American Society of Pediatric Nephrology

KIDney Notes

July - August 2007

President's Corner

Dear Colleagues,

Once again, thanks to everyone who attended the outstanding annual ASPN meeting in Toronto! We look forward to seeing you in Budapest during the IPNA meeting, to begin August 30, 2007. There will be a brief ASPN business meeting during the Congress. We also look forward to seeing everyone at the ASN meeting in San Francisco in November. There will be an ASPN business meeting on Friday, November 2, at 6:30 pm in the Golden Gate Hall, section B-2 at the San Francisco Marriott Hotel. There will also be many committee meetings, as listed in the newsletter on page 8.

The membership provided an outstanding response to the request for nominations to the ASPN Council, with elections this fall and service to commence in the spring. The nominating committee has made their final recommendations based on your submissions. The ballots will be distributed next month and the results of the election will be announced at the business meeting in San Francisco. Thanks to all the members for your input.

The ASPN continues to address the problems with the black-box warning by the FDA for erythropoiesis-stimulating agents. The ASPN, RPA, and AAKP sent a joint letter to the FDA suggesting that cancer and kidney disease should be considered separately and that pediatric CKD patients should be considered separately as well.

The invited science portion of the ASPN meeting to take place on May 3-6, 2008, in Hawaii has been finalized and there are several exciting joint symposia, state of the art lectures and workshops. The popular Fellows' CPC will again be on the program. You will hear much more about the schedule over the next several months.

Finally, I would like to thank the council, committee chairs and members, task force chairs and members for your continued service to the ASPN. Your efforts are appreciated!

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Announcements

NIDDK FUNDS MAJOR RESEARCH INTIATIVES IN PEDIATRIC NEPHROLOGY

Over the past 15 years, the NIDDK has established several programs to support broad and intensive research activity directed toward improving the health of children with kidney disease. The first of these, the Research Centers of Excellence in Pediatric Nephrology, were established in 1991. These Centers complement the O'Brien Kidney and Urological Research Centers awarded to the internal medicine community and have several emphases: (1) to continue to attract new scientific expertise into the study of the basic mechanisms of kidney diseases and disorders among infants, children, and adolescents; (2) to encourage multidisciplinary research focused on the causes of these diseases; (3) to explore new basic areas that may have clinical research application and (4) to design Developmental Research studies that should lead to new and innovative approaches to study kidney disease in the pediatric population. Centers have provided a focus for increasing the efficiency and collaborative effort among groups of successful investigators at institutions with established, comprehensive kidney research bases.

Marva Moxey-Mims, NIDDK Program Officer for the Pediatric Centers of Excellence, reports that "We have recently completed a new round of funding for the Pediatric Centers. The two currently funded centers are at Vanderbilt University (Agnes Fogo) and Medical College of Wisconsin (Ellis Avner). We also cannot discount the significant contributions made by the center that was previously funded at University of Virginia (in collaboration with Georgetown University and University of Iowa), headed by Ariel Gomez. These centers are making significant contributions to our understanding of childhood nephrotic syndrome, polycystic kidney disease and renal development, respectively."

A second set of initiatives supports multi-center studies of focal segmental glomerulosclerosis, chronic kidney disease, and vesicoureteral reflux. In addition, one of the four PKD Centers of Excellence was awarded recently to the University of Alabama-Birmingham, under the direction of Lisa Guay-Woodford, a pediatric nephrologist. According to Dr. Moxey-Mims, "While the disease focus of the PKD Centers is very specific, the overall goals are the same as described above, with regard to attracting a partnership of interdisciplinary research among investigators with scientific expertise who will use complementary and integrated approaches to study kidney diseases endemic to the pediatric population. The sharing of this expertise with the greater pediatric nephrology community is critical."

In subsequent issues of KIDney Notes, we will focus on the activities of each of these programs.

KIDney NOTES
is the Bi-Monthly Newsletter of the
American Society of Pediatric Nephrology

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JOB OPPORTUNITIES!

The ASPN Website Has Multiple Listings For Positions Available Within The Pediatric Nephrology Community.

VISIT THE ASPN MARKETPLACE NOW... TO SEE IF A POSITION IS RIGHT FOR YOU!

WWW.ASPNEPH.COM

Announcements Continued...

IMPORTANT WEBSITE UPDATE!!

We are expanding our web-based, members-only services which will further link members to the pediatric nephrology community . Beginning on August 28th, members will require a unique password to access the Membership Directory. The Membership Directory has been streamlined and now includes the trainees and has user friendly search capabilities added. Be on the lookout for an email with instructions on how you can obtain your own personal password.

In late fall you will receive a notice call for renewal of your annual membership dues for 2008. This will be a new process and replaces the one members have used previously. We strongly encourage members to renew online. Members will still have the ability to pay by mail or fax as well if needed.

Remember, our society helps support the development of young pediatric nephrologists through awards and travel grant programs, and works aggressively on issues related to workforce, public policy and educational efforts; all of which are vital to the future of the pediatric nephrology community. We are working hard to develop the ASPN website to enhance services to our members .

ASPN MEMBERSHIP DUES

If you have not yet paid your 2007 membership dues please visit www.sporg.com, click on the "Sign Up Now" button and then just follow the directions. Many members prefer to pay their membership dues with either a personal or institutional check. This is still possible as there is an option to pay with a check on the payment page.

Members in good standing may submit and sponsor abstracts, serve as a moderator or reviewer at our annual meeting, sponsor new members and receive our bi-monthly newsletter – KIDney NOTES. Current membership also allows access to our website, membership directory, fellows in training list and job postings.

THANKS...

To Our Members Who Volunteer Their Time and Energy

The ASPN would like to express appreciation to PAS and alliance members who have volunteered their time to reveiw abstracts, chair sessions, present seminars and lectures at the 2007 Annual Meeting. Your time and energy assure our program continues to be a success.

And to our 2007 Annual Meeting Sponsors

- Abbott
- Amgen, Inc.
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- Genzyme Corporation
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- IPHA
- Sigma Tau
- Baxter Healthcare
- American Society of Transplantation
- ViraCor

Join Us In HAWAII

2008

PEDIATRIC ACADEMIC SOCIETIES AND THE AMERICAN SOCIETY OF PEDIATRIC NEPHROLOGY

ANNUAL MEETINGS ~ MAY 3–6, 2008
Honolulu, Hawaii

JOINTLY SPONSORED WITH:
The Center For Continuing Education,
Tulane University Health Sciences Center

BROADENING OUR HORIZONS
This meeting is uniquely positioned in a very special venue to encourage participation from international alliances and investigators around the world.

Honolulu, Hawaii ~ THE FACTS

It's like Paradise

It may hit you when you're moving from one session to another in the open aired convention center sneaking a peek of the Pacific Ocean as you race to the next session; or maybe while you are reading your program guide, planning your day over a cappuccino and a fresh papaya on your hotel lanai; or possibly even while you're watching the sun fade over Diamond Head, or walking Waikiki Beach under a tropical moon, hearing the sweet melodies of a steel guitar. Suddenly you realize….You're here for business, yet you've never felt better in your life. Nowhere else can you breathe the very spirit of "Aloha." Nowhere else can you find a place like O'ahu.

Mixing Business with Pleasure

A once in a lifetime opportunity - a beautiful place to do business. Focus first on the exchange of ideas and foster collaborations then take time to share with your friends and family the beauty that this wonderful location has to offer.

Value that Benefits Everyone

Hawaii offers a beautiful state of the art convention facility at an exceptional value. This facility will serve as the perfect host to the busy PAS program and the savings allows PAS to offer increased support for trainee travel grants.

Over 150 travel grants will be given to young investigators through the PAS Abstract Submission.

Housing and Registration Open September 15th Secure Early and SAVE!

Visit the PAS website for complete details www.pas-meeting.org

Airline Reservations

The PAS Travel Agency will utilize the best rates available offering fare discounts and zone fare access.

Hotel Accommodations

The Pediatric Academic Societies have negotiated special rates with select hotels for meeting attendees who make their reservations by Thursday, March 27th. All contracted hotels are ocean/beach front or within 1-2 blocks of the ocean.

Hilton Hawaiian Village (Headquarter Hotel)	$220 - $324
Ala Moana	$151 - $173
Doubletree Alana Waikiki	$175 - $195
Hawaii Prince	$210
Royal Hawaiian-Sheraton	$245 - $335
Sheraton Moana Surfrider	$235 - $275
Sheraton Princess Kaiulani	$175
Sheraton Waikiki	$190 - $230

Each hotel offers a mix of city and ocean view rooms.
Rates are subject to the state, local and occupancy taxes.

All reservations must be made through the official housing bureau. Hotels will not accept any reservations directly offering these rates. Secure housing on-line and receive instant confirmation.

Extend Your Stay and Experience Other Islands

Visit the PAS meeting website for information regarding pre or post trip travel packages and opportunities.

Meeting Registration

PAS Registration allows admittance to all PAS, ASPN, ASPR, LWPES and PIDS scientific sessions and the technical exhibits at the Hawaii Convention Center.

The PAS Meeting Registration Fee includes the Program Guide and Abstracts-on-Disk.TM Individuals who register by April 1, 2008 will receive their badge and Program Guide via first class mail by April 28, 2008.

	Before 3/6	3/7–4/1	After 4/1
Members and Guests	$370	$420	$470
Emeritus	$140	$140	$140
Allied Health Professionals (Nondoctoral: RNs, NNP, RRT, Lab Techs, etc.)	$295	$345	$395
Trainee (Student, Resident, Fellow in Training—letter of status required)	$100	$100	$100

You May Register by Internet, Fax or Mail. Visit the PAS website to register on-line or to download the form.

Pre On-site Meeting Registration

Registration forms received after April 1st will be charged on-site registration fees. Meeting materials will not be mailed to anyone who registers after April 1st. These registrants may pick up their materials on site at the Advance Registration counter in the Hawaii Convention Center at PAS Registration.

Continuing Education Credits ~This activity has been approved for AMA PRA Category I Credit.™

PAS Program Office ~ 3400 Research Forest Dr., Suite B-7 ~ The Woodlands, TX 77381
Phone: 281-419-0052 ~ Fax: 281-419-0082
URL: www.pas-meeting.org

American Society of Pediatric Nephrology

May 3-6, 2008 ~ Honolulu, Hawaii ~ Hawaii Convention Center

Saturday, May 3	Sunday, May 4	Monday, May 5	Tuesday, May 6
7:00am – 9:00am ASPN/PAS Workshop Career Advancement and Leadership Development – "Oh, the places you'll go." 9:00am – 11:00am ASPN/ Chronic Kidney Disease Mineral and Bone Disorder (CKD-MBD): What are the Implications for Pediatrics	7:00am – 9:00am ASPN/IPHA/PAS Joint Symposia Imaging Modalities In Pediatric Hypertension 9:00am – 11:00am ASPN Symposium Pediatric Renal Transplantation: Graft Loss—It's More than Acute Rejection	7:00am – 8:00am Meet the Professor Breakfast 8:00am – 10:00am ASPN/IPHA/LWPES Joint Symposia Prescribe With Caution: Understanding and Managing the Risks of Antihypertensive Agents 10:15am – 12:15pm Platform Session III & IPHA (Abstracts)	7:00am – 9:00am ASPN Symposium Advances in the Evaluation and Management of Complement-based Renal Diseases 9:15am – 11:15am ASPN Joint State of the Art Proteomics in Pediatric Kidney Disease
11:00am – 1:00pm Platform Session I (Abstracts)	11:15am – 1:15pm Poster Session II	12:30pm – 1:45pm ASPN Awards Luncheon	11:30pm – 1:30pm Joint Symposia ASPN/AST/UNOS/IPTA/NASPGHAN Pediatric Solid Organ Transplantation: Impact of Donation and Allocation on Outcome
1:00pm – 2:30pm CPC Fellows Luncheon 2:30pm – 4:30pm ASPN/ASPR Joint Symposia The Genetics of Renal Disease 4:30pm – 6:15pm Poster Session I, Exhibits & PAS Opening Reception 6:45pm – 8:15pm ASPN Member Reception	1:15pm – 3:15pm Platform Session II (Abstracts) 3:30pm – 5:30pm ASPN Presidential Address & Business Meeting	2:00pm – 4:00pm ASPN Symposium Pathophysiology of Vesicoureteral Reflux (VUR) 4:00pm – 6:00pm ASPN Workshop Research Networking for Progress in Children's Health	 **PAS Deadlines** **Workshop Submissions** *September 6, 2007* * * * * * * * **Original Science Abstract Submissions** *December 4, 2007*
Exhibits Open 3:00 – 6:30pm	Exhibits Open 11:00 – 3:00pm	Exhibits Open 3:00 – 6:45pm	
Council Meeting Friday 9-3 Committee Meetings 3-7			

Washington Update

TOUGH NEGOTIATIONS AHEAD ON CHILDREN'S HEALTH CARE EXPANSION BILL

When Congress returns this month after its August recess, both chambers will face the difficult task of trying to combine very different State Children's Heath Insurance Program (SCHIP) reauthorization bills. Some of the issues lawmakers face include how much to spend on SCHIP and how to pay for it. Lawmakers must also decide whether such a compromise bill should include Medicare reform provisions that are part of the House bill, and whether to craft legislation to avoid a possible veto by President Bush or to provide one. The Senate passed its bill (H.R. 976) August 2, by a 68-31 vote. It includes $35 billion for SCHIP over five years but no Medicare payment policy changes.

The House approved its measure (H.R. 3162) August 1 by a vote of 225 to 204. The House bill contains $50 billion for SCHIP over five years and makes numerous changes to Medicare, including increasing physician payment in 2008 and 2009, and reforming Medicare ESRD payment to reflect quality reporting.

Decisions regarding negotiations between the House and Senate bills must be made under a tight timeframe, as SCHIP must be reauthorized by September 30.

The issue of SCHIP reauthorization is one of ASPN's top 2007 legislative priorities. The Society will continue to work with other members of the pediatric community to promote passage of an SCHIP bill that expands access to health insurance coverage for all children.

SEPTEMBER FDA COMMITTEE MEETING TO DISCUSS RISKS AND BENEFITS OF ESAS

The Food and Drug Administration's Cardiovascular and Renal Drugs Advisory Committee will convene a public meeting on September 11 to discuss updated information on the risks and benefits of erythropoeisis-stimulating agents (ESAs) when used in the treatment of anemia in patients with chronic renal failure.

FDA intends to make background material available to the public no later than two-business days before the meeting. The background material will be posted on FDA's website located at http://www.fda.gov/ohrms/dockets/ac/acmenu.htm. Please click on the year 2007 and scroll down to the appropriate advisory committee link.

The ASPN is working with Dr. Rick Kaskel, the only pediatric nephrologist member of the FDA Cardiovascular and Renal Drugs Advisory Committee, to ensure that the Committee is made aware of the complexities surrounding anemia management in children with kidney disease.

MEDICAL RESEARCH FUNDING LAGS BEHIND INFLATION

Rejecting the President's call for a cut-back in medical research, the House instead voted to increase support for the National Institutes of Health to $29.4 billion, or $549 million more than current funding for NIH. The Senate is expected to better

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that by an additional $250 million increase.

But in both instances, the recommended funding for medical research falls short of the 3.7 percent needed to cover biomedical research inflation costs, marking the third consecutive year that NIH funding has failed to keep pace with inflation. As a consequence, NIH-supported research has experienced a 12 percent loss in purchasing power. The continued squeeze means NIH now funds fewer than 20 percent of peer-reviewed grant applications.

Timing on when the Senate will take action on NIH funding remains unclear. Senate appropriators have signaled the possibility that the LHHS-ED appropriations bill, which funds the NIH, may be wrapped into a larger omnibus appropriations bill, comprised of several spending bills.

ASPN will continue work with the biomedical research advocacy community to encourage adoption of the highest funding level between the two congressional chambers.

CMS PUBLISHES FY2008 MEDICARE PHYSICIAN FEE SCHEDULE; NEPHROLOGY CUTS PROPOSED

On July 12, 2007 the Centers for Medicare and Medicaid Services published in the Federal Register its Notice of Proposed Rule Making (NPRM) for the FY2008 Medicare Physician Fee Schedule. According the specialty impact table, nephrology is slated for a 12 percent cut in FY2008. This figure reflects the scheduled 9.9 percent cut to the Sustainable Growth Rate (SGR), as well as a 2 percent decrease in nephrology practice expense calculations. However, given the likelihood that Congress will take action to block physician payment cuts before year's end, there is a strong possibility that the reduction would be limited to 2 percent.

ASPN is working with the Renal Physicians Association to update the relative value units (RVUs) associated with the overall valuation of the ESRD G-codes. Such an effort will help provide a more accurate Medicare reimbursement for both pediatric and adult nephrologists.

SCHEDULE OF ASPN ANCILLARY MEETINGS AT THE ASN ANNUAL MEETING ~ SAN FRANCISCO, CA OCTOBER 31 ~ NOVEMBER 5, 2007

Meeting Name	Day/Date	Time	Location
CHRONOLOGICALLY LISTED:			
Council Meeting	Thursday, 11/1	Noon-6:00pm	Pacific G
Program Committee	Thursday, 11/1	6:30-7:30pm	Pacific D
Training and Certification Committee	Thursday, 11/1	6:30-7:30pm	Pacific C
Membership Committee	Friday, 11/2	6:30-7:30am	Pacific E
Research Committee	Friday, 11/2	6:30-7:30am	Pacific D
Workforce Committee	Friday, 11/2	6:30-7:30am	Pacific B
Clinical Affairs & Public Policy Combined Committee	Friday, 11/2	12:15-1:15pm	Pacific B
Business Meeting	Friday, 11/2	6:30-7:30pm	Golden Gate Hall-Section B-2
Clinical Affairs Committee	Saturday, 11/3	6:30-7:30am	Pacific B
Stone and Bone Club	Saturday, 11/3	12:15-1:15pm	Pacific A
Training Program Directors	Sunday, 11/4	6:30-7:30pm	Pacific B

Committee Updates

PROGRAM COMMITTEE

***Lisa Satlin**, Chair*

The ASPN Program Committee, comprised of Drs. Lisa Satlin (Chair), Carl Bates (Co-Chair), Bill Smoyer (Co-Chair, Research Committee), Mary Leonard, Michael Somers, Stuart Goldstein and Sangeeta Hingorani, continues its hard work developing the educational/scientific program for the 2008 Annual Meeting of the Society. Drs. Satlin, Bates, and Susan Furth (Co-Chair for the 2009 Committee) attended the PAS Program Committee meeting in Chicago where the program was finalized. The ASPN sponsored symposia include "Chronic Kidney Disease Mineral and Bone Disorder (CKD-MBD): What are the Implications for Pediatrics," "Pediatric Renal Transplantation: Graft Loss—It's More than Acute Rejection," "Pathophysiology of Vesicoureteral Reflux (VUR)," and "Advances in the Evaluation and Management of Complement-based Renal Diseases." Joint sponsored symposia include "The Genetics of Renal Disease," "Proteomics in Pediatric Kidney Disease," and "Pediatric Solid Organ Transplantation: Impact of Donation and Allocation on Outcome." A joint sponsored minicourse includes "Career Advancement and Leadership Development – "Oh, the places you'll go." The workshop and Meet the Professor Breakfast program has not yet been finalized. The Committee will continue its work evaluating the submitted abstracts to generate the Platform and Poster sessions for the 2008 meeting.

WORKFORCE COMMITTEE

***Elaine Kamil**, Chair*

Welcome to part 2 of the results from our section head survey of late, 2006.

OUR TEACHING RESPONSIBILITIES. Learners: 81% of respondents offer a medical student elective in pediatric nephrology, with a range of 1-5 (65% of positive responders) to 6-10 (23%) students taking the elective annually. Resident electives are offered in 87% of programs, averaging between one and 15 pediatric residents per year, while 13 programs (13%) report that more than 20 residents participate in their rotation annually. Only 25% report that internal medicine nephrology fellows rotate on the pediatric nephrology service. 26 programs (23%) have summer research students, who originate from a wide range of backgrounds including medical school classes, SPR-sponsored programs, and dialysis camp programs.

Lectures: Pediatric department grand rounds are presented by 95% of responding programs, 1-5 times per year. Medical student lectures are conducted by more than 90% of programs, evenly distributed between 1-5 (32%), 6-10 (29%), and more than 10 (36%) lectures per year. Pediatric resident lectures ranged from 6-10 (38%) to more than 10 (43%) annually, with 17% reporting 1-5 lectures given per year.

Fellowship programs: Of the 123 Pediatric Nephrology Division Chiefs responding to the survey, 28 have ACGME approved fellowship training programs, with 27 of 28 slots filled. (Since there are known to be over 100 current fellows, looks like many program directors did not respond to the survey.) In three fourths of programs fellows take first call, with frequency of on-call nights ranging widely, from every other night to one night per week. Most call varies depending on year of training.

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Committee Updates Continued...

RESEARCH ACTIVITIES. 57% of the divisions (110 of 123 responded) report outside grant funding. The questions were not designed to separate those whose only research funding comes from participation in multi-center trials (which typically pay a fixed dollar amount per enrolled patient) from those with more extensive funding support. However, 43% and 39% report funding from NIH and private foundations, respectively (clearly, many divisions have both). One index of independent research is the fact that 27.3% of the divisions report having their own laboratory research program (funded or unfunded), with most having research staff (66.7% PhD, 77.8% lab techs, 48.1% with master's). Clinical research (type not specified) is reflected by 31.8% of divisions having at least one dedicated pediatric nephrology research nurse. The survey did not explore the role of institutional clinical trial centers, which in some centers have taken the place of divisional research nurses.

Most of the individual faculty (58.8%) devote less than 20% of time to research with significant minority (13.8%) with no research activity. Very few (6.4%) appear to be primary researchers with >50% effort. Only 47.2% of the individual faculty has extramural research funding but it is not clear if clinical trials income is included in this.

Overall, although no comparison is available, we probably compare favorably with other subspecialties in research activity. This most likely is due to the great majority of pediatric nephrologists being employed by academic centers. However, over half of all faculty appear to have little research activity. It is likely that small programs (single person) often do not have the time or resources for research, and it is reasonable to question whether such centers should be expected to be productive in research.

ADMINISTRATIVE RESPONSIBILITIES. How much total divisional faculty time is devoted to administrative responsibilities? Most divisions had 0.25 FTE or less. Only 13.8 % had 1 FTE or greater. Considering the required administrative components for medical director of pediatric dialysis units (49% of program have pediatric dialysis facility), Fellowships (25% of programs have these), Transplant Medical Director, and Division Director the estimate of divisional time for administrative duties is likely an underestimate or merely reflects the support received by the divisions for administrative duties and not the time required to do the administration. In the future time and support (from department/hospital/dialysis unit) may need to be addressed in separate questions.

Tune in to the next issue for a summary of the responses to questions on salaries and other compensations.

Currently, the ASPN is expanding its list of practicing pediatric nephrologists. Not all pediatric nephrologists are ASPN members (encourage all non-members to join!), and the ABP list of diplomats captures many folks who are not active in the field. Once we have a good working list, we will be able to get a much more accurate estimate of our active workforce. Thanks to all of our state liaisons for their hard work in locating all pediatric nephrologists.

CLINICAL AFFAIRS

***Joseph Flynn**, Chair*

New MCP Documentation tools available

Through the efforts of Dr. Sandy Watkins and members of the Clinical Affairs Committee, the ASPN now has available pediatric-specific MCP documentation tools for member's use, one for hemodialysis patients and one for PD patients. These are actually based upon the MCP documentation tools developed by the Renal Physicians Association, which incorporate all requirements of the federal regulations for the MCP physician's monthly comprehensive evaluation of a dialysis patient. ASPN approached RPA to see if their documents could be adapted for pediatric use. We received a green light, and after some initial modifications by Debra Lawson of RPA, they underwent further modifications by Clinical Affairs, and the final versions were approved by Council for release to the membership. They will soon be available on the members-only section of the ASPN website. We are hopeful that these documents will assist members in "covering all the bases" for their MCP documentation.

Committee Updates Continued...

CLINICAL AFFAIRS CONTINUED..

Within the past month there has been discussion on the PedNeph listserv concerning the availability of the alkalinizing agents Polycitra® and Polycitra-K®. The following information has been compiled by Kara Bozik PharmD from UNC-Chapel Hill as a guide for ASPN members.

According to Ortho-McNeil Pharmaceuticals medical information department, sister company to Janssen, the products are not being discontinued in the United States. Jom Pharmaceuticals is still providing services to the pharmaceutical companies for the following products: Polycitra® syrup (16 oz.), Polycitra®-K (16 oz.), Polycitra®-K crystals unit dose cups, Polycitra®-LC (16 oz.), and Bicitra® (16 oz.). Liquid formulations of various citrate/citric acid products are provided below.

		Na^+ (per ml)	K^+ (per ml)	Bicarbonate (per ml)
Crystals				
Polycitra®-K	Potassium citrate monohydrate 1100mg + citric acid monohydrate 334mg per 5mL	___	2 mEq	2 mEq
Oral Solution				
Modified Shohl's, Bicitra® (alcohol free)	Sodium citrate dihydrate 500mg + citric acid monohydrate 334mg per 5mL	1 mEq	___	1 mEq
Oracit®	Sodium citrate 490mg + citric acid 640mg per 5mL	1 mEq	___	1 mEq
Polycitra®-K (alcohol free)	Potassium citrate monohydrate 1100mg + citric acid monohydrate 334mg per 5mL	___	2 mEq	2 mEq
Syrup				
Polycitra®-LC (alcohol & sugar free)	Potassium citrate monohydrate 550mg + sodium citrate dihydrate 500mg + citric acid monohydrate 334mg per 5mL	1 mEq	1 mEq	2 mEq
Polycitra® (alcohol free)	Potassium citrate monohydrate 550mg + sodium citrate dihydrate 500mg + citric acid monohydrate 334mg per 5mL	1 mEq	1 mEq	2 mEq

In Canada neither Polycitra® nor Polycitra-K® will remain on the market. Polycitra-K® is being discontinued completely. However, Polycitra® (plain) will be available only through a special access program for Canadian physicians and their patients. The Ortho-McNeil/Janssen-Cilag representative said there are no generics or substitutes comparable to Polycitra® or Polycitra-K® available in Canada.

Another product mentioned through the PedNeph listserv is potassium citrate effervescent tablets (K-Lyte®) which contains 25 mEq of potassium. K-Lyte® is made by Wellspring Pharmaceuticals (1-866-337-4500).

Welcome New Members!!

Karen McNeice, MD
University of Arkansas for Medical Sciences
Little Rock, AR

Patricia Ring, RN
Children's Hospital of Wisconsin
Milwaukee, WI

Andrew Schwaderer, MD
Columbus Children's Hospital
Columbus, OH

Rene Vandevoorde, MD
Children's Mercy Hospital
Kansas City, MO

Meeting Announcements

Florence, Italy
September 15-18, 2007
Visit http://www.edtna-erca-florence2007.com/news.html for more information.

ASN™
THE AMERICAN SOCIETY OF NEPHROLOGY

Renal Week 2007
October 31- November 5, 2007
Moscone Center San Francisco, California
Visit http://asn-online.org/home.aspx
for more information.

THE MIAMI PEDIATRIC NEPHROLOGY SEMINAR (FOUNDED BY JOSE STRAUSS M.D.) IS COMING AGAIN MARCH 6-9, 2008
Visit http://pediatricnephrology.med.miami.edu/seminar for more information.

5th International Conference
on Pediatric Continuous
Renal Replacement Therapy

Thursday - Saturday, June 19 – 21, 2008
Disney's Contemporary Resort
Orlando, Florida

To learn more contact Carol Malone, coordinator
256-232-2865 or cmalone@pcinet.net

Helen DeVos children's hospital

PCRRT 2008