



# KIDney NOTES

## President's Corner



Dear Colleagues

I hope you and your families are all enjoying the summer months. It was great to see so many of you at the ASPN Annual Meeting in May. I would like to again congratulate Russ Chesney on his Founders Award and direct you to the article in this issue (page 4) which features his words of wisdom to the membership.

Your Council continues to be busy working on initiatives for the coming academic year and following events as they unfold in Washington DC. See Jennifer Shevchek's excellent update in this newsletter (page 7-8) for information on CMS' proposed fee schedule and other congressional issues.

We welcome new members to our committees and look forward to working with all of you.

Our next opportunity to be together will be at the ASN in Philadelphia. Elsewhere in this newsletter (page 2) is a listing of all ASPN activities scheduled during the meeting.

As this was going to press I became aware of the terrible devastation on the Gulf Coast in the aftermath of Hurricane Katrina. My thoughts and prayers are with our colleagues, their patients and the communities affected. I am so proud of the offers of help that have come from the members of the Society. Aileen Sedman and NACHRI as well as the AAP are trying to coordinate medical relief efforts. They are posting on pedneph. I'm sure that each of us is willing to help in any way necessary.

*Sandra*

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### FSGS-CT Expanded Entry Criteria

The FSGS-CT has recently received permission to expand the entry criteria for our trial. These modifications to the original protocol have been requested based on feedback from you, have been carefully reviewed by the External Advisory Committee and approved on the basis of safety and the original intent of the trial. Please review these expanded criteria, and if your center is participating, please initiate IRB approval for these modified criteria ASAP. If your site is not participating or ready to enroll patients, please include these expanded criteria in your submission to your IRB immediately.

We need every available site to participate in this critical study--If each pediatric nephrology site enrolled 5 patients we would be able to have meaningful data and be able to advance our knowledge of the pathobiology of this difficult and complex disorder. The core coordinating centers are prepared to help any site expedite IRB approval of these expanded criteria--please contact the CCC with which your site is aligned or contact Norman Siegel, Chair, FSGS CT Steering Committee, at 1-877-FSGS or by e-mail [norman.siegel@yale.edu](mailto:norman.siegel@yale.edu).

For this trial to remain viable, we need your help NOW!!

## ASN Meeting, November 8-13 ASPN Functions Schedule-at-a-Glance

Meeting	Day	Date	Time Start	Time End	Meeting Location
Training & Certification Committee/ Fellowship Training Program directors	Thursday	11/10/05	7:00PM	8:00PM	Philadelphia Marriott Downtown; Room 309
Workforce Committee	Thursday	11/10/05	12:00PM	1:00PM	Philadelphia Marriott Downtown; Room 309
Research Committee	Friday	11/11/05	6:45AM	7:45AM	Philadelphia Marriott Downtown; Room 301
<b>Member Business Meeting Luncheon</b>	<b>Friday</b>	<b>11/11/05</b>	<b>12:00PM</b>	<b>1:00PM</b>	<b>Loews Hotel Philadelphia (1200 Market Street), Congress Room</b>
Clinical Affairs Committee	Saturday	11/12/05	12:00PM	L:00PM	Philadelphia Marriott Downtown; Room 301
Public Policy Committee	Saturday	11/12/05	6:45AM	7:45AM	Philadelphia Marriott Downtown; Room 301



*The ASPN wishes to continue to acknowledge the generosity of the following corporate and session sponsors for the 2005 annual meeting. Their unrestricted educational grants have significantly benefited the Society and its efforts.*

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**NIH LOAN REPAYMENT APPLICATION CYCLE**

Starting Thursday, September 1, 2005, the National Institutes of Health (NIH) will begin accepting applications for its five Loan Repayment Programs (LRPs). The five LRPs offered by the NIH include the Clinical Research LRP, Clinical Research LRP for Individuals from Disadvantaged Backgrounds, Contraception and Infertility Research LRP, Health Disparities LRP, and Pediatric Research LRP.

Through these programs, the NIH offers to repay up to \$35,000 annually of the qualified educational debt of health professionals pursuing careers in biomedical and behavioral research. The programs also provide coverage for Federal and state tax liabilities.

To qualify, applicants must possess a doctoral-level degree, devote 50% or more of their time (20 hours per week based on a 40-hour work week) to research funded by a domestic non-profit organization or government entity (Federal, state, or local), and have educational loan debt equal to or exceeding 20% of their institutional base salary. Applicants must also be U.S. citizens, permanent residents, or U.S. nationals to be eligible.

All applications for 2006 awards must be submitted online by 8:00 p.m. EST, December 1, 2005. For an online application, program information, or other assistance, visit the LRP Web site at [www.lrp.nih.gov](http://www.lrp.nih.gov), telephone the Helpline at 866-849-4047, or send email inquiries to [lrp@nih.gov](mailto:lrp@nih.gov).

**Now ON-LINE****2005-06 FELLOW DIRECTORY**

The updated fellow directory is now available on line at <http://www.aspneph.com/member.html>. It is password-protected. The "user name" and the "password" are the same as for entry into other members-only portions of the ASPN web site. The information contained in this directory is as current as possible. It will be updated whenever new information is made available.

**TWO WEB SITES OF INTEREST RELATED TO FELLOWSHIP TRAINING**

The new subspecialty training requirements are posted on the ABP web site. Go to <http://www.abp.org/> and, under "Training," click on "New Subspecialty Training Requirements."

The ACGME has released for comments a semifinal draft regarding the new Residency Review Committee rules for Pediatric Fellowship Program accreditation. This new version of the regulations has been responsive to issues raised by ASPN and others. To view the document, go to <http://www.acgme.org/acWebsite/home/home.asp> and move your cursor over "Review and Comment" in the menu on the left-hand side of the page. Select "Program Requirements" and when the new window opens up, click on "Subspecialties in Pediatrics." Follow the instructions to download a pdf of the proposed new requirements.

**TRAINING PROGRAM INFORMATION UPDATE**

The Training and Certification Committee would like to utilize the American Academy of Pediatrics online directory of Nephrology Training Programs as a portal for ASPN members to contact/explore fellowship training programs. For this to be effective, significant participation is needed. To add or update your program:

Go to: <http://www.aap.org/training/nephrology/>

Proceed to the Administration Page by entering your User ID (e-mail address) and Password (nephrology001)

(If you have difficulty logging on, please contact Laura Laskosz at [llaskosz@aap.org](mailto:llaskosz@aap.org) or 800/433-9016, ext. 4928)

Select your program to edit.

**COMING SOON TO THE ASPN WEBSITE!****PEDIATRIC NEPHROLOGY DATABASE OF CLINICAL TRIALS AND MULTI-CENTER STUDIES**

A major thrust of the new NIH Roadmap is to support translational studies and better understand the clinical relevance of different treatment options. This mission is likely to be accomplished only through broad participation in multicenter collaborative studies. Accordingly, the ASPN would like to post a list of currently active clinical trials and multicenter studies relevant to the care of children with renal disease. The goal is to advise membership of the availability of these trials/studies and stimulate enrollment of our patients. This database will soon be available on line for ASPN members to "advertise" their clinical trials/multi-center studies on the ASPN website. An announcement email will be sent when it is ready for viewing and input.

**MEMBERSHIP RESEARCH INTERESTS DATABASE**

This Survey-Database builds on the "Table of Membership Research Interests" that the ASPN assembled ~1 1/2 yrs ago - it can now be easily updated, browsed, and searched by all members. This should facilitate identifying colleagues with similar research interests, potential abstract/manuscript reviewers, etc. However, we ask all members to restrict the use of the database expressly for their own purposes. To maximize the utility of the website, we ask each of you to: **1.** Log in. The survey site URL is (<http://www.aspneph.com/interests.html>). The "user name" and the "password" are the same as for entry into the members-only portions of the ASPN web site but need to be entered separately here.; **2.** Complete the form with your entries. An automatic notification will be sent to the ASPN office each time an entry is made; **3.** Browse the site...try to "search" for some info and become familiar with the options.

Should you have any questions, please contact the aspn office at: [aspn@northwestern.edu](mailto:aspn@northwestern.edu) <<mailto:aspn@northwestern.edu>>. While we plan to monitor the content of this database, ASPN is not responsible for inaccuracies or for changes that are incorrectly applied.

Use of the information contained in this electronic database for commercial or solicitation purposes is expressly prohibited.

Please also visit the "Funding Opportunities" links on the ASPN Research website

## The Founders Award: Reflections From A Pseudo-Founder

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The Founders Award of the American Society of Pediatric Nephrology (ASPN) is given annually for career achievements in pediatric nephrology and for long-term service to the ASPN. On a deeply personal level, this award in 2005 is a singular honor. Members of the ASPN are my special colleagues, whose bestowal of this award represents recognition by a group of professionals whom I respect. We share an ever fascinating and rapidly advancing discipline. I also have the opportunity to thank all of you for my remarkable experiences as Secretary-Treasurer and later as President of the ASPN, and then for eight years as editor of *Pediatric Nephrology*. These positions made me aware of our extraordinary membership and its many talents. I was fortunate to serve as Secretary-Treasurer with six gifted presidents: Drs. Fred Smith, Adrian Spitzer, John Lewy, Michael Baile, Paul McEnery and Richard Fine. As editor of *Pediatric Nephrology*, I shared my duties with two profound thinkers, Michal Broyer from Paris, and Otto Mehls from Heidelberg. Their insights were always on the mark.

In reflecting upon the Founders Award, it is necessary to first decide what defines a founder. A founder is one who establishes or creates - this is the intended definition. However, it can mean to sink, as in a ship, or to become disabled or go lame. It can also mean to be stuck, as a car in mud. Finally, a founder may be one who pours molten metal, as in a foundry. We should all agree that a founder is one who establishes or creates. My reflections will require that definition.

The valid "founders" of pediatric nephrology deserve an examination. One should confine their examination to founders of pediatric nephrology, rather than pediatric urology or nephrology in general. In the 1820's and 30's, Latta, O'Sheanessy, and Stephens suggested the intravenous infusion of saline to combat dehydration from cholera (Fig. 1).

While chronic infusion was not possible, patients underwent a short-term recovery before sepsis or ongoing water losses led to death. In 1834 Schönlein (Fig. 2) described the lower extremity purpura, arthralgias and colic that are characteristic of the condition that bears his name. In the 1880's, Edouard Henoche (Fig. 2) added the presence of renal disease to Schönlein's purpura and the full-blown syndrome was described. Another founder was Lucas, who in 1883 described renal rickets in association with renal disease. He also noted poor growth. Between 1900 and 1920, several German physicians defined the volume, chemical composition, and frequency of urination in children of different ages. Ritter von Reuss was a leader of this line of inquiry. The nephrotic



Fig. 1—London in the 1820's

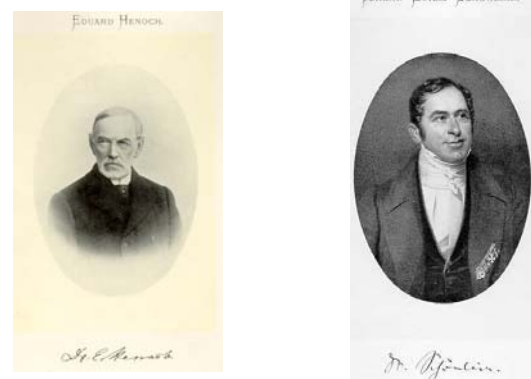


Fig. 2—Johann Lukas Schönlein (left) and Eduard Henoche (right); German pediatricians of the 19<sup>th</sup> century

syndrome was defined as an entity by Volhard, Fuhr and Jehle. Between 1920 and 1955, Howland, Gamble, Darrow, Butler and Wallace defined fluid and electrolyte balance and the need for potassium in intravenous hydration and rehydration.

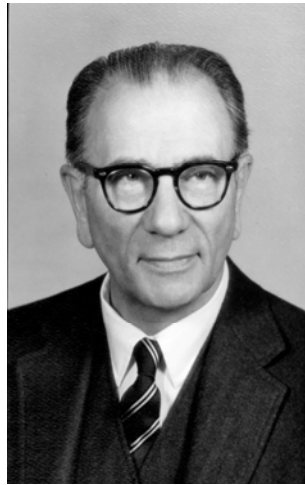
Robert Vernier was a pioneer in the use of the percutaneous renal biopsy to define the clinicopathological features of various glomerular disorders. Jack Metcalf organized what became the National Kidney Foundation around an annual conference on the nephrotic syndrome and glucocorticoid therapy in the late 1940's to the early 1950's.

Pediatric dialysis began to be widely used in the 1960's, with Richard Fine being an early American advocate of this method. He also is associated with the introduction of pediatric renal transplantation.

## The Founders Award: Reflections From A Pseudo-Founder (continued)

In Paris, Royer's group was active in dialysis, renal biopsy, glomerular pathologic nosology, definition of hereditary renal disease, and aspects of growth failure in uremia. Indeed, Royer's group wrote the first textbook of pediatric nephrology and gave the discipline its name. All of these individuals are "founders" in the real sense.

Another way to define "founder" is to examine the leaders of pediatric nephrology training programs in the mid to late 1960's at the time of the founding of the ASPN. Several founding



*Fig. 3—Dr. Walter Heyman*



*Fig. 4—Dr. Clark West*

programs were located in the United States and Canada. At the Rainbow Babies and Children's Hospital at Case Western Reserve University in Cleveland there existed a program led by Dr. Walter Heyman (Fig. 3), also known for his rat model of membranous nephropathy. Clark West (Fig. 4) in Cincinnati founded a unit based upon studies of immunologic renal disease and trained many of today's division chiefs and active faculty members of pediatric nephrology. At the University of Minnesota Medical School, a program that studied immunologic renal disease was initially led by Robert Good (Fig. 5) and then later by Robert Vernier and Alfred Michael.

Henry Barnett led activities at the Albert Einstein College of Medicine in New York, and was instrumental in establishing the field of developmental neonatal physiology and in the founding of the International Study of Kidney Disease in Children working group.

Malcolm Holliday (Fig. 6), at the University of California, San Francisco, founded a program based on



*Fig. 5—Dr. Robert Good*



*Fig. 6—Steve Wassner (left) with Malcolm Holliday (right) and Russell Chesney*

issues of growth and nutrition and involving early dialysis and transplant programs.

Luther Travis at the University of Texas, Galveston founded a program that examined more precise definitions of renal disease (such as hematuria or proteinuria), acute glomerulonephritis, and fluid therapy of burns.

Other early programs existed at the Michael Reese Hospital in Chicago, Cornell University in New York, Shands Hospital at the University of Florida in Gainesville, Le Bonheur Children's Hospital in Memphis, Los Angeles Children's Hospital, the Hospital for Sick Children in Toronto, and the Montreal Children's Hospital. Finally, the National Institutes of Health (NIH) trained several pediatric nephrologists, mainly in physiologic or biochemical renal research methods.

Each of these early programs included in their clinical role the care of patients with and research into diseases such as diabetes and endocrine disorders, or immunologic and rheumatologic disorders, e.g., systemic lupus erythematosus.

Further, reflection on the foundations of our discipline and our societies leads to a consideration of challenges and opportunities. A number of fundamental issues in pediatric nephrology require extensive scrutiny and well-planned investigative studies. These will be succinctly stated and the overarching features described.

### **Problem 1**

The young child with chronic renal failure and end-stage renal disease (ESRD) demands extraordinary time and effort, with the absolute requirement for a pediatric nephrologist and other health professionals on the care team. Can the time demands be truncated on the basis of streamlining and more efficient use of personnel? The amount of time required to treat each child is so remark-

## The Founders Award: Reflections From A Pseudo-Founder (continued)

### Problem 2

In terms of the child with ESRD, vascular access is a never-ending conundrum of vasospasm, clots, bleeding, infection, issues of vessel size, and the need for sedation before procedures. Research into vascular and endothelial biology can potentially give greater insight into vascular access. If factors regulating clot formation and vascular fibrosis at the local level could be modulated, the process of vascular access could be less troublesome.

### Problem 3

This problem relates to the need for a clearer understanding of childhood antecedents of adult disease. Three examples are:

1. Adult hypertension that results in nephrosclerosis and chronic renal failure;
2. IgA nephropathy which may progress to end-stage renal disease in some subjects, but not in others; and
3. Reflux nephropathy.

Which child will develop ESRD in adulthood? The scientific tools of epidemiology, biostatistics, appreciation of primary and secondary endpoints, biomarkers, genomics, and analysis of selective polymorphisms may provide insight into renal disease. Moreover, we as pediatric nephrologists can partner with internal medicine/ nephrologists, renal pathologists, epidemiologists, mathematicians, geneticists, and biochemists to try to examine the factors that lead to the progression of renal failure.

### Problem 4

How can one decode renal cell-to-cell communication, especially in the face of drug- and toxin-induced interstitial disease and for chronic transplant rejection? A clearer picture of the details of cell signaling could also permit the discovery of innovative therapeutic molecules.

### Problem 5

A fundamental question in pediatric nephrology is what factors cause and influence the extent of disease in childhood nephrotic syndrome. What agents or mechanisms can reverse the urinary protein leak that underlies minimal lesion or childhood nephrotic syndrome? The past decade has witnessed a remarkable insight into the construction of the glomerular filtration barrier in relation to podocyte biology. This is a "Holy Grail" pursuit and the task, while difficult, will be rewarding.

### Problem 6

Simply stated, how can we translate knowledge of the programmed interaction of the array of developmental genes in children (or animal models) with congenital renal disease? While we understand that there exist alternative pathways for renal development, how can we stimu-

late these alternative mechanisms in order to restore renal development either *in utero* or shortly after birth?

### Problem 7

This problem relates to the development, testing, and long-term study of therapeutic agents in the treatment of both acute and chronic glomerulonephritis. To express this problem differently, can we avoid glucocorticoids, anti-metabolites, and drugs used in neoplasia?

### Problem 8

To answer the issues of poor growth in children with renal disease requires a better insight into the interplay of growth factors, hormones and readiness of the growth plate of long bones and the spine.

A humbling feature of many of these problems is that they existed when I was a renal fellow in the early 1970's. While progress has been made, plenty of room exists to answer these questions.

### Conclusion

The American Society of Pediatric Nephrology, formed almost 40 years ago, is highly organized and effective in advancing our discipline. As a group, its members relate and work well together. In addition, the ASPN plays an important role in the International Pediatric Nephrology Association (IPNA), which itself is highly organized and effective. This permits a globalization of the relationship among pediatric nephrologists on six continents. A major strength is that the ASPN and IPNA have outstanding meetings, with state-of-the-art presentations on education and research.

We also have an excellent journal, *Pediatric Nephrology*, now in its 19th year and published 12 times annually, which documents the progress of our discipline. Because of our global reach, we can conduct multicenter trials and this can be the basis for additional trials in the future.

Importantly, our members are enmeshed in the leadership of such pediatric organizations as the American Academy of Pediatrics, the American Board of Pediatrics, the American Pediatric Society, the Society for Pediatric Research, the Association of Medical School Department Chairs, the Association of Pediatric Program Directors, and the NIH, as well as IPNA and the ASN.

Finally, I am deeply honored to be chosen to receive this award, and for the mark of respect it conveys.

## **WASHINGTON UPDATE**

*Domenic Ruscio and Jennifer Shevchek, ASPN Washington Representatives*

### ***CMS RELEASES 2006 MEDICARE PHYSICIAN FEE SCHEDULE PROPOSED RULE***

On August 8, the Centers for Medicare and Medicaid Services (CMS) published their Notice of Proposed Rule Making (NPRM) for the 2006 Medicare Fee Schedule, providing for a 4.3 percent reduction in physician payments. CMS reiterates in the proposed rule that the agency has no authority to adjust the sustainable growth rate formula, absent Congressional intervention. A large part of the rule is devoted to changes affecting the composite rate payment methodology for dialysis facilities, and does not include changes to the G-code payment methodology for ESRD services. Below is a brief summary of proposed ESRD policies included in the NPRM:

ESRD exceptions are now only available for pediatric facilities – facilities whereby at least 50 percent of the facility’s patients are 18 years of age or younger;

- The 2005 conversion factor (the variable expressed as a dollar figure that reflects increases or decreases in Medicare physician reimbursement) will be \$34.5030;
- For services commonly provided by pediatric nephrologists, the national proposed median reimbursement will be:
 

G0308 (monthly ESRD services, four or more visits <2 yrs):	\$750.10 (\$72.27 less than FY05)
G0309 (monthly ESRD services, 2-3 visits < 2 yrs):	\$624.85 (\$59.95 less than FY05)
G0310 (monthly ESRD services, 1 visit < 2 yrs):	\$499.60 (\$48.02 less than FY05)
G0311 (monthly ESRD services, four or more visits 2-11 yrs):	\$511.33 (\$49.17 less than FY05)
G0312 (monthly ESRD services, 2-3 visits 2-11 yrs):	\$425.77 (\$41.13 less than FY05)
G0313 (monthly ESRD services, 1 visit 2-11 yrs):	\$340.55 (\$32.74 less than FY05)
G0314 (monthly ESRD services, four or more visits 12-19 yrs):	\$448.54 (\$42.99 less than FY05)
G0315 (monthly ESRD services, 2-3 visits 12-19 yrs):	\$373.32 (\$35.97 less than FY05)
G0316 (monthly ESRD services, 1 visit 12-19 yrs):	\$298.45 (\$28.60 less than FY05)
CPT code 90935, hemodialysis, single evaluation:	\$ 69.37 (a 5% reduction from FY05)
- The proposed RVUs for vessel mapping for hemodialysis access increased by 3%, with the total RVUs moving from 4.49 to 4.63;
- The rule proposes a revised pricing methodology for separately billable drugs, changing to ASP+6% including EPO for independent facilities. Hospital-based facilities will continue to be reimbursed at cost except EPO will be paid at ASP+6%.

Comments on the proposed rule are due September 30, 2005. The proposal can be accessed at <http://www.cms.hhs.gov/physicians/pfs/ama.asp?URL=/regulations/pfs/2006/1502P.zip> or <https://www.cms.hhs.gov/physicians/pfs/ama.asp?URL=/regulations/pfs/2006/1502P.zip> on the Web.

### ***APPROPRIATIONS UPDATE***

With only a month remaining before the new federal fiscal year begins, most of the major budget decisions of the year have yet to be made. With the exception of the overall spending plan Congress adopted back in April, in fact, every significant budget debate has been left until after Labor Day.

These already difficult and time-consuming debates are now further complicated by the need for the Senate to consider the nomination of a Supreme Court justice. Coincidentally, both carry the same deadline, October 1.

The Senate Appropriations Committee on July 14 approved a \$145.7 billion the Labor-HHS-Education appropriations bill for fiscal year 2006 (H.R. 3010). With the help of a creative budget mechanism, the committee was able to pass a bill that is \$2.7 billion higher than what the House adopted and \$3.7 billion more than the president's request.

The National Institutes of Health benefited from the committee's budget mechanism, receiving \$29.4 billion, an increase of just more than \$1 billion over the agency's fiscal year 2005 level and \$905 million more than the president sought. The increase, about 3.7 percent, is slightly higher than the medical research inflation index. By comparison, the House version of this bill provided only a 1/2 percent increase for NIH.

No time has been scheduled for the full Senate to debate the health appropriations bill. But it seems certain that Congress will not be able to complete its work on this or most other spending bills before the end of the fiscal year. That means NIH will be forced to operate for at least one month on a continuing resolution, legislation that will freeze spending at the fiscal year 2005 level. It also seems very likely that most spending bills will be wrapped up into an omnibus appropriation bill, most likely sometime around Thanksgiving.

**WASHINGTON UPDATE—Continued****PHYSICIAN PAYMENT ISSUES AT CENTER STAGE**

The most difficult and most politically risky issue before Congress this fall is what is referred to as a “reconciliation” bill, a measure that ASPN will be tracking very closely.

Earlier this year, Congress adopted a spending plan that called for \$35 billion in cuts to entitlement programs, including \$10 billion from the Medicaid program. Responsibility for determining exactly how those savings will be achieved, i.e. which programs will be cut and by how much, is left to congressional committees to decide later this year. Congress must then muster the political will to ratify those savings so as to reconcile with the overall spending plan.

Because so little time remains when Congress returns, ASPN expects that the reconciliation bill will be used as the vehicle for handling physician-related initiatives, including pay-for-performance reform and the Medicare physician payment update. Recently, pay-for-performance legislation has been introduced in both the House and Senate (S.1356 and H.R. 3617). Both bills propose to create a system that would pay physicians a 2

percent bonus for the first two years for reporting claims data to Medicare, which would then be followed by bonus payments based on meeting performance standards developed during the first two years by individual medical specialties. The bills differ with regard to the process of developing quality measures and the breath of oversight given to the Secretary of Health and Human Services. However, the most drastic difference is the House version includes statutory language to permanently replace the sustainable growth rate formula to one based on the Medicare Economic Index. The Senate bill includes non-binding language that states the Senate’s intent to address reform of the SGR, and, thus, even if a physician participates fully in the P4P system, he or she would see a reduction in reimbursement next year.

The House and Senate legislation has only recently been introduced and hearings have just begun. ASPN will continue to monitor this important topic, and report back to its membership as pertinent information becomes available.

**Marketplace**

*Marketplace will no longer list individual available career opportunities in KN. If you would like to view the listing of jobs, you may visit the Marketplace webpage on the ASPN website by clicking on the following link: <http://www.aspneph.com/market.html>*

**Meeting Announcements****THE AMERICAN SOCIETY OF NEPHROLOGY—RENAL WEEK 2005****November 8 - 13, 2005**

Pennsylvania Convention Center; Philadelphia, Pennsylvania

[Advances in Research Conference](#): Nov. 8-9; [Postgraduate Education Courses](#): Nov. 8-9;[Annual Meeting & Scientific Exposition](#): Nov. 10-13**Registration: Attendees- [Click here](#)****Housing: Attendees: [Reserve Housing Online](#) OR [Submit PDF Form](#)****4<sup>th</sup> International Conference on Pediatric Continuous Renal Replacement Therapy (PCRRT)  
Feb. 23 – 25, 2006, Zurich, Switzerland**

This conference brings together in one forum caregivers of children who require extracorporeal therapies including CRRT and plasmapheresis. The course will discuss basics, use of PCRRT in sepsis, acute renal failure, multiorgan dysfunction syndrome and non-ARF indications. Research in drug clearance, nutrition, liver support and outcome will be presented. There will be a call for abstracts that will be published in Pediatric Nephrology.

Sponsors for the program are University of Zurich, University of Alabama School of Medicine, DeVos Children’s Hospital, Grand Rapids, Michigan; and PCRRT Foundation. Physician and Nursing credit will be available.

For preliminary information go to [www.pcrct.com](http://www.pcrct.com) and click on 2006 program or contact [timothy.bunchman@spectrum-health.org](mailto:timothy.bunchman@spectrum-health.org) or [cmalone@pclnet.net](mailto:cmalone@pclnet.net)

## Meeting Announcements—continued

### PEDIATRIC NEPHROLOGY SEMINAR XXXIII

Wyndham Miami Beach Resort, Miami Beach, Florida

**March 10-14, 2006**

Registration cost is \$540 for Physicians in Practice and \$190 for Physicians in Training, Nurses, and Allied Health Professionals. We have various types of **Grants** (Tuition and/or Travel) for Medical Students, Pediatric Residents, Fellows in Pediatric Nephrology, and Young Faculty (for the 2005 Seminar, 75 granted). The Grant Application deadline is December 1, 2005. The special hotel price is \$219 and is applicable three days before, during, and three days after the Seminar.

As many of you know, the Seminar **Guest Faculty (about 30)** is composed mostly of ASPN/ASN Members who donate their time and pay for their own expenses, as do all other Faculty (including about 20 **Local Faculty**). From the Seminars beginning (1974), our emphasis has been on timely subjects presented by the best available people who can connect the subject to its scientific base and clinical situations, do so in a clear manner, and include suggestions for relevant research. The Seminar is geared for Pediatric and Internal Medicine Nephrologists, Pediatricians, Internists, General Practitioners, Renal Pathologists, Neonatologists, Geneticists, Nutritionists, Nurses and other health-related Professionals.

Seminar **Registrants** are a dynamic international mix of those well-established in the field and beginners (in 2005, from 29 different countries and 28 different US States). Previous participants have described the Seminars as “Almost a comprehensive review of Pediatric Nephrology”; “The best place to meet distinguished faculty from around the world in an informal, friendly, and scientific atmosphere”; “The relationships started at the Seminar will change your life and your work forever and for the better”.

For **information** about the Seminar, contact José Strauss, M.D., Founder and Program Chairman, Division of Pediatric Nephrology, University of Miami Miller School of Medicine, P.O. Box 565874, Miami, FL 33256-5874, telephone and FAX# 305-667-3031, e-mail [stainter@bellsouth.net](mailto:stainter@bellsouth.net) and [jstrauss@med.miami.edu](mailto:jstrauss@med.miami.edu); website (for Registration and Grant Application Forms/Brochure) [www.pediatricnephrology.med.miami.edu/seminar](http://www.pediatricnephrology.med.miami.edu/seminar).

For **hotel accommodations** contact the Wyndham Miami Beach Resort, 4833 Collins Avenue, Miami Beach, FL 33140, telephone 305-532-3600 or 1-800-WYNDHAM, FAX 305-538-2807, website [www.wyndhammiamibeachresort.com](http://www.wyndhammiamibeachresort.com) (We have a list of alternative hotels which will be sent to you if requested).

## KIDney NOTES

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