President’s Address
ASN Kidney Week 2020 Reimagined

Anupam Agarwal, MD, FASN
Linda F. Fried, MD, MPH, FASN
Co-Chair, ASN Kidney Week Education Committee

Jon B. Klein, MD, PHD, FASN
Co-Chair, ASN Kidney Week Education Committee
Taking the Lead

- Building our Workforce
- Advancing Diversity, Inclusion and Equity
- Expanding Innovation and Collaboration
Why are we having difficulty attracting others into our specialty?

1988 ASN Presidential Address

Thomas F. Ferris, MD
Figure 1. Daily parameters, average week-by-week, 1/1/19 - 6/9/20. Daily hospital admissions decreased during the COVID-19 period (A). Concurrently, the absolutely number of daily consults and daily CRRT treatments increased. Shaded area represents the months of March, April, May, which in 2020 were the early, surge, and late periods in NY. From: Hirsch et al., Clin Neph, doi 10.5414/CN110312
Saakshi Thukral - KDSAP
Percentage of Active Physicians Who Are IMGs, by Specialty

AAMC from 2017 AMA Masterfile
What Improvements is ASN pushing for?

- Policies should continue to identify physicians as important for national security;
- Prioritize processing for physicians and medical residents;
- Expedite adjudications and extend visas and other protected status for physicians and medical residents through the COVID-19 national emergency;
- Continue and expand the H-1B premium processing option;
- Open visa processing at embassies and consulates worldwide for physicians and medical residents;
- Allow physicians and medical residents on J-1 and H-1B visas to be redeployed as needed to respond to the COVID-19 pandemic.
Compensation Nephrology vs Other Specialties

How Much Do Nephrologists Earn?

Employed physicians reported salary, bonus and profit-sharing contributions.
Task Force on Academic Nephrologists Compensation and Productivity

*Use transplant nephrology as a model to:*

- Recommend approaches to help address specific areas of most concern to US nephrologists relative to physician productivity and compensation.
- Generate robust and generalizable data on compensation that will help inform and improve current and future compensation models.
- Evaluate the downstream revenue/return on investment from transplant nephrologist led activities.
- Identify the compensation areas ASN and other stakeholders could most likely address:
# Cardiology as a Potential Model for Sub-specialization in Nephrology

<table>
<thead>
<tr>
<th>Cardiology</th>
<th>Nephrology</th>
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<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>General Nephrology, including:</td>
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<tr>
<td></td>
<td>• Cardiorenal disease</td>
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<td></td>
<td>• Hypertension</td>
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<td></td>
<td>• Diabetic kidney disease</td>
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<td>• Glomerular diseases, such as polycystic kidney disease</td>
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<tr>
<td>Clinical cardiac electrophysiology</td>
<td>Dialysis Care (including in-center and home modalities)</td>
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<tr>
<td>Interventional cardiology</td>
<td>Interventional Nephrology</td>
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<tr>
<td>Advanced heart failure and transplant cardiology</td>
<td>Transplant Nephrology</td>
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<td>Adult congenital heart disease</td>
<td>Critical Care Nephrology and Acute Kidney Injury</td>
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<td>Onconephrology</td>
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ASN Survey to Capture Data Across the Career Trajectory

ASN will extend the fellows’ survey data (surveys begun in 2014) to capture the full trajectory from undifferentiated student through retirement, and to help address the workforce crisis.

- Identify local, regional, national trends in employment (geographic, practice type, race/ethnicity/sex).
- Capture the effects of structural racism in nephrology.
- Analyze differences in expectations vs employment over time, including geography, career focus and compensation.
- Apply more granular data to begin to measure debt and impact of loan mitigation.
- Build detailed data to reflect potential areas of sub-specialization within nephrology.
- Determine regional differences that may impact rollout of home dialysis and telehealth initiatives.
In my capacity as a doctor, and in the name of all the doctors I have seen fiercely fighting their own battle yesterday, I tell you, it will take much more than an uprising, economic crises, currency collapse, hyperinflation, corona pandemic and a massive blast to hold us back.
Taking the Lead

Advancing Diversity, Inclusion, and Equity
A diverse mix of voices leads to better discussions, decisions, and outcomes for everyone.

Sundar Pichai
CEO, Google, Inc. and Alphabet, Inc
Diversity is being invited to the party; inclusion is being asked to dance.

Verna Myers
Founder and president of Verna Myers Consulting Group
Hospitalization and Mortality among Black Patients and White Patients with Covid-19

Eboni G. Price-Haywood, M.D., M.P.H., Jeffrey Burton, Ph.D., Daniel Fort, Ph.D., and Leonardo Seoane, M.D.

ABSTRACT

BACKGROUND
Many reports on coronavirus disease 2019 (Covid-19) have highlighted age- and sex-related differences in health outcomes. More information is needed about racial and ethnic differences in outcomes from Covid-19.

METHODS
In this retrospective cohort study, we analyzed data from patients seen within an integrated-delivery health system (Ochsner Health) in Louisiana between March 1 and April 11, 2020, who tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, the virus that causes Covid-19) on qualitative polymerase-chain-reaction assay. The Ochsner Health population is 31% black non-Hispanic and 65% white non-Hispanic. The primary outcomes were hospitalization and in-hospital death.

RESULTS
A total of 3626 patients tested positive, of whom 145 were excluded (84 had missing data on race or ethnic group, 9 were Hispanic, and 52 were Asian or of another race or ethnic group). Of the 3481 Covid-19-positive patients included in our
ASN Call to Action

The ASN Diversity and Inclusion Committee established several groups that work across ASN to dismantle systemic racism. The committee will report progress and challenges regularly to the ASN Council.

<table>
<thead>
<tr>
<th>Work Group/Category</th>
<th>ASN Alliance Entities</th>
</tr>
</thead>
</table>
| 1. Address equity in private practice | • ASN Policy and Advocacy Committee  
• ASN Quality Committee  
• AKII/Now Steering Committee  
• COVID-19 Response Team  
• Diabetic Kidney Disease-Collaborative (DKD-C) Task Force  
• Nephrologists Transforming Dialysis Safety (NTDS) Project Committee |
| 2. Evaluate, redesign, and implement training for trainees and program directors | • ASN Workforce and Training Committee |
| 3. Examine career advancement | • ASN Career Advancement Committee |
| 4. Engage with NIH and NIDDK | • ASN Policy and Advocacy Committee  
• KHI Board of Directors  
• KidneyX Steering Committee |
| 5. Evaluate the (ASN) awards selection committee and council nominations | • ASN Award Selection Committee  
• ASN Nominating Committee |
Proportion of Women: US Nephrologists and Kidney Week 2020 Faculty

- Nephrologists: 30%
- KW 2020 Faculty: 45%
ASN Loan Mitigation Task Force

ASN Loan Mitigation Pilot Program
Task Force Charge

The ASN Loan Mitigation Pilot Program Task Force is charged with providing advice and guidance to help shape the ASN loan mitigation pilot program, including: (1) selecting the best avenues for reaching potential applicants underrepresented in medicine; (2) determining a simple and effective application and review processes that will allow volunteers to make informed choices about recipients; and (3) developing metrics of program success.
Going Beyond the Statement: Dismantling Systemic Racism in Nephrology

This discussion will center on topics relative to systemic racism in nephrology, science, and medicine; the panel will address the topics suggested most often by those who register for this webinar.

ASN is developing a number of initiatives addressing systemic racism in nephrology and recognizes that no single effort represents an all-inclusive solution to complex challenges. We hope that by engaging the community and incorporating many perspectives during this key discussion, we will add to actionable items that ASN can support in order to better serve kidney professionals, advance excellence in our profession, and improve care of those with kidney diseases.
Taking the Lead

Expanding Innovation and Collaboration
HHS and ASN Award $3 Million to Winners of Redesign Dialysis Phase 2

Redesign Dialysis Phase 2 Winners
The following submissions were selected as winners of the Redesign Dialysis Phase 2 prize competition:

- A Bioresorbable Shape Memory Polymer Wrap to Improve Maturation and Patency of Dialysis Access Sites, *Timothy Boire, PhD*
- A Novel Device to Prevent Infection Due to Touch Contamination in Peritoneal Dialysis, *Sarah Lee*
- A Pro-Regenerative Vascular Access Graft: Surmounting Challenges Inhibiting Progress, *Buddy D. Ratner, PhD*
- Intracorporeal Hemodialysis System, *Shuvo Roy, PhD*
- Developing Self-Renewable "Living" Endothelium Vascular Grafts for Hemodialysis, *Aijun Wang, PhD*
- Nitric Oxide-Eluting, Disposable Hemodialysis Catheter Cap to Prevent Infection and Thrombosis, *Alexander Yevzlin, MD*
World’s first low cost dialysis unveiled.

It’s an invention that could save millions of lives each year and transform the way kidney disease is treated around the world.

Vincent Garvey, winner of the Affordable Dialysis Prize
Kidney R01* Trends

- Applications
  - Mean = 18.2% (470)

- Awards
  - Mean = 19.4% (85)

- Dollars
  - Mean = 18.4% ($35M)

*Type 1 & 2 R01 awards (includes unsolicited, PAs, PARs, PASs; excludes RFAs)

Courtesy of Dr. Chris Ketchum, Deputy Director, KUH, NIDDK
Quantity and Reporting Quality of Kidney Research

Kyriakos et al., JASN, 2019, 30 (1) 13-22; DOI: https://doi.org/10.1681/ASN.2018050515
Dapagliflozin in Patients with Chronic Kidney Disease

Hiddo J.L. Heerspink, Ph.D., Bergur V. Stefánsson, M.D., Ricardo Correa-Rotter, M.D., Glenn M. Chertow, M.D., Tom Greene, Ph.D., Fan-Fan Hou, M.D., Johannes F.E. Mann, M.D., John J.V. McMurray, M.D., Magnus Lindberg, M.Sc., Peter Rossing, M.D., C. David Sjöström, M.D., Roberto D. Toto, M.D., et al., for the DAPA-CKD Trial Committees and Investigators

September 24, 2020
DOI: 10.1056/NEJMoa2024816

Abstract

BACKGROUND  Patients with chronic kidney disease have a high risk of adverse kidney and cardiovascular outcomes. The effect of dapagliflozin in patients with chronic kidney disease, with or without type 2 diabetes, is not known.

METHODS  We randomly assigned 4304 participants with an estimated glomerular filtration rate (GFR) of 25 to 75 ml per minute per 1.73 m² of body-surface area and a urinary albumin-to-creatinine ratio (with albumin measured in milligrams and creatinine measured in grams) of 200 to 5000 to receive dapagliflozin (10 mg...
Ziad Zoghby, MD, MBA @ZidZoghby · Mar 8
The Novel Coronavirus 2019 Epidemic and Kidneys

The Novel Coronavirus 2019 epidemic and kidneys
Novel Coronavirus disease (COVID-19) is a newly discovered contagious disease caused by severe acute...
kidney-international.org

Claudio Ronco @croncolRRIV · Mar 10
We have ten patients on CRRT. The pattern is, diuresis mostly preserved, creatinine rising, improving oxygenation with pronation, chemistry similar to acute alcoholic hepatitis, status similar to sepsis (that's why we are using hemoperfusion with HA380 for 4 hours day).

John Prowle @JohnProwle · Mar 9
Anyone have a clear idea of the emerging pattern of rates of severe AKI and need for RRT in intubated patients with COVID19? 20% or more? Trying to anticipate need as we plan additional ventilation capacity...

Amygdaloid Spew @AmygdaloidSpew · Mar 18
In the Lancet letter (not a peer-reviewed article), the sickest patients had taken NSAIDS but they also had developed AKI for which NSAIDS are contraindicated. Not all COVID-19 patients develop AKI. Macron was referring to this.

Brian Rifkin, MD @brian_rifkin · Mar 15
Data out of Wuhan suggest that virus may not be as bad in HD as feared. 6 of 350 patients died, but mostly from complications of under-dialysis (afraid to go to treatment?). Additionally, AKI requiring RRT with covid-19, 0 of 10 survived in a cohort of 194 patients.

Swapnil Hiremath, MD, MPH @hswapnil · Mar 20
more data on AKI and risk factors in @Kidney_Int just published from Wuhan
kidney-international.org/article/S0085-
 CoronaKidney
(may be paywalled still - hope it becomes open soon)

Kidney disease is associated with in-hospital death o...
In December 2019, a coronavirus 2019 (COVID-19) disease outbreak occurred in Wuhan, Hubei Province,...
kidney-international.org
Controversies of renin–angiotensin system inhibition during the COVID-19 pandemic

Andrew M. South, Laurie Tomlinson, Daniel Edmonston, Swapnil Hiremath & Matthew A. Sparks

Nature Reviews Nephrology 16, 305–307 (2020) Cite this article
23k Accesses | 44 Citations | 229 Altmetric | Metrics

The current COVID-19 pandemic is associated with unprecedented morbidity and mortality. Early reports suggested an association between disease severity and hypertension but did not account for sources of confounding. However, the responsible virus – SARS-CoV-2 – gains entry to host cells via angiotensin-converting enzyme 2 (ACE2), highlighting the need to understand the relationship between the virus and the renin–angiotensin system (RAS) and how this might be affected by RAS inhibitors.

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus has a higher transmission rate than SARS-CoV, which emerged in 2002, and, in some patients, COVID-19 results in acute respiratory distress syndrome with high morbidity and mortality. Early reports suggested that patients with severe COVID-19 were more
National Kidney Foundation -
American Society of Nephrology Task Force

- Cynthia Delgado, MD, FASN, Cochair
- Neil R. Powe, MD, FASN, Cochair
- Mukta Baweja, MD
- Nilka Rios Burrows, MPH, MT
- Deidra C. Crews, MD, FASN
- Nwamaka D. Eneanya, MD, MPH, FASN
- Crystal A. Gadegbeku, MD, FASN
- Lesley Inker, MD
- Mallika L. Mendu, MD, MBA
- W. Greg Miller, PhD
- Marva M. Moxey-Mims, MD, FASN
- Glenda V. Roberts
- Wendy L. St. Peter, PharmD, FASN
- Curtis Warfield, MS

- Reassessing the inclusion of race in diagnosing kidney diseases
- Issuing initial recommendations in 2020
18-510
Research Coordination Networks in Undergraduate Biology Education
National Science Foundation

20-559
Historically Black Colleges and Universities – Undergraduate Program
National Science Foundation

W81XWH-20-KCRP-CRNDANoD Kidney Cancer, Clinical Research Nurse Development Award Department of Defense
Dept. of the Army -- USAMRAA

18-330
Investigator-Initiated Clinical Trials Targeting Diseases within the Mission of NIDDK (R01 Clinical Trial Required)
Department of Health and Human Services
National Institutes of Health

PAR-19-030
NIDDK Education Program Grants (R25 Clinical Trial Not Allowed)
Department of Health and Human Services
National Institutes of Health

RFA-DK-20-021
Mechanistic Studies of the Interaction between SARS-CoV-2/COVID-19 and Diseases and Organ Systems of Interest to NIDDK (R01 Clinical Trial Optional)
Department of Health and Human Services
National Institutes of Health

CDC-RFA-DP21-2107
Supporting and Improving the Surveillance System for Chronic Kidney Disease in the United States
Department of Health and Human Services
National Institutes of Health
The Hidden Epidemic
More than 850 million people suffer from kidney diseases

1 Underestimated Problem
Most people are not aware of their impaired kidney function. In general, kidney diseases are “silent” with no apparent early symptoms. According to the World Health Organization, kidney diseases are a leading cause of death.

2 850 Million People
More than 850 million people worldwide have some form of kidney disease, which is roughly double the number of people who live with diabetes (422 million) and 20 times more than the prevalence of cancer worldwide (42 million) or people living with AIDS/HIV (36.7 million).

3 Chronic Kidney Disease (CKD) and Acute Kidney Injury (AKI)
The prevalence of CKD worldwide is 10.4% among men and 11.8% among women. AKI, experienced by 13.3 million people each year, may resolve or lead to CKD or kidney failure in the future.

4 Insufficient Treatment
Between 5.3 and 10.5 million people require dialysis or transplantation, although many more do not receive these treatments due to lack of resources or financial barriers.

5 Financial Burden
Treating people with kidney diseases and kidney failure impose of heavy financial burden or healthcare budgets, as the annual cost per patient for hemodialysis are, for example, US $88,195 in the USA, up to US $58,812 in Germany, US $83,616 in Belgium or US $70,928 in France.
Implement systems that value and advance our specialty and our contributions to individual patients and to public health.
Dismantle systemic racism in nephrology.
Build a diverse and overflowing pipeline of students and trainees eager to cure kidney diseases.
✔ Overcome the barriers social determinants of health impose on kidney care.
Secure the funding that will spur research, discovery, and innovation as well as improve global health.
We Must
Take the Lead