Dear IPNA members,

I am glad to bring you some important information about our Society:

1. Each of the forthcoming Newsletter issues will include a short report on Pediatric Nephrology around the world at the national level. The first country you will ‘visit’ in the current issue is Canada!

2. The IPNA Junior action is running well: ii) all regional societies have identified a ‘junior’ and one of them has been selected to represent juniors at the council (congratulations to Sinha Aditi); ii) thanks to Rezan Topaloglu, the Junior Class program has started with ESPN in Porto and was very successful (50 attendees, 2-day advanced courses, pre- and post-test, CME certification)

3. Links with ISN are growing, and IPNA will be strongly involved in the World Congress of Nephrology (Cape Town, March 13-17, 2015), in the 0by25 initiative (www.0by25.org), in global education (fellowship program, sister center project, kidney day), and in a project of World Kidney Fund.


Many other exciting projects were discussed at the last IPNA council meeting in New Delhi, December 3-4, at the time of the 12th Asian Congress of Pediatric Nephrology!

Warmest regards,

Pierre Cochat, IPNA Secretary General

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An Overview of Pediatric Nephrology in Canada
By Allison A. Eddy, Canada

By land mass, Canada is the second largest country in the world, yet its population is relatively small at 35.5 million (22% are less than 20 years of age; 43% are Aboriginal peoples). Politically the country is divided into ten provinces and three northern territories. Ninety percent of the population lives within 160 miles of the border with the United States, where 15/17 of the Canadian medical schools are also located. Canada has a publicly funded healthcare system that is financed through taxation (federal and provincial). Two of the provinces (British Columbia and Ontario) also charge individual health premiums to supplement healthcare funding, while some individuals may have supplemental coverage available through employer and private health insurance programs. The principles of healthcare delivery are mandated by the federal Health Care Act (1984); however the provinces and territories are responsible for the actual administration and delivery which means that there is some regional variation in access and comprehensiveness of services. Each province has its own College of Physicians and Surgeons that grants medical licenses to practice medicine based on specific qualifications.

In 1964, Dr. Keith Drummond became the first Pediatric Nephrologist in Canada, after subspecialty training in Minneapolis, Minnesota. Today there are an estimated 68 actively practicing pediatric nephrologists (data provided by the Canadian Association of Pediatric Nephrologists) who work full-time in one of 14 academic Pediatric Departments, each affiliated with a medical school (Figure 1). Most pediatric nephrologists are salaried and have variable amounts of protected time for research, teaching and administration. The clinical programs are based in Children’s Hospitals that may be physically free-standing (n=3; only two are governed by their own Board of Directors), maternal and child stand-alone facilities (n=4), or a pediatric “hospital within a hospital”, located within large multi-departmental medical campuses (n=7). Most Pediatric Nephrology programs also provide clinical care to patients who live in smaller and rural communities through travelling outreach clinics. Recent advances in video-telecommunication technologies have created new opportunities to develop telehealth clinics, but more work remains before these are optimized. A smaller number of qualified pediatric nephrologists (perhaps 8) work in communities with blended nephrology-general pediatric practices. The Pediatrics Chairs group, representing all 17 Canadian Departments of Pediatrics conducts an annual workforce survey of pediatric academic programs. The most recent data indicate an aging pediatric nephrology workforce with a significant gap (~14) between the number of pediatric nephrology trainees and the anticipated number of retirements/new positions over the next five years. These data are corroborated by a workforce study completed by the Canadian Association of Paediatric Nephrologists in 2013. The Royal College of Physicians and Surgeons of Canada (RCPSC) oversees medical specialist training in Canada, setting national standards for competency-based medical education and continuing professional development for 80 medical specialties. To become a pediatric nephrologist in Canada, a MD graduate must first complete a 4-year pediatric residency (the fourth year can be used to begin Nephrology subspecialty training, but many complete a fourth year in general pediatrics first) in a RCPSC-accredited program and pass the Royal College examination in Pediatrics to become a Fellow of the RCPSC. Quebec is the only province that requires additional certification (in French) through the Collège des Médecins du Québec. Nine Canadian Pediatric Nephrology programs have been accredited by the RCPSC to provide a two-year subspecialty training program in Pediatric Nephrology (program review and re-accreditation is required every 6 years). Interested and qualified trainees are matched to available subspecialty residency positions annually through an electronic Canadian Resident Matching Service (CaRMS). Since the early 1990s, the RCPSC has also provided Pediatric Nephrology subspecialty certification by examination, after satisfactory completion of the two-year program. Maintenance of RCPSC certification as a pediatric nephrologist requires ongoing professional development via participation in accredited educational activities (400 credit hours over a 5-year period; a process that is regulated by the RCPSC). Individuals interested in working as a clinical-scientist must pursue additional training in research (funded through a variety of mechanisms) before beginning a faculty position. Many Canadian programs also offer clinical fellowships for international medical graduates (IMGs), who typically return home after training is competed as this training pathway. As of 2013, IMGs who complete training in an accredited program may be eligible to take the RCPSC examination in Pediatric Nephrology to become an Affiliate of the Royal College of Physicians and Surgeons of Canada, but they are not eligible to Practice in Canada based on this credential alone.

As the clinical practice of pediatric nephrology is continuously evolving, I took this opportunity to survey some of the current trends in Canada. Two thirds of the programs travel periodically to smaller communities for outreach clinics. Two of the larger programs without outreach sites are affiliated by Nephrology and the Critical Care physicians. For the other programs, Critical Care physicians. For the other programs, Critical Care preference in two programs. In approximately half of the programs, CRRT is managed jointly by Nephrology and the Critical Care physicians. For the other programs, Critical Care is slightly more likely than Nephrology to be the most responsible CRRT service. Just over 60% of the patients requiring chronic dialysis are managed by in-centre (…)
Canadians are actively involved in the global mission of nephrology education and improving clinical care for pediatric nephrology patients around the world through active participation in the activities of IPNA and the International Society of Nephrology (ISN). There is always one elected Canadian Pediatric Nephrologist on the IPNA Council (currently Dr. Julian Midgley). McGill University was partnered with Bangalore, India as a Sister Renal Centre funded by the ISN. This Centre has recently “graduated” and been approved to form a “Trio Program” with the addition of Ethiopia. As a member of the ISN Council and Fellowship Committee, and an ex officio member of IPNA Council, I am excited that we will soon see the launch of a new IPNA-ISN Sister Renal Centre program. A similar partnership currently exits to support Pediatric Nephrology fellowship training.

ACKNOWLEDGEMENTS

I would like to thank Dr. Maury Pinski, Canadian Association of Pediatric Nephrology President and the Canadian Nephrology Pediatric Division Heads for providing some of the data that was cited.
**Brief report of Chinese Society of Pediatric Nephrology (CSPN) in 2014**

*by Zhu-Wen Yi, China*

1. **27 June, 2014**
   
   The Congress of Pediatric Blood Purification Specialist Committee and the 4th Chinese Pediatric Blood Purification Conference  
   
   The Pediatric Blood Purification Committee (PBPC), a branch of pediatric association in Chinese Medical Doctor Association (CMDA), underwent election on June 27, 2014. PBPC was officially renamed as Chinese Pediatric Blood Purification Specialist Committee (CPBPSC). Prof. Zhu-Wen YI from Xiang-Ya hospital, Central South University was elected as the honorary president, while Prof. Ying Shen from Capital Medical University was elected as the director. The members of CPBPSC were generated from 36 hospitals in different provinces in China.  
   
   The achievements and plans which were made in recent years have been discussed in this congress. For instance, the Chinese national pediatric blood purification conference was organized annually. Clinical retrospective studies about replacement treatment in pediatric patients with chronic kidney failure were carried out in multi-clinical centers. In addition, two practice books regarding the standard operation of renal replacement treatment have been published.

2. **26-28 June, 2014**
   
   The 4th Chinese Pediatric Blood Purification Conference was held in Shanghai on June 26-28, 2014. Around 160 representatives attended and 16 experts were invited to give lectures and share their expertise. The section of oral presentation was also set up. The topics cover vascular access for hemodialysis, immunoadsorption, hemoperfusion, continuous renal replacement therapy and management of complications in CKD.

3. **5 July, 2014**
   
   Pediatric Nephrology Committee of Chinese Medical Doctor Association (CMDA) has been launched on 5 July, 2014. Prof Hong XU from children’s Hospital of Fudan University acts as the chair of this Committee. The mission of CMDA is to encourage the team construction and management to improve the medical standard and quality control of pediatric nephrology in China, as well as protect doctor’s right.

4. **18-20 July, 2014**
   
   The 4th Chinese Middle and Western Area Pediatric Nephrology Conference was held in Xinxiang City of Henan Province on June 26-28, 2014.

5. **Oct, 2014**
   
   Despite the high prevalence of enuresis in children in China, the professional training of doctors in the evaluation and management of this condition is often minimal and/or inconsistent. Therefore, “Chinese Cooperative Group for the Management of Pediatric Enuresis” was launched in Nov, 2013 (Prof Hong XU from children’s Hospital of Fudan University acts as the cooperative group leader) and “Chinese expert consensus on the management of pediatric monosymptomatic enuresis” was published in Chinese in Oct, 2014 (Journal of Clinical Pediatrics, 2014, 32 (10):970-975).

6. **13 Nov, 2014**
   
   On 13th Nov, 2014, the Committee organized the 1st teaching course in Zhongshan City, Guangdong Province (less developed area) to improve the skill in diagnosis and treatment of pediatric nephrology there.

7. **13-16 Nov, 2014**
   
   The 16th National Congress of Pediatric Nephrology was successfully held in Guangzhou from Nov. 13th to Nov. 16th, 2014 by CSPN. There were 363 delegates from all parts of China including Hong Kong.  
   
   In the opening ceremony, there was an Outstanding Contribution award ceremony. Four senior elderly experts, Dr. Jiyun YANG, Dr. Shumei CHEN, Dr. Yiqing GUO and Dr. Yunqin WANG, received Outstanding Contribution Award for the appreciation of their efforts as well as contributions in the establishment and development of pediatric nephrology in China.

   The Congress consisted of four sections with separate themes, including management of chronic kidney disease, urinary tract diseases, renal disease and renal pathology, exploration of translational medicine in pediatric nephrology. In all, there were 13 lectures, with six speakers from other specialties, i.e. urology, laboratory medicine, pathology and genetics. Concomitantly, organization committee had selected 4 case discussions and 38 oral presentations from the 333 abstracts submitted online. There was also a workshop about scientific integrity.

8. **A website on Chinese Society of Pediatric Nephrology**
   
   A website on Chinese Society of Pediatric Nephrology (http://cspn.cnkme.com) has been established 6 years ago. The website aims to promote the academic level, continuous medical education, news distribution of pediatric nephrology as well as better communication among pediatric nephrologists and medical workers in other fields in China. Chinese Society of Pediatric Nephrology would solicit contributions monthly and upload the latest news of pediatric nephrology worldwide.

   
   “2014 IPNA Advanced Program in Children Renal Care in China (Shanghai – Hong Kong)” has been jointly held by IPNA, Children’s Hospital of Fudan University, Hong Kong Princess Margaret Hospital and sponsored by LifeSpring Charity Foundation. The aim of the program is team building for the potential academic leaders of pediatric nephrology in China.

   In the recent 6 weeks (Oct 13th, 2014 ~ Nov 23rd, 2014, 4 weeks in Shanghai and 2 weeks in Hong Kong), 12 young pediatric nephrologists from all over China (including 10 centrally administered municipalities and provinces, such as Shanghai, Zhejiang, Jiangsu, Guangdong, Shandong, Liaoning, Anhui and Hubei) were able to attend this program.

   With the face to face teaching given by the globally-renowned pediatric nephrologists from USA (Prof. Tej K. Mattoo and Prof James Chan) and Canada (Prof. Martin Bitzan) through lectures, literature review, bedside teaching, case presentation & discussion, all the trainees feel that this program not only brings them the profound knowledge of pediatric nephrology and professional English, but also helps them to establish friendship with the tutors and other attendees so as to build a solid foundation for further academic exchange in the future.
African Journal of Paediatric Nephrology
by Ifeoma Anochie, Nigeria

Afr J Paed Nephrol is the official Journal of the African Paediatric Nephrology Association (AFPNA). The vision for this journal was borne by the then President Prof Felicia Eke at the AFPNA conference in Nairobi, Kenya in 2010. It was not until this year, January 2014 that the journal became a reality.

The journal is dedicated to increasing awareness and knowledge of Paediatric nephrology in Africa and beyond. We publish research articles on renal diseases in children, on fluid and electrolyte metabolism, clinical quiz on paediatric nephrology, letters to the editor and review articles. The articles are published biannually in English and French languages.

We have published the first volume of the journal with 2 issues i.e January-June, and July –December 2014 edition. The journal has an ISSN number, and is available as a hard copy. It can also be accessible on our website-www.afpna.com. We plan to register with AJOL and other online journal publishers very soon.

We encourage manuscripts from all over the world to maintain timely publication. Articles should be sent as attachment to africanjpaednephrol@yahoo.com and anochieify@yahoo.com.

The Editor-in-Chief is very grateful to our reviewers and French translators for their great support.

Brief report of 16th Chinese National Congress of Pediatric Nephrology
By Xuhui Zhong, China

The 16th National Congress of Pediatric Nephrology was successfully held in Guangzhou from Nov. 13th to Nov. 16th, 2014 by CSPN. There were 363 delegates from all parts of China including Hong Kong.

In the opening ceremony, there was an Outstanding Contribution award ceremony. Four senior elderly experts, Dr. Jiyun YANG, Dr. Shumei CHEN, Dr. Yiqing GUO and Dr. Yunqin WANG, received Outstanding Contribution Award for the appreciation of their efforts as well as contributions in the establishment and development of pediatric nephrology in China.

The Congress consisted of four sections with separate themes, including management of chronic kidney disease, urinary tract diseases, renal disease and renal pathology, exploration of translational medicine in pediatric nephrology. There were totally 13 lectures, with six speakers from other specialties, i.e. urology, laboratory medicine, pathology and genetics. Concomitantly, organization committee had selected 4 case discussions and 38 oral presentations from the 333 abstracts submitted online. There was also a workshop about scientific integrity.

IPNA 2014 fellows
The IPNA Fellowship Program is one of the most important functions of the Association. Over the years that the program has been in existence, dozens of IPNA fellows have been trained, resulting in increased pediatric nephrology expertise throughout many parts of the developing world.

*list of approved applicants with their training place
We received the following article from a recently graduated IPNA fellow. It eloquently describes the issues that our fellows face upon completion of their IPNA-sponsored training. We hope that publishing this will help to spur further discussion of these issues among IPNA members and help to generate member-driven solutions to the various problems described.

Struggle of Pediatric Nephrology fellow in India
By Yashu Saini, India

I would first of all take this privilege to thank IPNA committee to introduce the facility that IPNA members can also share their view at the interesting platform "IPNA CURRENTS". I am IPNA fellow of year 2012-13 from India. After completing my fellowship I joined as Assistant Professor in Pediatrics at Mahatma Gandhi Medical College, Jaipur recognised by Medical Council of India.

Through this report I shall like to share as well as highlight the hurdles through which a pediatric nephrology fellow goes through to establish himself as pediatric nephrologist after completing his fellowship in developing country like India and probably other developing countries also. It can be divided in few areas broadly.

1. Lack of public awareness
In India literacy level is less and family and social influences regarding choice and place of treatment is very high. Therefore, most of the times common man remains unaware of the advances taking place in field of medicine. So, when a trained doctor in a relatively new specialty like Pediatric Nephrology tries to start his practice in any institute, initially he gets patients very rarely and feels demoralized seeing pediatric patients suffering from renal disorders being managed improperly and not being referred to him.

2. Non recognition from other pediatricians
It is difficult to counsel pediatricians that Pediatric Nephrology is upcoming as new specialty in India and now there is need of time to provide specialty treatment to patients in field of Pediatric Nephrology.

3. Poor remuneration
Since there is no ready patient pool in field of Pediatric Nephrology in Indian scenario due to above mentioned reasons, corporate and private hospitals are not ready to pay any fixed consolidated salary and we are forced to do general pediatrics practice for maintaining sufficient earning and thus get deviated from the path of doing dedicated Pediatric nephrology practice.

4. Inadequate support from adult Nephrologists
There are very few leading pediatric nephrologists in India. Most of them are very senior faculty in leading medical colleges of India and need no recognition or introduction. But for a budding new pediatric nephrology fellow problems are great. They need support in form of referrals from local community of nephrologists which are primarily adult nephrologists. Number of adult nephrologists is much higher than pediatric nephrologist and adult nephrology is very established and recognised branch among illeterate common man also. Therefore, they have very high load of patients including pediatric patients. So it is humble request to all adult nephrologists globally through IPNA to support young budding pediatric nephrologists by referring pediatric patients to them.

5. Strong social factors
There is a strong belief that kidney is a vital organ and once it is damaged then there is no further life and mortality is inevitable. All this is due to lack of knowledge and myths among common man. This thought is very strong for pediatric patients. There is still a strong feeling that kidney diseases are diseases of adults and if a pediatric patient gets it then it is untreatable. People are very apprehensive for pediatric dialysis and regarding pediatric renal transplants. In spite of all efforts to counsel parents and even committing them to provide financial support from NGOs, parents don't agree to proceed further for maintenance RRT and/or renal transplant.

Therefore, after getting excellent clinical and academic training in Pediatric Nephrology from my respected supervisor Prof. Arvind Bagga and dedicating myself completely to Pediatric Nephrology in spite of all odds, I would make a request at this outstanding platform to develop and introduce something called SOCIAL PEDIATRIC NEPHROLOGY which probably may include increasing public awareness, improving referrals from adult nephrologists to pediatric nephrologists in developing countries specially etc.

Similarly, I would also request to increase the duration of IPNA fellowship from 1 to 2 years where 2nd half of fellowship would include exclusive training of pediatric dialysis and transplant.

From Kosova to IPNA
Tribute to Paul Roy
Emeritus Professor
15th April 1939 - 10th December 2014
By Debbie Lewis, Australia

Paul undertook his paediatric training at the Royal Alexander Hospital for Children in Sydney and was trained in paediatric nephrology in Minnesota. He returned home in the early 1970’s where he established the first paediatric nephrology service in Sydney. Paediatric haemodialysis and renal transplantation were initially commenced in the adult hospital, with peritoneal dialysis performed on a tiny veranda off the paediatric ward in the Children’s Hospital. He subsequently designed a free standing renal treatment centre with twelve beds for paediatric dialysis and transplantation which opened in 1995 when the hospital relocated.

Paul was the sole paediatric nephrologist for many years but trained and mentored many Australian medical graduates who subsequently joined his service or other paediatric nephrology units. He developed the subspecialty of paediatric renal nursing as well as allied health. He personally trained paediatric dialysis and transplant nurses and greatly respected their contribution. He was well ahead of his time in recognising the importance of a multidisciplinary service and keeping children out of hospital.

He had an international vision and trained many paediatric nephrologists from Asia and beyond, including the Philippines, Thailand, Turkey and Sri Lanka, many of whom are now senior consultants. He was an Australian and New Zealand councillor for IPNA for 6 years and was awarded honorary membership. He travelled annually to New Caledonia for paediatric nephrology clinics where he conversed with the patients and their families in French.

Paul was an excellent teacher and heavily involved in university undergraduate and post-graduate teaching and research. He was the secretary of the Examination committee for the Royal Australasian College of Physicians and was awarded the College medal. He mentored and supported many young doctors and medical students. Paul had varied research interests including hypertension, UTI’s, HUS, cystinosis and transplantation. He was pivotal in the establishment of the Centre for Kidney Research at the Children’s Hospital in Sydney.

Paul was an outstanding clinician and wonderful advocate and carer of his patients. He ensured high quality holistic care was provided to the family at all times. He would be very touched by the tributes received by families and patients who were so grateful for the quality of his care.

Paul loved good conversation, wine, literature, philosophy, music, running, travel, horticulture and Grand Prix racing. He was a wonderful mentor, colleague and friend. He died after a short illness surrounded by his family and friends. Our sympathy is with his wife Joyce, two children Jane and Simon and three grandchildren. He will be greatly missed by all who knew him.
Vietnam Story - The Three Amigos
By Henry Brehm

Amigo is “friend” in Spanish as is người bạn in Vietnamese. Drs. Elisabeth Hodson, a retired pediatric nephrologist from Westmead, Australia, Luan Truong, a renal pathologist from Houston and Rick Kaskel, a pediatric nephrologist from New York, traveled, as volunteers to Vietnam this past summer on a special mission. Their very busy agenda included patient education for families dealing with Nephrotic Syndrome -related conditions and CME training for the docs and nurses. Organized by the Australian NGO, Caring & Living As Neighbors (CLAN) in collaboration with The NephCure International Foundation, I saved this story for the holiday season because this is the time of year when we reflect on those people who impacted our lives and the lives of others. Elisabeth came out of retirement to lead; Luan, a native Vietnamese, had not returned in 25 years, shared his pathology expertise and reunited with his sister; and Rick Kaskel, one of my favorite people in the whole world, and always the first to volunteer to help patients. The Three Amigos are a reflection of the many nephrologists around the world who give their time to help others unable to pay for medical care. These nephrologists, who treat our family members, also have families, soccer games and dance classes; yet they give their Saturdays and in this case traveled thousands of miles, devoted preparation time and three weeks of non-stop teaching, sharing and learning. I was privileged to help organize and accompany The Three Amigos on this journey and kudos to CLAN and NephCure for their support. There are many wonderful caring docs who have devoted their lifework to improving the lives of children and adults enduring chronic kidney disease. Drs. Kretzler, Holzman, Smoyer, Kamil, Fornoni, Trachtman, Gipson, Huber, Greenbaum, Saleem, Minor, Bagga, Benzing, Zaritsky, Reiser, Salusky, Skorecki, Shaw, Kashtan, Coch, Lemley, kopp, Johnson, Pollak, Falk, Pearlman, Kaplan to name a few, yet not enough space to mention all 😊. I salute your efforts; your dedication and your passion.

In Vietnam, 18 CME programs for 200 plus docs were held at hospitals in Hue, Ho Chi Minh City, Hanoi and the Thai Binh Province. The Three Amigos spent additional time with individual docs and visiting patients.

At one hospital there were 7,000 patients waiting outside to be seen in the outpatient clinics. There is a shortage of nurses and hospital staff, so while the nurses work closely with patients, family members are responsible for their care.

There were six Patient Family Educational Programs at the different hospitals with participation over 600 with a waiting list. Many families traveled over 100 miles by bus to attend. The Three Amigos, supported by the local docs, presented, answered questions and tirelessly spent every waking moment sharing their expertise and experiences. There were questions about the different medicines- many not available in Vietnam, diet and genetics.

Due to the devastation of the war, Vietnam remains a very young country with 28% of its population under 18. Since 1979, the country has grown from 52 to 86 million, leaving this young population in need of economic structure and support. Although many organizations focus on supporting disparities of malnutrition and infectious disease control, there is a growing incidence rate of the non-communicable kidney diseases prevalent in Vietnam. I can still visualize the drying laundry hanging out of windows; straw mats are set up in the outside walk ways so that a patient mom, dad or grandparent can be there for around the clock care of their sick child on dialysis. I will never forget seeing the children in pain; nor will I forget the smiles on their faces that accompanied a visit or a fist bump. Most of all I will never forget the impact My Three Amigos or My Three Người bạn had on patients, families, doctors’ nurses and me!

As I reflect upon the past year, I wish you and your family a Happy Holiday Season. The holidays are about gathering together with family and friends. It is also a time of reflection. We learned that the word “impossible” is non-existent in Vietnam but rather the common term in the medical community is “possible,” the docs and nurses are committed to doing their very best
with limited resources while exceeding boundaries of what others would consider “possible”. The leadership, support and training provided by *The Three Amigos* will have a lasting impact which grows far beyond “HOPE”. They made a significant difference for many patients, families, doctors and nurses in Vietnam. Their willingness to share; their compassion and motivation sets the standard for the rest of us. The New Year will hold many new challenges and opportunities for all of us which will include progress to finding new therapies for children and adults dealing with kidney and other diseases. I hope that 2015 brings you much happiness and opens new horizons. I hope that 2015 brings you much happiness and opens new horizons. I wish you and your family a very happy, healthy, peaceful, safe and prosperous New Year!

Best regards,

Henry Brehm

December 27, 2014

**Announcements**

*Save the dates for IPNA 2016!*

**September 20-24, 2016**

As you know Brazil will host the 17th Congress of the International Pediatric Nephrology Association, IPNA 2016, from September 20 to 24, 2016.

The Congress venue will be located in one of the most amazing cities in the country, Foz de Iguacu, world famous for its dramatic waterfalls.

The Scientific Committee is developing a program that meets the needs of participants from across the world. The Congress will be preceded by concurrent meetings on Critical care nephrology, Nephropathology, Rare diseases and Research methodology. These sessions are intended to update current knowledge and skills in specific areas and should be extremely useful for fellows-in-training and practicing pediatric nephrologists.

Practical pediatric nephrology will be emphasized through 12 early morning master classes. It will also be our endeavor to provide current knowledge and research directions through state of art lectures, plenary sessions and 30 concurrent symposia during the three days of the Congress. There will be many opportunities for free papers, either as oral communications or poster presentations.

Mark you calendar and come to Brazil to share with us the very best in pediatric nephrology, immersed in the atmosphere of one of the most beautiful and welcoming countries of the world!

IPNA 2016 Organizing and Scientific Committee

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**Call for submission to the 13th International Workshop on Developmental Nephrology (IWDN)**

**Deadline: March 31st, 2015**

The 13th International Workshop on Developmental Nephrology (IWDN) features cutting-edge developments in cell fate, cell differentiation and morphogenesis as they relate to normal and malformed kidney and lower urinary development. IWDN connects basic scientists,
Call for submissions for IWDN 2015 continues

Clinician scientists and clinicians and features the work of young investigators as well as established investigators working on kidney and urogenital development. The deadline to submit abstracts has been extended to March 31st, 2015.

Please visit the website http://www.ipna-online.org/iwdn/

- to find out about the outstanding program
- to submit your abstract before March 31st, 2015
- to register before April 1st, 2015

Calendar

2015

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<td>March 5 - 6</td>
<td>Miami Pediatric Nephrology Seminar And Renal Pathology Course</td>
<td>Miami, FL, USA</td>
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<td>March 9</td>
<td>Brigham Medicine Update &amp; MOC Preparation</td>
<td>Boston, MA, USA</td>
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<tr>
<td>March 13 - 17</td>
<td>ISN World Congress of Nephrology 2015</td>
<td>Cape Town, South Africa</td>
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<td>March 28 - 31</td>
<td>8th Congress on Pediatric Transplantation (IPTA)</td>
<td>San Francisco, CA, USA</td>
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<td>April 22-25</td>
<td>5th Southeastern European Pediatric Nephrology Working Group (SEPNWG) Meeting</td>
<td>Sarajevo, Bosnia and Herzegovina</td>
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<tr>
<td>May 28-31</td>
<td>52nd ERA-EDTA Congress</td>
<td>London, United Kingdom</td>
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<td>June 11</td>
<td>46th annual meeting of EWOPA</td>
<td>Lille, FRANCE</td>
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<tr>
<td>June 18 - 20</td>
<td>50th Annual Meeting of the Japanese Society for Pediatric Nephrology</td>
<td>Kobe, Japan</td>
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<td>July 12-16</td>
<td>13th International Workshop on Developmental Nephrology (IWDN)</td>
<td>Snowbird, UT, USA</td>
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<td>July 16-18</td>
<td>8th International Conference on PCRRRT</td>
<td>London, United Kingdom</td>
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<tr>
<td>August 19-21</td>
<td>First congress of renal transplantation and dialysis in children in Iran</td>
<td>Tehran, Iran</td>
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<td>September 3-5</td>
<td>48th ESPN Annual Meeting</td>
<td>Brussels, Belgium</td>
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<td>October 17-20</td>
<td>13th Congress of the International Society for Organ Donation and Procurement</td>
<td>Seoul, Korea</td>
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