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Councilor and Chair, Education Committee
American Society of Nephrology

ASN leads the fight against kidney disease by educating health professionals, sharing new knowledge, advancing research, and advocating the highest quality care.

To accomplish its mission, ASN will:

1. Educate health professionals by increasing the value of ASN education
2. Share new knowledge by improving the quality and expanding the reach of ASN's communications
3. Promote the highest quality care by serving as the professional organization informing health policy in kidney disease.
4. Advance patient care and research in kidney disease by strengthening the pipeline of clinicians, researchers, and educators
5. Continue to bolster the ASN infrastructure



ASN Education

Educate health professionals by increasing the value of ASN education. In addition to ensuring that ASN Renal Week remains the premier kidney meeting, ASN will:

- **Provide education (with appropriate credit) for physicians and scientists as well as for doctors of pharmacy, pharmacists, advanced practice nurses, and physician assistants.**
- **Disseminate education in as many formats as possible.**
- **Develop a mechanism for helping ASN members personalize the society's education to meet their professional needs.**

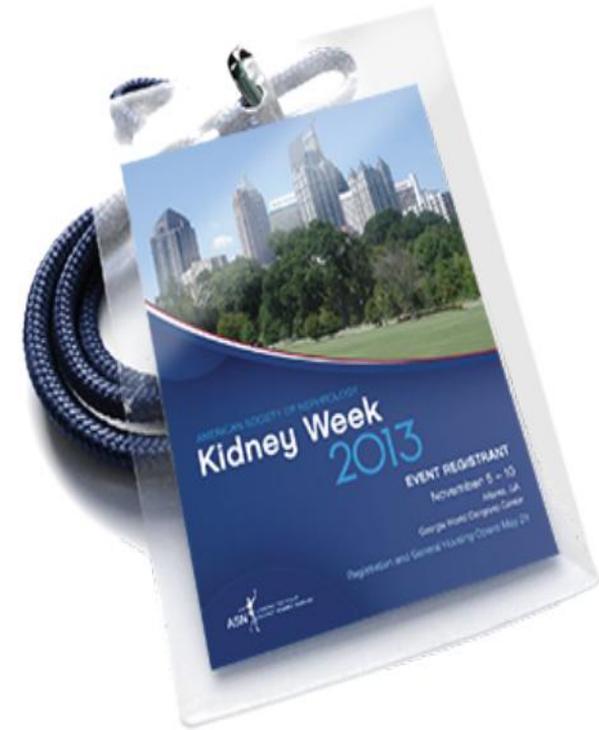


KIDNEYWEEK²⁰¹³

Atlanta, GA | Nov 5 - 10

Join ASN and more than 13,000 other kidney professionals from across the globe at Kidney Week 2013 in Atlanta, Georgia. The world's premier nephrology meeting, Kidney Week provides participants exciting and challenging opportunities to exchange knowledge, learn the latest scientific and medical advances, and listen to engaging and provocative discussions with leading experts in the field.

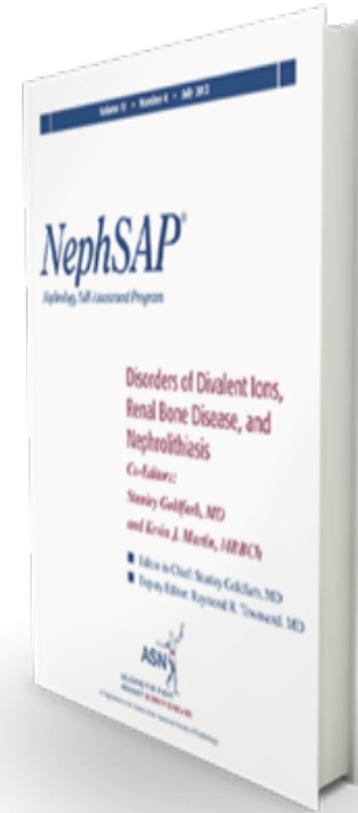
Changing the Focus: Innovation and Individualization is the theme of Kidney Week 2013 and focus of Dr. Bruce Molitoris' Presidential Address in the Opening Plenary.



Nephrology Self-Assessment Program (NephSAP)

About NephSAP

The mission of the Nephrology Self-Assessment Program (NephSAP) is to regularly and continually provide a vehicle that is useful for clinical nephrologists who seek to renew and refresh their clinical knowledge and diagnostic and therapeutic skills. This journal consists of a series of challenging, clinically oriented questions based on case vignettes and a detailed syllabus that reviews recent publications. Taken together, these two parts should assist the individual clinicians in the self-assessment of their strengths and weaknesses in the broad domain of nephrology. NephSAP is free for all ASN members and available for purchase as an online subscription for non-members.



Board Review Course & Update

August 10–16, 2013 | Chicago, Illinois

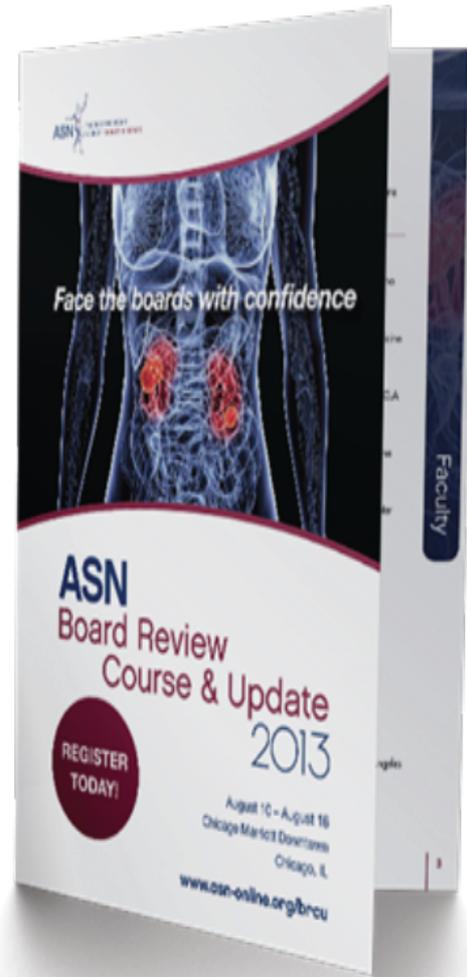
This program focuses on key information needed to prepare for the ABIM Nephrology Board Certification and Maintenance of Certification (MOC) Examinations. ASN structures and schedules the Board Review Course & Update (BRCU) to maximize participants' readiness for these examinations. This course also provides a comprehensive and indispensable update for the practicing nephrologist.

Patterned after the ABIM nephrology examination blueprint.

The primary preparatory course for the ABIM's initial certification and maintenance of certification examinations in nephrology.

The premier comprehensive update for the practicing nephrologist.

Each BRCU topic section and its applicable time allocation are patterned after the ABIM nephrology examination blueprint. Lectures, interactive case discussions, and panel Q&A sessions reinforce key knowledge in nephrology. Relevant physiology and pathophysiology blend with clinical discussions to keep participants engaged and provide essential updates and preparation.



ASN Highlights 2013

Core Nephrology Topics from Kidney Week 2012

Get a closer look at the best of Kidney Week. ASN Highlights provides a chance to earn CME credits and view key presentations from Kidney Week 2012. If you missed Kidney Week, attend ASN Highlights in a city near you.

Meeting Dates

Domestic

Philadelphia, PA | February 23-24

Chicago, IL | March 2-3

International

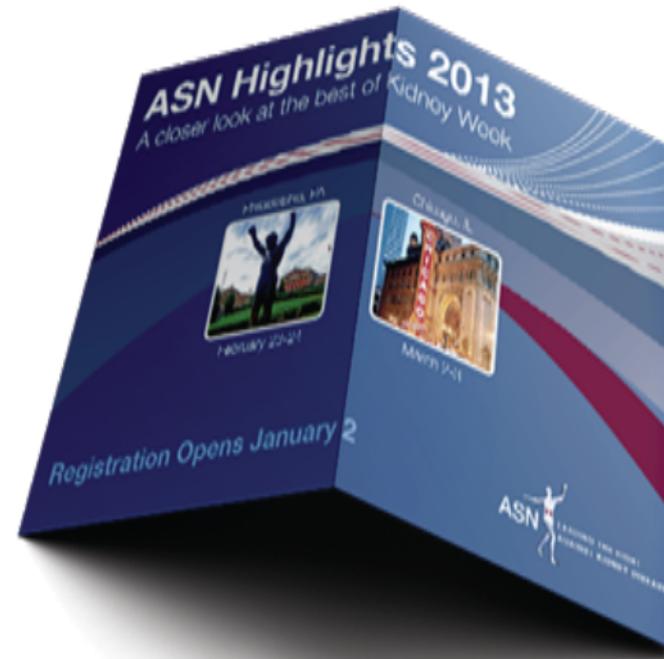
Berlin, GER | January 26-27

Rosario, ARG | April 20

Istanbul, TUR | May 19

Belo Horizonte, BRA | May 29-31

Hong Kong KHG | May 31-June 1



Distance Learning Opportunities

Distance learning provides educational opportunities through the use of technology for students, including physicians, to learn while not physically "on-site". This type of asynchronous learning is perfect for those who wish to take part in ASN's educational programs, but cannot attend the actual meetings.

Current Distance Learning Opportunities

Kidney Week On-Demand™ (</education/distancelearning/courses/kw.aspx>)

Educational Symposia 2012 (</education/distancelearning/courses/kw.aspx>)

Board Review Course & Update Online 2012 (</education/distancelearning/courses/brcu.aspx>)

ASN Highlights Online (</education/distancelearning/courses/highlights.aspx>)

Dialysis Practice Improvement Module (PIM) (</education/distancelearning/pim/>)

Online Curricula (</education/distancelearning/curricula/>)

AST/ASN Transplant Nephrology Core Curriculum (<http://www.a-s-t.org/tncc>)



ASN Communications

Share new knowledge by improving the quality and expanding the reach of ASN's communications. Besides maintaining the premier publications in kidney disease, ASN will:

- Develop a mechanism for helping ASN members personalize the society's communications to meet their professional needs.**
- Integrate educational material for the public.**
- Raise public awareness of kidney disease.**

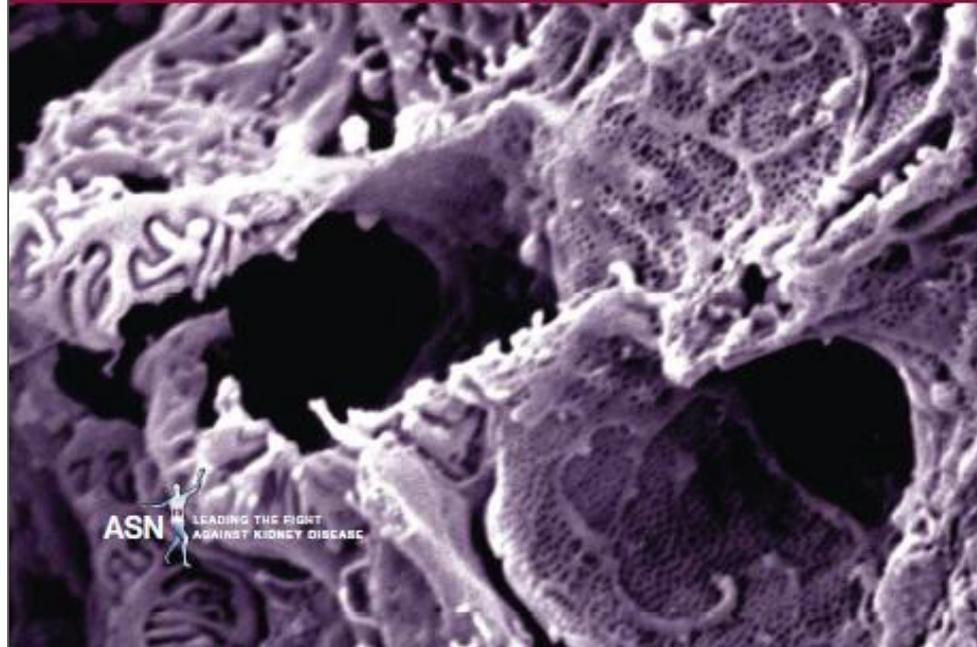


JASN

JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY

Prorenin and angiotensin-dependent renal vasoconstriction
intertrial differences in dialysis mortality
ACE inhibitor therapy and new onset microalbuminuria

January 2013 | Volume 24, Number 1 | www.jasn.org



New Editorial Team for JASN

Karl A. Nath, MBChB, Editor-in-Chief

Anupam Agarwal, MD, FASN Deputy Editor

Associate Editors:

Phyllis August, MD

Alfred K. Cheung, MD

David H. Ellison, MD, FASN

Robert S. Gaston, MD

R. Ariel Gomez, MD

Matthew D. Griffin, MBChB

Fernando C. Fervenza, MD, PhD, FASN

Agnes B. Fogo, MD

Peter C. Harris, PhD

Keith C. Norris, MD, FASN

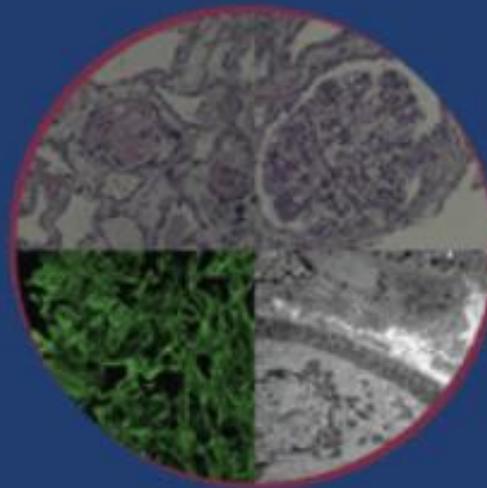
David J. Salant, MD

Amy W. Williams, MD

CJASN

Clinical Journal of the American Society of Nephrology

April 2013 • Volume 8, No. 4 • www.cjasn.org



Breast-feeding and Tacrolimus

Nutritional Support for Children with AKI

Genetics and Outcome of Atypical HUS

Hypothyroidism and Mortality in dialysis

Race, Geography and Quality of Care in Pre-ESRD



JASN online: 1,741,692 visits in 2012

CJASN online: 1,140,305 visits in 2012

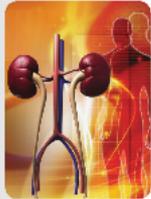
Use of mobile apps and mobile-friendly journal sites is increasing, as is access of the traditional journal site via mobile devices.



Kidney News

January 2013 | Vol. 5, Number 1

Even Low Levels of Donor-Specific Antibodies Adversely Affect Kidney Allograft Outcomes



The presence of donor-specific antibodies in kidney recipients is a significant barrier to successful organ transplantation with good long-term outcomes. Although this is a well-accepted fact, the clinical significance of

different levels of these antibodies has been unclear. Now, new research indicates that recipients who have even very low levels of post-rejection antibodies directed against a donated kidney have a significantly increased risk of acute rejection and graft failure. The findings, which are published in the *Journal of the American Society of Nephrology*, could help physicians determine better donor-recipient matches and tailor recipients' immune-suppressive therapy after transplantation.

Our study reviews disparate findings across different patient cohorts of varying levels of immunological risk and for the first time demonstrates a universally applicable risk stratification using the results of the various currently available immunological testing," said first author Samir Mehran, MD, of Columbia University.

Detecting antibodies

Transplant recipients who have had previous transplants, blood transfusions,

and other sensitizing events often have antibodies directed against a particular donor's kidney. Many studies have examined the risks associated with the presence of such donor-specific antibodies in transplant recipients, and there are conflicting opinions of the clinical significance of antibodies detected by various, more sensitive, solid-phase assays, especially when the results of more traditional tests such as flow cytometry crossmatching are negative.

"This has been confusing and has limited our ability to understand and develop standard clinical management for patients with donor-specific antibodies at the time of transplantation while at the same time potentially preserving transplantation of certain donor-recipient pairs," said Mehran. Understanding the true level of risk in patients with antibodies detected by different techniques is essential to optimizing outcomes after transplantation.

Continued on page 4

GAO Report on ESA Utilization Stirs Controversy, Uncertainty

By Rachel Shaffer

The recently released Government Accountability Office (GAO) report, "End Stage Renal Disease: Reduction in Drug Utilization Suggests Bundled Payment is Too High" has generated controversy within the kidney community.

Focused on erythropoiesis-stimulating

agent (ESA) utilization, the report comes at a time when a potential rebidding of the bundled payment rate is already creating uncertainty and concern. The report introduces additional controversy by recommending reducing that payment rate quickly and dramatically.

As the Medicare ESRD Prospective

Payment System—more commonly known as "the bundle"—and the Quality Incentive Program (QIP) enter their third year of operation, rebidding the bundle is a front-and-center issue for the nephrology community. At one time, it was not entirely clear which part of the federal government—Congress or the Centers for Medicare & Medicaid Services (CMS)—will drive that process, or when. It remains to be seen what extent CMS's 2014 addition of end-of-dialysis to the bundle, recommendations from government entities such as the GAO and the

Continued on page 3

Inside

6 2013: The Year Ahead

From policy to practice, 2013 promises to be a year of significant change for kidney care. Our articles take a look at the research funding outlook, the Kidney Health Initiative, bioengineered kidneys, and genomics-driven individualized medicine.



14 Journal View

Can E2U chloride restriction lower AKI risk?



16 Industry Spotlight

Bacter vaccines led for Gatoro



18 Improving dialysis care for genetic patients is subject of new five-part ASN video series



Issues of ASN Kidney News downloaded from website

2010: 77,942
2011: 117,656
2012: 205,065

To Our Readers

You have been selected to receive and evaluate a new format and content for ASN's daily briefing. Prior to last Friday, you received *Kidney Daily* with news on nephrology topics and also broader topics such as healthcare policy generally. For the past few days you have received *In The Loop* which offers a concise view of news from across the wide spectrum of the kidney space, but with fewer generalized healthcare items. Please click [here](#) to take a brief survey.

Obesity May Lead to Vitamin D Deficiency.

A 10% rise in BMI was linked to a 4.2% drop in vitamin D concentrations in a study using genetic markers from an analysis of 21 adult cohorts (up to 42,000 participants) to explore the link between BMI and genes associated with the synthesis and metabolism of vitamin D. Links between vitamin D and BMI were confirmed using data from another genetic consortium with more than 123,000 participants. The *PLOS Medicine* [findings](#) suggest that low vitamin D levels could contribute to the adverse health effects associated with obesity, and reducing BMI might decrease the prevalence of vitamin D deficiency.

At End of Life, Hospice Use and Aggressive Care On the Rise.

While the proportion of dying seniors using hospice care increased from 21.6% in 2000 to 42.2% in 2009, the proportion who were in intensive care in the last month of life also increased from 24.3% in 2000 to 29.2% in 2009. More than a quarter of hospice use in 2009 was for three days or less, and 40% of those late referrals came after a hospitalization with an intensive care stay. The *JAMA* [study](#) analyzed Medicare fee-for-service records of more than 840,000 people aged 66 years or older who died in 2000, 2005, or 2009.

Old Age Offers No Protection from Obesity Risks.

The paradox that having an elevated BMI may extend life for individuals older than 65 years is false, according to researchers who say past studies of longevity and obesity were biased owing to limitations of the National Health Interview Survey. When these biases are accounted for, the obesity-mortality relationship is estimated to grow stronger with age. The investigators analyzed data from 19 cross-sectional, nationally representative waves of the US National Health Interview Survey (1986-2004), linked to the National Death Index through 2006. The [findings](#) are published in the *American Journal of Epidemiology*.

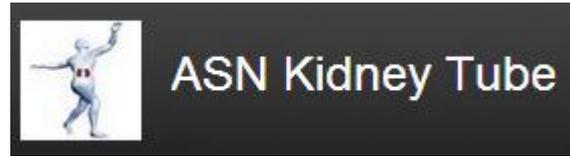
Recommendations on Dietary Fats May Be Misguided.

Over 39 months, men instructed to reduce saturated fats to less than 10% of intake and to increase omega-6 linoleic acid, a polyunsaturated fat, to 15% of intake had a higher risk of dying from all causes, as well as from cardiovascular and coronary heart disease, compared with men who received no dietary advice. The study involved 458 men aged 30 to 59 years who had recently had a coronary event. The *BMJ* [findings](#), based on recovered data from the Sydney Diet Heart Study, suggest that the American Heart Association guidelines on omega-6 polyunsaturated fatty acids may be misguided.

Social Media



2010: 416
2011: 1079
2012: 2402



>26,300 views



2010: 438
2011: 1190
2012: 2354



nephondemand
Aug 09, 2012, 5:08am
what's the conference hashtag this year?
Thanks.

karietouz
Jan 27, 4:37pm via Twitter for BlackBerry®
Beaucoup de recherche en diabétologie...
«Type 2 Diabetics: FDA Approves 3 New Drug
Therapies» bit.ly/TH05J8 via @ASNKidney

Organ_nepal
6:15am via Twitter for iPad
@ASNKidney can medical students from
Nepal be a part of your kidney treks. We also
have undergraduate researchers here.

ucsfpharmacy
Jan 23, 12:50pm via HootSuite
What will the next 10 years bring for the
bioartificial kidney? @kidneyproject
@ASNKidney #Next10Science ow.ly/h45HF

**Increasing
engagement
and awareness**



- **Integrate educational material for the public.**
- **Raise public awareness of kidney disease.**

Chronic kidney disease

Making hard choices

Chronic kidney disease, which gradually makes it harder for your kidneys to filter waste from the blood, progresses slowly and silently. Its earliest stages have no symptoms. In its most advanced forms, called stages 3 to 5, it is more common than type 2 diabetes or cancer. Yet nearly half the almost 17 million people who have those forms are unaware of it. The number of people with stage 5, or end stage, kidney disease—when the kidneys are beyond saving—has climbed steadily for 30 years.

People with chronic kidney disease usually have other health problems too, such as diabetes or high blood pressure. And it can cause anemia, bone disease, heart disease and other health problems. So proper care can be complicated and can often include seeing several specialists, for many years. Even when the disease is treated carefully it can get worse, and may lead to the need for dialysis or a kidney transplant.

But if you or a family member are on that path, choosing among the tests and treatments along the way won't always be straightforward. Some of the decisions will be challenging: You might not even want or need some of the tests, treat-



ments, or procedures you may be offered. Below, we describe four important exams where you, your family, and your doctor should carefully discuss the benefits and risks of treatment.

Acute Kidney Injury

KIDNEY DISEASE | ESKD | TRANSPLANT | ACUTE KIDNEY INJURY | KIDNEY STONES

What is an acute kidney injury?

What makes this happen?

How does AKI affect your body?

What care do you need?

Is the injury permanent?

WHAT MAKES THIS HAPPEN?

Acute kidney injury can occur from a lower blood flow to the kidneys, direct damage to the kidneys, or blockage of urine coming out of the kidneys.

- **Causes.** Kidneys may be injured suddenly by:
 - Other severe health problems such as a heart attack, infections, or kidney stones.
 - Medications
 - Contrast used for medical imaging
 - Bleeding
 - Loss of fluid
 - Low blood pressure
 - Poor oral intake of fluids or losses of fluid from vomiting and diarrhea

RESOURCES

ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

American Society of Nephrology, 1510 H Street, NW, Suite 800, Washington, DC 20005 • tel: 202-640-4660 • fax: 202-637-9793 • asn-online.org



Personalizing the Member Experience (ASN Member Services)

Website Redesign

About ASN | Society News | Partnerships | Career | **Member Services** | News Information | Kidney Disease Information

ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

EDUCATION
and meetings

PUBLICATIONS
and communications

ADVOCACY
and public policy

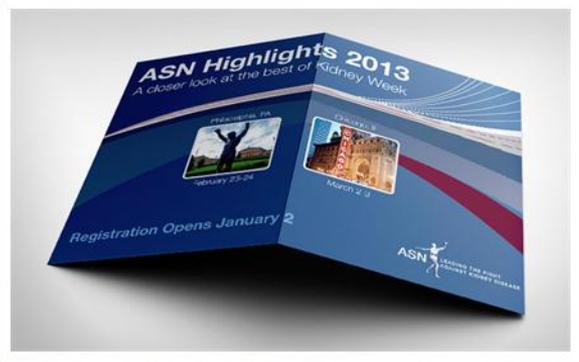
GRANTS
and funding

MEMBERSHIP
and services

ASN Highlights 2013
Registration Is Now Open

Get a closer look at the best of Kidney Week. ASN Highlights provides a chance to earn CME credits and view key presentations from Kidney Week 2012. If you missed Kidney Week, plan to attend an ASN Highlights in a city near you. This year's meetings will be held in Chicago, IL and Philadelphia, PA.

[LEARN MORE](#)



The image shows a 3D rendering of a blue and white brochure for 'ASN Highlights 2013'. The brochure is open, showing two pages. The left page features a photo of a person with arms raised in a field, with the text 'PHILADELPHIA, PA' and 'January 22-24'. The right page features a photo of a building, with the text 'CHICAGO, IL' and 'March 2-3'. The top of the brochure reads 'ASN Highlights 2013' and 'A closer look at the best of Kidney Week'. The bottom left of the brochure says 'Registration Opens January 2'. The ASN logo is visible in the bottom right corner of the brochure.

- **Discoverability as key driver**
- **Distribution of content across platforms, including mobile**
- **Providing user interactivity**
- **Adding value to content**
- **Facilitating collective intelligence**
- **Information integration/agggregation**
- **Personalization to promote sense of ownership**



Integrate Educational Material for the Public

Kidney Disease

KIDNEY DISEASE

ESKD

TRANSPLANT

ACUTE KIDNEY INJURY

KIDNEY STONES

What is kidney disease?

Risk factors for kidney disease

Tests to detect or diagnose kidney disease

Treatment strategies for kidney disease

Taking Action: Members on YOUR Health Team

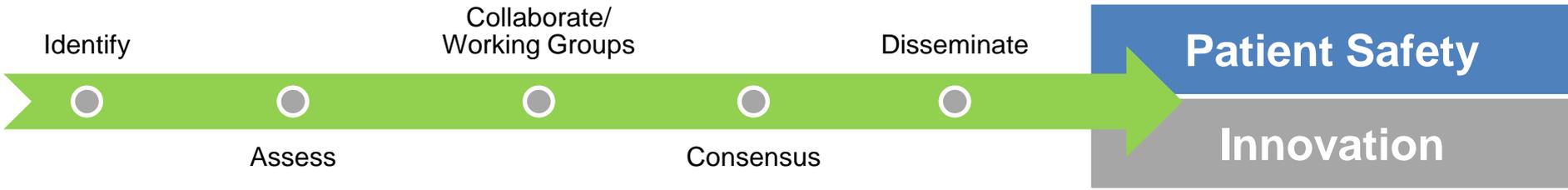
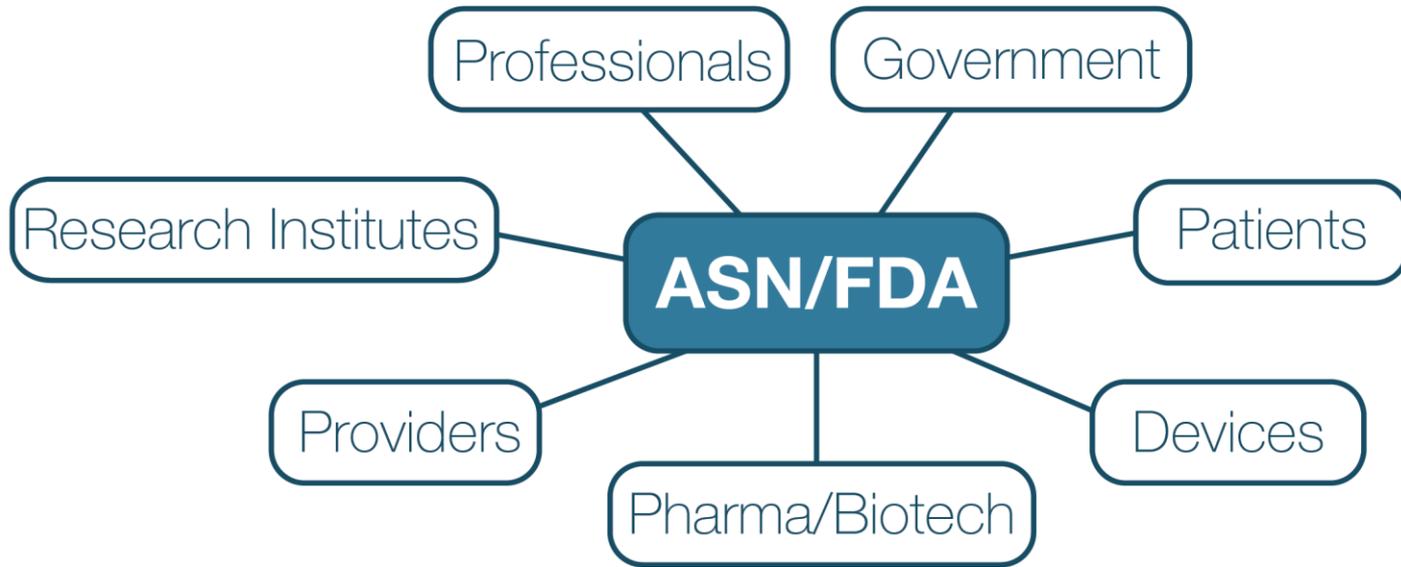
For patients: What should you ask providers about kidney disease

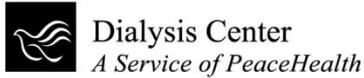
WHAT IS KIDNEY DISEASE?

When kidney disease isn't going away we call that chronic kidney disease or CKD. When the kidney is suddenly injured we call that acute kidney injury or AKI.

1. **Waste isn't removed.** When you have chronic kidney disease waste products and salts and water are not cleared from your body the way they should be.
2. **Waste products build up.** Waste products and fluid build up in the body when you have chronic kidney disease.
3. **Progression.** Chronic kidney disease usually progresses slowly over time but how fast it progresses may be different from person to person.
4. **Signs may not be obvious.** The build-up of waste products usually does not result in any specific signs or symptoms at the early stages of kidney disease. Often, few symptoms appear until kidney function is reduced to less than 15% of normal.
5. **Other organs.** When symptoms appear, other body systems may







KIDNEY HEALTH INITIATIVE



ASN Research Grant Support 2010–2012

RESEARCH GRANT SUPPORT

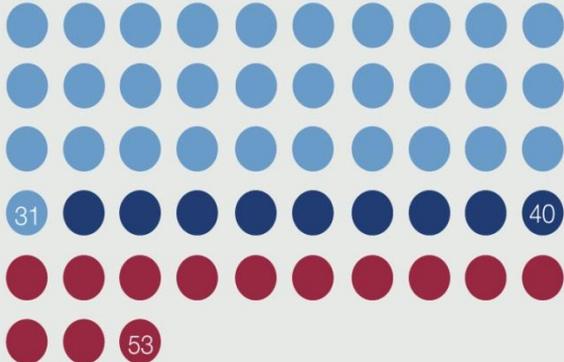
SUPPORT

2010 | 2011 | 2012



RECIPIENTS

2010 | 2011 | 2012



ASN Foundation
for Kidney Research



Time for a Cure

Mission: To prevent and cure kidney diseases through research and innovation

Established in 2012 to fund the Career Development Grants Program, the Ben J. Lipps Research Fellowship Program, and the Student Scholar Grants Program

The Ben J. Lipps Research Fellowship Program

The foundation is actively seeking donations for the Ben J. Lipps Research Fellowship Program which:

- Funds 10 new fellowships annually
- Distributes \$50,000 a year per fellow for two years to conduct original, meritorious research projects

48 applicants applied for 2013 funding. 10 will be awarded funding starting in July 2013. 10 will receive continued funding from 2012.

Current Named Fellowships

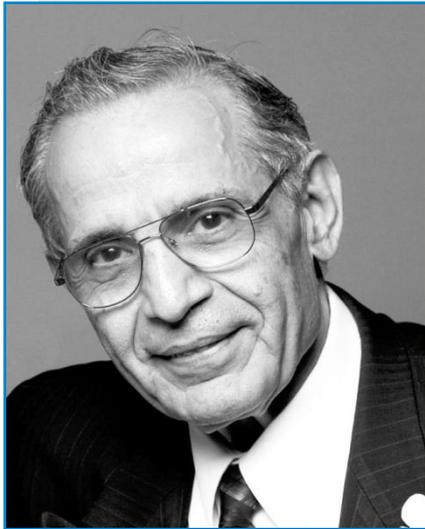


1 Sharon Anderson
Research Fellow (annually)
Named for ASN's first
female president

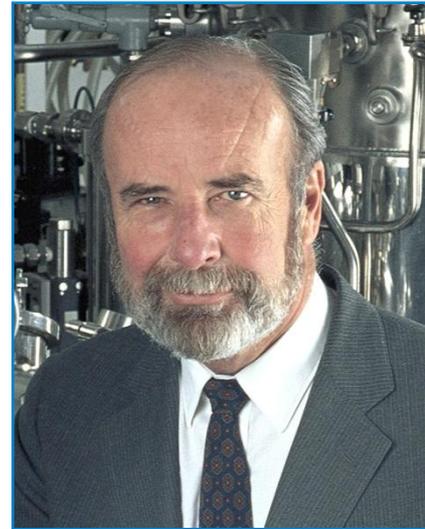


5 Ben J. Lipps
Research Fellows (annually)
Named for Fresenius Medical Care's
CEO and Chairman of the
Management Board (1999–2012)

Current Named Fellowships



- 1 **Dimitrios G. Oreopoulos**
Research Fellow (biennially)
Named by Baxter in honor of a physician, researcher and pioneer in peritoneal dialysis innovation



- 1 **George B. Rathmann**
Research Fellow (biennially)
Named by Amgen in honor of its founding CEO

2013

FOUNDERS CIRCLE MEMBERS

Founding Members



\$10,000,000



\$2,000,000

AMGEN[®]

\$1,000,000

Baxter

\$1,000,000

ASN's Goals for 2013

Goal	New in 2013
Increase the value of ASN professional education	KSAP, PQRI Wizard, TN PIM
Extend the reach and scope of ASN communications	Patient Education Modules
Boost student interest in kidney disease and nephrology as a career	Kidney TREKS, Kidney MAPS
Promote the highest quality care by informing health policy in kidney disease	CMS Initiative, ESCO
Build on the successful launch of the Kidney Health Initiative	41 members in six months
Fund innovative research via the ASN Foundation	\$3,424,000 commitment