Celebrating the ASN at 50

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doi: 10.1681/ASN.2016040445

By bringing together individuals with complementary expertise, interests, and ideals, medical societies realize shared goals and ultimately improve care for people worldwide. For the past 50 years, the American Society of Nephrology (ASN) has achieved these objectives and accomplished its initial mission of advancing the science of nephrology. In the process, the ASN has grown to become the largest kidney-focused society in the world with close to 16,000 members in >100 countries, hold the preeminent nephrology meeting with an average of 13,000 participants from around the globe, and produce the most popular portfolio of nephrology-focused publications. Established as a national society, the ASN now encompasses, represents, and serves an international community of dedicated health professionals committed to curing kidney diseases.

In the early 1960s, a United States society was needed to unify a number of seemingly disparate societies, councils, and other entities that were all connected by a shared interest in the kidney in health and disease. These groups included the growing number of physicians and scientists whose focus centered on renal physiology and related metabolism, the circulation and its disorders, hypertension, immunology, acute kidney disease and CKD, renal pathology, dialysis, or renal transplantation. The general awareness of a need for such a society crystallized into a distinct plan to establish the ASN, largely as the result of an unanticipated invitation.

The Third Congress of the International Society of Nephrology (ISN) was to take place in Washington, DC in 1966. The ISN invited the Renal Section of the Council on Circulation of the American Heart Association (AHA) to host this meeting. Interacting with the ISN required a society that was sufficiently representative of nephrology’s breadth in the United States at the time, an entity with a broader purview than that provided by the Renal Section of AHA’s Council on Circulation. A founding group of 18 physicians and scientists from the Renal Section of AHA’s Council on Circulation and the Scientific Advisory Board of the National Kidney Foundation (NKF) was thus assembled.1,2

This founding group included many luminaries, such as Robert Berliner, Neal Bricker, John Merrill, George Schreiner, Belding Scribner, and Donald Seldin. On June 26, 1966, they conferred at the Gramercy Park Hotel in New York, New York to draft the ASN’s constitution and bylaws, decide on its first officers, and select the venue for its first meeting. This group was supported, in part, by funding from the NKF. The ASN’s provenance, therefore, has ties to the ISN, the NKF, and the AHA, three important relationships that endure today.1,2

The ASN’s first national meeting was held in October of 1967 in Los Angeles, California. At this meeting, 1250 participants heard the latest advances of the time in renal physiology, dialysis, and transplantation. The size, scope, and reputation of the meeting grew steadily through the succeeding years, such that, on average, the meeting now attracts almost one half of its participants from outside the United States, involves representation by >100 countries, and generates an estimated $35,000,000 for the host city.

The annual meeting continues to be a major venue where breakthroughs in the science and practice of nephrology are announced, and many major advances have been initially reported there throughout the past 50 years. The ASN Annual Meeting has been the showcase for reporting important clinical trials that have had a major impact on the practice of nephrology, including the first large-scale randomized, controlled trials of ACE inhibitors and ARBs in diabetic nephropathy and trials on dialysis adequacy, hypertension management, ESA usage, immunosuppressive regimens in both kidney transplants and GN, and treatment of diabetic nephropathy to name but a few.

It has also been at the ASN Annual Meeting that numerous studies have been presented that identified key factors in renal development, reported identification and characterization of transporters that play key roles in renal physiology, revealed the importance in both physiology and pathophysiology of the different cell types of the glomerulus, and elucidated mechanisms underlying the pathogenesis of both acute kidney disease and CKD. Two of these highlights are the identification of polycystin 1 as the gene responsible for autosomal dominant polycystic kidney disease and the identification of the role of PLA2R in membranous nephropathy. The meeting has witnessed the continued evolution of scientific approaches to understanding kidney function and diseases from micropuncture and isolated tubule perfusion to the use of genetically manipulated model organisms and omics research.

When the ASN formed in 1966, its focus was primarily on hosting the annual meeting. As the organization evolved, the ASN expanded to feature education, communications, research,
career development, and policy. Through educational activities at the annual meeting, ASN Highlights across the globe, the board review course and update, the in-training examination for nephrology fellows, and other continuing education products (such as the Nephrology Self-Assessment Program and the Kidney Self-Assessment Program), the ASN now provides educational opportunities at all stages of a nephrologist’s career as well as for scientists and other health professionals interested in kidney diseases.

The Journal of the American Society of Nephrology, begun in 1990, was the ASN’s first foray into scientific publishing and has become the leading nephrology journal. In 2006, the ASN recognized a need to develop a home for the increasing number of clinical studies in nephrology and launched a sister journal, the Clinical Journal of the American Society of Nephrology, which has become the most read nephrology journal. The ASN launched Kidney News in 2008 to provide up to date information about kidney-related issues. The ASN’s Kidney News currently has a circulation of >19,000, giving the news-magazine the broadest circulation in the field.

The ASN has taken an increasingly active role in promoting career development. One important aspect of this endeavor is the establishment of a separate foundation (the ASN Foundation for Kidney Research) and the development of a grants portfolio that supports both trainees (the Ben J. Lipps Research Fellowship Program) and newly independent investigators (the Career Development Grants Program). Recently, the ASN established programs to facilitate the careers of clinician educators (the William and Sandra Bennett Clinical Scholars Program) and underrepresented minorities (the Harold Amos Medical Faculty Development Program).

In addition to supporting the largest privately funded grants portfolio solely focused on kidney diseases, the ASN actively addresses workforce issues through several innovative programs, including Kidney STARS, Kidney TREKS, the William E. Mitch International Scholars Program, and the Karen L. Campbell Travel Support Program for Fellows. Recently, the ASN expanded its efforts beyond medical students, residents, fellows, graduate students, PhD candidates, and other trainees to focus on career advancement for nephrologists at every stage of their careers. All of these efforts have been enriched by a significant commitment to diversity and inclusion across nephrology and the ASN.

Throughout its existence, the ASN has strongly advocated for kidney-related research. Besides promoting cutting edge research at its meeting, in its journals, and through its foundation, the ASN has long emphasized vigorous funding for federal agencies (particularly the National Institutes of Health, the Department of Veterans Affairs, the Agency for Healthcare Research and Quality, and the Patient-Centered Outcomes Research Institute) committed to curing kidney diseases. To aid in identifying and overcoming barriers to kidney-related discovery and innovation, the ASN partnered in 2012 with the Food and Drug Administration to establish the Kidney Health Initiative—a public-private partnership to foster the development of new kidney therapies—which currently has >70 members representing patients, health professionals, the biotechnology and pharmaceutical industries, dialysis organizations, and medical device companies.

Given the importance that policy decisions have on the careers of its members and the lives of their patients, the ASN has assumed a leadership role in advocating for rational outcomes of policy issues that affect the practice of nephrology and the lives of people with kidney diseases. Policymakers are increasingly listening to and taking the advice provided by the ASN on myriad policy issues. For example, Congress in 2013 enacted the HIV Organ Policy Equity Act, increasing access to transplantation—a top ASN legislative priority—and the ASN’s advocacy in 2014 helped secure greater reimbursement for home dialysis for both facilities and nephrologists. Collaborating with other health professional organizations, the ASN promoted the repeal of the flawed Sustainable Growth Rate and replaced it with a new law on physician payment that more appropriately reflects physicians’ time and value. Today, the ASN is championing numerous bills in Congress that reflect the ASN’s advocacy priorities, including legislation to increase transplantation and protect living donors, expand telehealth options, and reduce health disparities.

When the ASN celebrates its 100th anniversary in 2066, the approaches to education, communications, research, career development, and policy will be unimaginably different. Nonetheless, between now and then, the ASN must continue to adapt to foreseeable and unforeseeable changes. Health care will continue to consolidate, centralize, and integrate, whereas the sources of funding for kidney care, research, and education will continue to shift. Globalization will continue to change health care in the United States and abroad. Multidisciplinary care delivered across specialties by teams of health professionals will accelerate. Efforts to define, measure, and improve health care quality will continue to expand, be uncoordinated, and include numerous participants. Health technology will continue to advance at exponential rates.

During its first 50 years, the ASN advanced from 18 physicians and scientists in the Gramercy Park Hotel to a boutique guild focused primarily on academic scientists to a multinational organization incorporating every aspect of kidney care, research, and education. Moving forward into its next 50 years, the ASN will continue to evolve to meet the needs of its members, always with the unwavering goal of improving the welfare of people with kidney diseases and the enduring, ultimate quest of finding a cure.

DISCLOSURES
None.

REFERENCES