Dear Colleagues,

In my first installation of President’s Corner I wanted to send a heartfelt thank you to Larry Greenbaum for working so hard for our organization and his stalwart leadership during his tenure as President. I would also like to thanks the members of council for their diligence and vision over the past few years. A special thank you to Dr. Kevin Meyer, who provided leadership in developing our fantastic 50thyr anniversary kick off celebration at the ASPN/PAS meeting in Toronto. Finally, I wanted to thank you all for making this celebration a great event!

As we continue to grow and mature as an organization, I look forward to working with you all and trying my hardest to ensure we have adequate representation to all things relevant to our mission and the patients we serve. Given the fast-changing pace of today’s healthcare environment I encourage and welcome the increased engagement of all of our members in promoting our agenda; “The American Society of Pediatric Nephrology is an organization of pediatric nephrologists and affiliated health care professionals. Our primary goals are to promote optimal care for children with kidney disease through advocacy, education and research; and to disseminate advances in clinical practice and scientific investigation.” We will also continue to work closely with the ASPN foundation to continue to develop ongoing programs focused on our trainee/workforce development and philanthropy.

With our mission in mind we will continue to work on developing meaningful professional partnerships, focus on developing innovative approaches to serve all of our members and provide options for improving diversity and representation for all of our operational engagements. I am thrilled and excited to be part of and help lead this great organization moving forward and I am appreciative of all of the support, advice and ideas that you all share. Together we will continue to strengthen our collective voice and make a difference in providing all aspects of service to Children (and their families) with kidney disease.

Patrick Brophy, MD
President
Patrick_Brophy@URMC.Rochester.edu
**News and Announcements**

**Member of the Month (May, June 2018)**

Congratulations to our Members of the Month for their service to ASPN. Send nominations for those who have gone above and beyond to Michelle Rheault (rheau002@umn.edu):

**MAY**

Dr. Sandra Amaral, Children’s Hospital of Philadelphia, for her service as Chair of the 2018 ASPN Program Committee.

**JUNE**

Dr. Frederick Kaskel, Children’s Hospital at Montefiore, for his service as Chair of the ASPN History Project.

Please send us (info@aspneph.org) photos of pediatric nephrologists receiving awards or giving important lectures so we can share them in KidneyNotes.

**ASPN Corporate Liaison Board**

![Sponsors Logos]
My initial decision to become a nephrologist started in medical school, but it wasn’t until I met and trained with amazing pediatric nephrologists during my pediatrics residency that I knew for certain this was the specialty and future career for me. I was fortunate to receive an ASPN Foundation travel grant during my third year of residency and this was really the first academic meeting that I had ever attended. It was affirming to me to attend the scientific sessions and see such a rich discussion on topics that were all interesting to me. I also felt included and welcomed as a future nephrologist at the ASPN reception, where my mentors introduced me around.

Since my initial trip to ASPN many years ago, we now have an even more robust program for resident and student recipients of the ASPN Foundation travel award, thanks to Adam Weinstein’s hard work. The feedback I hear on this program is almost universally positive. I truly believe that meeting pediatric nephrologists and building connections with undecided residents and students is our greatest recruitment tool and the ASPN Foundation travel grant provides a unique opportunity for this to happen. Supporting this program should be a priority for all of us wanting to ensure a healthy workforce. I encourage you to support the ASPN Foundation.

Sincerely,

Susan Halbach, MD
Pediatric Nephrology
University of Washington
Seattle Children’s Hospital
The vision of the ASPNF to advance and support the numerous goals of the ASPN was achieved in part this past April/May at our 50th Anniversary ASPN Celebration in Toronto. The ASPNF’s History Project allowed for continued personal interviews of ASPN members at all levels of training and experience, to add to an archival data-base of over 70 recordings. Segments of these interviews were shown as a loop video during the Saturday evening Gala Event and will have a permanent place on the ASPN website for all to see along with the many photos and historical documents that many of the membership have already uploaded. The interview process will continue both in person and off-line for those not yet interviewed in order to fully have input on the ASPN history, seminal mentors and the challenges that were responsible for many of us to enter the field of pediatric nephrology along our respective journeys.

The ASPNF decided that the ASPN needs an archival “home” for its rich history and is initiating the process of collecting, digitizing, and annotating photographs of pediatric nephrologists, their advocacy and scientific activities, their clinical and research equipment, and their numerous accomplishments and important publications. Fortunately for us, Robert Chevalier has engaged the Historical Collections and Services at the University of Virginia Claude Moore Health Sciences Library to serve this purpose. This ambitious project will have a financial cost as the archival items such as reports, position papers, programs of conferences and seminars, Board and ASPN Society lists of officers and members, list of awardees, obituaries, transcripts of interviews and landmark research papers are catalogued in order to be made available to historians and scholars worldwide.

It is anticipated that at some point in this journey, we will be able to access the website and select anyone in its data-base to see the interview and the historical documents and photos pertaining to that timeline of the ASPN’s development. The ASPNF will assist in meeting our goals along with its commitment to support the mission of the ASPN as we move forward while remembering our humble beginnings and those visionaries who provided the path for we were have advanced to today.

Thanks to the History Project (members listed below) and especially Vicki Norwood, Kevin Meyers, Robert Chevalier, Aaron Friedman, Bruder Stapleton, Eileen Brewer, Ibrahim Shatat, Michelle Rheault, Ray Bignall II, Daniel Ranch, Elaine Kamil, Donald Batisky, Bill Primack, Barbara Fivush, Larry Greenbaum, Ted Ferris, Connie Mackay, Leah Williams, and so many others who have worked to make this project alive and well.

Finally, thank you for your support of the ASPNF and its missions.

Rick Kaskel

Looking for content experts

The member education committee is looking for help for their monthly webinars. During each webinar, there is a content expert who delivers a 10-15min powerpoint presentation on the topic with a few multiple choice questions. This webinar is for physician learners at all levels of experience from fellows to experienced full professor faculty so we are looking for innovative and updated information on the topics. These conferences are typically held on the first Monday of every month at 3PM EST. There is usually one practice session one week before the conference. Below are the next few topics for both pathology and radiology. If you are interested in being a content expert, please email me at Joann.Carlson@rutgers.edu.

Next Pathology webinars will cover HSP, transplant, and obesity related glomerulopathy.

Next Radiology webinars will cover ADPKD/tuberous sclerosis, nephrocalcinosis and renal tumors.
Committee Updates

Communications Committee Call for Volunteer

The communications committee is seeking a volunteer to help with the ASPN LinkedIn page. If you are interested and familiar with the site, please contact Michelle Rheault for details at rheau002@umn.edu.

Research Committee Update

Grant Management Workshop
Are you a junior investigator interested in receiving feedback on your draft grant application? If so, consider the Grant Management Workshop held annually at ASN Kidney Week. In its fifth consecutive year this fall, the draft grant applications of junior faculty and fellows (minimum of a Specific Aims page) will be reviewed by 1-2 experienced grant reviewers in an NIH-style Mock Study Section, with feedback provided by the reviewers. Over its four previous years, this program has had a track record of 10 successful NIH grant applications: 4 R01, 2 R03, and 4 K awards. For the most productive experience, plan to sign up early and have grants ready to distribute to reviewers prior to the workshop. Mentees and reviewers are also encouraged to discuss the grant by phone, email, and/or in person both before and after the workshop.

Longitudinal Mentoring Program
The recent results of the annual survey of mentors and mentees in the Longitudinal Mentoring Program are in, and the program continues to build on its record of success. The largest group to date of junior investigator mentees and research mentors outside of the mentees’ home institutions participated in the program this past year, with an increasing number of mentees taking advantage of this opportunity by reviewing grant applications, grant ideas, and research career advice with their mentors with phone, email, and in-person meetings.

If interested in either of these programs, contact the ASPN Research Committee leadership - Erum Hartung (HartungE@email.chop.edu), Scott Wenderfer (sewender@texaschildrens.org), and Tammy Brady (tbrady8@jhmi.edu) - with the following information:

1) Contact Information
2) Research Interest
3) Preference for Grant Management Workshop vs. Longitudinal Mentoring Program
4) Timing/type of Upcoming grant applications

New Therapeutic Uses Program Announcements
The National Center for Advancing Translational Sciences at the NIH has announced that although the RFA for the pediatric-specific Funding Opportunity Announcement has expired with no applications submitted, investigators are reminded that an active FOA (Bench Testing Therapeutic/Indication Pairing Strategies (UG3/UH3), PAR-17-465) is newly available for funding applications. If interested, contact the Scientific Review Officer of NCATS, Dr. Barbara Nelson (nelsonbj@mail.nih.gov) for more information or questions about this funding opportunity.

Submitted by Bradley Dixon on behalf of the Research Committee

Dear Members,
The American Society of Pediatric Nephrology (ASPN) would like to formally issue a statement in support of The American Academy of Pediatrics’ (AAP) statements in opposition of the separation of children from their families at the U.S. border. You can read more from AAP surrounding the issue here.
**Washington Update**

**Bipartisan Budget Act Passage Addresses Federal Funding and Important Health Programs**

**Congress moving FY 2019 spending bills**
Both the House and Senate Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) Subcommittees are on track to consider their FY 2019 spending bill before the July 4th recess. Despite the White House’s proposal to cut spending for health programs, the National Institutes of Health (NIH) and Children’s Graduate Medical Education (GME), two of ASPN’s priority programs, are expected to fare well in this year’s appropriations process.

Despite only including a $1 billion increase for the Department of Health and Human Services, the House bill includes a $1.25 billion increase for NIH for a total of $38.3 billion and a $10 million increase for Children’s GME for a total of $325 million. We are still waiting for more details to be released about the Senate Labor-HHS bill, but the Subcommittee highlighted it is providing increases of $2 billion and $10 million for NIH and Children’s GME respectively.

We are continuing to monitor the FY 2019 appropriations process closely and are still not confident that Congress will not need to pass at least a short term continuing resolution to fund at least some departments of the government when the new fiscal year begins on October 1.

**Rescissions package fails**
The Senate rejected the President’s plan to rescind unspent federal funds, despite support in the House. The over $14 billion rescission package would have required that over $7 billion in unspent Children’s Health Insurance Program (CHIP) funds be returned to the Treasury. This was of particular concern to ASPN. These CHIP funds may be used in an emergency to allow states to continue to operate their programs and were required to continue the program’s operation in many states when Congress let funding for the program lapse last year. Congress had a 45-day window during which the Senate would have been able to advance the measure with a simple majority expired in late June. Now that this window has closed 60 votes would be required to prevent a filibuster by Democrats. White House officials have indicated there is no backup plan, and additional rescission bills do not appear likely at this point.

**ACA being challenged in court and conservatives release new repeal plan**
Despite there being little appetite to repeal the Affordable Care Act (ACA) on the Hill, the legislation is still being challenged in court and by conservatives outside of Congress. Twenty Republican state attorneys general filed suit in Texas earlier in this year charging that the repeal of the individual mandate as of January 1, 2019 rendered the entire law unconstitutional.

In June, the Trump administration declined to defend the law, but did not go as far as saying the entire law should be invalidated. Instead, the administration argued that without the individual mandate to encourage health people to sign up, the provisions guaranteeing coverage to people with pre-existing conditions should be struck down. This is not unprecedented or unexpected given the administration’s position on the ACA.

Many Republican Senators are pushing back on the administration’s position. When they voted to repeal the mandate, they did not intend to repeal the protections for individuals with pre-existing and intended to let the rest of the law stand. The ACA is being defended by a group of Democratic attorneys general led by Xavier Becerra, the attorney general of California.

As this lawsuit makes its way through the courts, former Pennsylvania Senator Rick Santorum and Kentucky Governor Matt Bevin, along with other conservative groups, released an ACA repeal plan. At this point, there is no legislative text, no bill sponsor, and little indication that Republican leadership wants to take up this controversial issue in an election year.

The plan, called the Health Care Choices Act, is very similar to last year’s Graham-Cassidy repeal bill. It block grants ACA funds to states, expands health savings accounts, and ends the Medicaid expansion. The plan does maintain coverage for pre-existing conditions.
OPTH/UNOS NEWS:
Public Comment for the OPTN/UNOS concept proposal to improve OPTN/UNOS committee structure closed 3/23/18. The proposal attracted the interest of many in the pediatric transplant community and received formal comments from AST, ASTS, ASPN, AAP, SPLIT, ISHLT, NAPRTCS, NATCO and NASPGHAN. ASPN membership was well represented in the comments as individual voices. Four OPTN Regions supported the concept proposal (Regions 1, 2, 3 and 10) while six Regions opposed the measure (Regions 4, 5, 7, 8, 9 and 11). Although there was general support for the intent of increased engagement, there were strong objections to any change in Pediatric Committee structure that would lessen the pediatric voice with regard to pediatric organ allocation policy and/or eliminate pediatric Regional representation. The proposal can be found at https://optn.transplant.hrsa.gov/governance/public-comment/concept-paper-on-improving-the-optn-unos-committee-structure/. This proposal and the public comment response was addressed at the June OPTN/UNOS Board of Directors meeting. The UNOS leadership appreciated the fact that much of the transplant community agreed with the intent to increase opportunities for engagement and committed to no change in the Pediatric Committee structure at this time. UNOS/OPTN will be proceeding with a “proof of concept” pilot with two of the current UNOS Committees that were enthusiastic about the concept proposal. This pilot will be completed by the end of 2018 and will inform any further changes in Committee structure. Updates to follow. We will continue to remain vigilant regarding any lessening of pediatric representation, but will need to remain open to changes to increase opportunities for engagement.

The effect of the new kidney allocation system (KAS) which was implemented December 2014 on children has been mixed. In the first pass analysis of the effect on children of first 2 years of KAS compared to the “pre KAS” data, a few important data points have been identified:

1. Although the absolute number of children receiving DD kidneys has remained the same, the percentage of DD kidneys going to children has decreased (3.7% vs 4.3%). We have not shared in the uptick in DD kidney volume that the country has seen (mostly related to the opioid epidemic). Our patients are getting a smaller slice of the pie.

2. Adult multiorgan transplant rates have increased under KAS by almost 300 per year. This directly impacts children since children on the DD wait list come after multiorgan transplants.

3. The percentage of children receiving LD transplants continues to decrease and is now under 40%. This began prior to the institution of Share 35 in 2005.

4. We have concerns related to pediatric wait list mortality under KAS, particularly for children less than 5 yr old.

5. Regions have been affected differently by KAS with lots of competing factors going into this result.

6. Highly sensitized candidates are higher in the allocation sequence than children. This has always been the case. The difference now is that under KAS the entire country of highly sensitized candidates come before children whereas before KAS it was only local, highly sensitized candidates. Regional and national highly sensitized candidates came below children in the prior allocation sequence.

7. Although the median age of DD kidneys going to children has decreased and is quite low, the percentage of kidneys from donors less than 18 yrs of age going to children has decreased (Gallo A, Clinical Transplant, February, 2018).

8. There have been higher DGF rates for children < 10 yrs of age at transplant following KAS implementation. There is a 2.2 times higher risk of graft failure for those with DGF. (Gallo A, Clinical Transplant, February, 2018)

9. Public health service (PHS) increased risk kidneys (from donors at increased risk of transmitting hepatitis B, C and HIV) now constitute almost 25% of the deceased donor pool. 17% of DD kidneys going to adults are PHS increased risk. 14% of DD kidneys going to children are PHS increased risk, although there is wide variation among Regions with the range being 0 to 23%.

10. The KDPI (Kidney Donor Profile Index) was determined using a cohort of adult donor kidneys. For that reason, the current formula for determining KDPI frequently does not accurately assign risk to pediatric donor kidneys. This results in DD kidneys from children being assigned a high (>35) KDPI value and therefore they are frequently preferentially offered to adults before children.

Presently, a joint working group (representing the UNOS Pediatric Committee and the UNOS Kidney Committee as well as other stakeholders) is analyzing the data and specifically the effects of KAS on children. Members of our community who are on the working group are Julie Steinke, Priya Vhergese and Sharon Bartosh. Unfortunately, multiorgan transplants is not related to KAS in a direct way and therefore is not part of the work of this group and its analyses. Fortunately, there is intention of UNOS leadership to take a critical look at multiorgan transplants and the priority which they are given since it affects so many cohorts of patients.

I would ask that if any of our members have experiences/thoughts regarding how KAS has affected children in their center or DSA (donor service area) that you think may inform our additional analyses, please share them with me: smbarto@wisc.edu. Additionally, sharing specifics regarding the effect of multiorgan transplants on your pediatric patients will be helpful to inform further discussions with UNOS/OPTN.

The new Geography Committee of UNOS/OPTN As some of you may be aware, last year the OPTN/UNOS was involved in a lawsuit filed by a pediatric lung patient from Philadelphia. The suit charged that the distribution of lungs was inequitable and resulted in a rapid and significant change in lung allocation that was mandated by HHS. The new allocation for lungs was put into effect rapidly, but the regulations mandate that any changes, even if mandated by HHS, need to go out for public comment. The most recent round of public comment included this proposal. In a similar but substantially different way, a letter has been sent to the Secretary of HHS from the same law firm that filed the lung suit. The letter argues that the liver policy, which uses DSAs (Donor Service Areas) and regions for allocation of livers, is inconsistent with The Final
Announcements

Transplant Update, continued

Rule. The Final Rule [https://optn.transplant.hrsa.gov/governance/about-the-optn/final-rule/](https://optn.transplant.hrsa.gov/governance/about-the-optn/final-rule/) was implemented in 2000 by HHS and established the regulatory framework for the structure and the operations of the OPTN. The letter requests that the Secretary of HHS use their authority to direct the OPTN to amend liver allocation policy. Even prior to this recent letter to HHS, there was recognition that the allocation of organs by DSA is somewhat arbitrary, or at least appears arbitrary to those without knowledge of how DSAs were developed. This has resulted in an entire re-evaluation of the way organs are allocated, hence the Geography Committee. I share this with you since it is likely, at some point, there will be changes to the allocation of kidneys in an attempt to achieve more equity with regard to the location of the donors and the recipients.

Pediatric program requirements: due to the massive nature of this project, applications will not be required until sometime in 2019. Will keep you updated as more regarding the timeline becomes available.

TTS MEETING, 2018: The Transplant Society (TTS) International Congress will be held in Madrid July 2-5, 2018. As part of the program, IPTA will be sponsoring a session on pediatric transplantation. More information can be found at [http://www.tts2018.org/](http://www.tts2018.org/).

PEDIATRIC TRANSPLANT TRAINING OPPORTUNITY: The IPTA sponsored meeting dedicated to the training of clinical and research fellows, trainees, residents and post-docs in pediatric solid organ transplantation will be held in Costa Rica, November 12-13, 2018. Visit [WWW.tts.org/ipta](http://WWW.tts.org/ipta) for more details.

SAVE THE DATE: the next IPTA meeting will be held May 3-7, 2019 in Vancouver!

Respectfully submitted, Sharon M. Bartosh, MD, June, 2018

Funded Grant & Awards Announcements

Rebecca Hjorten
Awarded: ASN Ben J Lipps Fellowship and CCHMC (Cincinnati Children’s) Arnold W. Strauss Award

Tetyana Vasylyeva
Awarded: 2018 Texas Tech University Health Sciences Center Dean’s Douglas M. Stocco Scholarship/Research Award

EDITOR’S NOTE: Please let us know if you or someone in your division has received a research grant so we can list in KidneyNotes. Send announcements to info@aspneph.org.
# Announcements

## Call for Nominations: 2019 AAP SONp Henry Barnett Award

The American Academy of Pediatrics (AAP) Section on Nephrology (SONp) will recognize one individual for lifetime achievement in the field of pediatric nephrology. Any pediatric nephrologist meeting the following qualifications can be nominated for this award:

- Dedication to teaching nephrology
- Contributions to advocacy for children
- Distinguished service to the field of pediatric nephrology

Access the nominations form [here](#) and additional information is on the [website](#). Please submit the necessary information to Suzanne Kirkwood at skirkwood@aap.org by **September 28, 2018**.

### Previous Henry L. Barnett Award Recipients

<table>
<thead>
<tr>
<th>Year</th>
<th>Name and Title</th>
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<tbody>
<tr>
<td>2018</td>
<td>Sharon Andreoli, MD</td>
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<td>2017</td>
<td>Isidro Salusky, MD</td>
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<td>2016</td>
<td>Barbara Fivush, MD</td>
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<td>2015</td>
<td>Bradley Warady, MD, FAAP</td>
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<td>2014</td>
<td>Denis Geary, MD</td>
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<td>2013</td>
<td>Robert Chevalier, MD, FAAP</td>
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<td>2012</td>
<td>Sandra Watkins, MD</td>
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<td>2011</td>
<td>James Chan, MD, FAAP</td>
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<td>2010</td>
<td>Aaron Friedman, MD, FAAP</td>
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<td>2009</td>
<td>Julie Ingelfinger, MD</td>
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<td>2008</td>
<td>Ellis D. Avner, MD</td>
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<td>2007</td>
<td>William Harmon, MD</td>
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<td>2006</td>
<td>Jose Strauss, MD</td>
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<td>2005</td>
<td>Adrian Spitzer, MD</td>
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<td>2004</td>
<td>Russell Chesney, MD, FAAP</td>
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<td>2003</td>
<td>Richard N. Fine, MD, FAAP</td>
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<td>2002</td>
<td>Alan B. Gruskin, MD</td>
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<td>2000</td>
<td>Shane Roy III, MD</td>
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<td>1999</td>
<td>John Lewy, MD</td>
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<td>1998</td>
<td>Malcom Holiday, MD</td>
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<td>1997</td>
<td>Jay Bernstein, MD</td>
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<td>1995</td>
<td>Clarke D. West, MD</td>
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<td>1994</td>
<td>Wallace McCrory, MD</td>
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<td>1993</td>
<td>Robert L. Vernier, MD</td>
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<tr>
<td>1992</td>
<td>Henry L. Barnett, MD and Ira Griefer, MD</td>
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<tr>
<td>1991</td>
<td>Jack Metcalf</td>
</tr>
<tr>
<td>1990</td>
<td>Section on Nephrology establishes “The Kidney Award”</td>
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</tbody>
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* Note – Name changed to Henry L. Barnett Award
Announcements

American Society of Pediatric Nephrology FOUNDATION

It’s a Raffle!

The ASPN Foundation is holding the annual raffle to raise funds to support the work of the Foundation. This year the Foundation is supporting the ASPN 50th Anniversary, the JELF Advocacy Scholars Program, the Affiliate Member Multidisciplinary Symposium, trainee education at the PAS and other excellent pediatric nephrology training venues, and ASPN’s Leadership Development Course.

The raffle prize has been generously donated by ASPN: PAS registration (valued at $550)

The raffle will be open between now and October 31st. Tickets can be purchased online at: www.aspneph.org/secure/raffle/.

The winner will be announced at the ASPN Business Meeting at the ASN Meeting in San Diego. You do not need to be present to win.

And You Can Increase Your Odds!

The more tickets you buy, the greater your chance of winning. We’re even offering a deal on bulk purchases:

- 1 for $20
- 4 for $60
- 8 for $100

America’s Got Talent Star and NKF Team Up to Help Kids: Click here to see how!
Webinar:
Practical Management of Micronutrient Intake in Pediatric CKD

August 22, 2018 at 1-2 PM EDT

Please note: You will receive a confirmation email containing information about joining the webinar within an hour of registration.

Micronutrient utilization and excretion is altered in children with CKD. Nutritional assessment and management of micronutrient status presents a complex challenge in this niche population, as unique considerations for intake adequacy and excesses exist.

This webinar will examine specific issues related to vitamin and mineral assessment, evaluation of intake adequacy and excess, and highlight best practice for supplementation or restriction.

**Learning Objectives:**
- Discuss role of and issues related to vitamins and minerals in pediatric renal nutrition
- Determine best practice for assessment of vitamin and mineral intake and adequacy, including biochemical markers
- Compare strategies for supplementation or restriction of micronutrients

**Presented by**
CHISTINA NELMS, MS, RD, LMNT
Pediatric renal nutrition educator and consultant

The presentation will be available for download during the live webcast.
Financial sponsorship provided by Vitaflo USA, a Nestle Health Science company

1 CPEU available for dietitians

CE certificates will be available for download during the live webcast.
There is no charge for participating in this program.

If you are interested in viewing pre-recorded webinars on a variety of pediatric renal nutrition topics for CE, please visit our website.

1. Visit https://www.nestlehealthscience.us/vitaflo-usa/via
2. For first time visitors, please create a login and a password will be sent via email.
3. Once into the VIA site there will be options for each of 3 platforms with the middle being pediatric renal disease. Click on the "learn more" link on that box and you will see Resources for CE.
4. To obtain CE certificates please email Elissaveta Johnson at elissaveta.johnson@vitaflousa.com.

If you would like to know about future webinars and educational events, please contact via@vitaflousa.com to be added to our eblast list. E-mails are sent occasionally and this group is for educational purposes only.

For questions, please contact Elissaveta Johnson at Elissaveta.Johnson@VitafloUSA.com

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Meeting & Lecture Announcements

MARCH 8 - 10, 2019

46th MIAMI PEDIATRIC NEPHROLOGY SEMINAR

We are happy to invite you to our 46th Pediatric Nephrology Seminar which will take place at the Miami Beach Resort in beautiful Miami Beach from March 8-10, 2019. The Seminar will have another exciting scientific program covering a wide range of topics, including Genetic/Developmental and Rare Disorders of the Kidney, New Frontiers in Pediatric Nephrology, Practical Nephrology for the Clinician, Recent Advances in Glomerular Disorders, CKD and Hypertension, Bone Disease, FGF23 and the Kidney, Growth and Nutrition in CKD (Workshop), Progressive CKD, Dialysis and Transplant Challenges. In addition, at the end of the Seminar we will offer a workshop for Pediatric Critical Care Nephrology with live CRRT procedures conducted at Holtz Children's Hospital for selected participants. We hope you will enjoy attending this unique, international, interactive scientific meeting. For details regarding the full program, speakers, registration, grant applications for fellows and pediatric residents and hotel reservations contact our Web page at http://pediatrics.med.miami.edu/nephrology/seminar.

MAYMI BEACH RESORT
4835 Collins Avenue, Miami Beach, FL 33140

SAVE THE DATE – October 11-12, 2018

The 6th Annual ASPN Multidisciplinary Symposium will be held in Washington DC. Come experience and explore our nation’s capital while increasing your knowledge in all things pediatric nephrology. Topics include rare disease, drug implications on the pediatric population, bariatric surgery and obesity, and resources for uninsured patients, just to name a few. After 5 years, my favorite part of this conference is meeting and learning from colleagues from across the country. This conference is different from any other pediatric nephrology conference around because we cover the spectrum from diagnosis of CKD to Dialysis to Transplant. We look forward to seeing you in DC!

Lynn Puma, LCSW and Ewa Elenberg, MD – Co-Chair of Symposium Planning Committee

SAVE THE DATE

MARCH 8 - 10, 2019

46th MIAMI PEDIATRIC NEPHROLOGY SEMINAR

Kidney Week 2018: Meeting Overview

ASN Kidney Week 2018 registration, scientific exposition, plenary sessions, educational sessions, poster sessions, and Early Programs will be held at the San Diego Convention Center in San Diego, CA. Industry-supported educational symposia will be held at the San Diego Marriott Marquis and Marina and non-ASN sponsored Ancillary Meetings will be held at nearby hotels.

Kidney Week is comprised of:

• **10 Early Programs:** Tuesday, October 23 and Wednesday, October 24. Each is a one- or two-day program that addresses a specific topic in nephrology and requires separate registration.

• **Annual Meeting:** Thursday, October 25 through Sunday, October 28. By registering for the Annual Meeting, participants receive full access to the scientific exposition, plenary sessions, educational sessions, poster sessions, industry-supported educational symposia, and welcome reception.
Meeting & Lecture Announcements

Register today!

6th Annual
MULTIDISCIPLINARY SYMPOSIUM
OCTOBER 11 - 12, 2018
DoubleTree by Hilton
Washington, DC - Crystal City

AUDIENCE:
Nurses, Social Workers, Dietitians,
Child Life Specialists, Psychologists, or
anyone who works on a Pediatric Nephrology Team

SESSIONS include:

- Living Donation in Minority Populations
- FDA Insight: Pediatric Drug Approval and Supplement Regulation
- Nutrition and Psychosocial Aspects of Obesity
- Bariatric Surgery After Kidney Transplantation
- NIH Rare Disease Program
- Transplant Patient/Parent Panel
- Neurocognitive Development in Children
- Voiding Dysfunction
- Micronutrient Management During CKD and After Transplant
- Resources for Uninsured Patients
- Nutritional Challenges and Enteral Supplementation in CKD
- Understanding CMS Regulations
- Practical Aspects of Immunosuppressive Therapy
- Internalizing Psychological Disorders in Pediatric Renal Patients

CONTINUING EDUCATION (CE) offered for Nurses, Dietitians, and Social Workers

EARLY REGISTRATION ends September 14, 2018

FEES:
- ASPN Affiliate Members: $150.00
- Non-members: $175.00

BY September 14, 2018: $150.00
AFTER September 14, 2018: $170.00

Please email bfreshly@verizon.net or call 804-874-1097 for more information. Updates and registration information will be posted on the ASPN website.

Photo Credit: Courtesy of washington.org
THURSDAY, OCTOBER 11, 2018
6:00 - 7:00 PM  REGISTRATION AND WELCOME RECEPTION
7:00 - 8:30 PM  DINNER AND KEYNOTE ADDRESS

Living Donation in Minority Populations  Jennifer Verbesey, MD

FRIDAY, OCTOBER 12, 2018
7:00 - 8:00 AM  REGISTRATION, POSTER EXHIBITS, AND CONTINENTAL BREAKFAST

GENERAL SESSIONS
8:00 - 8:10 AM  Welcome and Opening Remarks  Asha Moudgil, MD, FASN; Ewa Elenberg, MD, MEd; and Lynn Puma, LCSW
8:10- 9:00 AM  FDA Insight: Pediatric Drug Approval and Supplement Regulation  Lynne Yao, MD
9:00 - 9:50 AM  Nutrition and Psychosocial Aspects of Obesity  Angela Boadu, RD and Kaushalendra Amatya, PhD

9:50 - 10:00 AM  BREAK
10:00 - 10:50 AM  Bariatric Surgery After Kidney Transplantation  Evan Nadler, MD
10:50 AM - 11:40 AM  NIH Rare Disease Program  William Gahl, MD
11:40 AM - 12:40 PM  NETWORKING LUNCH
12:40 PM - 1:30 PM  Patient/Parent Session: Transplant Patient Panel  DC families

AFTERNOON BREAKOUT SESSIONS
1:30 - 2:20 PM  Nursing: Practical Aspects of Immunosuppressive Therapy  Christy Petyak, CPNP-PC
  Psychosocial: Resources for Uninsured Patients  Heidi Colbert
  Dietitians: Micronutrient Management During CKD and After Transplant  Christina Finotti, RD

2:20 - 2:50 PM  Nursing: Voiding Dysfunction  Marlo A. Eldridge, DNP, CPNP
  Psychosocial: Internalizing Psychological Disorders in Pediatric Renal Patients  Kaushalendra Amatya, PhD
  Dietitians: Nutritional Challenges and Enteral Supplementation in CKD  Asha Moudgil, MD, FASN and Kristen Sgambat, PhD, RD

2:50 - 3:00 PM  REFRESHMENT BREAK/EXHIBITS

GENERAL SESSIONS
3:00 - 3:50 PM  Understanding CMS Regulations  Glenda Payne, MS, RN, CNN
3:50 - 4:40 PM  Neurocognitive Development in Children  Carisa Perry-Parrish, MA, PhD
4:40 -5:00 PM  Concluding Remarks  Asha Moudgil, MD, FASN; Ewa Elenberg, MD, MEd; and Lynn Puma, LCSW
When you become a member, you will have access to a special section on our website giving you access to useful and valuable resources and tools:

• Employment Center
• Practice Management resources
• Legislation, Regulation and Compliance information
• Patient Care resources and education

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