Words from Pierre Cochat

Dear IPNA members,

IPNA is growing well and we have currently 1287 active members from 93 countries (table 1, figure 1)! Our challenge is to reach 2000 members by 2019 with more juniors and more people from countries where pediatric nephrology needs to develop. Indeed, our junior members have now created a very dynamic working group and we have more and more teaching courses and fellows from all parts of the world.

Ongoing IPNA projects include:
- Work on a new website pursuing 4 main objectives: more educational content for members, more transparency on the decisions and activities of IPNA council, more interactivity with the community, information on patient education
- Revision of IPNA constitution: the new version will be submitted to the vote of all members

The 2016 upcoming IPNA congress will be held in the city of Foz do Iguaçu, in Brazil, located at the border with Argentina and Paraguay, under the chairmanship of Prof Vera Koch and Dr Paulo Koch Nogueira. There will be various educational meetings and hands-on sessions prior to the main congress, and an outstanding scientific program is being finalized by Prof Arvind Bagga. In addition to science, education and sightseeing, many important events will take place: the awards ceremony (Ira Greifer award, Renée Habib young investigator award, Life time achievement award), IPNA General Assembly, where the next secretary general will be elected, etc...

Do not forget that you can win a free registration to the congress if your suggestion for IPNA tagline is selected. To submit

www.ipna-online.org/ipna-tagline-contest

Hopefully many other projects will come from you, and all of your suggestions are welcome anytime!

Warm regards,

Pierre Cochat
IPNA Secretary General
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**TOTAL** 1,287

*Table 1: IPNA membership by August 2015*

![Pie chart showing IPNA membership by region by August 2015](image)
An Overview of Pediatric Nephrology in Madagascar
By Annick Lalaina Robinson, Madagascar

Madagascar is an island located in the Indian Ocean (Figure 1). It is part of the African continent. There are around 22 millions people for 596 790 km². According to the estimation of the Institut National des Statistiques in Madagascar, its population was composed by 40% of children less than 15 years of age in 2013.

The public health system includes four levels of care: basic; health care centers; district hospitals including general medicine, maternity and surgery wards; regional hospital including specialized medicine wards, surgery wards, maternity and a pediatric ward; university hospital with specialized wards such as pediatrics. Except one regional hospital, pediatricians work especially at the university hospital. There are 22 university hospitals in the six main towns in Madagascar. Most of those university hospitals are multidisciplinary ones. Only two are specific for pediatrics: the first one with 80 beds and the second with 40 beds. Pediatric surgery is located in another university hospital.

Private sector includes 2 levels of care: private office or dispensary and private clinic hospital. Few specialist doctors are available full time in those private clinic hospitals.

Infections are the most frequent pediatric diseases in our hospitals. Regarding nephrology, acute pyelonephritis and the nephrotic syndrome are the most common concerns. Some cases of typical hemolytic uremic syndrome might occur after acute diarrhea. Taking the example of the Mother and Child University Hospital of Tsaralalana (80 beds), there were 143 acute pyelonephritis, 30 nephrotic syndromes and 3 hemolytic uremic syndromes among 3781 admissions in 2014.

Technical investigations are not always accessible for patients either because of geographic reasons or financial resources. Ultrasonography is quite available everywhere but there are only few radiologists trained to pediatric practice. CT-scan is available in the six main towns of Madagascar but isotopes and Intravenous pyelography are only available in Antananarivo (capital of Madagascar). MRI is only available in a private hospital. Biological examinations are limited.

There are few hemodialysis centers for adults, especially in Antananarivo, but the number of patients who can pay hemodialysis is limited, and there is no access to hemodialysis for children. Peritoneal dialysis is the most adapted technique in our situation. Kidney transplantation can be performed abroad if the family has enough resources.

Concerning drugs, antibiotics are the most used in nephrology and molecules for preserving renal function are available. About immunosuppressive agents, only corticosteroids are accessible for patients. The others must be imported from other countries.

Based on such conditions, the management of children with renal diseases can only be achieved in a general pediatric ward. Therapeutics resources are often insufficient for the advanced forms of acute renal failure and also in nephrotic syndrome.

Organizing an advanced specialization of some pediatricians, implementing of a pediatric nephrology ward, making an easier access to techniques and making some specific drugs available should optimize the quality of care of children with kidney diseases.
Firstly, congratulations to the editors of the AFRICAN JOURNAL OF PEDIATRIC NEPHROLOGY for starting this journal and producing follow-up editions on a regular basis. It really is exciting to have a journal dedicated to Paediatric Nephrology in Africa.

This year was an exciting year in that we saw the first World Congress of Nephrology on the African continent which was held in Cape Town, South Africa. In addition to this, this congress was also a first in that there was a larger emphasis on paediatric nephrology involvement than ever before.

In addition to ISN and African Renal Association of Nephrology (AFRAN), paediatric societies such as IPNA and African Paediatric Nephrology Association (AFPNA) were also included in the planning of this congress.

The total number of registered delegates was just under 4,000 in total with 55 paediatric nephrology delegates attending the AFPNA AGM alone.

WCN 2015 continued to promote the themes of ‘Sustainability and Diversity’, which are increasingly relevant to all countries around the world. The commitment of ISN to the global advancement of nephrology was recognized in the scientific program, which included topics addressing practical, social and economic challenges across diverse nations. Key scientific themes included: infectious and non-infectious risk factors, acute kidney injury (AKI), translational and clinical nephrology; CKD and its consequences, and dialysis and transplantation.

New initiatives such as ‘0by2025’ dealing with AKI were discussed at length with further collaborations between multiple organisations including IPNA and action plans being developed.

Numerous pre-and post-congress workshops were held including Development of Renal Registries as well as Kidney Disease in Disadvantaged Populations.

Paediatric specific workshops from 9–12 March included a ‘Clinical Skills’ workshop including paediatric resuscitation, vascular access and dialysis with a specific emphasis on peritoneal dialysis was held at the Red Cross War Memorial Children’s Hospital (RCWMCH) aimed at groups of ‘Doctors and Nurses’ teams.

We had over 38 attendees at this workshop and were thankful from funding from IPNA and Saving Young Lives (SYL) initiatives.

In addition on 17 March, a one-day Paediatric Nephrology Symposium was also held at RCWMCH with both adult and paediatric nephrologists covering a diverse range of topics and attended by about 200 delegates.

The AFPNA AGM was held on 16 March with one of the biggest attendances ever and a number of important topics were discussed including the selection of a new AFPNA Council (See attached). Felica Eke was nominated onto the ISN Council and was congratulated for this.
outstanding teaching and clinical care for children with kidney disease. Trainee research awards were presente do Lauren Becton (Montefiore Medical Center) and Kirsten Kusumi (Nationwide Children’s Hospital).

The ASPN business meeting included Vicky Norwood’s Presidential Address. Other highlights of the meeting included a member reception, a breakfast meeting focused on Pediatric Nephrology in a small group setting, 14 ASPN committee meetings, and the announcement of the newly formed ASPN Foundation which will serve to support the activities of the Society through philanthropy. A comprehensive program for resident attendees, most of whom received ASPN travel grants to attend the meeting, consisted of a welcome breakfast and mentorship by faculty and fellows throughout the meeting, including a structured mentored poster walk. There was a special 2 hour joint meeting of the ASPN Workforce Committee and Fellowship Program Directors to address the nephrology workforce. This meeting was organized by the ASPN in response to a decrease in the number of pediatric residents matching in pediatric nephrology in 2015.

A poignant moment of the meeting occurred when Aaron Friedman used his Founders Award acceptance speech to talk about Russell Chesney. Professor Chesney, a former ASPN President, brilliant clinician and scientist, and mentor to multiple generations of pediatric nephrologists, passed away unexpectedly less than 1 month before the meeting.

The ASPN is looking forward to its next annual meeting, which will occur from April 30th to May 3rd in Baltimore, Maryland. All are welcome to attend!

Prominent experts, researchers and nephrologists from southeastern Europe and neighboring countries contributed with their lectures and discussion at that scientific event. The purpose of that meeting was that pediatric nephrologists especially those younger acquainted with the latest knowledge in pediatric nephrology and exchanged views on a wide variety of topics. On the two days of the meeting was attended by 80 delegates from 13 countries. There were 19 invited eminent speakers from the Turkey (6), Serbia (3), Italy, Germany and Croatia 2 (respectively) and Greece, Macedonia, Slovenia and Bosnia and Herzegovina 1 (respectively). There were also fruitful discussions about regional leaders’ lectures in their respective areas of nephrology in the southeastern Europa, as well as 5 accepted topics for oral presentation and 39 poster presentations.

On April 23, 2015 the opening talk was given by Prof. Dr. Senka Mesihovic director of the Pediatric Clinic in Sarajevo, Bosnia and Herzegovina, Prof. Dr. Rezan Topaloglu from Hacettepe University Faculty of Medicine, Ankara, Turkey and Ass. Prof. Danka Pokrajac head of Department of Pediatric Nephrology, Pediatric Clinic Sarajevo, Bosnia and Herzegovina. All two days of the scientific meeting was divided into the following sections: State of art, Key note lecture, Panels, Lecture, Sponsored symposium, Poster presentation viewing and Oral presentation. Each part of the meeting had its chairman.

First presentation in the part State of art was given by Prof. Rosanna Coppo, president of the Italian Society of Nephrology, chairperson of the ERA-EDTA Administrative Office, general secretary of ESPN and representatives on the IPNA council: “The dilemma about the treatment of early cases of IgA nephropathy in children”. Because IgA nephropathy has the potential to progress to end-stage renal disease, consultation with a pediatric nephrologist is necessary in a treating early phase of IgAN in children. On the second day in the part State of art Prof. Velibor Tasic from University Children’s Hospital, Medical School Skopje, Macedonia gave lecture „Congenital anomalies of the kidney and urinary tract: clinical and genetical aspects“. Prof. Velibor Tasic presented the latest findings about genetic aspects of many congenital anomalies of the urinary tract system as a represent significant etiology of end stage renal disease (ESRD) in children (30-50%). Clarification of the genetic basis of CAKUT is important for appropriate genetic counseling for the patients and their relatives in order to provide personalized medical care based on understanding of the molecular mechanism of the disease. Prof. Dicle Orhan, Department of Pediatric Nephrology and Rheumatology, Faculty of Medicine, Hacettepe University, Ankara, Turkey gave very interesting lecture “Clinicopathology session”. She explained a few rare cases of nephrology diseases with interesting clinical picture and their pathological presentation on kidney biopsy.

Next presentation in part of Keynote lecture “Renal cystic diseases” was given by Prof. Francesco Emma head of Pediatric Nephrology of the Bambino Gesu Children’s Hospital in Rome, Italy, president of the Italian Society of Pediatric Nephrology and representatives on the IPNA council. The author gave on the clear and systematic manner an overview of the different forms of pediatric renal cystic diseases. (...)
Cysts may be due to nonhereditary fetal malformations or genetic disorders, or, rarely, they may be acquired. In the Panel hemolytic uremic syndrome, there were three lectures. First held a Prof.dr. Amira Peco-Antic, head of Pediatric Nephrology Department of University Children’s Hospital, Belgrade, Serbia under the title “Shiga toxin-producing Escherichia coli hemolytic uremic syndrome”. The work presents the causes, clinical features, diagnosis and treatment of HUS. HUS is one of the main causes of acute kidney injury in children in Europe. Most children who develop hemolytic uremic syndrome and its complications recover without permanent damage to their health. Some children may sustain significant kidney damage that slowly develops into chronic kidney disease. Prof.dr. Rezan Topaloglu head of the Department of Pediatric Nephrology and Rheumatology, Hacettepe University Faculty of Medicine, Ankara, Turkey and representatives on the IPNA council gave a lecture under the title “Atypical hemolytic uremic syndrome (aHUS)”. In her lecture she emphasized the importance of mutations in genes encoding complement regulators, mutations in genes in coagulation pathway and also a defect in cobalamin metabolism in the development of the disease. Until recently treatment of aHUS was insufficient to prevent complications of the disease. Eculizumab, a recombinant humanized monoclonal immunoglobulin targeting the complement C5, has become a new treatment option and it has changed the outcome of many patients. The following presentation was given by Prof. Fatih Ozaltin, from Hacettepe University Faculty of Medicine, Department of Pediatric Nephrology, Ankara, Turkey, under the title “Genetics of atypical hemolytic uremic syndrome (aHUS)” and it was closely related to the previously lecture. In that lecture, author reviewed all until now known genetic abnormalities, genotype-phenotype correlations and prognosis. In the Panel nephrotic syndrome Prof. Marijan Saraga, head of Nephrology Department of University of Split, Croatia had lecture “Overview of KDIGO for steroid dependent and steroid resistant nephrotic syndrome” and gave on the clear way the existing recommendations for the treatment of some forms of nephrotic syndrome. Eminent Prof. Otto Mehls from Center for Children and Adolescents, University of Heidelberg, Germany gave a lecture under the title “Efficacy and safety of Rituximab in childhood steroid dependent or resistant nephrotic syndrome”. Rituximab is considered to be a promising the first line drug for treatment of refractory nephrotic syndrome in children without genetical basis. Next Panel acute kidney injury consisted of three lectures. The first lecture was held by Prof. Sevcan A. Bakkaloglu from Gazi University School of Medicine, Division of Pediatric Nephrology under the title “Pathogenesis of acute kidney injury”. It is necessary to better understand the multiple pathophysiologic processes of AKI which would allow better results in the design of more targeted and effective therapies to prevent injury and hasten repair. The second lecture about AKI was “Biomarkers in diagnosis of acute kidney injury” which was held Ass.Prof. DankaPokrajac, head of Department of Pediatric Nephrology, University Clinical Center, Sarajevo, Bosnia and Herzegovina pointed out that despite the early promise of some biomarkers for the early detection of AKI, none of these biomarkers have not yet fully entered in the clinical arena. This is the reason for further wider and more detailed research in this field of pediatric nephrology. Mr.sci.med.dr. Brankica Spasojević-Dimitrijeva from Nephrology Department, University Children’s Hospital, Belgrade, Serbia gave a lecture under the title “Management of acute kidney injury”. Treatment of AKI is still problematic, as long as it does not solve the question of the pathogenesis and early identification of acute kidney injury. Until now management of acute kidney injury involves fluid resuscitation, avoidance of nephrotoxic medications and contrast media exposure, and correction of electrolyte imbalances. In some patients, the metabolic consequences of acute kidney injury cannot be adequately controlled with conservative management, and renal replacement therapy will be required. The Panel urinary tract infection included three very interesting lectures on this old but always current problems in pediatric nephrology. The first was held Prof. Ayşe Bağdat from Department of Pediatric Nephrology, Gaziantep University, School of Medicine, Gaziantep, TURKEY under title “Antibiotic prophylaxis what we know?”. Despite the contradictory results of the studies on the use of antibiotic prophylaxis for recurrent urinary tract infections now is tendency to use them only in selective cases. In recent decades approach to patients with vesicoureteral reflux is completely changed thanks to a better understanding of pathogenesis of urinary tract infection, renal scarring and progressive chronic kidney disease. In Prof. Rajko B. Kenda (Department of Pediatric Nephrology, University Medical Center Ljubljana, Slovenia) lecture “Antireflux operation still an option” he emphasized that treatment of vesicoureteral reflux should be tailored to each child as a separate person. Among the various treatment options some of them will require surgical treatment as a one of many narrow paths. Prof. Mirjana Kostić, head of Center for Hemodialysis and Kidney Transplantation, University Children’s Hospital, Belgrade, Serbia gave lecture “Treatment of urinary tract infection after renal transplantation”. The aim of that teaching article was to summarize the clinical relevance and details of urinary tract infections after renal transplantation. She discussed about specific pathogenetic risk factors as well as options for treatment and prophylaxis of this frequent complication after kidney transplantation. Urinary tract infection management in such patients undoubtedly is more complex compared with urinary tract infections in otherwise healthy children. It is a serious complication, endangering long-term graft survival. Prospective studies are urgently needed to evaluate precise mechanisms and the value of preventive measures of this important complication. In the part Lecture Prof. Yelda Bilginer, Hacettepe University Faculty of Medicine, Department of Pediatric Nephrology and Rheumatology Unit, Ankara, Turkey was given lecture “How to treat lupus nephritis”. She concluded that renal biopsy was necessary to classify the histologic type of the disease which played a major role in determining therapy. “Complement 3 (C3) related nephropathies” was given by Prof. Fatih Ozaltin. He described diverse abnormalities of the alternative complement pathway leading to subsequent glomerular injury. Lecture of Prof. Francesco Emma under title “Renal involvement in mitochondrial diseases” presented a group of rare diseases that are characterized by their frequent multisystemic involvement, extreme variability of phenotype and complex genetics. In children, renal involvement is frequent and probably underestimated. The most frequent renal symptom is a tubular defect. Some of patients develop primarily a glomerular disease. In this review, autor summarized the principal characteristics of these diseases and the main diagnostic approaches. Part of meeting relating to entity “Best strategies of continuous peritoneal dialysis” was contained two lectures. The first lecture was “Best strategies in chronic peritoneal dialysis in children” from author Prof. Sevcan A. Bakkaloglu, head of the Department of Pediatric Nephrology and Rheumatology at Gazi University ...
School of Medicine, Ankara, Turkey. It is known that peritoneal dialysis remains the preferred form of chronic dialytic therapy in children. Despite constant advances in technology of performance peritoneal dialysis there are still certain deficiencies. Prof. Sevcan A. Bakkaloglu emphasized that the use of varied dwell times and dwell volumes, called adapted APD, was now proposed for an optimized peritoneal dialysis prescription with better volume control and increased solute removal. Prof. Constantinos J. Stefanidis, head of Paediatric Nephrology, “P. & A. Kyriakou” Children’s Hospital, Athens, Greece was held lecture under title “Rare complications of peritoneal dialysis: encapsulating peritoneal sclerosis – a guideline for optimal treatment”. Encapsulating peritoneal sclerosis (EPS) is an uncommon but one of the most serious complications in patients on long-term peritoneal dialysis. Author presented etiology, risk factors, clinical manifestations, diagnosis, treatment, prognosis, and prevention. Prof. Stefanides concluded that collaborative research and the establishment of a Pediatric EPS registry might be of importance to help nephrologists to recognize the early warning signs of EPS development, and therefore to develop strategies for its prevention and optimal management.

The first Sponsored symposium (Ferring Pharmaceuticals) was dedicated to nocturnal enuresis. Lectures from that always actual and insufficiently known themes and a big problem for children and their families who require our attention and therapeutic approach held Ass.Prof. Donka Pokrajac head of Department of Pediatric Nephrology, University Clinical Center, Sarajevo, Bosnia and Herzegovina under title „Nocturnal enuresis in children: etiology and evaluation” and Prof. Andrea Cvitkovic-Roic, Polyclinic for Children Diseases Helena, Zagreb, Croatia “News in the treatment of nocturnal enuresis in children”. The second Sponsored symposium (Raptor – General Sponsor) was about a rare autosomal recessive disorder cystinosis. First interesting lecture was held Prof. Francesco Emma “Cystinosis: an overview “, second Prof. Rezon Topaloglu “Cystinosis an overview of clinical aspects” where she emphasized the importance of early and accurate diagnosis and monitoring the disease that allows physicians to provide a proper treatment that, in majority, prevents patients from developing permanent organ damage, and at the very least encourages a proper treatment that, in majority, prevents patients from developing permanent organ damage, and at the very least encourages preventative measures which increase the patient’s quality of life significantly. Lecture of Prof. Pape Lars, Klinik für Pädiatrische Nieren-, Leber- und Stoffwechselfahrungen, Medizinische Hochschule Hannover, Germany “ From nephropathic cystinosin to cystinosin: paradigm shift, evolving trends in treatment and transition” was dedicated to the problems of patients with cystinosin when they transition of care into adulthood what is very important. In this period, some patients are without good medical care and they are in the gap. The author concluded that facilitated transition to adult healthcare services guided by expert recommendations and multidisciplinary teams are urgently required to improve the clinical management of cystinosis.

A special Commission headed by Prof. Amira Peco-Antic and Prof. Velibor Tasic reviewed all abstracts submitted for presentation and selected those for oral and poster presentations. Total of 44 presentations were dealt with various nephrology topics such as: glomerulonephritis, nephrotic syndrome, systemic diseases, urinary tract infections, vesicoureteral reflux, congenital malformations of the kidneys and urinary tract, renovascular disease, hypertension, acute kidney disease, chronic kidney disease, nephrolithiasis, rare diseases, dialysis and kidney transplantation. These topics were discussed in great depth. In the part of the Poster presentation was analyzed 39 papers with interesting topics from all areas of pediatric nephrology. Participants of the poster presentations were pediatric nephrologists, rheumatologists, radiologists, nuclear medicine specialists and children's surgeons. Five of the best works were selected for oral presentation, four from Turkey and one from Bosnia and Herzegovina. In this way, we exchanged clinical experience and discussed the dilemma on various issues. This has contributed to the quality of meeting.

Full conference management service was provided by Promo Tours and Nexus. ICT, the leading company in country specialized in event, congress and association management in the Sarajevo. They were responsible for complete conference logistics including delegate registration and accommodation, printing services of congress materials, installation and maintenance of websites, along with social programme, the meeting gala dinner at the Hotel “Bosna” in the Ilidža just outside of the city of Sarajevo, where archduke Franz Ferdinand and his wife Sophie spent the last day before the assassination that was the reason for the First World War.

In recent decades we have witnessed a rapid development of medical science and the medical profession in general. Especially, genetics and immunology is being rapidly developed. Diseases are examined at the molecular level, which is important for each area of medicine, and also for nephropathy. What yesterday was science fiction today becomes a reality. These facts are reasons why we organize professional meetings, national and international conferences and publishes books and magazines, whose aim is constant and continuous education of pediatric nephrologists, which is essential for the daily work. In this way, we will also give a contribution to this great civilizational step forward medicine in the 21st century, which should cultivate and developed in our countries. The primary motto of V SEPNWG was “No dialysis, no transplantation, but the early detection of kidney diseases”.

The Congress was rated by all delegates and lecturers to be on a high scientific level and well organized which enabled an exchange of experience and achievements, but also the possibility of considering an actual dimension of the achieved level of implementation of particular guidelines in the respective countries, as a special incentive for further development where it is really needed. The V SEPNWG was successful in scientific terms, but also showed the good regional cooperation and friendship of the pediatric nephrologists from the southeastern Europe, showing that at a time when the whole world is divided and fragmented they operate as a unit all with one aim that our young patients ensure better health care.

Members of the Scientific Committee concluded that it was necessary greater involvement of young nephrologists in the region to present the results their research, as well as to establish social and professional ties. We have been building on a solid foundation to widen our horizons, always encompassing the rapid changes occuring in pediatric nephrology. Dissemination of facts and debate and discussion of issues relevant to pediatric nephrology will be the basis of the our plan for action in the coming year.

Regular maintenance of SEPNWG are an excellent opportunity for exchange of experiences from different fields of pediatric nephrology and establishing cooperation between pediatric nephrologists from southeastern Europe. We wish to inform you that it is planned that the next SEPNWG meeting will be held in Greece in 2016 years, and after then in 2018 in Serbia.
Russell Wallace Chesney MD died on April 2, 2015 in Memphis, Tennessee. He was 73 years old. Russell, or as many called him Russ, was a major figure in pediatrics and pediatric nephrology for over 40 years. Born August 25, 1941 in east Tennessee, he was raised in Knoxville, Tennessee. Russell received a Bachelor’s degree from Harvard University, Cambridge, Massachusetts, and his MD degree from the University of Rochester, Rochester, New York. He began his medical research career at the University of Rochester and while completing an internship and residency in pediatrics at the Johns Hopkins University, he continued his research training at the National Institutes of Health in Baltimore, Maryland. From Johns Hopkins, he moved to McGill University in Montreal, Canada where he completed fellowships in pediatric nephrology and genetics. He trained with great mentors such as Jordan Cohen, Bertram Sacktor, Barton Childs, Robert Cooke, Harold Harrison, Keith Drummnd and Charles Scrivener. In 1975, he joined the faculty of the University of Wisconsin, moving in 1985 to the University of California, Davis and then, in 1988, he became professor and Chair of Pediatrics at the University of Tennessee, Memphis, Tennessee and the Le Bonheur Children’s Hospital. He served in those roles at the University of Tennessee and Le Bonheur Children’s Hospital until his return to the faculty of the University of Tennessee in 2011.

Dr. Chesney contributed to the advancement of pediatrics and pediatric nephrology at a local, national and international level. He was an excellent clinician and superb academician. Dr. Chesney published over 360 original manuscripts, nearly 180 book chapters and numerous letters to editors and abstracts. Throughout his career, he was sought after as a speaker across the globe. His areas of contribution included, pediatrics, nephrology, education and workforce development. We would like to cite a few examples of the importance and breadth of his contributions.

In the late 1970’s, Dr. Chesney and his colleagues were among the first to publish the use of 1,25 dihydroxyvitamin D3 in children to treat the hypocalcemia, bone disease and the growth failure of renal osteodystrophy [1-3]. He continued to work in this area of interest and on rickets, in general, throughout his career. His basic science laboratory interest was in the developmental aspects of amino acid transport in the kidney. He used taurine as his “model” amino acid. He published extensively on this subject with his earliest taurine transport publication in 1979 [4] and his most recent publication in 2013[5]. In 1980, Dr. Chesney was one of the first to describe the use of the antihypertensive, [angiotensin converting enzyme inhibitor] captopril, in children [6]. He teamed with his wife, Joan Chesney MD, to provide one of the earliest descriptions of toxic shock syndrome and its many clinical manifestations [7,8]. He published widely on hemolytic uremic syndrome [9], fluid and electrolyte management and workforce development in North America, in pediatrics and pediatric nephrology. Over the past decade, Dr. Chesney served as study chair of the NIDDKD supported Randomized Intervention for Children With Vesicoureteral Reflux (RIVUR) [10]. He was brilliant but also continuously curious, always asking why and encouraging others to heighten their own curiosity and to act on their questions.

The above contributions would, for most, be a truly remarkable career. But Dr. Chesney took on, very successfully, leadership positions at local, national and international levels. He was the Chair of a large, diverse and successful Pediatrics Department and part of the leadership team at a very well respected Children’s Hospital. He was a leader within: the American Society of Pediatric Nephrology [ASPN] and was its President [1985]; the Midwest Society for Pediatric Research and served as it President [1986-1987]; the Society for Pediatric Research [SPR] as President [1987]; the American Pediatric Society [APS] as President [2003-2004]; the American Society of Pediatric Department Chairs as President [2001-2003]. He served the American Academy of Pediatrics [AAP] as Chair of its Council on Pediatric Education [1989-1992] and as Chair of the Committee on Pediatric Research [1999-2004]. He was a member of the Board of Directors of the American board of Pediatrics and was its Chair [2001]. He was a leader of the International Pediatric Nephrology Association [IPNA] and editor of our journal, Pediatric Nephrology from 1997-2004. We all turned to Russell for his wisdom and insights and he gave of himself, tirelessly, throughout his career.

Dr. Chesney was honored for his many contributions with the Meade Johnson Award [SPR] in 1985; The Joseph St Geme Award given by the Federation of Pediatric Organization in the USA [2001]; the Ira Greifer Award from IPNA in [2010]; the Tennessee Chapter of the AAP Lifetime Achievement Award [2011] and highest award in pediatrics in the United States, the Howland Award from the APS in 2011.

Dr. Chesney’s career was truly remarkable. He did so much and did it so well. We will remember him, not only for what he did, but also for his personal qualities. Everyone knew Russell- from his publications and lectures, from his ubiquitous presence at meetings and his erudite questions. We know him for his prodigious knowledge and his exceptional memory. What is amazing is that we all felt Russell knew us. He was approachable, (…)

**Russell Wallace Chesney MD**

**A Fond Farewell**

**By Aaron Friedman and Robert Wyatt**

“Dr. Chesney contributed to the advancement of pediatrics and pediatric nephrology at a local, national and international level. He was an excellent clinician and superb academician”
willing to listen and help and generous with his time and ideas. Many considered Russell a mentor and one who influenced them and helped them succeed. Joan Chesney said of Russell, “He does not take himself seriously but he takes what he does very seriously.”

We are profoundly grateful for all Russell did for us, lucky to have had the work with or learn from him and saddened to lose him.


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**Obituary of Michel Pierson**

*By Pierre Cochat and Martin Zenker*

“He loved both Humanity and humanity, and dedicated his energy to sick children and disadvantaged individuals during his entire lifetime”

Michel Pierson passed away on August 13, 2015. Most pediatric nephrologists are aware of the ‘Pierson syndrome’ (combination of congenital nephrotic syndrome and ocular abnormalities with microcoria due to mutations in the LAMB2 gene) but very few knew Michel Pierson himself because he was not a fluent English speaker and could seldom travel because of severe disability due to poliomyelitis sequelae. He was born in 1925 and attended medical School in Nancy (France); he became professor of pediatrics and genetics at the University of Lorraine in 1953. He always had a major involvement in both the clinic and research, mainly in the field of endocrinology and development. His first description of congenital nephrotic syndrome and ocular abnormalities with microcoria was an outstanding phenotypic report. When Martin Zenker (Otto-von-Guericke University Magdeburg, Germany) showed that human laminin beta-2 deficiency caused congenital nephrosis with mesangial sclerosis and distinct eye abnormalities (1), Michel Pierson was 79 years old but still very active. Therefore he tried to contact all living members of the family reported 50 years earlier (2) and succeeded, allowing Martin Zenker to confirm the genotype... Michel and Martin first met in Lyon, France, in 2009 (Figure 1) and this was a unforgettable moment for both of them. Michel Pierson had been recognized as a major contributor by most French pediatricians and had served as president of the Société Française de Pédiatrie, president of the Association des Pédiatres de Langue Française and finally president of the French branch of UNICEF.

He loved both Humanity and humanity, and dedicated his energy to sick children and disadvantaged individuals during his entire lifetime.

Michel touched the lives of many people in many places and will be missed by all, but primarily by his three children and seven grand-children.
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 Iguazu, 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 your 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

KDIGO to Strengthen Implementation Programs in Low and Middle Income Countries
(Brussels, Belgium) - - - Following a major global conference on guideline implementation in low and middle income countries (LMICs), KDIGO has re-affirmed its commitment to making its guideline and conference recommendations more useable in countries with high demand and limited resources.

The KDIGO Implementation Strategies Conference on Understanding Needs in Low and Middle Income Countries was held in Bangkok, Thailand on June 18 to 21, 2015 under the leadership of Vivek Jha, India and Goce Spasovski, Macedonia. More than 70 nephrology clinicians and public health experts spent three days discussing issues relevant to improving care in LMICs and developing new strategies for KDIGO. The conference report from the meeting is being developed by its Steering Committee and will be submitted to Kidney International in the next few (…)

References

KDIGO communications@kdigo.org

Calendar

2015

October 17-20  
13th Congress of the International Society for Organ Donation and Procurement
Seoul, Korea

October 9  
First Paediatric Kidney Transplantation Symposium
London, UK

November 2-3  
Paediatric Kidney Transplantation
Hong Kong, UK

November 3-8  
ASN Kidney Week 2015
San Diego, CA, USA

November 11-13  
2015 Transplantation Science Symposium (TSS 2015)
Lorne, Australia

December 5-8  
Course on Advances in Nephrology, Dialysis, and Transplantation
Milan, Italy

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pierre.cochat@chu-lyon.fr

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bwarady@cmh.edu

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Contact IPNA
Europa Organisation
19, allées Jean Jaures
BP 61508
31 015 Toulouse
Tel +33 (0) 5 34 45 26 45

contact-ipna@europa-organisation.com

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months. KDIGO is a global guideline development not-for-profit organization headquartered in Brussels that develops and implements recommendations from its guidelines and conferences. Global guidelines are written in English and then translated into numerous other languages with adaptations for local circumstances.

Bert Kasiske, KDIGO co-chair said, “This conference was truly exciting for the prospect of ensuring KDIGO recommendations can be used throughout the world, even in difficult economic or resource-constrained environments. We asked these experts to guide us in making sure that KDIGO produces usable, relevant and culturally sensitive documents. In that regard, this conference was a major success.”

Physicians from Africa, Asia, Eastern Europe and Latin America were present. David Peiris of the George Institute in Sydney, Australia and Brenda Hemmelgarn of the University of Alberta, Canada presented guidance they had developed on the theory of evidence implementation for clinical practice use. Allan Collins, University of Minnesota, USA and Gregorio Obrador, Universidad Panamericana, Mexico City, Mexico presented experiences with improving government understanding and appreciation of the burdens associated with kidney disease.

Among others, these steps were suggested to KDIGO: translate recommendations into local languages; develop tools to accompany the recommendations that are easily used by physicians and other health care workers; disseminate materials electronically; provide detailed information that can be used to influence government policy; assist local experts in gathering local data on kidney disease in their countries; and make summaries that are simple and easy to use in the clinical setting.

David Wheeler, KDIGO co-chair reported that, “KDIGO makes its resources available around the world free of charge, electronically accessible and regularly updated. We now plan to provide slide sets, speaker kits, algorithms, clinical guides and priority suggestions with every publication. We hope that these tools will be helpful in adapting, for example, guideline recommendations to fit a country’s specific resource limitations.”

Dr. Wheeler added, “KDIGO is committed to improving outcomes for patients, not simply by publishing. We want to assist in clinical decision making with simple ideas that can be used by patients and their doctors when discussing the next steps in treatment.”

Kidney disease is a common, harmful and treatable condition that is prevalent all over the world. According to 2005 estimates from World Health Organization, chronic kidney disease caused 35 million deaths and more than 80% of these deaths occurred in LMICs. It also is a major burden as patients progress through early stages where proper treatment could save lives and money.

As a global guideline organization, KDIGO seeks to arm local practitioners with the latest global science translated into recommendations they can use. This conference was specifically designed to focus on countries without sufficient resources, finances and manpower to manage the burden of kidney disease. KDIGO will implement this new focus on LMICs throughout its program of work in the coming years.

For further information please contact KDIGO at KDIGOcommunications@kdigo.org.