FROM THE PRESIDENT

Spring is arriving on the calendar, so that means the 2022 Pediatric Academic Societies Meeting is just a little over a month away. Our ASPN Meeting at PAS will mark our first opportunity for in-person gatherings at PAS in three years, and the Program Committee, with David Selewski as chair, has put together an outstanding didactic program. Specific program details will be available at both the PAS and ASPN websites, and options for virtual attendance can be found there as well. At PAS, we will be having both an in-person business meeting (Sunday, April 24 from 2:30-3:30pm at the Convention Center) and a social reception (also Sunday, April 24 starting at 7pm at Windows in the Denver Sheraton) and all members who make their way to Denver are encouraged to attend those events.

This spring ASPN will also be kicking off a new Strategic Plan cycle. Members will have an opportunity to provide input about how they perceive ASPN via a survey, and some of you may be asked to engage in more focused interviews as well. The Strategic Plan process helps to guide the society's priorities for the next 5 years, so we appreciate everyone helping to provide input, and you will be receiving regular updates about this process that will be ongoing until the end of 2022.

This issue of Kidney Notes is the inaugural newsletter for our new editorial team. They have hit the ground running and are anxious to hear from anyone who has ideas to share about this important way we communicate with our members, so don't be shy if you any comments!

I hope to see many of you at PAS in Denver, and once more would like to thank all of you who provide so much time and effort for ASPN to get so much accomplished and to fulfill our mission for children with kidney disease.

Michael JG Somers, MD, President
michael.somers@childrens.harvard.edu
FROM THE EDITOR

I am excited to start my tenure as editor of KIDney Notes. Thanks to Roshan George for her hard work in making the newsletter the comprehensive source of information it is today. I will be working with two colleagues and Associate Editors, Sudha Mannemuddhu and Raja Dandamudi to bring you the newsletter.

You may have noticed some changes to KIDney Notes:

- We've added a table of contents that links to the specific sections throughout the newsletter
- We've incorporated hyperlinks wherever possible; anything that is bolded and underlined will link you to the appropriate website/email address/social media handle
- With the help of Sudha and Raja, we're introducing a few new sections: Fellow's Corner, Affiliate's Corner (coming soon), an ASPN/Ped Neph Social Media overview, and Art in Medicine

We hope the updated formatting and new content is useful – please send me any feedback or suggestions you have.

In this issue's Perspectives piece, Arwa Nada, MD MSc from LeBonheur Children's Hospital in Memphis, TN shares her take on Embracing Grief. As a native Memphian, LeBonheur holds a special place in my heart and is where, as a medical student, I first learned pediatrics. It is also where I lost my first patient, an experience I still carry. Arwa's thoughtful writing highlights an important and often overlooked part of the shared physician experience.

As we look forward to the return of in-person meetings, it’s hard not to take a moment to reflect on the impact of the past two years. I am hopeful that we will emerge from the experience stronger and better.

Please reach out with any feedback, comments, or suggestions for content.

Warmly,
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NEWSLETTER

Raja Sekhar Dandamudi, MD
Washington University School of Medicine in St. Louis

Radha Gajjar, MD, MSCE
Weill Cornell Medical College

Sai Sudha Mannemuddhu, MD
East Tennessee Children’s Hospital
"Good morning, we are taking the CKRT machine down. The family decided to withdraw care" One of the most difficult phone calls I cannot get used to. He was 16 years old, the same age as my son. “The mother held his hand and whispered in his ears, we will meet soon my baby, you can go now, I will always be around you” the resident note read. The heart rate monitor went silent, and nurses left some faint lights on to offer the family some sense of quietness. “Child life team brought clay molds to have his hand printed” the note read. In my mind, I am thinking, I hope touching this mold would ease their pain. My heart crunched between my ribs. I felt the pain and sadness crawling inside my heart and mind.

Physician grief in response to patient death is poorly studied and understood. A 2014 literature review found only twelve articles addressing services available to grieving physicians, and explorations of the scope and universality of physician grief have been scarce. This is largely due to disenfranchising physician grief. Disenfranchised grief was first described by Ken Doka as grief that follows a loss that isn’t “openly acknowledged… or publicly supported” and the persons, therefore, feel they don’t have the right to grieve or get support.

In reality, we do not have a comprehensive system to support us during grief. We have taught ourselves how to escape it, ignore our feelings, and bury our emotions to be able to fulfill our job requirements and keep going.

Learning to deal with and resolve such losses can ease some of the emotional baggage we carry around. Here are some helpful ways that could help us during these difficult times because it is time to equip ourselves with the right tools to deal with our patients’ death.

First, we need to change the narrative around expressing our feelings without having to feel any shame or weakness. “Let emotions happen, it makes you human and empathetic. It takes time to get over a death, and it is okay to remember those that have died,” - Kelly Dinnan, General Surgeon

By giving ourselves permission to grieve we can work through our feelings of failure, fear, and guilt. By expressing and addressing our grief, we can continue to open up our hearts to educating and supporting patients and families who need us. This is not only beneficial to us as individuals, but also as professionals.

Second, we need to take a moment to reflect on the time spent with the patient. “Each of us have our own internal coping mechanisms. Find what’s going to work for you to handle that loss and to continue to be effective for your patients and families” – Dr. Janice Knebl, Palliative Care Specialist.

Then, we have to clearly identify our role – society has associated us with the term healers leaving us with deep sense of failure if we don’t save lives. “If you look at your role to cure always, you will always feel like you’ve never done enough,” - Dr. Knebl. We need to view ourselves as it is reflected by the reality of our work not by the society lenses.

Additionally, recognize our limitations: we have to remind ourselves of our limitations and the limits of how much we can do to help our patients. “It’s not just me who can’t cure the child, it’s modern medicine” – Dr. Lisa Kopp, Pediatric Oncologist.

Finally, combat the feeling of failure: Our job is to do our best to help them get better, but we have to bear in minds that their death is not failure; we have to remember our successful stories with our patients.

The impact of patient death and grief on us, the physicians, is unpredictable. It is time to change our attitude and narrative around expressing our emotions, have open conversation about effect of patients’ death on us, address our grief by validating it and acknowledging that grief following a patient is normal. We need support system for physicians who grieve the loss of a patient. Physicians who need extra support...
should seek counseling with a provider familiar with the challenges of medicine and the impact of disenfranchised grief. There are ways to support physicians emotionally and professionally. We just have to make the effort to build and implement them. We need to remember that physicians are human, and grief is as much a part of the human experience as love.

References:

Whitehead PR. The lived experience of physicians dealing with patient death. BMJ Supportive Palliative Care 2014;4:271–276. doi:10.1136/bmjspcare-2012-000326


https://www.wellandgood.com/physician-grief/

Arwa Nada, MD, MSc
Assistant Professor of Pediatric Nephrology
Le Bonheur Children’s Hospital and St. Jude Research Hospital
The University of Tennessee Health Science Center
Like Picasso said, “The purpose of art is washing the dust of daily life off our souls.”

So, my dear nephrons, let’s dazzle our days with medicine-related art. Whether you want it to be seen (painting, doodle, fun picture, pottery, pyrography (be careful), playdoh art, or any kind that we forgot to mention here) or felt (poem, Haiku) or share it just for laughs (jokes), this is your space. We would prefer this to be an original. If submitting a graphic file, please make sure it’s high resolution. Thoughts and suggestions are welcome!

This painting (acrylic on canvas) called ‘hope and blessing’ was done in honor of our patient service representative (PSR), Ms. Angela Browning on her birthday by me (Sudha Mannemuddhu).

See you in the next KIDney notes.
Sudha Mannemuddhu
3. ASPN Member of the Month
The Communications Committee is excited to announce the return of our 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. Annabelle Chua (March 2022)
Dr. Chua is an Associate Professor, Epic Pediatric Provider Champion, and Medical Director of Pediatric Dialysis at Duke Children’s Hospital in Durham, NC. She completed medical school and pediatric residency at Wake Forest University and pediatric nephrology fellowship at Stanford University/Lucile Packard Children’s Hospital. Her clinical interests include AKI and CKD/ESKD.

Dr. Chua has been very active with ASPN since she first joined 18 years ago. She is currently a member of the ASPN Council and the Clinical Affairs Committee, having served as co-chair/chair of the latter. She has also served on the ASPN Nominating Committee and participated as a speaker in the ASPN Board Review Course.

She is a native of North Carolina, where she currently resides with her three children. She re-discovered her love of baking during the COVID19 pandemic and has been cooking up many delicious treats in her kitchen – sweet sourdough bread, macarons, and pecan pie tarts, to name a few!
Dr. Abdulla Ehlayel (April 2022)

Dr. Ehlayel is a Clinical Assistant Professor at Children’s Hospital of New Orleans. He completed medical school at Jordan University in Amman, Jordan, pediatric residency at Children’s Hospital of Michigan (where he also served as chief resident), and pediatric nephrology fellowship at Children’s Hospital of Philadelphia. His clinical and research interests include management of CKD/ESKD and utilizing the EMR to optimize patient care.

In the last year, Dr. Ehlayel has implemented a new multidisciplinary Stone Clinic at CHNOLA, published an original article “Kidney Outcomes and Hypertension in Survivors of Wilms Tumor: A Prospective Cohort Study” in The Journal of Pediatrics, and became a certified Epic Physician Builder.

Dr. Ehlayel has been an ASPN member since 2016, attending and presenting at annual meetings and participating in ASPN speed mentoring sessions. As a member of ASPN, he has found the educational webinars valuable for his professional development, as well as the opportunities for collaborating with other nephrologists in our community.

In his free time when he is not chasing after his three boys, Dr. Ehlayel enjoys playing tennis and soccer.

Global Health Committee

ASPN’s Global Health Committee recently organized the 2nd annual ASPN IPNA Global Health Symposium. The theme of the symposium focused on local advocacy for models of kidney care in limited resource settings. It was a great success, attracting around 100 pediatric nephrologists from across the globe. There were 6 invited speakers who represented different regions of the world, and shed light on how they established pediatric nephrology care in resource limited settings. Dr. Paul Farmer was the keynote speaker, and he stayed live throughout the symposium, actively participating and answering questions. His last email to us said “It was my great pleasure and I learnt a lot too!” Dr. Paul Farmer passed away unexpectedly in his sleep on Feb 21st 2022, and his contribution to the world of medicine and global health will be an inspiration for centuries to come. For those of you who missed the symposium, click here to access the recording. The pediatric nephrology community will remain forever grateful.

Ankana Daga, Dorey Glenn, Erica Bjornstad, Melvin Bonilla Felix

Pediatric Nephrology Division Heads

Pediatric Nephrology Division Heads have uniquely fulfilling yet challenging roles. The ASPN has an hourly meeting once a quarter for their collaborative learning and sharing. If you are a division head/director/chief, email Priya Verghese at pverghese@luriechildrens.org so you can be added to the list.

Research Committee

In the last issue of “KIDney Notes”, the Community Outreach (CORE) Subcommittee, one of three within the Research Committee, presented an update. In this issue, we would like to present an update on the activities of the Education Subcommittee (co-chaired by Stefanie Benoit and Katherine Dell). Our overall goal is to provide research education to ASPN members at various
career stages on topics relevant to clinician-scientists. Based on discussions at breakout sessions during the full Research Committee meetings, we have identified four specific objectives.

1. Understand the research-related jobs landscape
2. Identify, leverage, and create support networks for research collaboration and career guidance appropriate to the level of need/career level
3. Educate members on “everything but the science” in grant-writing and research administration/conduct
4. Highlight multiple pathways to participate in research: NIH grants, collaborative research, pharmaceutical trials, and careers outside of academic centers

To achieve these objectives, in the coming months we will be gathering and consolidating the large number of existing research education tools and materials available through organizations and committees such as the NIH, ASN, ASPN and the Therapeutics Development Committee (TDC). Links to these resources will be provided on the Research Committee website.

We also plan to develop new materials in the form of webinars with guest speakers presenting on topics such as “How to be a Successful Site PI for a Clinical Trial” and “The Nuts and Bolts of Grant Preparation”. We will also be preparing a proposal for a Research Careers Roundtable Workshop for the 2023 PAS Meeting.

We invite members to contact us about research education needs or specific topics that would be of interest. We also welcome suggestions about materials or tools that members have found useful in their research careers. Please send suggestions and ideas to ResearchCommChair@aspneph.org.

Upcoming Grant Submission Deadlines of Potential Interest

NIH:
- F series (Individual Fellowships): April 8
- R03 New Investigator Gateway awards for TID: May 1 (letter of intent)
- Stephen I. Katz Early Stage Investigator Grant (R01): May 26
- R01 (new submissions): June 5
- K series (Career Development): June 12
- Lasker Clinical Research Scholars Program (Si2/R00): June 24
- Support for Research Excellence First Independent Research (SuRE-First) Award (R16): Sept 28

Foundations and Other Organizations:
- Cystinosis Research Foundation Proposals and Fellowships: April 19
- PKD Foundation Research Grants: August 17 (letter of intent)
- APA Research In Academic Pediatrics Initiative on Diversity (RAPID): October 1
- AKF Clinical Scientist in Nephrology Fellowship: December 17 (tentative date)

Katherine Dell

Transplantation Update

OPTN/UNOS NEWS: It’s public comment season at UNOS, which is your opportunity to make your voice heard on a variety proposal that affect pediatric kidney transplantation- and we have some pretty significant ones this year!

Continuous Distribution: The first, and perhaps biggest issue on the table is the proposed transition to a continuous distribution model for kidney allocation. Under a Continuous Distribution model, candidates would no longer be grouped into categories for prioritization (ie, pediatrics will no longer have absolute priority over most adults). Instead, candidates will be given points for certain factors (for example age, blood type, sensitization status, time on dialysis, etc) which will be weighted into a score. An available donor kidney will then be allocated to the candidate with the highest score. Click here for more background information.

UNOS is asking input from the transplant community and is conducting a survey to help decide how different candidate factors should be weighted. How much priority should be given to pediatric candidates, highly sensitized candidates, prior living donors? How much weight should be given to geography vs medical urgency? Community input is vital to making these decisions.

It is important that the pediatric transplant community makes its voice heard on these issues. You can participate by taking a brief survey. This
survey will have a significant impact on pediatric priority for kidney allocation in the future. It takes about 5-10 min to complete. In the survey, you will be asked to answer a series of questions about which of two factors is more important and mark on a sliding scale how strongly you feel. For example, should priority go to a medically urgent (no dialysis access) candidate versus a very nearby (short drive from the donor hospital) candidate?

To participate in the survey, go to the following link: Sign up to participate. You will be asked to complete a short survey describing yourself. Immediately after completing the survey, you will receive an email with a user name, password, and link to the survey. Note: the link given at the end of the REDCap signup may not work; you can use the link from your email. Also, enter your username, not your email address, to access the survey.

We strongly encourage you to participate in this survey and distribute it to your professional and patient networks. Our community’s input can make a substantial impact on the future of kidney allocation to our pediatric patients. The survey will close to participation March 23.

Other Proposals: UNOS has multiple other proposals up for public comment, including: 1) Eliminating the current requirement for pre-transplant HIV, HBV, and HCV testing to occur during the transplant admission for children <11 years old, 2) Establishing a policy requiring race-neutral eGFR calculations, 3) Establishing eligibility criteria and safety net for heart-kidney and lung-kidney allocation. For details about these and other proposed policies, you can read more here.

If you've never left a public comment, don't be shy! The process is similar to leaving a comment on Facebook, except that you also have the option to remain anonymous if you choose. Comments can be an extensive essay or as brief as a statement of support. The current public comment period is open through March 23, 2022. Again, it is critical that our community take advantage of this opportunity to engage and have input into this future kidney allocation policy that will affect our pediatric patients.

Please consider attending your UNOS Regional meetings, again to provide input regarding this initiative. The UNOS Regional Meetings are open to all.

Current pediatric nephrology representation (and incoming Chair) on the OPTN Pediatric Committee is Rachel Engen rengen@wisc.edu. Please do not hesitate to reach out with questions/concerns.

AMERICAN SOCIETY OF TRANSPLANTATION NEWS: American Transplant Congress 2022 will be held in Boston June 4–8, 2022.

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!

ASPN TIG (Transplant Interest Group) NEWS: The TIG has 3 goals; Education, Advocacy and Mentorship in the area of Pediatric Kidney Transplantation. If you are interested in joining the TIG, please reach out to smbartosh@wisc.edu and we will add you to the membership! We are currently finalizing our pediatric nephrology transplant training curriculum and will be adding it with resources to the ASPN website for members.

INTERNATIONAL PEDIATRIC TRANSPLANTATION ASSOCIATION NEWS:

The IPTA 2022 Congress has gone virtual March 6-29 | https://ipta2022.org/

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

- Isolated nocturnal hypertension in pediatric kidney transplant recipients
- Maternal versus paternal living kidney transplant donation is associated with lower rejection in young pediatric recipients: A Collaborative Transplant Study report

Respectfully submitted,
Sharon M Bartosh and Rachel Engen
Workforce Committee

The ASPN Workforce Committee and Member Education Committee are together planning a longitudinal virtual course in Educational Scholarship and Teaching, with 4 interactive workshop sessions which will focus on effective teaching methods, curriculum building, converting your educational work into scholarship and more! If you or any of your colleagues have expertise in these areas and would like to help in this endeavor, please contact Roshan P. George (roshan.punnoose.george@emory.edu) and Kavita Hodgkins (khodgkins@luriechildrens.org). Stay tuned for more information in the coming months!

Pediatric Nephrology in a Small Group Setting Subgroup
On Jan 18, 2022, we hosted Dr. Adam Weinstein for a webinar series –Medical Education and FOAMed (Free Open-Access Medical Education). If you are interested in reviewing the discussion, the archive can be accessed here: https://www.aspneph.org/webinars/

Save the Date
Please join us at our next Pediatric Nephrologists in a small group setting (PedNephSG) clinical case series conference, on Wednesday, March 23rd at 3 pm EST, on TMA/HUS with Dr. Larry (Lawrence) R. Shoemaker. If you have any cases you would like discussed, please email us by March 15th on one PowerPoint slide. If you have suggestions for future conference topics or questions, please email us!

Joann Carlson, Sudha Mannemuddhu, and Ashley Rawson

Pediatric Nephrology in a Small Group Setting Webinar Series- Case Discussion
Complement, TMA & aHUS
What's all the fuss?

Expert: Lawrence R. Shoemaker, MD
Moderator: S. Sudha Mannemuddhu, MD
Date and time
Mar 23, 2022, Wed 3PM ET/ 2 PM CT/ 12 noon PT
If you are interested, send your cases to pedneph56@gmail.com

Joann, Sudha & Ashley

SUPPORTING OUR IMG PEDIATRIC NEPHROLOGY COLLEAGUES
A panel discussion jointly sponsored by the Workforce Committee and Justice, Equity, Diversity, and Inclusion (JEDI) Committee

12-1 PM (CST) Thursday, March 24th

Register HERE on Zoom!

Laura Shaw, JD
Law Office of Chandraker & Shaw

Nicole Hayde, MD
The Children’s Hospital at Montefiore

Arwa Nada, MD
Le Bonheur Children’s

Salar Bani Hani, MD
UT Southwestern
Foundation Update

The ASPN Foundation is proud to sponsor two distinguished lectures at the upcoming ASPN annual meeting in Denver. The H William Schnaper Distinguished lecture will be presented by Moin Saleem MBBS., PhD, FRCP. The title is: Advances in “-omics”: Integrating genomic, proteomic, and metabolomic data to facilitate treatment and research in nephrotic syndrome. This will be presented in a session called, Breaking news: Updates in Nephrotic Syndrome, on Saturday, April 23, from 8-9:30pm MT at the Denver Convention Center.

The Adrian Spitzer Distinguished lecture will be presented by Stephanie Cherqui, PhD, University of California, San Diego. The title is Autologous Transplantation of Gene-modified Hematopoietic Stem Cells for cystinosis: updates from a phase I/II clinical trial. This will be presented in a session called, Novel mechanistic and therapeutic discoveries in rare diseases, on Sunday, April 24, from 8-9:30am MT at the Denver Convention Center.

Please join us as these annual lectures honor our remarkable late giants in the field of pediatric nephrology and kidney research. Donations to support these two lectures may be made through aspneph.org. We look forward to seeing you there!

governmental hierarchical structure to successfully get funding for the research that we use to care for our pediatric kidney disease patients.

During this presentation, Dr. Moxey-Mims provided guidance on how we as scholars and pediatric nephrologists can approach advocacy within this and other similar government institutions. One very valuable point made was that as advocates we can lobby Congress and the NIH for our patients and more importantly, we can lobby Congress on behalf of the NIH to ensure that they have the funding they need to continue their important research. Her presentation left us feeling empowered and more informed on how we can be both more efficient and productive when we speak to members of Congress.

Next Steps for JELF Scholars

The next opportunity for virtual advocacy for JELF Scholars and any other interested nephrologists would be to participate in the AAP Legislative Conference. The AAP Legislative Conference is happening from March 20th-22nd on a virtual platform. The conference will provide skills-learning workshops, lectures from prominent speakers and an opportunity to interact with other like-minded pediatricians and sub-specialists on advocacy for our pediatric patients. The conference will end with the opportunity to meet virtually with your state congressional leadership to discuss pediatric health issues. To learn more about attending the conference, click here.

JELF Scholars Update

JELF Scholars Program continues to educate the future leaders of the ASPN about advocacy via a virtual platform. The Scholars participated in a virtual presentation and educational session on the role of advocacy within the NIH by Marva Moxey-Mims, MD. Before taking on the role of division chief of nephrology at Children's National, Dr. Moxey-Mims was the deputy director for clinical science in the Division of Kidney, Urologic and Hematologic diseases. She was involved in many seminal research studies for children with kidney disease within the NIH. She had had many valuable years of experience navigating the convoluted
#FOAMed and #SoMe!
What’s brewing!!!

Dear ASPN 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 announcements and projects related to #FOAMed and #SoMe. Please submit your projects, suggestions and feedback to Sudha Mannemuddhu.

1. ASPN social media (#SoMe) accounts
   - @ASPNeph
   - aspneph
   - aspneph

2. ASPN #FOAM group
   The #ASPNFOAM group, started in Oct 2020, is a group of 10+ trainees and junior faculty who put together a monthly tweetorials. We believe in teamwork and free open access medical education (FOAMed).

   Please browse through our latest tweetorials:
   “Peritoneal Dialysis” by Nicole Schmidt
   “TINU” by Swasti Chaturvedi

   Please find all the 14 tweetorials at ASPN Twitter moments '#ASPNFOAM group'

   UPDATE: ASPNFOAM group will be expanding to various topics like blogposts, visual abstracts/infographics, Quizzes and more from July 2022. Stay Tuned...

3. IPNAJC
   Save the date for the next #IPNAJC

   Article: 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.

   #IPNAJC is a quarterly pediatric nephrology journal club on Twitter from IPNA social media sub-committee. We have hosted three journal clubs thus far.

   The summary of the article will be posted on the website a few days prior to the JC. Infographics will be on Twitter as well as on the website.

   New to Twitter? here is a link for a <2 min video tutorial on ‘how to participate in @IPNAJC” or any twitter-based JC. For updates, follow @ipnajc and sign up for the newsletter on the website.

   Access old chats on Twitter at:
   July 2021
   October 2021

   IPNA Social Medica Sub-Committee (Maury Pinsk, Michal Malina, S. Sudha Mannemuddhu, Swasti Chaturvedi, Juan Kupferman, Md. Abdul Qader, Shweta Shah)
4. The Kidney Chronicles: A Pediatric nephrology Podcast

Introducing “The Kidney Chronicles: A Pediatric Nephrology Podcast,” produced and hosted by Dr. Emily Zangla, a first-year pediatric nephrology fellow, and Dr. Annie Kouri, an assistant professor of pediatric nephrology.

The goal of the podcast is to interview experts in the field to provide high quality info and “tricks of the trade” that are valuable for clinicians to use in practice. It’s a great way to learn and to bring together the pediatric nephrology community across the country (and maybe even world)! They are available at Pod bean and Spotify!

Emily Zangla
Twitter: @EmilyZangla
Email: doctoremilyz@gmail.com

5. Nephmadness

NephMadness is a free online, CME-granting, evidenced-based, noncommercial learning initiative that leverages the tools of social media to teach about the latest and greatest breakthroughs in the field of nephrology!

There are 8 nephrology regions and 32 topics, including one whole region (4 sub-topics related to neonatology). This a perfect blend of fun and learning.

Read through the blogposts and infographics. Here’s a tweetorial by Michelle Rheault explaining how every region is a potential pediatric region. Join the fun, submit your brackets and win prizes.

Learn more at https://ajkdblog.org/2022/03/01/welcome-to-nephmadness-2022/

The 2022 NephMadness Executive Team
Dear Pediatric Nephrology Fellows,

Welcome to the Clinical Fellows Corner!

The Fellows’ Corner is a new addition to KIDney notes, dedicated to addressing issues relevant to the fellows in training.

In this first instalment, we compiled some information on nephrology societies that may be useful to join and some available online resources.

Membership in most of these societies is either free or subsidized for fellows. Benefits includes access to major journals, subsidized registration for national conferences, opportunities to connect with colleagues from around the world and scholarship opportunities such as travel grants, research grants, and educational grants.

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### Educational Resource Details:

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<tr>
<td>AJKD – Atlas of Renal Pathology II</td>
<td><a href="https://www.ajkd.org/content/atlasofrenalpathologyii">https://www.ajkd.org/content/atlasofrenalpathologyii</a></td>
</tr>
<tr>
<td>Arkana Live Kidney Pathology Series (NephJC, NephSIM, KIDNEYcon)</td>
<td><a href="https://www.arkanalabs.com/category/arkana-live/">https://www.arkanalabs.com/category/arkana-live/</a></td>
</tr>
<tr>
<td>Washington University in St. Louis Nephrology Web Series</td>
<td><a href="https://www.youtube.com/channel/UC1mILTtBs6PTbuiv08vcQA">https://www.youtube.com/channel/UC1mILTtBs6PTbuiv08vcQA</a></td>
</tr>
<tr>
<td>Renal Fellow Network</td>
<td>@RenalFellowNtwk</td>
</tr>
<tr>
<td>The Skeleton Key Group</td>
<td>@TheSkeletonKG</td>
</tr>
<tr>
<td>NephSIM</td>
<td>@Neph_SIM</td>
</tr>
<tr>
<td>Landmark Nephrology</td>
<td>@landmark_neph</td>
</tr>
</tbody>
</table>

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 this list is exhaustive. In upcoming editions we will provide information on various other topics and we welcome your contributions.

Raja Danadamudi

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**Complement Mediated Kidney Disease Fellowship**

I want to take a few brief moments of your time to share with you that for the pediatric 2023 fellow year, we are expressly searching for an additional fellow that will be interested in **Complement Mediated Kidney Disease**.

- This individual would do their usual fellow duties/requirements (3 year program).
- Research time would include a concentrated training program in complement biology/complement mediated glomerular disease.
- The research curriculum is highly translational – including both basic science (using human biospecimens) and clinical trial (with complement inhibitor) experience. [The fellow scholarly work will be based on candidate preference - but will likely be more basic than clinical science).
- The goal of this program is to increase the number of people with expertise in complement mediated and rare renal disease – by offering training in a center with state of the art, comprehensive tools to both study and treat complement mediated kidney disease.
  - **Supporting Laboratory**: The University of Iowa, Molecular Otolaryngology and Renal Research Laboratories (MORL) are one of the largest and most robust laboratories in the world. We are focused on the research of the ultra-rare complement mediated kidney diseases, DDD and C3GN, known together as C3 Glomerulopathy or C3G for short.
  - The fellow will have ample opportunity for complement related scholarly projects and opportunities for publication.

Applications will be reviewed according to the usual fellow recruitment schedule. Inquiries are welcome in advance by emailing Carla Nester – carla-nester@uiowa.edu
LEGISLATIVE UPDATE

House and Senate Leaders Reach Preliminary FY22 Appropriations Deal
On Wednesday, February 10, House and Senate reached a threshold deal on total FY2022 discretionary funding. The federal government is currently funded by a continuing resolution which lapses after February 18. The House passed a short term continuing resolution (CR) to fund the government through March 11 and Senate Majority Leader Schumer has stated that he expects the Senate to pass the CR in time to avoid a shutdown. While the total figure and split between defense and nondefense are not public, increases in funding are expected for both military and non-defense programs. We are optimistic that a final deal will include increases for ASPN's priority programs including the National Institutes of Health and the Children's Hospital Graduate Medical Education program as well as the first appropriation for the Pediatric Subspecialty Loan Repayment Program.

ASPN Submits Comments in Response to Transplant RFI
On February 1, ASPN submitted comments in response to a Request for Information on transplant programs, organ procurement organizations, and ESRD facilities. ASPN's comments focused on the need to increase the number of organs available for transplant, the importance of children with kidney disease receiving care from a pediatric nephrologist, encouraging the use of home dialysis where appropriate, and harmonizing requirements across programs to improve quality across the organ donation and transplantation ecosystem.

ASPN Meets with CMS on Pediatric ESRD Recommendations
On January 4, Drs. Eileen Brewer and Sarah Swartz met with CMS to discuss ASPN's responses to requests for information in the proposed ESRD PPS Rule regarding the adequacy of reimbursement for pediatric ESRD services. ASPN provided comprehensive answers to these requests for information, demonstrating the inadequate reimbursement for pediatric services and offering policy solutions to create a more sustainable reimbursement model for pediatric ESRD services. ASPN intends to provide more detailed census and cost information to CMS to guide policymaking on reimbursement for pediatric ESRD services.

Senate Confirms New FDA Commissioner
On February 15, the Senate confirmed Dr. Robert Califf to serve as FDA Commissioner by a bipartisan vote of 50-46; six Republicans joined 44 Democrats to push this nomination across the finish line as some Democrats publicly opposed the nomination because of his ties to industry and concerns about how he would handle the opioid epidemic. Califf who is returning to role that he held in the final year of the Obama administration will be the first permanent head of the agency during the Biden administration as the agency has put many sensitive policy decisions, including a decision on e-cigarettes and a COVID-19 vaccine for children under 5, on hold while it remained under acting leadership.

President Biden still has not named a nominee to lead the National Institutes of Health. Dr. Francis Collins who led the agency for 12 years stepped down in December.

Erika Miller
ASPN WEBINARS

MOC credit is still available for prior imaging webinars using this link. For this series you will be required to remit payment of $50 (credit card or cash) to the Children’s Hospital of Philadelphia (to cover the cost of managing the MOC points). Click here for payment instructions.

Unfortunately, we will no longer be adding more MOC questions as part of the webinars, but you can still claim credit for the sessions held through December 2021. Up to 20 Part II MOC points can be earned through participation in the webinars! You can either participate live or watch online. Then, answer 5 questions on the REDCAP Database. 20 MOC points can be earned if you answer a total of 50 questions from 10 webinars.

ASPN Webinar

Radiology Webinar
Date: Monday, April 4, 3-4pm ET
Subject: TBD

Pathology Webinar
Date: Monday, May 2, 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.
Adrian Spitzer (born December 21, 1927; passed December 27, 2021), past President, American Society of Pediatric Nephrology, was from Bucharest, Romania, and graduated from the Carol Davila University of Medicine and Pharmacy in Bucharest, Romania in 1952. He initially practiced pediatrics in Bucharest. With his wife Carole (born September 15, 1928; passed December 5, 2021), and their seven-year-old son, Vlad, they journeyed to Paris, France while awaiting approval to come to the United States. While in Paris, with a limited knowledge of the English language, Adrian studied for his United States Medical Licensing Exam. In 1963, immediately following the assassination of John F. Kennedy, Adrian, Carole, and Vlad arrived in New York. They were met at the airport by family, who had received notification that Adrian passed his licensing exam. It was upon his arrival that he first learned of this news.

Adrian completed a transitional year of internship at White Plains Hospital, New York in 1964 followed by a residency in pediatrics at the Hospital Medical College of Pennsylvania in 1966. He became a postdoctoral fellow in pediatric nephrology in 1966-67 at the Bronx Municipal Hospital Center, (Jacobi Medical Center), Albert Einstein College of Medicine, where he met Henry L. Barnett, the Chairman and one of the visionary founders of the field of Pediatric Nephrology, and Chester M. Edelmann, Jr., Director of the newly formed Division of Pediatric Nephrology, Albert Einstein College of Medicine. He learned renal micropuncture in the laboratory of Eric E. Windhager at the Medical School of Cornell University and published on the effect of peritubular oncotic pressure changes on proximal tubular fluid reabsorption in the American Journal of Physiology in 1970. Adrian joined the Faculty of the Albert Einstein College of Medicine in 1968 to establish his research career in developmental renal physiology and became Director of the Division in 1973 when Chester M. Edelmann, Jr. became the Chairman of the Department of Pediatrics at Bronx Municipal Hospital Center, Jacobi Medical Center. He remained Director until 1999 when he became an Emeritus Professor in the Division.

Upon arriving in New York, Adrian appreciated the significance of Henry Barnett’s interest in the central role of the developing kidney in human maturation. Adrian understood the importance of rigorous training of pediatric nephrologists by experienced renal physiologists who could provide the necessary mentorship to these pioneer subspecialists. From the beginnings of pediatric nephrology in the 1960s through the 1970s, the small number of academic pediatric nephrologists lacked a forum for interdisciplinary communication, and had to present their findings at early meetings of adult nephrologists. Recognizing the need for such an organization, Adrian convened an inaugural meeting in New York in 1980, the First International Workshop on Developmental Renal Physiology. He invited 100 participants, including physiologists and morphologists, as well as adult and pediatric nephrologists. The resulting interactions were so successful, under Adrian’s leadership they fostered a series of meetings every 3 years that became sponsored by the International Pediatric Nephrology Association (IPNA), with publication of the proceedings in Pediatric Nephrology. In 2003, Adrian reviewed progress through the 8th Workshop (that by 1995 was renamed International Workshop on Developmental Nephrology to include cell and molecular biology). He concluded that as he had hoped, the kidney had become recognized as an organ “more complex and attuned to the needs of the growing organism than envisaged in 1980.” (Spitzer A. Twenty-one years of developmental nephrology: the kidney then and now. Pediatr Nephrol 18:165-173, 2003). In 2014, Chesney and Chevalier looked back over 33 years of Workshops (Chesney RW, Chevalier RL. Thirty-three years of progress: the International Workshops on Developmental Nephrology and the role of IPNA. Pediatr Nephrol 29:499-504, 2014). By 2018, the 14th Workshop had been held in Ein Gedi, Israel, with a marked shift in techniques now including epigenetics, organoids, CRISPR, and single-cell RNA-seq.
Adrian’s seminal contributions to the burgeoning field of developmental nephrology grew from his meticulous physiologic studies of glomerular and tubular maturation. Upending the widely-held conviction that compared to the adult kidney, the neonatal kidney is limited in its response to homeostatic stressors, his studies demonstrated conclusively that the developing mammalian glomerulus and tubule are superbly adapted to promote somatic growth by retention of sodium and phosphorus. His scientific impact can best be appreciated by his many publications characterizing the central role of developmental renal physiology in our understanding of sodium and phosphate homeostasis in health and disease. His research utilized methodologies such as renal micropuncture, isolated perfused kidney, renal vesicles, cell culture, and molecular biology techniques for the study of renal sodium homeostasis, maturation of renal hemodynamics, and renal phosphate handling during development. He was continually funded for over 32 years from the NIH. He participated in numerous extramural review committees including the Medicine B Study Section of the NIH, the National Kidney Foundation, and was Chairman of the Pediatric Nephrology Board of the American Board of Pediatrics.

This consummate basic investigator also distinguished himself with his leadership in the International Study of Kidney Disease and orchestrated the International Study of Vesicoureteral Reflux in Children. As the Director of the Division of Pediatric Nephrology of the Albert Einstein College of Medicine and its NIH T32 Training Grant for over 35 years, he guided the career training of many trainees, some of whom became outstanding principal investigators in Pediatric Nephrology including George Schwartz, Lisa Satlin, Rick Kaskel along with many others. He inspired all of his trainees to appreciate the value and integrity of scientific inquiry and to appreciate its contribution to the improvement of health for all children, especially those afflicted with kidney disease. He stressed the importance of understanding the finest details of renal physiology as the foundation of treating complex renal diseases.

Many of you will remember the rich environment for education that emanated from the collaboration of Henry L. Barnett, Chester I. Edelmann Jr., Ira Greifer and Adrian Spitzer. This most certainly was the strongest assembly of pediatric nephrology visionaries at one institution in our early history as a subspecialty. Over the past 60 years, approximately 135 pediatric nephrologists have been part of this family of professionals whose careers have been modeled and facilitated by the life-long learning they experienced under Adrian’s mentorship. The impact of Adrian’s mentoring extended far beyond his Einstein family. Through his extensive networking across institutions and disciplines, as well as his leadership roles at the NIH and on editorial boards, he promoted academic pediatric nephrologists across the world. He was a recipient of numerous acknowledgments including the Founder’s Award from the American Society of Pediatric Nephrology and the Henry L. Barnett Award from the American Academy of Pediatrics. Most recently, the ASPN recognized his contributions with the establishment of the Adrian Spitzer Honorary Lecture in Developmental Renal Physiology. His passing is a great loss for our profession, yet his legacy will endure long into a future and will serve to brighten the future for children with kidney disease. Adrian believed in the promise of pediatric nephrology and its ability to see through to the day when children no longer suffer the perils of kidney disease. He is survived by his son Vlad, daughter-in-law Denise, and their son Max.

Robert Chevalier, Douglas Silverstein, Frederick Kaskel
2022 Henry L. Barnett Award Recipient

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 2022 Henry L. Barnett Award to Dr. Eileen Brewer.

Dr. Eileen Brewer is an internationally known expert in pediatric kidney disease, dialysis, transplantation and hypertension. She currently is a Professor and former Head of the Renal Section of the Department of Pediatrics at Baylor College of Medicine in Houston, Texas. Dr. Brewer is known for her pioneering work on adapting peritoneal and hemodialysis for children. She has been the medical director of pediatric dialysis units at two institutions and is currently the medical director of kidney transplant at Texas Children's Hospital in Houston, which is now one of the largest pediatric kidney transplant programs in the nation. Dr. Brewer's clinical research career has focused on children with rare renal tubular disorders, kidney bone and mineral disorders and end stage kidney disease, including participation in many multicenter clinical trials.

Dr. Brewer has been recognized nationally for her advocacy for children with kidney disease and her contributions to service in the field of nephrology. She has served and continues to be active on many committees of national medical organizations focused on public policy and healthcare payment. She is the current Chair of the AAP Committee on Coding and Nomenclature and the AAP alternate representative to the AMA Relative Value Update Committee. Additionally, she was a co-Chair of a seminal NIH Task Force on chronic kidney disease in children in 2002 and has served on multiple CMS technical expert panels for pediatric quality and payment for end stage kidney disease. Dr. Brewer has been a tireless and effective advocate for children with kidney disease at CMS and with public officials on Capitol Hill, working with both the American Society of Pediatric Nephrology (ASPN) and the Renal Physicians Association.

She is past president of the ASPN and long-time member and past chair of the ASPN Public Policy Committee. In the last 15 years, she was active with OPTN/UNOS as committee member, committee chair and board member, ensuring that pediatrics is represented and a priority in the national transplant system.

Dr. Brewer has been a respected teacher of nephrology and has had a major role in teaching fellows, residents, medical students, undergraduates and young faculty. Dr. Brewer was the fellowship director of Baylor's pediatric nephrology program for 18 years and a member of the American Board of Pediatrics, General Examinations and Maintenance of Certification Committees for 25 years. In addition, since 2012, she has mentored pre-medical students in the Big Owl/Little Owl program at Rice University, helping to guide the career decisions of many young adults. Her nominator, Dr. Swartz, highlighted Dr. Brewer's mentorship skills when she accompanied her as a medical student to a camp for children receiving dialysis and noted, “...I, like many other learners she taught, began to understand that providing medical care encompassed more than just disease management.”

The award presentation will occur at the Pediatric Academic Societies (PAS) annual meeting in Denver, Colorado in conjunction with the ASPN Award Luncheon, tentatively scheduled for Saturday, April 23, 2022. Please join us in congratulating Dr. Brewer on this achievement!
ANNNOUNCEMENTS

ASPN Founders’ Award Winners

Joseph Flynn
2020 Founders’ Award Winner

Sharon Andreoli
2021 Founders’ Award Winner

CLB Partner Message

February 28, 2022

We are pleased to share that Leadiant Biosciences, Inc. recently announced that CYSTARAN® (cysteamine ophthalmic solution) 0.44% eye drop shortage has been resolved and CYSTARAN will be available in April 2022, by prescription from AllianceRx Walgreens Prime @ 1-877-534-9627.

In addition, Leadiant introduced the CYSTARAN Voucher Program. Through this program, cystinosis patients in the U.S. may be eligible for a FREE 1-month supply (4 bottles) of CYSTARAN®. Information about the program is available at www.cystaran.com.

If you have any questions about CYSTARAN, the voucher program or any other inquiries, please do not hesitate to reach out to me at 301-670-5450, Lesli.King@Leadiant.com.

Thank you,

Lesli King
Director of Marketing

*Limit one offer per patient. No purchase necessary. Offer valid in the United States and Puerto Rico and void where prohibited by law. Not valid in the Commonwealth of Massachusetts. Subject to eligibility and terms and conditions, which are subject to change. Offer expires December 31, 2022.
H. William Schnaper Lectureship

Saturday, April 23, 8-9:30pm MT during PAS
Breaking news: Updates in Nephrotic Syndrome
Chairs: Rasheed Gbadegesin, MBBS, MD, FASN, Duke University School of Medicine
Hua Sun MD,PhD, University of Iowa Stead Family Children's Hospital

This session will include the H. William Schnaper Lectureship (Dr. Moin Saleem). Dr. Schnaper was an outstanding leader of our society and contributed greatly to the understanding of childhood glomerulonephritis, as well as factors that contribute to renal fibrosis. He served as a distinguished leader of the ASPN and the International Pediatric Nephrology Association.

This session will provide updates on cutting edge research on therapeutics, genetic factors, “omics,” and disease recurrence in childhood-onset nephrotic syndrome (NS). There will be a detailed update about the treatment of childhood onset NS (corticosteroid course, alternative medications for steroid sensitive NS, updates from clinical trials in FSGS). The session will include an overview of new findings regarding mechanisms of podocyte injury in genetic forms of nephrotic syndrome. The session will highlight research and advances in genomics, proteomics, and metabolomics that will be used to develop personalized treatment approaches in childhood NS. The symposia will conclude with a discussion about the epidemiology of recurrence, risk factors for recurrence and the treatment of recurrent disease following kidney transplant.

Presentation 1: New approaches for treatment of nephrotic syndrome
Debbie Gipson, MD, University of Michigan

Presentation 2: Mechanisms of Podocyte Injury in Genetic Forms of Nephrotic Syndrome
Nina Mann, MD, Harvard Medical School

Presentation 3: H. William Schnaper Lecture: Advances in “omics”: Integrating genomic, proteomic, and metabolomic data to facilitate treatment and research in nephrotic syndrome
Moin Saleem MBBS, PhD, FRCP, Bristol Medical School

Presentation 4: Considerations related to kidney transplant for children with Nephrotic Syndrome
Eliza Blanchette, MD MS, Children’s Hospital of Colorado

Adrian Spitzer Lectureship

Sunday, April 24, 8-9:30am MT during PAS
Novel mechanistic and therapeutic discoveries in rare diseases
Chairs: Lisa Satlin, MD, Icahn School of Medicine at Mount Sinai and Cynthia Silva, Connecticut Children’s Hospital

This session will include the Adrian Spitzer Lectureship (Dr Stephanie Cherqui). Dr. Spitzer was an esteemed investigator and played a seminal role in the development of the emerging field of developmental renal physiology. He led a training program that spawned many future leaders in our field. He was President of the ASPN in 1982 and founded the International Pediatric Nephrology Association's prestigious Workshop in Developmental Nephrology. The Adrian Spitzer lecturer in Development Nephrology is selected annually to present the most recent advances in the field.

This session will provide an update on the genetic causes and physiology of rare genetic disorders impacting the kidney, highlighting new therapeutic options and current clinical trials. This session will include updates on a breadth of rare conditions including autosomal dominant tubulointerstitial kidney disease (ADTKD), magnesium disorders, primary hyperoxaluria, and cystinosis.

Presentation 1: Autosomal Dominant Tubulointerstitial Kidney Disease (ADTKD)
Matthias T. Wolf, MD, University of Texas Southwestern Medical Center

Presentation 2: Magnesium disorders: Under recognized and underappreciated
Deborah Jones, MD, MS, Vanderbilt University

Presentation 3: Update on Primary Hyperoxaluria
Michelle A. Baum, MD, Boston Children's Hospital

Presentation 4: Adrian Spitzer Lecture: Autologous Transplantation of Gene-modified Hematopoietic Stem Cells for cystinosis: updates from a phase I/II clinical trial
Stephanie Cherqui PhD, University of California, San Diego
## American Society of Pediatric Nephrology (ASPN) Schedule at a Glance

<table>
<thead>
<tr>
<th>Friday, April 22</th>
<th>Saturday, April 23</th>
<th>Sunday, April 24</th>
<th>Monday, April 25</th>
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<tr>
<td>8:00 am–2:00 pm</td>
<td>7:00 am – 8:00 am</td>
<td>7:00 am – 8:00 am</td>
<td>8:00 am–9:30 pm</td>
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<tr>
<td>ASPN Program Committee</td>
<td>ASPN Resident/Student Mentorship Breakfast</td>
<td>ASPN Small Group Division Breakfast</td>
<td>FGF23: The path you traveled and the Places You'll Go!</td>
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<tr>
<td>Meeting/ Council Meeting</td>
<td>8:00 am–9:30 am</td>
<td>8:00 am – 9:30 am</td>
<td>10:00 am–11:30 am</td>
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<td>2:30 PM – 4:00 PM</td>
<td>The H. William Schnaper Lectureship: Updates in Nephrotic syndrome</td>
<td>The Adrian Spitzer Lectureship: Novel mechanistic and therapeutic discoveries in rare diseases</td>
<td>Workshop: Urine the Know: Living through a pandemic: Lessons learned from COVID19</td>
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<tr>
<td>Workshop: Fueling our patients for success: Optimizing nutritional support for kids with kidney disease</td>
<td>10:00 am–11:30 am</td>
<td>10:00 am–11:30 pm</td>
<td>1:30 pm – 2:30 pm</td>
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<td>4:30 pm–6:00 pm</td>
<td>Train to become a JEDI Master: Justice Equity Diversity &amp; Inclusion in Pediatric Nephrology</td>
<td>Workshop: The time is now for Neonatal Continuous Renal Replacement Therapy: A Case Based Workshop on Neonatal Continuous Renal Replacement Therapy</td>
<td>TMI about TMA &amp; complement dysregulation: clarifying updates for diagnosis and treatment</td>
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<tr>
<td>PAS Opening General Session</td>
<td>11:30 am–1:00 pm</td>
<td>12:00 pm – 1:00 pm</td>
<td>3:30 pm – 6:00 pm</td>
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<td>(Includes presentation of the Joseph St. Geme Leadership Award)</td>
<td>ASPN Awards Luncheon</td>
<td>CPC Fellow’s Luncheon: Battle of the Brains</td>
<td>Original Science Abstracts Platform Presentations Nephrology I: Hypertension (3:30-5pm)</td>
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<td>6:15 pm–8:45 pm*</td>
<td>1:00 pm–2:30 pm</td>
<td>1:00 pm–2:30 pm</td>
<td>(rev 01.06.22)</td>
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<tr>
<td>Nephrology Posters Included Original Science Abstracts Platform Presentations Nephrology III: Clinical Science (6:15-7:45pm)</td>
<td>3:30 pm – 6:00*</td>
<td>3:30 pm – 6:00 pm</td>
<td>3:30 pm – 6:00 pm</td>
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<tr>
<td>PAS Poster Session II Nephrology Posters Included Original Science Abstracts Platform Presentations Nephrology IV: Neonatal/ Nephrology AKI (3:30-5pm)</td>
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<td>6:30 pm–8:00 pm</td>
<td>6:30 pm–8:00 pm</td>
<td>2:30–3:30 pm</td>
<td>ASPN Business Meeting</td>
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<td>ASPN Fellows Job Search and Speed Mentoring Event</td>
<td>ASPN Small Group Division Breakfast</td>
<td>ASPN Business Meeting</td>
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<tr>
<td>Green = Scholarly Sessions</td>
<td>Pink = Original Science Abstracts</td>
<td>Blue = Workshop</td>
<td>Yellow = Ancillary Events</td>
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<td>Gray = Poster Sessions</td>
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* Required author attendance time

(rev 01.06.22)
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

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.

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

www.ipna2022.org
www.theipna.org

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

IPNA Members benefit from a discount rate.
Do you work in pediatric transplantation?
Join the international community virtually from March 26-29, 2022!

EXTENSIVE CONTENT:
- 6 State of the Art sessions
- 16 Plenary presentations
- 10 Workshops
- 150+ Oral and Poster Presentations
- Pre-Congress Course on Challenges in Transplantation

SPECIAL ACTIVITIES:
- Mentorship for Trainees/ Fellows / Students
  Saturday, March 26 | 13:00 EST / 18:00 CEST

- Allied Health and Nursing Professionals Meeting on Navigating Moral Distress and Compassion Fatigue
  Saturday, March 26 | 12:30 EST / 17:30 CEST

AFFORDABLE REGISTRATION FEES:
Starting as low as $25 for members or $75 for non-members with a 1-year membership

www.ipta2022.org
Translation will be offered for selected sessions.