The ASN Today: The President’s Report

In 1966, a distinguished group of 18 nephrologists and scientists came together to found the American Society of Nephrology (ASN). Although a consensus was lacking, fortunately, the opinion of the majority prevailed and plans were made to hold the initial meeting of our Society in October of 1967 in Los Angeles. The 1,250 participants at that first meeting were nearly double the number expected. From a total of 287 abstracts, 80 or 28% were selected for presentation. For purposes of comparison, there was a total registration of just over 6,100 individuals at the 1991 meeting. This year, the Program Committee received 2,416 abstracts for review of which 1,458 or 60% were selected for presentation.

From the beginning, the Society has attracted to its membership individuals with diverse interests including clinicians, renal physiologists and other basic scientists, transplant physicians and surgeons, urologists, pediatric nephrologists, pathologists, hypertensionists, and those interested in dialysis. In fact, one of the major strengths of our Society has been the successful integration of these diverse disciplines within a single organization. However, it is unlikely that even the most visionary among our founding fathers would have predicted the success of the Society.

The original Constitution that has remained essentially unchanged for the past 25 years states that “.... The purpose of this Society shall be to advance the knowledge of nephrology and to foster the dissemination of this knowledge through

1. national scientific meetings;
2. cooperation with other national societies of nephrology; and
3. other means approved by the members on recommendation by the Council.”

Although the annual scientific meeting has always been and continues to be the centerpiece of Society activities, more recently, the Officers and Councilors have greatly expanded the scope of activities of our organization into the broad categories of postgraduate education, public policy, and professional matters. In the jargon of the day, our Society has become a “full-service” organization and far more “user friendly.” I will focus my thoughts on these newer initiatives.

Postgraduate education has been identified by your leadership as an especially important area for emphasis. Currently, the Society supports eight major initiatives in postgraduate education in addition to the annual meeting. These include the National Kidney Foundation (NKF)/ASN Fellowship Program, the International Society of Nephrology (ISN)/ASN International Fellowship Program, basic science workshops, the Medical Knowledge Self-Assessment Program in Nephrology, a nephrology mini-course at the annual American College of Physicians (ACP) meeting, Short Courses in the Clinical Practice of Nephrology, a regional board review course, and the Journal of the American Society of Nephrology. I will briefly summarize the activities during the past year for each of these eight initiatives.

For many years, the ASN has funded postdoctoral fellowships through the NKF/ASN fellowship program. During the 1991 to 1992 academic year, the Society funded six fellowships at a total cost of $192,000.

In addition to the NKF/ASN fellowship program, our Society has also made a commitment to the ISN to provide support for two International Fellowship Awards during the current academic year and for a total of four awards each year thereafter. These fellowships are intended primarily to provide clinical nephrology training to qualified physicians from developing countries. In this agreement, it is stipulated that the recipients of these four awards will train in nephrology programs within the United States. Furthermore, a representative from our Society will participate in the selection process.

During the past several years, a variety of basic science workshops have been held just before the annual meeting. It was the feeling of the Program Committee this year that the importance of these workshops should be reemphasized by conducting them at a time other than the annual meeting. Furthermore, a special standing subcommittee of the Postgraduate Education Committee was formed specifically to develop these basic science workshops, which previously had been the responsibility of the Program Committee. The committee, chaired by Diana Marver, includes Joseph S. Handler, Alan M. Krensky, R. Tyler Miller, and Stephen T. Reeders. The first workshop recommended by the committee entitled, "Conference on Transcriptional Control and Differentiation," will take place in June 1992 at the Westin Arizona Biltmore Hotel in Phoenix. Plans are already underway for the 1993 workshop on Structural Biology. It is anticipated that at least one workshop will be held each year.

Postgraduate education initiatives, however, have not been limited to fellowship support and basic sci-
enue workshops. In conjunction with the American College of Physicians and in cooperation with the NKF, a 10-member committee including Jerome G. Porush, Charles S. Wingo, Rajiv Kumar, Wayne A. Border, Robert E. Cronin, John P. Hayslett, Patricia A. Gabow, Alan Nissenson, and J. Harold Helderman, under the leadership of James Knochel, was established to develop a Medical Knowledge Self-Assessment Program in Nephrology (MKSAP-Nephrology). The work of this committee began in June of 1991 with the expectation that the program will be completed in the fall of 1993.

A second postgraduate education initiative was also undertaken in cooperation with the ACP. Our Postgraduate Education Committee, composed of William M. Bennett, Gil M. Eisner, Patricia A. Gabow, and Marc A. Pohl and chaired by Jerome G. Porush, conducted an excellent nephrology mini-course at the 1991 spring ACP meeting in New Orleans.

There is little doubt that our Society has done an excellent job of bringing the latest in the clinical science of nephrology to its membership at the annual meeting. However, it was the opinion of your leadership that far too little was being done to address the educational needs of those engaged in the clinical practice of nephrology. Therefore, a new and exciting initiative made its debut at this year’s meeting, “Short Courses in the Clinical Practice of Nephrology.” An outstanding faculty composed of 53 clinical nephrologists and practitioners discussed a total of 20 carefully selected topics in dialysis, hypertension, transplantation, and clinical nephrology. These 2-hour courses were presented as part of our regular ASN program and stressed the practical clinical aspects of each subject. Audiotapes were made available for each of the 20 sessions at a nominal cost.

In response to suggestions from our membership, the Society is moving ahead with plans to offer a regional clinical nephrology meeting in the form of a 3-day board-review course to individuals preparing to take their subspecialty boards in nephrology. The first course will be held in Birmingham, Alabama, under the direction of David Warnock in September of 1992. Faculty from several southeastern medical schools will participate.

A highly visible and increasingly successful postgraduate education initiative is our Society journal—JASN. As noted by Michael Dunn in his presidential remarks in 1990, planning for a new journal began in 1987 when Barry Brenner was our president and continued in 1988 and 1989 during the presidential terms of Tom Ferris and Jay Stein. The publication was launched in July 1990 with Jared Grantham at the editor’s helm. The first 18 issues have demonstrated remarkable growth in both the quality and quantity of their content. We are pleased to report that the journal is now listed in the Clinical Medicine section of Current Contents, which became effective in July 1991, and is indexed in Index Medicus retroactive to July 1990.

Another postgraduate education activity has been the nurturing of the development of the Training Program Directors Committee, which most recently has been under the leadership of Dr. Harry Jacobson. Members of the committee include Billy S. Arant, Peter S. Aronson, Thomas D. DuBose, Thomas H. Hostetter, William E. Mitch, John B. Stokes, and Wadi N. Suki. This group has concerned itself with issues such as manpower, the content of nephrology training programs, and the recruitment of physicians into nephrology. Financial and staff support is provided to this committee by the Society.

Next, I wish to review with you the current status of our Public Policy program. At the meeting in 1989, our 23rd president, Jay Stein, spoke to us on the theme, “Things must change to stay the same.” His presidency marked the beginning of our efforts to develop an effective and responsible public policy initiative. Many of you in this audience have played a significant role in these efforts, and I thank each and every one of you for taking the time to become involved.

Before discussing the Public Policy Committee’s activities for the past year, let me explain why we created the committee and discuss some recent changes in its structure. This committee was established to increase funding for biomedical research and research training; to educate key members of Congress and federal agency officials regarding the merits of investing in kidney research; and to develop an educated grassroots network with the ability to respond to key policy issues in a timely fashion.

Members of the Public Policy Committee have included the Chairman, Thomas E. Andreoli, and eight additional individuals, including Edward A. Alexander, William G. Couser, Gerald F. DiBona, Darrell D. Fanestil, Stanley Goldfarb, David W. Ploth, Edmund J. Lewis, and Richard E. Rieselbach, who were selected from five geographic regions of the United States, regions whose Senator or Representative is on a Congressional health committee and is of vital interest to the ASN.

We have moved recently to strengthen the Public Policy Committee by adding several members. The past president, the president, and the president-elect of the Society, our Executive Director, and the State Network Coordinator will now serve on this Committee. These individuals will bring “institutional memory” and provide an added degree of continuity. The past president will serve as the chairman.

I’d like to turn now to the accomplishments of the Public Policy Committee during the past year. First, we are pleased with our 1992 appropriation, in light of this year’s extremely tight budget situation. The House and Senate completed work on H.R. 2707, the
1992 Health and Human Services Appropriations Bill, on November 6, 1991. The bill contains good news for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), thanks to the support of key members of Congress including Representative Early (D-MA) and Senators Harkin (D-IA), Adams (D-WA), and Gorton (D-WA). The Appropriations Committee's recommendation for the NIDDK is $864.1 million, which represents a $48.8 million increase over the 1991 appropriation. This would have been possible without the hard work of the ASN membership. Your letters to Congress helped convince the Appropriations Conference Committee to fund the NIDDK near the level that was recommended in the House version of H.R. 2707, which was $115 million more than the Senate recommendation. It is no secret that several letters and visits from constituents carry much more weight than hundreds of letters from nonconstituents.

I am also pleased to note that the Committee Reports that accompany the House and Senate versions of H.R. 2707 include language requested by the ASN. The ASN language in both Committee Reports is nearly identical. The language from the Senate Report is shown below:

Within the amount provided, the Committee strongly encourages the NIDDK to place a special priority on kidney research, and directs that a report be given to the Committee on the allocation of these funds within 120 days. We emphasize that the funds should be placed across the spectrum of kidney research and training to promote basic and applied research efforts that will serve as the basis for new preventive, diagnostic, and therapeutic strategies in the management of these diseases. Further, the George O'Brien Kidney and Urologic Research Centers have proven to be an extremely effective research mechanism whose focus is research aimed at preventing costly kidney diseases. These centers have not received a funding increase for the past 4 years. Therefore, the Committee directs that a portion of the funds provided for kidney research be directed toward efforts in these centers to address the multiple research opportunities which exist.

Possibly of even greater importance is the fact that the language in the Conference Report that addresses kidney disease was taken directly from the House and Senate Reports. It reads as follows: "...The agreement also provides increased funds for kidney research which the conferees expect to be placed across the spectrum of kidney research and training to promote basic and applied research efforts." The significance of the language lies in the fact that the NIDDK will need to address kidney research as one of their two top priorities, the other being Cystic Fibrosis Centers, before any other initiative is undertaken.

One reason we were so successful with Appropriations this year is that we have had a more visible role than in the past. Your president testified at Congressional hearings, met with key NIH and NIDDK officials, and interacted with key Congressional supporters. ASN has also grown more visible by participating in coalitions, such as the FDA Council, the Ad Hoc Group for Medical Research, and public forums. Our success would not have been possible without the dedicated efforts of our Public Policy Committee and the State Network. Both have successfully targeted key members of Congress through Congressional Alerts initiated by our Washington representative.

The ASN was also actively involved this year in the appointment of new members to the National Kidney and Urologic Diseases Advisory Board. Two of our recommendations, Dr. Diana Marver of the University of Texas Southwestern Medical Center and Dr. Aubrey Morrison of Washington University in St. Louis, were appointed to the Advisory Board by Secretary Sullivan.

Our third ASN nominee, Dr. Vivian Pinn-Wiggins, was selected by Dr. Healy as Director of the National Institutes of Health's (NIH's) Office of Women's Health Research. Before her new appointment, Dr. Pinn-Wiggins was Professor and Chair of Howard University's pathologic department. We are very pleased and proud of this selection.

I will now review our current activities that relate to professional affairs. Until recently, our Society has paid very little attention to professional matters that impact heavily on the manner in which we conduct the clinical practice of nephrology. A majority responding to the 1990 membership survey felt the Society should become more involved in this arena. In an effort to bring the most important issues into better focus, the Clinical Practice Committee was established this year under the able leadership of Wadi Suki. Committee members include Billy S. Arant, William M. Bennett, Juan P. Bosch, Allen K. Holcomb, Larry G. Hunsicker, and Nathan W. Levin.

Two members, Juan Bosch and William Bennett, represent our Society on the "Working Committee to Develop Practice Guidelines in Nephrology." This group, sponsored by the Renal Physicians Association, is working with the Program for Technology and Health Care in the Department of Community and Family Medicine at Georgetown University School of Medicine to develop practice guidelines in nephrology, as the name of the committee implies. The results of their work could have a profound impact on our subspecialty if such guidelines are adopted by insurance companies, government agencies such as the Health Care Financing Administration (HCFA).
and hospital quality assurance committees. Therefore, we felt that it was important that knowledgeable members of our subspecialty participate in the development of such guidelines.

Other important issues identified by this committee this year have included the impact of the current monthly capitation payment (MCP) for dialysis on the quality of care being provided, patient access to medical care, more specifically, the question of access of minorities to transplantation, the Resource-Based Relative Value Scale for physician reimbursement as it affects nephrologists, the impact of global fees paid to surgeons for reimbursement of transplantation and posttransplant care, and the problem of higher mortality rates among patients undergoing chronic maintenance dialysis in the United States relative to that in other countries. This committee has recommended to the Council that we support increased expenditures for clinical and basic research in end-stage renal disease (ESRD), a research area that has been largely neglected at the NIH for several years.

During this past year, your leadership has worked extremely hard to promote a new spirit of cooperation among the major professional organizations that serve our subspecialty. Our 1990 membership survey revealed that 72% of our members belong to the ISN, 53% to the NKF, and 28% to the Renal Physicians Association. Thus, it is important that the leadership of these organizations work together on issues of common interest for this overlapping membership. Some of these interactions have produced results that are immediately obvious. For instance, through cooperation with the leadership of the NKF, the ASN plenary session has been moved to Sunday morning. Thus, the length of our annual meeting has been increased without the necessity of adding another full day. Overlapping programming on Sunday should be of benefit to the memberships of both organizations. This year, the Renal Pathology Club, now known as the Renal Pathology Society, is an active participant in our meeting as the cosponsor of the clinicopathologic conference presented on Tuesday afternoon.

Earlier this year, discussions were initiated between the leadership of the Renal Physicians Association and our Society with the goal of developing a better working relationship between the two organizations and avoiding unnecessary duplication of effort. The Renal Physicians Association has been very effective in addressing the concerns of the clinical nephrologist through their legislative activities and federal agency interactions. They have also focused their efforts on quality of care and patient-access-to-care issues. Our two organizations have agreed to collaborate in areas of common interest, to promote membership in each other’s organization, and to support their respective activities. Currently, we are in the process of developing parallel committees to enhance informational exchange.

I will now comment briefly on the 1991 annual meeting. As I mentioned earlier, the Program Committee received 2,416 abstracts for review (Table 1). One hundred eighty members of our Society participated in the review process. The Program Committee anticipated a 15% increase in the number of abstracts that would be submitted compared with last year. As you can see, the prediction was not far off. There was growth in all categories with the exception of “cell and transport physiology” and “renal pathophysiology.” Approximately 35% of the submitted abstracts originated from non-North American laboratories, compared with 37% at the 1990 meeting. This year, 700 abstracts were presented as oral communications and 758 as posters. Unfortunately, Festival Hall, where all posters were being presented, was not made available to us on Sunday evening, thus preventing us from having our traditional Sunday poster session. The Program Committee was reluctant to hold two mega-poster sessions to compensate for the loss of Sunday evening. Therefore, additional oral communications were scheduled, the two remaining poster sessions were modestly expanded, and the abstract acceptance rate was reduced slightly. Even

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<th>Abstract Category</th>
<th>1991</th>
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<tr>
<td>Clinical Nephrology</td>
<td>332 (+27%)</td>
<td>262</td>
</tr>
<tr>
<td>Dialysis</td>
<td>345 (+12%)</td>
<td>309</td>
</tr>
<tr>
<td>Hormones/Autacoids</td>
<td>314 (+5%)</td>
<td>300</td>
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<td>Hemodynamics/Hypertension</td>
<td>234 (+97%)</td>
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<tr>
<td>Immunology/Pathology</td>
<td>319 (+39%)</td>
<td>229</td>
</tr>
<tr>
<td>Mineral Metabolism</td>
<td>138 (+59%)</td>
<td>87</td>
</tr>
<tr>
<td>Renal Pathophysiology</td>
<td>202 (+6%)</td>
<td>215 (Renal Physiology)</td>
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<tr>
<td>Cell and Transport Physiology</td>
<td>346 (+15%)</td>
<td>406</td>
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<tr>
<td>Transplantation</td>
<td>186 (+32%)</td>
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<tr>
<td>Totals</td>
<td>2,416 (+17%)</td>
<td>2,067</td>
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with these changes, more free communications were presented this year than in 1990.

I will now touch briefly on membership and finances. In parallel with the annual meeting, our Society continues to grow and prosper. Membership information for the past 3 years is shown in Table 2. Corresponding members represent those individuals from outside North and Central America who, under the current Constitution and By-Laws, are nonvoting members of our Society and cannot hold an elected position. There was a 5% increase in total membership from 1989 to 1991.

Figure 1 depicts the sources of revenue for our Society in 1991. Revenues and expenditures will amount to just over $2 million this year. Thus, each percentage point is equivalent to approximately $20,000. The Society enjoys an excellent balance in its sources of revenue with 25% being derived from publications, 16% from grants and corporate sponsorships, 20% from annual meeting income, and 27% from exhibit income. Less than 8% of total revenues are derived from membership dues. As the Society has developed new programs, it has also identified additional sources of revenue to support these initiatives.

A major source of revenue has been the support we receive from pharmaceutical and biomedical supply companies (Table 3). This year, that support will total more than $380,000, most of which will be used to fund our fellowship programs. On behalf of the Society, I thank these corporate sponsors for their financial commitment.

The breakdown of expenditures is shown in Figure 2. Again, each percentage point is equal to approximately $20,000. Operating expenses of 13% which include fees paid to our management firm, Smith-Bucklin, is actually below the industry average for such services. The expense for fellowships will increase with the addition of the four ISN International Fellowships in 1992. The annual meeting and exhibit expense is actually 8% less than the revenue derived from these two sources. Revenue will also exceed expense in the publication category by approximately $100,000. Our budget projections for 1991 indicate that we should end the year with an excess of revenue over expense of approximately $200,000.

Finally, as I noted earlier in this presidential message, the original Constitution and By-Laws of our Society have remained essentially unchanged for the past 25 years. Some in this audience would argue that these documents were so well crafted by our founding fathers that few changes have been necessary for the Society to conduct its business. Others would respond that changes are needed as the Society grows, as it assumes new responsibilities and moves...
in new directions, many of which may not have been considered when our current Constitution and By-Laws were drafted.

Therefore, earlier this year, I asked Robert Schrier, a past president of our Society, to chair a nine-member committee, The Ad Hoc Constitution and By-Laws Review Committee, which will evaluate every facet of these governing documents. The committee was chosen to represent a cross-section of the membership of our Society. In addition to the chairman, committee members include Ruth G. Abramson, Charles B. Carpenter, Russell W. Chesney, Gerhard H. Giebisch, Thomas H. Hostetter, Alan R. Hull, T. Dwight McKinney, and Fred G. Silva. In September, I invited the members of this Society to participate in the process by writing to Dr. Schrier to apprise him of issues that should be addressed by his committee. A final report from the committee will be submitted to the Council for review and action in 1992.

I will conclude my remarks by offering three personal observations that in large part reflect my experience as a member of this Society since its inception.

First, I believe the single most important characteristic that sets the American Society of Nephrology apart from all other societies in our subspecialty is its absolute dedication to scientific and scholarly excellence. As the Society accepts new challenges and expands into new areas of opportunity, the leadership must continue to ensure that this distinguishing characteristic is not compromised.

Second, the annual meeting must remain an open forum in which participants from abroad, as well as from this country, can present their best work for review and comment. Only if we embrace the very best science, regardless of its origin, will we continue to have the premier nephrology meeting in the world.

Third, if we are to reverse the downward spiral of interest in nephrology as a career, we must redouble our efforts to convey to our successors the excitement we have experienced as scientists and clinicians working in this discipline. We must be willing and eager to serve as role models for medical students and housestaff at all levels of their training. We must be the ones who teach the renal physiology, the anatomy, the pathology, the immunology, and the clinical science in our curricula. For, after all, who is better equipped to accomplish this task than those of us in this audience?

It has been a privilege and an honor for me to serve as the 25th president of the American Society of Nephrology. I thank you for the opportunity.

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