and his ongoing significant impact on kidney disease in the United States.

As pediatric nephrologists, we wear many hats. Dr. Roach's piece sheds light on career options that reach beyond the often invoked "industry" or "pharma."

With the changing landscape of medicine, it behooves us to take a moment and pause to reflect on the evolving opportunities in the field. Is there an unconventional way to move the needle on pediatric kidney disease? Are you making progress towards your professional and personal goals?

I suspect most will affirm that we're where we want to be and doing what makes us happy. But for those who feel a sense of misalignment, or need for change, Dr. Roach gives us some helpful food for thought.

As always, please reach out if you would like to contribute to Perspectives or if you have suggestions on topics to cover in future newsletters.

Warmly,  
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# ASPEN Leadership

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## NEWSLETTER

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# PERSPECTIVES

“So, you’re still going to be a doctor, right?” This was my dad’s response when I told him I was leaving practice to go work for government. I told him, yes, they weren’t going to take away my medical degree and that I would still be using it to help patients, albeit in a different way. I can’t say I blame him for his confusion though. Even as physicians, we don’t get told about non traditional career paths in medical school, residency or fellowship. It’s unfathomable to many physicians that a medical career should be anything other than seeing patients in a clinic or hospital. But this thinking leads a lot of us to miss out on fantastic careers with a lot of variety, intellectual stimulation and the ability to help patients.

I am currently a Senior Medical Director at CVS Health in their new Kidney Care company. I recently moved to the private sector after spending 7 years in government at the FDA and CMS. Those seven years were easily the most fulfilling of my career. I worked on policies that touched the lives of every American with kidney disease. As a mentor told me “A good day in the clinic is if you’ve made a few patients’ lives better. A good day in this job and you make thousands of lives better.” Moving to a non-clinical career is the best professional decision I ever made.

But it wasn’t easy. Being a doctor was part of my identity. Putting on a white coat and seeing patients was what being a doctor was. There were many days when I doubted my decision. There were many commutes where I cried and told myself that I had ruined my life. But I kept telling myself that it would work out in the long run. One of the most important lessons I learned is that there are a lot of docs like me looking to try their hand at something else. And seeing patients day in and day out isn’t necessarily going to make you qualified to do something else. So, I had to take a job I ended up hating, to get my foot in the door for a job I eventually loved.

I also had to cast a wide net. I knew from my work in fellowship that I wanted to end up in some type of policy work. But the possibilities are endless. I looked at drug companies and would have had the opportunity to design trials for new drugs. Insurance companies always need physicians to help them make coverage decisions. Numerous nonprofits can take advantage of your expertise. A nephrologist friend is currently working at the United Nations.

Another works on health policy for an investment bank. But the place that’s nearest to my heart is the government. There are a large number of opportunities for physicians and it’s where you have the opportunity to do the most good. In my job at CMS, I worked



Jesse Roach, MD

with government staff to write the Executive Order on Kidney Health, revamp the rules on organ procurement organizations, fight for a quality measure on transplant waitlisting by dialysis facilities and make it easier for people to donate a kidney. I worked 16-hour days during the pandemic coordinating dialysis fluid delivery to hospitals that had run out. We worked nonstop to make rules to make seeing patients easier, such as easing of telehealth rules, and getting dialysis access surgeries listed as essential procedures. Despite working like that every day for 3 months, it was the happiest I had ever been at work. One of my former colleagues told me upon hearing everything I was working on, “you have a really cool job.” And he’s right, I did.

I worked hard with lots of smart, dedicated people to make life better for the American people. I am extremely proud of my work there. I highly recommend trying your hand at the government. You can help a lot of patients.

I eventually moved on because I wanted a new challenge, so I am now at a company that has the resources to really disrupt how we deliver care. I am really excited for the potential. And my experience in government prepared me for the private sector. I gained a lot of unique experience that not many nephrologists have.

I occasionally miss seeing patients. I deeply miss teaching residents (I do NOT, however, miss overnight call). But I wouldn’t give up what I have now to go back. I think there is a tendency to think of those that go into non-traditional careers as people who couldn’t hack it as a “real doctor.” We shouldn’t think about it that way. For the system to work well, we need good doctors in all areas. In the clinics, at the insurance companies, at the pharmaceutical companies, and making policy. There are many ways to do your part and I hope I have convinced some of you to take the plunge.

# ASPN CORPORATE LIAISON BOARD



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# LEGISLATIVE UPDATE



## Dear Colleague Letter on Pediatric ESRD Modifier

Representatives Jaime Herrera Beutler (R-WA) and Earl Blumenauer (D-OR) led a Dear Colleague letter asking that CMS create a pediatric modifier for ESRD care that ASPN has been advocating for. ASPN members advocated for their Representatives to sign-on to the letter, and we were pleased to have 10 co-signors, including Representatives Eric Swalwell (D-CA), Chellie Pingree (D-ME), Linda Sanchez (D-CA), Terri Sewell (D-AL), Lucille Roybal-Allard (D-CA), Troy Balderson (R-OH), John Larson (D-CT), Suzan DelBene (D-OR), Marc Veasey (D-TX), and Don Bacon (R-NE).

## Hill Day

On March 15 and 16, ASPN held a virtual advocacy day where members spoke to their members of Congress about ASPN's 2022 legislative priorities, including funding for biomedical research, health equity, and reimbursement for pediatric ESRD services. We had meetings with 25 Hill offices and it was wonderful to advocate together on these important issues.

## Congress Passes Fiscal Year 2022

### Appropriations

On March 10, Congress passed an omnibus funding bill for the remainder of Fiscal Year 2022. The bill included \$108.3 billion for the Department of Health and Human Services, including \$45 billion for the National Institutes of Health (NIH) and \$1 billion for a new Advanced Research Projects Agency for Health (ARPA-H). The legislation also included in the first appropriation of \$5 million for the recently reauthorized Pediatric Subspecialty Loan Repayment Program. We are now working with other stakeholders on getting this program stood up at the Health Resources and Services Administration.

The bill also addressed telehealth by including a 151-day extension of several telehealth flexibilities, including waiving the originating site and geographic restrictions, and coverage for audio-only services. It also required a study by MedPAC on the utilization of these extended services and

the impact on Medicare expenditures. Congress is continuing to work on a long-term solution for telehealth post-public health emergency, and we will continue to update ASPN members on these discussions.

## President Releases Fiscal Year 2023 Budget Request

On March 28, the President released his Fiscal Year 2023 budget proposal, which is an outline of the administration's priorities for the coming fiscal year; nothing in the budget carries the force of law unless enacted by Congress. The budget included a \$127.3 billion request for the Department of Health and Human Services (HHS), a 15 percent increase from the enacted FY 2022 level. This includes \$48.62 billion for the National Institutes of Health (NIH), which includes \$5 billion for ARPA-H, leaving only about \$44 billion for NIH base funding. The budget also includes COVID-19 and future pandemic-related investments with \$81.7 billion in mandatory funding over five years to support HHS agencies, including the NIH, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Office of the Assistant Secretary for Preparedness and Response.

## Administration Action on Advancing Equity and Racial Justice

On April 14, the White House held a conference on equity, which included HHS Secretary Becerra, Secretary of Commerce Raimondo, and Secretary of the Interior Haaland, all of whom highlighted the efforts their departments were taking to enforce equity. Secretary Becerra noted that the Biden administration is prioritizing efforts to decrease health disparities in minority communities. Other panelists mentioned that the administration was

working on contract enforcement to diversify the workforce and through this achieve better equity in the federal government. In conjunction with the conference, the administration released agency action plans to advance equity and racial justice that lay out more than 300 concrete strategies and commitments to address the systemic barriers in the nation's policies and programs. HHS' plan can be found online here.

## **Dear Colleague Letter on Pediatric Subspecialty Loan Repayment**

Representatives Kim Schrier (D-WA) and John Joyce (R-PA) led a Dear Colleague letter to Labor, Health and Human Services, and Education Subcommittee Appropriations staff supporting \$30 million in funding for the Pediatric Subspecialty Loan Repayment Program (PSLRP). Congress funded the PSLRP for the first time in Fiscal Year 2022 at \$5 million and additional funding is required to bolster the program and begin to address subspecialty shortages across the country.

*Erika Miller*



# COMMITTEE UPDATES

[Click here to learn more about ASPN committees and their membership!](#)

## Certification Committee

We are excited to announce we are in the pilot testing phase of a new American Board of Pediatrics and ASPN collaboration for MOC Part 4 credit!

Our committee has worked to develop a Pediatric Nephrology Transitions Documentation Quality Improvement (QI) project. The objective is to provide a free and easily accessible MOC Part 4 opportunity which corresponds with the quality improvement work that we are already doing in daily practice for our pediatric nephrology patients. After pilot testing, interested ASPN members will be able to use or import a transition checklist provided by the Certification Committee through the ABP platform OR continue to use the transition checklist/process that your practice has established for your patients. There will be a process to report data on transition readiness documentation for 10 patients on 3 occasions and self-reflection comments of this QI process. ASPN members should be able to submit this work for 25 MOC Part IV credit points.

If this project is successful, in the future we can develop additional ASPN-ABP sponsored MOC Part 4 QI projects toward the goal of lowering the barriers to documentation of QI work that we are already doing!

*Rima Zahr, Keia Sanderson and Bakri Alzarka, Certification Committee Chair and Co-Chairs*

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## Training Program Directors Committee Update – Apr 2022

### Pediatric Nephrology Match Results/Fellow Numbers (from Dec 2021 Match)

Time for our annual update, with some interesting data to report from the 2021 Match. The number of matched applicants for the July 2022 class was less than the record 51 matched applicants in Dec

2020, at 33 matched applicants, which is very consistent with the average number of matched applicants over the last 9 years (33.1).

This ASPN TPD column focuses on the recent Match results for the class to begin in July 2022. This year's Match numbers may be seen as bringing us 'back to earth' after the Dec 2020 results. As always, trends matter in workforce areas.

Our US NRMP Match numbers were good, not great, this year with 33 matched fellow applicants (compared to 51 matched applicants in the 2020 Match for the class that started 2021 and 38 in the 2019 Match). Since there were still many unmatched positions (27) the total number of fellows who start in July 2022 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 (55%) is very consistent with our rate over the last decade. This year, we are in the bottom 3 of pediatric subspecialty disciplines for Match fill rate.**

### Pediatric Nephrology Match Report [Dec 2021] for Class Starting 2022

- 45 of our 47 approved Pediatric Nephrology Fellowship programs participated [2 programs did not participate this year].
- 18 of 43 programs filled all positions (42%).
- There were 33 matched applicants (from a pool of 34 applicants) for 60 certified available positions. In the 2020, the Match total was 51; for 2019 the Match total was 38 with an all-time low of 21 in 2014.
- 55% of the available 60 positions were filled.
- With filling 55% of our positions this year (33/60) we fell back from the excellent 2020 Match outcome (when 51 of 69 positions – 74% – were filled).
- Of the 33 matched applicants, 25 (76%) were US grads and 8 (24%) were IMGs.

- Pediatric Nephrology continues to be in the lower half of subspecialties in terms of percentage of available positions filled – with only Ped ID and Developmental and Behavioral Pediatrics with lower fill rate than pediatric nephrology and 11 subspecialties with higher fill rate.
- In 2021 there were 1787 applicants (an increase of 373 applicants over the 2020 number of 1414 applicants) and 1507 applicants who matched, indicating that 86% of candidates matched for a position.

Later this year we will be highlighting our total Fellow numbers and implications for the workforce after programs start their next academic year in July 2022. It is only then that we obtain more complete data on our total Fellow numbers.

We look forward to working with the ASPN in seeking fair compensation for pediatric nephrologists, which undoubtedly continues to be a significant factor in our Match challenges.

*John D Mahan, MD, Josh Samuels, MD, Roshan P George, MD*

### NRMP 2021 Match Results – Pediatric Medical Subspecialties – For Training Starting July 2022

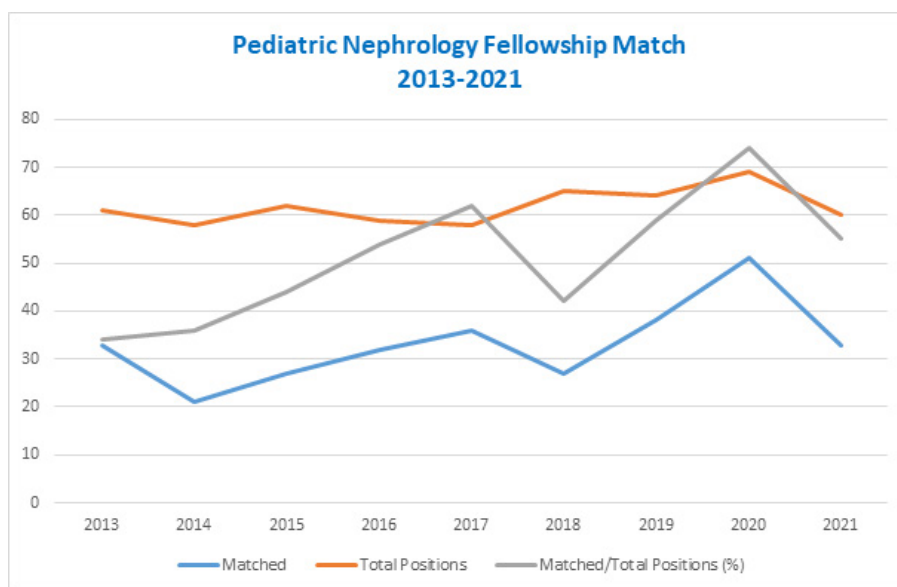
	Child Abuse	DBP	Ped Cardio	Ped Crit Care	Ped EM	Ped Endo	Peds GI	Peds H/O	Neonatal	Ped Hosp Med	Peds ID	Peds Neph	Peds Pulm	Peds Rheum
Programs (Cert)	24	33	62	77	60	67	65	71	102	61	59	45	51	30
Programs Filled (%)	20 (83%)	16 (49%)	59 (95%)	77 (100%)	60 (100%)	35 (52%)	58 (89%)	52 (73%)	94 (92%)	61 (100%)	24 (41%)	18 (42%)	30 (59%)	18 (60%)
Total Positions	27	48	168	208	164	110	115	176	283	96	84	60	83	39
Positions Filled (%)	23 (85%)	26 (54%)	162 (96%)	208 (100%)	164 (100%)	65 (59%)	107 (93%)	151 (86%)	275 (97%)	96 (100%)	44 (52%)	33 (55%)	61 (74%)	27 (69%)
Total Matched Applicants	22	26	162	208	164	65	107	151	275	96	44	33	61	27
Total Applicants /Positions (ratio)	22/27 (0.81)	28/48 (0.58)	175/168 (1.04)	245/208 (1.18)	242/164 (1.48)	67/110 (0.61)	120/115 (1.04)	155/176 (0.88)	306/283 (1.08)	143/96 (1.49)	46/84 (0.55)	34/60 (0.57)	61/83 (0.62)	28/39 (0.72)
US Grads (%)	21 (92%)	18 (69%)	122 (75%)	168 (81%)	137 (84%)	45 (69%)	80 (73%)	107 (75%)	203 (74%)	91 (95%)	21 (48%)	25 (76%)	40 (66%)	22 (81%)
IMG Grads (%)	2 (8%)	8 (31%)	40 (25%)	40 (19%)	27 (16%)	15 (23%)	29 (27%)	38 (25%)	72 (26%)	5 (5%)	23 (52%)	8 (24%)	21 (34%)	5 (19%)

### 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
Programs	21	32	62	69	54	66	64	71	96	54	55	44	48	28
Programs Filled (%)	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%)
Total Positions	24	42	157	189	143	103	109	176	273	83	77	69	76	34
Positions Filled (%)	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%)
Total Matched Applicants	17	32	149	188	143	62	107	133	254	82	42	51	52	25
Total Applicants /Positions (ratio)	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)
US Grads (%)	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%)
IMG Grads (%)	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 PEDIATRIC NEPHROLOGY MATCH RESULTS 2014-2020

NRMP MATCH	2021 (%)	2020 (%)	2019 (%)	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)
Matched Applicants	33	51	38	27	36	32	27	21	33
AMG	19	36	27 (70)	18 (67)	28 (78)	18 (56)	16 (59)	10 (48)	20 (61)
US Foreign	3	0	0	0	1 (3)	4 (13)	1 (4)	3 (14)	3 (9)
Osteopath	6	8	2 (6)	2 (7)	2 (6)	3 (9)	1 (4)	1 (5)	0 (0)
IMG	5	7	9 (34)	7 (26)	5 (14)	7 (22)	9 (33)	7 (33)	10 (30)
Matched Applicants	33 (97)	51 (96)	38 (97)	27 (100)	36 (92)	32 (97)	27 (96)	21 (91)	33 (89)
Unmatched Applicants	1	2	1 (3)	0	3 (8)	1 (3)	1 (4)	2 (9)	4 (11)
Positions	60	69	64	65	58	59	62	58	61
Positions matched/ Total positions	33/60 (57)	51/69 (74)	38/64 (59)	27/65 (42)	36/58 (62)	32/59 (54)	27/62 (44)	21/58 (36)	33/61 (54)



## Transplantation Update

### ASPN TIG (Transplant Interest Group) news:

The TIG has 3 goals; Education, Advocacy and Mentorship. Following completion of a needs assessment survey of fellows/recent graduates, we have formulated a fellowship transplant curriculum guidance document. Additionally, the TIG Curriculum workgroup (Blaszak, George, Ashoor, Varnell, Smith, Bartosh) has accumulated > 100 educational resource documents that will be housed on the ASPN website in the member section. We will be adding and editing these resources on an ongoing basis and welcome any additions our ASPN community may have to share.

Our new TIG initiative is a survey of pediatric kidney transplant program directors (Varnell, Barletta, Bartosh). This is a needs assessment to

determine current levels of support for time, staff and resources needed to be a program director. Once the results are available we would anticipate this will be a resource for use in negotiations with leadership relating to protected time and support. Please either follow the link [https://uwmadison.co1.qualtrics.com/jfe/form/SV\\_0iiGfLRfilbW7Qi](https://uwmadison.co1.qualtrics.com/jfe/form/SV_0iiGfLRfilbW7Qi) or use the QR code below. The survey takes less than 5 minutes. Please encourage all your pediatric kidney transplant program directors to complete the survey.







If you are interested in joining the TIG, please reach out to [smbartosh@wisc.edu](mailto:smbartosh@wisc.edu) and we will add you to the membership! Our next meeting is planned for June 20th at 3 CST.

**OPTN/UNOS NEWS:** Public comment relating to the UNOS/OPTN Kidney Committee's survey relating to **Continuous Distribution** has closed. At this point the Kidney Committee will consider comments received during the public comment period from individuals as well as interested state holders. ASPN did submit a strong comment stressing the need for equity and transparency and the need to maintain, if not improve, access to high quality deceased donor organs for children on the deceased donor waiting list. Additionally, any change in the allocation system will need to be accompanied by pre-implementation modeling in an attempt to identify any potential negative impact on children and a robust monitoring plan post implementation. Stay tuned for further developments and updates.

Please consider attending your UNOS Regional meetings, again to provide input regarding this initiative. The UNOS Regional Meetings are open to all. The schedule can be found at <https://unos.org/community/regions/regional-meetings/>.

Current pediatric nephrology representation (and incoming Chair) on the OPTN Pediatric Committee is Rachel Engen [rengen@wisc.edu](mailto:rengen@wisc.edu) Please do not hesitate to reach out with questions/concerns. Additionally we have Aaron Wightman [aaron.wightman@seattlechildrens.org](mailto:aaron.wightman@seattlechildrens.org) on the Ethics Committee and the subcommittee on Continuous Distribution, Sandi Amaral [AmaralS@chop.edu](mailto:AmaralS@chop.edu) as Chair of the VCA Committee and on the Policy Oversight Committee, Jodi Smith [jodi.smith@seattlechildrens.org](mailto:jodi.smith@seattlechildrens.org) as the Pediatric SRTR

representative and Nicole Hayde [nicole.hayde@einsteinmed.edu](mailto:nicole.hayde@einsteinmed.edu) is on the MPSC (Membership and Professional Standards Committee) given that she has been elected as the incoming Region 9 Councilor.

**AMERICAN SOCIETY OF TRANSPLANTATION NEWS:** American Transplant Congress 2022 will be held in Boston June 4-8, 2022. See <https://atcmeeting.org/> for details.



Also Save the Date for the **2022 AST Fellows Symposium September 23-25, Dallas**. This is a terrific way to get concentrated education in the area of transplantation and travel grants are available. More details to come.

Don't forget! AST has a wonderful Pediatric Transition Portal with transition readiness tools! <https://www.myast.org/education/specialty-resources/peds-transition>

**INTERNATIONAL PEDIATRIC TRANSPLANTATION ASSOCIATION NEWS:** Save the date: **IPTA 2023 Congress** will be held in Austin, March 25 thru 28th, 2023. <https://ipta2023.org/>



*Pediatric Transplantation* is the official journal of **IPTA**. Some recent publications of interest

[IPTA Article 1](#) | [IPTA Article 2](#) | [IPTA Article 3](#)

Respectfully submitted, Sharon M Bartosh

## Workforce Committee

1. The Workforce Committee continues to make efforts on the ongoing work from the Workforce Summit Task Group. Group members have been hard at work over the past several months. Group 2 (Policy & Reimbursement) published a review article on the financial issues affecting our specialty:

Weidemann DK, Ashoor IA, Soranno DE, Sheth R, Carter C, Brophy PD. Moving the Needle Toward Fair Compensation in Pediatric Nephrology. *Front Pediatr*. 2022 Mar 10;10:849826. doi: 10.3389/fped.2022.849826. PMID: 35359890; PMCID: PMC8960267.

Available: <https://pubmed.ncbi.nlm.nih.gov/35359890/>

Group 4 (Retention & Well-being) has also published the results of the SUPERPOWER study which has been provisionally accepted in *Frontiers in Pediatrics*:

Halbach SM, Pillutla K, Seo-Mayer PW, Schwartz A, Weidemann DK, Mahan JD. Burnout in pediatric nephrology fellows and faculty: lessons from the sustainable pediatric nephrology resource project (SUPERPOWER). *Front Pediatr*, 15 Mar 2022

2. On March 24, 2022 the ASPN JEDI and Workforce Committees hosted a Panel Discussion entitled “Supporting our IMG Pediatric Nephrology Colleagues” which included an immigration attorney Laura Shaw, JD and ASPN Members Nicole Hayde, Arwa Nada, and Salar Bani Hani to discuss important issues affecting international medical school graduates in pediatric nephrology, with a focus on understanding relevant visa issues. The recording and handouts can be accessed on the ASPN members-only website: <https://www.aspneph.org/webinars/>. Stay tuned for additional webinars and panel discussions related to these topics in the coming months!

3. Thanks to all members who participated in the ASPN Resident/Trainee Programming at the Annual PAS Meeting. We hosted successful Speed Mentoring for Fellows, a networking breakfast for trainees, and a mentored poster walk. Special shout-out to Keri Drake, Abbie Bauer, Adam

Weinstein, and Isa Ashoor for their leadership on making these events special for our trainees!

### 4. Pediatric Nephrology in a Small Group Setting Subgroup (Joann Spinale, Sudha Mannemeddhu, Ashley Rawson)

On Jan 23, 2022, we hosted Dr. Lawrence Shoemaker for a clinical case discussion— Complement, TMA, aHUS- What’s all the fuss? If you are interested in reviewing the discussion, the archive can be accessed here: <https://www.aspneph.org/webinars/>

*Joann, Sudha & Ashley*



# ASPN CALL FOR INTEREST GROUP

## Call for Pediatric Critical Care Nephrology Directors Interest Group

- Do you lead the Acute Dialysis/Kidney Support program at your institution?
- Do you wonder how other programs incorporate newer devices, therapies, education, and guidelines?
- Are you trying to establish an Acute Dialysis/Kidney Support program at your institution?
- Do you have an interest in connecting with others who do this work and feel similarly?
- Do you wonder how to better advocate for the needs of the acute care nephrology program?

We are initiating a Pediatric Critical Care Nephrology Directors Interest Group with the intent of providing a mechanism for like-minded pediatric nephrologists to share ideas, discuss program development, and discuss strategies to acquire the necessary resources to develop quality initiatives and drive improvement. We encourage participation of members who are heavily involved in managing, organizing, planning and coordinating acute care nephrology programs as part of their practice.

To assess interest in this new initiative, we would appreciate if you could reach out to us at [daskenazi@uabmc.edu](mailto:daskenazi@uabmc.edu) and [shina.menon@seattlechildrens.org](mailto:shina.menon@seattlechildrens.org), and copy [info@aspneph.org](mailto:info@aspneph.org).

Let us also know if you have a great suggestion for a name for this group!

More details to follow!!!

David Askenazi  
Shina Menon

## ASPN FOUNDATION



American Society of  
Pediatric Nephrology  
FOUNDATION

### Foundation Update

The Board of Directors of the Foundation wish to thank all those who attended the ASPN business meeting at the PAS and who contributed to the \$10,000 match for the H William Schnaper Lecture. The on-site match exceeded \$3,000. We are pleased that our efforts to achieve the required \$150,000 for a permanent endowment are moving

closer to our goal. If you would like to contribute, please click [here](#) to make your donation.

The Foundation also thanks Dr. Adrian Spitzer and his family for a generous bequest to the ASPN Foundation. This contribution will support the Adrian Spitzer lecture at our annual meeting. Information on planned giving is available on the ASPN website.

# ASPN WEBINARS



## ASPN Webinar

### Radiology Webinar

Date: Monday, June 6, 3-4pm ET

Subject: TBD

### Pathology Webinar

Date: Monday, July 11, 3-4pm ET

Subject: TBD

The ASPN webinars are thriving in the zoom meetings with an average of 50+ participants per session and will continue to be offered every first Monday of the month at 3pm ET.

GREAT CARE FOR LITTLE KIDNEYS. EVERYWHERE.



Optimal care for all children with kidney disease.

Share our vision.

You are an important part of our global pediatric community.

Renew your IPNA membership.



# ASPN MEMBER OF THE MONTH

The Communications Committee is pleased to continue its Member of the Month series, where we highlight one ASPN member each month and recognize the amazing work that they are doing to support ASPN and the larger nephrology community. We hope you enjoy getting to know your fellow members a little better!

## Dr. Alex Kula (May 2022)



Dr. Kula is an Assistant Professor of Pediatrics at Ann and Robert H. Lurie Children's Hospital and the Feinberg School of Medicine in Chicago, IL. He completed medical school and obtained a Master of Health Science at Yale University School of Medicine, while completing his pediatric

residency and pediatric nephrology fellowship at Seattle Children's Hospital. His clinical interests include cardiorenal syndrome and the long-term cardiovascular outcomes of pediatric CKD, particularly into adulthood.

Dr. Kula has been very active with ASPN in the 4 years that he has been a member, citing both the sense of shared purpose and focus on mentorship that the Society has provided him. He matriculated from the John E. Lewy Fund (JELF) Advocacy Scholars Program during fellowship, while he has continued to serve on both the Public Policy and Workforce Committees.



He grew up in Phoenix, AZ, but his training (or perhaps the demand for his skills as a guitarist) has brought him to both coasts over the years. Although he will miss his "bandmates" from fellowship (pictured above on the right), he is

excited about starting his clinical and research career in Chicago, where he resides with his wife Alison, toddler son James, and golden retriever Jeff (not in costume). Although he continues to play his guitar, he is looking forward to doing yardwork and gardening in their new home, having unsuccessfully experimented with cooking and woodworking.

Dr. Kula can be found on Twitter [@Kidney\\_Kula](#).

## Dr. Tennille Webb (June 2022)

Dr. Webb is an Assistant Professor of Pediatrics in the Division of Nephrology at the University of Alabama at Birmingham and Children's of Alabama. She is also the co-director of the Pediatric and Infant Center for Acute Nephrology (PICAN). Dr.



Webb received her Doctorate in Medicine from Morehouse School of Medicine in Atlanta, GA. She completed pediatric residency at Advocate Children's Hospital in Oak Lawn, IL, pediatric nephrology fellowship at Children's Hospital of Pittsburgh/University of Pittsburgh Medical Center, and went on to complete an additional fellowship in acute care nephrology at Cincinnati Children's Hospital Medical Center. Her clinical interests include pediatric AKI and acute kidney support therapies, particularly optimal provision of such therapies and educational programs in neonates.

In 2021, Dr. Webb was awarded renewal of the NIH Loan Repayment Program, as well as the

Kaul Pediatric Research Institute Pilot and Feasibility grant, which provides two years of internal research funding for junior investigators. Additionally, two of her first-author manuscripts were accepted for publication: “Retrospective analysis comparing complication rates of centrifuge vs membrane-based Therapeutic Plasma Exchange in the pediatric population” in the Journal of Clinical Apheresis, and “Detection of Acute Kidney Injury in Neonates after Cardiopulmonary Bypass” in Nephron. Lastly, she will be completing a Master of Science in Public Health (MSPH) from UAB this summer.

She has been an ASPN member since 2013. She has attended and presented at many annual ASPN meetings and values the opportunities that ASPN has provided to share her clinical and research interests with a broader audience.

Dr. Webb grew up in Tuskegee, AL, not too far from where she currently resides in Birmingham with her husband and two (very adorable) children. In her free time, she enjoys dancing and spending time with her family.

Dr. Webb can be found on Twitter [@TWebbMD](https://twitter.com/TWebbMD) and on Instagram [@twebb\\_hump](https://www.instagram.com/twebb_hump).





# MEETINGS AND EVENTS



Children's  
of Alabama

UAB MEDICINE

BRADLEY LECTURE CENTER

4th Floor, Children's Harbor  
Children's of Alabama  
1600 7th Avenue South  
Birmingham, AL 35233

1.5 day course (Mondays and Tuesdays)  
for physicians and nurses

## 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's 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

## CONTINUING EDUCATION

Children's of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

## Save the Date!

Face-to-face courses in Birmingham AL with limited number of participants will offer unique opportunities for hands-on demonstrations and instruction.

October 4-5, 2021

January 10-11, 2022

May 23-24, 2022

Questions? Programmatic/content: contact [daskenazi@peds.uab.edu](mailto:daskenazi@peds.uab.edu) or [kara.short@childrensal.org](mailto:kara.short@childrensal.org); direct registration questions to [dpass@peds.uab.edu](mailto:dpass@peds.uab.edu)



[www.ipna2022.org](http://www.ipna2022.org)  
[www.theipna.org](http://www.theipna.org)

See you in  
Calgary!

IPNA Members  
benefit from a  
discount rate.

Calgary, Canada, 7-11 September 2022  
Calgary TELUS Convention Centre



# FELLOWS CORNER

## Dear Pediatric Nephrology Fellows,

Welcome to the Fellows Corner!

In this instalment, we compiled some information about nephrology journals that publish case reports.

Case reports should provide descriptive information about a novel clinical scenario and should follow the CARE guidelines. Not all journals accept case reports and it can be challenging and time consuming to find a journal that publishes case reports. We hope that the information below will provide some information. We hope you find this useful. Even though we attempted to be as inclusive as possible, we may have unintentionally missed some resources and by no means is this list exhaustive.

Journal	Website	Word Limit
American Journal of Kidney Diseases	<a href="https://www.ajkd.org">https://www.ajkd.org</a>	1500 words
American Journal of Kidney Diseases Quiz	<a href="https://www.ajkd.org">https://www.ajkd.org</a>	600 words in addition to Q&A
American Journal of the Medical Sciences	<a href="https://www.amjmedsci.com/">https://www.amjmedsci.com/</a>	2,500–5,000 words
American Journal of Transplantation	<a href="https://onlinelibrary.wiley.com/journal/16006143?msclkid=f4b84f80cb2011eca09c598601d3934b">https://onlinelibrary.wiley.com/journal/16006143?msclkid=f4b84f80cb2011eca09c598601d3934b</a>	2000
BMC Nephrology	<a href="https://bmcnephrol.biomedcentral.com/">https://bmcnephrol.biomedcentral.com/</a>	2500
BMJ Case Reports	<a href="https://casereports.bmj.com/pages/">https://casereports.bmj.com/pages/</a>	2000
Canadian Journal of Kidney Health and Disease - Research or Educational Case Reports	<a href="https://journals.sagepub.com/home/cjk">https://journals.sagepub.com/home/cjk</a>	2500
Clinical and Experimental Nephrology Case reports	<a href="https://link.springer.com/journal/10157">https://link.springer.com/journal/10157</a>	3000
Clinical Nephrology case studies	<a href="https://www.dustri.com/nc/journals-in-english/mag/clinical-nephrology.html">https://www.dustri.com/nc/journals-in-english/mag/clinical-nephrology.html</a>	4000
Clinical Kidney Journal - Case Report	<a href="https://academic.oup.com/ckj">https://academic.oup.com/ckj</a>	750
Dialysis and Transplantation	<a href="https://onlinelibrary.wiley.com/journal/19326920">https://onlinelibrary.wiley.com/journal/19326920</a>	1,500 -3,200 words

# FELLOWS CORNER

Journal	Website	Word Limit
Hemodialysis international	<a href="https://onlinelibrary.wiley.com/journal/15424758">https://onlinelibrary.wiley.com/journal/15424758</a>	1,400 words
Journal of Nephrology	<a href="https://link.springer.com/journal/40620">https://link.springer.com/journal/40620</a>	1500
Kidney International "Make your diagnosis	<a href="https://www.kidney-international.org/">https://www.kidney-international.org/</a>	650
Case Reports in Nephrology	<a href="https://www.hindawi.com/journals/crin">https://www.hindawi.com/journals/crin</a>	2000
Seminars in Dialysis	<a href="https://onlinelibrary.wiley.com/journal/1525139x">https://onlinelibrary.wiley.com/journal/1525139x</a>	2000
Transplantation	<a href="https://journals.lww.com/transplantjournal">https://journals.lww.com/transplantjournal</a>	3000
Pediatric Transplantation	<a href="https://onlinelibrary.wiley.com/journal/13993046">https://onlinelibrary.wiley.com/journal/13993046</a>	3000
Journal of Pediatric Nephrology	<a href="https://journals.sbmu.ac.ir/jpn">https://journals.sbmu.ac.ir/jpn</a>	700
<u>Frontiers in Pediatrics   Pediatric Nephrology</u>	<a href="https://www.frontiersin.org/journals/pediatrics/sections/pediatric-nephrology">https://www.frontiersin.org/journals/pediatrics/sections/pediatric-nephrology</a>	3000
Pediatric Nephrology	<a href="https://www.springer.com/journal/467">https://www.springer.com/journal/467</a>	1500
Asian Journal of Pediatric Nephrology	<a href="https://www.ajpn-online.org">https://www.ajpn-online.org</a>	1000
Kidney 360 - Clinical Images in Nephrology and Dialysis	<a href="https://kidney360.asnjournals.org/">https://kidney360.asnjournals.org/</a>	500

# #FOAMed and #SoMe!

## What's brewing!!!

Dear PedNeph nephrons,  
We are delighted to bring this new free open access medical education (#FOAMed) and social media (#SoMe) section to you. This will include all the related announcements and projects related. Please submit your or any interesting projects, suggestions and feedback to Sudha Mannemuddhu.

### 1. ASPN social media (#SoMe) accounts

- Twitter: [@ASPNEph](#)
- IG: [aspneph](#)
- Facebook: [aspneph](#)

### 2. Tweetorials:

[#ASPNEFOAM group](#) started in Oct 2020, is a group of 15+ trainees and faculty who put together a monthly tweetorial and infographics. By S. Sudha Mannemuddhu, MD and [Roshan George, MD](#)  
Latest: "[Milky Urine/ Chyluria](#)" by [Shweta Shah](#) &



"Recurrent FSGS" by [Priti Meena](#)  
Please find all the 17 tweetorials here '[#ASPNEFOAM group](#)'  
UPDATE: New web page coming soon...

[Why do Corticosteroids increase BUN/Cr ratio?](#) By [Tony Breu, MD](#)

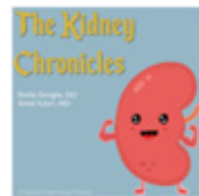
### 3. Nephrology Podcasts:

**The Sediment** – the official ASPN Podcast for PAS meeting-Season 2- Live from Denver, CO. [#TheSediment](#) [#ASPNE22](#)



[Spotify](#)

Editor: [Sudha Garimella](#)  
Season 1 recordings from PAS 2021 can be downloaded on [Apple](#) &



**The Kidney Chronicles** by [Emily Zangla](#) is a pediatric nephrology podcast that discusses various PedNeph topics with experts. Latest: Episodes 3 & 4 on **Pediatric Transplantation** available on [Podbean](#) and [Spotify](#)! email: [doctoremilyz@gmail.com](mailto:doctoremilyz@gmail.com).



**Channel your enthusiasm**  
The Burton Rose book Club is a podcast that discusses chapters from 'The Clinical Physiology of acid-base and electrolyte disorders'. Twitter [@BookBurton](#). Latest: Chapter 6, [The exciting conclusion to the effects of hormones on renal function](#). Available on [multiple platforms](#)



**Freely filtered** is a twice monthly podcast (that is aspirational, not a promise) which discusses recent NephJC journal clubs. They also discuss other big events in the world of nephrology. Twitter: [@NephJC\\_Podcast](#)  
Latest: Episode 044: Pigs on wing-Xenotransplantation. Episode 043: Nephmadness and animal house. Available on [multiple platforms](#).



**The Nephron Segment: A Kidney Podcast** is a new kidney podcast by Neph\_Sim. Twitter: [@nephronsegment](#). Latest: Episode 2: The Hype around Home Dialysis, Episode 1: Ethics of Transplantation & Xenotransplantation.

### 4. Journal Clubs:



**IPNAJC**: The official Twitter journal club of the International Pediatric Nephrology Association. [#IPNAJC](#) Twitter: [@IPNAJC](#)  
Latest JC- April 2022: [Summary](#), [Infographic](#)  
Recap of Jan 2022: [Blog](#), [10-Tweet summary](#), [Visual abstracts](#)



# Obesity in patients with CKD 2-5, Kidney Tx and on Dialysis Recommendations from the Pediatric Renal Nutrition Taskforce



**Obesity & Metabolic Syndrome (O&MS)**  
Prevalence: 15-30% CKD > 3.8-9.8% children

Lack of guidelines to prevent and manage obesity and MS in CKD

**AIM**

**PAEDIATRIC RENAL NUTRITION TASKFORCE**

**AIM**

**METHODS**

**Literature search (1980-2020)**  
PICO: Population, Intervention, Comparator, Outcome  
P: 2-18 years, CKD2-5, Dialysis, KT  
I: Age- & Sex- matched children, adults with CKD, no comparator  
C: Delphi Survey 30 Participants  
O: Graded using the American Academy of Pediatrics grading matrix

**Diagnostic Criteria**

2-5 yrs Weight-for-Height for age > +2SD	>5 yrs BMI > +1SD 19 yrs- BMI > 25	Overweight
Weight-for-Height for age > +3SD	BMI > +2SD 19 yrs- BMI > 30	Obesity

(WHO growth reference chart or a country-specific growth chart)

**METABOLIC SYNDROME**  
in children aged 2-18 years

**Overweight (or obesity) + 2 of 4 additional CV risk factors**

- SBP/ or DBP (BP) ≥ 90th centile for age, sex and height or ≥ 130/80 mmHg, whichever is lower, or on anti-hypertensive medication
- Fasting triglycerides ≥ 100 mg/dL (1.1 mmol/L) if age < 10 years, or ≥ 130 mg/dL (1.5 mmol/L) if age ≥ 10 years
- Fasting high-density lipoprotein (HDL) < 40 mg/dL (1.03 mmol/L)
- Fasting serum glucose ≥ 100 mg/dL (5.6 mmol/L) or known type 2 diabetes mellitus (T2DM)

**MANAGEMENT**

**Comprehensive Multicomponent Intervention**  
Goal: improve components of the MS

**INDIVIDUALIZED ENERGY INTAKE**

**Diet quality**  
Fruits & vegetables, whole grains, low- or non-fat dairy, pulses, fish & lean meat

No sugary beverages, processed foods, foods rich in saturated fat

**Tube fed**  
Review & adjust calories in the formula to avoid development of under/overweight

**DAILY PHYSICAL ACTIVITY**

with intensity and duration individualized according to age, physical tolerance, CKD stage, & comorbidities

**BEHAVIOURAL MODIFICATIONS**

regular & adequate sleep, reduction of screen time & managing psychosocial stressors

Counselling or psychological support

**MEDICATIONS**

Anti-obesity drugs not recommended  
No routine use of statins or lipid lowering drugs

**BARIATRIC SURGERY**

BMI ≥ 40 or BMI ≥ 35 kg/m<sup>2</sup> & specific obesity-related comorbidities (T2DM, severe steatohepatitis, pseudotumor cerebri, & moderate-to-severe obstructive sleep apnea)

avoid excessive SODIUM intake  
further reduce dietary sodium intake in those with hypertension

**Reference:** Assessment and management of obesity and metabolic syndrome in children with CKD stages 2-5 on dialysis and after kidney transplantation—clinical practice recommendations from the Pediatric Renal Nutrition Taskforce  
Stabouli S, et al. *PedNeph*, v.37,p 1-20 (2022)

VA by @DrMalinaM

**Nutritional assessment**

3 growth parameters to be measured

- Euvolemic weight or dry weight every 2-3 weeks
- Length every 6 weeks
- Head circumference every 6 weeks

**Delivery of nutritional prescription**

- Breast milk & Infant formula
- Oral nutrition supplement
- Enteral tube feeding  
Gastrostomy device recommended for long-term EF in infants on PD

**PRNT recommendation for Gastrostomy placement**

- Gastrostomy tube either PEG or RIG should be performed before placement of PD catheter
- Antibiotic prophylaxis undergoing gastrostomy placement
- Additional antifungal for children on PD or who receive a gastrostomy at the same time as a PD.
- A gastrostomy device can be inserted simultaneously with a PD catheter.
- PD should be withheld for 24H or longer if clinically safe after gastrostomy placement

**Energy and protein requirements**  
Suggested dietary intake (SDI)

- SDI energy for infancy: 93-120 Kcal/Kg/day
- SDI protein: 8-14g/day Considering for PD
- Vitamins, minerals and trace elements supplementations

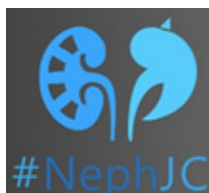
**Necessary dietary modification**

- Ca** Calcium: 220-540 mg/day
- P** Phosphate: 120-420 mg/day
- K** Potassium: 39-117mg (1-3 mmol)/Kg/day (KDOQI)

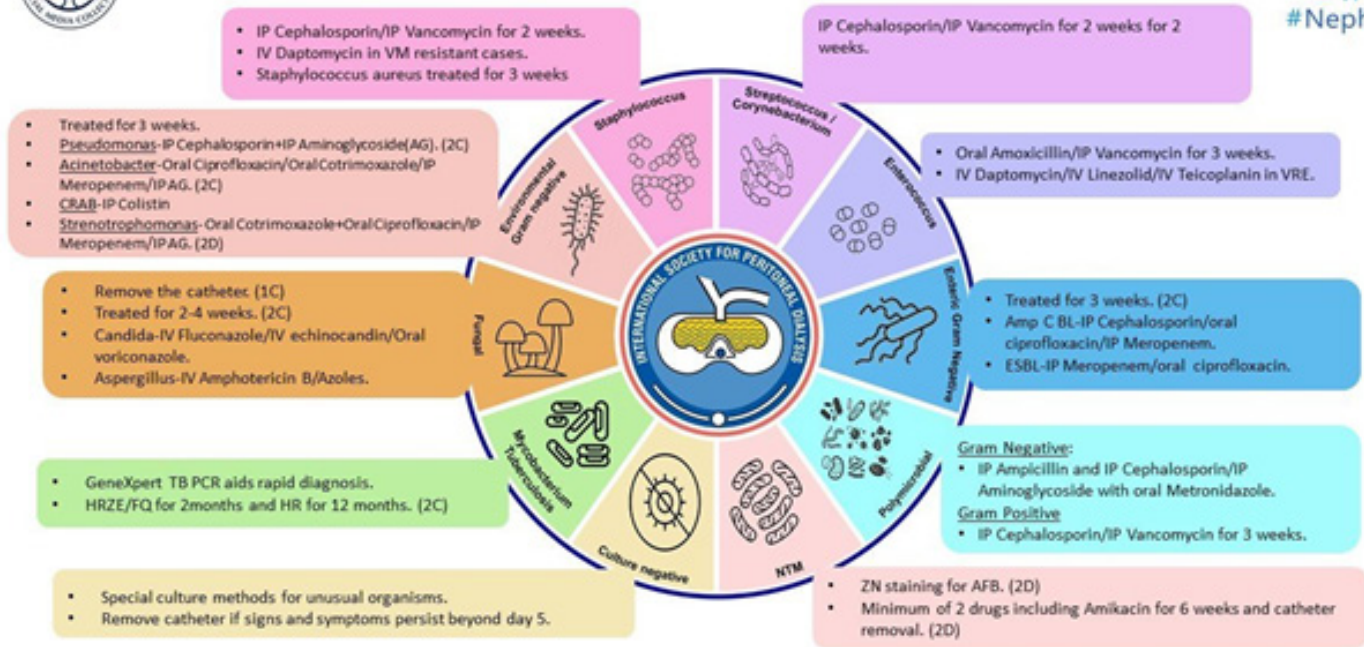
EF= Enteral feeding; PD= Peritoneal dialysis; PRNT= Pediatric Renal Nutrition Taskforce; PEG: Percutaneous Endoscopic Gastrostomy; RIG: Radiographically inserted Gastrostomy; KDOQI= Kidney Disease Outcome Quality Initiative

Shaw V et al. Nutritional management of the infant with chronic kidney disease stages 2-5 and on dialysis. *Pediatr Nephrol* (2022)

VA by Jana Sharara @JanaSharara



**NephJC** is an online medical journal club that utilizes the nephrology (and related specialties) Twitter community to generate discussion and review current literature related to nephrology. #NephJC Twitter: @NephJC  
Latest: Induction of ANCA-Associated Vasculitis: It's ComPLEX



Reference: Li PK et al. ISPD peritonitis guideline recommendations:2022 update on prevention and treatment. 2022 Perit Dial Int. 2022 Mar;42(2):110-153. PMID: 35264029.

Legend: AG:aminoglycoside; CRAB:Carbapenem-resistant *Acinetobacter baumannii*; VRE:Vancomycin resistant enterococci; ESBL:Extended spectrum beta lactamase producing; @drpriyajohn  
 FQ:Fluoroquinolone.

## 5. Blogposts

[KIREports Community](#): Latest- SGLT2 Inhibitors and Kidney Disease: the past present and the Future, Primary Hyperoxaluria and the future

[The Renal Fellow Network](#)

[The Nephron Power](#): Latest-Concept Map- Hyponatremia, Concept Map - Edema, Sickle Cell & Kidney

[AJKD Blog](#): [Nephmadness winners](#)

[PBfluids.com](#)

See you in next KIDney notes.

Sudha Mannemuddhu

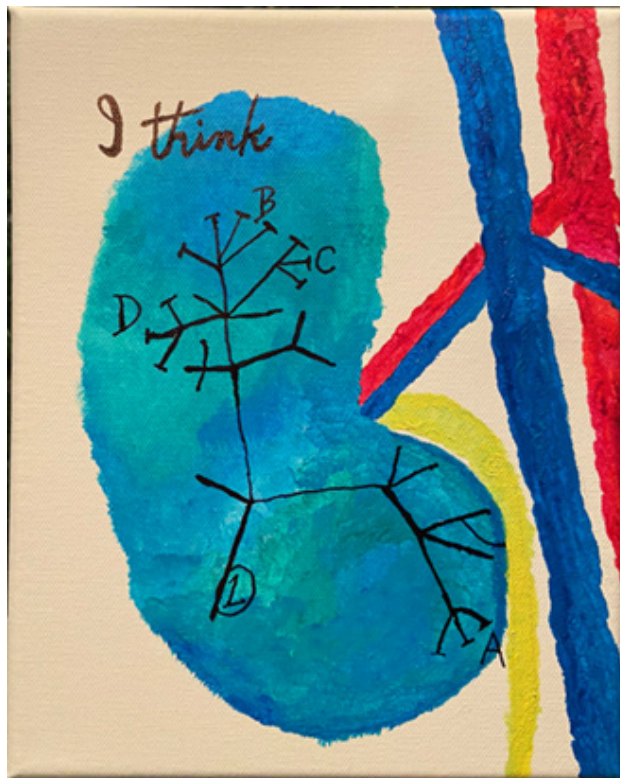
Twitter: @drM\_Sudha email: [dr.saisudham@gmail.com](mailto:dr.saisudham@gmail.com)



# ART IN NEPHROLOGY

Like Picasso said, “Art is to console those who are broken by life.”

So, my dear nephrons, let’s dazzle our days with **medicine-themed art**. Whether you want it to be seen (painting, doodle, fun picture- resolution) or felt (poem, Haiku) or share it just for laughs (jokes), this is your space. We would prefer this to be an original. Thoughts and suggestions are welcome!



This painting (acrylic on canvas), adorned with Charles Darwin evolution tree (pyrography) by **Caitlyn Vlasschaert**. Dr. Vlasschaert is an Internal medicine resident and PhD candidate at Queen’s University in Canada. She loves all things nephrology.

See you in the next KIDney notes.  
*Sudha Mannemuddhu*



# It was great to be together again!

## PAS 2022 Meeting

