

PEDIATRIC ACADEMIC SOCIETIES' ANNUAL MEETING

May 14-17, 2005 ~ Washington, DC

Jointly Sponsored by the:

American Pediatric Society
Society for Pediatric Research
Ambulatory Pediatric Association
American Academy of Pediatrics

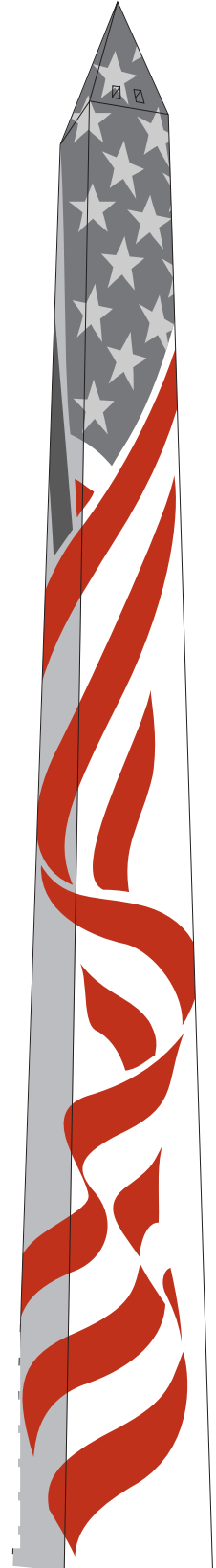
In Cooperation with:

The Center for Continuing Education,
Tulane University Health Sciences Center

SPONSORSHIP OPPORTUNITIES

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2005 PEDIATRIC ACADEMIC SOCIETIES' ANNUAL MEETING

May 14 – 17

Washington, DC

The Pediatric Academic Societies' Annual Meeting offers a number of options for industry to manifest its support for pediatric medicine and to become visible to the clinical, research and teaching communities. Don't miss this opportunity to promote your venue or services by taking advantage of the sponsorship opportunities outlined within this brochure. All donations for conference support, research or education are tax deductible and acknowledgment of industry support is well publicized as listed below.

- ✓ Signage at a sponsored event
- ✓ Inclusion in sponsor list, main conference area
- ✓ Recognition final program
- ✓ Recognition in our annual report
- ✓ Website recognition with link to sponsor's home page
- ✓ Inclusion on a sponsor recognition page of the APS, SPR, APA and AAP newsletters

Companies may wish to support more than one activity. Acknowledgment is therefore given according to the total contribution, in the following manner:

| | |
|-------------------------------|----------------------------|
| Gold Contributor | \$50,000 and up |
| Silver Contributor | \$20,000 - \$49,000 |
| Bronze Contributor | \$1,000 - \$19,000 |
| Sustaining Contributor | Below \$1,000 |

To become a sponsor or for more information contact Kathy Cannon, PAS Associate Meeting Director at 281-419-0052 or via email at kathyc@aps-spr.org.

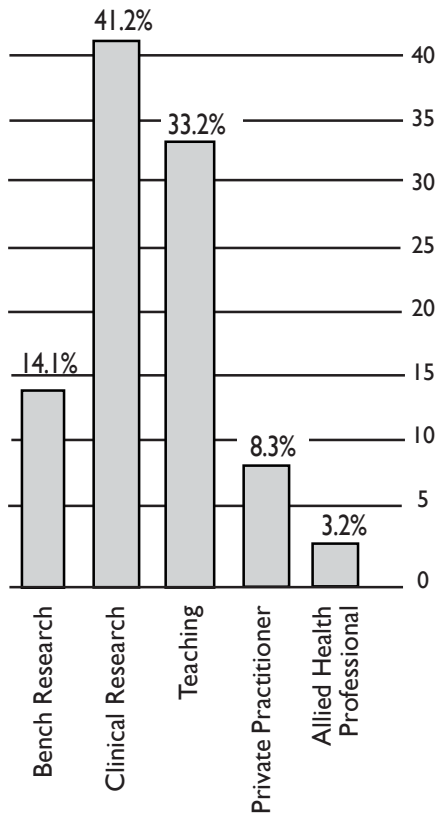
We look forward to seeing you in Washington, DC and thank you for your continued support!

Profile of the PAS Attendees

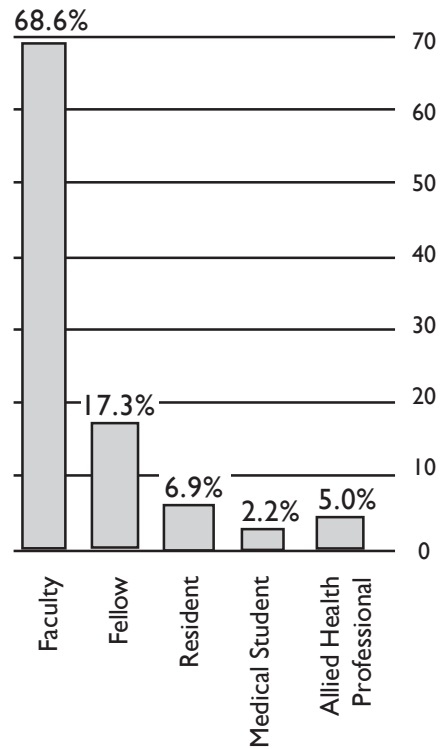
Annual Meeting Demographics: Attendance Figures

| | 2004 | 2003 | 2002 | 2001 |
|-----------------------------|-------|-------|-------|-------|
| Members/Guests | 4,349 | 3,878 | 3,522 | 3,289 |
| Trainees | 1,341 | 1,126 | 1,143 | 1,110 |
| Allied Health Professionals | 172 | 159 | 137 | 137 |
| Exhibitor Staff | 781 | 689 | 739 | 781 |
| Family | 269 | 237 | 185 | 160 |

Involvement in Pediatrics



Professional/Education Level



2004 PAS Annual Meeting Attendance

| | | |
|--|--------------------------------------|---|
| 5,059 Domestic Attendees | 803 Non U.S. Attendees | 5,862 Non-Exhibitor Attendees |
|--|--------------------------------------|---|

The Pediatric Academic Societies (PAS) partners, members and other organizations in all aspects of pediatric academic and research will gather once again for the world's largest gathering of pediatric research and academicians. These distinguished individuals represent significant opportunities for marketing, promotion, collaboration, investigation, camaraderie and social interaction. We recognize the significant role the contributions of corporate partners and companion organizations play in achieving PAS objectives and in ensuring the success of our annual meeting; the PAS cordially invites you to strongly consider the variety of different opportunities for additional exposure for your company or organization.

Please feel free to contact the Kathy Cannon at the PAS Program Office should you have any questions. kathyc@aps-spr.org or 281-419-0052.

Working with Third Party Vendors

Often times, a corporate partner will designate an advertising firm, communications company or other third party vendor to act on their behalf in coordinating aspects of their sponsorship of a PAS program or activity. In all cases, the PAS prefers working directly with the corporate partner in question, but will work with a third party vendor if the following conditions are agreed to:

Initial contact must occur between the corporate partner and the PAS. The PAS will not respond to initial inquiries from the third party vendors that claim to be acting on behalf of corporate sponsors. When a corporate partner is interest in sponsoring a PAS program or activity, all communications leading up to the confirmation of the sponsorship must occur exclusively between the PAS and the corporate sponsor.

Once the authorized representative of the company has confirmed the sponsorship in writing, the corporate partner must provide the PAS with the name and contact information of the third party vendor in writing. The name of the **one** contact at the third party vendor is preferred and all subsequent communications between the PAS and the third party vendor will be funneled through that person.

All subsequent communications and correspondence between the PAS and the third party vendor must be copied to the original representative at the corporate partner.

In its role as an accredited provider of CME through Tulane University, the PAS must retain final control and authority over all PAS Annual Meeting programs and activities.

Representatives of third party vendors will inform and obtain the approval from the PAS before arranging for or engaging in any activities associated with the sponsored program or activity.

OVERVIEW

The PAS provides many opportunities for organizations to participate in its Annual Meeting through sponsorship of educational sessions or activities. By providing funds in the form of unrestricted grants, organizations can have their names and, in some cases, their product associated with a wide variety of Annual Meeting sessions and activities, thereby increasing their exposure to PAS participants. This type of sponsorship enables the PAS to reduce a number of significant costs and provides for a more economical conference to the participant.

NEW!

Policy on Industry Sponsored Symposia (ISS)

For the first time, the PAS will host Industry Sponsored Symposia.

Procedures and applications are on the PAS website at www.pas-meeting.org Policies and procedures outlined represent the only acceptable method for the provision of educational sessions at the PAS Annual Meeting. Satellite sessions, or those planned without the input or invitation of the PAS, or other official PAS alliances are not permitted at the Annual Meeting. The PAS will provide no time frame or space for such functions to occur before, during or after the PAS Annual Meeting. Violation of this policy could affect your participation on any or all levels at future PAS meetings.

Recognition of Educational Session Sponsors

Sponsors of educational sessions are recognized in several ways. Acknowledgements are included in all promotional materials associated with the meeting, including placement of the sponsor name (through the phrase, "Supported through an unrestricted educational grant from [Sponsor Name]") with the session's listing within the final program. The printed program is mailed in advance of the meetings to more than 4,000 targeted attendees, and is used extensively by participants as they plan their itinerary. Acknowledgements are repeated in signage outside the meeting rooms, sponsorship honor roll banners, recognition in the annual reports of each of societies, inclusion on the sponsor recognition page of newsletters and the PAS website. In keeping with the ACCME and AMA standards, no product-specific advertisements or product promotion materials are permitted in any educational session or sponsor advertising of sponsored sessions. Also, please note that PAS does not make special arrangements for meeting registration or hotel reservations for sponsors of educational sessions, and all sponsor or third party representatives must register through the exhibitor registration process or the normal meeting registration process to be present.

The Pediatric Academic Societies do not endorse specific products and do not suggest that one product is superior over another. Further, the PAS must remain at "arms length" from product information to prevent implied endorsement.

EDUCATIONAL SESSIONS

Over 150 sessions available for sponsorship:

State of the Art Plenary - Topic Symposia - Hot Topics

| | |
|---------------------|----------|
| Full Sponsorship | \$12,000 |
| Partial Sponsorship | \$ 5,000 |

Educational Workshops - Mini Courses

| | |
|---------------------------------|---------|
| Full Sponsorship - Single Topic | \$5,000 |
|---------------------------------|---------|

Recognition: Acknowledgement in Program Guide, signage/banners, website and a signage at the session.

CONVENTION ACTIVITIES

Meeting Transportation

Courtesy shuttle bus service to and from the Convention Center from major hotels. This service will be used by 50% of the meeting attendees.

All Shuttles \$25,000

Recognition: Corporate name, logo and product identification in each bus front window, at bus stops and on bus schedule available to all attendees.

Abstracts2View™

Abstracts-On-Line/On-Disk/On-Palm/Archives

All submitted abstracts for the 2005 PAS Meeting will be made available on the PAS Website two months prior to the Annual Meeting and for one year following the conference. In addition, 2000-2004 PAS abstracts will be made available on the PAS Website. Includes mailing of CD to all subscribers to *Pediatric Research Journal*, approximately 5,500 subscribers and members.

Full Sponsorship \$84,100

Recognition: Corporate Logo on opening and closing screens of the program and acknowledgement in Final Program, signage at the convention center and website.

Attendee Tote Bags

**Exclusively Sponsored by
Discovery Laboratories**

Meeting attendees receive tote bags upon arrival at the convention center. Corporate logo/Company name on one side of the bag.

Full Sponsorship \$20,000

Recognition: Acknowledgement in Final Program, signage/banners at the convention center and on the website.

Internet Café

Provide email and World Wide Web access for meeting attendees. Over 20 computers will be highly used in a common area within the convention center. The Internet Café will remain open and highly visible and fully operational for the full duration of the meeting.

Full sponsorship \$15,000

Recognition: Corporate logo screen savers (to be provided by the sponsor) on all computer screens, acknowledgement on banner hanging over the area, signage at the location of each computer, acknowledgement in Final Program and website.

Seated Massage Station

We are offering exclusive sponsorship of the extremely popular Seated Massage Station. Team certified, professional massage therapists wearing the sponsor's logo apparel, will be located in the exhibit hall during show hours. If you have seen this sponsorship in action at one of hundreds of conferences, you know how popular it is and the tremendous amount of traffic it brings. Provide attendees that visit your booth a "ticket" for a free massage or not. Sponsors make the decision as to whether they would prefer to offer tickets or not.

Full Sponsorship \$15,000

Recognition: Signage at the location of the station, listed in the Final Program and on the website and sponsor banner in the common area of the convention center.

PAS Child Care Services

Children of attendees will participate in arts and crafts and learn about the history of Washington, DC and much more at the PAS Child Care Center. Infants to 12 year-olds will be welcome.

Full sponsorship \$12,000

Recognition: Acknowledgement in Final Program, signage at the center, listing on banners in the convention center and website.

Exhibit Hall Reception Lounges

Provide complimentary beverages/snacks in the Reception Lounges during exhibit hours—at three locations throughout the exhibit floor.

Opening Reception (Exclusive) \$40,000
One Lounge/Each Day \$10,000
Exclusive one day all lounges \$30,000
Exclusive three days/all lounges \$80,000

Recognition: Corporate name on signage in Exhibit Hall and each lounge as well as acknowledgement in the Final Program, listed on the website and sponsor banner hanging in the common area of the convention center.

NEW!

ADVERTISING OPPORTUNITIES

Increase your company's exposure by placing a full page ad in the PAS Program Guide which distributes to over 6,000 meeting attendees.

Cover – Full Page, 4 color

Inside Back Cover \$4,000
Outside Back Cover \$5,000

Interior Page – Full Page, Black & White

Front Section \$1,500
Back Section \$1,000

Ad Dimensions

Full Page (Bleed) 8 3/4" x 11 1/4"
Full Page (No Bleed) 7 1/2" x 10"

Mechanical Specifications:

Ads must be produced in Macintosh based or compatible programs. We prefer files to be in EPS format—created in Illustrator, FreeHand or Photoshop—with all type converted to paths (or outlines). Ads can be submitted in QuarkXpress for the Mac, with all fonts and linked images included. We will accept ads produced in PC based programs (such as Corel Draw) if saved in EPS format and all type converted to paths. We will accept PDF files created using Adobe Distiller. PDF files must be CMYK (not RGB) with all fonts embedded and be press ready.

Photos submitted electronically must be 300 dpi at the size to be printed or larger.

Accepted Media:

CD, DVD, 100 MB Zip Cartridge or electronic file. Ads under 2 MB in size may be emailed to: lori@championsprinting.com. Please indicate PAS Ad in the subject line. A hard copy print out is required with all electronic ads.

For any questions regarding these specifications, please call: Lori Short, Creative Director, Champions Printing & Publishing, Inc. at 281-583-7661. Please be sure to reference the PAS Annual Meeting during all communications with the publisher.

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

5700 Clinical Trial Registries: Challenges and Opportunities

4:15pm–6:15pm Sunday, May 15, 2005

Chair: Myron Genel, Chair, Public Policy Council and Professor Emeritus of Pediatrics, Yale University School of Medicine, New Haven, CT

Over the past year there has been a great deal of attention in the medical literature and lay press to the availability of data conducted by pharmaceutical firms, particularly when that data reveals potential side effects or fails to demonstrate significant benefit. The American Medical Association's Council on Scientific Affairs has recommended that the Department of Health and Human Services establish a comprehensive registry for all clinical trials and that results from these trials be publicly available. The Council as well as the International Committee of Medical Journal Editors (ICMJE) has also recommended that institutional review boards require registration of clinical trials and the ICMJE will soon require registration as a precondition for publication. Finally legislation has been introduced—The Fair Access to Clinical Trials (FACT) Act—that would codify these recommendations for all clinical trials irrespective of sponsorship, perhaps through expansion on the National Library of Medicine's ClinicalTrials.gov website. This symposium, the 12th Annual Public Policy Plenary organized by the Public Policy Council and the Public Policy and Advocacy Committee of the Ambulatory Pediatric Association, will explore the implications of these proposals, particularly for pediatric investigation and clinical practice, with a panel of international authorities. Time has been set aside to allow meaningful discussion involving the panel and audience.

Overview

Myron Genel, Chair, Public Policy Council and Professor Emeritus of Pediatrics, Yale University School of Medicine, New Haven, CT

Why We Need a Global, Unified System for Clinical Trial Registration

Kay Dickersin, Director, U.S. Cochrane Center and Professor Community Health, Brown University, Providence, RI

Registering Clinical Trials—The Response from Medical Journals

Christine Laine, Deputy Editor, Annals of Internal Medicine and Executive Secretary, International Committee of Medical Journal Editors, Philadelphia, PA

Operation of a Model Clinical Trials Registry - NLM's ClinicalTrials.gov

Donald Lindberg, Director, National Library of Medicine, NIH, Bethesda, MD

Implications for Pediatric Research and Practice

Richard L. Gorman, Chair, American Academy of Pediatrics Committee on Drugs, Ellicott City, MD

Sponsored jointly by the Public Policy Council and the Pediatric Academic Societies

5701 Crossing the Pediatric Quality Chasm

4:15pm–5:45pm Sunday, May 15, 2005

Chair: Thomas F. Boat, University of Cincinnati College of Medicine, Cincinnati, OH

This state of the art plenary addresses the pediatric dimension of the national movement in quality improvement accelerated by the 2001 Institute of Medicine report, "Crossing the Quality Chasm, A New Health System for the 21st Century." The ability to understand, adopt and determine the impact of quality improvement processes is critical to academic pediatric health centers. To sustain viability in the coming health care crisis, they will have to demonstrate that their care is of the highest quality, safety and reliability. The Plenary addresses quality improvement: (1) as it relates to academic pediatrics; (2) its current state of science and practice in pediatrics; (3) how it is practically being applied in an academic setting in the context of the missions of patient care, research and education; and (4) training implications. Presenters are recognized leaders in the field.

Thomas F. Boat, University of Cincinnati College of Medicine, Cincinnati, OH

The Important Role of Quality Improvement in Academic Pediatrics

Speaker to be determined

What Is the State of Quality Improvement in Pediatrics?

Carole M. Lannon, North Carolina Center for Children's Health Care Improvement, Chapel Hill, NC

How To Integrate Research, Teaching and Quality of Care Missions

Uma R. Kotagal, University of Cincinnati College of Medicine, Cincinnati, OH

Training and Maintaining the Pediatricians of the 21st Century—The Role of Quality Improvement

Paul Miles, American Board of Pediatrics, Chapel Hill, NC

5702 Identification of Asthma-Susceptibility Genes and Implications for New Pharmaceutical Development

4:15pm–5:45pm Sunday, May 15, 2005

Chair: Clifford W. Bogue, Yale University School of Medicine, New Haven, CT

Asthma is rapidly emerging as a major public health disorder in childhood. Innovative strategies combining genetic mapping and gene expression profiling are providing the tools to identify genes that underpin asthma predisposition. This presentation not only has relevance for an important pediatric medical topic, but also establishes a paradigm that can be used for other complex genetic disorders that affect children.

Marsha Wills-Karp, Children's Hospital Medical Center, Cincinnati, OH

Visit the PAS Website at www.pas-meeting.org for further details on this program.

7300 Children's Health and the Federal Government: Research and Public Health Policy

10:15am–11:45am Tuesday, May 17, 2005

Chairs: Lisa Guay-Woodford, President, Society for Pediatric Research; and Paul Young, Chair, PAS Program Committee

Elias A. Zerhouni, the Director of the NIH and Vice Admiral Richard H. Carmona, the Surgeon General of the United States, will provide PAS attendees with their views of the critical issues related to pediatric research and the health of our nation's children.

Introduction

Paul C. Young, University of Utah School of Medicine, Salt Lake City, UT
Lisa M. Guay-Woodford, University of Alabama at Birmingham, Birmingham, AL

The NIH Roadmap for Medical Research

Elias A. Zerhouni, Director, National Institutes of Health, Bethesda, MD

Promoting Health for U.S. Children and Their Families

Vice Admiral Richard H. Carmona, Surgeon General of the United States, Washington, DC

7301 Genetic Mechanisms of Respiratory Distress in the Newborn Infant

10:15am–11:45am Tuesday, May 17, 2005

Chair: F. Sessions Cole, Washington University School of Medicine, St. Louis Children's Hospital, St. Louis, MO

Improved survival of newborn infants with lung disease has unmasked distinct genetic mechanisms that contribute to acute, chronic and lethal pulmonary insufficiency. Mutations in the surfactant protein genes B and C and a lamellar body transporter gene (ATP-binding cassette transporter A3 or ABCA3) may disrupt pulmonary surfactant function and alveolar type 2 pneumocyte metabolism. After discussing the clinical aspects of the surfactant protein deficiencies, we will discuss how more common polymorphisms in the surfactant protein genes may be related to respiratory distress and our current understanding of the pathogenetic contribution of mutations in the ABCA3 gene to both acute neonatal and chronic interstitial lung disease in children.

Introduction

F. Sessions Cole, Washington University School of Medicine, St. Louis Children's Hospital, St. Louis, MO

Clinical Aspects of Surfactant Protein Deficiencies

Aaron Hamvas, Washington University School of Medicine, St. Louis Children's Hospital, St. Louis, MO

Polymorphisms in the Surfactant Protein Genes

Mikko Hallman, University of Oulu, Oulu, Finland

ABCA3 and the Genetic Basis of Interstitial Lung Disease

Lawrence M. Noguee, Johns Hopkins School of Medicine, Baltimore, MD

Summary

F. Sessions Cole, Washington University School of Medicine, St. Louis Children's Hospital, St. Louis, MO

7302 Influences on the Health and Development of Minority Children: An Integrative, Ecological Approach

10:15am–11:45am Tuesday, May 17, 2005

Chair: Lee M. Pachter, Saint Francis Hospital and Medical Center and University of Connecticut School of Medicine, Hartford, CT

There is growing recognition that developmental outcomes in minority children are influenced by factors that are either unique to minority children or that have differing effects among minority and nonminority children. This topic symposium will consist of presentations on the effects of different contextual variables on minority child behavioral and developmental competencies. A conceptual model describing the inter-relationship among these factors and minority child developmental competencies will be presented, followed by research that explores the differing effects of individual, family and community level contexts on the health and development of minority children.

Introduction

Lee M. Pachter, Saint Francis Hospital and Medical Center and University of Connecticut School of Medicine, Hartford, CT

Minority Child Development: An Integrative Model

Cynthia Garcia Coll, Brown University, Providence, RI

The Six Primary Tasks of Parenting

Robert H. Bradley, University of Arkansas at Little Rock, Little Rock, AR

Ethnic Gaps in Early Health and Development: Causes, Consequences and Prevention

Jeanne Brooks-Gunn, Columbia University, New York, NY

Closing Remarks

Lee M. Pachter, Saint Francis Hospital and Medical Center and University of Connecticut School of Medicine, Hartford, CT

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

7303 Pediatric Biopreparedness: Dual-Use Systems for Everyday and Times of Trouble

10:15am–11:45am Tuesday, May 17, 2005

Chairs: Michael W. Shannon, Children's Hospital Boston, Boston, MA; and Kenneth D. Mandl, Children's Hospital Boston, Boston, MA

Addressing the medical and public health consequences of an emerging infection, a naturally occurring outbreak or a bioterrorist attack requires well-developed capabilities for detection, analysis and response. In the context of national preparedness there has been heavy investment to develop these capabilities, but only limited attention has been paid to the unique needs of the pediatric population. Further, the use of these systems for every day problems as well as disasters is critical if the efforts are to be sustainable.

A multidisciplinary faculty from the Center for Biopreparedness at Children's Hospital Boston will present leading-edge research on (1) public health informatics for the real-time epidemiology of outbreaks of infectious disease among children, (2) approaches to development and dissemination of principles of pediatric bioterrorism response and (3) the dual use of biopreparedness technology.

Pediatric Biopreparedness

Michael W. Shannon, Children's Hospital Boston, Boston, MA

Approaches to Development and Dissemination of Principles of Pediatric Bioterrorism

Michael W. Shannon, Children's Hospital Boston, Boston, MA

Real Time Epidemiology of Outbreaks of Infectious Disease Among Children

Ben Y. Reis, Children's Hospital Boston, Boston, MA

Dual Use of Real-Time Outbreak Detection Technology

Kenneth D. Mandl, Children's Hospital Boston, Boston, MA

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

4300 Development of Hypertension in the Newborn: Translating Theory into Practical Application

10:00am–12:00pm Saturday, May 14, 2005

Chairs: Elaine Urbina, Children's Hospital Medical Center, Cincinnati, OH; and Luc Brion, Montefiore Medical Center, Bronx, NY

Hypertension is found in up to 2% of term or preterm neonates. The prevalence is difficult to ascertain precisely since the definition of hypertension in this age group has not been completely standardized. However, recent studies have provided normative data that may be useful in identifying these infants. This symposium will examine key aspects of the diagnosis of hypertension in the neonate including measurement and instrumentation issues and normal values. Pre- and post-natal risk factors for the development of neonatal hypertension will be addressed along with treatment options. Perinatal programming for future cardiovascular disease will also be addressed.

How Do We Measure BP in the Neonate and What Is Normal?

Alan Zubrow, Drexel University College of Medicine, St. Christopher's Hospital for Children, Philadelphia, PA

Perinatal Influences on Blood Pressure in the Newborn

Matthew W. Gillman, Harvard Medical School/Harvard Pilgrim Health Care, Boston, MA

How Does "Perinatal Programming" Contribute to the Development of Subsequent Vascular Disease?

Julie R. Ingelfinger, Massachusetts General Hospital, Boston, MA

What Non-pharmacologic and Drug Treatment Options Are Available for the Management of Neonatal Hypertension

Douglas L. Blowey, Children's Mercy Hospital, Kansas City, MO

Sponsored jointly by the International Pediatric Hypertension Association and the Pediatric Academic Societies

4800 Behavior Problems, Brain Maturation and the Pediatrician

3:15pm–5:15pm Saturday, May 14, 2005

Chair: Kathleen A. Pajer, Children's Hospital, Columbus, OH

This symposium will summarize research on behavior problems in the pediatric population, presented in the context of new research on brain maturation during childhood and adolescence. Clinical implications of this synthetic approach will be discussed. The first presentation will give an overview of brain maturation and neural plasticity, focusing on the mechanisms of postnatal development. We will then review abnormalities in brain maturation that may underlie emotional and behavioral dysregulation, constructs strongly correlated with behavior problems in children and adolescents. Next, we will present data on how premature adrenarche and the developing brain may be associated with childhood behavior problems. The final presentation will discuss adolescent brain maturation, puberty and behavior problems, with a focus on hypothalamic pituitary adrenal axis function. Our discussant will talk about the integration of the two bodies of work presented and its application to clinical problems seen by the pediatrician. Our session will conclude with an opportunity for the audience to ask questions of the speakers.

Behavior Problems, Brain Maturation and the Pediatrician

Kathleen A. Pajer, Children's Hospital, Columbus, OH

Brain Development and Neural Plasticity

Charles A. Nelson, University of Minnesota, Minneapolis, MN

Dysregulation and the Developing Brain

Kathleen A. Pajer, Children's Hospital, Columbus, OH

Mood and Behavior Problems in Early School-Age Children: Relationships with Early Puberty and the Adrenal Axis

Lorah Dorn, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Circadian Variations in Gonadal and Adrenal Hormones and Behavior Problems in Young Adolescents

Elizabeth J. Susman, The Pennsylvania State University, University Park, PA

Discussant

Ronald Dahl, University of Pittsburgh, Pittsburgh, PA

Sponsored jointly by the Society for Adolescent Medicine and the Pediatric Academic Societies

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

4801 The Pediatric Generalist and Pediatric Subspecialists in the 21st Century: Who Will Take Care of Children with Subspecialty Disorders?

3:15pm–5:15pm Saturday, May 14, 2005

Chair: Robert P. Schwartz, Wake Forest University School of Medicine, Winston-Salem, NC

The demand for pediatric subspecialty service is increasing, and waiting times for appointments get longer. Workforce and reimbursement issues contribute to the problem. In this symposium we will discuss the relationship of the pediatric generalist and subspecialist in the care of the children with common uncomplicated, as well as complex, subspecialty disorders in the 21st century.

Introduction and Opening Remarks

Robert P. Schwartz, Wake Forest University School of Medicine, Winston-Salem, NC

Role of the Pediatric Generalist in Management of Diabetes in the 21st Century

Francine R. Kaufman, University of Southern California Keck School of Medicine, Children's Hospital of Los Angeles, Los Angeles, CA

Role of the General Pediatrician in Management of Neurodevelopmental Disorders

Fan Tait, Utah Department of Health, Salt Lake City, UT

Role of the General Pediatrician in Management of Chronic Subspecialty Disorders

Gordon B. Glade, Utah Valley Pediatrics, American Fork, UT

Role of the Pediatrician in Creating Medical Home

Richard Antonelli, University of Massachusetts Medical School, Sterling, MA

Summary

Robert P. Schwartz, Wake Forest University School of Medicine, Winston-Salem, NC

Sponsored jointly by the American Academy of Pediatrics: Pediatrics for the 21st Century Symposium Series and the Pediatric Academic Societies

4802 Traumatic Brain Injury in Infants and Children

3:15pm–5:15pm Saturday, May 14, 2005

Chair: Patrick M. Kochanek, University of Pittsburgh School of Medicine and Children's Hospital of Pittsburgh, Pittsburgh, PA

This program will address state of the art investigation in the area of traumatic brain injury in infants and children. Novel studies of the molecular biology and biochemistry of pediatric traumatic brain injury will be presented including work studying human samples (CSF, brain tissue) using molecular tools, such as proteomics and state of the art magnetic resonance spectroscopy. Novel therapies will also be addressed, including an RCT of the application of mild or moderate therapeutic hypothermia in severe pediatric traumatic brain injury. Finally, studies addressing the use of serum biomarkers in the assessment of infants presenting to emergency departments and outpatient clinics with silent brain injury from inflicted childhood neurotrauma (child abuse) will also be presented.

Cellular and Molecular Mechanisms of Secondary Injury in Pediatric Traumatic Brain Injury

Patrick M. Kochanek, Safar Center for Resuscitation Research, University of Pittsburgh School of Medicine, Pittsburgh, PA

Randomized Controlled Trial of Hypothermia in Pediatric Traumatic Brain Injury

P. David Adelson, Children's Hospital of Pittsburgh, Pittsburgh, PA

Spectroscopy Applications in Pediatric Traumatic Brain Injury

Stephen Ashwal, Loma Linda University School of Medicine, Loma Linda, CA

A New Approach to the Detection of Inflicted Childhood Neurotrauma

Rachel P. Berger, Children's Hospital of Pittsburgh, Pittsburgh, PA

5100 Advances in Understanding the Molecular Basis of Cardiac Electrophysiologic Diseases of Childhood

8:00am–10:00am Sunday, May 15, 2005

Chair: Steve A.N. Goldstein, University of Chicago and Pritzker School of Medicine, Chicago, IL

This topic symposium is directed toward educating interested members about the state of the art in electrophysiological disorders of the heart, with a focus on the channelopathies (long QT syndrome including SIDS, Brugada syndrome). The discussion will range from insights gained from animal models of these disorders to the impact of gene discovery on clinical practice today.

Introduction

Steve A.N. Goldstein, University of Chicago, Pritzker School of Medicine, Chicago, IL

Animal Models of Electrophysiologic Disease

Charles I. Berul, Children's Hospital Boston, Harvard Medical School, Boston, MA

Channelopathies and Sudden Death

Jeffrey A. Towbin, Baylor College of Medicine, Houston, TX

Genetic Testing for Cardiac Channelopathies

Michael J. Ackerman, Mayo Clinic College of Medicine, Rochester, MN

5101 ARDS: New Pathways and Treatments

8:00am–10:00am Sunday, May 15, 2005

Chairs: Steven H. Abman, University of Colorado School of Medicine, Denver, CO; and Alan Jobe, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Acute respiratory distress syndrome (ARDS) remains a leading cause of morbidity and death in critically ill neonates, infants and children. ARDS is associated with diverse clinical disorders, including sepsis, trauma, aspiration and infection and is characterized by lung inflammation, non-hydrostatic pulmonary edema and poor lung compliance. Recent advances in the basic pathobiology of lung injury have led to new insights into the etiology and potential therapeutic approaches toward ARDS. In addition, recent clinical studies have examined differences between adult and pediatric ARDS, genetic susceptibility factors that may increase the risk for ARDS, interactive cellular and physiologic mechanisms that cause progressive lung injury and the role of different strategies of mechanical ventilation that can adversely or favorably determine the clinical outcomes of patients with ARDS. This symposium includes leading experts in the field of lung biology and critical care who will present state of the art information on basic pathophysiologic mechanisms of ARDS and new therapeutic approaches. These integrated topics are of marked interest to intensivists, neonatologists, pulmonologists, infectious disease and basic scientists in the field of lung biology.

New Insights into ARDS

Michael Matthay, University of California San Francisco Medical School, San Francisco, CA

Mechanisms of Tissue Injury in Sepsis/ARDS

Hector R. Wong, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Role of Permissive Hypercapnea in Acute Lung Injury

Brian Kavanagh, Hospital for Sick Children, Toronto, ON, Canada

Novel Ventilator Strategies in ARDS

John H. Arnold, Children's Hospital, Boston, MA

5103 Gastroesophageal Reflux Disease in Infants

8:00am–10:00am Sunday, May 15, 2005

Chairs: Benny Kerzner, Children's National Medical Center, Washington, DC; and Eric Hassall, British Columbia Children's Hospital, University of British Columbia, Vancouver, Canada

Moderate-to-severe GERD in the premature infant, newborn and child presents challenging diagnostic and therapeutic issues to a neonatologist, pediatrician, gastroenterologist and surgeon. First, new information on the epidemiology, pathophysiology and genetics will be presented. Second, new modes of diagnostic testing (e.g., impedance monitoring) will be reviewed along with extra-esophageal manifestations of GERD. Third, the pros and cons of medical, endoscopic (e.g., radiofrequency, ablation suturing) and surgical therapy will be discussed.

Overview

Eric Hassall, British Columbia Children's Hospital, University of British Columbia, Vancouver, Canada

Born To Reflux: The Epidemiology, Pathophysiology and Genetic Features of GERD in Infants

Benny Kerzner, Children's National Medical Center, Washington, DC

EERD (Extraesophageal Reflux Disease): Reflux Beyond the Esophageal Box

Victor Pineiro, A. I. duPont Hospital for Children, Wilmington, DE

Too Many Operations, Too Few Reasons: Why It's Time To Change the Course

Eric Hassall, British Columbia Children's Hospital, University of British Columbia, Vancouver, Canada

Sponsored jointly by the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition and the Pediatric Academic Societies

5104 Whole Genome Investigation To Identify Susceptibility Genes

8:00am–10:00am Sunday, May 15, 2005

Chairs: Diana W. Bianchi, Tufts-New England Medical Center, Boston, MA; and Jeffery A. Towbin, Baylor College of Medicine, Houston, TX

With the completion of the human genome, new tools are now available to identify the genetic determinants for complex pediatric disorders. This symposium will introduce these new tools and discuss how they are being applied to three critically important clinical issues in pediatrics. First, the pursuit of susceptibility genes relevant to drug responsiveness will be presented in the realm of pediatric organ transplantation. Second, the identification of susceptibility genes for reading disability will be discussed. Third, the genetics of neurodevelopmental disorders will be highlighted. The next layer of fundamental understanding of complex disorders in pediatrics will depend heavily on such strategies, and this symposium will relay the matching high levels of excitement and rigor with which these pursuits should go forth.

Genetic Contribution to Graft and Patient Outcomes After Solid Organ Transplantation

Steven A. Webber, University of Pittsburgh School of Medicine, Pittsburgh, PA

Identifying Susceptibility Genes for Reading Disability

Jeffrey R. Gruen, Yale University School of Medicine, New Haven, CT

The Genetics of Neurodevelopmental Disorders

Anthony P. Monaco, University of Oxford, Oxford, England

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

5500 What's New in Pediatric Thrombosis

1:45pm–3:45pm Sunday, May 15, 2005

Chairs: Guy Young, Children's Hospital of Orange County and Mattel Children's Hospital at UCLA, Orange, CA; and Marilyn Manco-Johnson, Mountain States Hemophilia Treatment Center and University of Colorado, Aurora, CO

Thrombosis in children is an increasingly recognized phenomenon in pediatrics largely due to major advances in the care of critically ill patients and the increased use of intravascular catheters. As a result of the increased frequency of thrombosis and increased collaboration among clinical researchers, there is a significant amount of new data emerging in the field of pediatric thrombosis. These data include new knowledge regarding genetic risk factors, outcome predictors and the use of novel anticoagulants. This session will include a detailed discussion of genetic risk factors for thrombosis, including which risk factors to test for in which patients and how to apply the results of testing into decision making. A discussion on traditional versus new anticoagulants will assess the current and future role of these novel agents in the care of pediatric patients. Finally, there will be a discussion on outcome predictors for deep vein thrombosis and how they influence initial treatment choices such as anticoagulation and thrombolysis.

Introduction

Marilyn J. Manco-Johnson, Mountain States Hemophilia Treatment Center, University of Colorado, Aurora, CO

Genetic Risk Factors for Thrombosis

Ulrike Nowak-Gottl, University of Muenster, Muenster, Germany

Novel Anticoagulants

Guy Young, Children's Hospital of Orange County, Mattel Children's Hospital at UCLA, Orange County, CA

Outcome Predictors in Deep Vein Thrombosis

Marilyn J. Manco-Johnson, Mountain States Hemophilia Treatment Center, University of Colorado, Aurora, CO

Sponsored jointly by the American Society of Pediatric Hematology/Oncology and the Pediatric Academic Societies

5520 Consequences of Metabolic Syndrome in Children: Hypertension, Diabetes and Renal Disease

2:00pm–4:00pm Sunday, May 15, 2005

Chairs: Joseph Flynn, Montefiore Medical Center, Bronx, NY; and Henry Anhalt, Saint Barnabas Medical Center, Livingston, NJ

The incidence of the metabolic syndrome and of type 2 diabetes mellitus (T2DM) is now exploding in children as a consequence of the obesity epidemic. These children may be at significant risk of target-organ damage, including hypertension, atherosclerosis and diabetic nephropathy. This symposium will examine key aspects of this epidemic, with special focus on the pathogenesis of the target-organ effects of the metabolic syndrome in the young.

Can We Agree on a Definition of the Metabolic Syndrome in Children?

Sonia K. Caprio, Yale University School of Medicine, New Haven, CT

Pathogenesis of Structural Vascular Changes in Patients with Hypertension and the Metabolic Syndrome

Albert P. Rocchini, University of Michigan Health Center, Ann Arbor, MI

Diabetic Nephropathy in Patients with Type 1 and Type 2 Diabetes

Kumar Sharma, Jefferson Medical College, Philadelphia, PA

Mechanisms of Diabetic Nephropathy: Insights from Genomics/Proteomics

Erwin Bottinger, Mount Sinai School of Medicine, New York, NY

Sponsored jointly by the American Society of Pediatric Nephrology, International Pediatric Hypertension Association, Lawson Wilkins Pediatric Endocrine Society and the Pediatric Academic Societies

5521 Regulation of Alveolar Epithelial Repair—or, How Do We Put It All Back Together Again

2:00pm–4:00pm Sunday, May 15, 2005

Chairs: Rita Ryan, State University of New York at Buffalo, Women and Children's Hospital of Buffalo, Buffalo, NY; and Heber Nielsen, Tufts University School of Medicine, Tufts-New England Medical Center, Boston, MA

Regulation of alveolar epithelial repair after many forms of lung injury remains incompletely understood. The type II cell is an important source of growth factors and there are autocrine and paracrine mediators that are altered during the repair process. Type I cells are the primary covering of the alveolar epithelium, and their restoration is critical to recapitulate normal repair. This symposium will focus on the fundamental mechanisms of epithelial repair after injury and examine connections with lung development. Finally, relevance to current clinical disease will be discussed.

Introduction

Rita M. Ryan, State University of New York at Buffalo, Women and Children's Hospital of Buffalo, Buffalo, NY
Heber C. Nielsen, Tufts New England Medical Center, Boston, MA

Type II Cell Mitogens

Timothy D. Le Cras, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Type II Cell Proliferation During Lung Injury and Repair

Michael A. O'Reilly, University of Rochester, Rochester, NY

Type I Cells in Alveolar Repair

Susan H. Guttentag, Children's Hospital of Philadelphia, Philadelphia, PA

Apoptosis in Alveolar Epithelial Repair

Lin L. Mantell, Institute for Medical Research at North Shore-Long Island Jewish, New York University School of Medicine, Manhasset, NY

Translating Alveolar Epithelial Repair Fundamentals to the Bedside

John S. Torday, Harbor-UCLA Medical Center, Torrance, CA

5522 Update on Human Milk Immunobiology and Infectious Disease: New Insights and Current Controversies

2:00pm–4:00pm

Sunday, May 15, 2005

Chairs: Mark R. Schleiss, University of Minnesota Medical School, Minneapolis, MN; and Lawrence M. Gartner, Professor Emeritus, University of Chicago, Chicago, IL

The importance of human milk feeding to reduce risk of infectious disease in infants is undisputed among pediatricians. Nevertheless, more data are needed about the basic biology of human milk, particularly in relation to specific health and developmental effects on term and premature infants. There have recently been significant advances in the understanding of the immunobiology of breast milk, particularly with respect to the role of oligosaccharides in protection against diarrheal disease, and new insights into interrelationships between breast milk and gut immune responses. In addition to presenting these new research data, this session will also review clinical controversies in breast feeding practice, including issues of milk storage and the potential for transmission of infectious pathogens, in particular cytomegalovirus, via human milk. Areas of need for future clinical and basic research will be emphasized.

The Future of Breast Milk Research: What Do We Need To Learn?

Lawrence M. Gartner, Professor Emeritus, University of Chicago, Chicago, IL

Human Milk Oligosaccharides and Their Role in Protection Against Gastroenteritis

Ardythe L. Morrow, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Infectious Diseases and Human Milk: Does Cytomegalovirus Pose a Risk to the Breast-fed Infant?

Mark R. Schleiss, University of Minnesota Medical School, Minneapolis, MN

Human Milk as a Carrier of Biochemical Responses to the Newborn

W. Allan Walker, Harvard Medical School, Charlestown, MA

Mother's Milk, Milk Banks and Preemies: Effects of Pasteurization and Storage on Milk Nutrition and Biology

Richard J. Schanler, Schneider Children's Hospital at North Shore, North Shore University Hospital, Manhasset, NY

Human Milk Immunology: The Whole Is Greater Than the Sum of Its Parts

Charles Isaacs, New York State Institute for Basic Research, Staten Island, NY

Sponsored jointly by the Pediatric Infectious Diseases Society, the Milk Club and the Pediatric Academic Societies

6100 Outcomes After Congenital Heart Surgery: Moving Beyond Mortality

8:00am–10:00am

Monday, May 16, 2005

Chair: Kathy Jenkins, Children's Hospital Boston, Boston, MA

This topic symposium is directed toward educating interested members about the state of the art in health outcomes research for pediatric patients with cardiac disease. The discussion will range from mortality and cost associated with cardiac surgery to outcomes in the developmental and quality-of-life domains.

Congenital Heart Disease: Moving Beyond Mortality

Kathy J. Jenkins, Children's Hospital Boston, Boston, MA

Neurodevelopmental Outcomes in Children with Congenital Heart Disease: Where Are We and Where Are We Going?

Caren Goldberg, University of Michigan, C.S. Mott Children's Hospital, Ann Arbor, MI

Improving Physical Functioning in Congenital Heart Disease

Ruey Chang, David Geffen School of Medicine, Los Angeles, CA

Cardiac Rehabilitation for Congenital Heart Disease

Jonathan Rhodes, Children's Hospital Boston, Boston, MA

Economic Burden of Congenital Heart Disease

Jean Connor, Children's Hospital Boston, Boston, MA

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

6101 Understanding the New Pediatric Morbidities: Evidence from the Centers for Children's Environmental Health and Disease Prevention Research

8:00am–10:00am Monday, May 16, 2005

Chair: Ruth A. Etzel, George Washington University School of Public Health and Human Services, Washington, DC

Learning disorders, ADHD, developmental delay, asthma and depression are among the chronic conditions referred to as the “new pediatric morbidities.” There is growing evidence that environmental disruption and chronic exposure to synthetic chemicals contribute to these new morbidities. The 12 Centers for Children's Environmental Health and Disease Prevention Research funded by the National Institute of Environmental Health Sciences and the U.S. EPA are contributing to our understanding of the effects of environmental exposures on children's health. Participants in this session will learn about findings related to asthma and neurobehavioral impairment and gain new understanding of conditions that affect growing numbers of U.S. children.

Centers for Children's Environmental Health and Disease Prevention Research: Progress Since 1998

Ruth A. Etzel, George Washington University School of Public Health and Health Services, Washington, DC

Prenatal Exposure to Pesticides, Maternal Paraoxonase Levels and Small Heads at Birth: A Possible Gene–Environment Interaction

Trudy Berkowitz, Mount Sinai School of Medicine, New York, NY

PCBs, Mercury and Neurobehavioral Impairment

Susan Schantz, University of Illinois at Urbana-Champaign, Urbana, IL

Air Pollution, Smoking and Asthma in Southern California Children

Frank Gilliland, University of Southern California, Los Angeles, CA

6600 Virus–Host Interactions: Mechanisms Underlying Persistent Viral Infections

2:00pm–4:00pm Monday, May 16, 2005

Chairs: Kenneth A. Alexander, Duke University Medical Center, Durham, NC; and John Vanchiere, Baylor College of Medicine, Houston, TX

In recent years it has become clear that traditional concepts about immune response to and clearance of pathogenic viruses are only part of the whole story. Increasing numbers of viruses are now recognized to cause persistent, low-level replication in the host, with long-term adverse health consequences in both normal and immune compromised hosts. These include viruses known to establish latency, such as the herpes viruses, and viruses that can cause persistent infection without a latent state, such as hepatitis C virus and polyomaviruses. This symposium will focus on virus–host interactions that allow for establishment of latent or persistent infection and the opportunities to exploit these interactions to facilitate gene therapy.

Viral Persistence: Surveillance of the Iceberg from Its Surface

John A. Vanchiere, Baylor College of Medicine, Houston, TX

Unraveling the Molecular Mechanisms of Herpes Simplex Virus Latency and Reactivation in the Nervous System

Nancy M. Sawtell, Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Hepatitis C: Mechanisms Underlying Chronic Infection and Immune Evasion

Stanley Lemon, University of Texas Medical Branch, Galveston, TX

Applying Viral Immune Evasion Strategies to Adenovirus Gene Therapy Vectors

Andrea Amalfitano, Duke University Medical Center, Durham, NC

Sponsored jointly by the Pediatric Infectious Diseases Society and the Pediatric Academic Societies

6700 Disorders of Leukocyte Movement

3:00pm–5:00pm Monday, May 16, 2005

Chair: Richard E. Stiehm, Mattel Children's Hospital at UCLA, Los Angeles, CA

This symposium will focus on the importance of leukocyte movement in infection and inflammation, including basic mechanisms and abnormalities in several rheumatic and immunodeficiency syndromes, including the WHIM syndrome, the first described disorder of a chemokine receptor mutation.

Introduction

E. Richard Stiehm, Mattel Children's Hospital at UCLA, Los Angeles, CA

Introduction to Cell Movement and Abnormalities in Rheumatic Syndromes

Anna Huttenlocher, University of Wisconsin, Madison, WI

Chemokines, Chemokine Receptors and the Defect in the Warts-Hypogammaglobulinemia-Infection-Myelokathexis (WHIM) Syndrome

Virginia Gulino, National Cancer Institute/NIH, Bethesda, MD

Leukocyte Adhesion Defects: Clinical and Laboratory Correlates

Steven M. Holland, National Institute of Allergy and Infectious Disease/NIH, Bethesda, MD

6701 Endocrine Complications of Cancer Therapy

3:00pm–5:00pm Monday, May 16, 2005

Chairs: H. Stacy Nicholson, Oregon Health & Science University, Portland, OR; and Charles A. Sklar, Memorial Sloan-Kettering Cancer Center, New York, NY

The primary objective of this session is to review common endocrine sequelae of anti-cancer therapies, focusing particularly on fertility outcomes. In addition to discussing sequelae, interventions will also be a particular focus, in particular assisted fertility (present and future options).

Fertility Deficits in Survivors of Childhood Cancer

Charles A. Sklar, Memorial Sloan-Kettering Cancer Center, New York, NY

The Promise of Ovarian Cryopreservation

Speaker to be determined

Fertility Preservation Options for Males

Speaker to be determined

Sponsored jointly by the American Society of Pediatric Hematology/Oncology; Lawson Wilkins Pediatric Endocrine Society; and the Pediatric Academic Societies

6702 Neonatal Neuropharmacology in 2005

3:00pm–5:00pm Monday, May 16, 2005

Chair: Faye Silverstein, University of Michigan, Ann Arbor, MI

A critical priority for neonatal medicine is the challenge of understanding the impact of diverse forms of therapy on brain development. It remains extremely challenging to design feasible studies to address this theme. In infants with underlying neurological disorders it is particularly difficult to distinguish whether long-term adverse effects reflect underlying neuropathology or deleterious effects of a specific therapy. The three speakers will provide an overview of current and future approaches to treat the major neurological disorders that affect neonates and how the risks and benefits of treatment can be dissected.

Donna Ferriero will discuss current strategies for selection of neonates for neuroprotection therapy and new approaches for the development of more effective neuroprotection interventions. She will discuss mechanisms of brain injury and repair that are unique to the developing brain. She will highlight the scientific rationale for development of combination therapies that may be most successful in protecting the injured neonatal brain.

Scott Rivkees will highlight new information about adenosine pharmacology in the neonatal brain. Caffeine is a multifunctional drug that blocks adenosine action. High doses of caffeine exert adverse effects on the developing brain; however, recent evidence suggests that blocking adenosine action may reduce certain forms of brain injury in experimental models. His talk will address influences of caffeine action and adenosine blockade during development.

Faye Silverstein will discuss information about the current treatment of neonatal seizures and strategies for improving diagnosis and treatment. Her talk will highlight some of the major unanswered questions about diagnosis and treatment of neonatal seizures. She will also discuss the implications of recent basic science findings regarding risks of anti-convulsant therapy in the developing brain.

Introduction

Faye S. Silverstein, University of Michigan, Ann Arbor, MI

Neonatal Neuroprotection: Cocktails and Ice

Donna M. Ferriero, University of California, San Francisco, CA

Effects of Caffeine and Other Adenosine Antagonists on Brain Development

Scott A. Rivkees, Yale School of Medicine, New Haven, CT

Neonatal Seizures: How Can Treatment Be Improved?

Faye S. Silverstein, University of Michigan, Ann Arbor, MI

7100 Endocrine Controversies and the Role of Hormone Replacement/Treatment in the NICU/PICU

8:00am–10:00am Tuesday, May 17, 2005

Chairs: Ram Menon, University of Michigan, Ann Arbor, MI; and Mitchell Geffner, Children's Hospital of Los Angeles, Los Angeles, CA

Much remains unknown about the physiology involved in transition from intra-uterine to extra-uterine life in the premature or full-term infant. Many strategies have been employed to manipulate the hormonal milieu of some of our sickest patients. Assuming adrenal insufficiency in a critically ill neonate has become fairly routine, despite precious few data. This symposium draws on the expertise of endocrinologists and neonatologists and will enlighten the attendees to some of the practical clinical controversies that exist in these patients.

Impact of Glucocorticoids on Brain Development

Charles R. Macías Neal, University of Hawaii, John A. Burns School of Medicine, Honolulu, HI

Sick Euthyroid—Should It Be Treated?

Edmund F. La Gamma, New York Medical College, Westchester Medical Center, Valhalla, NY

Adrenal Insufficiency in the PICU/NICU

Delia M. Vazquez, University of Michigan Medical School, Ann Arbor, MI

Sponsored jointly by the Lawson Wilkins Pediatric Endocrine Society and the Pediatric Academic Societies

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

7101 Inner-City Asthma Intervention Program: Research to Practice

8:00am–10:00am Tuesday, May 17, 2005

Chair: Pamela R. Wood, University of Texas Health Sciences Center at San Antonio, San Antonio, TX

The National Cooperative Inner City Asthma Intervention (NCICAIS) is an asthma counselor (AC), social-worker-driven intervention for inner-city children with persistent asthma. Although the AC intervention was shown to decrease symptom days in a randomized, controlled trial, there were no data on implementation of this intervention outside the research setting. In 2001, the Centers for Disease Control and Prevention funded a 4-year program to implement the asthma counselor model in 22 sites. This “research to practice” session will explore lessons learned through the implementation process and the implications for researchers, clinicians and policy makers.

Introduction

Pamela R. Wood, University of Texas Health Sciences Center at San Antonio, San Antonio, TX

NCICAIS Intervention: Differences Between Research and Clinical Settings

Meyer Kattan, Mount Sinai School of Medicine, New York, NY

Asthma Risk Factor Assessment: What Are the Needs of Inner-City Families?

Karen Warman, Children’s Hospital at Montefiore, Albert Einstein College of Medicine, Bronx, NY

The Asthma Counselor Speaks: Barriers and Successes

Laudy Rodriguez, Mount Sinai Medical Center, New York, NY

Who Should Pay for Asthma Interventions? Case Studies

Jay M. Portnoy, Children’s Mercy Hospital, Kansas City, MO

Full Sponsorship ~ Single Topic \$5,000

4100 Global Environmental Health—Part I

8:00am–11:00am Saturday, May 14, 2005

Chair: Ruth A. Etzel, George Washington University School of Public Health and Health Services, Washington, DC

Pollution knows no borders, and efforts to protect children from hazards in the environment have increasingly recognized that some of the highest exposures to children occur in the developing world. This 6-hour mini course will provide pediatricians with information about exposures, treatments and prevention of diseases linked to environmental contamination.

Environmental Threats to Children's Health

Ruth A. Etzel, George Washington University School of Public Health and Health Services, Washington, DC

Children's Health and the Environment: A Global Perspective

Jenny Pronczuk, World Health Organization, Geneva, Switzerland

Arsenic in Drinking Water and Implications for Global Child Health

Ondine S. von Ehrenstein, University of California, Berkeley, CA

DDT, Malaria and Infant Mortality

Walter J. Rogan, National Institute of Environmental Health Sciences, Research Triangle Park, NC

Radiation Effects on the Pediatric Thyroid: What Have We Learned from the Chernobyl Accident?

A. Bertrand Brill, Vanderbilt University School of Medicine, Nashville, TN

4101 Here Comes Generation Why!—Interacting with the Next Generation of Learners

8:00am–11:00am Saturday, May 14, 2005

Chairs: John Molidor, Michigan State University, East Lansing, MI; and John D Mahan, The Ohio State University College of Medicine and Public Health, Columbus, OH

The diverse interactions of the generations at work in the field of medicine remain a challenge to faculty, practitioners, residents and students. Differences in shared experiences, expectations, rewards and learning styles characterize the four generations who collide in our academic and medical centers. There is now a body of research and literature that provides insights into the characteristics of the members of these generations and the likely issues and successful strategies that can enhance working and learning together.

This mini course will use didactic presentations, small group breakout sessions and discussion sessions to help participants:

- Identify the four generations at work in our academic and medical institutions;
- Identify the research that defines the different characteristics and learning styles of the four generations as they work together and interact;
- Apply these insights in recruiting, teaching and working successfully with the next generation of learners and physicians

Sponsored jointly by the Association of Pediatric Program Directors and the Pediatric Academic Societies

4102 Imaging of the Developing Organism: Tools for the Developmental Biologist

8:00am–11:00am Saturday, May 14, 2005

Chair: Colin K.L. Phoon, New York University School of Medicine, New York, NY

Rapid advances in developmental genetics over the past decade have led to the generation of myriad animal models of abnormal development and the elucidation of many genes involved in development. Phenotypic analysis has traditionally been limited to histological or in vitro techniques. Innovations in sophisticated imaging modalities now allow investigators to see the results of genetic manipulation in striking detail, including in vivo imaging of the embryo, three-dimensional reconstruction of embryonic structures and functional analysis of the cardiovascular system. Such imaging tools will prove invaluable in linking genomic processes with their phenotypic manifestations. Multi-modality, non-redundant imaging can help investigators answer key biological questions. This state of the art mini course is designed to provide investigators specializing in developmental processes with an overview of several current innovative imaging approaches for the study of the embryonic and early postnatal organism and to stimulate collaboration as well as advances in phenotypic analyses.

Introduction: What Can Advanced Imaging Do for the Developmental Biologist?

Colin K. L. Phoon, New York University School of Medicine, New York, NY

In Vivo Ultrasound and MR Microimaging of Mouse Brain Development

Daniel H. Turnbull, Skirball Institute of Biomolecular Medicine, New York University School of Medicine, New York, NY

Optical Projection Tomography: A New Approach for 3D Microscopy and Gene Expression

James Sharpe, MRC Human Genetics Unit, Western General Hospital, Edinburgh, United Kingdom

Quantifying Developmental Dynamics Using DPIV

Jay R. Hove, Genome Research Institute, University of Cincinnati, Cincinnati, OH

Dynamic Imaging of Fluid Forces and Heart Motions in Developing Embryos

Mary E. Dickinson, California Institute of Technology, Beckman Institute, Pasadena, CA

Mapping Cardiac Excitation in Embryonic and Adult Hearts

Gregory E. Morley, New York University School of Medicine, New York, NY

Full Sponsorship ~ Single Topic \$5,000

4103 Neonatal Immunology—Relevance to the Clinician

8:00am–11:00am Saturday, May 14, 2005

Chair: E. Richard Stiehm, Mattel Children's Hospital at UCLA, Los Angeles, CA

Developmental immunology, immunotherapy for the neonate with infection, diagnosis of immunodeficiency and relevance to the development of allergy will be discussed.

Overview

E. Richard Stiehm, Mattel Children's Hospital at UCLA, Los Angeles, CA

Transient and Congenital Immunodeficiencies of the Newborn: Recognition and Management

David B. Lewis, Stanford University Medical Center, Stanford, CA

Newborn Immunity as a Predictor for the Development of Wheezing and Allergy

James E. Gern, University of Wisconsin Medical Center, Madison, WI

Immunologic Intervention in the Newborn: Relevance to Newborn Infections

Harry R. Hill, University of Utah School of Medicine, Salt Lake City, UT

4104 Pediatricians and Oral Health: Science, Education, Practice and Policy

8:00am–11:00am Saturday, May 14, 2005

Chair: David M. Krol, The Children's Health Fund, New York, NY

Oral health is an integral part of overall health. In spite of improvements in the oral health of U.S. children over the past 25 years, significant and consequential disparities in oral health exist. Dental caries, a preventable, infectious disease process that begins in early childhood, disproportionately affects poor and minority children. Proven prevention strategies, changes in organizational policy and the challenge of providing a true medical home present pediatricians with an opportunity to play a role in improving child oral health. This session will begin with an overview of the epidemiology of childhood oral disease, the science of dental caries and the knowledge base of physicians. Next, educational efforts and practical intervention strategies will be discussed. Finally, child oral health policy and advocacy issues will be presented. After each presentation, an audience discussion will take place to strategize how best to approach the inclusion of oral health and improve the communication of oral health issues within the pediatric profession, between the medical and dental worlds and among policymakers.

Why Put Teeth in the PAS Meeting?

David M. Krol, The Children's Health Fund, New York, NY

The Epidemiology, Science and Pediatric Professional Knowledge of Childhood Oral Disease

David M. Krol, The Children's Health Fund, New York, NY

The Possible, Practical and Sometimes Controversial Education and Clinical Practice of Pediatric Professionals In Child Oral Health

Suzanne C. Boulter, New Hampshire Dartmouth Family Practice Residency Program, Concord, NH

Federal, State and Local Policy and Advocacy Issues Surrounding Child Oral Health

Anne De Biasi, Children's Dental Health Project, Washington, DC

4500 Domestic Violence: The Role of the Pediatric Provider

11:45am–2:45pm Saturday, May 14, 2005

Chair: Sheryl Ryan, University of Rochester School of Medicine, Rochester General Hospital, Rochester, NY

This mini course will focus on the problem of domestic violence as a pediatric issue, its direct and indirect effects on children and their caregivers and the specific challenges facing pediatricians in screening, preventing and intervening.

The initial part of this mini course will focus on the extent of the problem of domestic violence, its overlap with child abuse, the health consequences for both children and families and strategies for identification in both primary care and emergency settings. The second part will focus on approaches to intervention, legal aspects of domestic violence specific to mandated reporters and how to create interdisciplinary collaborations across the many agencies that may serve as resources for pediatricians. Finally, we will address training tools that have been developed for physicians in the areas of both prevention and intervention of domestic violence and child abuse. Discussion following each of the sections will offer the opportunity for group input.

Introductions and Overview

Sheryl A. Ryan, University of Rochester School of Medicine, Rochester General Hospital, Rochester, NY

Epidemiology of Domestic Violence and Issues Related to Screening, Prevention, Intervention and Teaching

Danielle Thomas-Taylor, Golisano Children's Hospital at Strong, University of Rochester, Rochester, NY

Domestic Violence and the Pediatric Emergency Setting: Strategies for Identification and Legal Aspects of Mandated Reporting

Megan H. Bair-Merritt, Children's Hospital of Philadelphia, Philadelphia, PA

Sponsored jointly by the Society for Adolescent Medicine and the Pediatric Academic Societies

4501 Fish, Worms and Flies

11:45am–2:45pm Saturday, May 14, 2005

Chair: Edward R.B. McCabe, Mattel Children's Hospital at UCLA, Los Angeles, CA

One of the most important lessons of the Human Genome Project is how similar we are to the organisms that surround us. The similarities between our biology and theirs means that they truly are models from which we learn more about ourselves and our diseases. In this mini course, we will see how the fruit fly, *Drosophila melanogaster*, can be used to identify drugs for human diseases. We will learn how the nematode worm, *Caenorhabditis elegans*, can be used to investigate signaling pathways that are preserved from worms to humans and are critical to committing undifferentiated cells to differentiate correctly. The zebrafish, *Danio rerio*, provides us with a vertebrate model for studying organ systems similar to our own. The presenters will provide a general overview of their organism and then an in-depth description of their research.

Overview of Non-mammalian Model Organisms

Edward R.B. McCabe, Mattel Children's Hospital at UCLA, Los Angeles, CA

Flies: Identifying New Drugs for Human Diseases

Juan Botas, Baylor College of Medicine, Houston, TX

Worms: Signal Transduction and Cellular Differentiation

David M. Eisenmann, University of Maryland, Baltimore, MD

Fish: Developmental Genetics of the Heart

Didier Stainier, University of California, San Francisco, CA

Sponsored jointly by the AAP Section on Cardiology and the Pediatric Academic Societies

4502 Global Environmental Health—Part 2

11:45am–2:45pm Saturday, May 14, 2005

Chair: Ruth A. Etzel, George Washington University School of Public Health and Health Services, Washington, DC

Pollution knows no borders, and efforts to protect children from hazards in the environment have increasingly recognized that some of the highest exposures to children occur in the developing world. This 6-hour mini course will provide pediatricians with information about exposures, treatments and prevention of diseases linked to environmental contamination.

Childhood Pneumonia and Indoor Air Pollution in Developing Countries: Results from the First Randomized Trial

Kirk R. Smith, University of California, Berkeley, CA

Neurological Diseases Hidden in the Third World

Peter Spencer, Oregon Health and Sciences University, Portland, OR

Selenium Status and Keshan Disease in China

Raymond F. Burk, Vanderbilt University Medical Center, Nashville, TN

Environmental Pediatrics in the Developing World: The Need for Prospective Studies

Philip John Landrigan, Mount Sinai School of Medicine, New York, NY

Environmental Threats to Children in Developing Countries: Key Research Needs

Terri Damstra, World Health Organization, Research Triangle Park, NC

4503 Neonatal Follow-Up: A Global Perspective

11:45am–2:45pm Saturday, May 14, 2005

Chair: Maureen Hack, Case Western Reserve University, Cleveland, OH

The increase in survival of extremely immature infants, together with the institution of randomized clinical trials to assess the efficacy and safety of the many technologic and pharmacologic advances in perinatal care, has led to a renewed interest in current outcomes and the methodologic issues related to high-risk follow-up. Questions include the practicality of actual assessment of children versus the reliability of parental reports and age of follow-up. Traditional measures of outcome have included mainly cognitive and neurosensory function, but there is increasing interest in the overall functioning of the child, as well as other measures of health including health status and quality of life. This session will review epidemiologic principles and state of the art measures of cognitive and neuropsychologic assessment, neurologic impairment, including cerebral palsy, health status, growth and quality of life. The presentations will be illustrated with examples of recent outcome studies. Audience participation will be encouraged.

Historical Overview and Introduction

Maureen Hack, Case Western Reserve University, Cleveland, OH

Epidemiology Principles in Designing, Executing and Analyzing Newborn Follow-Up Studies

Nigel Paneth, Michigan State University College of Human Medicine, East Lansing, MI

Cognitive and Neurophysiologic Outcomes

Glenn Aylward, Southern Illinois University School of Medicine, Springfield, IL

Cerebral Palsy and Other Neurologic Outcomes

Betty R. Vohr, Women and Infant's Hospital, Providence, RI

Health Status and Growth

Maureen Hack, Case Western Reserve University, Cleveland, OH

Issues in Measuring Quality of Life

Saroj Saigal, McMaster University, Hamilton, Ontario, Canada

Full Sponsorship ~ Single Topic \$5,000

4504 Nonendocrine Causes of Short Stature and Their Management

11:45am–2:45pm Saturday, May 14, 2005

Chairs: Craig A. Alter, Children's Hospital of Philadelphia, Philadelphia, PA; and Alan Rogol, University of Virginia, Charlottesville, VA

Short stature is the most common cause of referral to the pediatric endocrinologist. This symposium will draw on the expertise of geneticists, orthopedic surgeons and radiologists and promises to be instructive to all attendees regardless of their background. It will also help generalists identify clinically those patients in their practice who may benefit from further evaluation for growth and adolescent development.

The Clinical Approach to Nonendocrine Short Stature—The Pediatrician's Nightmare

Judith G. Hall, The University of British Columbia, British Columbia's Children's Hospital, Vancouver, Canada

The Radiographic Approach to Short Stature

Bruce R. Parker, Texas Children's Hospital, Houston, TX

The Orthopedic Approach to the Child with Congenital Deformity and Short Stature

David Feldman, Hospital for Joint Diseases, NYU Medical Center, New York, NY

Sponsored jointly by the Lawson Wilkins Pediatric Endocrine Society and the Pediatric Academic Societies

4505 Rheumatic Diseases in Children: Frontiers in Research and Clinical Care

11:45am–2:45pm Saturday, May 14, 2005

Chair: James Jarvis, University of Oklahoma College of Medicine, Oklahoma City, OK

Once considered rare, it is now known that rheumatic diseases are among the most common chronic conditions affecting children. In the past decade we have witnessed unparalleled progress in our understanding of rheumatic disease in children. Advances in basic immunology, genetics and clinical care have revolutionized our capacity to care for children with these complex, often life-threatening illnesses. Indeed, rheumatic diseases are, arguably, the model for investigation for complex diseases characterized by genetic/environmental interactions. Thus, research approaches developed to advance our understanding of these illnesses are likely to be applicable to many vexing childhood diseases, such as type 2 diabetes, prematurity and attention deficit-hyperactivity disorder.

This symposium will cover some of the most recent advances that have been made in our understanding of the genetics and pathogenesis of juvenile rheumatoid arthritis (JRA), the most common of the rheumatic diseases of children. These first two talks will cover JRA as a complex trait and demonstrate how approaches used to investigate this disorder might also be used to approach other complex genetic traits of childhood such as obesity or type 2 diabetes. Next, we will examine some of the exciting new treatments now in use or emerging in JRA and will discuss how those same treatments might be used in other chronic or acute inflammatory states. Finally, we will present a discussion on the recently formed Children's Arthritis and Rheumatology Research Alliance (CARRA), with a focus on how multi-institutional studies can extend beyond clinical trials to address complex issues such as pathogenesis and the biology of response to therapy.

Pediatric Rheumatology: The Future Is Here

James N. Jarvis, University of Oklahoma College of Medicine, Oklahoma City, OK

JRA as a Complex Genetic Trait

Sampath Prahalad, University of Utah Health Sciences Center, Salt Lake City, UT

Gene Expression Studies in JRA: Promises and Pitfalls

James N. Jarvis, University of Oklahoma College of Medicine, Oklahoma City, OK

Emerging Concepts of Therapy in JRA: Biologics and Beyond

Murray H. Passo, Children's Hospital Medical Center, Cincinnati, OH

The Future of Rheumatology Research: The Children's Arthritis and Rheumatology Research Alliance (CARRA)

Christy Sandborg, Stanford University Medical Center, Stanford, CA

Sponsored jointly by the American Academy of Pediatrics Section on Rheumatology, the Society for Adolescent Medicine and the Pediatric Academic Societies

4506 Update in Neonatal/Pediatric Nutrition Support

11:45am–2:45pm Saturday, May 14, 2005

Chair: Michael Narkewicz, Children's Hospital, Denver, CO; and Mark Corkins, Riley Hospital for Children and Indiana University, Indianapolis, IN

Nutrition is critical to the normal growth and development of children. Our ability to supply nutrition to ill infants has increased dramatically in the last half of the twentieth century with the development of parenteral nutrition (TPN) and commercially prepared formulas. This advanced technology has also presented us with new knowledge as new nutritional deficiencies were discovered in patients on long-term TPN. The new technology has also created new risks associated with the supply of this nutrition. This session will explore some of the micronutrients necessary in infant TPN and some of the potential toxicities. The potential risks and new information concerning enteral formulas for use in infants will be presented.

Introduction

Michael R. Narkewicz, University of Colorado Health Sciences Center, Denver, CO

Cysteine, Choline and Carnitine: Are These Cs Important to the Neonate?

Sandeep K. Gupta, Riley Hospital for Children and Indiana University, Indianapolis, IN

Aluminum Toxicity in TPN

Gordon L. Klein, University of Texas Medical Branch, Galveston, TX

TPN-Associated Liver Disease in the Neonate

Rob Schulman, Baylor College of Medicine, Houston, TX

Vitamin Requirements in the Neonate

Frank R. Greer, University of Wisconsin and Meriter Hospital, Madison, WI

Enteral Formula Safety

Mark R. Corkins, Riley Hospital for Children, Indiana University, Indianapolis, IN

Recent Advances in Neonatal Formulas

Jane D. Carver, University of South Florida College of Medicine, Tampa, FL

5200 ADHD and Other Disruptive Behaviors in Preschool Children: Challenges in Diagnosis and Treatment

8:00am–11:00am

Sunday, May 15, 2005

Chair: Martin T. Stein, University of California San Diego, San Diego, CA

Pediatricians typically think about ADHD as a neurobehavioral condition in school-age children and adolescents. In preschool children, evidenced-based studies on diagnosis and treatment of ADHD are limited. In young children, it is especially difficult to distinguish hyperactivity, impulsive behaviors and inattention from developmentally normal behavior in this age group. The session will begin with a discussion about a developmental–biopsychosocial model for early identification and treatment of attentional and disruptive disorders in young children. Recent studies designed to define an evidenced-based structure for the diagnosis and treatment of ADHD in young children will be reviewed. Current knowledge about the effectiveness of behavior management, parent training and psychopharmacological treatments in preschool children with ADHD will be emphasized. The symposium will target the clinical challenges of working with preschool children who present with ADHD-like behaviors in pediatric practice.

ADHD in Preschool Children: Challenges in Definition, Diagnosis and Treatment

Martin T. Stein, University of California San Diego, San Diego, CA

Developmental–Biopsychosocial Model for Early Identification and Comprehensive Treatment of Attentional and Disruptive Disorders in Young Children

Stanley I. Greenspan, George Washington University School of Medicine, Washington, DC

Diagnostic Strategies for ADHD in Preschool Children

Helen Link Egger, Duke University Medical Center, Durham, NC

Treatment of Disruptive Behaviors in Preschool Children

Chris K. Varley, University of Washington Medical Center, Children's Hospital and Regional Medical Center, Seattle, WA

The Preschool ADHD Treatment Study (PATS Study)

Larry L. Greenhill, New York State Psychiatric Institute, New York, NY

Managing Disruptive Preschool Children with ADHD in a Pediatric Office

Suzanne Dixon, University of Washington, University of California San Diego, Emeritus

5201 New Care Models for Inner-City Asthma: How Expanding the Primary Care Role of the Pediatric Emergency Department Can Improve Patient Outcomes

8:00am–11:00am

Sunday, May 15, 2005

Chairs: Ellen F. Crain, Albert Einstein College of Medicine and Jacobi Medical Center, Bronx, NY; and Sandra J. Cunningham, Albert Einstein College of Medicine and Jacobi Medical Center, Bronx, NY

The prevalence of and morbidity from asthma is especially high among inner-city children, and these children disproportionately use the emergency department (ED) for care. While EDs provide excellent acute care, they are not equipped to provide the preventive care that these children need. There is a debate in the pediatric ED community about how much primary care is appropriate for the ED to take on, but most efforts in primary care settings to reduce ED use by inner-city children with asthma have not worked. In this session, participants will learn about several successful pediatric ED interventions to reduce ED use by inner-city children, which have required the addition of relatively modest primary care activities. The interventions, as well as their human, financial and implementation costs, and likely success in other settings will be described.

Incorporating Primary Care into Emergency Department Treatment of Children with Asthma

Sandra J. Cunningham, Albert Einstein College of Medicine, Jacobi Medical Center, Bronx, NY

Successful Emergency Department Strategies To Improve Long-Term Care for Children with Asthma

Joseph J. Zorc, Children's Hospital of Philadelphia, Philadelphia, PA

The Asthma Coach Program

Sharon R. Smith, Connecticut Children's Medical Center, Hartford, CT

The Fast Track Clinic: An Emergency Department Intervention To Reduce Morbidity Among Children with Asthma

Stephen Teach, Children's National Medical Center, Washington, DC

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5202 Update on Adolescent Gynecology

8:00am–11:00am Sunday, May 15, 2005

Chair: Donald E. Greydanus, Michigan State University College of Human Medicine, Kalamazoo, MI

This mini course will review basic concepts of adolescent gynecology, including contraception, emergency contraception and menstrual disorders. The presentation on general contraception will focus on new oral contraceptives (including those that extend menstrual-free cycles) and new methods of steroid delivery (including the patch and vaginal ring). The menstrual disorders presentation will cover current issues in the management of adolescents with amenorrhea, dysfunctional uterine bleeding and dysmenorrhea. Questions from the audience will be encouraged.

Introduction

Donald E. Greydanus, Michigan State University College of Human Medicine, Kalamazoo, MI

Adolescents, Sex and the Media

Victor C. Strasburger, University of New Mexico School of Medicine, Albuquerque, NM

Update on Menstrual Disorders in Adolescents

Lyubov Matysina, Donetsk Medical University, Donetsk, Ukraine

Emergency Contraceptives: The Controversy and the Benefits

Dilip R. Patel, Michigan State University College of Human Medicine, Kalamazoo Center for Medical Studies, Kalamazoo, MI

Contraception in Adolescents: New Pills, the Patch, the Ring

Renee R. Jenkins, Howard University College of Medicine, Washington, DC

Sponsored jointly by the Society for Adolescent Medicine and the Pediatric Academic Societies

5560 Innovations in the Diagnosis of Genetic Diseases

2:00pm–5:00pm Saturday, May 15, 2005

Chair: Hans C. Andersson, Tulane University Medical School, New Orleans, LA

Each year novel findings in characterizing genetic disorders make the diagnosis and care of children with these diseases more relevant to primary care pediatricians and pediatric subspecialists. The challenge of staying informed about clinically applicable innovations in medical genetic research is daunting. Covering three diverse areas, this program is designed to summarize a variety of new findings in genetic disease research that are directly applicable for clinicians. The mandate for hearing screening in all newborns has revealed a complexity of hearing genes that are becoming available for clinical analysis in the diagnosis of hearing-impaired children. An overview of hearing-impairment physiology will lead into a molecular description of genes now known to be involved in hearing impairment, many of which are available for clinical diagnosis. Disorders of intracellular vesicle trafficking, which result in oculocutaneous albinism and bleeding disorders due to defects in melanosomes and platelet dense body function, will be described along with molecular studies of causative genetic mutations. Disorders of cholesterol biosynthesis that result in multiple congenital anomalies have revealed unexpected actions of cholesterol and its precursor sterols in the unfolding of the embryonic body plan. An overview of the most common of these disorders, Smith-Lemli-Opitz syndrome, will characterize our understanding of the function of cholesterol in neurological development and suggest that these functions may have important public health implications beyond our diagnosis and treatment of the sterol diseases themselves.

Approaches to Diagnosis of Genetic Disorders: Which Is the Right Test?

Hans C. Andersson, Tulane University Medical School, New Orleans, LA

Diagnosing and Managing Hearing Loss from Birth

Charles I. Berlin, Louisiana State University Health Sciences Center, New Orleans, LA

Advances in Genetic Diagnosis of Hearing Loss

Bronya J.B. Keats, Louisiana State University Health Sciences Center, New Orleans, LA

Disorders of Intracellular Vesicles Presenting with Albinism and Platelet Dysfunction

William A. Gahl, National Human Genome Research Institute, NIH, Bethesda, MD

The Clinical and Biochemical Spectrum of Inborn Errors of Cholesterol Biosynthesis

Richard I. Kelley, Kennedy Krieger Institute, Baltimore, MD

5561 Pediatric Neuropharmacology—Current Controversies

2:00pm–5:00pm

Sunday, May 15, 2005

Chair: Faye Silverstein, University of Michigan, Ann Arbor, MI

This mini course will highlight issues of interest to many pediatricians. Neuroactive drugs are used to treat a wide range of neurological and behavioral disorders in children and adolescents. Often, these drugs have not been systematically evaluated in this age group, and the issue of “off-label” use of neuroactive drugs has recently received considerable national attention.

We have recruited five experts in pediatric therapeutics for this mini course. Four will discuss treatment issues, and the fifth will discuss ethical issues that must be considered in pediatric drug testing. Graham Emslie will discuss the safety and efficacy of selective serotonin release inhibitors (SSRIs) in children and adolescents with depression and related disorders. The controversies regarding the use of these agents in the pediatric age group have raised important questions for all pediatricians. He will also highlight important questions for future research to improve clinical outcomes of children with psychological disorders.

James McCracken will provide his perspective on the use of second generation antipsychotics in children and adolescents. These drugs are widely used to treat a broad range of behavioral disorders. He will review current information about the efficacy and tolerability of these drugs and suggest guidelines for clinical monitoring.

Carter Snead will provide his perspective on the roles of the new generation of anti-convulsant drugs (introduced over the past 10 years) in the treatment of childhood epilepsy. He will discuss some of the drugs that have already gained widespread usage in children and discuss their potential risks and benefits.

Judith Owens will discuss current approaches to drug therapy of pediatric sleep disorders. As new drug therapies are introduced, both to induce sleep and to sustain wakefulness, it is likely that their use will extend to children and adolescents. The diagnosis of sleep disorders is rapidly increasing in children, and Dr. Owens will discuss major diagnostic and therapeutic issues.

Joel Frader will discuss ethical issues in pediatric drug testing. His topics will include: who should give “consent” for study participation, the circumstances permitting placebo controls, implications of FDA and/or NIH incentives/mandates for pediatric testing, conflicts between care giving and researcher roles, obligations to provide study results to participants and special considerations for phase I testing.

Introduction

Faye S. Silverstein, University of Michigan, Ann Arbor, MI

SSRIs in Pediatrics: What Do We Really Know?

Graham Emslie, University of Texas–Southwestern Medical Center, Dallas, TX

Promises and Pitfalls of Newer Antipsychotics in Children and Adolescents

James McCracken, UCLA Neuropsychiatric Institute, Los Angeles, CA

New Anticonvulsants—Roles in Treatment of Childhood Epilepsy

O. Carter Snead, The Hospital for Sick Children, University of Toronto, Toronto, Canada

Drug Therapy of Pediatric Sleep Disorders

Judith A. Owens, Brown University, Providence, RI

Pediatric Drug Testing: Ethical Considerations

Joel E. Frader, Children’s Memorial Hospital, Chicago, IL

Full Sponsorship \$12,000 ~ Partial Sponsorship \$5,000

5102 Community-Acquired Staphylococcal Disease: New Twists for a Traditional Pediatric Pathogen

8:00am–10:00am Sunday, May 15, 2005

Chairs: Stephen I. Pelton, Boston University School of Medicine, Boston, MA; and Sheldon L. Kaplan, Baylor College of Medicine, Houston, TX

Community-acquired, methicillin-resistant Staphylococcal disease has been reported with increasing frequency from multiple geographic locations in the United States over the past several years. This symposium will present current data on the epidemiology, molecular genetics and clinical aspects of these evolving pathogens, as well as on infection control practices that may be useful for prevention.

Community-Acquired Staphylococcal Disease: New Twists for a Traditional Pediatric Pathogen

Stephen I. Pelton, Boston University School of Medicine, Boston, MA

Epidemiology of Community-Acquired, Methicillin-Resistant *Staphylococcus aureus*

Daniel B. Jernigan, Centers for Disease Control and Prevention, Atlanta, GA

Molecular Genetics of *Staphylococcus aureus*

Robert S. Daum, The University of Chicago, Chicago, IL

Clinical Implications of Community-Acquired, Methicillin-Resistant *Staphylococcus aureus*

Sheldon L. Kaplan, Baylor College of Medicine, Houston, TX

Prevention and Control of Methicillin-Resistant *Staphylococcus aureus*

Donald A. Goldmann, Children's Hospital Boston, Boston, MA

Sponsored jointly by the Pediatric Infectious Diseases Society and the Pediatric Academic Societies

7102 Transitioning Pediatric Patients to Adult Care

8:00am–10:00am Tuesday, May 17, 2005

Chair: Sandra L. Watkins, University of Washington, Seattle, WA

Transitions are a part of everyone's life experience. Most young people with special health care needs and disabilities (SHCN/D) become independent members of adult society, but some need deliberate guidance and support. With increasing success in reducing the mortality of once devastating pediatric diseases, the latter group is growing in number. A new consensus statement from the American Academy of Pediatrics and the U.S. Federal Government (Healthy People 2010) has focused attention on the need to assist young people with SHCN/D in attaining their potential in adulthood. This symposium will discuss the growing number of young people with SHCN/D and present approaches for effecting these transitions. Specific disease-related examples will be used to highlight the issues, the barriers and the key elements of successful programs that transition patients from pediatric care to the adult system.

Visit the PAS Website at www.pas-meeting.org for further details on this program.

Sponsored jointly by the American Society of Pediatric Nephrology and the Pediatric Academic Societies

7600 The Future of Primary Care Pediatrics

1:45pm–3:45pm Tuesday, May 17, 2005

Chair: Tina L. Cheng, Johns Hopkins University, Baltimore, MD

Changes in medicine domestically and globally are transforming primary care in the United States. Many have suggested that primary care is in crisis or at least at a crossroads in the United States. Primary care pediatrics has been grappling with its identity and responding to significant changes in medical systems (e.g., managed care, nonphysician providers, specialization), science (e.g., genomics) and family needs (e.g., coordinated care, cultural competence). The pace and scope of these changes are such that primary care pediatricians of the future will not be performing the same role as today. This session will focus on the future of pediatric primary care and identifies potential roles and new models for primary care pediatrics.

Introduction—Primary Care: Steering the Future

Tina L. Cheng, Johns Hopkins University, Baltimore, MD

Patients and Populations: The Challenge to Pediatric Practice

Barbara Starfield, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Pediatric Primary Care and Informatics

Kevin B. Johnson, Vanderbilt University Medical Center, Nashville, TN

Pediatric Primary Care and Genetics

Marilyn C. Dumont-Driscoll, University of Florida College of Medicine, Gainesville, FL

New and Emerging Models for Pediatric Primary Care

Neal Halfon, University of California, Los Angeles, CA

Primary Care Pediatrics Summary

Tina L. Cheng, Johns Hopkins University, Baltimore, MD

7601 New Therapeutic Strategies for Classical Pediatric Diseases

1:45pm–3:45pm Tuesday, May 17, 2005

Chairs: David Cornfield, University of Minnesota School of Medicine, Minneapolis, MN; and Nina F. Schor, Children's Hospital of Pittsburgh, Pittsburgh, PA

The pathogenesis of numerous single-gene disorders has been effectively delineated. However, the application of this knowledge to patient care has lagged far behind. This symposium will present recent progress made in the development of therapeutic strategies for four classical pediatric disorders. First, novel genetic therapies for hematologic diseases will be discussed. Second, interventions that reverse the key abnormalities in signal transduction underlying autosomal dominant polycystic kidney disease, a leading cause of end-stage renal disease, will be presented. Third, we will discuss a treatment strategy that normalizes the intracellular processing and function of the mutated cystic fibrosis transmembrane conductance regulator (CFTR), which underlies the majority of cases of CF. Fourth, pharmacologic strategies against muscular dystrophy will be presented. These four innovative approaches provide great hope for patients suffering from these disorders, and they serve as exciting examples of potential means to combat other devastating pediatric conditions.

Embryonic Globins as Therapeutic Agents for Hemoglobinopathies and Thalassemias

J. Eric Russell, The Children's Hospital of Philadelphia, Philadelphia, PA

Novel Therapies for Renal Cystic Diseases

Vicente E. Torres, Mayo Clinic, Rochester, MN

Treatment of Cystic Fibrosis with Curcumin

Marie E. Egan, Yale University School of Medicine, New Haven, CT

Pharmacologic Strategies Against Muscular Dystrophy

Tejvir S. Khurana, University of Pennsylvania School of Medicine, Philadelphia, PA

7602 Pulmonary Hypertension: Mechanisms and Management

1:45pm–3:45pm Tuesday, May 17, 2005

Chair: Steve H. Abman, University of Colorado School of Medicine, Denver, CO

Pulmonary hypertension contributes significantly to high morbidity and mortality in diverse clinical settings, including term or near-term newborns with hypoxemic respiratory failure, premature infants with RDS, congenital heart disease, idiopathic or primary pulmonary hypertension and other diseases. Recent advances in molecular biology, genetics and physiology have led to novel therapeutic strategies that are now available for the treatment of severe pulmonary hypertension. This symposium will present novel mechanisms in the pathogenesis of pulmonary hypertension, as well as critical appraisal of treatment options for neonates, infants and children with pulmonary hypertension. First, basic molecular and cellular mechanisms that underlie the development of pulmonary hypertension will be presented. This will be followed by a discussion of the physiologic basis for current therapeutic approaches to persistent pulmonary hypertension of the newborn and ongoing controversies in patient management. The next speaker will discuss the use of inhaled nitric oxide (iNO) in premature infants. Although approved for use in the term or near-term neonate with hypoxemic respiratory failure, the potential role for iNO in premature newborns for the treatment of acute lung disease or the prevention of bronchopulmonary dysplasia has been highly controversial. Finally, we will learn of novel treatment strategies for children with chronic pulmonary hypertension, including clinical approaches that utilize separate or combined therapies, such as prostacyclin analogues, endothelin receptor antagonists and PDE5 inhibitors.

Novel Mechanisms in the Pathogenesis of Pulmonary Hypertension

Marlene Rabinovitch, Stanford University School of Medicine, Stanford, CA

New Insights in the Pathophysiology and Treatment of PPHN

Robin H. Steinhorn, Northwestern University Medical School, Chicago, IL

Controversies in the Use of Inhaled NO in Premature Newborns

John P. Kinsella, University of Colorado School of Medicine, Children's Hospital, Denver, CO

Novel Therapeutic Strategies for the Treatment of Pulmonary Hypertension

Robyn Barst, Columbia University School of Medicine, New York, NY

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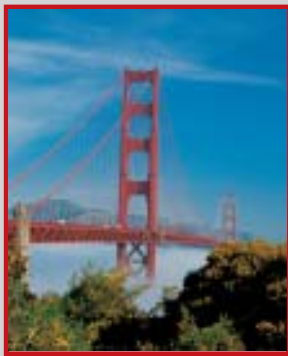
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- Balancing Career and Family: Perspectives from Two Generations
- Being Good Medicine: Tools from Therapeutic and Healing Touch
- Biological Methodology
- Biostatistical Issues in Pediatric Trials
- Child and Adolescent Bariatrics: Merging Policy, Scholarship, Research and Advocacy
- Childhood Obesity-Assessment, Surveillance and Intervention Within the School Setting
- Clinician-Educators: Roles, Rewards and Strategies for Career Development
- Competencies in Continuity Clinic: Turning the TIDE with the RRC
- Computer-Based Enhancements for Medical Education
- Database Management: A Case Study
- Design and Analysis of Childhood Cohort Studies
- Design and Conduct of Randomized Clinical Trials
- Developing a Competent Pediatrician: A Continuum Approach to Pediatric Education from Clerkship and Residency Through Faculty Development
- Developing a Package To Promote Culturally Competent Health Care
- Developing Community-Academic Partnerships To Enhance Pediatric Education
- Development and Implementation of Clinical Guidelines in Inpatient, Outpatient and Emergency Room Settings
- Developmental and Molecular Imaging
- Developmental Care (DC) in the Newborn Nursery-An Interactive Workshop
- Direct Observation of Residents in Their Natural Habitat: Documenting ACGME Competencies and Giving Feedback in a Busy Clinical Setting
- Documenting Competency in Practice-Based Learning and Improvement
- Effective, Efficient and Innovative Medical Student and Resident Teaching: Who Says It Can't Be Done?
- Elegant Alternatives to Randomized Trials To Estimate Treatment Effects
- Essential Survival Skills for Pediatric Fellows
- Evaluating Residents' Competence in Community Pediatrics
- Family-Centered Rounds: Overcoming Barriers To Get Back to the Bedside

- From Lectures to Modules: Designing/Developing Online Teaching and Learning Materials
- Functional Genomics
- Funding Clinical Trials Through the Food and Drug Administration
- Getting Started in Qualitative Research
- Grant Writing
- How Competent Should They Be?: Matching Curricula to Competencies in Advocacy Training
- How To Do Research in Pediatric Education and Get It Published
- How To Motivate and Change the Attitude of Learners/Colleagues
- How To Obtain Funding for Pediatrics Research from Federal Agencies
- I Can Do That! Preparing Residents To Perform Minor Procedures
- Implementing Programs for Direct Observation in Resident Education-SCORE!
- Innovation in Community Pediatrics-Motivating Residents Through Community Advocacy Projects
- Ins and Outs of Publishing a Scientific Manuscript
- Institute of Medicine (IOM) Committee on Prevention of Obesity in Children and Youth: Recommendations and Assessment
- Journals as a Teaching Resource
- Like Water from Stone: Time Management Essentials for Academic Pediatricians
- Management Skills You Need When Asked To Be the Medical Director
- Managing Others, Managing Oneself: The Art and Science of Leading Groups
- Measurement and Feedback Strategies for Quality Improvement Initiatives in Ambulatory Settings
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- National Efforts on Pediatric Patient Safety
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- NICHD Neonatal Research Network-How Do I Apply?
- NICHD: How It Works and Opportunities for Research Support
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- So You Are an Educator and Want To Be Tenured?: The Nuts and Bolts of Academic Success for the Clinician Educator
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- Teaching Residents To Teach Basic Parenting Skills in Clinical Practice
- Teaching the ACGME Competencies Through the Consultation Model
- The Medical Home: Chronic Condition Management in Pediatric Primary Care
- Tools for Making Group/Team Decisions
- Transgenic Workshop
- Translational Proteomics in Pediatric Investigations
- Treating Childhood Obesity in Primary Care
- Truth or Consequences: Defining, Identifying and Remediating the Problem Medical Teacher
- Turning the “Clinic” into Your “Practice”: Tools for Creating a Successful Academic Practice Site
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- Using After-Hours Hospitalists To Observe Residents in Action: A Workshop in Observation, Feedback and Competency Evaluation
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- Writing a Winning Abstract for a Scientific Meeting

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