



# KIDney NOTES



Dear Colleagues,

Welcome to the President’s Corner! I would like to thank you for the opportunity to serve as your President for the next two years. I also want to thank you for your support and attendance at our highly successful annual meeting last month in San Francisco. The program was composed of exciting state of the Art Plenary Sessions, joint symposia with other societies, several ASPN symposia, platforms sessions and poster sessions. Four young investigators in training received the Trainee Award while Adrian Spitzer and Barbara Cole received the Founder’s Award. See page 3 for pictures.

A new committee, the Program committee, chaired by Lisa Satlin and co-chaired by Robert Mak met in early June to develop an outstanding program for our 2007 annual meeting to take place in Toronto on May 5-8, 2007. I would like to thank Lisa, Robert, and the committee members, Carlton Bates, Deepa Chand, Susan Furth, Mary Leonard, Mark Mitsnefes, and Mike Somers for their excellent efforts to develop the 2007 program. You will hear much more about the 2007 annual meeting program in future Kidney Notes.

As you know, the ASPN has developed a strategic plan to better address the needs of our members and our patients. We want to sincerely thank Susan Newton whose guidance and patience with the council was essential in developing the plan. Susan’s effort was outstanding and much appreciated by the council. The strategic plan is a “living document” and your input and comments are very important. Your participation is imperative in achieving the goal of better serving our membership. We will continue to ask for your input and help in this effort! We have requested volunteers to serve on task forces (see article below) and have already received a good number of responses. If you haven’t yet responded, please do so by July 15.

As detailed in a recent email announcement, the ASPN has joined forces with RPA and the ASN to request that the JCAHO suspend implementation of their new CKD certification program, as it is likely that this will interfere with optimal care of patients with kidney disease. Our Washington representatives, Jennifer Shevchek and Domenic Ruscio, and our public policy and clinical affairs committees will continue to advocate for our members in regulatory issues.

I would like to invite everyone to become involved in the committees and task forces as we look forward to working with you.

*Sharon Andreoli*

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## STRATEGIC PLAN UPDATE

The most recent version of the Strategic Plan is posted on the ASPN web site (<http://www.aspneph.com/>). It is a “living document” that will continue to be modified in response to input from the membership. If you have comments and suggestions, please let us know. We really value your input.

The Council met on June 9-10 for its annual retreat and spent considerable time evaluating the responses to date, as well as the plan itself. We felt that several major issues, including office structure, financial stability, issue advocacy and efforts to support research, were being addressed appropriately. Six major areas were identified as requiring new initiatives including:

- 1) Governance
- 2) Communications/Website
- 3) Membership
- 4) Practice Management
- 5) Career Mentoring
- 6) Member Education/Lifelong Learning

(continued, page 2)

**Strategic Plan Update (continued)**

The last of these already is being addressed under the leadership of Vicky Norwood by our standing Training and Certification Committee. To begin to address the other five issues, we propose to establish member task forces to develop approaches. We will appoint a chair for each task force, along with a member of the council to serve as a liaison, and would like to solicit the active participation of the membership on these groups. The process for task forces is described in the accompanying Text Box. Here, we describe the charge for each Task Force.

1) **Governance:** Task Force to address Council and officer elections and terms.

Chair: Aaron Friedman

What should be the terms of the Council and the Officers? How should they be elected? This committee should prepare a report in time for presentation at the fall ASPN business meeting held in conjunction with the ASN meeting.

2) **Communications/Web Site:** Task Force to advise regarding website redesign. Chair: Greg Gorman  
Our web site requires a major overhaul to make it more useful and interactive. This task force will be charged with planning the elements of the site. Because this task force will need to work in tandem with the group that provides our new permanent office support, this task force will be constituted over the summer but will not begin its work until the fall, with a target date for its report of January 2007, when we hope to have established the permanent office.

3) **Membership:** Task Force to encourage membership and enhance its value. Chair: Susan Massengill  
We would like to expand our membership by improving our services to members, reaching out to those pediatric nephrologists who do not belong to ASPN, and developing programs to interest affiliate members. This task force will be charged with examining these issues along with our dues structure, and developing a mechanism to increase membership in all membership categories. Given that there are several different issues involved, we would like some to be addressed by the fall meeting and others by the annual meeting next spring.

4) **Practice Management:** Task Force to disseminate information related to practice. Chair: Mark Joseph  
Many of our members practice in relative isolation and require advice on coding and billing, utilization of physician extenders, different practice models for dialysis care, and the role(s) of the Medical Director. This task force will be charged with developing mechanisms to support our members by providing appropriate models or information on how to access them.

(5) **Career Mentoring:** Task Force to develop mechanisms for mentoring. Chair: John Bissler  
Our society is blessed by the presence of many successful academicians and practitioners. This task force is charged with developing a mechanism to connect potential advisors with people seeking advice on career growth and choices, training program development, medical student teaching, and assistance with grants and manuscripts.

Our intent is to have these task forces fully formed by July 15, and then to support the work of the task forces by facilitating conference calls as well as e-mail exchange among the members of each task force. On our web site, we will post a "Tracking Board" that will list these and other issues, the responsible party, and the current status of developing plans or implementing responses. We hope you will participate in this extremely important process and help us to have the ASPN realize its fullest potential. Please contact Robyn at [aspn@northwestern.edu](mailto:aspn@northwestern.edu) to advise her of your willingness to participate. The Task Force chairs will then organize the committees.

As mentioned above, this is the first "wave" of plans to address the increasing needs of our members and you will hear more from us!!

Sharon Andreoli, President

Bill Schnaper, Secretary-Treasurer  
for the Council

**Standard Operating Procedure for ASPN Task Forces**

1. Based on Strategic Plan and the needs of the organization, ASPN Council to determine need for task force, task force charge, deliverable and deadline.
2. Task force chair to be appointed by Council, should not be current or immediate past Councilor or officer.
3. One Councilor to be appointed as a non-voting liaison to the task force.
4. Solicitation will be sent out to the ASPN membership for volunteers to serve on task forces.
5. Task force chair to assess response to solicitation. Chair can use their judgment in setting final composition based upon number and expertise of respondents and may directly solicit additional members from the ASPN membership if necessary.
6. Task force to deliver requested product to Council by the set deadline. Council to present to ASPN membership for approval as appropriate.



Janis Dionne receiving Research Trainee Award from Susan Furth



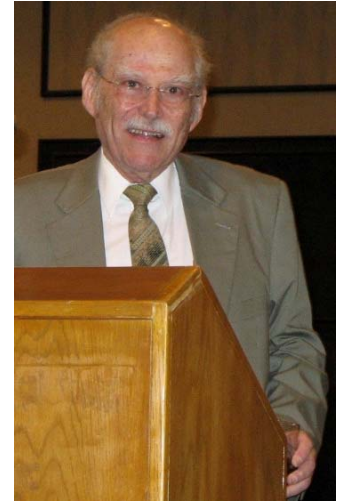
Mai Nguyen receiving Research Trainee Award from Susan Furth



Bill Schnaper with Founder's Award Recipient, Barbara Cole



Lisa Satlin, Founder's Award Recipient Adrian Spitzer, Sandra Watkins



Jose Strauss, Barnett Award Recipient



Outgoing Council members John Foreman, Uri Alon and Bruce Morgenstern along with Past-President, Sandra Watkins

**2006 ASPN  
Annual Meeting,  
San Francisco**



Member Reception, View Lounge, Marriott Hotel



Member Reception



Member Reception



## Committee Updates and Other News

### ASPEN Joins with RPA and ASN to Resist JCAHO CKD Certification

As many ASPEN members will recall, in May 2005, the National Kidney Foundation and the Joint Commission conducted a survey about a proposed CKD certification program to be run by JCAHO. At that time, the ASPEN took a cautious position, requesting that ASPEN members respond to the survey and at the same time, writing a letter to the NKF and JCAHO expressing our concern that pediatric issues be addressed appropriately should such a program come to fruition.

A lot has happened since then. At the ASN meeting last November, the proposed certification program was announced to a select group of invited individuals. This was later followed by a mass mailing from JCAHO to nephrologists announcing the start-up of this program (details can be found at <http://www.jointcommission.org/CertificationPrograms/ChronicKidneyDisease/>).

Many elements of this program could potentially infringe on the practice of nephrology in the private office setting. Lack of

certification by a CKD program could ultimately lead to loss of patient access to their physicians. Additionally, it introduces another layer of certification that is unnecessary given the specialty board certifications that both pediatric and adult nephrologists already possess. Moreover, JCAHO has mostly accredited hospital-based programs rather than practices. And finally, the costs of this certification (\$9,000+ per year) would be onerous, especially for smaller pediatric programs.

For these reasons, the ASPEN has joined the Renal Physicians Association (RPA) and the American Society of Nephrology in requesting that JCAHO suspend implementation of their CKD certification program as it is currently formulated, and that JCAHO work with the nephrology community to develop quality improvement processes that would not have the problems listed above. ASPEN Councilor Joseph Flynn joined representatives of the RPA and ASN at a meeting with JCAHO on May 2, 2006. At that

meeting, JCAHO agreed to suspend the pediatric elements of its certification program, and to meet with the nephrology community at a future date to address the other issues.

Earlier this month, the RPA introduced a resolution to the American Medical Association House of Delegates calling upon JCAHO to suspend its certification program. Upon learning of this resolution, JCAHO withdrew its agreement for another meeting with the nephrology community. Most recently, the resolution overwhelmingly passed in the AMA House of Delegates, a step that invokes the full (and considerable) weight of the AMA in responding to the JCAHO initiative. JCAHO is now reconsidering its position, and another meeting with the nephrology community is planned for later this summer. ASPEN will continue to stand with the RPA and ASN in opposing implementation of this unnecessary certification program. *(Joseph Flynn)*

### Clinical Affairs Committee

The Clinical Affairs Committee has been working on a variety of issues over the past few months. A major priority has been to provide feedback to several governmental agencies on proposed regulations and initiatives. For example, the National Institute of Child Health and Human Development sought ASPEN's input on its pediatric drug development program, which was mandated by the Best Pharmaceuticals for Children Act of 2002. A letter was drafted by members of the Clinical Affairs Committee

outlining areas in which we felt further research was needed to improve the care of children with kidney disease. Committee Co-chair Joseph Flynn was subsequently invited to attend a meeting in December at which the NICHD's programs will be discussed in more detail.

Another area of focus has been patient education. The National Kidney and Urologic Diseases Information Clearinghouse (<http://kidney.niddk.nih.gov/>), which has produced a number of educational pamphlets on pediatric kidney dis-

ease, submitted to ASPEN a draft pamphlet on Henoch-Schoenlein Purpura. This was extensively edited by members of the Clinical Affairs Committee and sent back to the Clearinghouse for final approval. If you haven't checked out the list of available pamphlets on the Clearinghouse website, you should do so – they're very helpful, and all of the pediatric-specific brochures have been reviewed by the ASPEN.

*(continued, next page)*

**Committee Updates and Other News—continued****Clinical Affairs (continued)**

Finally, it has become increasingly clear that many issues addressed by Clinical Affairs are related to governmental initiatives (particularly from CMS) and therefore have significant public policy implications. Given this, the Clinical Affairs and Public Policy Committees have been coordinating their efforts to ensure that both the clinical and public policy ramifications of these issues are addressed by ASPN. Towards this end, Clinical Affairs co-chairs Barbara Fivush and Joseph Flynn participate in Public Policy Committee conference calls and meetings, and a joint meeting of the two committees will take place at the ASN in November. (*Joseph Flynn*)

**Pediatric Fellows in Nephrology Association (pFeNa)**

The Pediatric Fellows in Nephrology Association (pFeNa) hosted a networking social event at the Thirsty Bear Brewing Company on Sunday, April 30th, 2006 as part of the Pediatric Academic Societies' meeting in San Francisco this spring. Beverages and tapas were the fare of the evening, and 26 fellows, as well as medical students and pediatric residents receiving Trainee Research Awards, were in attendance. Also on hand were Dr. Hiren Patel from Columbus Children's and Dr. Deepa Chand from Cleveland Clinic to provide a faculty perspective on a career in pediatric nephrology. This event served to allow fellows in our relatively small community to forge new ties, and to provide a venue by which individuals exploring a career in pediatric nephrology could gain insight into our field. pFeNa, as a functional part of the American Society of Pediatric Nephrology, will

continue to seek out opportunities both at national meetings and elsewhere, to serve these goals. The leadership mantle of pFeNa was also passed to Rene Vandevorde, a fellow at Cincinnati Children's Hospital. Stay posted for further updates regarding these events. (*Brad Dixon*)

**Workforce Committee**

The workforce committee is charged with assessing and addressing the workforce needs of pediatric nephrology. Most of us have noticed the "graying" of the membership. Thankfully, there has been a significant upswing in numbers of new trainees, hopefully at a sufficient pace to keep up with the attrition of practicing pediatric nephrologists. To get a better handle on whom we pediatric nephrologists are, who is still in active practice, and what the real manpower needs might be, we are going to start by surveying section heads. In addition we have appointed state liaison representatives to help us discover who is taking care of the patients, either center based or in private practice, and to see how we can better serve our membership. We are continuing to come up with strategies to attract pediatric residents and medical students to our subspecialty. Be on the lookout for the survey(s) and please join us at the biannual committee meetings at ASN and PAS or contact us via email. We want to be sure the future is in good (and plentiful) hands!!

Elaine Kamil

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Uri Alon [ualon@cmh.edu](mailto:ualon@cmh.edu)

Co-chairs, Workforce committee  
(*Elaine Kamil*)

**Training and Certification Committee**

During the ASPN meeting in San Francisco, the Training and Certification Committee discussed three major areas of interest. The first two centered on involvement of ASPN members in the upcoming initiatives for maintenance of certification by the American Board of Pediatrics, specifically as it relates to Part II (Lifelong Learning) and Part IV (Performance in Practice). Several members of the committee were present at the two meetings held with representatives of the ASPN, ABP, AAP, Pediatric Nephrology, and other interested parties to discuss these new requirements and the products necessary for their completion. Members of the ASPN are aligned and committed to ensuring that these recertification issues are made applicable and accessible to all members of our community, with extensive content input from our membership. The committee also discussed the re-energizing of a Pediatric Nephrology Fellowship Directors group for the purposes of sharing information, assistance with accreditation and site visits, interaction with ACGME, issues of recruitment and retention of fellows, career development for Program Directors, and the development of competency-based curricula that would serve as the standard for programs across the country. All of these issues will require significant involvement from ASPN members. Anyone with specific interests in these topics, should feel free to contact any of the committee chairs: Vicky Norwood, Bruce Morgenstern, or Kathy Jabs. (*Vicky Norwood*)

**WASHINGTON UPDATE***Domenic Ruscio and Jennifer Shevchek, ASPN Washington Representatives***ASPN Meets with Leaders at NIDDK**

On June 19, a delegation from ASPN that included Drs. Bill Schnaper, Lisa Satlin, Sue Furth, and Vicky Norwood, met with Drs. Josie Briggs, Director of the Kidney, Urologic & Hematologic Diseases Division; Marva Moxey-Mims, Director of the Pediatric Nephrology Program; and Laura Moen, Director of the Renal & Urology Training Program at the National Institute of Diabetes & Digestive & Kidney Diseases.

The meeting agenda set out to identify priorities for research related to the care of children with kidney disease; discuss support for training future physician-scientists in pediatric nephrology; and updating the NIDDK on multi-center observational studies and clinical trials related to pediatric nephrology.

Dr. Briggs highlighted the importance to study diseases early on. NIDDK currently allocates \$20 million for an obesity study to look at and compare randomized studies in school districts. Dr. Briggs also spoke about genes and mutations, and mentioned that the Juvenile Diabetes Research Foundation helped fund a study to compile 6,000 DNA samples located in the NIAID repository, which is available to any investigator.

Dr. Lisa Satlin discussed past and future developments of pediatric kidney disease research. Specifically, she highlighted the need for increased research in obesity and cardiovascular morbidity as it relates to pediatric kidney disease. She also raised the issue of a need to facilitate the transfer of information from pediatric to adult registries to follow long term outcomes.

Dr. Laura Moen, Director of the Renal & Urology Training Program at the NIDDK, informed the group that there were 135 training grants issued this year, funding about 40 percent of the applicants. Each grant is evaluated individually and not pay-line dependent. The extent to which slots have been utilized in the past is also another factor. Dr. Moen pointed out that the NIH is trying to place emphasis on recruiting under-represented minorities, and that there are additional monies for this.

With regard to loan repayments, applicants experience a 30 to 40 percent acceptance rate. Dr. Moxey-Mims reiterated that if student loans have been refinanced then the NIH cannot help out. Detailed information regarding the success of pediatric nephrologists in this program was requested.

Dr. Briggs shared her insights about the FSGS study. The cohort study is going well, and the data sets are important, but the study needs help with the recruitment of biostatisticians. Dr. Briggs also spoke briefly about the Acute Kidney Injury study, and that there are only single-

center reports on the demographics in pediatric programs. She noted that the NIH will be more inclined in the future to first obtain solid epidemiologic data on disease processes prior to initiating large programs. Young programs in pediatric nephrology, such as the CRRT registry, should therefore be primed to respond when new programs are announced.

ASPN looks forward to continuing a dialogue with the NIDDK, and will keep the membership abreast of its ongoing efforts to promote pediatric kidney disease research.

**House Committee Cuts NIH Funding; Highlights Pediatric Kidney Research**

On June 13, the House appropriations committee approved a \$141.9 billion fiscal year 2007 spending bill for the Departments of Labor, HHS and Education. Under the bill, the National Institutes of Health would be funded at a program level of \$28.3 billion, the same as the President's budget request and the FY2006 level, and about 3.7 percent less in research inflation-adjusted terms. To help support increases in centrally-funded NIH activities, most individual institutes are cut approximately 0.7 percent. This amounts to approximately \$423 million for kidney disease research supported by the NIH, or about \$1 million less than the current funding level. The measure marks the first time in nearly three decades that funding for NIH has declined from the previous year.

The same legislation also rejects a proposal by the Bush administration that would have reduced graduate medical education payments to children's hospitals. Instead the committee included \$300 million for GME, an increase of \$3 million over current funding.

At ASPN's encouragement, the committee called NIH's attention to pediatric research issues. The spending bill urges NIDDK to continue to support research focused on the identification and study of genes and gene mutations that cause and increase the risk of progressive kidney disease in children. The committee also recommends that emphasis be placed on research to determine how obesity, type 2 diabetes, and hypertension contribute to the evolution of chronic kidney disease, and what interventions may limit cardiovascular morbidity in patients with these diseases.

Action on the bill, which was originally scheduled to be taken up by the full House on June 21, may be delayed indefinitely. During consideration by the House appropriations committee, lawmakers voted to adopt an

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**WASHINGTON UPDATE (CONTINUED)**

**House Committee Cuts NIH Funding (continued)**  
amendment by Rep. Steny Hoyer (D-Maryland), increasing the minimum wage by \$2.10. House leaders would prefer to avoid a contentious debate over the issue, so they may decide to postpone the bill's consideration until after the elections.

In response to congressional criticisms that the 5-year doubling effort of NIH funding has not produced results, NIH Director, Dr. Elias Zerhouni, has released a series of fact sheets that describe how NIH research is benefiting the public. Of interest to ASPN is the fact sheet on "Chronic Kidney Disease and Kidney Failure," found at <http://www.nih.gov/about/researchresultsforthepublic/kidney.pdf>

### **Lawmakers Call for Early Action on Physician Payments**

In light of the truncated legislative session, ASPN continues to push hard on Congress for timely action on the Medicare physician payment issue. And a sign that the message is getting through to lawmakers came when key members of the House Ways and Means Committee vowed to stave off a drop in Medicare physician payments scheduled to take effect January 1, 2007.

Ways and Means Chairman Bill Thomas (R-CA) and others said they plan to pass legislation preventing a nearly five percent cut from going into effect in 2007, as scheduled under the statutory Medicare payment formula.

ASPN, the American Medical Association and others continue to urge Congress to permanently alter the sustainable growth rate formula used to set physician payment rates, arguing that without an increase in payments, physicians might have to restrict services for Medicare patients, limiting access to care for those patients.

Under the current formula, Medicare payments to physicians are slated to fall every year over the next *nine* years to a total of 37 percent, absent a permanent overhaul of the formula. The AMA is seeking a 2.8 percent increase in 2007, although a tight budget last year resulted in a freeze instead of an increase. Budget concerns again will likely shadow this year's debate over physician payments. The timing of any fee increase also is uncertain. In previous years, Congress has stepped in with a fix, but sometimes only after the cuts have taken effect. Representative Thomas and others say they hope to avoid that scenario this year.

ASPN members are strongly encouraged to keep pressure on their elected officials. With all the other issues clogging the legislative pipeline, it is important that this one be kept on the congressional radar screen.

### **CMS Proposes Changes to Physician Payments; Nephrology Faces Cuts**

On June 21, 2006, the Centers for Medicare and Medicaid Services (CMS) announced proposed changes to Medicare physician payments. The proposed notice addresses two components of physician payments under the Medicare Physician Fee Schedule (MPFS) — a comprehensive review of physician work relative value units (RVUs) and a proposed change in the methodology for calculating practice expenses. Medicare law requires CMS to assess the accuracy of the relative values it assigns to physician services every five years. CMS last changed the work RVUs assigned to the E/M services in 1997.

Under the proposal, the work component for physician work relative value units (RVUs) will increase by 37 percent for an intermediate office visit, the most commonly billed physician service. The work component for RVUs for an office visit requiring moderately complex decision-making and for a hospital visit also requiring moderately complex decision-making will increase by 29 percent and 31 percent, respectively. CMS said that both of those services rank in the top 10 most frequently billed physician services out of more than 7,000 types of services paid under the physician fee schedule.

However, according to the proposed rule, both work and practice expense RVUs for Nephrology will each decrease by 1 percent in FY2007. By 2010, the combined impact of PE and Work Changes will be a 5 minus percent decrease for Nephrology.

To view proposed rule, please visit <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=4&sortOrder=ascending&itemID=CMS1183724>, scroll down and click on [CMS-1512-PN \[PDF, 2.17MB\]](#) and then scroll down again and click "Accept." The impact table, which breaks down how other specialties are affected by the proposed rule, can be found on pages 263 and 264. The proposed ESRD G-code changes can be found on page 593.

The proposed notice appears in the June 29 Federal Register and comments will be accepted until Aug. 21. The final rule will be issued in early November and will apply to payments for services furnished to Medicare beneficiaries beginning in 2007. The ASPN is in the process of drafting a formal comment letter to the agency regarding this proposed rule. When completed, this letter will be shared with the entire membership to assist those interested in filing individual comments.



### **Board Walk**

This issue of BoardWalk is designed to educate the ASPN regarding the missions and roles of the American Board of Pediatrics as a whole. The ABP was formed in 1933, shortly after the formation of the American Academy of Pediatrics in 1931, in order to address growing concerns regarding the lack of legal or medical requirements related to the training or education of medical specialists, specifically pediatricians. The three national pediatric organizations at the time, the AAP, the American Pediatric Society (APS), and the AMA Section on Pediatrics, appointed members to the newly founded board but separated the new Board from control of the founding institutions in order to fulfill its role to define the “qualifications for individual specialt[ies]...by men practicing in the field”. The first examination in Pediatrics was given in June 1934. Accreditation of training programs was also initially within the purview of the ABP but was subsequently relinquished to ACGME such that the ABP now certifies individuals only, whereas

ACGME certifies programs.

The vision of the founding partners of the ABP has withstood the test of time. To date, the mission of the board continues to be the provision of assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies. The ABP strives for excellence in its rigorous evaluation process and in new initiatives that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics. Those with interest are referred to [www.abp.org](http://www.abp.org) for other information about the ABP and its current activities.

Next issue: What specific activities does the ABP manage that impact pediatric nephrologists? For individual questions or comments regarding this column, please contact Vicky Norwood at [vfn6t@virginia.edu](mailto:vfn6t@virginia.edu) or 434-924-2096. (*Vicky Norwood*)

**The ASPN wishes to acknowledge the generosity of the following corporate and session sponsors for the 2006 annual meeting. Their unrestricted educational grants have significantly benefited the Society and its efforts.**

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#### ***Session Sponsors***

International Pediatric Hypertension Association  
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Ross Products Div., Abbott Laboratories

**Other Announcements*****Norman Siegel Pediatric Renal Career Enhancement Fund***

The Norman Siegel Pediatric Renal Career Enhancement Fund has been jointly established by the American Society of Nephrology and the American Society of Pediatric Nephrology to honor our dear friend and colleague, Norm Siegel, who died suddenly on April 28, 2006. Income from the fund will be used to support the research of a highly promising young investigator in pediatric nephrology.

Dr. Siegel was one of the world's leading pediatric nephrologists. He served as President of the American Society of Nephrology in 2002 and of the American Society of Pediatric Nephrology in 1989, as well as in a variety of leadership roles in the International Society of Pediatric Nephrology, the National Kidney Foundation, and the American Pediatric Society among others.

Contributions to this fund are tax-deductible and can be sent to the Norman Siegel Pediatric Renal Career Enhancement Fund c/o Janney Montgomery Scott at 555 Long Wharf Drive 5<sup>th</sup> Floor, New Haven, CT 06511.

A tribute to Norm written by Aaron Friedman can be found on the ASPN web site. Please go to [www.aspneph.com](http://www.aspneph.com) and click on the button entitled, "A Tribute to Norman Siegel."

***NIH Protocol on Autosomal Recessive Polycystic Kidney Disease / Congenital Hepatic Fibrosis (ARPKD/CHF)***

The National Human Genome Research Institute (NHGRI) at the National Institutes of Health (NIH) has an ongoing intramural research protocol to investigate ARPKD/CHF ([www.clinicaltrials.gov](http://www.clinicaltrials.gov), trial NCT00068224). The objective is to produce comprehensive longitudinal data on the kidney and liver disease in ARPKD/CHF to provide the groundwork for more focused studies and novel therapeutic interventions. The protocol enrolls children and adults with a clinical diagnosis of ARPKD/CHF, which requires: 1.) Characteristic kidney involvement based upon clinical or biopsy findings; and 2.) Either liver involvement or a normal parental renal ultrasound and family history compatible with autosomal recessive inheritance. Infants under 6 months of age and medically fragile patients are excluded. Patients

who have received a kidney or liver transplant and have stable graft function without severe complications are eligible.

This study requires patients to be admitted to the NIH Clinical Center for 4-5 days, with follow up visits every 1-2 years. No change in the patient's therapy is made during the protocol admissions, and routine medical care continues to be provided by the referring nephrologist / gastroenterologist. Laboratory tests include 24-hour urine collections for determination of renal tubular and glomerular function. Blood tests include measurement of renin, aldosterone, erythropoietin, cystatin C, norepinephrine, PTH, Vitamin D, IGF1 and IGF-BP3. Imaging studies include high-resolution ultrasound, Doppler measurements of blood flow, MRI of the kidneys and the liver, MR cholangiography and Echocardiogram. Twenty-

four hour ambulatory blood pressure monitoring is performed on hypertensive patients. The families and referring physicians are provided with copies of the test results at the end of each visit. Any medical findings that requires a change in the patient's treatment regimen is discussed with the referring physician. To date, approximately 40 patients have been evaluated, and we would like to expand this experience. There are no medical expenses for the patients, and travel can be provided.

We welcome any recommendations regarding specific investigations of this patient population, and invite your referral of patients to participate in this comprehensive clinical research study. For more information or for patient referrals please contact Dr. Meral Gunay at 301 594 4181 or [mgaygun@mail.nih.gov](mailto:mgaygun@mail.nih.gov).

**Meeting Announcements*****40th Meeting of the European Society of Paediatric Nephrology  
October 7-10, 2006; Palermo, Italy***

The Scientific Committee is working hard to provide a stimulating scientific programme and will be exploring new ways to satisfy the demand for Continuous Medical Education in paediatric nephrology.

The local Organizing Committee will offer you warm hospitality with the traditional welcome of our Sicilian people. Palermo is one of the oldest cities in Europe with beautiful pieces of art. Sicily is the largest island in the Mediterranean Sea and has been the meeting place for many Mediterranean civilizations.

It is hoped that the combined effort of ESPN with AfSPN and IPNA will start a programme of scientific collaboration amongst countries in the Mediterranean area.

Please visit <http://www.espn2006.org> for more information regarding abstract submissions, registration and housing.

***American Society for Matrix Biology Biennial National Meeting 2006***

November 1-4, 2006; Nashville, Tennessee

The ASMB Biennial National Meeting 2006 is hosted by the American Society for Matrix Biology and the Center for Matrix Biology of Vanderbilt University. The purpose of the meeting is to:

- \* introduce new technologies for advancing the field of matrix biology
- \* utilize a format that maximizes the exposure of new ideas and young scientists
- \* focus on new extra cellular matrix research directions

This conference represents a unique opportunity for scientists and medical professionals involved in the research disciplines and the applications of these disciplines related to matrix biology to meet, discuss, learn and network. With its non-profit focus on investigation and education and its excellent program, attendance is expected to exceed 700 participants including both ASMB members and non-members.

For more information or to register, please visit: <http://www.asmb.net/nationalmeeting/>

Early registration deadline and abstract submission deadline: August 1, 2006.

***2006 American Society of Nephrology's Renal Week Meeting***

**November 14-19, 2006**

**San Diego Convention Center**

**San Diego, CA**

For more information please visit the website at [http://www.asn-online.org/education\\_and\\_meetings/Renal%20Week/renal\\_week.aspx](http://www.asn-online.org/education_and_meetings/Renal%20Week/renal_week.aspx)



**National Kidney Foundation**

***National Kidney Foundation  
2007 Spring Clinical Meetings (CM.07)***

**Save the Date!**

**April 10-14, 2007**

Walt Disney World Swan and Dolphin Hotel  
Orlando, FL

**For more information please visit the following website-- [www.nkfclinicalmeetings.org](http://www.nkfclinicalmeetings.org)**

**Meeting Announcements—continued**

**2007 PAS Annual Meeting  
Toronto, Ontario, Canada  
May 5-8, 2007**

The 2007 ASPN/PAS Annual Meeting will be held May 5-8, 2007 in Toronto. More information can be found at: <http://www.pas-meeting.org/>



**Fourth International Conference on Children's Bone Health  
June 21-24, 2007  
Montreal, Canada**

We are pleased to announce that ICCBH #4 will be held June 21-24, 2007, in beautiful Montreal, Canada, immediately preceding IBMS 2007.

ICCBH is the only international conference devoted exclusively to the field of pediatric bone health and disease. Come explore new innovations, the latest technologies and participate in an enhanced dialogue with your colleagues from around the world!

Please visit our website at [www.iccbh4.org](http://www.iccbh4.org). Be sure to bookmark it & check back regularly as we update with conference details, travel information and online registration. In the meantime, please feel free to send us an email at [info@iccbh4.org](mailto:info@iccbh4.org) with any questions or comments you may have.

We look forward to seeing you in Montreal in June 2007!

Craig B. Langman, MD, Conference Director

**MARKETPLACE**

*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>*

**KIDney NOTES**

**BI-MONTHLY MEMBERSHIP NEWSLETTER OF THE  
AMERICAN SOCIETY OF PEDIATRIC NEPHROLOGY**

Sharon P. Andreoli, M.D., President  
Lisa M. Satlin, M.D., President-elect  
H. William Schnaper, M.D., Secretary-Treasurer  
Sandra L. Watkins, M.D., Past President

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Sharon A. Perlman, M.D.  
William E. Smoyer, M.D.

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Please contact committee chair(s) with suggestions or concerns:

**Clinical Affairs:** Barbara Fivush, Joseph Flynn, Steven Wassner

**Program Committee:** Robert Mak, Lisa Satlin

**Public Policy:** Eileen Brewer, John Foreman, Rick Kaskel  
(Washington Representatives: Domenic Ruscio and Jennifer Shevchek)

**Research:** Susan Furth, Lisa Satlin

**Training/Certification:** Kathy Jabs, Bruce Morgenstern, Vicky Norwood

**Workforce:** Uri Alon, Elaine Kamil