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Below are a few more pictures from the 2003 ASPN Annual Meeting Membership Reception in Seattle. Turn to page 3 & 4 for more information on the 2004 ASPN Annual Meeting that will be held in San Francisco, California.



Pictured left to right Drs. Sandra Watkins, Patricia Castaneda, Corina Nailescu, and Joseph Flynn



Drs. Melvin Bonilla-Felix and Raoul Nelson



Dr. Aaron Friedman talking with a resident who attended the Seattle meeting and membership reception.



Pictured left to right: Drs. Kathy Jabs, Sue Rigdon, Minnie Sarwal, and Mark Benfield.

President's Corner

ASPEN Members:

Fresh on the heels of our most successful annual meeting to date (Seattle 2003), Council has planned a special program for our 2004 Annual Meeting. ASPEN 2004 will be held in San Francisco, California, May 1-3 as an affiliated program of the PAS Meeting, and has been designed from the direct feed-back of membership following the Seattle meeting. In addition to 4 major Symposia (Hypertension, Progression and Treatment of Chronic Kidney Disease, UTI/VUR, Obesity and Chronic Kidney Disease), we will be co-jointly sponsoring 2 inter-Society Symposia (Complications following Solid Organ Transplantation, Update on Hypertension), and holding 3 Workshops (FSGS, Dialysis, and Transitioning Pediatric Patients to Adult Care – the later in collaboration with the RPA). Combined with our poster and platform sessions, awards ceremonies, and special program, we are anticipating our largest meeting ever. We again will support residents and fellows to attend our annual meeting which will set the stage for IPNA 2004, August 29-September 2nd in Adelaide, Australia. It will be an exciting summer/early fall for pediatric nephrology education and training!

Along with the activities of our revitalized committees, the ASPEN remains proactive in meeting the goals of our organization and needs of our professional community. Please also note we will be having a breakfast meeting at the ASN Renal Week in San Diego on Sunday, November 16th, 7-7:45 am at the Manchester Grand Hyatt. Have a wonderful fall and productive 2003-2004 academic year.

— *Ellis D. Avner, M.D., President*

**** ASPEN MEMBERS - PLEASE NOTE ****

PLEASE MARK YOUR CALENDARS

ASPEN MEMBERSHIP BREAKFAST

SUNDAY, NOVEMBER 16, 2003

7:00 a.m., Manchester Grand Hyatt, Regency Room

ASPEN MEMBERS — LOAN REPAYMENT ANNOUNCEMENT

EXTRAMURAL LOAN REPAYMENT PROGRAM FOR CLINICAL RESEARCHERS (NOT-OD-03-057)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-057.html>

EXTRAMURAL LOAN REPAYMENT PROGRAM FOR PEDIATRIC RESEARCHERS (NOT-OD-03-058)

National Institutes of Health

INDEX: HEALTH

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-058.html>

SAVE THE DATE!!!
2004 ASPN ANNUAL MEETING ~ May 1-3, 2004
SAN FRANCISCO, CALIFORNIA

ASPN 2004 Headquarters Hotel:

The Hilton—San Francisco will be the Headquarters Hotel and is located in close proximity to the Moscone West Convention Center.

For further information, see the PAS web site at: www.pas-meeting.org

ASPN 2004 Annual Meeting Program will include:

● **2 ASPN Combined Symposia**

Topics: Update on Hypertension in Children
Complications Following Solid Organ Transplantation

● **4 ASPN Symposia**

Topics: Epidemiology and Pathophysiology of Chronic Kidney Disease
Update on the Etiology and Management of Urinary Tract Infection and Vesicoureteral Reflux
Obesity, Diabetes Mellitus and Chronic Kidney Disease
Implications of the Food and Drug Modernization Act (FDAMA) for the Field of Pediatric Hypertension

● **3 ASPN Workshops**

Topics: Dialysis Workshop — Update for 2004
Transitioning Pediatric Patients To Adult Care
FSGS/Clinical Workshop

ASPN 2004 Membership Activities:

Membership Reception/Social Event: Saturday, May 1st, 8:00-10:00 p.m., Carnelian Room

Trainee Reception/Awards: Saturday, May 1st, 8:00-10:00 p.m., Carnelian Room

Membership Breakfast: Monday, May 3rd, 7:00-8:00 a.m., Hilton Hotel

Founders Award: Monday, May 3rd, 8:00-9:30 a.m., Hilton Hotel

ASPN Committee and Washington Representative Reports: Monday, May 3rd, 8:00-9:30 a.m., Hilton Hotel.

ASPEN 2004 Membership Reception: Carnelian Room

Join us for spectacular views of the San Francisco Bay area including the Golden Gate Bridge and Alcatraz. The reception will be held on Saturday, May 1st, 8:00 p.m. Additional details and shuttle information will follow in upcoming newsletters.

2004 ASPEN RESEARCH TRAINEE AWARD NOMINATIONS

We would like to take this opportunity to encourage you to nominate your fellows for the ASPEN Research Trainee Award. This award is given to trainees who have submitted a basic or clinical research abstract to a national/international meeting. The ASPEN Research Committee determines the awardee(s), and the award will be presented at the 2004 ASPEN Annual Meeting to be held in San Francisco, California, May 1-4, 2004.

The Research Trainee Award includes a cash award and the meeting registration fee. Abstracts submitted to any national/international scientific meeting held between May 2003 and May 2004 are eligible for consideration.

Submission Deadline: February 2, 2004. Send a copy of the abstract(s) to the ASPEN office at: *ASPEN Office, Research Trainee Award, James Whitcomb Riley Hospital for Children, Wells Research Center 2600A, 702 Barnhill Dr., Indianapolis, IN 46202, Fax: 317-278-3599 or email: sandreol@iupui.edu.* We emphasize that as many abstracts as have been produced this year can be submitted. **Further details will be provided in upcoming newsletters and through membership broadcast e-mail messages.** It is expected that the awardee(s) will be present in San Francisco to accept the award at the ASPEN Membership Reception/Social Event, Saturday, May 1st at 8:00 p.m.

RESIDENTS PROGRAM FOR 2004 ANNUAL MEETING

The ASPEN will sponsor residents to attend the upcoming 2004 ASPEN/PAS meeting from May 1-4, 2004 in San Francisco, California.

There will be travel awards to attend the meeting and the awards will be given on a competitive basis. In addition, the ASPEN will pay the meeting trainee registration fee. Applicants must be 4th year medical students who have been accepted into a pediatric or med-peds ACGME accredited program at the time of the meeting, 1st or 2nd year pediatric residents (PL1-PL2), or a 1st, 2nd, or 3rd year med-peds resident (PGY1-PGY3) in an ACGME accredited pediatric residency program.

Applications must include the following:

- Recommendation by a member of the ASPEN who agrees to accompany the resident to the meeting
- Recommendation by the chair of the department of pediatrics at the applicant's institution
- Applicant's curriculum vitae along with a 1-page statement from the applicant describing his/her interest and possible career plans in pediatric nephrology.

Applicants must commit to attend the 3-day meeting if selected. **Applications must be submitted by February 2, 2004** to: *Kristie Matteson, ASPEN Office, ATTN: Resident Program 2003, James Whitcomb Riley Hospital for Children, Wells Research Center 2600A, 702 Barnhill Dr., Indianapolis, IN 46202.* If you have any questions, please feel free to contact the ASPEN Office.

Further details will be provided in upcoming newsletters and through membership broadcast e-mail messages.

WASHINGTON UPDATE

Congress to Focus on NIH Research Funds

As Congress prepares to wind up its work on appropriations, ASPN is calling on its members to pressure lawmakers to provide more adequate funding for the National Institutes of Health. Earlier this year, House lawmakers passed H.R. 2660, the Labor-HHS-Education appropriations bill. That measure provided for only a **2.5%** increase in NIH over current funding levels, far below what is needed to maintain continuation costs and support an adequate number of new research awards. In early September the Senate will debate its version of the appropriations bill, S. 1356. When that vote occurs, ASPN has learned that Senators Arlen Specter (R-PA), Tom Harkin (D-IA) and Diane Feinstein (D-CA) plan to offer an amendment to raise NIH funding to \$29.4 billion, an increase of **9.2%** over the current funding level. If the Specter-Harkin-Feinstein amendment is adopted by the Senate, the measure will then be the subject of a conference with the House, where lawmakers will have to reach a compromise.

But passage of the amendment is far from assured. Senate lawmakers are under enormous pressure to hold down medical research spending in order to pay for other domestic and international programs. As a result, Senate rules require 60 votes to pass this amendment, rather than a simple majority of 51 votes.

ASPN members have been urged to contact each of their state's two senators to urge them to vote for the Specter-Harkin-Feinstein amendment.

Congress Returns to Washington

Still looming as a top priority for Congress is consensus between the House and Senate versions of the Medicare prescription drug bill. Some lawmakers have been hearing complaints from constituents who do not believe that the benefit is generous enough, and the prevailing view among Congressional aides is that the longer negotiations drag on, the less likely it is that a bill will be produced.

Though the talks continued between Democratic and Republican staff members during the summer break, little progress was made. Last week, aides to Senator Charles E. Grassley, Republican of Iowa, boycotted the negotiations. Mr. Grassley, the lead Republican negotiator for the Senate, said he was distressed that House Republicans were refusing to negotiate provisions that would increase Medicare payments to doctors and hospitals in rural areas, including parts of Iowa.

There are significant differences between the two versions of the legislation. The Senate bill, for instance, has a provision that would allow the government, through Medicare, to provide drug benefits directly to patients if private insurers do not step up to the task. The House bill does not. In addition, members of the House have voted to permit Americans to import less-expensive medicines from Canada and Europe, while the Senate bill puts up obstacles to importing.

Senate majority leader Bill Frist (R-TN) has said he wants a bill completed by the end of September, before the 2004 presidential campaign gets into full swing. The prescription legislation is also a high priority for minority leader Tom Daschle (D-SD). Ultimately, lawmakers from each party agree it will take pressure from the President to produce a homogenized Medicare Prescription Drug bill for final floor consideration.

Payments for Renal Dialysis Services

Both Medicare prescription drug bills would also provide for a payment increase for dialysis services, the only Medicare payments that do not receive an automatic cost-of-living increase. Under the House bill, the "composite rate" (per-session dialysis treatment payment) would rise 1.6 percent in 2004. According to the Congressional Budget Office, this percentage increase would cost \$1.2 billion over 10 years. Under the Senate bill, the composite rate would rise 1.6 percent in 2005 and 2006, at a cost of approximately \$1.3 billion. In addition, the Senate bill would move some spending for drugs administered in dialysis facilities (e.g., vitamin D analogues) into the composite rate.

Lastly, the Senate bill would extend the period under which a Medicare ESRD beneficiary's private health insurance would cover the beneficiary from 30 to 36 months, where Medicare would be secondary payer during that time. If enacted, this provision would cost \$500 million over 10 years.

— ***Domenic Ruscio, Cavarocchi, Ruscio, Dennis Associates/ASPN Washington Representative***

FSGS Progress Report

In the 10 months since inception, the Focal Segmental Glomerular Sclerosis – Clinical Trial (FSGS-CT) has made rather remarkable progress.

- Over 200 participating sites have agreed to participate and have been aligned with one of the Core Coordinating Centers.
- A Preliminary Protocol (including references, over 60 pages) has been submitted and reviewed by the External Advisory Board (EAC).
- Recommendations of the EAC are being addressed by the FSGS–CT Steering Committee.
- Input from the participating sites was used to determine inclusion/exclusion criteria and treatment strategies.
- FSGS–CT will be a multicenter, prospective open label, randomized study comparing the effects of Cyclosporin A to Mycophenolate Mofetil with pulses of Dexamethasone on a background of alternate day low dose steroids and inhibition of renin-angiotensin system.
- Primary Outcomes – Remission of proteinuria after 52 weeks of therapy and status of proteinuria 26 weeks after withdrawal of therapy.
- Secondary Outcomes – Quality of life, adverse events and extrarenal, and presentation of renal function.
- RFA’s for a central biochemistry laboratory and for a central pharmacy have been sent and responses are being evaluated.
- To accomplish the tasks remaining to complete the process expeditiously, the Steering Committee has developed 7 committees: Finance, Training, Medication Distribution, Forms, Recruitment and Retention and Manual of Operations in addition to the Ancillary Studies Committee and Pathology Committee which have provided invaluable help with the study protocol. Members of CCC and participating sites have been included in these committees.
- A draft consent form is being developed.
- After approval by the EAC, a complete protocol will be sent to the P.I. at each participating site.

We need the enthusiastic support of the entire renal community and robust patient recruitment by all of the participating sites and others who have not yet volunteered to participate for this clinical trial to be a success. Please contact the P.I. at the CCC with which your site is aligned, if you have any questions.

— *Submitted by Dr. Sandra Watkins, President-Elect, ASPN*

ANNOUNCEMENTS

Compilation of Pediatric Nephrology Databases and Multi-center Studies

The ASPN Council would like to compile a list of current active databases and multi-center studies of pediatric kidney diseases. The goal is to publish and periodically update this list in order to make the ASPN membership aware of these efforts, to stimulate enrollment of patients into them, and to enhance interaction between the ASPN membership and coordinators of the databases and multi-center studies.

ASPN members interested in “advertising” their database/multi-center studies through ASPN publications and the website are asked to submit information within the next two months to the ASPN Secretary/Treasurer, c/o Kristie Matteson, kmatteso@iupui.edu. Please include the disease being studied, whether the project represents a database or a multi-center study, its web address, and the coordinator’s telephone and fax numbers and e-mail address. We hope to publish the first list in 4-6 months.

— *Submitted by the ASPN Research Committee*

MEETING ANNOUNCEMENT

The 9th International Workshop on Developmental Nephrology: Genomics and the Kidney – New Insights into Developmental Pathways and Disease will be held in the Barossa Valley, South Australia, August 25-27, 2004 as a satellite meeting of the 13th Congress of the International Pediatric Nephrology Association (Adelaide; 8/29-9/2, 2004).

The Workshop is designed to serve as a forum for the exchange of ideas regarding the theoretical and practical aspects of the biology and genetics of renal development. The program will include keynote speakers, platform presentations, and theme-oriented poster sessions focused on topics including the control of nephronogenesis, patterning in the lower urinary tract, establishment of 3-D architecture in the kidney, molecular regulation of epithelial differentiation and function, genetic determinants of defects in renal architecture and tubular transport, and determinants of the renal response to injury.

For additional information and registration materials, please contact Dr. Lisa M. Satlin at: lisa.satlin@mssm.edu. Additional information and registration forms available on the IPNA web site at: www.ipna2004.com.

NEW POSITIONS AVAILABLE

► **Oregon Health and Science University,
Portland OR**
Position: Assistant Professor

The Division of Pediatric Nephrology at Oregon Health and Science University is recruiting a fourth pediatric nephrologist at the Assistant Professor level. We are seeking a board-certified or board-eligible pediatric nephrologist with a strong interest in developing academic programs either in basic science or patient-oriented research. The Division is currently involved in basic research in developmental biology of the urinary tract, molecular physiology of tubular sodium handling, and pathophysiology of uremia. In addition, there are clinical/translational investigations in reflux nephropathy, nephrotic syndrome, chronic kidney disease and renal transplantation.

Currently, all three faculty members have extramural grant funding either from the NIH or National Foundations. OHSU is an NIH-funded Child Health Research Center, which supports research for up to three years for junior faculty in pediatrics. The department is a NIDDK-funded Biotechnology Center for Genomics and Proteomics and the university has an active GCRC and Human Investigation Training Program to pursue a MPH. Doernbecher Children's Hospital at OHSU is a state-of-the-art facility with active clinical programs in dialysis and transplantation serving high volume pediatric and neonatal intensive care units.

Interested candidates should submit a copy of their CV and a letter outlining their career interests to Robert Mak MD PhD, Professor and Chief, Division of Pediatric Nephrology, Oregon Health and Science University, 3181 SW Sam Jackson Park Road, NRC5, Portland, OR 97239. Phone (503) 494-7327; fax (503) 494-0428. E mail makr@ohsu.edu.

► **Cook Children's Medical Center
Fort Worth, TX**
Position: Pediatric Nephrologist

The Nephrology Service of Cook Children's Medical Center in Fort Worth, Texas, is seeking a full-time BC/BE pediatric nephrologist. The service offers hemodialysis, plasmapheresis and renal transplants (certified transplant center). CCMC is expanding its 213 beds by an additional 80 this winter. The position is supported by Cook Children's Physician Network, a not-for-profit pediatric group practice. Compensation is highly competitive. Call is one in three. Fax CVs to Jill Hockenbury at 817-810-2106 or call 817-810-1341.

► **Vanderbilt University, Nashville, TN**
Position: Assistant/Associate Professor

The Division of Pediatric Nephrology at Vanderbilt University Medical Center, Nashville, TN is recruiting a pediatric nephrologist at the Assistant/Associate Professor level to join a group of 7 pediatric nephrologists. The Division is currently funded in both clinical and basic science investigations. The successful candidate will most likely be a basic investigator, however, clinical investigators will be considered. Research will be the main focus of this position, however, the candidate will be expected to assume some clinical and teaching responsibilities.



Continued on next page ►►

NEW POSITIONS AVAILABLE Cont'd**► Vanderbilt University, Nashville, TN****Position: Assistant/Associate Professor**

The position will provide at least 75% protected research time commensurate with extramural funding and productivity. Outstanding opportunities for collaboration and mentoring are available within the Division, Department, and the Institution.

Interested candidates should contact Kathy Jabs, M.D., Director Pediatric Nephrology at 615 322-7416 or by email at kathy.jabs@vanderbilt.edu. Vanderbilt University is an equal opportunity and affirmative action employer.

► Stanford University, Stanford, CA**Position: Assistant/Associate Professor**

The Division of Pediatric Nephrology is seeking candidates for appointment as a full-time faculty member at the Assistant or Associate Professor level in the Medical Center Line of the Professoriate. The predominant criteria for appointment in the Medical Center Line are major commitments to clinical teaching and clinical care with appropriate scholarly contributions in the field.

We are particularly interested in candidates who have prior training and experience in pediatric dialysis, pheresis and continuous hemofiltration. The individual selected for this position will be appointed Medical Director of Dialysis and Co-Director of Pheresis Services at Lucile Packard Children's Hospital (LPCH) at Stanford and will be responsible for further development and overall leadership of the dialysis program, including a state-of-the-art, on-site pediatric dialysis facility set to open in January, 2005. The successful candidate will also direct continuous hemofiltration services provided by the dialysis program in the pediatric, cardiovascular and neonatal intensive care units, and will be heavily involved in the highly successful LPCH at Stanford pediatric kidney transplant program.

Candidates should be board eligible or certified by the Sub-Board of Pediatric Nephrology of the American Board of Pediatrics and have evidence of prior accomplishment in clinical investigation. Desirable qualities include a demonstrated interest in pediatric end-stage renal disease research, prior administrative experience, and familiarity with quality improvement methodologies.

During the first three years the candidate will share clinical attending responsibilities with the four other members of the Division totaling approximately 50% of his or her time. The remainder of his/her time will be devoted to the development and direction of the dialysis program, the development of a program of clinical research, preferably involving pediatric dialysis, and to teaching and mentorship of students, housestaff and pediatric nephrology trainees. Teaching is a priority for this position.

Stanford University is an equal opportunity, affirmative action employer. Stanford is committed to increasing representation of women and members of minority groups on its faculty and particularly encourages applications from such candidates.

Interested candidates should send curriculum vitae and a brief letter outlining their interests to: Steven R. Alexander, MD; Professor and Chief, Pediatric Nephrology; Department of Pediatrics, Room G 306; Stanford University Medical Center; 300 Pasteur Drive; Stanford, CA; 94305-5208. Submission by electronic mail to: sralex@stanford.edu is encouraged.

YOUR E-MAIL WANTED!!

As a way of communicating with the Membership and to save on ASPN Office expenses, the ASPN Office is sending broadcast e-mail messages. **WE NEED YOUR E-MAIL ADDRESS!!!**

If you are not receiving broadcast email messages from the ASPN office, please contact Kristie at: kmatteso@iupui.edu with your correct email address so that it can either be added or edited in the ASPN database.

Send any comments or articles for the next issue of KIDney Notes to:

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