

2007 Industry Sponsored Symposia

Toronto, Ontario Canada ~ Sheraton Centre Toronto

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There is no fee to attend an ISS, but pre-registration may be required. The supporting companies hosting each ISS sends separate invitations and registration forms to attendees and/or will have on-site registration available on the day of the symposium at the Metro Toronto convention Centre – South Building (Level 600) and at the door. Seating is available on a first-come, first-served basis.

For further information on participation, please refer to the contact for each ISS below.

CME Credit and Compliance with AMA and ACCME Guidelines

The PAS does not provide AMA-PRA Category 1 credit for ISS. The ISS obtain credit from another accredited CME provider.

All symposia must be held in compliance with the Accreditation Council for Continuing Medical Education's (ACCME) Standards for Commercial Support of Continuing Medical Education. In addition, although compliance with the AMA's Ethical Opinion on Gifts to Physicians from Industry is the responsibility of the individual physician, every effort should be made to ensure that attendees are not put in a situation that would be considered a violation of these guidelines.



Current Strategies and Future Directions in the Care of Patients with Respiratory Disease: Focus on Surfactant Replacement Therapy (SRT)

Sponsored by an Educational Grant from Discovery Laboratories in cooperation with Total CME, Inc.

Sunday, May 6 ~ 6:00 am – 8:00 am

Grand Ballroom West/Centre ~ Sheraton Centre Toronto

Respiratory diseases are associated with high morbidity and mortality in infants. Unfortunately, most diseases have no approved therapies. Recently, efforts to develop effective therapies have increased. For example, bronchopulmonary dysplasia (BPD) is the most common form of chronic lung disease that occurs in infants and is associated with a ten percent mortality rate in the first year of life. Current information indicates that early use of continuous positive airway pressure ventilation may eliminate the need for mechanical ventilation or facilitate successful extubation in some infants. In addition, recent phase II data indicate that SRT may be beneficial in the prevention of BPD. Furthermore, clinical trials utilizing SRT in a number of other respiratory diseases are underway. Finally, new methods for delivering this therapy are under development. This program will review recent data and ongoing clinical trials to discuss other potential delivery mechanisms and applications for SRT.

For registration information, please contact:

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Growth Hormone Disorders; Molecular Genomics and Clinical Implications

Sponsored by an Educational Grant from Gate Pharmaceuticals in cooperation with Vindico Medical Education.

Sunday, May 6 ~ 6:00 am – 8:00 am

Dominion Ballroom North ~ Sheraton Centre Toronto

The diagnosis of idiopathic short stature increased by 19% during the period from 1986 to 2002. Recent advances in the molecular genomics of IGF-1 pathways, FDA approval of new recombinant therapies, and increased awareness of the unique genomic and treatment considerations for transitional adolescents, have led to a need for updated and ongoing education for professionals in the field of endocrinology. This symposium will address the molecular genomics of IGF-1 deficiency and resistance, including gene deletion or mutation, disruptions in growth hormone or IGF-1 pathways, state-of-the-art diagnostics and therapies, the genomics of short stature in puberty, and evolving compliance issues.

For registration information, please contact:

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RDS Treatment: A Fresh Look

Sponsored by an Educational Grant from Dey, L.P. in cooperation with Postgraduate Institute for Medicine.

Sunday, May 6 ~ 7:00 pm – 9:00 pm

Sheraton Hall A/B ~ Sheraton Centre Toronto

Respiratory Distress Syndrome (RDS) is a serious lung condition that primarily affects premature infants. It is caused by the deficiency of pulmonary surfactant in the lungs. If not treated appropriately, it can lead to serious complications and even death.

There is a need to discuss with physicians that appropriate and timely administration of surfactant therapy for RDS can significantly improve clinical outcomes. Physicians also need to be made aware of the newer, evidence-based techniques of ventilation support that may reduce the required quantity of oxygen supplementation and also reduce the incidence of lung injury associated with RDS.

The goal of this educational symposium is to evaluate the newer concepts involved in treating RDS and to educate the physicians regarding the same. By applying these concepts, physicians can formulate more effective treatment strategies for RDS and thereby positively affect its clinical outcome.

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Noonan Syndrome: An Update for Clinicians

Sponsored by an Educational Grant from Novo Nordisk, Inc. in cooperation with Scherer Clinical Communications

Sunday, May 6 ~ 7:00 pm – 9:00 pm

Grand Ballroom Centre ~ Sheraton Centre Toronto

Noonan Syndrome is a complex familial disorder, similar to Turner syndrome, with an incidence of about 1 in 1,000 to 1 in 2,500 live births. It shares the Turner syndrome phenotype, with individuals exhibiting unusual craniofacial features, congenital heart defects, proportionate short stature, cryptorchidism in males, and a wide range of secondary manifestations. In the absence of obvious craniofacial dysmorphies, this range of characteristics makes clinical diagnosis of Noonan syndrome difficult. Genetic testing for mutations in the gene PTPN11 may confirm a diagnosis in about 50% of cases.

A common feature of Noonan syndrome is growth retardation. The use of exogenous growth hormone in patients with Noonan syndrome has been controversial, but recent studies have suggested an improvement in final height of patients on long-term growth hormone therapy.

This symposium will provide an overview of Noonan syndrome including phenotypic features, genetic abnormalities, and hematology/oncology issues.

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Updates on Influenza Vaccinations and the Pediatric Patient

Sponsored by an Educational Grant by MedImmune, Inc. in cooperation with Vindico Medical Education

Sunday, May 6 ~ 7:00 pm – 9:00 pm

Grand Ballroom West ~ Sheraton Centre Toronto

Influenza outbreaks represent a major medical and economic concern, and are responsible for approximately 36,000 deaths annually in the United States. The pediatric population is especially vulnerable to influenza because of immature immune systems, age-related disregard for hygiene, and the effects of school and day care groupings. Influenza vaccination can effectively reduce the morbidity and mortality rates of influenza, lessen incidence and the resultant spread of the virus, and help prevent transmission to high-risk populations. However, adherence to guidelines for pediatric influenza vaccinations remains suboptimal, underscoring the need for further intervention.

The program is designed to educate pediatricians and other healthcare professionals about the significant risks and co-morbidities of influenza outbreaks in the pediatric population, the biology of the influenza virus, the need for public, family, and patient education regarding the importance of vaccination, types of vaccines, and newer methods of vaccine delivery including intra-nasal delivery.

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Neurodevelopmental Sequelae of Pre-Term Birth: Open Issues

Sponsored by an Educational Grant by INO Therapeutics, Inc in cooperation with Health Learning Systems

Monday, May 7 ~ 6:00 am – 8:00 am

Grand Ballroom East ~ Sheraton Centre Toronto

Complications of preterm birth contributing to long-term neurodevelopmental sequelae are severe intraventricular hemorrhage, periventricular white matter injury, bronchopulmonary dysplasia (BPD)/chronic lung disease. Respiratory distress syndrome and BPD are associated with or causally related to brain injury. Interventions that may modulate pulmonary disease include antenatal steroid use, surfactant replacement therapy, inhaled nitric oxide, hi-frequency ventilation, postnatal steroids; while improving pulmonary function, these may adversely affect the brain. It is challenging to determine which subgroups will benefit from intervention and whether beneficial effects on long-term cognitive development are direct and independent of effects on predisposing respiratory complications. Few follow-up data from randomized studies are available beyond age 2, and methodology is lacking for assessing longer-term neuropsychological deficits and health. Developmental quotients applied early in life are not predictive of later IQ or of learning/behavioral difficulties preterm infants likely experience. This symposium reviews data and defines knowledge gaps for managing low-birth-weight preterm infants.

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