

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310255

SESSION TITLE: Application of Data Science (Machine Learning) to Large Pediatric Datasets

Contact: STEPHEN ARONOFF Temple University
aronoff@temple.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Practitioners, clinical scientists and fellows

Audience Size: 20

Tracks: Academic and Research Skills|Medical Informatics/Data Science

Objectives Define machine learning and recursive analysis Define parametric and non-parametric algorithms at an elementary level Define and understand Directed Acyclic Graphs (Bayesian Networks) and conditional probabilities. Define and understand model overfitting

Description: This Symposia will provide an overview of the methods and applications of machine learning, also known as statistical learning and artificial intelligence, to pediatric datasets. The symposia will be in two parts. The first provides an overview of the technology, elements of algorithm applications and details of dataset creation. The second part would include individual research projects that utilize the techniques

Time Block: (none)

QA: No

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: none

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS

Chairs: STEPHEN ARONOFF (Moderator)

Speaker # 1

Presentation Title Data Science and Pediatrics: Overview and application to PECARN febrile infant dataset

Speaker/Duration: STEPHEN ARONOFF : g. 45 minutes

Speaker/Institution: S.C. ARONOFF, Pediatrics, Temple University, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification STEPHEN ARONOFF : (none)

PROPOSAL #: 310405**SESSION TITLE:** Using Genomics Approaches To Examine the Role of the Placenta in the Developmental Origins of Health and Disease**Contact:** Carmen Marsit
carmen.j.marsit@emory.edu
Emory University**Session Type:** State of the Art Plenary**Target Audience:** Basic Researchers, Epidemiologists, Environmental Health Scientists, Neonatologists, Geneticists, Genomics Researchers, Trainees, Pathologists**Audience Size:** 100**Tracks:** Basic Science | Medical Informatics/Data Science | Public Health | Social Determinants/Health Disparities | Neonatology | Obesity/Metabolism | Genetics | Epidemiology | Environmental Health | Clinical and Translational Research**Objectives** Attendees will (1) reflect on the importance of interrogating the underlying mechanisms of the developmental origins of health and disease; (2) understand why the placenta is a functional mediator of the prenatal environment on children's health; (3) describe how genetic variation could be impacting children's health by its role in placental function; (4) interpret genomic networks and architecture in defining placental mechanisms; (5) appreciate the complexity of epigenomic regulation in the placenta and the factors influencing its role on newborn health.**Description:** Increasing rates of obesity, prediabetes, and cardiovascular health risks in children and adolescents are emerging public health challenges in the United States, and can contribute to cardiometabolic health risk throughout life. There is increasing evidence that a significant proportion of risk for these conditions is developed prior to birth, and that these developmental origins of metabolic health risk derive from a combination of genetic, dietary, lifestyle, and environmental factors impacting the mother, father and child. The placenta sits at the interface of the maternal and fetal environment to regulate fetal development and the fetal environment through a variety of critical functions in nutrient, water, gas and waste transport, metabolism, barrier function, and endocrine secretion. These complex and critical functions highlight the importance of the placenta in the context of the Developmental Origins of Health and Disease (DOHaD) as the key regulator of fetal growth, development, and the intrauterine environment. New tools, technologies, models, and integrative approaches are allowing for comprehensive understanding of the placenta's purposeful links to child health, and the impact of genetics and the environment on the function of the placenta. In this symposium, we bring together a group of investigators applying novel high-dimensional genomic approaches to understanding how variation of human placental function can impact newborn and long-term child health. We will highlight both comprehensive molecular genomic profiling tools capturing various aspects of cellular control, including genomics, transcriptomics, epigenomics, and systems biology to provide new insights into the role of the placenta in DOHaD. Three experts in various aspects of placental biology and its impact on children's health, will each speak for 20 minutes, allowing for a 5 minutes of questions following the presentations and a panel discussion of 15 minutes at the end of the symposium where questions can be posed about their research or the future directions and approaches of this work. Potential speakers, all of whom have agreed to participate, span the disciplines of statistical genetics, molecular epidemiology, and molecular toxicology and include the speakers listed below. **Ke Hao, ScD** (Icahn School of Medicine at Mount Sinai), who will use empirical data to demonstrate placenta as a relevant tissue for postnatal diseases, and how this data suggests that genetic risk variants start to function as early as fetal development to impact long-term health. His approaches integrate multi-omics data and disease GWAS of large samples, and is used to identify potential etiologic mechanisms through placental gene and network

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dysregulations on mediating the effects of genetic risk alleles on the predisposition to postnatal disorders, including childhood obesity.

 Alison Paquette, PhD (Institute for Systems Biology) will discuss her approach to examine tissue specific transcriptional regulatory networks, which is used to identify transcription factor and target gene relationships in the placenta at a genome scale. As the placenta is the master regulator of the in-utero environment, the transcriptional landscape influences fetal development and later life health, and responds to the maternal environment. We have identified specific transcriptional factor-target gene networks which are perturbed in relation to different maternal characteristics, and are associated with gestational outcomes including gestational age.

 Corina Lesseur, MD, PhD (Icahn School of Medicine at Mount Sinai) will describe comprehensive and highly integrative analyses of the placental genome and epigenome, including both DNA methylation and 5-hydroxymethylation, and the impacts of genetic variation as well as maternal metabolic health on the integrated function of these features and their impact on newborn outcomes.

Time Block: (none)

QA: Yes

QA Details: 5 min after each presentation for discussion and 15 minutes for panel discussion at end of session

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Other placenta focused symposia or ISCHE symposia or events.

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ISCHE

Chairs: Carmen Marsit (Chair); Jia Chen (Chair)

Speaker # 1

Presentation Title Introduction to the Session

Speaker/Duration: Carmen Marsit : a. 5 minutes

Speaker/Institution: C.J. Marsit, Environmental Health, Emory University, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Carmen Marsit : (none)

Speaker # 2

Presentation Title Impact of Genetic Variants Through the Placenta on Long-term Health

Speaker/Duration: Ke Hao : d. 20 minutes

Speaker/Institution: K. Hao, Icahn School of Medicine at Mount Sinai, New York, New York, UNITED STATES|

Non-Member Justification Ke Hao : (none)

PROPOSAL #: 310405

SESSION TITLE: Using Genomics Approaches To Examine the Role of the Placenta in the Developmental Origins of Health and Disease

Speaker # 3

Presentation Title Effect of Placental Specific Transcriptional Regulatory Networks on Gestational Age at Birth

Speaker/Duration: Alison Paquette : d. 20 minutes

Speaker/Institution: A. Paquette, Institute for Systems Biology, Seattle, Washington, UNITED STATES|

Non-Member Justification Alison Paquette : (none)

Speaker # 4

Presentation Title Integrated Analysis of Placental Epigenomics to Understand the Role of the Environment on Child Growth

Speaker/Duration: Corina Lesseur : d. 20 minutes

Speaker/Institution: C. Lesseur, Icahn School of Medicine at Mount Sinai, New York, New York, UNITED STATES|

Non-Member Justification Corina Lesseur : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310433

SESSION TITLE: Social Determinants of Health Screening: Current State, Policy and Ethical Considerations, and Future Research Directions

Contact: Michelle Lopez
malopez@texaschildrens.org
Baylor College of Medicine

Session Type: State of the Art Plenary

Target Audience: Researchers, practitioners, and policymakers in Pediatric, Adolescent, and Family Medicine

Audience Size: 500

Tracks: Public Health|Academic and Research Skills|Vulnerable and Underserved Populations/Health Equity & Social Justice|Advocacy/Public Policy|Social Determinants/Health Disparities

Objectives (1) Describe current data on social determinants of health (SDoH) screening in pediatric practice. (2) Review principles for screening and summarize available SDoH screening tools. (3) Discuss federal and state policies associated with SDoH screening. (4) Examine the ethics and unintended consequences of SDoH screening. (5) Identify future SDoH research priorities.

Description: In the US, approximately one in every two children lives in or near poverty. Poverty and its associated social determinants of health (SDoH; e.g., food insecurity, housing instability, lack of household heat) can lead to significant negative health and developmental outcomes that can persist into adulthood. In 2016, the American Academy of Pediatrics called for pediatricians to screen for SDoH in order to identify families in need of services. Since then, there have been increased efforts in the medical and public policy spheres to implement SDoH screening within the healthcare system. If executed successfully as part of routine pediatric care, SDoH screening has the potential to mitigate the negative effects of childhood poverty, reduce health disparities, and improve the overall health and development of children. It therefore carries significant public and population health implications. However, many questions remain regarding current screening practices, reimbursement policies, ethical considerations, and the effectiveness of such screening for improving health. The Academic Pediatric Association's Health Care Delivery and Public Policy and Advocacy Committees have organized this dynamic session of national research and policy experts in SDoH. We will review the current state of SDoH screening using data from the American Academy of Pediatrics and the Academic Pediatric Association. Attendees will learn about key concepts in SDoH assessments and the evaluation of various screening tools. The session will highlight federal and state Medicaid reimbursement policies and alternative payment models that are being used to finance SDoH-related activities as well as the role of Centers for Medicare and Medicaid Services in setting practice standards. The audience will also have the opportunity to consider the ethics and unintended consequences associated with SDoH screening. Finally, presenters will frame SDoH research priorities with the aim of influencing work that can maximally advance practice in this area. The session will conclude with a question and answer session that will provide opportunities for audience engagement.

Time Block: (none)

QA: Yes

QA Details: Q&A Session with panel of speakers- 20 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: N/A

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310433

SESSION TITLE: Social Determinants of Health Screening: Current State, Policy and Ethical Considerations, and Future Research Directions

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA

Chairs: Michelle Lopez (Chair); Arvin Garg (Chair)

Speaker # 1

Presentation Title Introduction/Overview

Speaker/Duration: Michelle Lopez : b. 10 minutes

Speaker/Institution: M. Lopez, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Michelle Lopez : (none)

Speaker # 2

Presentation Title Current State of Social Determinants of Health (SDoH) Screening in Pediatrics

Speaker/Duration: Andrew Racine : d. 20 minutes

Speaker/Institution: A.D. Racine, Montefiore Medical Center, New York City, New York, UNITED STATES|

Non-Member Justification Andrew Racine : (none)

Speaker # 3

Presentation Title SDoH Screening Tools, Methodology and Evaluation

Speaker/Duration: Radley Sheldrick : d. 20 minutes

Speaker/Institution: R. Sheldrick, Boston University School of Public Health, Boston, Massachusetts, UNITED STATE

Non-Member Justification Radley Sheldrick : (none)

Speaker # 4

Presentation Title The Policy Implications of SDoH Screening

Speaker/Duration: Jean Raphael : c. 15 minutes

Speaker/Institution: J.L. Raphael, Pediatrics , Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Jean Raphael : (none)

Speaker # 5

Presentation Title Ethical Considerations and Unintended Consequences of SDoH Screening

Speaker/Duration: Arvin Garg : d. 20 minutes

Speaker/Institution: A. Garg, Boston Medical Center, Newton, Massachusetts, UNITED STATES|

Non-Member Justification Arvin Garg : (none)

PROPOSAL #: 310433

SESSION TITLE: Social Determinants of Health Screening: Current State, Policy and Ethical Considerations, and Future Research Directions

Speaker # 6

Presentation Title Future Directions for SDoH Research

Speaker/Duration: Laura Gottlieb : c. 15 minutes

Speaker/Institution: L. Gottlieb, University of California, San Francisco , San Francisco, California, UNITED STATES|

Non-Member Justification Laura Gottlieb : Dr. Gottlieb has expertise in social determinants research that make her uniquely qualified to discuss the future directions of research in this area. A former National Health Services Scholar and safety-net family physician with fellowsh

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310497

SESSION TITLE: Pediatric Population Health: What Pediatricians Need to Know About Accountable Care Organizations and Alternative Payment Models So They and Their Patients Can Thrive in the 21st Century

Contact: Richard Wasserman University of Vermont College of Medicine
richard.wasserman@med.uvm.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric academic generalists and subspecialists, policymakers, health services researchers, quality improvement experts

Audience Size: 150

Tracks: Academic and Research Skills|Advocacy/Public Policy|Social Determinants/Health Disparities|Health Services Research|Community Pediatrics|Children with Special Health Care Needs

Objectives At the conclusion of this activity, participants will be able to: 1) Define population health ; 2) Give examples of alternative payment mechanisms, including accountable care organizations and bundled payment; and 3) Summarize the implications of population health approaches and alternative payment models for academic pediatricians and their patients.

Description: Most pediatricians have neither taken Econ 101 nor studied health care finance. As such, they may puzzle over terms uttered by their health system leaders and administrators such as "population health," "alternative payment model," "value-based care" and "shared savings." Briefly, this session's four presentations will:
1. Demonstrate how the newer payment schemes that grew out of the Affordable Care Act actually arise out of the population health legacy of Robert Haggerty and the primary care focus of Barbara Starfield;
2. Address the fragmentation of care and shortcomings of fee-for-service payment in the U.S. health care system and highlight the opportunity of population-based payment for pediatrics;
3. Describe the creation, operation, successes, and challenges of a children's hospital-based purely pediatric accountable care organization (ACO); and
4. Describe the creation, operation, successes, and challenges of pediatric population health in an all-age ACO.
A 20 minute question-and-answer session will allow attendees to address questions to the presenters.

Time Block: (none)

QA: Yes

QA Details: Will leave 20 minutes at the end for questions addressed to various speakers.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: American Pediatric Society Presidential Plenary American Academy of Pediatrics Presidential Plenary Academic Pediatric Association Presidential Plenary

Additional Comments: None.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APS|APA

Chairs: Richard Wasserman (Chair)

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PROPOSAL #: 310497

SESSION TITLE: Pediatric Population Health: What Pediatricians Need to Know About Accountable Care Organizations and Alternative Payment Models So They and Their Patients Can Thrive in the 21st Century

Speaker # 1

Presentation Title Pediatric Population Health: The 21st Century Realization of Haggerty's and Starfield's Community Pediatrics Vision

Speaker/Duration: Richard Wasserman : c. 15 minutes

Speaker/Institution: R. Wasserman, Pediatrics, University of Vermont College of Medicine, Burlington, Vermont, U

Non-Member Justification Richard Wasserman : (none)

Speaker # 2

Presentation Title Accountable Care Organizations and Alternative Payment Mechanisms: Correcting Payment Distortions in the Service of Improved Child Health

Speaker/Duration: Patrick Conway : e. 25 minutes

Speaker/Institution: P. Conway, Blue Cross & Blue Shield of North Carolina, Durham, North Carolina, UNITED STAT

Non-Member Justification Patrick Conway : (none)

Speaker # 3

Presentation Title Experience of an All Pediatric Children's Hospital Accountable Care Organization

Speaker/Duration: Kelly Kelleher : f. 30 minutes

Speaker/Institution: K. Kelleher, Research Institute, Nationwide Children's Hospital, Columbus, Ohio, UNITED STAT

Non-Member Justification Kelly Kelleher : (none)

Speaker # 4

Presentation Title Pediatric Population Health in an All-Age Accountable Care Organization

Speaker/Duration: Elsie Taveras : f. 30 minutes

Speaker/Institution: E.M. Taveras, Mass General Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Elsie Taveras : (none)

PROPOSAL #: 310514**SESSION TITLE:** Controversies in Newborn Care**Contact:** Laura Kair
University of California Davis
lrkair@ucdavis.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Newborn providers: general pediatricians, neonatologists, pediatric hospitalists**Audience Size:** 500**Tracks:** General Pediatrics|Neonatology|Well Newborn**Objectives** After this session, learners will be able to: 1) State what is known and unknown about using donor human milk to supplement healthy newborns. 2) Discuss the newest evidence concerning marijuana use during breastfeeding. 3) Understand the evidence for changing and the history behind adopting current phototherapy guidelines for >35 week infants. 4) Recognize the pros and cons of using oral vitamin K when parents decline intramuscular vitamin K prophylaxis. and 5) Apply new knowledge gained from this session to their clinical practice.**Description:** A majority of infants born in the United States receive well newborn care in the hospital; thus the birth hospitalization is an excellent opportunity for preventive care. However, many medical knowledge gaps exist regarding best practices for the care of well newborns. This session will bring together four experts to begin to fill these gaps by discussing the newest evidence in four controversial areas affecting well newborn care: donor milk supplementation for well newborns, marijuana use during breastfeeding, risks of hyperbilirubinemia and phototherapy and optimal phototherapy thresholds, and oral vitamin K use for families resistant to intramuscular prophylaxis. After the presentations, there will be time for audience questions and group discussion to help identify next steps to advance care for well newborns in these areas.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes, after all four lectures**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Newborn SIG General Pediatrics: Newborn Nursery Platform Session Milk Club**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** APA|SPR**Chairs:** Laura Kair (Chair); Jaspreet Loyal (Chair)**Speaker # 1****Presentation Title** An Introduction to Well Newborn Care and the Controversies**Speaker/Duration:** Laura Kair : a. 5 minutes**Speaker/Institution:** L.R. Kair, Pediatrics, University of California Davis, Sacramento, California, UNITED STATES|**Non-Member Justification** Laura Kair : APA, SPR

PROPOSAL #: 310514

SESSION TITLE: Controversies in Newborn Care

Speaker # 2

Presentation Title Donor Milk for Well Newborns: Is There a Role?

Speaker/Duration: Laura Kair : d. 20 minutes

Speaker/Institution: L.R. Kair, Pediatrics, University of California Davis, Sacramento, California, UNITED STATES|

Non-Member Justification Laura Kair : APA, SPR

Speaker # 3

Presentation Title Marijuana, Endocannabinoids, and Lactation. What are the True levels of Marijuana in Breastmilk?

Speaker/Duration: Thomas Hale : f. 30 minutes

Speaker/Institution: T. Hale, Pediatrics, Texas Tech Health Sciences Center, Amarillo, Texas, UNITED STATES|

Non-Member Justification Thomas Hale : Dr. Hale is the preeminent international expert on medications and breast milk. He has conducted one of the only prospective studies on the pharmacokinetics of marijuana in breast milk and provides unique expertise as a pharmacologist.

Speaker # 4

Presentation Title Adventures in Phototherapy Guideline Development

Speaker/Duration: Thomas Newman : f. 30 minutes

Speaker/Institution: T. Newman, Epidemiology & Biostatistics, UCSF, San Carlos, California, UNITED STATES|

Non-Member Justification Thomas Newman : AAP, APA

Speaker # 5

Presentation Title Stepping backwards? Oral vitamin K to prevent Vitamin K Deficiency Bleeding in the United States

Speaker/Duration: Jaspreet Loyal : d. 20 minutes

Speaker/Institution: J. Loyal, Pediatrics, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Jaspreet Loyal : (none)

PROPOSAL #: 310556**SESSION TITLE:** Unanswered Questions in CCHD Screening in Newborns**Contact:** Heather Siefkes
hsiefkes@ucdavis.edu
University of California, Davis**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Providers involved in newborn care and evaluation for congenital heart disease such as neonatologists, cardiologists, general pediatricians, and newborn nursery hospitalists**Audience Size:** 500**Tracks:** Community Pediatrics|Cardiology|Well Newborn|Neonatology|Hospitalists|General Pediatrics**Objectives** 1. Review evidence of oxygen saturation-based CCHD screening and the various algorithms 2. Review evidence for CCHD screening in the NICU population 3. Review gaps in oxygenation saturation-based CCHD screening and future directions to improve detection of defects with systemic obstruction**Description:** Critical congenital heart defects (CCHD) affect 10-18 newborns per 10,000 live births. Despite effective treatment, congenital heart disease was responsible for up to 10% of infant deaths before routine CCHD screening. This high mortality rate was in part due to difficulty diagnosing CCHD in asymptomatic infants with physical exam alone or by prenatal ultrasound. Oxygen saturation (SpO₂) based screening is a validated screening method that improves early CCHD detection. In 2011, the United States (US) Health and Human Services Secretary's Advisory Committee on Heritable Disorders in Newborns and Children recommended all newborns be screened for CCHD. The American Academy of Pediatrics (AAP) endorsed universal CCHD screening in 2012. Since then, all states have passed legislation requiring CCHD screening. Unfortunately, several questions still remain regarding CCHD screening. For example, newborns in the neonatal intensive care unit (NICU) are at risk of being discharged with undiagnosed CCHD. However, the role and logistics of SpO₂ CCHD screening in the NICU are undetermined. Another unanswered question is how newborns at higher altitude should be screened. Data has shown that SpO₂-based CCHD screening at higher altitudes is associated with a higher false positive rate and thus likely warrants an adjusted algorithm that has not yet been determined. The fact that multiple SpO₂-based CCHD screening algorithms for well newborns exist further complicates these questions. While the differences between the multiple algorithms are small, there is room to better define the best algorithm and potentially simplify it. However, some advocate for adding components to the CCHD screen to improve the detection of newborns with defects commonly missed by SpO₂ screening. While SpO₂ screening has improved CCHD detection, nearly an estimated 900 newborns with CCHD are undiagnosed annually in the United States, most of which are defects such as coarctation of the aorta (CoA) and interrupted aortic arch (IAA). Non-invasive measurements of perfusion such as perfusion index and radiofemoral delay have been proposed as tools to improve detection of newborns with defects such as CoA and IAA. However, thresholds for these measurements to prompt further evaluation for CCHD are not yet agreed upon, and adding these measurements may complicate the screen rather than simplify it. In this session, speakers will address these unanswered questions related to CCHD screening.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes of time for questions after all presenters have presented**Audience Polling:** No

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310556

SESSION TITLE: Unanswered Questions in CCHD Screening in Newborns

Polling Details: (none)

Sabbath Conflicts: Both

Conflicting Sessions: Neonatal Clinical Trials

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Satyan Lakshminrusimha (Chair); Robert Koppel (Chair); Heather Siefkes (Contact Person)

Speaker # 1

Presentation Title So many pulse oximetry algorithm options, which do we choose?

Speaker/Duration: Gerard Martin : c. 15 minutes

Speaker/Institution: G. Martin, Children's National, Washington DC, District of Columbia, UNITED STATES|

Non-Member Justification Gerard Martin : (none)

Speaker # 2

Presentation Title CCHD screening in the NICU

Speaker/Duration: Satyan Lakshminrusimha : c. 15 minutes

Speaker/Institution: S. Lakshminrusimha, Pediatrics, UC Davis, Sacramento, California, UNITED STATES|

Non-Member Justification Satyan Lakshminrusimha : (none)

Speaker # 3

Presentation Title Role of radiofemoral delay for coarctation and other systemic obstruction detection

Speaker/Duration: Robert Koppel : c. 15 minutes

Speaker/Institution: R.I. Koppel, Pediatrics, Cohen Children's Medical Center, New Hyde Park, New York, UNITED STATES|

Non-Member Justification Robert Koppel : (none)

Speaker # 4

Presentation Title Role of perfusion index for coarctation and other systemic obstruction detection

Speaker/Duration: Heather Siefkes : c. 15 minutes

Speaker/Institution: H. Siefkes, Pediatric, University of California, Davis, Sacramento, California, UNITED STATES|

Non-Member Justification Heather Siefkes : (none)

Speaker # 5

Presentation Title CCHD screening at altitude

Speaker/Duration: Michael Paranka : c. 15 minutes

Speaker/Institution: M. Paranka, Aurora Medical Center, Aurora, Colorado, UNITED STATES|

Non-Member Justification Michael Paranka : Published research related to CCHD screening at high altitude

PROPOSAL #: 310559

SESSION TITLE: Predatory Publishing: The Wild West of Academic Medicine

Contact: Christopher Greeley Baylor College of Medicine
Christopher.Greeley@bcm.edu

Session Type: State of the Art Plenary

Target Audience: General Academic pediatricians

Audience Size: 100

Tracks: Academic and Research Skills|Media & Technology|Basic Science

Objectives 1)Recognize some of the features of predatory publishing 2)Recognize the value of rigorous appraisal of the published medical literature 3)Describe the role and challenges of peer review of the medical literature

Description: The rise of open access publishing has ushered in a growing threat to academic publishing: predatory publishing. Anyone who is in academics is undoubtedly bombarded with emails requesting submission of manuscripts to innocuous sounding journals. This presentation will trace the rise of open-access publishing and how it has evolved into a more sinister force. I will also discuss the rise of predatory editorial boards and conferences. We will end with some strategies for guarding against predatory publishing.

Time Block: (none)

QA: Yes

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:Evidence-Based medicine

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APA

Chairs: Christopher Greeley (Presenter)

Speaker # 1

Presentation Title Predatory Publishing: The Wild West of Academic Medicine

Speaker/Duration: Christopher Greeley : i. 90 minutes

Speaker/Institution: C. Greeley, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Christopher Greeley : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310594

SESSION TITLE: Focus On Sickle Cell Disease: Solutions and strategies to improving health care delivery.

Contact: Leslie Walker-Harding Penn State Children's Hospital
lwalkerharding@pennstatehealth.ps
u.edu

Session Type: Panel Discussion

Target Audience: Leaders in policy, members of Pediatric organizations and societies, sickle cell disease care providers

Audience Size: 75

Tracks: Advocacy/Public Policy | Diversity and Inclusion | Hematology/Oncology | Social Determinants/Health Disparities | Quality Improvement/Patient Safety

Objectives To discuss how to achieve equity in health care delivery for Children with Sickle Cell disease. To discuss how quality measures could help improve and measure delivery of care in Sickle Cell disease To develop next steps in creating an action plan for Pediatric organizations to better highlight Sickle Cell Disease quality health care

Description: In collaboration with the American Board of Pediatrics, the American Pediatric Society will convene a panel discussion with national experts to heighten the national dialog on Sickle Cell Disease. Sickle Cell Disease incidence is increasing worldwide, it affects 100,000 children in the United States and 300,000 worldwide with Sickle cell trait estimated in over 3 million people just in the United States alone. This panel discussion will address the mismatch between the number of children, families and communities who are affected by Sickle Cell Disease in contrast to the minimal resources devoted to improving care delivery, outcomes, policy, research, and community engagement. The goal of this discussion is to discuss reasons for the discrepancy and suggest solutions with experts in a variety of related areas and then have leaders for Pediatric organizations along with other attendees reflect back on what they can do to increase focus on Sickle Cell Disease. The main outcome is that pediatric organizations and members become engaged to take a lead in changing the national dialog on Sickle Cell Disease. This is meant to be a stimulating discussion with highlights on the work the American Board of Pediatrics and other agencies and community networks are doing to improve health care delivery for Sickle Cell Disease.

Time Block: (none)

QA: Yes

QA Details: 20 - 30 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Other Diversity and Inclusion events APS events Meet the Professor

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS | Other Society Affiliation

Chairs: Leslie Walker-Harding (Chair); David Nichols (Chair)

PROPOSAL #: 310594

SESSION TITLE: Focus On Sickle Cell Disease: Solutions and strategies to improving health care delivery.

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Leslie Walker-Harding : b. 10 minutes

Speaker/Institution: L. Walker-Harding, Pediatrics, Penn State Children's Hospital, Hummelstown, Pennsylvania, U

Non-Member Justification Leslie Walker-Harding : APS, AAP

Speaker # 2

Presentation Title Quality Measures

Speaker/Duration: Gary Freed : c. 15 minutes

Speaker/Institution: G. Freed, Pediatrics, University of MI, Ann Arbor, Michigan, UNITED STATES|

Non-Member Justification Gary Freed : APS

Speaker # 3

Presentation Title American Society of Hematology Sickle Cell Disease solutions

Speaker/Duration: Alexis Thompson : c. 15 minutes

Speaker/Institution: A. Thompson, Hematology Oncology, Ann and Robert H. Lurie Childrens Hospital of Chicago, C

Non-Member Justification Alexis Thompson : Critical voice: Pediatrician who is current president of the American Society of Hematology with mission to address Sickle Cell Disease in Children on the organization level

Speaker # 4

Presentation Title Parent Liason perspective

Speaker/Duration: Valindia Kinebrew : c. 15 minutes

Speaker/Institution: V.R. Kinebrew, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES|

Non-Member Justification Valindia Kinebrew : (none)

Speaker # 5

Presentation Title CMS efforts improving quality of care in Sickle Cell disease

Speaker/Duration: to be confirmed at later date : c. 15 minutes

Speaker/Institution: T.R. at later date, CMS Office of Minority Health, Baltimore, Maryland, UNITED STATES|

Non-Member Justification to be confirmed at later date : A reposne from MEDiciad on SCD is critical, 9 of every 10 kids with SCD has Medicaid

PROPOSAL #: 310596**SESSION TITLE:** The Creation of Shared Data Ecosystems to Improve Outcomes in Children**Contact:** Jeffrey Yaeger University of Rochester School of Medicine and Dentistry
jeffrey_yaeger@urmc.rochester.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatricians, administrators, health services researchers, policy makers, medical informatics specialists**Audience Size:** 50**Tracks:** Advocacy/Public Policy|Public Health|Social Determinants/Health Disparities|Medical Informatics/Data Science|Health Services Research**Objectives** 1.To describe the challenges in utilizing clinical data from the EMR 2.To discuss different approaches in integrating clinical data with other databases to improve outcomes 3.To examine the challenges in creating shared data ecosystems 4.To identify unique factors and stakeholders that are necessary to consider in developing a shared data ecosystem 5.To illustrate the implications of shared data ecosystems on childhood and population health outcomes**Description:** Electronic medical records (EMRs) contain a wealth of data that may be important in optimizing health outcomes in children. Most EMR systems were developed for billing purposes rather than for research or quality improvement purposes, creating significant challenges in our ability to extract and utilize these data in a clinically meaningful way. Other sectors, including public health, education, and human services, also have large databases containing information about these same children and the neighborhoods and regions in which they live. This is important because, as demonstrated by the ecological health systems model, a variety of factors contribute to health and disease, including genetics, behaviors, healthcare services, socioeconomic factors, the physical environment, and neighborhood characteristics. Healthy People 2020 includes these social determinants of health as important issues to address to ensure health equity and promote healthy development. Communities that can harness these varied and vast quantities of data will be well-positioned to improve pediatric outcomes, mitigate disparities, and optimize the value of care.
 In this session, the presenters will describe three distinct data ecosystems (one from Madison, Wisconsin and two from Rochester, New York) that have been developed to address these challenges by merging data across sectors. To illustrate the unique needs of each community and institution, the speakers will focus their discussion on the specific motivation to develop such an integrated system, the challenges encountered, the involvement of stakeholders, how barriers were overcome, and the current state of their respective integrated data ecosystem.**Time Block:** (none)**QA:** Yes**QA Details:** There will be a 20-minute interactive Q&A session facilitated by Dr. Yaeger after all speakers have presented.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)

PROPOSAL #: 310596

SESSION TITLE: The Creation of Shared Data Ecosystems to Improve Outcomes in Children

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Jeffrey Yaeger (Chair)

Speaker # 1

Presentation Title Introduction: The Promise of Data in Health Care

Speaker/Duration: Jeffrey Yaeger : a. 5 minutes

Speaker/Institution: J.P. Yaeger, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, N

Non-Member Justification Jeffrey Yaeger : (none)

Speaker # 2

Presentation Title COMET Integrated Data Platform: Linking Vision Care Between Health, Education, Community Organizations, and Parents

Speaker/Duration: Jeffrey Kaczorowski : d. 20 minutes

Speaker/Institution: J. Kaczorowski, Pediatrics, University of Rochester School of Medicine and Dentistry, Rocheste

Non-Member Justification Jeffrey Kaczorowski : (none)

Speaker # 3

Presentation Title University of Wisconsin e-Health PHINEX: A Clinical-Public Health Data Exchange

Speaker/Duration: Lawrence Hanrahan : d. 20 minutes

Speaker/Institution: L. Hanrahan, Family Medicine and Community Health, Universit yof Wisconsin School of Medi

Non-Member Justification Lawrence Hanrahan : (none)

Speaker # 4

Presentation Title The System Integration Project: Linking Data from Health, Education, and Human Services to Improve Outcomes

Speaker/Duration: Jeffrey Yaeger : d. 20 minutes

Speaker/Institution: J.P. Yaeger, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, N

Non-Member Justification Jeffrey Yaeger : (none)

PROPOSAL #: 310644

SESSION TITLE: The Patent Ductus Arteriosus - Genetic Susceptibility, Pharmacology of Treatment Options and Potential Novel Drug Targets

Contact: Tamorah Lewis Children's Mercy Hospital, Univ of Missouri Kansas City School of Medicine

trlewis@cmh.edu

Session Type: Basic-Clinical-Translational Roundtable

Target Audience: pediatricians, neonatologists, pharmacologists, basic researchers, translational researchers, clinical researchers

Audience Size: 60

Tracks: Academic and Research Skills | Basic Science | Cardiology | Pharmacology | Neonatology | Clinical and Translational Research

Objectives 1. Attendees will understand basic science methodology for investigation of PDA drug targets. 2. Attendees will understand important developmental pharmacology and pharmacogenetic principles that could influence drug exposure and drug response in PDA treatment. 3. Attendees will learn about acetaminophen pharmacology in neonates and PDA treatment outcomes.

Description: This will be a roundtable with expertise from multiple specialists all working in novel PDA research. A PhD scientist (Elaine Shelton) will describe her work on the basic mechanisms behind PDA closure and identification of novel drug targets through innovative approaches such as RNA sequencing. A neonatologist and clinical pharmacologist (Tamorah Lewis) will discuss the important aspects of translational developmental pharmacology research which may help explain the variable and unpredictable response to NSAIDs for PDA closure. A clinician researcher (John Dagle) will discuss genetic considerations of pharmacologic PDA closure, Lastly, a second clinician researcher (Karel Allegaert) will discuss the pharmacology of acetaminophen for PDA closure, including the potential risks and benefits over more traditional treatment options.

Time Block: (none)

QA: Yes

QA Details: After each presenter gives a 15 minute talk, there will be a question and answer period which involves a roundtable discussion / answer from each person by the four experts

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: other pharmacology specific sessions, other sessions about Patent Ductus Arteriosus (PDA)

Additional Comments: We plan to have a senior and junior investigator to co-chair the session. Senior co-chair: Jeff Reese is one option for co-chair of the session. But other options for the more senior co-chair include Ron Clyman or Patrick McNamara. Junior co-chair:

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: John Jeffrey Reese (Chair); Souvik Mitra (Chair)

PROPOSAL #: 310644

SESSION TITLE: The Patent Ductus Arteriosus - Genetic Susceptibility, Pharmacology of Treatment Options and Potential Novel Drug Targets

Speaker # 1

Presentation Title Basic Mechanisms of Ductus Arteriosus Patentcy / Closure and Identification of Novel Drug Targets

Speaker/Duration: Elaine Shelton : c. 15 minutes

Speaker/Institution: E. Shelton, Pediatrics, Vanderbilt University School of Medicine, Nashville, Tennessee, UNITED

Non-Member Justification Elaine Shelton : (none)

Speaker # 2

Presentation Title Developmental Pharmacology of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and the Importance of the Dose-Exposure-Response Paradigm

Speaker/Duration: Tamorah Lewis : c. 15 minutes

Speaker/Institution: T. Lewis, Pediatrics, Children's Mercy Hospital, Univ of Missouri Kansas City School of Medicin

Non-Member Justification Tamorah Lewis : (none)

Speaker # 3

Presentation Title Pharmacogenetics of NSAID Response for Patent Ductus Arteriosus

Speaker/Duration: John Dagle : c. 15 minutes

Speaker/Institution: J. Dagle, Pediatrics /Neonatology, University of Iowa Carver College of Medicine, Iowa City, Io

Non-Member Justification John Dagle : (none)

Speaker # 4

Presentation Title Acetaminophen for PDA : Pharmacology, Risks and Benefits

Speaker/Duration: Karel Allegaert : c. 15 minutes

Speaker/Institution: K. Allegaert, Pediatrics /Neonatology, KU Leuven, Leuven, Leuven, BELGIUM|

Non-Member Justification Karel Allegaert : Dr Allegaert is an international speaker, but is world-renowned in newborn pharmacology and unique in his experience and research.

PROPOSAL #: 310645**SESSION TITLE:** Precision Pediatrics: The Promise of Integrating Advanced Science and Technology with Prospective Birth Cohort Studies**Contact:** Tina Cheng Johns Hopkins
tcheng2@jhmi.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric and life course researchers and clinicians from all specialties, maternal and child health professionals, and policy makers**Audience Size:** 200**Tracks:** Developmental Biology|Academic and Research Skills|Genetics|Social Determinants/Health Disparities|Epidemiology|Medical Informatics/Data Science|Clinical and Translational Research**Objectives** 1. Provide a vision for precision pediatrics: Integrating advanced science and technology (multi-omics, bioinformatics, multiple data sources, machine learning and artificial intelligence) with well-designed prospective pregnancy and birth cohorts 2. Highlight the unique values of longitudinal birth cohort studies in understanding the origins of child and adult health and disease 3. Update on current American and international cohort study initiatives and implications for future research, collaboration, and data sharing 4. Update on the latest advances in elucidating biological underpinnings of early life risk and protective factors of major pediatric and chronic diseases across the life course and generations**Description:** Population-based cohort studies have made major contributions to advances in medicine and origins of health. With advances in biomedical sciences, biotechnologies, and bioinformatics, there is tremendous potential in harnessing big data from well-designed cohort studies starting early in life to understand underlying causes of pediatric disorders and early life antecedents of adult chronic disease. Internationally, many large population-based pregnancy and/or birth cohorts have been developed and are using innovative data collection and analytic methods to further our understanding about the life course and trans generational transmission of health and disease. This session will bring together nationally and internationally renowned investigators and leaders to share the latest updates and advances from cohort study initiatives. The National Institutes of Health All of Us Program will soon be recruiting children and this data source will become available to investigators in the future. The National Institutes of Health Environmental Influences on Child Health Outcomes (ECHO) Program leverages and builds upon dozens of existing cohort studies to prospectively investigate the role of early life exposures and biological mechanisms in perinatal conditions, obesity, neurodevelopmental disorders, asthma and other pulmonary disorders. The Boston Birth Cohort initiated in 1998 is one of the largest and longest US birth cohorts to investigate early life origins and biological underpinnings of major pediatric and chronic diseases, including preterm birth, asthma/allergy, obesity, hypertension, and neurodevelopmental outcomes. The Norwegian Autism Birth Cohort (ABC) was established as an international scientific resource to address the natural history of autism, explore genetic and pre- or perinatal environmental factors in causation, as well as the interplay between genes and environment, and to facilitate discovery of biomarkers with potential to enable early recognition and treatment.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minute panel discussion**Audience Polling:** No**Polling Details:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310645

SESSION TITLE: Precision Pediatrics: The Promise of Integrating Advanced Science and Technology with Prospective Birth Cohort Studies

Sabbath Conflicts: N/A

Conflicting Sessions: Prefer Sat or Sun for international speaker

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|AAP|SPR|APS

Chairs: Tina Cheng (Chair); Xiaobin Wang (Chair)

Speaker # 1

Presentation Title Introduction The NIH All of Us Research Program

Speaker/Duration: Tina Cheng : d. 20 minutes

Speaker/Institution: T. Cheng, Pediatrics, Johns Hopkins, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Tina Cheng : (none)

Speaker # 2

Presentation Title ECHO: Environmental Influences on Child Health Outcomes: Leveraging Multiple Cohort Studies

Speaker/Duration: Matthew Gillman : e. 25 minutes

Speaker/Institution: M. Gillman, National Institutes of health, Bethesda, Maryland, UNITED STATES|

Non-Member Justification Matthew Gillman : (none)

Speaker # 3

Presentation Title The Boston Birth Cohort: New Insight into Early Life Origins of Obesity

Speaker/Duration: Xiaobin Wang : e. 25 minutes

Speaker/Institution: X. Wang, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland,

Non-Member Justification Xiaobin Wang : (none)

Speaker # 4

Presentation Title The Autism Birth Cohort Study (ABC): A Paradigm for Gene-Environment-Timing Research

Speaker/Duration: Camilla Stoltenberg : e. 25 minutes

Speaker/Institution: C. Stoltenberg, Director-General of Norwegian Institute of Public Health, Oslo, NORWAY|

Non-Member Justification Camilla Stoltenberg : International speaker

PROPOSAL #: 310657**SESSION TITLE:** Intestinal Failure in Children: new developments, new therapies**Contact:** Ronald Sokol
ronald.sokol@childrenscolorado.org
University of Colorado School of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Gastroenterologist, Surgeons, Nurse Practitioners and Physician Asistants, Developmental Biologists**Audience Size:** 300**Tracks:** Basic Science | Developmental Biology | Neonatology | Gastroenterology and Nutrition**Objectives** Present and highlight the important progress made in four specific areas related to Intestinal Failure: 1) new clinical and biochemical markers of intestinal adaptation; 2) novel insights into the basis of IF-associated liver disease (IFALD); 3) recent progress in understanding the genetic basis of many disorders associated with IF; and 4) the clinical consequences and basis of intestinal adaptation.**Description:** Pediatric Intestinal Failure (IF) is a devastating medical problem caused by diverse etiologies and for which current treatment is inadequate. However, translational research has recently improved our understanding of the origin of IF and its associated complications, and these findings will alter our management and improve the clinical outcome of these children in the coming years. This workshop will be conducted by four experts that will highlight some of the progress made in four specific areas: 1) new clinical and biochemical markers of intestinal adaptation; 2) novel insights into the basis of IF-associated liver disease (IFALD); 3) recent progress in understanding the genetic basis of many disorders associated with IF; and 4) the clinical consequences and basis of intestinal adaptation.

 The session will include a brief overview of the demographics, epidemiology and clinical management of IF. Clinical criteria and biochemical markers that can be used to better predict those children that are likely to come off TPN and reach enteral autonomy will be used. An overview of IFALD will be presented, including discussion of the potential role of how phytosterols and polyunsaturated fatty acid in IV soybean oil-based emulsions may contribute to the pathogenesis of IFALD. We will discuss how genome/exome sequencing approaches have led to a better understanding of various monogenic disorders that are associated with IF. Recent advancements in understanding the cues that result that trigger small intestinal adaptation in patients with short bowel syndrome. Recent research breakthroughs in managing, diagnosing, avoiding IFALD and enhancing gut adaptation have significantly improved the clinical outcomes of these children over the last decade, and the workshop will highlight these advances while discussing the continiung obstacles that confront clinicians that mange these children. The workshop presenters will form a panel at the end of the session to address questions from the audience.**Time Block:** (none)**QA:** Yes**QA Details:** 20-30 minutes at end of presentations. The workshop presenters will form a panel at the end of the session to address questions from the audience.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** neonatal nutrition neonatal gastroenterology gastroenterology

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 310657

SESSION TITLE: Intestinal Failure in Children: new developments, new therapies

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: NASPGHAN|APS

Chairs: Ronald Sokol (Chair); Christopher Duggan (Workshop Speaker); Martin Martin (Workshop Speaker); Brad Warner (Workshop Speaker)

Speaker # 1

Presentation Title Progress in the Management of Intestinal Failure

Speaker/Duration: Christopher Duggan : d. 20 minutes

Speaker/Institution: C. Duggan, Harvard University, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Christopher Duggan : (none)

Speaker # 2

Presentation Title Pathogenesis and Approaches to Intestinal Failure Associated Liver Disease

Speaker/Duration: Ronald Sokol : d. 20 minutes

Speaker/Institution: R.J. Sokol, Pediatrics, University of Colorado School of Medicine, Aurora, Colorado, UNITED ST

Non-Member Justification Ronald Sokol : (none)

Speaker # 3

Presentation Title Advances in Genetic Etiologies of Intestinal Failure

Speaker/Duration: Martin Martin : d. 20 minutes

Speaker/Institution: M. Martin, ULCA, Los Angeles, California, UNITED STATES|

Non-Member Justification Martin Martin : (none)

Speaker # 4

Presentation Title The Molecular Basis of Intestinal Adaptation and its clinical consequences

Speaker/Duration: Brad Warner : d. 20 minutes

Speaker/Institution: B. Warner, Washington University in St. Louis, St. Louis, Missouri, UNITED STATES|

Non-Member Justification Brad Warner : (none)

PROPOSAL #: 311099**SESSION TITLE:** Religious Vaccine Exemptions: Historical, Ethical, and Practical Considerations at a Contested Intersection of Faith and Medicine**Contact:** Joshua Williams University of Colorado
joshua.williams@dhha.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians, Public Health Workers, and Child Health Policymakers**Audience Size:** 200**Tracks:** General Pediatrics|Advocacy/Public Policy|Public Health|Infectious Diseases|Community Pediatrics**Objectives** After attending this "Hot Topic" symposium, participants will be able to: 1.Recount the historical underpinnings of religious vaccine exemptions (RVEs) in America 2.Describe an ethical framework for approaching RVEs 3.Navigate practical considerations when addressing RVEs at individual, institutional, or state levels**Description:** Despite the fact that vaccination is supported by the world's major religions, religious vaccine exemptions (RVEs) exist in 47 states and Washington D.C. Their existence has become increasingly contentious. Several medical societies, including the American Academy of Pediatrics, have called for their elimination. To help general pediatricians, public health officials, and child health policymakers join this emerging discussion, we propose a "Hot Topic" symposium that explores historical, ethical, and practical issues regarding RVEs.

 First, Dr. Williams will review salient accounts from Western history in which religious belief influenced inoculation or vaccination practice, beginning in 18th century Boston. He will include insights from early 19th century England, particularly regarding Rowland Hill, an Anglican minister, friend of Edward Jenner, and public health ally who practiced smallpox vaccination. Dr. Williams will conclude with a summary of the origins of RVEs in 20th century America.

 Next, Dr. Opel will explore the ethical justifications for and against RVEs. He will also compare different RVE policy strategies and how they address the intrinsic tension between religious freedom and public health in vaccine policy. He will conclude that a deliberative and precautionary approach is needed in the pursuit of the elimination of RVEs.

 Then, Dr. Carson will describe practical considerations for contending with RVEs from his personal experiences as: (1) the Director of Infection Prevention and Chief Quality Officer of a large health care system initiating mandatory influenza immunization for healthcare workers, (2) a researcher investigating a precipitous fall in kindergarten immunization rates in North Dakota, and (3) an educator in vaccination practice and policy who is a practicing Catholic and President of a local Guild of the Catholic Medical Association.

 Finally, symposium participants will be given an opportunity to join the discussion, asking questions or relating anecdotes from their own experiences. We will allow at least 30 minutes to ensure a robust discussion.

 In sum, this "Hot Topic" symposium will demystify the history behind RVEs, explore a bioethical framework for understanding RVEs, and provide practical considerations for engaging RVEs at individual, institutional, or state levels. General pediatricians, public health workers, and policymakers alike will leave empowered to participate in the burgeoning discussion about RVEs in America.**Time Block:** (none)**QA:** Yes**QA Details:** The Q&A will occur after all speakers have presented. It will be a 30 minute period, open mic, with opportunities for questions, comments, or personal anecdotes from audience members.**Audience Polling:** No

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311099

SESSION TITLE: Religious Vaccine Exemptions: Historical, Ethical, and Practical Considerations at a Contested Intersection of Faith and Medicine

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: 1. Vaccination hesitancy or refusal 2. Pediatric Bioethics

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA

Chairs: Joshua Williams (Contact Person)

Speaker # 1

Presentation Title Religious Vaccine Exemptions: Historical Considerations at a Contested Intersection of Faith and Medicine

Speaker/Duration: Joshua Williams : f. 30 minutes

Speaker/Institution: J.T. Williams, Department of Pediatrics, University of Colorado , Denver, Colorado, UNITED ST

Non-Member Justification Joshua Williams : (none)

Speaker # 2

Presentation Title Religious Vaccine Exemptions: Ethical Considerations at a Contested Intersection of Faith and Medicine

Speaker/Duration: Douglas Opel : f. 30 minutes

Speaker/Institution: D.J. Opel, Pediatrics, University of Washington School of Medicine, Seattle, Washington, UNIT

Non-Member Justification Douglas Opel : (none)

Speaker # 3

Presentation Title Religious Vaccine Exemptions: Practical Considerations at a Contested Intersection of Faith and Medicine

Speaker/Duration: Paul Carson : f. 30 minutes

Speaker/Institution: P.J. Carson, Public Health, North Dakota State University, Fargo, North Dakota, UNITED STATE

Non-Member Justification Paul Carson : Dr. Carson is an adult infectious diseases specialist, member of the IDSA, and Professor of Public Health Practice at North Dakota State University. He has lectured widely on religious support for vaccination, specifically in his context as

PROPOSAL #: 311105

SESSION TITLE: Is Congenital Cytomegalovirus (CMV) a Vaccine-Preventable Disease? Candidate Vaccines Enter Clinical Trials Despite Uncertainties about Protection Conferred by Natural Infection!

Contact: Mark Schleiss
Center for Infectious Diseases and Microbiology Translational Research

schleiss@umn.edu

Session Type: State of the Art Plenary

Target Audience: General pediatricians; neonatologists; public health officials; immunologists; molecular biologists; infectious diseases specialists.

Audience Size: 500

Tracks: Adolescent Medicine | Allergy, Immunology and Rheumatology | Public Health | General Pediatrics | Infectious Diseases | Clinical and Translational Research | Diversity and Inclusion | Basic Science

Objectives

1. Review the epidemiology and impact of congenital CMV infection on child health, with an emphasis on congenital CMV infection, the most common cause of neurodevelopmental disabilities in children.
2. Understand the rationale for pre-pregnancy immunization against CMV to prevent congenital infection. Discuss the various vaccine platforms currently in clinical trials and articulate the rationale and pros/cons of subunit versus live attenuated vaccines for CMV.
3. Acknowledge the limitations and theoretical challenges attendant to designing a vaccine for an infectious disease where natural immunity itself is potentially only marginally effective at preventing vertical transmission; acknowledge the controversy regarding preconception immunity and be aware of evidence that supports and refutes this hypothesis.
4. Understand how emerging knowledge of viral glycoprotein biology, including an improved basic science understanding of the pre-fusion and post-fusion conformation of fusogenic proteins, impacts vaccine design. Recognize the role of non-neutralizing functions of antibodies to these proteins (including functions such as ADCC) in protection against congenital CMV infection. Extend knowledge of emerging concepts of antiviral immunity for CMV to prospects for novel vaccines against other enveloped viruses. Consider how emerging knowledge of CMV molecular biology and immunobiology might impact "next generation" CMV vaccines.
5. Participate in the public policy discussion about congenital CMV as a disease of health disparities disproportionately affecting African-American infants. Be aware of controversies about how a CMV vaccine would be integrated into clinical practice and recognize potential target populations. Discuss ongoing controversies in maternal CMV screening during pregnancy, the role of ACOG in these discussions, how universal newborn screening for congenital CMV would inform the vaccine discussion, and how a successful CMV vaccine would profoundly impact the financial, social and personal burdens that congenital CMV imposes on society.

Description: The most important congenital viral infection in the developed world, and probably globally, is congenital cytomegalovirus (CMV). Congenital CMV is the most common infectious disease responsible for neurocognitive deficits in children, and is the leading viral cause of sensorineural hearing loss. Although development of a vaccine has been a major public health goal for decades, development of a vaccine has been limited by emerging knowledge about the potential for re-infection of immune women during pregnancy with resultant transmission of new strains of viral to the fetus, leading to injury and long-term disability. Thus, there are unresolved questions about the protective role of maternal immunity and the viral and host correlates of such immunity. Indeed, some experts suggest that the bulk of disability caused by congenital CMV occurs in the context of infections that occur in the face of preconception immunity. If natural immunity does not protect, then how can a vaccine succeed?

To address these controversies, advances in molecular viral research that explore these topics will be presented at this symposium, along with a summary of the CMV vaccines that are currently in clinical trials. A major emphasis will be placed on how this new knowledge is likely

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311105

SESSION TITLE: **Is Congenital Cytomegalovirus (CMV) a Vaccine-Preventable Disease? Candidate Vaccines Enter Clinical Trials Despite Uncertainties about Protection Conferred by Natural Infection!**

to have a major impact on the health of children, particularly with respect to long-term disabilities, but other topics, including health policy issues (CMV as a disease of health disparities) and adolescent vaccination questions (how to incorporate another vaccine into the routine schedule) will be reviewed. The prospects of adding congenital CMV to the Recommended Uniform Screening Panel in 2019 will be considered in light of candidate vaccines for congenital infection moving forward in clinical trials. These new policy issues as well as novel, cutting edge basic science insights germane to translational vaccinology will be combined in this single session to ensure an eclectic, but accessible and informative, program. This state-of-the-art plenary will be of broad appeal to a large number of academic pediatricians. The session will consist of invited lectures from internationally recognized, NIH-funded leaders engaged in study of this major public health priority.

Time Block: (none)

QA: Yes

QA Details: We anticipate a 15 minute Q&A session for all participants on the panel at the end of the session.

Audience Polling: Yes

Polling Details: Audience response system to ask questions of audience gauging their knowledge of role of preconception immunity, correlates of protection against congenital CMV.

Sabbath Conflicts: N/A

Conflicting Sessions: Request that the session not be scheduled such that there is overlap with PIDS plenary session or other PIDS programming.

Additional Comments: A vaccine against congenital CMV infection is a major public health priority but substantial scientific barriers remain. This session will integrate clinical information about the impact of CMV on child health with translationally relevant summaries of cl

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS|SPR|PIDS

Chairs: Mark Schleiss (Chair); Sallie Permar (Chair)

Speaker # 1

Presentation Title Vaccines for Congenital CMV: The Search for Viral and Host Correlates of Protective Immunity for the Developing Fetus

Speaker/Duration: Mark Schleiss : e. 25 minutes

Speaker/Institution: M.R. Schleiss, Division of Pediatric Infectious Diseases and Immunology, Center for Infectious

Non-Member Justification Mark Schleiss : (none)

Speaker # 2

Presentation Title Modeling Congenital CMV Infection to Examine the Protective Benefit of Preconception Maternal Immunity

Speaker/Duration: Sallie Permar : e. 25 minutes

Speaker/Institution: S. Permar, Duke University Medical Center, Durham, North Carolina, UNITED STATES |

Non-Member Justification Sallie Permar : (none)

PROPOSAL #: 311105

SESSION TITLE: Is Congenital Cytomegalovirus (CMV) a Vaccine-Preventable Disease? Candidate Vaccines Enter Clinical Trials Despite Uncertainties about Protection Conferred by Natural Infection!

Speaker # 3

Presentation Title Insights into CMV Re-Infection: Are Most Disabling Congenital CMV Infections Caused by Non-Primary Maternal CMV Infections During Pregnancy?

Speaker/Duration: William Britt : e. 25 minutes

Speaker/Institution: W. Britt, Department of Pediatrics, University of Alabama-Birmingham, Birmingham, Alabama

Non-Member Justification William Britt : (none)

Speaker # 4

Presentation Title CMV Vaccines in Clinical Trials: What is the Right Formula? Is Prevention of Congenital Transmission Feasible?

Speaker/Duration: Stanley Plotkin : e. 25 minutes

Speaker/Institution: S. Plotkin, University of Pennsylvania, Doylestown, Pennsylvania, UNITED STATES |

Non-Member Justification Stanley Plotkin : (none)

PROPOSAL #: 311110

SESSION TITLE: Chronic bilirubin encephalopathy in preterm infants: Diagnosis and prevention

Contact: Ichiro Morioka Nihon University School of Medicine
morioka.ichiro@nihon-u.ac.jp

Session Type: Hot Topic/Topic Symposia

Target Audience: Scientist and clinicians involved in the care and follow-up of preterm infants, of great interest to not only neonatologists and pediatric neurologists, but also to general pediatricians.

Audience Size: 100

Tracks: Neonatology|Neurology

Objectives #NAME?

Description:

Time Block: (none)

QA: Yes

QA Details: 5 min for each presentation

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: ASPR|JPS

Chairs: Ichiro Morioka (Chair); Ronald Wong (Chair)

Speaker # 1

Presentation Title Diagnosis and outcome of chronic bilirubin encephalopathy in term infants

Speaker/Duration: Steven Shapiro : c. 15 minutes

Speaker/Institution: S.M. Shapiro, Neurology, Children's Mercy Hospital, Kansas City, Missouri, UNITED STATES|

Non-Member Justification Steven Shapiro : (none)

Speaker # 2

Presentation Title Clinical characteristics of chronic bilirubin encephalopathy in preterm infants

Speaker/Duration: Yukihiro Kitai : c. 15 minutes

Speaker/Institution: Y. Kitai, Pediatric Neurology, Bobath Memorial Hospital, Osaka, JAPAN|

Non-Member Justification Yukihiro Kitai : (none)

Speaker # 3

Presentation Title Prevention strategies in USA

Speaker/Duration: Jon Watchko : c. 15 minutes

Speaker/Institution: J.F. Watchko, Pediatrics, University of Pittsburgh, Pittsburgh, Pennsylvania, UNITED STATES|

Non-Member Justification Jon Watchko : (none)

PROPOSAL #: 311110

SESSION TITLE: Chronic bilirubin encephalopathy in preterm infants: Diagnosis and prevention

Speaker # 4

Presentation Title Prevention strategies in Japan

Speaker/Duration: Takahide Yanagi : c. 15 minutes

Speaker/Institution: T. Yanagi, Pediatrics, Shiga University of Medical Science, Otsu, Shiga, JAPAN|

Non-Member Justification Takahide Yanagi : (none)

Speaker # 5

Presentation Title Prevention strategies in China

Speaker/Duration: Lizhong Du : c. 15 minutes

Speaker/Institution: L. Du, Neonatology, The Children's Hospital of Zhejiang University School of Medicine, Hangzh

Non-Member Justification Lizhong Du : (none)

PROPOSAL #: 311135**SESSION TITLE:** Opioid Prescribing, Mental Health, and Substance Use among Adolescents and Young Adults: Can Pediatric Providers Slow the Opioid Epidemic?**Contact:** Kao-Ping Chua
University of Michigan
chuak@umich.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** The intended audience of this session includes all providers who take care of adolescents and young adults, including primary care pediatricians, pediatric medical and surgical specialists, mental health providers, and allied health professionals.**Audience Size:** 300**Tracks:** Adolescent Medicine | Advocacy/Public Policy | Social Determinants/Health Disparities | Quality Improvement/Patient Safety | Public Health | Health Services Research | General Pediatrics**Objectives** By the end of this session, audience members will: 1) Understand how opioid prescribing practices for adolescents and young adults can be improved; and 2) Understand the link between the opioid epidemic and mental health and substance use disorders in adolescence and young adulthood**Description:** In 2017, the number of Americans dying of drug overdose soared to 72,000, and two-thirds of these deaths involved either a prescription opioid or illegal opioid. Much of this epidemic has been driven by opioid prescribing, which peaked in 2012 at 255 million prescriptions (approximately the same number of antibiotic prescriptions written that year). Because most victims of overdose deaths are older adults, and because the vast majority of opioids are prescribed to older adults, it may be tempting to argue that pediatric providers' primary role in the opioid epidemic is to deal with its collateral damage on children (e.g., rising rates of neonatal abstinence syndrome, hospitalizations for accidental overdose of household members' opioids, and opioid orphans). While this role is undoubtedly crucial, opioid use disorder is a pediatric-onset condition. For example, 2 of 3 individuals in treatment for this disorder first used opioids during adolescence or young adulthood. Furthermore, this period often marks the starting point for mental health and substance use disorders, both of which are strong risk factors for opioid use disorder. Therefore, pediatric providers may be able to help slow the opioid epidemic by avoiding inappropriate opioid prescribing and by better addressing mental health and substance use disorders in adolescence and young adulthood. The overarching objective of this session is to highlight how pediatric providers can be part of the solution to the opioid epidemic. Speakers will: 1) Demonstrate opportunities to improve opioid prescribing practices for adolescents and young adults; 2) Discuss how high-quality care for mental health and substance use disorders in adolescence and young adulthood could slow the opioid epidemic; and 3) Identify concrete steps pediatric providers can take to prevent substance use disorders in their practice. The intended audience of this session includes all providers who take care of adolescents and young adults, including primary care pediatricians, pediatric medical and surgical specialists, mental health providers, and allied health professionals. The session will begin with a 5-minute introduction and will end with a 5-minute conclusion summarizing major take-home points. Each of the four speakers will give a 20-minute talk, leaving 30 minutes for questions and answers in the 120-minute session. Speakers will be as follows: **Joshua Sharfstein, MD, MPH,** is a general pediatrician and the Vice Dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health. Dr. Sharfstein has devoted his career to fighting public health crises such as the opioid epidemic. He has served as the commissioner of health for the city of Baltimore, the Secretary for the Maryland Department of Health and Mental Hygiene, and the deputy commissioner of the Food and Drug Administration. He will set the stage for this session by providing an overview of the U.S. opioid epidemic and by discussing how adolescents and young adults have increasingly become victims of this

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epidemic.

Kao-Ping Chua, MD, PhD, is an Assistant Professor of Pediatrics and Communicable Diseases at the University of Michigan. Dr. Chua is a general pediatrician and health services researcher who has published national studies highlighting high-risk opioid prescribing practices among pediatric providers. Using prescription sales data and claims data, he will describe national trends in opioid prescribing to adolescents and young adults, and will identify examples of inappropriate prescribing that should be targeted in quality improvement interventions. Additionally, he will review safe opioid prescribing practices and will highlight efforts at the University of Michigan to develop opioid prescribing guidelines based on patient-reported opioid consumption, an approach that could be adopted at other institutions.

Colleen Barry, PhD, is the Fred and Julie Soper Professor and Chair of the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. An expert in mental health and addiction policy, Dr. Barry will discuss the epidemiology of mental health and substance use disorders among adolescents and young adults, as well as the link between these disorders and opioid overdose. Additionally, she will highlight opportunities to improve the mental health care system for adolescents and young adults.

Scott Hadland, MD, MPH, MS, is an Assistant Professor of Pediatrics at Boston Medical Center. A pediatrician with board certification in adolescent medicine and addiction medicine, Dr. Hadland has published national studies demonstrating deficiencies in the receipt of medication-assisted treatment among adolescents and young adults with opioid use disorder. He will review the treatment of substance use disorders in this population as well as policies that should be implemented to promote optimal treatment. He will also identify concrete steps that pediatric providers can take to prevent substance use disorders in their practice.

Time Block: (none)**QA:** Yes**QA Details:** The session will begin with a 5-minute introduction and will end with a 5-minute conclusion summarizing major take-home points. Each of the four speakers will give a 20-minute talk, leaving 30 minutes for questions and answers in the 120-minute session.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Any programming on health services research, adolescent medicine, or mental health/substance use disorders. Many of the people interested in this session will be in these fields.**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|APA**Chairs:** Kao-Ping Chua (Contact Person); Stephen Patrick (Chair)**Speaker # 1****Presentation Title** Overview of the U.S. Opioid Epidemic**Speaker/Duration:** Joshua Sharfstein : d. 20 minutes**Speaker/Institution:** J.M. Sharfstein, Health Policy and Management, Johns Hopkins Bloomberg School of Public Health**Non-Member Justification** Joshua Sharfstein : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311135

SESSION TITLE: Opioid Prescribing, Mental Health, and Substance Use among Adolescents and Young Adults: Can Pediatric Providers Slow the Opioid Epidemic?

Speaker # 2

Presentation Title Improving the Safety of Opioid Prescribing to Adolescents and Young Adults

Speaker/Duration: Kao-Ping Chua : d. 20 minutes

Speaker/Institution: K. Chua, Department of Pediatrics and Communicable Diseases, University of Michigan, Ann A

Non-Member Justification Kao-Ping Chua : (none)

Speaker # 3

Presentation Title Mental Health and Substance Use Disorders in Adolescents and Young Adults: Opportunities to Slow the Opioid Epidemic

Speaker/Duration: Colleen Barry : d. 20 minutes

Speaker/Institution: C. Barry, Department of Health Policy and Management, Johns Hopkins Bloomberg School of

Non-Member Justification Colleen Barry : Dr. Barry is the chair of the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. Although not a pediatrician or member of these societies, she is one of the country's foremost experts in addi

Speaker # 4

Presentation Title Prevention and Treatment of Substance Use Disorders in Adolescents and Young Adults

Speaker/Duration: Scott Hadland : d. 20 minutes

Speaker/Institution: S.E. Hadland, Division of General Pediatrics, Boston Medical Center, Boston, Massachusetts, U

Non-Member Justification Scott Hadland : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311189

SESSION TITLE: Combatting Health Care Provider Burnout

Contact: Jochen Profit
profit@stanford.edu
Stanford University

Session Type: State of the Art Plenary

Target Audience: All providers, but particularly those in leadership roles

Audience Size: 100

Tracks: Health Services Research|Quality Improvement/Patient Safety|Leadership and Business Training

Objectives #NAME?

Description: Health care provider burnout has reached epidemic levels with over half experiencing at least some and more than one third experiencing severe burnout. Provider burnout has significant adverse personal health consequences, but also impacts organizational performance and patient outcomes. Organizations are recognizing the importance of this topic and some are devising strategic multi-faceted interventions to reduce burnout.

Time Block: (none)

QA: Yes

QA Details: 15 min at the end of speaker

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: This could also be a hot topics session. 60 min would really be enough.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Jochen Profit (Presenter); Daniel Tawfik (Presenter); Bryan Sexton (Presenter)

Speaker # 1

Presentation Title Health Care Provider Burnout - No Longer Fake News

Speaker/Duration: Jochen Profit : e. 25 minutes

Speaker/Institution: J. Profit, Pediatrics, Stanford University, Stanford, California, UNITED STATES|

Non-Member Justification Jochen Profit : (none)

Speaker # 2

Presentation Title Organizational Approaches to Reducing Burnout

Speaker/Duration: Daniel Tawfik : d. 20 minutes

Speaker/Institution: D. Tawfik, Pediatrics, Stanford University School of Medicine, Palo Alto, California, UNITED ST

Non-Member Justification Daniel Tawfik : (none)

PROPOSAL #: 311189

SESSION TITLE: Combatting Health Care Provider Burnout

Speaker # 3

Presentation Title Interventions to Promoting Personal Resilience

Speaker/Duration: Bryan Sexton : e. 25 minutes

Speaker/Institution: B.J. Sexton, Psychiatry & Behavioral Sciences, Duke University, Durham, North Carolina, UNITE

Non-Member Justification Bryan Sexton : Dr. Sexton is one of the world's experts in the field of health care provider burnout and resilience. He is CoPI on our NIH R01 funded RCT testing a phone delivered intervention program to promote personal resilience.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311190

SESSION TITLE: Disparities in Care Delivery in the NICU

Contact: Jochen Profit
profit@stanford.edu
Stanford University

Session Type: Hot Topic/Topic Symposia

Target Audience: All providers, but particularly those in leadership roles

Audience Size: 250

Tracks: Diversity and Inclusion|Advocacy/Public Policy|Neonatology|Vulnerable and Underserved Populations/Health Equity & Social Justice|Social Determinants/Health Disparities|Quality Improvement/Patient Safety|Health Services Research

Objectives - Review effect of social determinants of health on children's health outcomes - Review evidence for disparities in care delivery using the NICU setting as an example - Understand drivers of disparity in care and outcomes - Provide a roadmap for improv

Description: Social determinants of health have been a widely accepted factor affecting clinical outcomes of children. What is less well studied is whether children experience differences in their quality of care based on their race/ethnicity or other social characteristics. This session is intended to review what is known about disparities in quality of care delivery and provide a path forward toward mitigating disparities.

Time Block: (none)

QA: Yes

QA Details: 5 to 10 min after each presentation

Audience Polling: Yes

Polling Details: Basic polling to audience questions

Sabbath Conflicts: N/A

Conflicting Sessions:Social determinants of health Minority health NICU clinical trials 1 or 2

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA|AAP

Chairs: Jochen Profit (Chair); Margaret Parker (Presenter); Jean Raphael (Presenter); Lelis Vernon (Presenter)

Speaker # 1

Presentation Title Disparities in NICU care - What do we know

Speaker/Duration: Jochen Profit : d. 20 minutes

Speaker/Institution: J. Profit, Pediatrics, Stanford University, Stanford, California, UNITED STATES|

Non-Member Justification Jochen Profit : (none)

PROPOSAL #: 311190

SESSION TITLE: Disparities in Care Delivery in the NICU

Speaker # 2

Presentation Title Disparities in breast milk feeding initiation and maintenance in a statewide initiative in Massachusetts

Speaker/Duration: Margaret Parker : d. 20 minutes

Speaker/Institution: M. Parker, Pediatrics, Boston Medical Center, Brookline, Massachusetts, UNITED STATES|

Non-Member Justification Margaret Parker : (none)

Speaker # 3

Presentation Title Using quality improvement to reduce disparity in care delivery

Speaker/Duration: Jean Raphael : d. 20 minutes

Speaker/Institution: J.L. Raphael, Pediatrics , Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Jean Raphael : (none)

Speaker # 4

Presentation Title Working with minority parents to address disparities in NICU care

Speaker/Duration: Lelis Vernon : d. 20 minutes

Speaker/Institution: L.B. Vernon, NICU, Baptist Children's Hospital, Miami, Florida, UNITED STATES|

Non-Member Justification Lelis Vernon : (none)

PROPOSAL #: 311331**SESSION TITLE:** MAKE RESEARCH GREAT AGAIN: Restoring the Validity of Research in Child Health Policy During a Time of Uncertainty**Contact:** Shetal Shah
shetaldoc@hotmail.com
Maria Fareri Children's Hospital/ New York Medical College**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Students, Residents, Junior and Mid-Level Faculty interested in advocacy, and how research informs public health policy at the federal level.**Audience Size:** 50-100**Tracks:** Advocacy/Public Policy|Health Services Research|Career Development|Public Health**Objectives** 1. Describe the current environment toward research in the current legislative climate. 2. Review the data behind several suggested/implemented federal policies related to children. 3. Provide tools to combat the dissemination of inaccurate child health policy data in real time, emphasizing use of social media and in Opinion/Editorials and Blogs. 4. Briefly teach participants how to advocate in legislative offices for evidenced-based child health policies.**Description:** The social determinants of health clearly demonstrate the importance of providing children with essential needs to promote healthy growth and development. At a time with approximately 1 in 5 children live in poverty, many of these basic needs (nutrition, health insurance, and housing) are supported by social programs such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and the Vaccine for Children Program). Yet despite the outsized role of these federal/state programs in maintaining the health of children, the current legislative attitude toward children is the most adverse in over 25 years. In the past 2 years, Federal proposals to undermine the Affordable Care Act, roll back environmental protections, delay tobacco regulation, curtail funding for the National Institutes of Health and SNAP, have been accompanied by an attack on the research which has informed this debate over the previous 3 Presidential Administrations. This has resulted in the loss of science's position as an arbiter of truth and objectivity, and allowed mis-information – the real "FAKE NEWS," to become legitimized. Pediatric researchers and scientists have a critical role in ensuring scientific information and data informing child health issues are objective and non-politicized. While pediatricians must combat the spread of non-scientific information, many feel ill-prepared to discuss these issues in public forums – fearing that despite their medical/scientific education – they are not specifically experts in merging data and advocacy. Utilizing experts from the Society for Pediatric Research, Academic Pediatric Association, American Academy of Pediatrics, American Pediatric Society and the Pediatric Policy Council, this session aims to: 1) Provide an overview of the current political climate related to the role of science, 2) Review the data related to specific issues during which the rigor and legitimacy of science has been attacked, 3) Provide tools to pediatric researchers to combat scientific falsehoods in the form of Op-Ed pieces, blog posting and social media, as they are disseminated and 4) Introduce novices on how to perform advocacy visits to review science in front of legislative officials.**Time Block:** (none)**QA:** Yes**QA Details:** 10 minutes Q/A with all speakers**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Pediatric Policy Council Session Pediatric Policy Council Legislative Breakfast Session on

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311331

SESSION TITLE: MAKE RESEARCH GREAT AGAIN: Restoring the Validity of Research in Child Health Policy During a Time of Uncertainty

Leveraging Advocacy for Promotion

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA|SPR

Chairs: Shetal Shah (Workshop Leader); Alice Kuo (Workshop Co-Leader)

Speaker # 1

Presentation Title The Current Legislative Climate Toward Children

Speaker/Duration: James Baumberger : d. 20 minutes

Speaker/Institution: J. Baumberger, American Academy of Pediatrics, Washington D.C., District of Columbia, UNITE

Non-Member Justification James Baumberger : (none)

Speaker # 2

Presentation Title Climate Change Policy and Evidence Related to Child Health

Speaker/Duration: Heather Brumberg : c. 15 minutes

Speaker/Institution: H.L. Brumberg, Pediatrics, New York Medical College/Maria Fareri Children's Hospital/Westch

Non-Member Justification Heather Brumberg : (none)

Speaker # 3

Presentation Title Health Insurance Regulation and Impact on Children: Evidence vs. Fiction

Speaker/Duration: Dennis Kuo : c. 15 minutes

Speaker/Institution: D. Kuo, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification Dennis Kuo : (none)

Speaker # 4

Presentation Title NIH Funding and the Impact of the Stem Cell Research Ban

Speaker/Duration: Vivek Balasubramaniam : c. 15 minutes

Speaker/Institution: V. Balasubramaniam, Pediatrics, University of Wisconsin-Madison, Madison, Wisconsin, UNITE

Non-Member Justification Vivek Balasubramaniam : (none)

Speaker # 5

Presentation Title Correcting the Record: Tools for Promoting Scientific Evidence and Advocacy in the Public

Speaker/Duration: Alice Kuo : c. 15 minutes

Speaker/Institution: A. Kuo, Pediatrics, Medicine, UCLA, Los Angeles, California, UNITED STATES|

Non-Member Justification Alice Kuo : (none)

PROPOSAL #: 311331

SESSION TITLE: MAKE RESEARCH GREAT AGAIN: Restoring the Validity of Research in Child Health Policy During a Time of Uncertainty

Speaker # 6

Presentation Title Translation to Action: Legislative Advocacy for People in a Hurry.

Speaker/Duration: Shetal Shah : c. 15 minutes

Speaker/Institution: S. Shah, Pediatrics/ Neonatology, Maria Fareri Children's Hospital/ New York Medical College,

Non-Member Justification Shetal Shah : (none)

PROPOSAL #: 311334**SESSION TITLE:** Near-Infrared Spectroscopy in the Neonatal Intensive Care Unit: Evidence for Continuous Versus Disease/Event-Specific Monitoring**Contact:** Jonathan Mintzer
jonathan.mintzer@stonybrookmedic
ine.edu
Stony Brook Children's Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinicians and scientists interested in noninvasive monitoring of oxygen delivery and extraction in neonates utilizing Near-Infrared Spectroscopy (NIRS), including pediatrics residents, NICU fellows, NICU/PICU faculty, cardiologists, and anesthesiologists**Audience Size:** 500**Tracks:** Cardiology|Medical Informatics/Data Science|Neonatology|Neurology|Critical Care|Clinical and Translational Research**Objectives** 1. Present current evidence for the potential utility of continuous, routine NIRS monitoring in the critical care management of neonates. 2. Present the current evidence and potential clinical uses of disease/event-specific NIRS monitoring in NICU care practices. 3. Delineate future directions, ongoing research, and clinical goals utilizing NIRS as a NICU monitoring strategy.**Description:** The use of Near-Infrared Spectroscopy (NIRS) for the noninvasive monitoring of tissue oxygenation and oxygen extraction in the Neonatal Intensive Care Unit (NICU) continues to evolve. While an increasing evidence base supports tissue oxygenation monitoring for a variety of neonatal conditions, actual standards for applying NIRS monitoring at the bedside remain lacking. In this symposium, we intend to highlight current evidence delineating 1) the use of NIRS tissue oxygenation monitoring as a routine, continuous variable and 2) the disease/event-specific NIRS monitoring approach in the NICU setting. Research data regarding both monitoring approaches will be presented in an atmosphere promoting open discussion and potential collaboration among physician-scientists interested in the NIRS monitoring technique.**Time Block:** (none)**QA:** Yes**QA Details:** All presenters will participate in a broad-based Q&A for approximately 20-30 minutes at the end of the symposium.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** NICU Clinical Trials**Additional Comments:** Following our "NIRS in the NICU" topic symposia presented at both the 2016 and 2017 PAS meetings, we received extensive feedback regarding future presentations to describe how the NIRS monitoring technique may be incorporated into clinical practice. This**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP|SPR|Other Society Affiliation|AAP SNPPe**Chairs:** Jonathan Mintzer (Chair); James Moore (Chair)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311334

SESSION TITLE: Near-Infrared Spectroscopy in the Neonatal Intensive Care Unit: Evidence for Continuous Versus Disease/Event-Specific Monitoring

Speaker # 1

Presentation Title Near-Infrared Spectroscopy in the Neonatal Intensive Care Unit: Evidence for Continuous Versus Disease/Event-Specific Monitoring

Speaker/Duration: James Moore : c. 15 minutes

Speaker/Institution: J. Moore, Pediatrics, University of Connecticut School of Medicine, Hartford, Connecticut, UNI

Non-Member Justification James Moore : (none)

Speaker # 2

Presentation Title Continuous regional oxygenation monitoring in the NICU: correlations to conventional measures

Speaker/Duration: Jonathan Mintzer : d. 20 minutes

Speaker/Institution: J.P. Mintzer, Pediatrics / Neonatology, Stony Brook Children's Hospital, Stony Brook, New York

Non-Member Justification Jonathan Mintzer : (none)

Speaker # 3

Presentation Title Cumulative cerebral tissue hyperoxia and hypoxia exposure: the role of NIRS in ROP and anemia of prematurity

Speaker/Duration: Amit Mathur : d. 20 minutes

Speaker/Institution: A. Mathur, Pediatrics, Washington University School of Medicine, St. Louis, Missouri, UNITED STATES

Non-Member Justification Amit Mathur : (none)

Speaker # 4

Presentation Title Focused NIRS applications in hypoxic-ischemic encephalopathy: the wavelet neurovascular bundle approach

Speaker/Duration: lina chalak : d. 20 minutes

Speaker/Institution: L.F. chalak, pediatrics, ut southwestern medical center, DALLAS, Texas, UNITED STATES|

Non-Member Justification lina chalak : (none)

Speaker # 5

Presentation Title NIRS and necrotizing enterocolitis: advances and pitfalls in splanchnic oxygenation monitoring

Speaker/Duration: Elisabeth Kooi : d. 20 minutes

Speaker/Institution: E.M. Kooi, Beatrix Children's Hospital, University of Groningen, Groningen, NETHERLANDS|

Non-Member Justification Elisabeth Kooi : (none)

PROPOSAL #: 311342**SESSION TITLE:** Management of the Febrile Young Infant in 2019: What's New and What Should We Do?**Contact:** Paul Aronson
paul.aronson@yale.edu
Yale School of Medicine**Session Type:** Panel Discussion**Target Audience:** Pediatric emergency medicine, hospital medicine, infectious diseases, and general pediatrics residents, fellows, and attending physicians**Audience Size:** 80 to 100**Tracks:** General Pediatrics | Emergency Medicine | Infectious Diseases | Hospitalists**Objectives** 1) Examine the evidence for routine vs. selective lumbar puncture in febrile young infants ≤ 60 days of age, including the need for lumbar puncture in infants with abnormal urinalyses 2) Compare the Step-by-Step approach to the historical low-risk criteria (e.g., Rochester, Philadelphia) 3) Discuss approaches to herpes simplex virus testing in febrile young infants**Description:** Evaluation and management of the febrile young infant ≤ 60 days of age is a common clinical scenario for pediatric emergency medicine, hospitalist, infectious diseases, and general pediatric physicians. Due to a 10% prevalence of serious bacterial infection, including a 2% prevalence of potentially life-threatening bacteremia or bacterial meningitis (i.e., invasive bacterial infection), febrile young infants often undergo extensive diagnostic testing including lumbar puncture. While various low-risk criteria published over 25 years ago have been used by practitioners to risk stratify febrile young infants, there is not consensus on a universal practice strategy, resulting in wide variation in the management of these infants. Additionally, newer algorithms that incorporate procalcitonin are increasingly being used to risk stratify febrile young infants without routine lumbar puncture. To inform evidence-based practice of febrile young infants, and to highlight current hot topics in management, this session will provide a review and discussion of the latest evidence in three main topic areas: 1) need for routine lumbar puncture, including among infants > 28 days of age with abnormal urinalyses; 2) comparison of the Step-by-Step approach, a procalcitonin-based risk stratification algorithm, to historically used low-risk criteria (e.g., Rochester and Philadelphia); and 3) approaches to herpes simplex virus testing. A panel of experts on febrile young infants from pediatric emergency medicine, hospital medicine, and infectious diseases will discuss these topics in a moderated format. The session will begin with an audience response poll to assess current practice patterns in use of lumbar puncture, low-risk criteria, and herpes simplex virus testing. For each topic, a focused evidence review from the recent pediatric literature will then be provided followed by a facilitated panelist discussion that will encompass the perspectives of experts in different practice settings: the emergency department, inpatient, and office settings. Approximately 20 minutes will be dedicated to each topic, followed by 10 minutes of audience participation with a question and answer session on that topic. The session will conclude with an overview of what's on the horizon for research on febrile young infants. Attendees will gain a fresh perspective on evaluation and management of febrile young infants in 2019 and beyond.**Time Block:** (none)**QA:** Yes**QA Details:** Following the review and discussion of each topic, the moderator will facilitate a 10-minute question and answer session to encourage audience participation and to foster further in-depth discussion.**Audience Polling:** Yes**Polling Details:** The beginning of the session will be an audience response poll to 6 questions on the management

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311342

SESSION TITLE: Management of the Febrile Young Infant in 2019: What's New and What Should We Do?

of febrile young infants related to the topics to be discussed.

Sabbath Conflicts: N/A

Conflicting Sessions: If possible, we would ideally like to avoid scheduling this session concurrently with the following sessions: 1) Emergency Medicine oral abstract platform session or special interest group 2) Hospital Medicine oral abstract platform session 3) Any other

Additional Comments: The moderator and panelists all conduct research on the evaluation and management of febrile young infants.

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Paul Aronson (Contact Person)

Speaker # 1

Presentation Title Moderator (Expertise: Research on evaluation and management of the febrile young infant)

Speaker/Duration: Paul Aronson : f. 30 minutes

Speaker/Institution: P.L. Aronson, Pediatrics and Emergency Medicine, Yale School of Medicine, Guilford, Connecticut

Non-Member Justification Paul Aronson : (none)

Speaker # 2

Presentation Title Panelist (Expertise: Pediatric Infectious Diseases)

Speaker/Duration: Tara Greenhow : f. 30 minutes

Speaker/Institution: T. Greenhow, Pediatrics, Kaiser Permanente Northern California, San Francisco, California, UN

Non-Member Justification Tara Greenhow : (none)

Speaker # 3

Presentation Title Panelist (Expertise: Pediatric Emergency Medicine)

Speaker/Duration: Mark Neuman : f. 30 minutes

Speaker/Institution: M. Neuman, Pediatrics, Division of Emergency Medicine, Boston Children's Hospital, Boston,

Non-Member Justification Mark Neuman : (none)

Speaker # 4

Presentation Title Panelist (Expertise: Pediatric Hospital Medicine)

Speaker/Duration: Samir Shah : f. 30 minutes

Speaker/Institution: S.S. Shah, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

Non-Member Justification Samir Shah : (none)

PROPOSAL #: 311363

SESSION TITLE: Caffeine for Preterm Infants: How Early, How Much, How Long?

Contact: Ravi Patel
Emory University School of Medicine
rmpatel@emory.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinicians, scientists and trainees involved in neonatal care, pulmonology, developmental and behavioral pediatrics and general pediatrics; pharmacists, epidemiologists, and those interested in drug therapy.

Audience Size: 350

Tracks: Developmental and Behavioral Pediatrics | Clinical and Translational Research | Neonatology | Pulmonology | Epidemiology | Pharmacology

Objectives 1. Review evidence-based caffeine therapy for preterm infants and the implications of pre-clinical data and pharmacokinetic studies on caffeine use. 2. Understand current trends in caffeine use and the potential risks and benefits of earlier, compared to later, initiation of caffeine in preterm infants. 3. Compare the risks and benefits of using high-dose caffeine, compared to standard dose, in preterm infants. 4. Discuss the potential benefits of extending caffeine use beyond hospital discharge and highlight recent and ongoing studies.

Description: Caffeine therapy is widely used in neonatal medicine and has short- and long- term benefits. Optimizing the use of caffeine could enhance its beneficial effects. This symposium will review the latest evidence on caffeine therapy and address issues and controversies surrounding: 1) the timing of initiation of caffeine; 2) dose of caffeine; 3) and duration of caffeine therapy in preterm infants. The symposium will also provide insights from pre-clinical and pharmacokinetic data on the clinical use of caffeine and discuss new planned studies in the field. The activity will conclude with a robust discussion involving the speakers and audience.

Time Block: (none)

QA: Yes

QA Details: A 20 minute discussion will follow the presentations and include all speakers.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: 1. AAP award lectures (Silverman and Douglas K. Richardson) 2. Neonatal clinical trials session
3. Late-breaker abstracts session

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|SPR|AAP SNPPE

Chairs: Ravi Patel (Chair); Barbara Schmidt (Chair)

PROPOSAL #: 311363

SESSION TITLE: Caffeine for Preterm Infants: How Early, How Much, How Long?

Speaker # 1

Presentation Title Overview

Speaker/Duration: Ravi Patel : a. 5 minutes

Speaker/Institution: R.M. Patel, Pediatrics, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES

Non-Member Justification Ravi Patel : (none)

Speaker # 2

Presentation Title Evidence-based caffeine therapy for apnea of prematurity

Speaker/Duration: Barbara Schmidt : c. 15 minutes

Speaker/Institution: B. Schmidt, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification Barbara Schmidt : (none)

Speaker # 3

Presentation Title Pharmacokinetics/pharmacodynamics of caffeine in newborns

Speaker/Duration: Jacob Aranda : d. 20 minutes

Speaker/Institution: J. Aranda, SUNY Downstate, Brooklyn, New York, UNITED STATES|

Non-Member Justification Jacob Aranda : (none)

Speaker # 4

Presentation Title Trends in caffeine use and impact of timing of initiation

Speaker/Duration: Ravi Patel : d. 20 minutes

Speaker/Institution: R.M. Patel, Pediatrics, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES

Non-Member Justification Ravi Patel : (none)

Speaker # 5

Presentation Title High versus standard dose of caffeine

Speaker/Duration: Waldemar Carlo : d. 20 minutes

Speaker/Institution: W. Carlo, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES|

Non-Member Justification Waldemar Carlo : (none)

Speaker # 6

Presentation Title Extending caffeine therapy beyond hospital discharge

Speaker/Duration: Eric Eichenwald : d. 20 minutes

Speaker/Institution: E. Eichenwald, Pediatrics/Neonatology, Children's Hospital of Philadelphia, Philadelphia, Penn

Non-Member Justification Eric Eichenwald : (none)

PROPOSAL #: 311369**SESSION TITLE:** Controversies in the Assessment and Management of Pulmonary Hypertension in Preterm Infants**Contact:** Steven Abman University of Colorado
Steven.Abman@ucdenver.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, pulmonologists, intensivists, cardiologists**Audience Size:** 200 - 300**Tracks:** Pulmonology|Academic and Research Skills|Neonatology|Developmental Biology|Critical Care|Clinical and Translational Research|Cardiology

Objectives Objectives: 1) to explain physiologic changes in the normal pulmonary circulation in preterm infants and mechanisms that disrupt the decline in pulmonary vascular resistance at birth; 2) to teach participants effective clinical approaches to assess sick preterm infants with acute respiratory distress and pulmonary hypertension and to apply bedside strategies to better differentiate the relative contributions of lung disease, cardiac dysfunction and pulmonary vascular disease; 3) to review and develop a deeper understanding of clinical tools and strategies to diagnose and assess the severity of pulmonary hypertension in preterm infants, including the use of echocardiograms, serum biomarkers, lung imaging, cardiac catheterization and cardiac magnetic resonance imaging; 4) to enhance appreciation of the relative roles for pulmonary hypertension-targeted drug therapies in the management of acute and chronic pulmonary hypertension in preterm infants; 5) to increase awareness of sustained abnormalities of the pulmonary circulation after NICU discharge of preterm infants and emerging data on the persistence of pulmonary vascular and cardiac disease in young adults and long-term cardiovascular disease after preterm birth, such as exercise intolerance and congestive heart failure.

Description: Pulmonary hypertension (PH) contributes to significant morbidities and mortality after preterm birth with acute hypoxemic respiratory failure (persistent pulmonary hypertension of the newborn; PPHN) and in the setting of chronic lung disease, or bronchopulmonary dysplasia (BPD; late PH). Despite improvements in respiratory care and supportive therapies, the presence of PPHN physiology in preterm infants is associated with worse survival (50%), and the approach to the diagnosis and treatment of PPHN in preterm infants remains controversial. Similarly, several studies have shown that PH is strongly associated with BPD, with a reported prevalence of roughly 25% in severe BPD, and that late PH in BPD infants is associated with poor outcomes. However, optimal strategies for the diagnosis, evaluation and management of PH-associated BPD remains uncertain. In addition, growing evidence supports the concept that pulmonary vascular disease persists throughout early childhood and adolescence, as well as in young adults who were born premature, who are at high risk for late PH, exercise intolerance and congestive heart failure as adults. The purpose of this seminar is to provide a comprehensive review and discussion of the latest data regarding the normal transition of the pulmonary circulation in preterm infants at birth, mechanisms that contribute to PPHN and key etiologic factors associated with disease. Current strategies to enable better understanding of the pathophysiologic contributions of lung disease, cardiac dysfunction and pulmonary vascular disease will be discussed, as well as management strategies, including PH-targeted drug therapies. Further discussion will characterize the multifactorial etiologies and mechanisms underlying the development of late PH in older preterm infants with BPD, as well as issues related to clinical management. Finally, emerging data will be presented regarding persistent findings of pulmonary vascular disease in infants and older children after preterm birth, and to highlight new information of sustained abnormalities of the lung circulation and cardiac structure and function in adults who were preterm at birth. Such

PROPOSAL #: 311369

SESSION TITLE: Controversies in the Assessment and Management of Pulmonary Hypertension in Preterm Infants

findings support the concept of developmental origins of cardiovascular disease especially as related to preterm birth.

Time Block: (none)

QA: Yes

QA Details: (none)

Audience Polling: Yes

Polling Details: polling of audience to address clinical responses to various scenarios

Sabbath Conflicts: N/A

Conflicting Sessions: Pulmonary vascular biology Neonatal respiratory disease

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

Chairs: Steven Abman (Moderator); Robin Steinhorn (Moderator); Hussnain Mirza (Presenter); Patrick McNamara (Presenter); Gabriel Altit (Presenter); John Kinsella (Presenter); Philip Levy (Presenter)

Speaker # 1

Presentation Title Introduction: pulmonary vascular disease in the developing lung

Speaker/Duration: Steven Abman : a. 5 minutes

Speaker/Institution: S. Abman, Pediatrics, University of Colorado, Denver, Colorado, UNITED STATES|

Non-Member Justification Steven Abman : (none)

Speaker # 2

Presentation Title Normal and abnormal transition of the preterm pulmonary circulation at birth

Speaker/Duration: Hussnain Mirza : d. 20 minutes

Speaker/Institution: H.S. Mirza, Neonatal Medicine, Florida Hospital for Children/ UCF College of Medicine, Longw

Non-Member Justification Hussnain Mirza : (none)

Speaker # 3

Presentation Title A physiology-based approach to acute pulmonary hypertension in preterm infants

Speaker/Duration: Patrick McNamara : d. 20 minutes

Speaker/Institution: P.J. McNamara, Division of Neonatology, Hospital for Sick Children, Toronto, Ontario, CANAD

Non-Member Justification Patrick McNamara : (none)

Speaker # 4

Presentation Title Echocardiogram-based characterization of late pulmonary hypertension in BPD

Speaker/Duration: Gabriel Altit : d. 20 minutes

Speaker/Institution: G. Altit, Pediatric, Stanford University, Palo Alto, California, UNITED STATES|

Non-Member Justification Gabriel Altit : (none)

PROPOSAL #: 311369

SESSION TITLE: Controversies in the Assessment and Management of Pulmonary Hypertension in Preterm Infants

Speaker # 5

Presentation Title Therapeutic strategies for the management of PH in BPD

Speaker/Duration: John Kinsella : d. 20 minutes

Speaker/Institution: J. Kinsella, Pediatrics, University of Colorado, Denver, Colorado, UNITED STATES|

Non-Member Justification John Kinsella : (none)

Speaker # 6

Presentation Title Late PVD in BPD and implications for long term management

Speaker/Duration: Philip Levy : d. 20 minutes

Speaker/Institution: P.T. Levy, Pediatrics, Washington University School of Medicine, West Orange, New Jersey, U

Non-Member Justification Philip Levy : (none)

PROPOSAL #: 311400**SESSION TITLE:** The Future of Medicine: Telehealth to the Home and Schools**Contact:** James Marcin UC Davis Children's Hospital
jpmarcin@ucdavis.edu**Session Type:** State of the Art Plenary**Target Audience:** Primary care and specialty care providers (physicians and nurses); Health services researchers; Health policy makers; Healthcare and health plan administrators**Audience Size:** 500**Tracks:** Advocacy/Public Policy|Adolescent Medicine|Vulnerable and Underserved Populations/Health Equity & Social Justice|Public Health|School and Community Health|Media & Technology|Health Services Research|General Pediatrics|Emergency Medicine|Education|Developm**Objectives**

- Educate primary and specialty providers about the rapidly emerging “direct-to-consumer” and school-based telehealth programs.
- Explain models of care that can both strengthen and threaten the medical home.
- Provide resources on how individual providers and groups of providers can develop or work with available platforms to provide these services to their patients.
- Educate providers on operational and financial considerations to make telehealth to the home and schools a successful part of their practice.

Description: This State of the Art Plenary Session will include three nationally recognized expert speakers discussing the current state and future of using telehealth technologies to deliver patient-centered care to children in their homes and at school. These models of care are becoming more frequent, and often involve systems of providers outside of the medical home to reduce urgent care and emergency department encounters. There are also highly successful models of urgent and routine care visits using telehealth that primary care and specialty providers utilize within the medical home. There is little doubt that these models of care will become commonplace given convenience factors and rapidly evolving technologies. In this session, the experts will discuss relevant health services research, successful strategies to implementing these novel models of care, and future health policy opportunities. The two areas of clinical and research focus will be “direct-to-consumer” telemedicine and school based telehealth.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes at end of presentations**Audience Polling:** Yes**Polling Details:** It would be educational to survey the audience on how many of their patients have access to "direct to consumer" care and school based telehealth both inside and outside the medical home.**Sabbath Conflicts:** N/A**Conflicting Sessions:** Avoiding other sessions on telehealth**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|APS**Chairs:** James Marcin (Contact Person)

PROPOSAL #: 311400

SESSION TITLE: The Future of Medicine: Telehealth to the Home and Schools

Speaker # 1

Presentation Title The Future of Medicine: Telehealth to the Home and Schools

Speaker/Duration: James Marcin : i. 90 minutes

Speaker/Institution: J.P. Marcin, Pediatric Critical Care, UC Davis Children's Hospital, Sacramento, California, UNITED STATES

Non-Member Justification James Marcin : (none)

Speaker # 2

Presentation Title The Future of Medicine: Telehealth to the Home and Schools

Speaker/Duration: Kenneth McConnochie : i. 90 minutes

Speaker/Institution: K.M. McConnochie, University of Rochester Medical Center, Rochester, New York, UNITED STATES

Non-Member Justification Kenneth McConnochie : (none)

Speaker # 3

Presentation Title The Future of Medicine: Telehealth to the Home and Schools

Speaker/Duration: Julie Hall-Barrow : i. 90 minutes

Speaker/Institution: J. Hall-Barrow, Children's Health, Dallas, Texas, UNITED STATES

Non-Member Justification Julie Hall-Barrow : (none)

PROPOSAL #: 311418**SESSION TITLE:** RSV Vaccines: How close are we?**Contact:** Christina Rostad Emory University
christina.rostad@emory.edu**Session Type:** State of the Art Plenary**Target Audience:** Pediatricians, Pediatric Infectious Diseases, Neonatologists, Hospitalists, Clinical and Translational researchers**Audience Size:** 500**Tracks:** Infectious Diseases|Clinical and Translational Research**Objectives** #NAME?**Description:** RSV is the leading cause of lower respiratory tract infections in infants and young children, but no licensed vaccine or specific treatment is yet available. Because of its substantial disease burden among pediatric patients, the development of a safe and effective RSV vaccine is a public health priority. However, the initial failure of a formalin-inactivated vaccine in the 1960's has hampered the field and has caused vaccine development efforts to focus on alternative approaches, including live-attenuated pediatric vaccines and maternal immunization. The purpose of this State-of-the-Art session is to review the current trends in RSV epidemiology and to describe the challenges, opportunities, and progress toward developing a successful RSV vaccine.**Time Block:** (none)**QA:** Yes**QA Details:** 5 minutes following each speaker**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Would avoid conflicting sessions covering vaccines or infectious diseases. Would also avoid conflict with the Stanley A. Plotkin Lecture in Vaccinology.**Additional Comments:** We have a schedule conflict on 4/25-4/26. However, we can commit availability on 4/27-5/1.**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PIDS**Chairs:** Christina Rostad (Chair)**Speaker # 1****Presentation Title** Introduction**Speaker/Duration:** Christina Rostad : a. 5 minutes**Speaker/Institution:** C.A. Rostad, Pediatrics, Emory University, Atlanta, Georgia, UNITED STATES|**Non-Member Justification** Christina Rostad : (none)

PROPOSAL #: 311418

SESSION TITLE: RSV Vaccines: How close are we?

Speaker # 2

Presentation Title Lessons from the Clinic and Epidemiology

Speaker/Duration: Larry Anderson : e. 25 minutes

Speaker/Institution: L.J. Anderson, Pediatrics, Emory University, Atlanta, Georgia, UNITED STATES |

Non-Member Justification Larry Anderson : (none)

Speaker # 3

Presentation Title An RSV Vaccine for Young Children -- Just Around the Corner?

Speaker/Duration: Ruth Karron : e. 25 minutes

Speaker/Institution: R.A. Karron, International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore

Non-Member Justification Ruth Karron : (none)

Speaker # 4

Presentation Title Maternal Vaccines to Protect Young Infants -- The First Vaccine on the Block?

Speaker/Duration: Helen Chu : e. 25 minutes

Speaker/Institution: H.Y. Chu, Medicine, University of Washington, Seattle, Washington, UNITED STATES |

Non-Member Justification Helen Chu : Dr. Helen Chu is a leading national expert in maternal immunizations and in the role of transplacental maternal RSV antibodies in the protection of young infants against RSV disease. Her clinical and research expertise in these areas will be i

Proposal: 311428

[✎ Edit](#)

SECTION	VALUE
Role Name	Debate/Pro-Con Discussion
Session Title	Free Range or Helicopter: The Choices and Challenges of Supervising Residents
Description	<p>“Supervision assures the quality of <i>present</i> patient care. Autonomy ensures the <i>future</i> of quality patient care.” -- Hinchey and Rothberg</p> <p>One of the persistent challenges currently facing academic medicine is negotiating the delicate balance between supervision, graded and progressive responsibility to trainees, and patient safety. This issue is particularly relevant given the increase in “24/7” attending physician coverage models and the shorter length of time faculty attend on service. Proponents of increased supervision argue that close and direct supervision of trainees will decrease medical errors and lead to improved patient outcomes. The other side of the argument, most often voiced by medical educators, is that graded autonomy is critical because it increases a sense of ownership in patient care, enhances confidence, and ultimately ensures that trainees are able to competently and independently practice once they complete their training.</p> <p>In reality, this is not a matter of one approach being right or wrong. This debate is nuanced and often hinges on what constitutes “appropriate supervision” in a given educational and clinical setting. This symposium seeks to outline the major considerations, controversies and relevant evidence to inform this debate.</p> <p>Symposium participants will hear about the impacts of increased attending supervision and decreased trainee responsibility on patient safety, clinical outcomes, trainee and faculty satisfaction, trainee performance and burnout. Panelists will engage in dialogue about the importance of considering patient safety both in the short- and long- term and how best to determine the right mix of supervision to ensure safe patient care in the moment, while creating space for trainees to learn and grow for the safety of future patients. Panelists from both sides of the debate will engage the audience in a discussion of the most recent literature on this topic, through the lenses of patient safety, learning theory, and needs of stakeholders. The group as a whole will identify the myriad barriers that hamper autonomy and collaboratively discuss tool and tips for mitigating these barriers.</p> <p>For the purpose of this session, we will focus on the following topics: bedside rounds and the impact of the presence or absence of attendings; models of</p>

SECTION**VALUE**

staffing admissions with attendings who are or are not in house; and communication between attendings and learners on the work of the day (e.g. “running the list”). We will offer a general framework on how to accomplish a balance of supervision/autonomy and patient experience/safety, while also serving as a call for more research and dialogue on these complex issues.

STRUCTURE AND FORMAT OF THE SESSION

The symposium will be structured using a highly interactive format as described below:

Part I.

1. Introductions (5 minutes). Dr. Beck will serve as moderator and will welcome the audience, introduce the panelists (Faculty, Post-graduate trainees, Nurses) and provide opening remarks that outline the purpose and goals of the session.

2. Audience Response system (10 minutes) will be used to determine demographics of audience. In addition, we will share a clinical vignette prior to each topic, to illuminate the variability in appropriate supervision.

Part II

3. Panel discussion (90 minutes; 20 minutes per topic with 10 minutes of audience questions per topic). Panelists will discuss reasons for as well as barriers for providing resident autonomy. Each will highlight findings from their experience and the medical education and patient safety literature. Questions will be posed to each other and the audience, using audience response technology.

Part III (10 minutes)

4. Back to the Future: Becky Blankenburg will facilitate a large group discussion focusing on applying new frameworks to the original clinical vignettes.


Part IV

5. Wrap up (5 minutes) Jimmy Beck will summarize participants’ goals and ideas for moving forward and next steps. Audience as a whole will generate some strategies for building collaborative to advance research in innovative and robust ways.

SECTION	VALUE
Objectives	Objectives: By the end of this session, participants will 1) Appreciate the tensions that exist between allowing autonomy and providing adequate supervision for trainees 2) List the educational and societal benefits of providing learners with graduated autonomy 3) Describe tools to ensure safe patient care while also provide resident autonomy 4) Apply a framework for managing mistakes in different learning environments and situations
Target audience	Pediatric residents and faculty
Tracks (select all that apply)	Education; Hospitalists
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	200
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	PHM
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Hot Topic (Top Articles in Med Ed) APA Educ Cmte mtg PHM Club

SECTION	VALUE
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Projector and Screen. Two tables on each side of the podium with 4 chairs at each table. Total of 8 chairs.
Would you be interested in having interactive audience polling/response capability in your session?	Yes
If yes, please provide more details about the functionality you are interested in.	We will have 4-5 audience response questions throughout our session
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name Jimmy Beck</p> <p>Affiliation Seattle Childrens</p> <p>Role Moderator</p> <p>Email jimmy.beck@seattlechildrens.org</p>

SECTION**VALUE**

Participant 2**Name**

Sahar N Rooholamini

Affiliation

Pediatrics, University of Washington

Role

Panelist

Emailsahar.Rooholamini@seattlechildrens.org

Participant 3**Name**

Barrett Fromme

Affiliation

Pediatrics, University of Chicago

Role

Panelist

Emailhfromme@peds.bsd.uchicago.edu

Participant 4**Name**

Michele Long

Affiliation

Pediatrics, UCSF

Role

Panelist

Emailmichele.long@ucsf.edu

Participant 5**Name**

Rebecca Blankenburg

Affiliation

Pediatrics, Stanford School of Medicine

Role

Panelist

Emailrblanke@stanford.edu

SECTION**VALUE**

Participant 6**Name**

Anupama Subramony

Affiliation

Pediatrics, Cohen Children's Medical Center

Role

Panelist

Emailasubramony@northwell.edu

Participant 7**Name**

Michael Carl Weisgerber

Affiliation

Pediatrics, Medical College of Wisconsin

Role

Panelist

Emailmweisger@mcw.edu

✔ Step 4: Speakers

SECTION**VALUE**

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Proposal: 311544

[Edit](#)

SECTION	VALUE
Role Name	Panel Discussion
Session Title	The Changing Landscape of Chronic Care and the Future of Pediatrics
Description	Prevalence, presentation, long-term outcomes, and management of childhood chronic health conditions have changed dramatically over the past few decades. This panel of experts, with a long history of involvement in chronic illness research and policy and including a long-term family partner, will discuss the changes they have seen in the population and treatment of children with chronic health conditions and the future directions in the care of these children. Facilitated by a pediatric historian, panelists will discuss changing epidemiology, growth in sub-specialization, medical home, health care financing, the role of families, social determinants of chronic illness, and public policy.
Objectives	<ol style="list-style-type: none">1. To highlight important changes in the care of children with special health care needs2. To analyze the medical, social and technological factors that have led to changes in chronic care management3. To discuss current trends in systems of care for children with special health care needs and their potential consequences
Target audience	Child health care professionals who care for children with special health care needs, those who train practitioners, and those interested in health policy.
Tracks (select all that apply)	General Pediatrics; Health Services Research; Advocacy/Public Policy; Vulnerable and Underserved Populations/Health Equity & Social Justice; Developmental and Behavioral Pediatrics; Children with Special Health Care Needs
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	Medium Room
Are you going to have a Q&A session?	Yes

SECTION	VALUE
Q&A session - if yes, provide details and anticipated length.	The audience is expected to have questions and personal observations they will wish to share. This should take 30-45 minutes of the session.
Society Affiliation of Submitter (of this Session)	AAP; APA
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	General Plenary Complex Care SIG
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	No special AV. Will need microphones for panelists (5) and for audience Q&A
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE

SECTION**VALUE**

Participant 1**Name**

Jeffery Brosco

Affiliation

Pediatrics, University of Miami

Role

Panelist

Email

jbrosco@miami.edu

Participant 2**Name**

James Perrin

Affiliation

Pediatrics, MassGeneral Hospital for Children; Harvard Medical School

Role

Panelist

Email

JPERRIN@mgh.harvard.edu

Participant 3**Name**

Ruth EK Stein

Affiliation

Pediatrics, Albert Einstein College of Medicine/Children's Hospital at Montefiore

Role

Panelist

Email

ruth.stein@einstein.yu.edu

Participant 4**Name**

Nora Wells

Affiliation

National Programs, Family Voices, Inc.

Role

Panelist

Email

nwells@familyvoices.org

SECTION**VALUE**

Participant 5**Name**

Deborah Allen

Affiliation

Health Promotion, Los Angeles County Department of Public Health

Role

Panelist

Emaildallen@ph.lacounty.gov

✔ Step 4: Speakers

SECTION**VALUE**

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PROPOSAL #: 311578**SESSION TITLE:** Techniques and Approaches to Improving the Experience of Care for Patients with Autism**Contact:** Sarah Qin
sarah.qin@bmc.org
Boston Medical Center**Session Type:** Panel Discussion**Target Audience:** Clinicians who interact with patients with ASD**Audience Size:** 50**Tracks:** Developmental and Behavioral Pediatrics|Children with Special Health Care Needs|Vulnerable and Underserved Populations/Health Equity & Social Justice|Social Determinants/Health Disparities|Emergency Medicine|Quality Improvement/Patient Safety|Hospitalists**Objectives** Objectives: At the conclusion of this activity, participants should be able to: 1) Understand challenges faced by patients with ASD in the healthcare environment 2) Identify strategies to improve care for patients with ASD 3) Identify approaches to implement changes to hospital procedures to improve care for patients with ASD**Description:** Autism Spectrum Disorder (ASD) has become increasingly prevalent, with 1 in 59 children aged 8 years diagnosed. Children with ASD utilize more inpatient, emergency, and outpatient care, yet report more barriers and lower levels of satisfaction. The communication impairments inherent to an autism diagnosis and sensory sensitivities of patients with ASD can make medical care particularly challenging; and the heterogeneity and breadth of the disorder means that the needs of a patient tend to be highly individualized.
 Efforts are underway throughout the country to address the needs of patients with ASD. Our proposed panel highlights multi-disciplinary interventions for making healthcare autism friendly. These efforts include the implementation of patient-centered approaches to delivery of care, utilization of sensory toolboxes for patients, increasing care coordination and understanding of specific patient needs, and improved training and education for clinicians and staff on interacting with patients with autism. We will discuss identifying the specific challenges at our respective institutions, and our approaches for implementing change in both resource rich and resource constrained settings. Our panelists bring a wealth of perspectives on this topic from clinical, research, programmatic, and implementation lenses. We represent efforts underway at multiple institutions including Boston Medical Center, Children's Hospital of Philadelphia, Mount Sinai Hospital, and South Nassau Communities Hospital.
 Discussion Questions:
 What are the main challenges facing patients with ASD in the healthcare environment?
 What types of interventions have you undertaken to improve healthcare for patients with ASD?
 If another institution wanted to improve care for patients with ASD, where would you recommend that they start?
 What barriers have you encountered in your efforts to improve care for patients with ASD?**Time Block:** (none)**QA:** Yes**QA Details:** Yes. 40 minutes- 20 during the panel to provide audience members the opportunity to ask questions about approaches, and 20 minutes at the end for any relevant questions.**Audience Polling:** Yes**Polling Details:** We would like to ask the audience several simple multiple choice questions.**Sabbath Conflicts:** N/A**Conflicting Sessions:**Autism

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311578

SESSION TITLE: Techniques and Approaches to Improving the Experience of Care for Patients with Autism

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: Other Society Affiliation

Chairs: Shari King (Moderator); Sarah Qin (Contact Person)

Speaker # 1

Presentation Title Techniques and Approaches to Improving the Experience for Care for Patients with Autism in the Emergency Department

Speaker/Duration: Eron Friedlaender : d. 20 minutes

Speaker/Institution: E. Friedlaender, Pediatrics, The Children's Hospital of Philadelphia, Wynnewood, Pennsylvania

Non-Member Justification Eron Friedlaender : APA, AAP

Speaker # 2

Presentation Title Techniques and Approaches to Improving the Experience of Care for Patients with Autism in an Inpatient setting

Speaker/Duration: Sarabeth Broder-Fingert : d. 20 minutes

Speaker/Institution: S. Broder-Fingert, Boston University, Newton, Massachusetts, UNITED STATES|

Non-Member Justification Sarabeth Broder-Fingert : APA, AAP

Speaker # 3

Presentation Title Implementation of Techniques and Approaches to Improving the Experience of Care for Patients with Autism in a Safety Net Hospital

Speaker/Duration: Sarah Qin : d. 20 minutes

Speaker/Institution: S. Qin, Developmental and Behavioral Pediatrics, Boston Medical Center, Boston, Massachuse

Non-Member Justification Sarah Qin : Sarah Qin, MBA is the Project Coordinator for the Autism Friendly Initiative at Boston Medical Center, where she oversees several studies and facilitates the conduct of autism-education training, improvement of hospital systems, and interventi

Speaker # 4

Presentation Title Disseminating Research Findings and Best Practices related to accommodating patients with ASD in healthcare settings

Speaker/Duration: Michelle Gorenstein : d. 20 minutes

Speaker/Institution: M. Gorenstein, Psychiatry, Icahn School of Medicine, Ardsley, New York, UNITED STATES|

Non-Member Justification Michelle Gorenstein : Michelle Gorenstein, PsyD. has served as Director of Outreach for the Seaver Autism Center for Research and Treatment at the Icahn School of Medicine since 2011. She is responsible for disseminating research findings and best practi

PROPOSAL #: 311578

SESSION TITLE: Techniques and Approaches to Improving the Experience of Care for Patients with Autism

Speaker # 5

Presentation Title Developmental and Behavioral Pediatrics perspective on Improving the Experience of Care for Patients with Autism

Speaker/Duration: Amanda Bennett : d. 20 minutes

Speaker/Institution: A. Bennett, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED

Non-Member Justification Amanda Bennett : AAP

Speaker # 6

Presentation Title Moderator of Session and Q&A of Techniques and Approaches to Improving the Experience of Care for Patients with Autism

Speaker/Duration: Shari King : d. 20 minutes

Speaker/Institution: S.B. King, Pediatrics, Boston Medical Center , Boston, Massachusetts, UNITED STATES|

Non-Member Justification Shari King : Shari King, MA is the Director of the Autism Program at Boston Medical Center and oversees core clinical operations, trainings/consultations, and advocacy and outreach efforts, including a diverse Parent Leadership Network (PLAN), and Teen Me

PROPOSAL #: 311610**SESSION TITLE:** Intermittent Hypoxia in the Preterm Infant: Importance, Mechanisms, Outcomes**Contact:** Eric Eichenwald
eichenwald@email.chop.edu
Children's Hospital of Philadelphia**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatology, Pulmonary Medicine, Developmental Pediatrics**Audience Size:** 100**Tracks:** Clinical and Translational Research|Pulmonology|Neonatology**Objectives** 1) Understand the mechanism and effect of maturation on intermittent hypoxia (IH) in preterm infants 2) Describe the relevance of the biologic effects of IH in animal models 3) Describe the relevance of the biologic effects of IH in pediatric obstructive sleep apnea 4) Discuss the acute effects and persistence of IH in preterm infants in the NICU and after discharge, and the ameliorating effects of caffeine 5) Understand the link between the frequency and severity of IH and preterm neurodevelopmental outcomes.**Description:** Episodes of intermittent hypoxia (IH), defined as repetitive cycles of hypoxia and re-oxygenation, are almost universal in infants born very preterm and occur in both mechanically ventilated preterm infants and during spontaneous breathing. IH continues in convalescing preterm infants after NICU discharge, but is both under-recognized and under-appreciated as an important contributor to both acute and longer term sequelae including neurologic injury. Animal models of IH, and data from children with sleep disordered breathing (obstructive sleep apnea) demonstrate that IH is pro-inflammatory and associated with oxidative stress, free radical production, and pro-inflammatory cytokines, all of which may lead to brain injury. Follow-up data of IH in very preterm infants are very limited but indicative of motor, cognitive and language impairments. This topic symposium will bring together international experts on IH to discuss (1) physiological mechanisms, (2) lessons learned from animal models and pediatric obstructive sleep apnea, (3) current controversies in diagnosis and management in infants born preterm, and (4) the critical need to develop treatment strategies for persisting IH to ameliorate the burden of neurodevelopmental morbidities consequent to very preterm birth.**Time Block:** (none)**QA:** Yes**QA Details:** Q & A session will be with faculty panel of speakers, moderated by Drs. Eichenwald and Hunt**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Avoid Neonatology Clinical Trials platform sessions Ravi Patel is submitting session on caffeine use, which, if accepted, Dr. Eichenwald will be speaking**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|SPR|APS**Chairs:** Carl Hunt (Chair); Eric Eichenwald (Chair)

PROPOSAL #: 311610

SESSION TITLE: Intermittent Hypoxia in the Preterm Infant: Importance, Mechanisms, Outcomes

Speaker # 1

Presentation Title Intermittent Hypoxia: Physiologic Mechanisms and Effect of Maturation

Speaker/Duration: Richard Martin : c. 15 minutes

Speaker/Institution: R.J. Martin, Pediatrics/Reproductive Biology/Physiology & Biophysics, Rainbow Babies & Child

Non-Member Justification Richard Martin : (none)

Speaker # 2

Presentation Title Animal Models of Intermittent Hypoxia

Speaker/Duration: Robert Darnall : c. 15 minutes

Speaker/Institution: R. Darnall, Pediatrics, Dartmouth Medical School, Hanover, New Hampshire, UNITED STATES|

Non-Member Justification Robert Darnall : (none)

Speaker # 3

Presentation Title Lessons from Obstructive Sleep Apnea Syndrome

Speaker/Duration: David Gozal : c. 15 minutes

Speaker/Institution: D. Gozal, Pediatrics, University of Missouri School of Medicine, Columbia, Missouri, UNITED ST

Non-Member Justification David Gozal : (none)

Speaker # 4

Presentation Title Intermittent Hypoxia in the NICU and Post-Discharge

Speaker/Duration: Lawrence Rhein : c. 15 minutes

Speaker/Institution: L. Rhein, Neonatology/Pulmonology, University of Massachusetts, Worcester, Massachusetts,

Non-Member Justification Lawrence Rhein : (none)

Speaker # 5

Presentation Title Caffeine Therapy for Intermittent Hypoxia: NICU and Post-Discharge

Speaker/Duration: Nicole Dobson : c. 15 minutes

Speaker/Institution: N.R. Dobson, Pediatrics, Uniformed Services University, Bethesda, Maryland, UNITED STATES|

Non-Member Justification Nicole Dobson : (none)

Speaker # 6

Presentation Title Neurodevelopmental Outcomes in the Preterm: Associations with Intermittent Hypoxia

Speaker/Duration: Christian Poets : d. 20 minutes

Speaker/Institution: C.F. Poets, Neonatology, Tuebingen University Hospital, Tübingen, GERMANY|

Non-Member Justification Christian Poets : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311611

SESSION TITLE: The 2020 Census: Why it is Important for Children's Health and the Challenge of the Young Child Undercount

Contact: Judy Aschner Hackensack University Medical Center; FOPO
judy.aschner@einstein.yu.edu

Session Type: State of the Art Plenary

Target Audience: Pediatricians, pediatric nurses and other health care providers, hospital administrators, educators, public health and health services researchers

Audience Size: 500

Tracks: Advocacy/Public Policy|Diversity and Inclusion|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|Immigrant Health|School and Community Health|Health Services Research|General Pediatrics|Ethics/Bioethics|Community Pediatrics

Objectives Participants will understand the importance of the Census, why it matters that 10 percent of children under the age of 5 were missed in 2010, how the Census relates to health care resources and delivery, the overall impact on the well-being of children and their families and what role pediatricians, clinics, hospitals and communities can play in making sure all children are counted in 2020.

Description: The Decennial Census is the foundation to our democracy. It not only determines how over \$675 billion in federal funds are allocated, but it is used to draw district lines and to give voice to those who live in the United States. If individuals are not counted, they, their families and their communities have a lot to lose. Young children under the age of five are among the groups who are most likely to be undercounted by the Census. This can greatly impact the resources that are available to educate, feed, house and care for them. This plenary will educate the audience on the importance of the Census and why it is critical to count everyone, in particular, young children. It will set the stage for an in-depth discussion on the topic and action items for the pediatric health care community.

Time Block: (none)

QA: Yes

QA Details: We anticipate leaving 30 minutes for Q&A at the end of the plenary

Audience Polling: Yes

Polling Details: Using their cell phones and a text number, we would like to obtain an understanding of how knowledgeable the room is about the 2020 Census.

Sabbath Conflicts: N/A

Conflicting Sessions: We have submitted two different but complementary proposals about the 2020 Census: this State of the Art Plenary and a Symposium. The Census State of the Art Plenary should be scheduled before the Census Symposium, if both are selected for the PAS program

Additional Comments: Please note we have confirmed the participation of all speakers including Under Secretary Kelley. We have a back up speaker for each of the presenters should there be any logistic or scheduling conflicts at the last minute for all of these national leader

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: FOPO|AAP|SPR|APS|AAP SNPPE

Chairs: Judy Aschner (Chair); Franklin Trimm (Chair)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311611

SESSION TITLE: The 2020 Census: Why it is Important for Children's Health and the Challenge of the Young Child Undercount

Speaker # 1

Presentation Title An introduction to the 2020 Census and what is at stake for our children

Speaker/Duration: Judy Aschner : a. 5 minutes

Speaker/Institution: J.L. Aschner, Chair and Physician-in-Chief, JM Sanzari Children's Hospital, Hackensack Universit

Non-Member Justification Judy Aschner : (none)

Speaker # 2

Presentation Title How the U.S. Census Bureau is addressing the Young Child Undercount and Role Pediatricians Can Play

Speaker/Duration: Karen Kelley : c. 15 minutes

Speaker/Institution: K.D. Kelley, Under Secretary for Economic Affairs, U.S. Department of Commerce, Washington

Non-Member Justification Karen Kelley : (none)

Speaker # 3

Presentation Title Why counting every child is critical to ensuring their overall well-being and how philanthropy is supporting efforts to reach them.

Speaker/Duration: Patrick McCarthy : e. 25 minutes

Speaker/Institution: P. McCarthy, President, Annie E. Casey Foundation, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Patrick McCarthy : (none)

Speaker # 4

Presentation Title Advocate efforts to ensure an complete count of young children and how pediatricians and child serving organizations can add value to efforts.

Speaker/Duration: Arturo Vargas : e. 25 minutes

Speaker/Institution: A. Vargas, CEO, NALEO Educational Fund, Los Angeles, California, UNITED STATES|

Non-Member Justification Arturo Vargas : (none)

PROPOSAL #: 311634**SESSION TITLE:** New Perspective on Hormonal therapy and Neonatal Brain Injury**Contact:** PRAVEEN BALLABH Children Hospital at Montefiore
pballabh@msn.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatal fellows and faculties, endocrinologist, pediatric residents, general pediatrics**Audience Size:** >500 attendees**Tracks:** Developmental and Behavioral Pediatrics|Endocrinology|Neonatology**Objectives** 1.Discuss recent advances in understanding of prenatal and postnatal steroid treatment and brain injury in premature infants and address related controversies. 2.Identify novel mechanisms of neuroprotection with estrogen replacement in premature newborns and point out the need of its clinical evaluation. 3.Critically discuss the controversies on use of postnatal thyroxine treatment and the developmental outcome in preterm infants.**Description:** Brain development and maturation is deeply influenced by hormones. The effects of hormonal treatment are dose, duration, and context dependent. Prenatal glucocorticoids protects the brain against intraventricular hemorrhage, while use of postnatal steroids has led to brain injury and neurological deficits. Thyroxine treatment plays key roles in brain maturation, reduces risk of cognitive deficits in extremely premature infants, and promotes neurological recovery in animal model of intraventricular hemorrhage. Estrogen therapy confers neuroprotection and might promote neurodevelopmental outcome of premature infants. This symposium will highlight recent advances from basic, translational and clinical research to provide a comprehensive update on the risk and benefits of hormonal therapy in premature infants.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** Saturday**Conflicting Sessions:** Brain club, brain metabolism, brain injuries**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR**Chairs:** PRAVEEN BALLABH (Chair); Terrie Inder (Chair); Barbara Stonestreet (Presenter); Edmund LaGamma (Presenter)**Speaker # 1****Presentation Title** Introduction**Speaker/Duration:** PRAVEEN BALLABH : a. 5 minutes**Speaker/Institution:** P. BALLABH, PEDIATRICS, Children Hospital at Montefiore, Bronx, New York, UNITED STATES|**Non-Member Justification** PRAVEEN BALLABH : (none)

PROPOSAL #: 311634

SESSION TITLE: New Perspective on Hormonal therapy and Neonatal Brain Injury

Speaker # 2

Presentation Title Benefits, risks, and uncertainties regarding the effect of antenatal corticosteroid on brain development.

Speaker/Duration: Barbara Stonestreet : e. 25 minutes

Speaker/Institution: B.S. Stonestreet, Peiatrics, Women & Infants Hospital of Rhode Island, Providence, Rhode Isla

Non-Member Justification Barbara Stonestreet : (none)

Speaker # 3

Presentation Title Postnatal glucocorticoids: good, bad or ugly.

Speaker/Duration: Terrie Inder : e. 25 minutes

Speaker/Institution: T. Inder, Harvard Medical School, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Terrie Inder : (none)

Speaker # 4

Presentation Title Postnatal estradiol replacement can ameliorate interneuron development and enhance neurologic outcome in premature newborns.

Speaker/Duration: PRAVEEN BALLABH : e. 25 minutes

Speaker/Institution: P. BALLABH, PEDIATRICS, Children Hospital at Montefiore, Bronx, New York, UNITED STATES|

Non-Member Justification PRAVEEN BALLABH : (none)

Speaker # 5

Presentation Title Can thyroxine treatment benefit neurodevelopmental outcome of extremely premature infants?

Speaker/Duration: Edmund LaGamma : e. 25 minutes

Speaker/Institution: E.F. LaGamma, Divsion of Newborn Medicine, NYMC - Maria Fareri Children's Hospital, Valhall

Non-Member Justification Edmund LaGamma : (none)

Speaker # 6

Presentation Title Discussion (All Speakers will respond to questions from audience)

Speaker/Duration: Terrie Inder : c. 15 minutes

Speaker/Institution: T. Inder, Harvard Medical School, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Terrie Inder : (none)

PROPOSAL #: 311643**SESSION TITLE:** Social Determinants of Health Screening in the Medical Home: Ready to Open the Door?**Contact:** Maya Bunik Univ of Colorado
maya.bunik@childrenscolorado.org**Session Type:** Panel Discussion**Target Audience:** Clinicians, Academic Medical Center Faculty and Leaders**Audience Size:** 75**Tracks:** Social Determinants/Health Disparities|Vulnerable and Underserved Populations/Health Equity & Social Justice**Objectives** 1. Describe the impacts of the social determinants on child health. 2. Recognize why universal psychosocial screening is a crucial step in Social Determinants of Health screening in primary care. 3. Characterize the multidisciplinary team members necessary to implement a comprehensive screening program. 4. Illustrate best practice approaches for social determinant, including psychosocial, screening in primary care settings. 5. Characterize the steps to develop community partnerships that support families and mitigate issues identified through screening. 6. Examine strategies for tracking patient and population related outcomes that may effect reimbursement.**Description:**
 Social Determinants of Health are the conditions of the environment in which people live, learn, work and play that are closely linked to health and quality of life. Availability of basic needs such as safe and affordable housing, food, access to education, public safety, availability of medical and mental health services is closely related to population health outcomes. Recently programs that deliver pediatric primary care have started to implement universal social determinants of health screening of patients and families as part of the medical home. Additionally, universal screening for social determinants of health is now recommended in Bright Futures. Our experienced panel will discuss these new recommendations and their experiences with asking these complicated questions, education of faculty trainees and staff in Social Determinants of Health, and challenges with connecting with local community resources. We anticipate that many in the audience will be in various stages of considering screening in their settings and this more informal atmosphere of a panel will allow for an interesting and engaging session.
 Our expert panel will cover what is happening at their institutions around the country and contribute to the discussion both in terms of their publications related to this topic as well as areas of interest: Dr. Shaw (Vermont) -AAP Bright Futures and the new addition of psychosocial screening, Dr. Klein (Ohio)-Education of trainees, team members and faculty, Dr. Talmi (Colorado + Chair Dr. Bunik and Moderator Dr. Suh) Mental Health Integration and Multidisciplinary Practice, Dr. Racine (New York) on tracking data and reimbursement and Dr. Garg (Massachusetts)- National climate and will provide closing remarks to summarize this session.**Time Block:** (none)**QA:** Yes**QA Details:** 45 min**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Milk Club Continuity SIG**Additional Comments:** We have multiple institutions represented and we plan to have intermittent Q& A from

PROPOSAL #: 311643

SESSION TITLE: Social Determinants of Health Screening in the Medical Home: Ready to Open the Door?

audience throughout.

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|AAP

Chairs: Maya Bunik (Chair); Christina Suh (Moderator); Judith Shaw (Panelist); Melissa Klein (Panelist); Ayelet Talmi (Panelist); Andrew Racine (Panelist); Arvin Garg (Panelist)

Speaker # 1

Presentation Title Background, Introduction of Panelists, Objectives

Speaker/Duration: Maya Bunik : b. 10 minutes

Speaker/Institution: M. Bunik, Pediatrics, Univ of Colorado, Aurora, Colorado, UNITED STATES|

Non-Member Justification Maya Bunik : (none)

PROPOSAL #: 311775

SESSION TITLE: Sudden Unexpected Postnatal Collapse (SUPC): Panel Discussion

Contact: Joseph Hageman University of Chicago
jhageman@peds.bsd.uchicago.edu

Session Type: Panel Discussion

Target Audience: Neonatal providers and clinical, QI researchers

Audience Size: 150

Tracks: Neonatology

Objectives 1. Clarify the Definition, terminology, and epidemiology of SUPC 2. Update Providers about Assessment, Diagnosis and Prevention of SUPC 3. Outline future studies and interventions to help reduce and prevent SUPC

Description: Moderator: Matthew Pellerite, MD/Joseph R. Hageman, MD
1. Sudden Unexpected Postnatal Collapse (SUPC): Overview, Terminology and Epidemiology: Joel L. Bass, MD
2. SUPC: Assessment, Diagnosis and Prevention: Susan M. Ludington, PhD, RN, CNM, CKC, FAAN: RAPPT Assessment Nancy Rodriguez, PhD, NNP: Risk Factors, QI Educational Module
David Paul, MD: Bundled Intervention including Pulse Oximetry Prevents SUPC
3. Summation with Future Studies and Interventions: Panel

Time Block: (none)

QA: Yes

QA Details: 10 minutes after each presentation.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: none that I am aware of.

Additional Comments: References 1. Bass JL, Gartley t, Lyczkowski, Kleinman R. Trends in the incidence of sudden unexpected infant death of the newborn: 1995-2014. J Pediatr 2018;196:10408. 2. Rodriguez N, Pellerite M, Wild B, Hughes P, Joseph M, Hageman JR. An acute event

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs:

Speaker # 1

Presentation Title Joel L. Bass, MD: SUPC Overview, terminology and epidemiology

Speaker/Duration: Joseph Hageman : d. 20 minutes

Speaker/Institution: J.R. Hageman, Pediatrics, University of Chicago, Chicago, Illinois, UNITED STATES|

Non-Member Justification Joseph Hageman : (none)

PROPOSAL #: 311775

SESSION TITLE: Sudden Unexpected Postnatal Collapse (SUPC): Panel Discussion

Speaker # 2

Presentation Title Susan M. Ludington, PhD, RN, CNM, CKC, FAAN: RAPPT Assessment

Speaker/Duration: Joseph Hageman : d. 20 minutes

Speaker/Institution: J.R. Hageman, Pediatrics, University of Chicago, Chicago, Illinois, UNITED STATES |

Non-Member Justification Joseph Hageman : She is an expert in this area and has developed a unique assessment tool.

Speaker # 3

Presentation Title Nancy Rodriguez, PhD, NNP: Risk Factors, QI Educational Module

Speaker/Duration: Joseph Hageman : d. 20 minutes

Speaker/Institution: J.R. Hageman, Pediatrics, University of Chicago, Chicago, Illinois, UNITED STATES |

Non-Member Justification Joseph Hageman : (none)

Speaker # 4

Presentation Title David Paul, MD: Bundled intervention including pulse oximetry prevents SUPC

Speaker/Duration: Joseph Hageman : d. 20 minutes

Speaker/Institution: J.R. Hageman, Pediatrics, University of Chicago, Chicago, Illinois, UNITED STATES |

Non-Member Justification Joseph Hageman : (none)

PROPOSAL #: 311777**SESSION TITLE:** Genomics for Common, Rare and New Diseases in Neonatology - One Tool to Rule Them All ?**Contact:** Venkatesh Sampath
vsampath@cmh.edu
Childrens Mercy Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Geneticists, Researchers, Pediatricians, Infectious diseases Trainees**Audience Size:** 300 -400**Tracks:** Academic and Research Skills|Allergy, Immunology and Rheumatology|Neonatology|Genetics|Clinical and Translational Research**Objectives** 1)To familiarize a clinical and research audience with the opportunities and challenges for Genomic medicine in Neonatology. 2)To provide state of art updates on investigations into uncovering genetic risk-factors for complex neonatal disease phenotypes such as BPD and NEC. 3)To determine the impact of perinatal genetic screening on the diagnosis and management of rare life-threatening immune and inflammatory neonatal disease. 4)To discuss the pros and cons of using rapid genome sequencing for diagnosis and prognostication of syndromes/undiagnosed life-threatening diseases.**Description:** The NIH-sponsored study on human genome sequencing at the turn of this century set the stage for landmark discoveries and championed the transition of genomics from a research tool to a bedside tool. Exponential advances in high-throughput sequencing technology and automated genomic variant annotation platforms combined with decreasing costs has transformed genomics. >1000 genetic studies have been published investigating the application of genetics for screening, diagnosis and discovery of rare, common and undiagnosed diseases in neonatal-perinatal medicine. The overarching goal of this symposia is to provide an update on research- and clinical-based applications of genomics in neonatology. Bronchopulmonary dysplasia and Necrotizing enterocolitis are major drivers of morbidity in preterm infants for which a genetic background exists. These complex phenotypes, which are modulated by environmental factors and numerous putative genetic loci are inherently difficult to investigate. However, understanding the genetic basis may guide development of precision tools for risk-stratification and treatments. Drs. Ambalavanan and Sampath, NIH-funded researchers in respective areas will summarize the genetic studies in BPD and NEC, and present suggestions for surmounting current challenges and future studies.
 Genomic sequencing is revolutionizing the timing, diagnosis, and treatment for rare, potentially lethal immunodeficiencies that manifest as sepsis or infectious disease in neonates and infancy. The challenge remains whether earlier diagnosis, such as with prenatal or newborn screening improves outcomes. Dr. Verbsky, who was involved with pioneering the implementation of newborn screening for severe combined immunodeficiency, will discuss the scope of perinatal genetic diagnosis on immunodeficiency, and the impact on clinical outcomes. Finally, a key challenge in tertiary care centers is the burden of neonates with rare undiagnosed syndromes or metabolic conditions. Dr. Agrawal, a NIH-funded scientist, will discuss whether genomic approaches by aiding rapid diagnosis can impact prognostication, clinical management and can also serve to advance research. The challenges herein, remain patient selection, choice of genomic tools used, and challenges in interpreting ambiguous results and informing care-givers. This symposia will be of broad interest to clinicians and researchers, and facilitate better understanding of opportunities and challenges in neonatal genomics.**Time Block:** (none)**QA:** Yes

PROPOSAL #: 311777

SESSION TITLE: Genomics for Common, Rare and New Diseases in Neonatology - One Tool to Rule Them All ?

QA Details: 20 minutes of active audience engagement with the entire panel through a Question and Answer session .

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Will avoid a Tuesday session preferably. Also would prefer no conflict with Young Investigators Awards ceremony as speakers are on that committee.

Additional Comments: There is a clearly a need for neonatologists to get more familiar with this topic. As part of neonatology training, genetics is not a major rotation. However, in most tertiary centers, 5-10% of infants have a suspected genetic diagnosis, and neonatologist

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: SPR

Chairs: Venkatesh Sampath (Chair); Namasivayam Ambalavanan (Discussant); PANKAJ AGRAWAL (Discussant); James Verbsky (Discussant)

Speaker # 1

Presentation Title Genomics in Neonatology - Welcome, Introduction, Genomic strategies, and Session Overview

Speaker/Duration: Venkatesh Sampath : b. 10 minutes

Speaker/Institution: V. Sampath, Pediatrics, Childrens Mercy Hospital, Kansas City, Kansas, UNITED STATES |

Non-Member Justification Venkatesh Sampath : (none)

Speaker # 2

Presentation Title Genomics of Bronchopulmonary Dysplasia - Early Clues, No Answers

Speaker/Duration: Namasivayam Ambalavanan : e. 25 minutes

Speaker/Institution: N. Ambalavanan, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNI

Non-Member Justification Namasivayam Ambalavanan : (none)

Speaker # 3

Presentation Title Perinatal Genome Sequencing for Diagnosis for Rare Immune/Inflammatory Diseases - Rapid Advances

Speaker/Duration: James Verbsky : d. 20 minutes

Speaker/Institution: J. Verbsky, Pediatrics/Immunology, Childrens Hospital of Wisconsin, Milwaukee, Wisconsin, U

Non-Member Justification James Verbsky : (none)

Speaker # 4

Presentation Title Genetic basis of Necrotizing Enterocolitis Susceptibility - Tip Of An Iceberg

Speaker/Duration: Venkatesh Sampath : e. 25 minutes

Speaker/Institution: V. Sampath, Pediatrics, Childrens Mercy Hospital, Kansas City, Kansas, UNITED STATES |

Non-Member Justification Venkatesh Sampath : (none)

PROPOSAL #: 311777

SESSION TITLE: Genomics for Common, Rare and New Diseases in Neonatology - One Tool to Rule Them All ?

Speaker # 5

Presentation Title Rapid Genome Sequencing And Gene Discovery in the NICU - Clinical and Research Applications

Speaker/Duration: PANKAJ AGRAWAL : d. 20 minutes

Speaker/Institution: P.B. AGRAWAL, NEWBORN MEDICINE and GENETICS & GENOMICS, BOSTON CHILDREN'S HOSPITAL

Non-Member Justification PANKAJ AGRAWAL : (none)

Speaker # 6

Presentation Title Question and Answer Session With Audience and Panel

Speaker/Duration: Venkatesh Sampath : c. 15 minutes

Speaker/Institution: V. Sampath, Pediatrics, Childrens Mercy Hospital, Kansas City, Kansas, UNITED STATES |

Non-Member Justification Venkatesh Sampath : (none)

PROPOSAL #: 311786

SESSION TITLE: Living Life on the Veg: The How and Why of the Whole Foods, Plant-based diet

Contact: Leigh Ettinger Hackensack University Medical Center
lmettinger@yahoo.com

Session Type: Hot Topic/Topic Symposia

Target Audience: General pediatricians and subspecialists interested in managing their patients with obesity

Audience Size: 100

Tracks: Obesity/Metabolism

Objectives 1. Review of evidence based medicine about the disease prevention and weight loss benefits of the Whole Foods, Plant-based diet. 2. Learn about what to eat and what not to eat and why 3. Discuss additional benefits of this lifestyle, such as reducing one's environmental impact.

Description: If you are reading this then you are a citizen of this planet whose basic needs for food, shelter, and clothing have been met. You have disposable income. Therefore, you and perhaps your patients in your community are at risk for acquiring the diseases of the rich, such as obesity, diabetes, and hypertension. Come to this Hot Topic to learn about how the Whole Foods, Plant based diet seeks to combat the modern plague of obesity that is now threatening the global pediatric population with a shortened and more diseased lifespan.

Time Block: (none)

QA: Yes

QA Details: 15 minutes to answer questions

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: The Whole Foods Plant Based diet is expanding from a fringe lifestyle to the mainstream due to popular documentaries, social media exposure, and promotion by celebrities and athletes. Pediatricians may be getting unforeseen questions from their patients

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Leigh Ettinger (Presenter)

Speaker # 1

Presentation Title Living Life on the Veg: The How and Why of the Whole Foods, Plant based diet

Speaker/Duration: Leigh Ettinger : h. 60 minutes

Speaker/Institution: L. Ettinger, Pediatric Nephrology, Hackensack University Medical Center, Hackensack, New Jer

Non-Member Justification Leigh Ettinger : (none)

PROPOSAL #: 311794

SESSION TITLE: Safe Sleep for Infants: What Surveillance and Death Investigations Tell Us and Effective Approaches to Promote Safe Practices

Contact: Sharyn Brown
svp2@cdc.gov
Centers for Disease Control and Prevention

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinical practitioners, researchers, and prevention-focused advocacy groups with interest in public health approaches to infant health.

Audience Size: 500

Tracks: Epidemiology|General Pediatrics|Vulnerable and Underserved Populations/Health Equity & Social Justice|Public Health

Objectives

- Describe the epidemiology of and trends in US SUID, including a focus on racial and ethnic disparities. Challenges associated with surveillance and CDC Division of Reproductive Health (DRH) activities to address these challenges will also be discussed.
- Explain the uncertainty and inherent difficulty in cause-of-death determination for sudden unexpected infant deaths and the role of the Medical Examiner/Coroner community in helping to help appropriately classify deaths to identify opportunities for prevention.
- Provide examples of safe infant sleep interventions and evidence of their effectiveness. Facilitators of and barriers to change, as well as the limitations of the data currently available to evaluate these interventions will also be highlighted.
- Describe a nationwide, hospital-based intervention for promoting infant safe sleep; the Cribs for Kids® National Safe Sleep Hospital Certification Program.™

Description: Reducing infant mortality in the United States, especially for sudden unexpected infant deaths (SUID), is a national priority and a Health People 2020 objective. The US SUID rate is 91 deaths per 100,000 live births or about 3500 infant deaths yearly. SUID, also known as sleep-related infant deaths, include deaths attributed to sudden infant death syndrome (SIDS), accidental suffocation in an unsafe sleep environment, and unknown cause. In the United States, SUID is a major cause of infant death and the number one cause of post neonatal death. Sleep-related risk factors for SUID include non-supine sleep position, soft bedding, and bed sharing. Though SUID occurs across demographics, data show significant disparities, with the highest rates in American Indian/Alaska Natives and non-Hispanic blacks (NHB). Non-Hispanic whites comprise over 55% of the population in states contributing to the Centers for Disease Control and Prevention’s (CDC) SUID Case Registry, but account for only 41% of the SUIDs. Conversely, NHB comprise 18% of the population in those states, but 38% of the SUIDs. Because most SUID occur during sleep and in potentially hazardous sleep environments, safe sleep promotion is the primary approach to decreasing SIDS and other sleep-related infant deaths. Although evidence-based recommendations for reducing the risk of sleep-related deaths exist, adoption of these recommendations by parents and other caregivers is not universal. Evaluation of SUID data collected by states has led to policy and legislative changes focusing on educating key personnel (e.g., child welfare workers) and new parents in birth hospitals on safe sleep. This symposium will address SUID epidemiology and surveillance challenges, highlight observations about death scene investigation in the medical examiner community, discuss recommendations for safe sleep from the American Academy of Pediatrics, and provide examples of wide-reaching successful and evidence-based interventions.

Time Block: (none)

QA: Yes

QA Details: 10

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311794

SESSION TITLE: Safe Sleep for Infants: What Surveillance and Death Investigations Tell Us and Effective Approaches to Promote Safe Practices

Audience Polling: Yes

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Sessions on SIDS, General Pediatrics and Preventive Pediatrics, Public Health and Policy, safe infant sleep

Additional Comments: The two chairs for this session (Drs Wanda Barfield and Carrie Shapiro-Mendoza) are sponsoring this submission. I (a presented and submitter) am not yet a member of one of the affiliate organizations but am in the process of applying).

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

Chairs: Sharyn Brown (Contact Person); Carrie Shapiro-Mendoza (Chair); Wanda Barfield (Chair)

Speaker # 1

Presentation Title Sleep-related Infant Deaths in the United States: Epidemiology and Trends

Speaker/Duration: Sharyn Brown : d. 20 minutes

Speaker/Institution: S. Brown, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta

Non-Member Justification Sharyn Brown : Currently not a member, but planning on applying for affiliate membership in AAP.

Speaker # 2

Presentation Title Death Investigations and Infant Safe Sleep

Speaker/Duration: Kristinza Giese : d. 20 minutes

Speaker/Institution: K.W. Giese, Office of the Chief Medical Examiner, Washington, District of Columbia, UNITED STATES

Non-Member Justification Kristinza Giese : (none)

Speaker # 3

Presentation Title Behavior Change and Safe Infant Sleep

Speaker/Duration: Eve Colson : d. 20 minutes

Speaker/Institution: E.R. Colson, Pediatrics, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Eve Colson : (none)

Speaker # 4

Presentation Title Cribs for Kids National Safe Sleep Hospital Certification Program

Speaker/Duration: Michael Goodstein : d. 20 minutes

Speaker/Institution: M. Goodstein, Neonatology, Wellspan Health York Hospital, York, Pennsylvania, UNITED STATES

Non-Member Justification Michael Goodstein : (none)

PROPOSAL #: 311806**SESSION TITLE:** Juvenile Idiopathic Arthritis in the 21st Century**Contact:** Matthew Hollander University of Vermont College of Medicine
matthew.hollander@med.uvm.edu**Session Type:** Basic-Clinical-Translational Roundtable**Target Audience:** Pediatricians, Researchers in Basic Science, Quality Improvement**Audience Size:** 200**Tracks:** Allergy, Immunology and Rheumatology|Basic Science|Quality Improvement/Patient Safety|Clinical and Translational Research|Genetics**Objectives** 1. Describe the molecular evidence showing macrophage activation syndrome as a common disease state of auto-inflammatory conditions. 2. Explain how awareness of loci and non-coding regions of the genome has improved understanding of the genetics of juvenile idiopathic arthritis. 3. Describe how current quality improvement networks and the concept of a learning health system applies to the care of children with juvenile idiopathic arthritis.**Description:** This session will highlight state-of-the-art research investigating the pathophysiology and genomics of Juvenile Idiopathic Arthritis (JIA) and efforts to leverage these insights to broadly impact clinical care. The first presentation will discuss the latest evidence for soluble and cellular pathways that lead to macrophage activation syndrome as a final common disease state from many different causes. We will review how these ideas might translate to rational personalized approaches to therapy. The second presentation will discuss how recent advances in genomics has led to the identification of novel loci associated with different categories of JIA and the insights gained from genomics of other immune mediated disorders. The third presentation will underscore the importance of the non-coding regions of the genome in the genetics of JIA. We will present the new concept that, within the same locus, genetic risk may be exerted through multiple mechanisms, even in similar phenotypes. Finally, the fourth presentation will discuss efforts to improve outcomes for children with JIA using quality improvement science in the Pediatric Rheumatology Care and Outcomes Improvement Network. This work aims to swiftly translate knowledge generated by research efforts, such as above, to the bedside so that all children receive the best care possible.**Time Block:** (none)**QA:** Yes**QA Details:** Questions moderated by Drs. Hollander and Ostrov to panel of 4 speakers. 15-20 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Speaker unable to be present April 27**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** APA|AAP**Chairs:** Matthew Hollander (Moderator); Barbara Ostrov (Moderator)

PROPOSAL #: 311806

SESSION TITLE: Juvenile Idiopathic Arthritis in the 21st Century

Speaker # 1

Presentation Title Pathophysiology of macrophage activation syndrome

Speaker/Duration: Edward Behrens : e. 25 minutes

Speaker/Institution: E.M. Behrens, Pediatric Rheumatology, Children's Hospital of Philadelphia, Philadelphia, Penn

Non-Member Justification Edward Behrens : (none)

Speaker # 2

Presentation Title Genetic factors of JIA susceptibility

Speaker/Duration: Sampath Pahalad : e. 25 minutes

Speaker/Institution: S. Pahalad, Pediatric Rheumatology, Children's Healthcare of Atlanta, Atlanta, Georgia, UNITE

Non-Member Justification Sampath Pahalad : (none)

Speaker # 3

Presentation Title Genetic (re)definition of JIA disease state

Speaker/Duration: James Jarvis : e. 25 minutes

Speaker/Institution: J.N. Jarvis, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification James Jarvis : (none)

Speaker # 4

Presentation Title Translating JIA research into practice through quality improvement science

Speaker/Duration: Catherine Bingham : e. 25 minutes

Speaker/Institution: C.A. Bingham, Pediatric Rheumatology, Penn State , Hershey, Pennsylvania, UNITED STATES|

Non-Member Justification Catherine Bingham : (none)

PROPOSAL #: 311866**SESSION TITLE:** Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Contact: Christina Olson Children's Hospital Colorado
christina.olson@childrenscolorado.org

Session Type: Panel Discussion**Target Audience:** Clinicians spanning the spectrum of pediatric health care from primary care offices to tertiary care centers, health system administrators, innovators, advocacy and policy teams**Audience Size:** 50-100 (30-50 have attended intensive 3 hour telehealth workshops at prior PAS conferences)**Tracks:** Advocacy/Public Policy|Leadership and Business Training|Vulnerable and Underserved Populations/Health Equity & Social Justice|Quality Improvement/Patient Safety|School and Community Health|Public Health|Medical Informatics/Data Science|Media & Technology|**Objectives** -Demonstrate the value of telehealth in the pediatric population. -Address myths that limit telehealth's adoption in pediatrics and discuss practical tips for overcoming barriers. -Explore the common features of successful pediatric telehealth progra**Description:** Telehealth is a potent force in healthcare reform that is solving pediatric access to care problems around the world every day. Unfortunately, operational and system barriers, real and perceived, have limited its adoption as a means of healthcare delivery. Through a facilitated panel discussion and audience Q&A, participants will hear from experts in the field and gain a new understanding of how to integrate telehealth into their practice and health care systems. The panelists have a wealth of experience in developing tele-enabled pediatric clinical models that provide high quality care in the context of patients' medical neighborhood; during this discussion, they will share lessons learned, practical tips for overcoming challenges, and their visions. Participants will also hear about evidence supporting telehealth's use in the pediatric population and learn about clinical models that advance health care's Quadruple Aim.
 This panel discussion will lead the audience through the past, present and future of telehealth in a pragmatic, patient-centered context that serves children of all ages. In particular, we will address clinical use cases, technical platforms, existing data and evaluation strategies, business models, regulatory and policy issues, telehealth integration into electronic medical records, and remote patient monitoring.**Time Block:** (none)**QA:** Yes**QA Details:** integrated throughout panel discussion**Audience Polling:** Yes**Polling Details:** simple audience polling system to assess baseline knowledge and beliefs about an innovative field**Sabbath Conflicts:** N/A**Conflicting Sessions:** If a research abstract session and/ or workshop on telehealth are selected for presentation, we request that this panel discussion is scheduled for a different time so participants interested in telehealth can attend each.**Additional Comments:** The moderator and panelists represent patient-centered pediatric telehealth programs spanning a large geographic region from South Carolina to British Columbia. They have a

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 311866

SESSION TITLE: Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

track record of collaboration, presentations at large conferences, and a desire t

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Christina Olson (Moderator)

Speaker # 1

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: Christina Olson : i. 90 minutes

Speaker/Institution: C. Olson, Telehealth, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES |

Non-Member Justification Christina Olson : (none)

Speaker # 2

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: David McSwain : i. 90 minutes

Speaker/Institution: D. McSwain, Pediatrics, Medical University of South Carolina, Mt Pleasant, South Carolina, UN

Non-Member Justification David McSwain : (none)

Speaker # 3

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: James Marcin : i. 90 minutes

Speaker/Institution: J.P. Marcin, Pediatric Critical Care, UC Davis Children's Hospital, Sacramento, California, UNITE

Non-Member Justification James Marcin : (none)

Speaker # 4

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: John Chuo : i. 90 minutes

Speaker/Institution: J. Chuo, Telehealth & Neonatology, University of Pennsylvania/ Children's Hospital of Philadel

Non-Member Justification John Chuo : (none)

Speaker # 5

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: Alison Curfman : i. 90 minutes

Speaker/Institution: A. Curfman, Pediatric Emergency Medicine, Telehealth, Mercy Virtual/ Mercy Hospital, St. Lou

Non-Member Justification Alison Curfman : (none)

Speaker # 6

Presentation Title Pediatric Telehealth Experts Tell All: Truths, Myths, Driving Forces and Predictions

Speaker/Duration: Kit Johnson : i. 90 minutes

Speaker/Institution: K. Johnson, BC Children's Hospital, Vancouver, British Columbia, CANADA |

Non-Member Justification Kit Johnson : Canadian; subject matter expert for British Columbia

PROPOSAL #: 311870**SESSION TITLE:** Pediatric Polycystic Kidney Disease**Contact:** Gina-Marie Barletta
gbarletta@akdhc.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric nephrologists, fellows, those caring for patients with PKD**Audience Size:** 250**Tracks:** Clinical and Translational Research|Gastroenterology and Nutrition|Nephrology|Genetics**Objectives** #NAME?**Description:** Recent years have provided new insights into the genetics, pathophysiology, and therapy of polycystic kidney disease (PKD), a major cause of chronic kidney disease in both children and adults. This session will highlight the progress made in understanding the genetics and biology of PKD, together with advances in disease stratification and prognostication tools. Currently available drug therapies for ADPKD/ARPKD will be reviewed, together with potential future pharmacologic strategies. Ongoing pediatric clinical trials, including studies on biomarkers of disease progression, will be highlighted. Finally, challenges and advances in the management of hepatic involvement in ADPKD/ARPKD will be discussed.**Time Block:** (none)**QA:** Yes**QA Details:** Will integrate Q & A throughout the session. Presentation for 25 minutes and then 5 minutes for questions.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** ASPN**Chairs:** Erum Hartung (Moderator); John Bissler (Moderator)**Speaker # 1****Presentation Title** Polycystic Kidney Disease: Progress and Promise**Speaker/Duration:** Lisa Guay-Woodford : f. 30 minutes**Speaker/Institution:** L. Guay-Woodford, Children's National Health System, Washington, District of Columbia, UNIT**Non-Member Justification** Lisa Guay-Woodford : (none)

PROPOSAL #: 311870

SESSION TITLE: Pediatric Polycystic Kidney Disease

Speaker # 2

Presentation Title ADPKD: Treatments, Trials and Tribulations

Speaker/Duration: Melissa Cadnapaphornchai : f. 30 minutes

Speaker/Institution: M. Cadnapaphornchai, Pediatric Nephrology, Rocky Mountain Pediatric Kidney Center - Denver

Non-Member Justification Melissa Cadnapaphornchai : (none)

Speaker # 3

Presentation Title ARPKD: Tools and Treatments

Speaker/Duration: Katherine Dell : f. 30 minutes

Speaker/Institution: K.M. Dell, Center for Pediatric Nephrology, Cleveland Clinic Children's/ Case Western Reserve

Non-Member Justification Katherine Dell : (none)

Speaker # 4

Presentation Title Challenges in Managing Liver Disease in Pediatric PKD

Speaker/Duration: Jessica Wen : f. 30 minutes

Speaker/Institution: J. Wen, Gastroenterology & Hepatology, Children's Hospital of Philadelphia, Philadelphia, Pen

Non-Member Justification Jessica Wen : Expertise in the area of liver disease associated with PKD

PROPOSAL #: 311871**SESSION TITLE:** The future of inpatient community hospital care: Is there one?**Contact:** Scott Krugman MedStar Franklin Square Medical Center
skrugman@lifebridgehealth.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric hospitalists, policy makers, department chairs**Audience Size:** 250**Tracks:** Community Pediatrics|Hospitalists|Health Services Research|General Pediatrics**Objectives** At the end of this symposium participants will be able to:

- Describe the current status of pediatric inpatient care in the US
- Identify the reasons that are driving consolidation of care to Children's Hospitals
- List potential strategies for maintaining inpatient care for children in community hospitals
- Describe the financial forces that will shape the future of community inpatient pediatric care

Description: Over the past 3 decades pediatric inpatient pediatric admissions have fallen at a steady rate. The number of hospitals providing inpatient pediatric care significantly dropped across the country, especially in medium and small non-teaching hospitals and those in rural areas. General hospitals who have maintained pediatric beds have closed pediatric units and combined them with adult units. At the same time, the number of inpatient and PICU beds in Children's Hospitals has increased along with the number of kids transported to another facility for definitive care. Ironically, during this same time period the expansion of pediatric hospitalists and especially those in community settings has exploded along with recent recognition of new subspecialty status. All of these factors set up a challenge for the future. Will it be possible for children to receive inpatient care in their communities or will the trend towards consolidation continue? Will general hospitals focused on adult care continue to financially support inpatient pediatrics which typically loses money?

 The goal of this Topic Symposium is to discuss the changing demographics of community hospital pediatric care and possible solutions to maintaining high quality care for children in a community setting given the financial impediments on hospitals. The first two speakers will focus on the changing demographics of inpatient pediatric care focusing on recent data on hospital utilization and bed closures. The third speaker will provide a community hospital perspective and discuss current financial pressures, care delivery models, and prospects for the future. The final speaker will provide a perspective from the highest echelon of health care administration – a hospital system CEO and will discuss how community pediatrics fits into the future of hospital health care delivery. The symposium will end with 20 minutes of question/answer and discussion time with the audience and all the presenters.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes, panel discussion/question and answer**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**APA Hospital Medicine SIG**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|APA

PROPOSAL #: 311871

SESSION TITLE: The future of inpatient community hospital care: Is there one?

Chairs: Scott Krugman (Organizer); Daniel Rauch (Organizer)

Speaker # 1

Presentation Title National trends in inpatient hospital care of children

Speaker/Duration: JoAnna Leyenaar : e. 25 minutes

Speaker/Institution: J. Leyenaar, Pediatrics, Dartmouth Hitchcock Medical Center, Hanover, New Hampshire, UNIT

Non-Member Justification JoAnna Leyenaar : (none)

Speaker # 2

Presentation Title National consolidation of inpatient pediatric care to tertiary care children's hospitals

Speaker/Duration: Daniel Rauch : e. 25 minutes

Speaker/Institution: D.A. Rauch, Pediatrics, Floating Hospital for Children at Tufts Medical Center, Boston, Massac

Non-Member Justification Daniel Rauch : (none)

Speaker # 3

Presentation Title Survival strategies for pediatric care in community hospital settings

Speaker/Duration: Scott Krugman : e. 25 minutes

Speaker/Institution: S. Krugman, Pediatrics, Herman & Walter Children's Hospital at Sinai, Baltimore, Maryland, U

Non-Member Justification Scott Krugman : (none)

Speaker # 4

Presentation Title The future of pediatric hospital care

Speaker/Duration: Steven Narang : e. 25 minutes

Speaker/Institution: S. Narang, CEO Banner – University Medical Center Phoenix, Phoenix, Arizona, UNITED STATES

Non-Member Justification Steven Narang : (none)

PROPOSAL #: 311886

SESSION TITLE: Non-invasive ventilation – Which mode to use?

Contact: Manoj Biniwale USC Keck school of Medicine
biniwale@usc.edu

Session Type: Panel Discussion

Target Audience: Trainees and physicians in neonatology, critical care and pulmonology

Audience Size: 100

Tracks: Critical Care | Neonatology | Pulmonology

Objectives Understand different types of noninvasive ventilation modes including mechanisms, usage and recommendations. Understand physiology, reasoning and applications for use of different strategies. Compare and contrast use of noninvasive ventilation using different modalities. Facilitate discussions for further research on noninvasive ventilation.

Description: Non-invasive ventilation (NIV) refers to administration of positive pressure support using a dedicated device or ventilator. Its use in neonatology world is widespread with various modes, patient nasal interfaces and settings used with the goal of keeping infants and children from getting intubated. The presentations will focus on its utility in infants and children and discuss advantages and disadvantages of each method. The presentations will also highlight clinical evidence for the use of the different techniques and state of art recommendations for their use in vulnerable population. There are several modes currently available and difficult to choose for individual clinician managing at the bedside. The panelists are the leading experts in the field of managing infants in various NIV settings. Continuous positive airway pressure (CPAP), nasal intermittent positive pressure ventilation (NIPPV), high flow nasal cannula (HFNC), NIV using neutrally adjusted ventilator assist (NIV NAVA) and nasal high frequency ventilation (NHFV) are some of the modes that will be discussed in this session. In CPAP presentation the speaker will discuss studies related to nasal continuous positive airway pressure (NCPAP) and its applications in infants. The presenter will discuss various forms of NCPAP including Bubble CPAP, infant flow driver generated CPAP and ventilator generated CPAP as well as constant and variable flow rates. The speaker will highlight current recommendations and future areas of research related to CPAP. Next presentation will focus on discussions pertaining to NIPPV. The speaker will discuss mechanisms of NIPPV in improving gas exchange and providing respiratory support in infants. In this session, various nasal interfaces used during NIPPV will be discussed. The speaker will highlight current recommendations and areas of research related to NIPPV. The third presentation will focus on studies pertaining to HFNC. The speaker will discuss mechanisms and studies related to HFNC. The speaker will also give recommendations and areas of research related to HFNC. Next presentation on NAVA, the speaker will highlight this mode of ventilation in which both the timing and degree of ventilatory assist are controlled by the patient. Advantages of NIV NAVA with full synchronization of all breaths over conventional NIV modes without a reliable way of synchronization will be discussed. The use of NAVA in infants will be described with an emphasis on the studies and clinical experience with NIV-NAVA. Final presentation will discuss newest modality of providing NIV. Presentation will focus on studies and outcomes of use of NHFV. The speaker will discuss its applicability for children and evidence to support its use. The panel discussion with interactive question and answer session will involve all speakers at the conclusion of final presentation. Discussions related to applications for these devices and potential areas of future research will be facilitated during this period. We will use live polling using audience response system.

Layout of plan:
Importance of non invasive ventilation - Dr Biniwale 5 min
Bubble CPAP – Dr. Sahni 10 min
NIPPV – Dr. Ramanathan 10 min
High flow nasal cannula –

PROPOSAL #: 311886

SESSION TITLE: Non-invasive ventilation – Which mode to use?

Dr. Manley 10 min
 NIV NAVA – Dr. Stein 10 min
 Nasal high frequency ventilation – Dr. Mukerji 10 min
 Discussion with audience participation with question and answer format involving following topics - 60 minutes
 How to identify correctly which mode is needed for the patient?
 How strong is the evidence to support that modality?
 Prophylactic vs rescue use of NIV
 Research areas for further studies

Time Block: (none)

QA: Yes

QA Details: We anticipate 60 minutes of question and answers with audience

Audience Polling: Yes

Polling Details: Audience polls will be taken for questions posed on powerpoint

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal ventilation related topics

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Manoj Biniwale (Chair)

Speaker # 1

Presentation Title Importance of non invasive ventilation

Speaker/Duration: Manoj Biniwale : a. 5 minutes

Speaker/Institution: M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES|

Non-Member Justification Manoj Biniwale : (none)

Speaker # 2

Presentation Title Bubble CPAP

Speaker/Duration: Rakesh Sahni : b. 10 minutes

Speaker/Institution: R. Sahni, Pediatrics, Columbia University, New York, New York, UNITED STATES|

Non-Member Justification Rakesh Sahni : (none)

Speaker # 3

Presentation Title Non invasive positive pressure ventilation

Speaker/Duration: Rangasamy Ramanathan : b. 10 minutes

Speaker/Institution: R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LA

Non-Member Justification Rangasamy Ramanathan : (none)

Speaker # 4

Presentation Title High flow nasal cannula

Speaker/Duration: Brett Manley : b. 10 minutes

Speaker/Institution: B.J. Manley, Newborn Research Centre, The Royal Women's Hospital, Parkville, Victoria, AUST

Non-Member Justification Brett Manley : (none)

PROPOSAL #: 311886

SESSION TITLE: Non-invasive ventilation – Which mode to use?

Speaker # 5

Presentation Title Non invasive ventilation using neurally adjusted ventilatory assist (NIV NAVA)

Speaker/Duration: Howard Stein : b. 10 minutes

Speaker/Institution: H.M. Stein, NICU, Promedica Toledo Children's Hospital, Toledo, Ohio, UNITED STATES |

Non-Member Justification Howard Stein : (none)

Speaker # 6

Presentation Title Nasal high frequency ventilation

Speaker/Duration: Amit Mukerji : b. 10 minutes

Speaker/Institution: A. Mukerji, Pediatrics, McMaster University, Hamilton, Ontario, CANADA |

Non-Member Justification Amit Mukerji : (none)

Proposal: 311888

[✎ Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Tele-Mental Health: virtual best practice for the medical home
Description	<p>This session will focus on the benefit of telemedicine technology and its impact on the delivery of pediatric mental and behavioral health within the medical home. The presenters will highlight how virtual care can offer real benefit to foster the pediatrician-patient relationship through delivery of behavioral health within the medical home. We will highlight learning through the Project ECHO (Extension for Community Health Outcomes) programs, partnering with Children's Hospitals and modeling best practice from primary care pediatricians currently offering this care. This session will enable you to connect with your patients to deliver the best care from anywhere.</p>
Objectives	<ol style="list-style-type: none">1. Recognize the benefits of virtual education offerings in behavioral health for the pediatrician.2. Highlight the resources and potential benefits of collaboration with community resources including local Children's Hospitals, academic institutions, and Federally Qualified Health Centers.3. Create a model for delivery of behavioral health within the medical home.4. Understand and identify metrics that track the benefits of telemedicine technology in fostering the physician patient relationship within the medical home.
Target audience	Pediatricians, Behavioral Specialists, Child Psychologists
Tracks (select all that apply)	Quality Improvement/Patient Safety; Developmental and Behavioral Pediatrics; School and Community Health; General Pediatrics; Adolescent Medicine; Medical Informatics/Data Science; Children with Special Health Care Needs; Community Pediatrics; Academic and Research Skills
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either
Audience size – Please enter your best estimate of the expected number of attendees.	90
Are you going to have a Q&A session?	Yes

SECTION	VALUE
Q&A session - if yes, provide details and anticipated length.	15 Minutes
Society Affiliation of Submitter (of this Session)	AAP; APA
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	no major conflicts
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Panel table with 4 mics including standard package as outlined above. We will need wifi and the ability to connect/stream a telemedicine visit role play.
Would you be interested in having interactive audience polling/response capability in your session?	Yes
If yes, please provide more details about the functionality you are interested in.	polling of audience on utilization of telemedicine and feedback for presenters to tailor presentation and discussion
Additional comments about this session (please do not repeat session description details):	We will also highlight and demonstrate the use of telemedicine and offer a "model" visit to a remote patient. The goal would be to demonstrate a powerful use case for telemedicine and it's ability to offer a connection to the pediatrician in the medical home.

✔ Step 3: Participants

 Edit

SECTION	VALUE
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SECTION	VALUE
Participant 1	Name
	Jerard Connors
	Affiliation
	Anytime Pediatrics
	Role
Moderator	
Email	
mick.connors@anytimepediatrics.com	
Participant 2	Name
	Daniel Johnson
	Affiliation
	University of Chicago
	Role
Presenter	
Email	
djohnson@peds.bsd.uchicago.edu	
Participant 3	Name
	Daniela Isakov
	Affiliation
	Cleveland Clinic
	Role
Presenter	
Email	
Isakovd@ccf.org	
Participant 4	Name
	Karen Dewling
	Affiliation
	Johns Creek Pediatrics
	Role
Presenter	
Email	
kdewling@gmail.com	

SECTION**VALUE**

Participant 5**Name**

Kristen Stuppy

Affiliation

Pediatric Partners, PA

Role

Presenter

Emailkkstuppy@gmail.com

✔ Step 4: Speakers

SECTION**VALUE**

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Product version number 4.15.2 (Build 40). Build date Tue Oct 9 09:42:41 EDT 2018. Server ip-10-236-26-119

PROPOSAL #: 312022**SESSION TITLE:** Does One Size Fit All? Resuscitation Approaches for Infants in Neonatal Intensive Care Units.**Contact:** Anne Ades
ADES@email.chop.edu
Children's Hospital of Philadelphia**Session Type:** Debate/Pro-Con Discussion**Target Audience:** Neonatologists, pediatric critical care medicine physicians, cardiac intensivists, neonatal intensive care providers, hospitalists**Audience Size:** 150**Tracks:** Critical Care | Emergency Medicine | Neonatology**Objectives** Participants will be able to state the difficulty in applying either delivery room resuscitation guidelines or pediatric resuscitation guidelines to the unique population of infants who require resuscitation in the NICU setting. Participants will be able to formulate arguments for the use of differing resuscitative practices in the NICU. Participants will be able to discuss the benefits of the use of feedback devices and limitations of these devices during NICU resuscitations. Participants will be able to identify critical aspects to optimize resuscitative outcomes if ECMO is used as a resuscitative therapy.**Description:** Resuscitation guidelines specific to patients in the neonatal intensive care unit (NICU) are lacking. Infants who receive cardiopulmonary resuscitation (CPR) in the NICU setting represent a diverse population with varying baseline demographics, underlying disease processes, and inciting events. This pro/con debate will explore optimal strategies to resuscitate NICU patients. Three main topics have been chosen for discussion and debate that reflect variability in practice between NICUs as well as the differences in practice for patients of similar age as NICU patients but who are in pediatric/cardiac intensive care units.
1. *Most appropriate resuscitation algorithm for infants who receive resuscitation in the NICU*. Experts will elucidate the pros and cons for the following approaches to CPR in the NICU: applying Neonatal Resuscitation Program (NRP) guidelines to patients in the NICU outside of the delivery room; using pediatric advanced life support (PALS) guidelines; a “hybrid approach” that is neither NRP or PALS specifically. This is an important conversation given the wide range of ages of patients in many NICUs these days as well as the complexity of the underlying pathology.
2. *Use of feedback devices to provide quantitative data to improve the quality of resuscitative maneuvers*. These devices are readily used in pediatric intensive care patients and improved outcomes have been showed with the use of them. However, these devices have not been readily adopted for use during resuscitations in the NICU for various reasons. The pros/cons of these devices and appropriateness for use in the neonatal/infant population will be discussed.
3. *Extracorporeal membrane oxygenation (ECMO) for rescue therapy (eCPR) if lack of response to initial resuscitative measures*. Many ECMO centers have protocols in place for the rapid deployment of eCPR. However, NICUs remain low users of eCPR especially compared to other ICUs. This discrepancy will be explored and discussion will center about whether NICUs should consider eCPR as a viable resuscitative therapy and how to maximize outcomes with its use.
Impact:At the completion of this session, participants will be able to recognize the limitations current approaches to CPR in the NICU setting, describe ongoing areas of investigation for resuscitation science in the NICU, and identify potential opportunities to change their own approach to resuscitation for NICU patients.**Time Block:** (none)**QA:** Yes

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312022

SESSION TITLE: Does One Size Fit All? Resuscitation Approaches for Infants in Neonatal Intensive Care Units.

QA Details: 25 minutes total. The Q&A will allow for questions and discussion between the 3 major topics being debated.

Audience Polling: Yes

Polling Details: We would be interested in having polling and response capability to assess the opinions and practices of the audience.

Sabbath Conflicts: N/A

Conflicting Sessions: Resuscitation science Major neonatal clinical sessions

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP SNPPe|SPR

Chairs: Anne Ades (Chair); Elizabeth Foglia (Chair)

Speaker # 1

Presentation Title Why NRP should be used for NICU patients

Speaker/Duration: Myra Wyckoff : c. 15 minutes

Speaker/Institution: M. Wyckoff, Pediatric, UT Southwestern Medical Center at Dallas, Dallas, Texas, UNITED STATES

Non-Member Justification Myra Wyckoff : (none)

Speaker # 2

Presentation Title Why PALS should be used for NICU patients

Speaker/Duration: Vinay Nadkarni : c. 15 minutes

Speaker/Institution: V. Nadkarni, Anesthesia, Critical Care and Pediatrics, The Children's Hospital of Philadelphia, Philadelphia, PA

Non-Member Justification Vinay Nadkarni : (none)

Speaker # 3

Presentation Title Why neither NRP nor PALS exclusively should be used for NICU patients

Speaker/Duration: Patrick McNamara : c. 15 minutes

Speaker/Institution: P. McNamara, Neonatology, University of Iowa, Iowa City, Iowa, UNITED STATES|

Non-Member Justification Patrick McNamara : (none)

Speaker # 4

Presentation Title Why feedback devices should be used to guide resuscitations in the NICU

Speaker/Duration: Arjan tePas : b. 10 minutes

Speaker/Institution: A. tePas, Leiden University Medical Center, Leiden, NETHERLANDS|

Non-Member Justification Arjan tePas : Dr. tePas has done leading work on the use of respiratory function monitoring devices for neonatal resuscitation. His expertise on this makes him an excellent choice to lead this side of the debate.

PROPOSAL #: 312022

SESSION TITLE: Does One Size Fit All? Resuscitation Approaches for Infants in Neonatal Intensive Care Units.

Speaker # 5

Presentation Title Why feedback devices aren't ready for use for NICU resuscitations

Speaker/Duration: Elizabeth Foglia : b. 10 minutes

Speaker/Institution: E. Foglia, Neonatology, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED

Non-Member Justification Elizabeth Foglia : (none)

Speaker # 6

Presentation Title Why eCPR should be used as rescue therapy for NICU resuscitations

Speaker/Duration: Maryam Naim : b. 10 minutes

Speaker/Institution: M. Naim, Cardiac Critical Care,, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

Non-Member Justification Maryam Naim : (none)

Speaker # 7

Presentation Title Why eCPR should not be used as rescue therapy for NICU resuscitations

Speaker/Duration: Marya Strand : b. 10 minutes

Speaker/Institution: M. Strand, Pediatrics, Saint Louis University, Saint Louis, Missouri, UNITED STATES |

Non-Member Justification Marya Strand : (none)

PROPOSAL #: 312042**SESSION TITLE:** 21st Century Clinical Trials: Rethinking Best Practices Challenges and Opportunities**Contact:** William TruogChildren's Mercy-Kansas City and the University of Missouri-
Kansas City School of Medicine

wtruog@cmh.edu

Session Type: Panel Discussion**Target Audience:** (none)**Audience Size:** 200**Tracks:** Academic and Research Skills|Advocacy/Public Policy|Quality Improvement/Patient Safety|Health Services Research|Pulmonology|Ethics/Bioethics|Pharmacology|Epidemiology|Neonatology|Education|Career Development|Clinical and Translational Research**Objectives** Improve understanding of clinical trial design that will improve external acceptance of and use of results. Improve understanding of incorporating p values, confidence intervals and Bayesian analysis into initial study design. Improve understanding of strengths and limits of both study level and individual patient data level based meta-analyses.**Description:** If clinical research is the torch lighting the pathway for improvements in patient care and outcomes, then the light from that torch seems to be flickering. The examples of challenges in study design and interpretation are plentiful. They include (but are not limited to): difficulty in reproducibility; promising results with small studies that are unlikely to be and frequently are not confirmed by larger studies; interpreting meta analyses of multiple trials when the trials are of variable quality; overly enthusiastic promotion of statistically significant but clinically trivial results; arbitrary or artificial endpoints of studies.

 Among the topics to be discussed will be study design based upon the traditional model of frequentist analysis versus the potential advantages and challenges of Bayesian based design. The limitations of interpretation of study results by point analysis and the need to move towards using and correctly interpreting confidence intervals; and the challenges and limitations of large pragmatic trials versus trials utilizing endotyping to allow smaller, quicker to perform, and less expensive studies. Overlying all of these issues is the importance of external acceptance of the results and the ensuing alteration of clinical practice or the confirmation of current clinical practice. The Panel Discussants will explore these issues and others and will offer some innovative solutions. Meeting attendees who are experienced in clinical research, or who are just beginning careers that will be impacted by clinical research design, should find worthwhile and sometimes challenging ideas put forth by the team of panelists. The panelists have been chosen for having both discrete and complementary expertise in contemporary clinical trial conception, design, execution, and interpretation and for their ability to stimulate audiences with the force of their ideas.

 Less flickering of the torch as it lights the way in pediatric clinical research is the goal of this panel discussion.**Time Block:** (none)**QA:** Yes**QA Details:** Briefly following each presentation, and ideally 15 minutes at the end.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Presentations of clinical trials Study design sessions Neonatal medicine/clinical trials

PROPOSAL #: 312042

SESSION TITLE: 21st Century Clinical Trials: Rethinking Best Practices Challenges and Opportunities

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR|APS

Chairs: William Truog (Organizer); Claudia Pedroza (Panelist); Jon Tyson (Panelist); Lisa Askie (Panelist); Lynne Yao (Panelist)

Speaker # 1

Presentation Title Introduction and Overview

Speaker/Duration: William Truog : b. 10 minutes

Speaker/Institution: W.E. Truog, Pediatrics, Children's Mercy-Kansas City and the University of Missouri-Kansas Cit

Non-Member Justification William Truog : (none)

Speaker # 2

Presentation Title Clinicians and Statisticians: Using Bayesian Methods So We Answer the Same Question

Speaker/Duration: Claudia Pedroza : d. 20 minutes

Speaker/Institution: C. Pedroza, McGovern Medical School at the University of Texas Health Science Center, Houst

Non-Member Justification Claudia Pedroza : (none)

Speaker # 3

Presentation Title When Trial Results Aren't Definitive: Do Bayesian Analyses Help?

Speaker/Duration: Jon Tyson : d. 20 minutes

Speaker/Institution: J. Tyson, University of Texas Med School, Houston, Texas, UNITED STATES|

Non-Member Justification Jon Tyson : (none)

Speaker # 4

Presentation Title The Challenge of Meta Analyses Created From Summary Data and From Individual Patient Data: Importance of Cooperation Among Investigators.

Speaker/Duration: Lisa Askie : d. 20 minutes

Speaker/Institution: L. Askie, Neonatology, University of Sydney, Sydney, Australian Capital Territory, AUSTRALIA|

Non-Member Justification Lisa Askie : (none)

Speaker # 5

Presentation Title The FDA Pediatric Trials and Innovation to Speed Outcomes to the Bedside.

Speaker/Duration: Lynne Yao : d. 20 minutes

Speaker/Institution: L.P. Yao, CDER, U.S. FDA, Silver Spring, Maryland, UNITED STATES|

Non-Member Justification Lynne Yao : (none)

PROPOSAL #: 312054

SESSION TITLE: Grudge Match: Hot Topics in Medical Education

Contact: Rebecca Wallihan
rebecca.wallihan@nationwidechildrens.org
Nationwide Children's Hospital

Session Type: Debate/Pro-Con Discussion

Target Audience: Medical educators; training program directors

Audience Size: 100-150

Tracks: Education

Objectives At the end of 90 minutes, participants will be able to 1. Critically evaluate emerging issues in medical education 2. Choose a stance and provide a rationale for that stance for three hot topics in medical education 3. Evaluate strategies for constructing a compelling and concise argument as a means of engaging stakeholders in discussions about important medical education issues

Description: In this interactive, debate-style session attendees will hear leaders in the field face off to address emerging issues in medical education. Three hot topics will be discussed with an affirmative and negative speaker for each. After opening remarks and framing by the moderator, each debater will present briefly her/his major points, address follow-up questions from the moderator, and then respond to audience questions. The debate is then ended by closing remarks by each debater. Audience response will be used to poll attendees on their stance prior to and at the conclusion of each topic.

Time Block: (none)

QA: Yes

QA Details: 8 min each, three times during the session

Audience Polling: Yes

Polling Details: Audience polling multiple times throughout the session

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: A similar session was first introduced at the 2018 Spring APPD meeting and was very well received. Based on feedback, we are making some minor adjustments (eg balance between entertainment and education, functionality of polling technology) to this proposal

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APPD|PIDS

Chairs: Rebecca Wallihan (Moderator); Ndidi Unaka (Moderator); Emily Borman-Shoap (Moderator)

Speaker # 1

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Rebecca Wallihan : a. 5 minutes

Speaker/Institution: R. Wallihan, Pediatrics, Nationwide Children's Hospital, Bexley, Ohio, UNITED STATES|

Non-Member Justification Rebecca Wallihan : (none)

PROPOSAL #: 312054

SESSION TITLE: Grudge Match: Hot Topics in Medical Education

Speaker # 2

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: John Mahan : c. 15 minutes

Speaker/Institution: J.D. Mahan, Pediatrics, Nationwide Children's/The Ohio State University, Columbus, Ohio, UNI

Non-Member Justification John Mahan : (none)

Speaker # 3

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Teri Turner : c. 15 minutes

Speaker/Institution: T.L. Turner, Pediatrics, Baylor College of Medicine, Friendswood, Texas, UNITED STATES|

Non-Member Justification Teri Turner : (none)

Speaker # 4

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Javier Gonzalez del Rey : c. 15 minutes

Speaker/Institution: J. Gonzalez del Rey, Division of Emergency Medicine, Cincinnati Childrens Hospital Medical Ce

Non-Member Justification Javier Gonzalez del Rey : (none)

Speaker # 5

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Heather McPhillips : c. 15 minutes

Speaker/Institution: H. McPhillips, Pediatrics, University of Washington, Seattle, Washington, UNITED STATES|

Non-Member Justification Heather McPhillips : (none)

Speaker # 6

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Alan Chin : c. 15 minutes

Speaker/Institution: A. Chin, Pediatrics, UCLA, Los Angeles, California, UNITED STATES|

Non-Member Justification Alan Chin : (none)

Speaker # 7

Presentation Title Grudge Match: Hot Topics in Medical Education

Speaker/Duration: Sabrina Ben-Zion : e. 25 minutes

Speaker/Institution: S. Ben-Zion, Akron Children's Hospital, Akron, Ohio, UNITED STATES|

Non-Member Justification Sabrina Ben-Zion : (none)

PROPOSAL #: 312066**SESSION TITLE:** The Case for Bubble CPAP in Resource Limited Settings**Contact:** Anna Hedstrom
hedstrom@uw.edu University of Washington/ Seattle Children's Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Health care workers, policy makers and individuals involved with facility-based programming for children and neonates globally**Audience Size:** 150**Tracks:** International and Global Health|Critical Care|Neonatology**Objectives** #NAME?

Description: Respiratory failure associated with prematurity and pneumonia is a leading cause of the 6 million pediatric deaths per year. The vast majority of these deaths occur in low resource areas where expensive, technically advanced interventions like mechanical ventilation are unavailable. Bubble continuous positive pressure (bCPAP) is a well-established therapy that safely delivers non-invasive positive pressure to a patient's lungs. It is increasingly preferred among neonates over mechanical ventilation as it improves survival and decreases chronic lung disease. Recently, use of bCPAP in low resource settings has been increasing, and has been associated with up to 50% reduction in mortality among neonates and young children as compared with nasal cannula. Newer, low-cost devices have been shown to be cost-effective in these settings. Although clearly beneficial to patients in respiratory failure, challenges to implementation of bCPAP in low resource settings remain. High costs, lack of electricity, maintenance of equipment and need for training have limited scale-up. CPAP devices can cost over 6,000 USD. Improvised bCPAP devices—typically constructed using nasal prongs, tubing, bottles, and connectors constructed at the point of care—are a low-cost alternative. Design of such improvised devices has been disseminated by the WHO and they are being assembled and used in a variety of settings. These devices, however, have not undergone rigorous bench and clinical testing nor device approval. The number of organizations working to devise and thoroughly test low cost commercialized CPAP devices has expanded substantially in the last decade. While studies have shown minimal acute safety risks associated with the use of bubble CPAP, concern remains regarding the difficulty of providing less than 100% oxygen. In low resources settings, most bCPAP devices are run off of oxygen tanks or concentrators without a method for blending in air. Excessive oxygen is harmful to newborns and is associated with visual impairments, chronic lung disease, and brain injury. Safe implementation of bCPAP requires methods for providing blended oxygen and oximetry monitoring, both of which add cost and complexity. In this symposium, we will explore the landscape of bCPAP use in resource limited settings, and discuss the safety, efficacy, cost-effectiveness, and optimal device attributes and ideal program characteristics for the effective scale-up of bubble CPAP in resource limited settings.

Time Block: (none)**QA:** Yes**QA Details:** 15-25 minutes, questions from audience open microphones to panel**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** None

PROPOSAL #: 312066

SESSION TITLE: The Case for Bubble CPAP in Resource Limited Settings

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Anna Hedstrom (Moderator); Maneesh Batra (Moderator)

Speaker # 1

Presentation Title The Unmet Need for Bubble CPAP Among Neonates and Children in Low Resource Settings

Speaker/Duration: Anna Hedstrom : c. 15 minutes

Speaker/Institution: A. Hedstrom, Pediatrics/ Neonatology, University of Washington/ Seattle Children's Hospital,

Non-Member Justification Anna Hedstrom : (none)

Speaker # 2

Presentation Title Efficacy of Bubble CPAP in Neonates in Low Resource Settings

Speaker/Duration: Osayame Ekhaguere : c. 15 minutes

Speaker/Institution: O. Ekhaguere, Pediatrics/ Neonatology, Indiana University/ Riley Hospital for Children, Indiana

Non-Member Justification Osayame Ekhaguere : Presenter is a recent graduate of training

Speaker # 3

Presentation Title Efficacy and Safety of Bubble CPAP in Infants and Children in Low Resource Settings

Speaker/Duration: Tina Slusher : c. 15 minutes

Speaker/Institution: T. Slusher, Pediatrics/ Critical Care, University of Minnesota, Minneapolis, Minnesota, UNITED

Non-Member Justification Tina Slusher : AAP

Speaker # 4

Presentation Title Optimal Device Characteristics, Oxygen Use and Program Features for Bubble CPAP Impact

Speaker/Duration: James Nyonyintono : c. 15 minutes

Speaker/Institution: J. Nyonyintono, Kiwoko Hospital, Luweero, UGANDA |

Non-Member Justification James Nyonyintono : Author is international

Speaker # 5

Presentation Title Bubble CPAP: A Cost-Effective Intervention to Address a Leading Cause of Under 5 Mortality

Speaker/Duration: Teresa Kortz : c. 15 minutes

Speaker/Institution: T.B. Kortz, Pediatrics/ Critical Care, University of San Francisco, San Francisco, California, UNIT

Non-Member Justification Teresa Kortz : She is obtaining a concurrent PhD and has limited membership funds available at this time.

PROPOSAL #: 312066

SESSION TITLE: The Case for Bubble CPAP in Resource Limited Settings

Speaker # 6

Presentation Title Implementation and Scale of Bubble CPAP in Low Resource Settings

Speaker/Duration: Thomas Burke : c. 15 minutes

Speaker/Institution: T.F. Burke, Pediatrics, Emergency Medicine/ Global Health and Human Rights, Harvard/ Massa

Non-Member Justification Thomas Burke : Dr. Burke maintains societal membership in groups pertinent to global health and emergency medicine.

Speaker # 7

Presentation Title Advancing and Scaling Bubble CPAP for Neonates and Children in Low Resource Settings

Speaker/Duration: Maneesh Batra : c. 15 minutes

Speaker/Institution: M. Batra, Pediatrics/ Neonatology, University of Washington/Seattle Children's Hospital, Seatt

Non-Member Justification Maneesh Batra : AAP, APS, SPR, APPD

PROPOSAL #: 312070**SESSION TITLE:** Room for Debate: Pediatric Postoperative Management**Contact:** Mirna Giordano Columbia
mg2267@columbia.edu**Session Type:** Debate/Pro-Con Discussion**Target Audience:** Any healthcare provider participating in care of a hospitalized children/adolescents**Audience Size:** 50-80**Tracks:** Clinical and Translational Research|Quality Improvement/Patient Safety|Hospitalists**Objectives** 1. Identify highly variable medical practices in the treatment of post-operative pain in hospitalized children/adolescents 2. Compare EBM supported indications and contraindications for non-opioid and opioid postoperative pain treatment 3. Describe highly variable peri-operative VTE risk assessment and prophylaxis practices 4. Discuss existing evidence and guidelines regarding VTE risk assessment and indications for mechanical and pharmacological prophylaxis 5. Recognize highly variable pre-operative fasting practices for hospitalized children/adolescents 6. Assess evidence based supported practices and guidelines for pre-operative/procedural fasting in hospitalized children/adolescents**Description:** During this audience-engaging, debate-style, EBM-focused session, four experienced pediatric hospitalists will present Pros and Cons of issues highly relevant for many, if not all hospitalized children and adolescents. This will be a panel discussion (three on the panel and one moderator). There will be three topics: **1.) Pain management** - Current landscape includes highly variable clinical practice which is often loosely based on evidence. Will discuss opioid and opioid-sparing treatment options/practices. * Panelists will be presented with a patient case scenario and debate assigned Pro/Con approach to NSAID use in postoperative pain management, particularly in pediatric orthopedic and neurosurgery patients. **2.) VTE prophylaxis** - Pediatric hospital-acquired venous thromboembolism is a preventable event with high morbidity and associated cost. Will discuss diverse practices of risk assessments, as well as mechanical and pharmacological prophylaxis. * Panelists will be presented with a patient case scenario and debate assigned Pro/Con approach to VTE Prophylaxis for hospitalized children/adolescents. **3.) Surgical fasting guidelines** - Observed preoperative fasting times in many children's hospitals exceed current recommendations. Will discuss variable application of practice guidelines. * Panelists will be presented with a patient case scenario and debate assigned Pro/Con approach to preoperative fasting. At the end of the discussion, a comprehensive list of references cited during the debate will be provided for participants to take back to home institutions for teaching and promoting EBM discussions in pediatric co-management.**Time Block:** (none)**QA:** Yes**QA Details:** After each topic we will allow 5 minutes for audience questions; we also intend to poll audience responses to case scenarios.**Audience Polling:** Yes**Polling Details:** Each session will start with a patient case scenario that will open up a debate. We would like to poll the audience responses for each case scenario.**Sabbath Conflicts:** N/A**Conflicting Sessions:** Any relevant pediatric hospital medicine session, especially surgical co-management

PROPOSAL #: 312070

SESSION TITLE: Room for Debate: Pediatric Postoperative Management

Additional Comments: We plan to have Power Point slides with charts, research results/figures, risk assessment tools and guidelines - cited clearly as panelists debate relevant issues. Either a handout, or a session follow up email with comprehensive references will be available

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA

Chairs:

Speaker # 1

Presentation Title Moderator

Speaker/Duration: Mirna Giordano : c. 15 minutes

Speaker/Institution: M. Giordano, Pediatrics, Columbia, New York, New York, UNITED STATES|

Non-Member Justification Mirna Giordano : (none)

Speaker # 2

Presentation Title Panelist 1

Speaker/Duration: Rebecca Rosenberg : d. 20 minutes

Speaker/Institution: R. Rosenberg, Pediatrics, NYU School of Medicine , New York, New York, UNITED STATES|

Non-Member Justification Rebecca Rosenberg : (none)

Speaker # 3

Presentation Title Panelist 2

Speaker/Duration: Erin Shaughnessy : d. 20 minutes

Speaker/Institution: E. Shaughnessy, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UN

Non-Member Justification Erin Shaughnessy : (none)

Speaker # 4

Presentation Title Panelist 3

Speaker/Duration: Sarah Denniston : d. 20 minutes

Speaker/Institution: S.F. Denniston, Pediatrics, Baylor College of Medicine/The Children's Hospital of San Antonio,

Non-Member Justification Sarah Denniston : (none)

PROPOSAL #: 312074**SESSION TITLE:** Redefining Academic General Pediatrics: The Emergence of Social and Societal Pediatrics as a Discipline**Contact:** Elisa Zenni
elisa.zenni@jax.ufl.edu
University of Florida College of Medicine - Jacksonville**Session Type:** Panel Discussion**Target Audience:** All child health professionals interested in developing knowledge and skills in social and societal pediatrics.**Audience Size:** We can accommodate any sized audience**Tracks:** General Pediatrics|Advocacy/Public Policy|Social Determinants/Health Disparities|Vulnerable and Underserved Populations/Health Equity & Social Justice|Public Health|Community Pediatrics|International and Global Health**Objectives** 1. Define the science and practice of Social and Societal Pediatrics and its place within the evolution of Pediatrics. 2. Describe the relevance of Social and Societal Pediatrics to the critical determinants of global child health and well-being. 3. Discuss the role of the social pediatrician in clinical care, systems development, public health, child advocacy and public policy, education, and research. 4. Outline a strategic approach to translating the principles of Social and Societal Pediatrics into practice.**Description:** Pediatrics has evolved from a discipline historically focused on the classical morbidities of biomedical disease, to one that has recognized the relevance of social and environmental health determinants to children's health and well-being. Recent advances in brain science, developmental biology, endocrinology, etc. have established the science that continues to shape our understanding of how social and environmental determinants impact the physiology of child health and development. A new parlance that includes the terms "brain architecture," "trauma," "toxic stress," "resilience," "root-cause determinants," among others, has been integrated into our professional terminology. We now speak in terms of, "the effects of trauma across the life course." The principles of child rights, social justice and health equity - absent from our literature a decade ago - now permeate it. The effects of globalization, armed conflict, climate change, trafficking, poverty, family separation, and internal and cross-border displacement have become critical child advocacy issues embraced globally by pediatricians and pediatric organizations. In short, our profession has been transformed, and now demands new principles, standards, norms, strategies and approaches to translate advances in our understanding of the epidemiology and science of child health and development into practice. Toward this end, it is necessary that we move beyond the decades-old terminology, framework, and skill set of "academic general pediatrics," and replace it with the science and practice of "social and societal pediatrics." This session will engage an international panel of social pediatricians with expertise in a rights, justice and equity-based approach to clinical care, systems development, public health, child advocacy, public policy, education and research, in dialog with session attendees, to develop a blueprint for the architecture of the evolving discipline of social and societal pediatrics. A brief introduction to the principles, standards and norms of child rights, social justice and health equity, including the UN Convention on the Right of the Child, and Sustainable Development Goals, will ground the discussion. Strategies and resources required to translate these principles into practice will be addressed. Prepared and audience generated questions will guide the dialog, and ample time will be devoted to audience participation.**Time Block:** (none)**QA:** Yes**QA Details:** Time will be integrated throughout the panel discussion for audience questions and comments.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312074

SESSION TITLE: Redefining Academic General Pediatrics: The Emergence of Social and Societal Pediatrics as a Discipline

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APS|APA

Chairs: Elisa Zenni (Chair)

Speaker # 1

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Elisa Zenni : b. 10 minutes

Speaker/Institution: E. Zenni, Pediatrics, University of Florida College of Medicine - Jacksonville, Jacksonville, Florida

Non-Member Justification Elisa Zenni : N/A

Speaker # 2

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Rita Nathawad : j. 120 minutes

Speaker/Institution: R. Nathawad, Pediatrics, University of Florida, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Rita Nathawad : N/A

Speaker # 3

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Jeffrey Goldhagen : j. 120 minutes

Speaker/Institution: J. Goldhagen, Pediatrics, University of Florida, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Jeffrey Goldhagen : N/A

Speaker # 4

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Raul Mercer : j. 120 minutes

Speaker/Institution: R.G. Mercer, Latin American School of Social Sciences, Buenos Aires, ARGENTINA|

Non-Member Justification Raul Mercer : Dr. Raul Mercer is the coordinator of the Program of Social Sciences and Health at FLACSO (Latin American School of Social Sciences) in Buenos Aires, Argentina. He is a consultant to many international organizations and government agencies

PROPOSAL #: 312074

SESSION TITLE: Redefining Academic General Pediatrics: The Emergence of Social and Societal Pediatrics as a Discipline

Speaker # 5

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Ayesha Kadir : j. 120 minutes

Speaker/Institution: A. Kadir, Malmo Institute for Studies of Migration, Malmo University, Malmo, SWEDEN|

Non-Member Justification Ayesha Kadir : Dr. Ayesha Kadir is a U.S.-trained social pediatrician with a Masters of Public Health degree from the London School of Hygiene and Tropical Medicine. She currently works as a migration and health expert with Malmo University in Sweden. I

Speaker # 6

Presentation Title Social and Societal Pediatrics panel discussion

Speaker/Duration: Nick Spencer : j. 120 minutes

Speaker/Institution: N. Spencer, Division of Mental Health and Wellbeing, Warwick Medical School, Coventry, UNI

Non-Member Justification Nick Spencer : Dr. Nick Spencer is an Emeritus Professor of Child Health at Warwick Medical School. As chair of Community Child Health at the University of Warwick, Dr. Spencer has taken a lead role nationally and internationally in the field of social a

PROPOSAL #: 312116**SESSION TITLE:** When Parental Deportation Orders Clash with the Health of American Children: How Children's Hospitals Can Partner with Legislators and Families to Advocate for Chronically Ill Children in Immigrant Families**Contact:** Glenn Flores
Connecticut Children's Medical Center
GFLORES@CONNECTICUTCHILDRENS
.ORG**Session Type:** State of the Art Plenary**Target Audience:** Broadest possible number of attendees: pediatric researchers, health services researchers, health-policy experts, leaders of children's hospitals and health systems, and trainees interested in immigrant children's health and healthcare.**Audience Size:** 500+**Tracks:** Advocacy/Public Policy|Academic and Research Skills|Vulnerable and Underserved Populations/Health Equity & Social Justice**Objectives** To understand how children's hospitals can partner with legislators and families to advocate for chronically ill children in immigrant families**Description:** Eighteen million US children live with at least one immigrant parent, comprising 26% of all US children, and 12% (2.1 million) were born outside the US. Four million undocumented-immigrant adults (38%) reside with their US-born children, so millions of US children are at risk for detainment or deportation of their parents or themselves. In the first six months of President Trump's administration, there were 49,983 deportation orders by immigration judges, a one-year spike of 28%. This interactive Plenary will address how children's hospitals can partner with legislators and families to advocate for chronically ill children in immigrant families. We will identify lessons learned from an ongoing case of a 14-year-old boy with chronic granulomatous disease (CGD) who was enrolled in an NIH trial of stem-cell transplantation for CGD. As a result of this intervention, which requires visits to Connecticut Children's Medical Center (CT Children's) every 2-3 months and to NIH every six months, the boy's health and outcomes have significantly improved. The boy's father, who came to the US 18 years ago from Colombia seeking asylum, has been granted multiple stays to remain in the country to support his son and wife, both of whom are enrolled in the NIH study. In June, however, the father was told by Immigration and Customs Enforcement to buy a one-way ticket to Colombia. CT Children's subsequently held a press conference to raise awareness about both the case and the larger public-health risks it raises. Lessons learned from this case will be addressed by 1) the CT Children's CEO; 2) the boy's subspecialist who also is the CT Children's Physician in Chief and Chair of Pediatrics; 3) the boy and his parents; 4) the US Senator and Congressional representative from the boy's state and district; and 5) the family's lawyer.**Time Block:** (none)**QA:** Yes**QA Details:** 20-30 minutes of interactive Q & A of participants and a discussion of how to apply the lessons to other children**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Because both a US Senator and Congressman will participate, this session ideally should be held on a Saturday or Sunday, to avoid a conflict with Congress being in session on weekdays.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312116

SESSION TITLE: When Parental Deportation Orders Clash with the Health of American Children: How Children's Hospitals Can Partner with Legislators and Families to Advocate for Chronically Ill Children in Immigrant Families

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA|APS|SPR

Chairs: Glenn Flores (Moderator)

Speaker # 1

Presentation Title Overview and Introductions

Speaker/Duration: Glenn Flores : a. 5 minutes

Speaker/Institution: G. Flores, Research, Connecticut Children's Medical Center, Hartford, Connecticut, UNITED STATES

Non-Member Justification Glenn Flores : (none)

Speaker # 2

Presentation Title Perspective: CT Children's Physician in Chief; UConn Health Chair of Pediatrics; and the Patient's Subspecialist

Speaker/Duration: Juan Salazar : c. 15 minutes

Speaker/Institution: J. Salazar, Pediatrics, Connecticut Children's Medical Center and The University of Connecticut

Non-Member Justification Juan Salazar : (none)

Speaker # 3

Presentation Title Perspective: President and CEO, CT Children's

Speaker/Duration: Jim Shmerling : c. 15 minutes

Speaker/Institution: J. Shmerling, Connecticut Children's Medical Center, Hartford, Connecticut, UNITED STATES |

Non-Member Justification Jim Shmerling : President & CEO of hospital

Speaker # 4

Presentation Title Perspective: Patient and Family

Speaker/Duration: Santi, Julian, & Diana Rodriguez : c. 15 minutes

Speaker/Institution: S. Rodriguez, Connecticut Children's Medical Center, Hartford, Connecticut, UNITED STATES |

Non-Member Justification Santi, Julian, & Diana Rodriguez : Patient and his family

Speaker # 5

Presentation Title Perspective: United States Senator Richard Blumenthal

Speaker/Duration: Richard Blumenthal : c. 15 minutes

Speaker/Institution: R. Blumenthal, United States Senate, Washington, District of Columbia, UNITED STATES |

Non-Member Justification Richard Blumenthal : US Senator from patient's state

Speaker # 6

Presentation Title Perspective: U.S. Representative for Connecticut's 2nd Congressional District Joe Courtney

Speaker/Duration: Joe Courtney : c. 15 minutes

Speaker/Institution: J. Courtney, US House of Representatives, Washington, District of Columbia, UNITED STATES |

Non-Member Justification Joe Courtney : Congressman representing patient's district.

PROPOSAL #: 312116

SESSION TITLE: When Parental Deportation Orders Clash with the Health of American Children: How Children's Hospitals Can Partner with Legislators and Families to Advocate for Chronically Ill Children in Immigrant Families

Speaker # 7

Presentation Title Perspective: Immigration Attorney Glenn Formica

Speaker/Duration: Glenn Formica : c. 15 minutes

Speaker/Institution: G. Formica, Formica Williams P.C., New Haven, Connecticut, UNITED STATES|

Non-Member Justification Glenn Formica : Attorney for family

PROPOSAL #: 312146**SESSION TITLE:** How are genetic and genomic studies done in large, biobank-scale cohorts?**Contact:** Joel Hirschhorn
joelh@broadinstitute.org**Session Type:** Panel Discussion**Target Audience:** Researchers and clinicians interested in participating in or understanding the genetic and genomic data and results emerging from large biobank-scale cohorts**Audience Size:** 100-200**Tracks:** Allergy, Immunology and Rheumatology|Clinical and Translational Research|Gastroenterology and Nutrition|Medical Informatics/Data Science|Ethics/Bioethics|International Health|Epidemiology|Genetics|Environmental Health|Endocrinology|Cardiology**Objectives** To recognize some of the large ongoing biobanking studies nationally and internationally To compare the opportunities of different approaches to biobanking for genetic and genomic studies To assess the opportunities and challenges for studying pediatric phenotypes in large biobank studies To identify potential areas of collaboration between large biobanks and pediatric researchers**Description:** This session will bring together a set of leading genetic and genomic researchers to describe the approaches taken by a diverse set of large biobank-scale cohorts. These cohorts represent local, national and international efforts and are led by institutional, academic, governmental and corporate organizations. Each speaker will describe (~20 minutes) the study designs and genetic/genomic analyses being performed or contemplated in their cohorts. The speakers will then participate in a moderated panel discussion that will include topics suggested by the audience as well as the relative benefits of different approaches, expected uses and availability of the data, return of results, opportunities for collaboration with other researchers, and inclusion of children and diverse populations.**Time Block:** (none)**QA:** Yes**QA Details:** Moderated panel discussion 40-45 minutes, if session length is 90 minutes. We slightly prefer 90 minutes but can accommodate 120 minutes by allowing more time for presentations and slightly longer panel discussion.**Audience Polling:** Yes**Polling Details:** Interactive polling**Sabbath Conflicts:** N/A**Conflicting Sessions:** Large scale genetic studies Large scale biobanks/epidemiology studies Return of genetic results**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** PES|APS|SPR**Chairs:** Joel Hirschhorn (Organizer); Jamie Lohr (Organizer); Jamie Lohr (Moderator); Joel Hirschhorn (Moderator); Kelly Gebo (Panelist); Struan Grant (Panelist); Adam Auton (Panelist); Louis Muglia (Panelist)

PROPOSAL #: 312146

SESSION TITLE: How are genetic and genomic studies done in large, biobank-scale cohorts?

Speaker # 1

Presentation Title Introduction to Session

Speaker/Duration: Jamie Lohr : a. 5 minutes

Speaker/Institution: J.L. Lohr, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED STATES|

Non-Member Justification Jamie Lohr : (none)

Speaker # 2

Presentation Title The AllofUs approach to genetic/genomic studies in a public, large scale national biobank

Speaker/Duration: Kelly Gebo : b. 10 minutes

Speaker/Institution: K. Gebo, Medicine, Johns Hopkins, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Kelly Gebo : Local to Baltimore and key leader of AllofUs

Speaker # 3

Presentation Title Institutional biobanking and other consortial approaches for genetic studies of childhood obesity

Speaker/Duration: Struan Grant : b. 10 minutes

Speaker/Institution: S. Grant, Human Genetics and Endocrinology, Children's Hospital of Philadelphia, Philadelphia,

Non-Member Justification Struan Grant : (none)

Speaker # 4

Presentation Title A direct-to-consumer approach to large-scale genetic studies

Speaker/Duration: Adam Auton : b. 10 minutes

Speaker/Institution: A. Auton, 23andMe, Mountain View, California, UNITED STATES|

Non-Member Justification Adam Auton : 23andMe will add a key dimension to the panel discussion and no 23andMe members are members of PAS societies. Adam Auton is a world class geneticist and leads their genetic efforts.

Speaker # 5

Presentation Title Local and international efforts to understand adverse neonatal outcomes

Speaker/Duration: Louis Muglia : b. 10 minutes

Speaker/Institution: L. Muglia, Center for Preterm Birth, Cincinnati Children's Hospital Medical Center, Cincinnati,

Non-Member Justification Louis Muglia : SPR, APS

Speaker # 6

Presentation Title Introduction to panel discussion

Speaker/Duration: Joel Hirschhorn : a. 5 minutes

Speaker/Institution: J. Hirschhorn, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Joel Hirschhorn : (none)

PROPOSAL #: 312151**SESSION TITLE:** Hot topics in Neonatal Resuscitation**Contact:** Georg Schmolzer
georg.schmoelzer@me.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Perinatologist, Fellows, Residents, Pediatricians**Audience Size:** 100-200**Tracks:** Neonatology**Objectives** Objectives: 1. Recognize physiological changes during fetal to neonatal transition 2. Appreciate optimal cord management 3. Understand ideal oxygen titration at birth and long-term consequences 4. Recognize the concept of minimizing lung injury during respiratory support at birth 5. Understand the best chest compression approach at birth**Description:** **Hot topics in Neonatal Resuscitation**
Most newborn infants successfully make the transition from fetal to neonatal life without any help. However, an estimated 10-20% of preterm infants (13-26 million worldwide) need respiratory support at birth, which remains the most critical step of neonatal resuscitation. Furthermore, up to 15% of preterm infants (2-3 million worldwide) need extensive resuscitation, defined as chest compression (CC) and 100% oxygen (O_2) with or without epinephrine in the delivery room (DR). Despite such care, approximately 1 million newborn die annually worldwide.
The optimal support for preterm infants during this time remains an unresolved conundrum. Identifying the optimal i) cord management approach, ii) oxygen amount, iii) respiratory support, and iv) when chest compression are needed are all active areas of research and are heated topics in the resuscitation guidelines.
This is one of the most rapidly evolving fields in neonatology. It is also one in which the repercussions are tremendous, should the wrong treatment be given because it can result in irreversible damage to multiple organs, and subsequently, death.
This session will discuss the latest physiological insights on the fetal to neonatal transition, evidence about cord management, respiratory support, oxygen use and chest compressions during neonatal resuscitation of preterm infants. Furthermore, we will discuss how current knowledge and evidence can be used to guide resuscitation in the delivery room for preterm infants. We will also highlight knowledge gaps that need to be addressed before this can be implemented into clinical practice.
The topics discussed will include:
The physiology of fetal to neonatal transition in the preterm infant at birth
Cord management immediately after birth
Oxygen use in the delivery room
Respiratory Support in the Delivery Room
Chest Compression approach in the delivery room**Time Block:** (none)**QA:** Yes**QA Details:** 20**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal Clinical trials sessions Neonatal resuscitation sessions Neonatal Pulmonology sessions**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)

PROPOSAL #: 312151

SESSION TITLE: Hot topics in Neonatal Resuscitation

Society Affiliation: APA

Chairs: Georg Schmolzer (Chair); Graeme Polglase (Chair); Anup Katheria (Presenter); Ju Lee Oei (Presenter); Peter Davis (Presenter)

Speaker # 1

Presentation Title The physiology of fetal to neonatal transition in the preterm infant at birth

Speaker/Duration: Graeme Polglase : d. 20 minutes

Speaker/Institution: G. Polglase, The Ritchie Centre, Monash University, Melbourne, Victoria, AUSTRALIA|

Non-Member Justification Graeme Polglase : (none)

Speaker # 2

Presentation Title Cord management (cord milking, delayed cord clamping and physiological cord management)

Speaker/Duration: Anup Katheria : d. 20 minutes

Speaker/Institution: A.C. Katheria, Neonatal Research Institute, Sharp Mary Birch Hospital, San Diego, California, U

Non-Member Justification Anup Katheria : (none)

Speaker # 3

Presentation Title Oxygen in the delivery room (how much do we need?)

Speaker/Duration: Ju Lee Oei : d. 20 minutes

Speaker/Institution: J. Oei, Newborn Care, Royal Hospital for Women, Randwick, New South Wales, AUSTRALIA|

Non-Member Justification Ju Lee Oei : (none)

Speaker # 4

Presentation Title Respiratory Support (Sustained inflation, PEEP, CPAP)

Speaker/Duration: Peter Davis : d. 20 minutes

Speaker/Institution: P.G. Davis, Neonatal Research, Royal Women's Hospital, Melbourne, Victoria, AUSTRALIA|

Non-Member Justification Peter Davis : (none)

Speaker # 5

Presentation Title Chest Compression in the delivery room

Speaker/Duration: Georg Schmolzer : d. 20 minutes

Speaker/Institution: G. Schmolzer, University of Alberta, Edmonton, Alberta, CANADA|

Non-Member Justification Georg Schmolzer : (none)

PROPOSAL #: 312207**SESSION TITLE:** Just say No to iNO in preterms. Really?**Contact:** Satyan Lakshminrusimha UC Davis
slakshmi@ucdavis.edu**Session Type:** State of the Art Plenary**Target Audience:** Cardiologists, Neonatologists, Pulmonologists, Health-care finance experts and Intensivists**Audience Size:** 1000**Tracks:** Cardiology|Critical Care|Neonatology|Pulmonology|Pharmacology|Hospitalists**Objectives** 1. Review current guidelines for iNO use in preterm infants. 2. Understand and interpret the results of randomized trials and observational studies regarding iNO use in preterm infants. 3. Explore the rationale behind physician-decision making and iNO use in preterm infants.**Description:** Pulmonary hypertension (PH) affects 8.1% of extremely preterm neonates and is associated with high mortality (20.5%) and morbidity. Treatment options are limited and include inhaled nitric oxide (iNO) and sildenafil, neither therapy is approved by the Food and Drug Administration (FDA). Although iNO is a proven, effective treatment strategy in term and near-term infants with persistent pulmonary hypertension (PH) of the newborn, its efficacy in preterm neonates is less certain. An individual patient level meta-analysis of premature infants enrolled in randomized controlled trials using iNO found no significant effect on death or chronic lung disease; a Cochrane review found no improvement in outcomes with iNO with a potential for harm in the form of severe Intraventricular hemorrhage. Propensity-matched retrospective case series from the Pediatrix Medical Group database have not shown any benefit with iNO therapy in respiratory distress syndrome (RDS) associated with PH or pulmonary hypoplasia associated with PH. Therapy with iNO is expensive. There are several clinical practice guidelines on the topic of iNO use for preterm infants with conflicting recommendations. This state of the art plenary includes several experts on this topic (including authors of these guidelines and principal investigator of the multicenter trial evaluating iNO). We will discuss current guidelines, evidence from randomized controlled trials, observational studies and rationale behind physician decision-making at the bedside. With escalating use of iNO among preterms, the cost associated with this therapy is a major concern for respiratory managers in Children's Hospitals throughout the nation.**Time Block:** (none)**QA:** Yes**QA Details:** At the end of all talks, we will have a combined Q and A session**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal Clinical Trials**Additional Comments:** A hot topic in neonatology The authors will be presenting in favor or and against the use of iNO in preterm infants**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP|SPR|APS**Chairs:** Satyan Lakshminrusimha (Chair); Rangasamy Ramanathan (Chair)

PROPOSAL #: 312207

SESSION TITLE: Just say No to iNO in preterms. Really?

Speaker # 1

Presentation Title Review of Current Clinical Practice Guidelines - Use of Inhaled NO in Preterm Infants

Speaker/Duration: John Kinsella : d. 20 minutes

Speaker/Institution: J. Kinsella, Pediatrics, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES|

Non-Member Justification John Kinsella : (none)

Speaker # 2

Presentation Title Echocardiographic criteria for diagnosis of PH in preterm infants

Speaker/Duration: Usha Krishnan : c. 15 minutes

Speaker/Institution: U.S. Krishnan, Pediatric Cardiology, New York Presbyterian, New York, New York, UNITED STATES|

Non-Member Justification Usha Krishnan : Author of guidelines on PH management in BPD

Speaker # 3

Presentation Title Evidence from Randomized control trials – use of iNO in preterms with HRF

Speaker/Duration: Krisa van Muers : d. 20 minutes

Speaker/Institution: K.P. van Muers, Pediatrics, Stanford, Palo Alto, California, UNITED STATES|

Non-Member Justification Krisa van Muers : (none)

Speaker # 4

Presentation Title Use of iNO in preterms - Vermont Oxford Experience

Speaker/Duration: Erika Edwards : b. 10 minutes

Speaker/Institution: E.M. Edwards, Vermont Oxford Network, Burlington, Vermont, UNITED STATES|

Non-Member Justification Erika Edwards : (none)

Speaker # 5

Presentation Title Use of iNO in preterms - Kaiser Permanente experience

Speaker/Duration: Dilip Bhatt : b. 10 minutes

Speaker/Institution: D.R. Bhatt, Neonatology/Pediatrics, Neonatology/Pediatrics,Kaiser Permanente,Fontana,CA,U

Non-Member Justification Dilip Bhatt : (none)

Speaker # 6

Presentation Title Use of iNO in preterms - the NICHD Neonatal Research Network experience

Speaker/Duration: Praveen Chandrasekharan : b. 10 minutes

Speaker/Institution: P. Chandrasekharan, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification Praveen Chandrasekharan : first author of a manuscript in preparation evaluating iNO use in NRN

PROPOSAL #: 312207

SESSION TITLE: Just say No to iNO in preterms. Really?

Speaker # 7

Presentation Title Newborn iNO and cancer – jumping from the frying pan into the fire

Speaker/Duration: Ju Lee Oei : b. 10 minutes

Speaker/Institution: J. Oei, Newborn Care, Royal Hospital for Women, Randwick, New South Wales, AUSTRALIA|

Non-Member Justification Ju Lee Oei : (none)

Speaker # 8

Presentation Title Physician decision-making at the bedside – initiation of iNO

Speaker/Duration: Veena Manja : b. 10 minutes

Speaker/Institution: V. Manja, Health Research Methods, McMaster University, Hamilton, Ontario, CANADA|

Non-Member Justification Veena Manja : First author of a paper discussing physician decision-making and iNO use in preterm infants

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312211

SESSION TITLE: Bubble CPAP and High Flow Nasal Cannula in Low-Resource Settings: Promising Therapies or Have We Burst the Bubble?

Contact: Andrew Smith University of Utah
andrew.gerald.smith@hsc.utah.edu

Session Type: Panel Discussion

Target Audience: Clinicians and researchers with interest in global health

Audience Size: 100

Tracks: Critical Care | Emergency Medicine | Pulmonology | International and Global Health | International Health

Objectives #NAME?

Description: Pneumonia is a leading cause of mortality among children in low-resource settings. World Health Organization (WHO) treatment recommendations include low-flow oxygen for children with severe pneumonia. Bubble continuous positive airway pressure (bCPAP) and high flow nasal cannula (HFNC) are non-invasive respiratory support modalities for children with respiratory failure, including those with severe pneumonia. bCPAP and HFNC may offer benefit to children in low-resource settings with severe pneumonia. Results from three randomized controlled trials comparing bCPAP with standard oxygen therapy among children with clinical pneumonia have recently been disseminated. However, results differ between trials, as does methodology. One trial included a HFNC arm; further trials examining HFNC are ongoing. This scientific session brings together investigators from each trial and additional clinician/scientists with expertise in intensive care therapies intended for low-resource settings. The session will begin with a review of each RCT by its investigator. Following this, a clinician/scientist will lead a discussion on the impact of these results with regards to the implementation of bCPAP, HFNC and other intensive care therapies in low-resource settings. In addition, future research needs will be discussed. Audience members will be encouraged to participate throughout the discussion.

Time Block: (none)

QA: Yes

QA Details: 45 minutes. A clinician/scientist will lead a discussion on the impact of the trials

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: none

Additional Comments: We are submitting this session as a panel discussion. However in developing the abstract, we considered a pro/con session as well. Independent of the format, this scholarly session will focus on whether the use of advanced respiratory therapies in low-r

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA | AAP

Chairs: Andrew Smith (Chair); Ryan Carroll (Moderator); Michelle Eckerle (Organizer)

PROPOSAL #: 312211

SESSION TITLE: Bubble CPAP and High Flow Nasal Cannula in Low-Resource Settings: Promising Therapies or Have We Burst the Bubble?

Speaker # 1

Presentation Title Bubble continuous positive airway pressure for children with severe pneumonia and hypoxaemia in Bangladesh: an open, randomised controlled trial

Speaker/Duration: Md. Jobayer Chisti : c. 15 minutes

Speaker/Institution: M. Chisti, International Centre for Diarrhoeal Disease Research, Bangladesh, Dhaka, BANGLAD

Non-Member Justification Md. Jobayer Chisti : Expert in advanced respiratory therapies in low-resource settings with published RCT

Speaker # 2

Presentation Title Continuous positive airway pressure for children with undifferentiated respiratory distress in Ghana: an open-label, cluster, crossover trial

Speaker/Duration: Patrick Wilson : c. 15 minutes

Speaker/Institution: P. Wilson, Columbia University Vagelos College of Physicians and Surgeons, New York, New Yo

Non-Member Justification Patrick Wilson : Expert in advanced respiratory therapies in low-resource settings with published RCT

Speaker # 3

Presentation Title CPAP IMPACT: a randomised trial of bubble continuous positive airway pressure versus standard care for high-risk children with severe pneumonia in rural district Malawi hospital

Speaker/Duration: Eric McCollum : c. 15 minutes

Speaker/Institution: E. McCollum, Pediatrics, Johns Hopkins School of Medicine, Baltimore, Maryland, UNITED STA

Non-Member Justification Eric McCollum : Expert in advanced respiratory therapies in low-resource settings with published RCT

PROPOSAL #: 312212**SESSION TITLE:** Promoting Clinical Trials in Pediatric Nephrology: Context and Next Steps**Contact:** Gina-Marie Barletta
gbarletta@akdhc.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric nephrologists, fellows, general pediatric clinical researchers, instructors**Audience Size:** 250**Tracks:** Advocacy/Public Policy|Academic and Research Skills|Nephrology|Clinical and Translational Research**Objectives**

- To understand the historical role of pediatric subjects in clinical trials.
- The define the regulatory process of drug development and testing in children.
- To delineate the unique aspects of conducting clinical trials in rare diseases, including pediatric kidney diseases.
- To appreciate the potential advantages and limitations of partnering with industry in the development and implementation of clinical trials in pediatric nephrology.
- To describe approaches to developing clinical trial networks in pediatric nephrology.

Description: In recent years, an increasing number of clinical trials have been undertaken in pediatric patients, including those with kidney disease. This increase is the result of active, ongoing advocacy for involvement of children early in the drug testing process. However, conducting clinical trials in children, particularly those with rare diseases such as pediatric kidney diseases, poses unique challenges. Existing and new clinical trial collaboratives, as well as partnerships with industry, have the potential to accelerate testing of existing and novel therapies in a spectrum of pediatric kidney diseases but require careful examination and appreciation of the advantages as well as limitations of such collaborations.**Time Block:** (none)**QA:** No**QA Details:** Will integrate Q & A throughout the session. Each presentation will be 20 minutes and then 5 minutes for questions.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** ASPN**Chairs:** Stuart Goldstein (Moderator); Christine Sethna (Moderator)**Speaker # 1****Presentation Title** History of Drug Development & Advocacy**Speaker/Duration:** H. William Schnaper : e. 25 minutes**Speaker/Institution:** H. Schnaper, Pediatrics, Northwestern University, Wilmette, Illinois, UNITED STATES|**Non-Member Justification** H. William Schnaper : (none)

PROPOSAL #: 312212

SESSION TITLE: Promoting Clinical Trials in Pediatric Nephrology: Context and Next Steps

Speaker # 2

Presentation Title New Strategies and Approaches to Promoting Pediatric Trials

Speaker/Duration: Edward Connor : e. 25 minutes

Speaker/Institution: E. Connor, Institute for Advanced Clinical Trials for Children, Rockville, Maryland, UNITED STA

Non-Member Justification Edward Connor : Dr. Connor is Executive Director and Scientific Lead for the Pediatric Trials Consortium at Critical Path Institute, President of Clinical Research Alliance LLC, and Emeritus Professor of Pediatrics, Microbiology, Immunology and Tropical M

Speaker # 3

Presentation Title The FDA Perspective

Speaker/Duration: Mona Khurana : e. 25 minutes

Speaker/Institution: M. Khurana, Division of Pediatric and Maternal Health Office of Drug Evaluation IV Office of

Non-Member Justification Mona Khurana : (none)

Speaker # 4

Presentation Title Partnering with Industry for Clinical Trials in Rare Diseases

Speaker/Duration: Howard Trachtman : e. 25 minutes

Speaker/Institution: H. Trachtman, Pediatric Nephrology, NYU Langone Health, New York, New York, UNITED STAT

Non-Member Justification Howard Trachtman : (none)

Speaker # 5

Presentation Title Developing Committees to Promote & Conduct Clinical Trials in Children with Kidney Disease

Speaker/Duration: Michelle Rheault : e. 25 minutes

Speaker/Institution: M. Rheault, Pediatric Nephrology, University of Minnesota, Minneapolis, Minnesota, UNITED

Non-Member Justification Michelle Rheault : (none)

PROPOSAL #: 312213**SESSION TITLE:** Podocytes: Not Putting Their Best Foot Forward**Contact:** Gina-Marie Barletta
gbarletta@akdhc.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric nephrologists, fellows, basic scientists**Audience Size:** 200**Tracks:** Clinical and Translational Research|Basic Science|Genetics|Nephrology**Objectives**

- To review the importance of podocyte structure in maintaining the glomerular filtration barrier function and to highlight emerging cell biology of the podocyte cytoskeleton.
- To gain insight into novel mechanisms and markers of podocyte stress.
- To review the mechanisms whereby APOL1 high risk variants induce pathophysiologic alterations in podocytes.
- To review recent evidence of a deleterious impact of the Apol1 high risk variants in children and teens with renal disease.

Description: This session focuses on important new insights into the pathophysiology of podocytes and their role in proteinuric diseases. Structural integrity of the podocyte is required for selective ultrafiltration of plasma. Disruption the podocyte actin cytoskeleton is a chief manifestation of podocyte injury. This session examines pathways underlying cytoskeletal disruption and the potential for therapeutic intervention to preserve podocytes and forestall progression of renal injury. This session also highlights novel biomarkers of podocyte stress that support an important role for dysfunctional podocytes in proteinuric disease. Finally, the session examines current understanding of the mechanisms by which genetic variants in APOL1 induce podocyte damage to increase the burden of CKD in African Americans. The ramifications of APOL1 high risk variants in pediatric patients are discussed as well.**Time Block:** (none)**QA:** Yes**QA Details:** Will integrate Q & A throughout the session. Each presentation will be 25 minutes and then 5 minutes for questions.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** ASPN**Chairs:** Kimberly Reidy (Moderator); Matthew Sampson (Moderator)**Speaker # 1****Presentation Title** The Dam Breaks: When the Podocyte Fails—Cytoskeletal Regulators in Health & Disease**Speaker/Duration:** Jeffrey Kopp : f. 30 minutes**Speaker/Institution:** J. Kopp, Kidney Diseases Branch, NIDDK, NIH, NIH, Bethesda, Maryland, UNITED STATES|**Non-Member Justification** Jeffrey Kopp : Local expert at NIH. Expertise in area of podocytology.

PROPOSAL #: 312213

SESSION TITLE: Podocytes: Not Putting Their Best Foot Forward

Speaker # 2

Presentation Title Podocyte Stress, Autophagy & Biomarkers

Speaker/Duration: Gabriel Cara-Fuentes : f. 30 minutes

Speaker/Institution: G. Cara-Fuentes, Pediatric Nephrology, University of Michigan, Ann Arbor, Michigan, UNITED S

Non-Member Justification Gabriel Cara-Fuentes : (none)

Speaker # 3

Presentation Title APOL1 Nephropathies—Mechanistic Insights

Speaker/Duration: Opeyemi Olabisi : f. 30 minutes

Speaker/Institution: O. Olabisi, Renal Division, Massachusetts General Hospital, Harvard Medical School, Boston,

Non-Member Justification Opeyemi Olabisi : Local expert. Expertise in area of podocytology.

Speaker # 4

Presentation Title Clinical Implications of APOL1 & Risk in Children

Speaker/Duration: Martin Bitzan : f. 30 minutes

Speaker/Institution: M. Bitzan, Pediatric Nephrology, Montreal Children's Hospital, McGill University Health Centre


Non-Member Justification Martin Bitzan : (none)

Proposal: 312214

[Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Taking PHM Back To The Basics: The Role For Basic and Translational Research
Description	<p>Pediatric Hospital Medicine (PHM) is the newest sub-specialty recognized by the American Board of Pediatrics. The academic focus of PHM has largely centered on clinical, educational and health services research, quality improvement, and advocacy, with a notable paucity of either basic or translational research. Pediatric hospitalists are uniquely positioned to make a large impact in pediatric research. We propose a hot topic symposium to initiate a movement to incorporate basic science and translational research into PHM, begin to build capacity to support this work, and to discuss the development and implementation of research ideas.</p> <p>Session #1: Setting the Stage In this session, the panelist will discuss the history of research within pediatric hospital medicine (PHM), acknowledging the field's significant advances in clinical, medical education and health services research, quality improvement, and advocacy. Next, the need for PHM engagement in basic science and translational research will be established by identifying the unique strengths offered by hospitalists including, but not limited to expertise in multi-organ system management, diagnostic evaluation, individualized care, and implementation science. Audience members will be engaged directly during this session with prompted questions exploring a paradigm shift in the research focus in PHM field from database-driven, population-based care to precision care derived from basic science and translational research.</p> <p>Session #2: Asking the (Right) Question The panelists will next discuss how to approach basic science and translational research questions using three distinct clinical examples common in PHM: urinary tract infections, respiratory infections, and antibiotics for treatment of sepsis. The session panelists have current basic and translational science experience in these specific areas and can serve as content experts. Audience members will be tasked with sharing diagnostic and therapeutic dilemmas they encounter in the care of PHM patients for each disease process. The panel will share current basic science and translational research efforts to provide examples of questions pertinent to PHM and discuss how additional research questions could benefit from basic science and translational research methodologies.</p> <p>Session #3: How To Be Engaged This session will begin with polling the audience members about perceived</p>

SECTION	VALUE
	<p>barriers to pursuing basic science and translational research as hospitalists. The panelists will next outline steps to address and overcome the identified barriers to basic science and translational science, using specific examples from the clinical scenarios presented in Session #2. Methods to increase exposure to basic science and translational research will be identified, and opportunities to gain and refine basic science skills will also be discussed. Concrete steps in developing a network of mentors with expertise in basic science and translational research, including subspecialists outside of PHM, will also be highlighted. Finally, panelists will present a construct for supporting the development of PHM trainees interested in basic science and translational research.</p>
Objectives	<ol style="list-style-type: none"> 1. Establish the need for basic science and translational research in pediatric hospital medicine 2. Develop research questions in pediatric hospital medicine amenable to basic science and translational research 3. Identify concrete steps to create and support a career development plan for faculty and trainees pursuing basic science and translational research in pediatric hospital medicine
Target audience	Pediatric Hospital Medicine providers, Pediatric Hospital Medicine fellowship directors, physician scientists, pediatric resident and fellow trainees
Tracks (select all that apply)	Hospitalists; Basic Science; Clinical and Translational Research
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	20-30
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	Q&A will be interspersed throughout each individual session of the hot topic symposium using both electronic and standard verbal response opportunities. The total amount of time anticipated for Q&A will be approximately 20-30 minutes.
Society Affiliation of Submitter (of this Session)	APA; AAP; SPR

SECTION	VALUE
<p>Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.</p>	PHM research sessions, PHM Club
<p>Is there a Sabbath conflict for this session?</p>	N/A
<p>Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)</p>	We are requesting one small room complete with one lectern mike and one wireless mic. White boards would also be helpful for helping us to visually summarize comments from the audience.
<p>Would you be interested in having interactive audience polling/response capability in your session?</p>	Yes
<p>If yes, please provide more details about the functionality you are interested in.</p>	We aim to engage the audiences using polling to ascertain the audience's perceptions and experiences with basic and translational science in PHM. This would include multiple choice and free text responses
<p>Additional comments about this session (please do not repeat session description details):</p>	
<p>✔ Step 3: Participants</p>	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">  Edit </div>

SECTION	VALUE

SECTION	VALUE
Participant 1	Name John Morrison Affiliation General Pediatrics, Hospital, and Adolescent Medicine, Johns Hopkins All Children's Hospital Role Panelist Email jmorri86@jhmi.edu
Participant 2	Name Sonya Tang Girdwood Affiliation Pediatrics, Cincinnati Children's Hospital Medical Center Role Panelist Email sonya.tanggirdwood@cchmc.org
Participant 3	Name Lilliam Ambroggio Affiliation Pediatrics, Children's Hospital Colorado Role Panelist Email lilliam.ambroggio@cchmc.org
Participant 4	Name Catherine Forster Affiliation Children's National Medical Center Role Panelist Email csforster@childrensnational.org

✔ Step 4: Speakers

 Edit

SECTION

VALUE

◀ Previous Step

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PROPOSAL #: 312216**SESSION TITLE:** Kid Rocks! (Pediatric Nephrolithiasis)**Contact:** Gina-Marie Barletta
gbarletta@akdhc.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric nephrologists, fellows, general pediatricians and emergency physicians caring for patients with kidney stones**Audience Size:** 200**Tracks:** Clinical and Translational Research|Emergency Medicine|Nephrology|Genetics|General Pediatrics**Objectives**

- Understand how single gene disorders can cause pediatric nephrolithiasis.
- Recognize that pediatric stone disease affects multiple organ systems.
- Learn how to identify and manage rare disorders associated with the development of nephrolithiasis.
- Understand how environmental factors can play a role in the development of nephrolithiasis.

Description: Pediatric nephrolithiasis is a multifactorial condition that is influenced by heritable, dietary, and environmental factors. For reasons that are not well understood, the incidence of pediatric nephrolithiasis continues to increase and children with stone disease now often present to their primary care office or to the emergency room as well as to pediatric nephrology clinics. Improved understanding of the pathophysiology, management and long-term outcomes of pediatric nephrolithiasis is important for all clinicians who may be involved in the care of these children.**Time Block:** (none)**QA:** Yes**QA Details:** Will integrate Q & A throughout the session. Each presentation will be 25 minutes and then 5 minutes for questions.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** ASPN**Chairs:** David Sas (Moderator); Rose Ayoob (Moderator)**Speaker # 1****Presentation Title** Monogenic Causes of Nephrolithiasis**Speaker/Duration:** Friedhelm Hildebrandt : f. 30 minutes**Speaker/Institution:** F. Hildebrandt, Division of Nephrology, Boston Children's Hospital, Harvard Medical School, B**Non-Member Justification** Friedhelm Hildebrandt : (none)

PROPOSAL #: 312216

SESSION TITLE: Kid Rocks! (Pediatric Nephrolithiasis)

Speaker # 2

Presentation Title Kidney Stones: A Multi-System Condition

Speaker/Duration: Andrew Schwaderer : f. 30 minutes

Speaker/Institution: A. Schwaderer, Department of Pediatrics, Division of Nephrology, Indiana University, Riley Chil

Non-Member Justification Andrew Schwaderer : (none)

Speaker # 3

Presentation Title Diagnosis & Management of Rare Kidney Stone Disorders

Speaker/Duration: Michelle A. Baum : f. 30 minutes

Speaker/Institution: M. Baum, Division of Nephrology, Boston Children's Hospital, Harvard Medical School, Boston

Non-Member Justification Michelle A. Baum : (none)

Speaker # 4

Presentation Title Impact of Environmental Factors on Stone Development

Speaker/Duration: Lawrence Copelovitch : f. 30 minutes

Speaker/Institution: L. Copelovitch, Division of Nephrology , The Children's Hospital of Philadelphia Perelman Scho

Non-Member Justification Lawrence Copelovitch : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312223

SESSION TITLE: Top Articles in Medical Education 2018: Applying the Current Literature to Educational Practice and Scholarship

Contact: Barrett Fromme University of Chicago
hfromme@peds.bsd.uchicago.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Faculty, Fellows, Medical Educators

Audience Size: 125-150

Tracks: Education

Objectives By the end of the session, participants will be able to: - List major thematic areas of investigation and publication in medical education for the year 2018 - Discuss the outcomes of the top articles in medical education in 2018 - Formulate approaches to incorporating medical education innovations into their own practice. - Identify areas of scholarly interest for themselves for further reading, curricular application, and innovative scholarship

Description: We expect that our clinicians provide evidence-based care for their patients. Similarly, we should expect that our educators provide evidence-based teaching for their learners. However, navigating the educational literature and interpreting the nomenclature can feel daunting. With impactful, high quality publications ranging across the continuum of undergraduate, graduate, and continuing medical education, in addition to educational innovations being described in specialties beyond pediatrics, it would be useful to have a tailored resource for pediatric educators. This session plans to address that need. Modeled after a hybrid of successful "Top Articles" presentations from clinical specialty meetings and other specialties' medical education meetings, we will present and synthesize the most relevant and practice-changing articles in medical education from the year 2018. An expert panel of pediatric educators from the APA Education Committee will review the medical education literature using a modified Delphi approach to determine the top 15-16 articles in medical education. These articles will have the highest relevance to the teaching of pediatrics and potential to change teaching and curricular development across the continuum of education. The articles will be grouped into thematic areas that develop through the process (not selected a priori), but attention will be paid to providing a diversity of articles covering all points in the education continuum. Members of the expert panel will present the different thematic areas as "Hot Topics" for this presentation, including areas of controversy and areas for further scholarship. Audience members will be invited to engage with the presenters to discuss the issues. Due to the nature of the review, we cannot provide specific topics/titles at this time. We will complete our review by early 2019, and we will be able to provide more specific titles and topics in time for the final program. This session is supported by the APA Education Committee.

Time Block: (none)

QA: Yes

QA Details: There will be two Q&A sessions - one half way through the session, and one at the end. Each should be approximately 10 minutes.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: APA Education Committee meeting

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312223

SESSION TITLE: Top Articles in Medical Education 2018: Applying the Current Literature to Educational Practice and Scholarship

Additional Comments: This session was offered in both 2016 and 2017 at PAS. It was attended by approximately 85 people the first year, and over 125 last year. In 2017, the room was standing room only. In addition, the presenters have all come from the APA Education Committ

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA|AAP|APPD

Chairs: Barrett Fromme (Chair)

Speaker # 1

Presentation Title Top Articles in Medical Education: Topic 1

Speaker/Duration: Michael Ryan : c. 15 minutes

Speaker/Institution: M.S. Ryan, Virginia Commonwealth University, Richmond, Virginia, UNITED STATES|

Non-Member Justification Michael Ryan : (none)

Speaker # 2

Presentation Title Top Articles in Medical Education: Topic 2

Speaker/Duration: Steve Paik : c. 15 minutes

Speaker/Institution: S. Paik, Pediatrics, Columbia University Medical Center, ASTORIA, New York, UNITED STATES|

Non-Member Justification Steve Paik : (none)

Speaker # 3

Presentation Title Top Articles in Medical Education: Topic 3

Speaker/Duration: Teri Turner : c. 15 minutes

Speaker/Institution: T.L. Turner, Pediatrics, Baylor College of Medicine, Friendswood, Texas, UNITED STATES|

Non-Member Justification Teri Turner : (none)

Speaker # 4

Presentation Title Top Articles in Medical Education: Topic 4

Speaker/Duration: Donna D'Alessandro : c. 15 minutes

Speaker/Institution: D.M. D'Alessandro, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES|

Non-Member Justification Donna D'Alessandro : (none)

Speaker # 5

Presentation Title Top Articles in Medical Education: Topic 5

Speaker/Duration: Nicholas Potisek : c. 15 minutes

Speaker/Institution: N.M. Potisek, Pediatrics, Wake Forest School of Medicine, Winston-Salem, North Carolina, UN

Non-Member Justification Nicholas Potisek : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312223

SESSION TITLE: Top Articles in Medical Education 2018: Applying the Current Literature to Educational Practice and Scholarship

Speaker # 6

Presentation Title Top Articles in Medical Education: Topic 6

Speaker/Duration: Jody Huber : c. 15 minutes

Speaker/Institution: J. Huber, Pediatric Critical Care, University of South Dakota Sanford School of Medicine, Sioux

Non-Member Justification Jody Huber : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312230

SESSION TITLE: Brain death and the tragic case of Jahi McMath: Reflections, Corrections, Projections

Contact: George Lister
Yale School of Medicine
george.lister@yale.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Biomedical ethicists, Critical Care Physicians, Neonatologists, Transplant physicians

Audience Size: 300

Tracks: Academic and Research Skills|Children with Special Health Care Needs|Neonatology|Ethics/Bioethics|Critical Care

Objectives To understand some of the limitations and sources of ambiguity in the current declaration of brain death and the implications for public policy and the understanding and trust of families.

Description: The purpose of the symposium will be to discuss international perspectives related to declaration of brain death. There will be a brief presentation of the tragic history of Jahi McMath, a teenage girl who whose physical examination, following resuscitation from a cardiorespiratory arrest, satisfied the criteria for brain death. However, her family did not trust the 'diagnosis' and she continued to receive supportive care, including mechanical ventilation and nutrition, and she sustained somatic function for many years after that. Perspectives from the varying cultures will be provided by physician experts in biomedical ethics to consider: (a) lessons learned from the care of this child; (b) what might have been done differently; and (c) if or how this case should inform and influence policy in the future.

Time Block: (none)

QA: Yes

QA Details: Will hold Q&A session for 45 minutes following introduction of topic and focused presentations

Audience Polling: No

Polling Details: not sure at this time

Sabbath Conflicts: Sunday

Conflicting Sessions: None

Additional Comments: None

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SPR|APS

Chairs: George Lister (Chair); Mark Mercurio (Chair)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: George Lister : c. 15 minutes

Speaker/Institution: G. Lister, Pediatrics, Yale School of Medicine, Woodbridge, Connecticut, UNITED STATES|

Non-Member Justification George Lister : (none)

PROPOSAL #: 312230

SESSION TITLE: Brain death and the tragic case of Jahi McMath: Reflections, Corrections, Projections

Speaker # 2

Presentation Title Perspectives from the United States

Speaker/Duration: Robert Truog : d. 20 minutes

Speaker/Institution: R. Truog, Harvard University, Cambridge, Massachusetts, UNITED STATES|

Non-Member Justification Robert Truog : (none)

Speaker # 3

Presentation Title Perspectives from Europe

Speaker/Duration: Eduard verhagen : d. 20 minutes

Speaker/Institution: E. verhagen, Dept of Pediatrics, University Medical Center Groningen, Groningen, NETHERLAN

Non-Member Justification Eduard verhagen : (none)

Speaker # 4

Presentation Title Perspectives from Japan

Speaker/Duration: Hiro Sakai : d. 20 minutes

Speaker/Institution: H. Sakai, Saitama Medical University, Kawagoe, Saitama, JAPAN|

Non-Member Justification Hiro Sakai : (none)

Speaker # 5

Presentation Title Panel Discussion

Speaker/Duration: Mark Mercurio : g. 45 minutes

Speaker/Institution: M. Mercurio, Pediatrics, Yale University School of Medicine, New Haven, Connecticut, UNITED

Non-Member Justification Mark Mercurio : (none)

PROPOSAL #: 312242**SESSION TITLE:** Born Intersex: We Exist. We are Real. We are Human.**Contact:** Jeffrey Goldhagen University of Florida - COM
jeffrey.goldhagen@jax.ufl.edu**Session Type:** Panel Discussion**Target Audience:** Primary Care Providers, Subspecialists, Ethicists, Health Care Administrators**Audience Size:** 100**Tracks:** Adolescent Medicine|Advocacy/Public Policy|General Pediatrics|Vulnerable and Underserved Populations/Health Equity & Social Justice|Developmental Biology|Ethics/Bioethics|Community Pediatrics|Endocrinology|Diversity and Inclusion|Children with Special Hea**Objectives** 1. Experience the life course of an intersex person. 2. Identify medical issues and challenges facing intersex children, their families and the medical community. 3. Define the legal and ethical issues confronting health care providers and institutions caring for intersex people. 4. Describe how intersex people navigate their lives, relationships with family members and medical providers. 5. Recognize the status and lifespan needs for the psychological support of individuals with intersex bodily variations.**Description:** Nearly 2% of the population is intersex— and yet, the practice of intersex genital mutilation continues despite condemnation by the United Nations, World Health Organization, Human Rights Watch, Amnesty International, and Physicians for Human Rights, among others. In this session, we explore the multiple aspects of our current understanding and approach to caring for intersex children and their families, and present enlightened, evidence-based and rights-respecting principles, standards and norms for their care. Toward this end:

With respect to medical approach, the history of harm perpetrated on intersex children and adults by the mistakes of the past will be discussed. Changes that need to be made to medical education, the informed consent process, and the delivery of intersex care will be presented. The importance of word choice in the doctor-patient relationship, and the need for intersex advocacy outside of the clinic will be addressed.

The legal contours of advancing the health and well-being of intersex people will be explored and discussed, including the roles of general pediatricians and other pediatric subspecialties, and liability on the part of physicians performing surgeries.

The sociology of intersex people will be presented—based on interviews with intersex people, their parents, and medical providers—in the context of how intersex people navigate their lives, specifically their relationships with family members and medical providers. The terminology of intersex being a “disorder of sex development,” and the consequences of this designation will be explored.

The presentation on psychology explores reasons why psychological services remain in their infancy and the gaps that remain in comprehensive service design. Psychological trauma related to medical surgeries and other medical procedures will be addressed. Recommendations for addressing the lifespan needs for psychosocial support for individuals with intersex bodily variations will be made.

Finally, Mx. Anunnaki Ray Marquez will speak about his experience as a rare intersex individual who was not surgically altered, but assigned the wrong gender identity at birth. Mx. Marquez will share the experiences of his intersex friends who have been surgically violated. The intent of this discussion will be to build bridges of understanding so all people, no matter how they label their gender identity, may experience basic human rights.**Time Block:** (none)**QA:** Yes**QA Details:** Moderator driven discussion of questions and answers after presenters for approximately 60 minutes.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312242

SESSION TITLE: Born Intersex: We Exist. We are Real. We are Human.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: LGBTQIA+

Additional Comments: Improvements in systems of care for intersex patients can be made by helping pediatricians understand the lived experience of intersex people, and the critical issues that impact their lives and identities every day. Traditional medical and psychological

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|AAP|APS

Chairs: Jeffrey Goldhagen (Chair)

Speaker # 1

Presentation Title Introduction to Panel Session - Born Intersex: We Exist. We are Real. We are Human.

Speaker/Duration: Jeffrey Goldhagen : c. 15 minutes

Speaker/Institution: J. Goldhagen, Pediatrics, University of Florida - COM, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Jeffrey Goldhagen : (none)

Speaker # 2

Presentation Title Mx. Anunnaki Ray Marquez Intersex Activist, Educator, Writer, and Speaker on Personal Experience - Born Intersex - We are Real. We are Human.

Speaker/Duration: Anunnaki Marquez : c. 15 minutes

Speaker/Institution: A.R. Marquez, Intersex Advocacy, Partnership for Child Health: Jax Youth Equality, Jacksonvill

Non-Member Justification Anunnaki Marquez : Mx. Marquez is uniquely qualified as an individual whose true biological and legal sex is identified as intersex.

Speaker # 3

Presentation Title Medical Perspective: Care of Patients with Differences of Sex Characteristics - Past Present and Future

Speaker/Duration: Ilene Gregorio : c. 15 minutes

Speaker/Institution: I.W. Gregorio, interACT Advocates for Intersex Youth, Sudbury, Massachusetts, UNITED STATE

Non-Member Justification Ilene Gregorio : Ilene Wong Gregorio is a general urologist in the Greater Philadelphia Area and novelist for teens. After graduating from Yale School of Medicine, she did her urology residency at Stanford Hospital and Clinics, where she met the intersex

Speaker # 4

Presentation Title Intersex and the Power in a Name

Speaker/Duration: Georgiann Davis : c. 15 minutes

Speaker/Institution: G. Davis, Sociology, University of Nevada Las Vegas, Las Vegas, Nevada, UNITED STATES|

Non-Member Justification Georgiann Davis : Georgiann Davis, PhD, is an Associate Professor of Sociology at the University of Nevada, Las Vegas. Her research and teaching is at the intersection of sociology of diagnosis and feminist theories. Among other scholarly contributions th

PROPOSAL #: 312242

SESSION TITLE: Born Intersex: We Exist. We are Real. We are Human.

Speaker # 5

Presentation Title Counseling Support for Intersex Individuals and Families: Then, Now and Future

Speaker/Duration: Cynthia Mulit : c. 15 minutes

Speaker/Institution: C. Mulit, Department of Education Sciences and Professional Programs, University of Missouri

Non-Member Justification Cynthia Mulit : Cynthia Mulit is a doctoral candidate at University of Missouri - St. Louis in counselor education, the American Counseling Association (ACA) profession responsible for the university training of master's level mental health clinicians. Si

Speaker # 6

Presentation Title Providing Ethical and Compassionate Health Care To Intersex Patients

Speaker/Duration: Alesdair Ittelson : c. 15 minutes

Speaker/Institution: A.H. Ittelson, Legal, interACT Advocates for Intersex Youth, Sudbury, Massachusetts, UNITED S

Non-Member Justification Alesdair Ittelson : Alesdair H. Ittelson, JD, is the Director of Law & Policy at interACT: Advocates for Intersex Youth. Alesdair's work on issues impacting sex and gender-expansive individuals includes the first case challenging "conversion therapy" as c

Speaker # 7

Presentation Title Questions and Answers Discussion and Wrap -up

Speaker/Duration: Jeffrey Goldhagen : f. 30 minutes

Speaker/Institution: J. Goldhagen, Pediatrics, University of Florida, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Jeffrey Goldhagen : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312264

SESSION TITLE: Making Pediatric Advocacy Count for Kids and You: Training, Implementing and Investigating

Contact: Megan Moreno University of Wisconsin Madison
moreno@wisc.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatricians and pediatric providers who interact with patients, residents and/or academic institutions.

Audience Size: 100-150

Tracks: Academic and Research Skills|Advocacy/Public Policy|Education|Vulnerable and Underserved Populations/Health Equity & Social Justice

Objectives 1.Explore curricular resources for learning more about various types of advocacy 2.Understand how advocacy is critical to vulnerable and underserved populations 3.Examine ways in which social media is used for a variety of pediatric advocacy topics 4.Learn techniques to explore offline and online communities towards developing advocacy partnerships 5.Describe opportunities for pediatric residents to engage in advocacy during their training 6.Understand how advocacy can be incorporated into scholarly activity to enhance a scholarly portfolio for academic advancement 7.Learn resources you can use to engage in advocacy efforts of your own

Description: Pediatric advocacy is a critical component of improving child health on an individual, community and societal level. Many providers lack training and confidence in how to engage in advocacy efforts. This session will provide several approaches to advocacy, including 1) Learning and practicing advocacy using social media, 2) Creating an advocacy rotation that teaches pediatric residents to integrate advocacy into their careers, 3) Developing an scholarly advocacy portfolio for academic advancement, and 4) Perspectives from the American Academy of Pediatrics on available resources for pediatricians who want to engage in advocacy.

Time Block: (none)

QA: Yes

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Advocacy

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|SAHM

Chairs: Nusheen Ameenuddin (Chair); Laura Houser (Presenter); Megan Moreno (Presenter); Jamie Poslosky (Presenter)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312264

SESSION TITLE: Making Pediatric Advocacy Count for Kids and You: Training, Implementing and Investigating

Speaker # 1

Presentation Title Introduction: Why is advocacy important in pediatrics?

Speaker/Duration: Nusheen Ameenuddin : b. 10 minutes

Speaker/Institution: N. Ameenuddin, Mayo, Rochester, Minnesota, UNITED STATES|

Non-Member Justification Nusheen Ameenuddin : (none)

Speaker # 2

Presentation Title Learning and practicing advocacy using social media

Speaker/Duration: Nusheen Ameenuddin : c. 15 minutes

Speaker/Institution: N. Ameenuddin, Mayo, Rochester, Minnesota, UNITED STATES|

Non-Member Justification Nusheen Ameenuddin : (none)

Speaker # 3

Presentation Title Creating an advocacy rotation that teaches pediatric residents to integrate advocacy into their careers

Speaker/Duration: Laura Houser : c. 15 minutes

Speaker/Institution: L. Houser, Pediatrics, University of Wisconsin Madison, Madison, Wisconsin, UNITED STATES|

Non-Member Justification Laura Houser : (none)

Speaker # 4

Presentation Title Developing an scholarly advocacy portfolio for academic advancement

Speaker/Duration: Megan Moreno : c. 15 minutes

Speaker/Institution: M.A. Moreno, Pediatrics, University of Wisconsin Madison, Madison, Wisconsin, UNITED STATES|

Non-Member Justification Megan Moreno : (none)

Speaker # 5

Presentation Title Perspectives from the American Academy of Pediatrics on available resources for pediatricians who want to engage in advocacy

Speaker/Duration: Jamie Poslosky : c. 15 minutes

Speaker/Institution: J. Poslosky, American Academy of Pediatrics, Elk Grove Village, Illinois, UNITED STATES|

Non-Member Justification Jamie Poslosky : (none)

Speaker # 6

Presentation Title Wrap-up and questions/discussion

Speaker/Duration: Nusheen Ameenuddin : c. 15 minutes

Speaker/Institution: N. Ameenuddin, Pediatrics, Mayo, Rochester, Minnesota, UNITED STATES|

Non-Member Justification Nusheen Ameenuddin : (none)

PROPOSAL #: 312265**SESSION TITLE:** Non-invasive Respiratory Support and Mitigation of Oral Feeding Challenges in Very Low Birth Weight Infants**Contact:** Shabih Hasan University of Calgary
hasans@ucalgary.ca**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Pediatricians, Trainees, Nurses and other Allied Health Professionals, Health Policy-makers, Knowledge Translation Experts.**Audience Size:** 300**Tracks:** Neonatology**Objectives** 1.To review physiology and the critical balance between sucking-swallowing and respiratory motor behaviors in very low birth infants. 2.Discuss the prevalence of aerodigestive disorders and mitigation strategies. 3.State-of-the-art knowledge sharing on non-invasive respiratory support in very low birth weight infants. 4.To review the efficacy of Continuous Positive Airway Pressure (CPAP) vs. High Flow Nasal Cannula as a primary and post-extubation strategy for respiratory support in preterm infant. 5.To provide data on the safety and feasibility of oral feeding on non-invasive respiratory support; lessons from animals. 6.Provide the evidence for the safety and feasibility of oral feeding low birth weight infants on non-invasive respiratory support. 7.Discussion and take home messages.**Description:** Both bronchopulmonary dysplasia (BPD) and Aerodigestive disorders are on the rise and are associated with prolonged hospital stay, feeding difficulties during infancy and childhood, and adverse pulmonary and neurodevelopmental outcomes. In the absence of an effective therapeutic intervention for BPD, non-invasive respiratory support remains the mainstay for decreasing it. Oral-feeding is likely the most complex sensorimotor process for the newborns especially the preterm infants. While the preterm infants have the ability to coordinate suck-swallow-breathing from 32 wk PMA onwards, prematurity, pulmonary insufficiency and respiratory support restrict their ability to achieve these critical milestones. There is unequivocal evidence that early introduction and achievement of full oral-feeding has a myriad of benefits including improved neurodevelopment. Prolonged gavage feeding in preterm infants correlates with delayed accomplishment of full oral-feeding, and is an independent risk factor for neurodevelopmental impairment and feeding difficulties at 2 yr of age. However, due to the concerns of aspiration and consequent cardiorespiratory compromise, physicians remain reluctant to initiate oral feeds while the infants are on nCPAP and/or HHFNC therapy. We propose a long overdue, an exciting and comprehensive Topic Symposium to address these important issue. The presenters are internationally recognized for their research expertise in respiratory care and feeding disorders. We anticipate integrated presentations on the efficacy and duration of nCPAP and HHFNC as primary and post-extubation non-invasive strategies in preterm infant and evidence for the safety and feasibility of oral-feeding preterm infants on such support, possibly leading to practice change in the NICUs.**Time Block:** (none)**QA:** Yes**QA Details:** 15-20 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** 1. State-of-the-Art Neonatology Plenary Sessions/Invited Science 2. Respiratory Support

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312265

SESSION TITLE: Non-invasive Respiratory Support and Mitigation of Oral Feeding Challenges in Very Low Birth Weight Infants

Modalities in Neonatology. 3. Infant Feeding Practices

Additional Comments: To our knowledge, this will be the first Topic Symposium addressing integration of 1) respiratory control, 2) pulmonary insufficiency, 3) non-invasive ventilation and 4) feasibility of oral-feeding in very low birth weight infants. The discussion could le

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: SPR

Chairs: SUDARSHAN JADCHERLA (Chair); Haresh Kirpalani (Presenter); B Yoder (Presenter); Jean-Paul Praud (Presenter); Shabih Hasan (Chair)

Speaker # 1

Presentation Title Physiology and Significance of Early Oral Feeding and Aerodigestive Disorders

Speaker/Duration: SUDARSHAN JADCHERLA : d. 20 minutes

Speaker/Institution: S.R. JADCHERLA, PEDIATRICS-NEONATOLOGY, NATIONWIDE CHILDREN'S HOSPITAL, COLUMB

Non-Member Justification SUDARSHAN JADCHERLA : (none)

Speaker # 2

Presentation Title Do gestational and postnatal ages determine the success of non-invasive ventilation; a critical analysis.

Speaker/Duration: Haresh Kirpalani : d. 20 minutes

Speaker/Institution: H. Kirpalani, Neonatology, The Chidlren's Hosptial of Philadelphia, Philadelphia, Pennsylvania,

Non-Member Justification Haresh Kirpalani : SPR

Speaker # 3

Presentation Title Resolve: Heated Humidified High Flow Nasal Cannula is as efficacious as nasal CPAP to provide respiratory support in preterm infants.

Speaker/Duration: B Yoder : d. 20 minutes

Speaker/Institution: B.A. Yoder, Pediatrics, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification B Yoder : APS

Speaker # 4

Presentation Title Mechanisms of safe oral-feeding during non-invasive respiratory support – lessons from animal models.

Speaker/Duration: Jean-Paul Praud : d. 20 minutes

Speaker/Institution: J. Praud, Pediatrics, University of Sherbrooke, Sherbrooke, Quebec, CANADA|

Non-Member Justification Jean-Paul Praud : International

PROPOSAL #: 312265

SESSION TITLE: Non-invasive Respiratory Support and Mitigation of Oral Feeding Challenges in Very Low Birth Weight Infants

Speaker # 5

Presentation Title Should infants on non-invasive respiratory support be attempted on oral feeds? What evidence do we have?

Speaker/Duration: Shabih Hasan : d. 20 minutes

Speaker/Institution: S.U. Hasan, Pediatrics, University of Calgary, Calgary, Alberta, CANADA|

Non-Member Justification Shabih Hasan : SPR

PROPOSAL #: 312267**SESSION TITLE:** Regulated Cell Death in Neonatal Brain Injury**Contact:** Donna Ferriero UCSF
donna.ferriero@ucsf.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Basic and Clinic Scientist, Neonatologists, Neurologists**Audience Size:** 200**Tracks:** Neonatology**Objectives** 1. To describe the various manifestations of regulated cell death in neonatal brain injury 2. To show how ferroptosis plays an important role in neonatal brain injury 3. To highlight the effects of necroptosis in a variety of models of neonatal brain injury 4. To elucidate the role of sex in regulated cell death**Description:** In the search for therapeutic strategies for all types of neonatal brain injury, understanding the mechanisms by which cells are injured and die is paramount. Over the years, we have seen an evolution of our understanding that has broadened our approach to treatment. It has become apparent that the old "traditional" form of cell death, necrosis, plays only a small role in how neurons and other brain cells die. Other forms of injury that are quite active and regulated occur. This symposium will cover the new major forms of cell death in a variety of pre-clinical models, including ferroptosis, necroptosis, and continuum cell death- apoptosis. Understanding the role of age and sex as well as injury evolution will refine and improve our ability to find cures, as will determining the role of specific cell death forms in development and injury in the developing brain.**Time Block:** (none)**QA:** Yes**QA Details:** 5 minutes after each talk**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Platforms on Neonatal Brain Injury Poster Symposia on Neonatal Brain Injury**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** APS**Chairs:** Frances Northington (Chair)**Speaker # 1****Presentation Title** "Continued Evolution in the understanding of cell death- From Apoptosis OR Necrosis OR Autophagy to Multiple Overlapping Cell Death Pathways"**Speaker/Duration:** Frances Northington : d. 20 minutes**Speaker/Institution:** F. Northington, Pediatrics, Johns Hopkins University , Baltimore, Maryland, UNITED STATES|**Non-Member Justification** Frances Northington : (none)

PROPOSAL #: 312267

SESSION TITLE: Regulated Cell Death in Neonatal Brain Injury

Speaker # 2

Presentation Title "Ferroptosis as a main driver of oxidative death in the developing brain"

Speaker/Duration: Donna Ferriero : d. 20 minutes

Speaker/Institution: D.M. Ferriero, Pediatrics, UCSF, San Francisco, California, UNITED STATES|

Non-Member Justification Donna Ferriero : (none)

Speaker # 3

Presentation Title "Sex as a driver along the continuum of cell death"

Speaker/Duration: Raul Chavez-Valdez : d. 20 minutes

Speaker/Institution: R. Chavez-Valdez, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Raul Chavez-Valdez : (none)

Speaker # 4

Presentation Title "The Role of Necroptosis in Injury Progression Following Neonatal Stroke"

Speaker/Duration: Fernando Gonzalez : d. 20 minutes

Speaker/Institution: F. Gonzalez, Pediatrics, UCSF, San Francisco, California, UNITED STATES|

Non-Member Justification Fernando Gonzalez : (none)

Speaker # 5

Presentation Title "What we still need to learn about the complexities of neural cell death in the developing brain"

Speaker/Duration: Frances Northington : d. 20 minutes

Speaker/Institution: F. Northington, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Frances Northington : (none)

PROPOSAL #: 312296**SESSION TITLE:** Pediatric Quality Measures Program: Driving From Measurement to Improvements in Care**Contact:** Kamila Mistry AHRQ
Kamila.Mistry@ahrq.hhs.gov**Session Type:** Panel Discussion**Target Audience:** Pediatric Providers, Health Systems, Health Plans, Medicaid Agencies, State Health Departments, Quality Improvement Organizations/Programs, Public Health Workforce**Audience Size:** 75**Tracks:** General Pediatrics|Quality Improvement/Patient Safety|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|Health Services Research**Objectives** 1) Describe the Pediatric Quality Measures Program (PQMP) and its national role in the development and implementation of new pediatric quality measures; 2) Explore real-world challenges in using quality measures to drive improvements, including (a) balancing diverse multi-stakeholder perspectives in measure development and improvement efforts, (b) using electronic health record data to improve quality of care, and (c) addressing levels of accountability in quality improvement (QI); and 3) Identify and expand on solutions for addressing challenges in implementing pediatric quality measures across healthcare delivery settings, through interactive moderated discussion with panelists and audience members.**Description:** A number of challenges exist in moving from quality measurement to improvements in care. Despite the availability of evidence-based measures, real-world issues related to feasibility and usability can impact efforts to show meaningful improvements in quality of care and outcomes. The PQMP is a Federal initiative, administered by the Agency for Healthcare Research and Quality (AHRQ) in collaboration with the Centers for Medicare and Medicaid Services (CMS), which currently supports six grantee institutions in assessing barriers and facilitators to uptake and implementation of pediatric quality measures at the State, health plan, hospital, and provider levels to improve quality of care for children, particularly those in Medicaid/CHIP. This interactive panel session will provide practical examples of real-world challenges, based on the work undertaken within the PQMP, and assess potential solutions. Participants will gain a better understanding of how to balance issues of feasibility and usability of measures with scientific rigor in order to drive improvements in care.**Time Block:** (none)**QA:** Yes**QA Details:** Q&A is embedded throughout the panel session. This panel is comprised of three sub-sessions, each with a 15-minute Q&A (total Q&A duration: 45 minutes).**Audience Polling:** Yes**Polling Details:** Audience polling**Sabbath Conflicts:** N/A**Conflicting Sessions:** N/A**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** Other Society Affiliation**Chairs:** Kamila Mistry (Chair); Lisa Simpson (Moderator)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312296

SESSION TITLE: Pediatric Quality Measures Program: Driving From Measurement to Improvements in Care

Speaker # 1

Presentation Title Welcome and Overview of the Pediatric Quality Measures Program

Speaker/Duration: Kamila Mistry : b. 10 minutes

Speaker/Institution: K. Mistry, DPPR , AHRQ, Rockville, Maryland, UNITED STATES|

Non-Member Justification Kamila Mistry : (none)

Speaker # 2

Presentation Title Balancing Diverse Multi-Stakeholder Perspectives in Measure Development and Improvement Efforts

Speaker/Duration: Elizabeth Shenkman : b. 10 minutes

Speaker/Institution: E. Shenkman, University of Florida, Gainesville, Florida, UNITED STATES|

Non-Member Justification Elizabeth Shenkman : (none)

Speaker # 3

Presentation Title Balancing Diverse Multi-Stakeholder Perspectives in Measure Development and Improvement Efforts

Speaker/Duration: Sara Toomey : b. 10 minutes

Speaker/Institution: S.L. Toomey, Division of General Pediatrics, Boston Children's Hospital, Boston, Massachusetts

Non-Member Justification Sara Toomey : (none)

Speaker # 4

Presentation Title Using Electronic Health Record Data to Improve Quality of Care

Speaker/Duration: Rita Mangione-Smith : b. 10 minutes

Speaker/Institution: R. Mangione-Smith, Pediatrics, University of Washington, Seattle, Washington, UNITED STATE

Non-Member Justification Rita Mangione-Smith : (none)

Speaker # 5

Presentation Title Using Electronic Health Record Data to Improve Quality of Care

Speaker/Duration: Michael Cabana : b. 10 minutes

Speaker/Institution: M. Cabana, Pediatrics, University of California, San Francisco, San Francisco, California, UNITE

Non-Member Justification Michael Cabana : (none)

Speaker # 6

Presentation Title Addressing Levels of Accountability in Quality Improvement

Speaker/Duration: Sarah Scholle : b. 10 minutes

Speaker/Institution: S. Scholle, National Committee for Quality Assurance, Washington, DC, District of Columbia, U

Non-Member Justification Sarah Scholle : (none)

PROPOSAL #: 312296

SESSION TITLE: Pediatric Quality Measures Program: Driving From Measurement to Improvements in Care

Speaker # 7

Presentation Title Addressing Levels of Accountability in Quality Improvement

Speaker/Duration: Gary Freed : b. 10 minutes

Speaker/Institution: G. Freed, Pediatrics, University of MI, Ann Arbor, Michigan, UNITED STATES|

Non-Member Justification Gary Freed : (none)

Speaker # 8

Presentation Title Concluding Remarks

Speaker/Duration: Kamila Mistry : a. 5 minutes

Speaker/Institution: K. Mistry, DPPR , AHRQ, Rockville, Maryland, UNITED STATES|

Non-Member Justification Kamila Mistry : (none)

PROPOSAL #: 312306**SESSION TITLE:** Dieting, bingeing and purging: Approach to Disordered Eating in Primary Care**Contact:** Janna Gewirtz O'Brien
University of Minnesota
janna.gewirtz@gmail.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians, Adolescent Medicine, Pediatric primary care providers**Audience Size:** 50-100**Tracks:** Adolescent Medicine|Obesity/Metabolism|General Pediatrics**Objectives** 1. Review definitions and key clinical features of: disordered eating, anorexia nervosa, bulimia nervosa, binge-eating disorder and avoidant restrictive food intake disorder (ARFID). 2. Explore the relationship between disordered eating and obesity. 3. Outline the initial assessment of an adolescent with a suspected eating disorder, including indications for hospitalization. 4. Review state of the art modalities for eating disorder treatments, with specific focus on the role of the primary care providers. 5. Explore potential opportunities for eating disorder prevention.**Description:** This session will focus on the identification, evaluation and management of eating disorders in the primary care setting, including anorexia nervosa, bulimia nervosa, binge-eating disorder and avoidant restrictive food intake disorder (ARFID). It will explore the relationship between disordered eating and obesity. It will include a review of state-of-the-art treatment strategies, including an innovative approach to eating disorder treatment in primary care.

The session will include the following parts:

1. Identifying eating disorders in primary care – In this section, we will define: anorexia, nervosa, bulimia nervosa, binge-eating disorder and ARFID. Given that more than half of adolescent females and one third of adolescent males engage in unhealthy weight loss behaviors, we will review “subclinical” disordered eating, including extreme weight loss behaviors (fasting, purging, use of laxatives). We will discuss the relationship between obesity and disordered eating, including the high prevalence of extreme weight control behaviors among overweight and obese adolescents. We will discuss common pitfalls in the identification of adolescents with eating disorders, including atypical populations. We will review current screening and diagnostic tools for eating disorders.

2. Evaluation of eating disorders in primary care – We will review the medical evaluation of adolescents with eating disorders, including indications for hospitalization. We will highlight diagnostic tools to assess eating disorder severity.

3. State-of-the-art treatment strategies – We will review state-of-the-art literature regarding effective treatment strategies, with a particular focus on family-based treatment as first-line for restrictive eating disorders.

4. Primary care provider’s role in eating disorder treatment – We will highlight the role of the primary care provider in eating disorder treatment, including medical management and support of FBT.

5. Innovations in primary-care based eating disorder treatment and prevention – We will present recent innovations in the treatment of eating disorders, including initial results from a pilot program at Mayo Clinic to provide intervention for child and adolescent restrictive eating disorders within the primary care setting. We will also discuss opportunities for the prevention of eating disorders in adolescents.**Time Block:** (none)**QA:** Yes**QA Details:** Anticipate taking questions from the audience at the end of the session for about 20-30 minutes. Will consider having audience members write down questions and submit throughout the presentations and then will sort by topic.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312306

SESSION TITLE: Dieting, bingeing and purging: Approach to Disordered Eating in Primary Care

Audience Polling: Yes

Polling Details: We are interested in engaging audience input on clinical scenarios and management of eating disorders.

Sabbath Conflicts: N/A

Conflicting Sessions: We would request that the session avoid conflicting with other sections focusing on eating disorders and adolescent medicine.

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SAHM

Chairs: Janna Gewirtz O'Brien (Chair); Jocelyn Lebow (Chair)

Speaker # 1

Presentation Title Identifying eating disorders in primary care

Speaker/Duration: Janna Gewirtz O'Brien : c. 15 minutes

Speaker/Institution: J.R. Gewirtz O'Brien, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED ST

Non-Member Justification Janna Gewirtz O'Brien : Member of AAP

Speaker # 2

Presentation Title Evaluation of eating disorders in primary care

Speaker/Duration: Angela Mattke : c. 15 minutes

Speaker/Institution: A. Mattke, Pediatric and Adolescent Medicine, Mayo Clinic, Rochester, Minnesota, UNITED ST

Non-Member Justification Angela Mattke : Member of AAP

Speaker # 3

Presentation Title State-of-the-art treatment strategies for eating disorders

Speaker/Duration: Leslie Sim : c. 15 minutes

Speaker/Institution: L. Sim, Psychiatry and Psychology, Mayo Clinic, Rochester, Minnesota, UNITED STATES|

Non-Member Justification Leslie Sim : Dr. Sim is a psychologist with expertise in adolescent eating disorders who is a coinvestigator on the study of Family Based Treatment in Primary Care at Mayo Clinic, which will be discussed during the session. She is a member of the Academy

Speaker # 4

Presentation Title Primary care provider's role in eating disorder treatment

Speaker/Duration: Cassandra Narr : c. 15 minutes

Speaker/Institution: C. Narr, Pediatric and Adolescent Medicine, Mayo Clinic, Rochester, Minnesota, UNITED STAT

Non-Member Justification Cassandra Narr : Cassandra Narr is a nurse practitioner with expertise in obesity and eating disorders. She is not currently a member of the above organizations.

PROPOSAL #: 312306

SESSION TITLE: Dieting, bingeing and purging: Approach to Disordered Eating in Primary Care

Speaker # 5

Presentation Title Innovations in primary-care based eating disorder treatment and prevention

Speaker/Duration: Jocelyn Lebow : c. 15 minutes

Speaker/Institution: J. Lebow, Psychiatry and Psychology, Mayo Clinic, Rochester, Minnesota, UNITED STATES |

Non-Member Justification Jocelyn Lebow : Dr. Lebow is a psychologist with expertise in adolescent eating disorders who is a lead investigator on the study of Family Based Treatment in Primary Care at Mayo Clinic, which will be discussed during the session. She is a member of the

Speaker # 6

Presentation Title Question and answer session

Speaker/Duration: Janna Gewirtz O'Brien : c. 15 minutes

Speaker/Institution: J.R. Gewirtz O'Brien, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED ST

Non-Member Justification Janna Gewirtz O'Brien : FAAP

PROPOSAL #: 312316**SESSION TITLE:** “Hot Topics in Asthma 2019: Yellow zone treatment, school-based care coordination, and population-based technological tools. Ensure all of your patients with asthma receive up-to-date advice.” Learn the latest regarding inhaled steroid use in children w**Contact:** Gail Allen UWSMPH
gsallen@wisc.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Specialists and primary care clinicians providing asthma care, those interested in quality improvement and systems of care, those interested in EHR innovation, in community and school-based health, or in population health.**Audience Size:** 50-100**Tracks:** Allergy, Immunology and Rheumatology|Clinical and Translational Research|Media & Technology|School and Community Health|Quality Improvement/Patient Safety|General Pediatrics**Objectives** 1. Educate audience members about new research findings that are likely to lead to changes in national guidelines for the care of children with mild to moderate persistent asthma. 2. Introduce audience members to tools available to improve asthma care coordination between clinicians and school-based health care providers. 3. Provide examples of electronic health record tools, clinical team work flows and reporting used to improve asthma care in the primary care setting. 4. Invite the audience members to contemplate how they will incorporate expected changes in asthma management and how they will ensure that the population of children with asthma in their care receive up-to-date advice and effective care coordination. 5. Show, through the combination of the three presentations, an example of the systematic directed effort required for knowledge gained through research to positively affect a population of patients.**Description:** After a brief introduction (<i>5 min.</i>)<i>,</i> pediatric allergist Dr. Dan Jackson will present his research showing that increasing yellow zone inhaled corticosteroids in children with mild-to-moderate persistent asthma treated with daily inhaled glucocorticoids, as is currently recommended by national guidelines, did not reduce the rate of severe asthma exacerbations or improve other asthma outcomes and may be associated with diminished linear growth (N Engl J Med. 2018 Mar 8) (<i>40 min.</i>) Next, former AAAAI President Dr. Rob Lemanske and colleague Dr. Sujani Kakumanu will review SAMPROTM, an asthma care toolkit developed to improve health and school-related asthma outcomes using integrated care coordination amongst families, clinicians and school nurses. (JACI. September 2016) (<i>30 min.</i>) In the final presentation, primary care pediatricians Dr. Gail Allen and Dr. Karen Pletta, will show how one primary care pediatric group built and sustained the use of integrated electronic health record (EHR) tools, including an asthma registry, electronic best-practice alerts, and associated team-based work flows and reports, to improve the care provided to their medically-homed patients with asthma. (<i>30 min</i>.) The symposium will end with a question and answer session (<i>15 min.</i>)**Time Block:** (none)**QA:** Yes**QA Details:** We will have one 15 min. Q&A session after the third presentation. All presenters will entertain questions from the audience.**Audience Polling:** Yes**Polling Details:** perhaps audience polling by text**Sabbath Conflicts:** N/A**Conflicting Sessions:** Two presenters are also submitting a workshop proposal related to obesity.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312316

SESSION TITLE: “Hot Topics in Asthma 2019: Yellow zone treatment, school-based care coordination, and population-based technological tools. Ensure all of your patients with asthma receive up-to-date advice.” Learn the latest regarding inhaled steroid use in children w

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Gail Allen (Presenter)

Speaker # 1

Presentation Title How should I manage my patient in the yellow zone to prevent asthma exacerbations?

Speaker/Duration: Daniel Jackson : g. 45 minutes

Speaker/Institution: D.J. Jackson, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Non-Member Justification Daniel Jackson : (none)

Speaker # 2

Presentation Title School-based partnerships focus on integrated care coordination to improve outcomes for children with asthma

Speaker/Duration: Robert Lemanske : c. 15 minutes

Speaker/Institution: R. Lemanske, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Non-Member Justification Robert Lemanske : (none)

Speaker # 3

Presentation Title School-based partnerships focus on integrated care coordination to improve outcomes for children with asthma

Speaker/Duration: Sujani Kakumanu : c. 15 minutes

Speaker/Institution: S. Kakumanu, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

Non-Member Justification Sujani Kakumanu : An allergist, but not a pediatrician. She is a Member of AAAI who created the standards for asthma action plans.

Speaker # 4

Presentation Title Asthma EHR registries, alerts and standard workflows in the pediatric primary care setting

Speaker/Duration: Gail Allen : c. 15 minutes

Speaker/Institution: G.S. Allen, Pediatrics, UWSPH, Madison, Wisconsin, UNITED STATES|

Non-Member Justification Gail Allen : (none)

Speaker # 5

Presentation Title Asthma EHR registries, alerts and standard workflows are practical and effective in the pediatric primary care setting

Speaker/Duration: Karen Pletta : c. 15 minutes

Speaker/Institution: K. Pletta, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin,

Non-Member Justification Karen Pletta : (none)

PROPOSAL #: 312328

SESSION TITLE: Safeguarding Psychotropic Medication Use for Children in Foster Care

Contact: Deborah Davis University of Louisville
deborah.davis@louisville.edu

Session Type: State of the Art Plenary

Target Audience: Child health clinicians and scientists, child health advocates, professionals serving children in foster care, behavioral and mental health care providers

Audience Size: 100-150

Tracks: Adolescent Medicine|Advocacy/Public Policy|Health Services Research|Vulnerable and Underserved Populations/Health Equity & Social Justice|General Pediatrics|Social Determinants/Health Disparities|Community Pediatrics|Quality Improvement/Patient Safety|Pub

Objectives At the end of the session, attendees will: 1.Be familiar with the epidemiology of psychotropic medication use for children in foster care in the United States. 2.Be able to identify strategies for minimizing the use of psychotropic medications. 3.Be familiar with the federal policies that relate to prescribing practices and oversight behavioral/mental health treatment for children in foster care. 4.Be able to identify strategies to implement trauma-informed care in primary care settings. 5.Be able to identify principles of the medical home model that can be developed to improve delivery of primary care service to children in foster care.

Description: Children in foster care have been reported to receive psychotropic medications at rates more than three times higher than other children. They also receive these medications for extended periods of time and receive psychotropic polypharmacy at high rates. Most concerning of all is the high rate of antipsychotic use, which may be as much as nine times higher than for other children. Along with the high rates of medication use, the literature suggests that these children have fragmented care, receive behavioral health care at low rates, do not receive appropriate lab monitoring and follow-up care, and that the majority of the medications are prescribed by primary care providers. With the rise in the prevalence of behavioral and mental health problems for all children and, especially, those in foster care; it is critically important to address policy-, system-, and practice-level areas for change to improve the quality of care for these most vulnerable children. This symposium brings together interdisciplinary leaders who will share their expertise on the roots of the problems and potential solutions to safeguard the use of psychotropic medications for children in foster care while improving the quality of care to optimize long-term health outcomes. While specifically targeting children in foster care, these strategies will be helpful to all who provide primary care to children with behavioral and mental health problems.

Time Block: (none)

QA: Yes

QA Details: Plan a 20-30 minute discussion/Q and A at the end

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:behavioral/mental health

Additional Comments: We believe that this is an important topic that has not been previously covered in a plenary session.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312328

SESSION TITLE: Safeguarding Psychotropic Medication Use for Children in Foster Care

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|SDBP

Chairs: Deborah Davis (Chair); William Lohr (Chair)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: William Lohr : b. 10 minutes

Speaker/Institution: W.D. Lohr, Pediatrics, University of Louisville, Louisville, Kentucky, UNITED STATES|

Non-Member Justification William Lohr : Member of specialty organization (Academy of Child and Adolescence Psychiatry)

Speaker # 2

Presentation Title Strategies to Monitor Antipsychotic Prescribing and Best Practice among Children and Adolescents

Speaker/Duration: Thomas Mackie : d. 20 minutes

Speaker/Institution: T.I. Mackie, Institute for Health, Health Care Policy, and Aging Research, Rutgers School of Pub

Non-Member Justification Thomas Mackie : His professional affiliations are in public health organizations.

Speaker # 3

Presentation Title Federal and State Policies Impacting Care for Children in Foster Care

Speaker/Duration: Liza Creel : e. 25 minutes

Speaker/Institution: L.M. Creel, Health Management and Systems Sciences, University of Louisville School of Public

Non-Member Justification Liza Creel : Affiliated with public health professional organizations.

Speaker # 4

Presentation Title Trauma Informed Care in Primary Care Settings: Changing the Lens

Speaker/Duration: Ginny Sprang : d. 20 minutes

Speaker/Institution: G. Sprang, Psychiatry, UK Center on Trauma and Children, University of Kentucky, Lexington, K

Non-Member Justification Ginny Sprang : Affiliated with her specialty organizations

Speaker # 5

Presentation Title Caring for Children in Foster Care: The Role of the Medical Home

Speaker/Duration: Moira Szilagyi : e. 25 minutes

Speaker/Institution: M. Szilagyi, Pediatrics, David Geffen School of Medicine at UCLA, Los Angeles, California, UNIT

Non-Member Justification Moira Szilagyi : Member of APA, APS and AAP.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312332

SESSION TITLE: Who will provide healthcare for children for the next 40 years...and what are we preparing them to do?

Contact: Mary Mariscalco University of Illinois College of Medicine
mmmaris@uic.edu

Session Type: Panel Discussion

Target Audience: Generalists, Specialists , Leaders of Pediatric Health Systems Delivery, Educators, Academic Leaders

Audience Size: 40

Tracks: Leadership and Business Training | Academic and Research Skills | General Pediatrics | Education | Career Development

Objectives 1)Recognize challenges in predicting workforce trends, and issues for the workforce of the future for child health. 2)Describe “needs and wants” of current and future practitioners, and the impact of behavioral and mental health in primary care in the future 3)Discuss issues with current training models and future challenges for free-standing and integrated children’s hospitals in providing children’s healthcare services 4)Discuss the future of teams and education about teamwork in pediatric care.

Description: AAP, ACGME, ABP and other organizations establish policies and monitor trends in the workforce, training and practice of clinicians who care for children and adolescents. But training institutions and programs continue to be reactive to predicted trends and future needs for pediatric care. The panelists discuss evidence and experiences, offer potential solutions for the future, and challenge each other and an engaged audience to consider strategies to better prepare pediatricians for the problems facing children and families in the coming decades.

 We envision an introduction, 6-8 minutes of remarks from each panelist, followed by a guided/moderated discussion alternating between panel and audience questions.

Time Block: (none)

QA: Yes

QA Details: This will be an interactive panel session. Each speaker will speak not more than 8 minutes, followed by Q&A to/from audience and panel

Audience Polling: Yes

Polling Details: We envision an introduction, then maybe 6 minutes of remarks from each panelist. Followed by a question for audience polling, then a guided/moderated discussion alternating between panel and audience questions.

Sabbath Conflicts: N/A

Conflicting Sessions:Future of Pediatric Workforce Training of Pediatricians and Other workforce Behavioral and mental health

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA|AAP|SPR|APS

Chairs: Mary Mariscalco (Organizer); Jonathan Klein (Organizer)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312332

SESSION TITLE: Who will provide healthcare for children for the next 40 years...and what are we preparing them to do?

Speaker # 1

Presentation Title Moderator of Panel

Speaker/Duration: Jonathan Klein : b. 10 minutes

Speaker/Institution: J.D. Klein, Pediatrics, UNiversity of Illinois at Chicago, Chicago, Illinois, UNITED STATES|

Non-Member Justification Jonathan Klein : (none)

Speaker # 2

Presentation Title Facts and Alternative Facts...who IS the Pediatric Workforce in the US and what can we learn from other countries

Speaker/Duration: Gary Freed : b. 10 minutes

Speaker/Institution: G. Freed, Pediatrics, University of MI, Ann Arbor, Michigan, UNITED STATES|

Non-Member Justification Gary Freed : (none)

Speaker # 3

Presentation Title The Pediatrician of the Future - what does She want

Speaker/Duration: Laurel Leslie : b. 10 minutes

Speaker/Institution: L. Leslie, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES|

Non-Member Justification Laurel Leslie : (none)

Speaker # 4

Presentation Title "Too little...too late". Addressing behavioral and mental health in primary care - why it is critical, and how technology and other professions will be required.

Speaker/Duration: Benjamin Van Voorhees : b. 10 minutes

Speaker/Institution: B. Van Voorhees, Pediatrics, University of Illinois at Chicago, Chicago, Illinois, UNITED STATES|

Non-Member Justification Benjamin Van Voorhees : (none)

Speaker # 5

Presentation Title "Service Before Education". Are pediatric training programs really training pediatricians for the future?

Speaker/Duration: Mary Mariscalco : b. 10 minutes

Speaker/Institution: M.M. Mariscalco, Department, University of Illinois College of Medicine, Chicago, Illinois, UNI

Non-Member Justification Mary Mariscalco : (none)

Speaker # 6

Presentation Title Free-standing or integrated Children's Hospitals - Is one better? Why or why not?

Speaker/Duration: Leslie Walker-Harding : b. 10 minutes

Speaker/Institution: L. Walker-Harding, Pediatrics, Penn State Children's Hospital, Hummelstown, Pennsylvania, U

Non-Member Justification Leslie Walker-Harding : (none)

PROPOSAL #: 312332

SESSION TITLE: Who will provide healthcare for children for the next 40 years...and what are we preparing them to do?

Speaker # 7

Presentation Title What high performing highly integrated health systems teach us about education and the future of teams in pediatric care

Speaker/Duration: Colleen Kraft : b. 10 minutes

Speaker/Institution: C.A. Kraft, American Academy of Pediatrics, Northbrook, Illinois, UNITED STATES |

Non-Member Justification Colleen Kraft : (none)

PROPOSAL #: 312334**SESSION TITLE:** Building Collaboration: Novel Approaches to Improving Resident Advocacy Training through Partnerships Across States**Contact:** Catherine Shubkin Dartmouth-Hitchcock Medical Center
catherine.d.shubkin@hitchcock.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Medical Educators, General Pediatrics, Community Pediatrics, Advocacy**Audience Size:** 75**Tracks:** Advocacy/Public Policy|General Pediatrics|Education|Community Pediatrics**Objectives** 1. Describe the process of developing collaboration among residency training programs. 2. Provide a framework for implementation of similar advocacy consortia among states with only 1 residency program. 3. Discuss the resources of CPTI to support residency education. 4. Discuss the potential of regional collaboration to enhance faculty development, resident training, and scholarly advocacy opportunities with regional AAP leadership 5. Describe how advocacy can be employed as a vehicle for scholarly activity in residency education.**Description:** In the in Spring of 2018, three rural New England pediatric training programs came together, in collaboration with national and regional American Academy of Pediatrics (AAP) leadership (including the Community Pediatrics Training Initiative), to plan a 3-state pediatric resident advocacy summit for the fall of 2018.

 While regionalization in clinical care is increasingly utilized in practice and research networks, there has been fewer described corollaries in residency education. Regionalization provides a great opportunity to capitalize on collaboration in residency education, particularly across smaller residency programs. Such collaboration affords the opportunity to enhance the development of faculty as educators and community advocates, to improve resident training in community health and advocacy skills, and ultimately improve the health of children in communities through partnerships.

 The primary goal of this collaboration is to promote community health and advocacy education in residency training. The ACGME requires ambulatory education that includes community pediatrics and child advocacy (IV.A.6.b).(4).(a)). Additionally, there are several pediatric milestones, under Professionalism and Systems-based practice domains which address the educational importance of developing and promoting advocacy as a foundational component of pediatric practice.

 A secondary goal of this project is to provide a platform for pediatric residents to identify common child advocacy issues on which they can collaborate and share resources. The three states of New Hampshire, Vermont, and Maine share demographic and public health challenges, and each state has a single pediatric residency program. Because of the small population of each state, pediatric residency faculty in each state have close ties with their partners in State AAP Chapters. By working together and building educational and advocacy linkages in residency, we hope to train future pediatricians to continue their advocacy work in their local and regional communities by partnering with colleagues, community agencies, and governmental organizations to positively impact the health of the children and families they serve.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes after the 3 speakers to discuss challenges of multi-state collaborations as well as potential areas of opportunities and scholarship.**Audience Polling:** No**Polling Details:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312334

SESSION TITLE: Building Collaboration: Novel Approaches to Improving Resident Advocacy Training through Partnerships Across States

Sabbath Conflicts: N/A

Conflicting Sessions: Continuity Clinic SIG CPTI Ethics SIG

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APPD

Chairs: Catherine D. Shubkin (Contact Person)

Speaker # 1

Presentation Title The New England Collaborative: The Strength of Regionalization in Residency Education

Speaker/Duration: Catherine Shubkin : c. 15 minutes

Speaker/Institution: C. Shubkin, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, UNITED STATES|

Non-Member Justification Catherine Shubkin : APPD

Speaker # 2

Presentation Title Crossing State Lines: Linkages and Collaboration in Residency Education

Speaker/Duration: Carol Lynn O'Dea : d. 20 minutes

Speaker/Institution: C. O'Dea, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, UNITED STATES|

Non-Member Justification Carol Lynn O'Dea : APPD

Speaker # 3

Presentation Title Small State AAP Chapters and Governments as Vehicles for Resident Advocacy Training

Speaker/Duration: Steven Chapman : d. 20 minutes

Speaker/Institution: S. Chapman, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, UNITED STATES

Non-Member Justification Steven Chapman : AAP, APA

Speaker # 4

Presentation Title The History and Value of Residency Advocacy Collaboratives

Speaker/Duration: Benjamin Hoffman : d. 20 minutes

Speaker/Institution: B. Hoffman, Pediatrics, OHSU , Portland, Oregon, UNITED STATES|

Non-Member Justification Benjamin Hoffman : APPD, AAP

PROPOSAL #: 312338**SESSION TITLE:** Pushing Harder: Using Novel Educational and Clinical Methodologies to Improve the Care of Critically Ill Children**Contact:** Tara Neubrand University of Colorado/Children's Hospital Colorado
tara.neubrand@childrenscolorado.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Those interested in emergency, critical care, simulation, novel educational initiatives, or maintaining competency in high acuity resuscitation.**Audience Size:** 100**Tracks:** General Pediatrics|Critical Care|Hospitalists|Quality Improvement/Patient Safety|Emergency Medicine**Objectives** 1) To describe innovative educational and quality improvement methodologies with respect to resuscitation of critically ill pediatric patients. 2) To give practical, specific strategies for implementation of multidisciplinary simulation programs 3) To describe methods of ensuring physician and staff competency in treating patients with high acuity, low frequency illnesses**Description:** Cardiopulmonary resuscitation (CPR) and endotracheal intubation (ETI) are universally required but infrequently performed procedures in the pediatric emergency department (PED) and pediatric intensive care unit (PICU). Resuscitation team members are drawn from a large pool of health care providers (HCP) with highly variable skill and experience levels. These teams are often required to perform resuscitations with limited information on underlying patient morbidity or physiologic risk factors, at any time of day or night, and with minimal advanced warning. The high acuity, low frequency nature of these events make it difficult for the individual health care provider (HCP), and by extension, the resuscitation team, to maintain clinical competency and to provide optimal resuscitation to those patients who are critically ill. In typically lower acuity pediatric inpatient and outpatient settings, HCP encounters with critically ill patient are even more infrequent. Despite existing barriers and complexities, HCPs in all clinical settings have an obligation to provide optimal care for children who present in cardiopulmonary arrest or who require ETI. The American Heart Association (AHA), in new educational guidelines, emphasizes the importance of short, high frequency trainings to maintain competency and team readiness for resuscitations. In this presentation, we explore specific, practical strategies to 1) improve surveillance and review of pediatric cardiopulmonary arrests and ETIs through video review, 2) use novel simulation and training techniques to improve HCP education 2) implement team-based resuscitation trainings with the goal of improving patient clinical outcomes. All presenting authors work in academic pediatric centers and have independently, and jointly, led efforts to improve both the care of critically ill patients in the PED and PICU and the training and education of the HCPs who provide this care. Topics covered in this presentation will include: 1) the use of video review as a novel methodology for teaching both CPR performance and ETI skills, 2) application of Crew Resource Management methods for improving resuscitation team leadership and communication, 3) development and implementation of high frequency, on-shift, in-situ simulation programs, and 4) the use of safety checklists to decrease systems variability and cognitive workload during resuscitations.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes to ask questions of any of the presenters**Audience Polling:** No

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312338

SESSION TITLE: Pushing Harder: Using Novel Educational and Clinical Methodologies to Improve the Care of Critically Ill Children

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Please avoid scheduling on 4/27 if possible

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Tara Neubrand (Contact Person); Aaron Donoghue (Presenter); Benjamin Kerrey (Presenter); Karen O'Connell (Presenter); David Kessler (Presenter)

Speaker # 1

Presentation Title Quantifying and Improving CPR Performance at the Individual Provider Level

Speaker/Duration: Aaron Donoghue : d. 20 minutes

Speaker/Institution: A.J. Donoghue, CHOP, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification Aaron Donoghue : (none)

Speaker # 2

Presentation Title Ad Hoc Video Review and Purposeful Practice to Improve Pediatric Emergency Provider Airway Skills

Speaker/Duration: Benjamin Kerrey : d. 20 minutes

Speaker/Institution: B. Kerrey, Cincinnati Children's, Cincinnati, Ohio, UNITED STATES|

Non-Member Justification Benjamin Kerrey : (none)

Speaker # 3

Presentation Title Sim Practice as Part of Routine Work: Implementation of a Weekly In-Situ Inter-Professional Team Training Program With an Emphasis on Crew Resource Management

Speaker/Duration: David Kessler : d. 20 minutes

Speaker/Institution: D. Kessler, Columbia, New York, New York, UNITED STATES|

Non-Member Justification David Kessler : (none)

Speaker # 4

Presentation Title Development and Implementation of an On-Shift, Low Cost, High Frequency Code Simulation Program in the Pediatric Emergency Department

Speaker/Duration: Tara Neubrand : d. 20 minutes

Speaker/Institution: T.L. Neubrand, Pediatric Emergency Department, University of Colorado/Children's Hospital C

Non-Member Justification Tara Neubrand : (none)

Speaker # 5

Presentation Title The effects of Checklist Use on Teamwork and Workload During Pediatric Trauma Resuscitations

Speaker/Duration: Karen O'Connell : d. 20 minutes

Speaker/Institution: K. O'Connell, Children's National, Washington, District of Columbia, UNITED STATES|

Non-Member Justification Karen O'Connell : (none)

PROPOSAL #: 312342

SESSION TITLE: Serving the Underserved in Pediatric Nephrology

Contact: Gina-Marie Barletta
gbarletta@akdhc.com

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric nephrologists, fellows, general pediatricians caring for children with special health care needs and underserved populations, social workers, nurses

Audience Size: 200

Tracks: Advocacy/Public Policy|Children with Special Health Care Needs|Vulnerable and Underserved Populations/Health Equity & Social Justice|Diversity and Inclusion|Public Health|Nephrology|General Pediatrics

Objectives

- Review current national and state laws and professional guidelines and ethical principles regarding the medical treatment of undocumented immigrant children with kidney disease.
- Understand the challenges in caring for children with kidney disease from closed communities (e.g. Amish and Hutterite) from legal, ethical, and administrative perspective.
- Appreciate the ethical considerations in the use of intellectual disability as a criterion for transplant candidacy, as well as the relevant state and federal laws (including the American with Disabilities Act), and professional and institutional guidelines that impact this issue.
- Understand the disparities in access to health care that impact on the delivery of services to children with kidney disease, including dialysis and kidney transplantation.
- Understand the impact of social determinants of health upon children with kidney disease.

Description: In an increasingly politicized society, it has become commonplace for nephrologists to face contentious and potentially conflicting legal, professional, and ethical obligations towards their patients, particularly those from underserved populations. The purpose of this symposium is to review the relevant legal considerations, professional guidelines, and ethical considerations of these four challenging patient populations through interactive case-based presentations: children who have significant intellectual disability, are undocumented immigrants, live in closed communities, or have limited access to health care.

Time Block: (none)

QA: Yes

QA Details: Will integrate Q & A throughout the session. Each presentation will be 25 minutes and then 5 minutes for questions.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: Blanche Chavers (Moderator); Aviva Goldberg (Moderator)

PROPOSAL #: 312342

SESSION TITLE: Serving the Underserved in Pediatric Nephrology

Speaker # 1

Presentation Title Providing Care for Undocumented Patients

Speaker/Duration: Priya Verghese : f. 30 minutes

Speaker/Institution: P. Verghese, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED STATES |

Non-Member Justification Priya Verghese : (none)

Speaker # 2

Presentation Title Challenges in Managing Patients from Closed Populations

Speaker/Duration: Michael Freeman : f. 30 minutes

Speaker/Institution: M. Freeman, Pediatric Nephrology, Penn State Health Milton S. Hershey Medical Center and P

Non-Member Justification Michael Freeman : (none)

Speaker # 3

Presentation Title Delivery of Care for the Disabled & Developmentally Delayed

Speaker/Duration: Aaron Wightman : f. 30 minutes

Speaker/Institution: A. Wightman, Pediatric Nephrology & Bioethics, Seattle Children's Hospital, Seattle, Washingt

Non-Member Justification Aaron Wightman : (none)

Speaker # 4

Presentation Title Disparities & Burden of Renal Replacement Therapy

Speaker/Duration: Deidra Crews : f. 30 minutes

Speaker/Institution: D. Crews, Division of Nephrology, Johns Hopkins University School of Medicine, Baltimore, Ma

Non-Member Justification Deidra Crews : (none)

PROPOSAL #: 312345

SESSION TITLE: This is Your Brain on CKD

Contact: Gina-Marie Barletta
gbarletta@akdhc.com

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric nephrologists, fellows, staff, psychologists, social workers

Audience Size: 200

Tracks: Advocacy/Public Policy|Nephrology|Social Determinants/Health Disparities|Developmental and Behavioral Pediatrics|Children with Special Health Care Needs

Objectives

- To discuss common psychological problems that children with CKD face, and how this might impact their relationships and medical care.
- To understand cognitive deficits that are prevalent in children with CKD using data from the CKiD study.
- To review the existing literature on school attendance, academic achievement and contribution to the workforce in children with CKD.
- To present a multidisciplinary approach to maximize the achievement potential for children with CKD, using the knowledge we have about the psychological/cognitive effects of CKD.
- To review the scope of the problem of non-adherence in children with CKD and to discuss strategies for improving adherence in this population, using the knowledge we have about the psychological/cognitive effects of CKD.

Description: The purpose of this session is to provide an overview of the psychological and cognitive effects of CKD on the developing brain of children and to define those at highest risk for psychological and cognitive challenges. The session will describe how these cognitive and psychological challenges impact treatment adherence, academic achievement and the general well-being of children with CKD. Additionally, this session will explore ways in which providers can use knowledge of these potential challenges to improve medical decision-making and patient advocacy.

Time Block: (none)

QA: No

QA Details: Will integrate Q & A throughout the session. Each presentation will be 25 minutes and then 5 minutes for questions.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: Mina Matsuda-Abedini (Moderator); Marc Lande (Moderator)

PROPOSAL #: 312345

SESSION TITLE: This is Your Brain on CKD

Speaker # 1

Presentation Title Psychological Effects of CKD in Children—An Overview

Speaker/Duration: Carisa Perry-Parrish : f. 30 minutes

Speaker/Institution: C. Perry-Parrish, Division of Child & Adolescent Psychiatry, Johns Hopkins School of Medicine,

Non-Member Justification Carisa Perry-Parrish : Local (Baltimore) expert with substantial research experience involving the psychological effects of CKD in children.

Speaker # 2

Presentation Title Impact of CKD on Cognitive Function—Lessons Learned from CKiD

Speaker/Duration: Lyndsay Harshman : f. 30 minutes

Speaker/Institution: L. Harshman, Pediatric Nephrology, University of Iowa Stead Family Children's Hospital, Iowa

Non-Member Justification Lyndsay Harshman : (none)

Speaker # 3

Presentation Title Helping Children with CKD Achieve Academic & Career Success

Speaker/Duration: Maria Ferris : f. 30 minutes

Speaker/Institution: M.D. Ferris, Pediatrics, UNC -Chapel Hill, Chapel Hill, North Carolina, UNITED STATES|

Non-Member Justification Maria Ferris : (none)

Speaker # 4

Presentation Title Improving Adherence in Children with CKD

Speaker/Duration: Bethany Foster : f. 30 minutes

Speaker/Institution: B. Foster, Pediatrics, McGill University Health Centre, Montreal, Quebec, CANADA|

Non-Member Justification Bethany Foster : (none)

PROPOSAL #: 312347

SESSION TITLE: The Evolving Management of Neonatal ESRD

Contact: Gina-Marie Barletta
gbarletta@akdhc.com

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric nephrologists, neonatologists, fellows, medical ethicists

Audience Size: 300

Tracks: Critical Care | Ethics/Bioethics | Nephrology | Neonatology

Objectives

- Review emerging research involving the role of the nephrologist in prenatal counselling of families, impact of dialysis on families, and the evidence to predict the outcome of neonates with congenital renal anomalies.
- Review the practical considerations and limitations of dialysis in neonates.
- Discuss the concerns regarding transfusion and delivery of immunizations to infants pre-transplant, and discuss issues regarding immunization while on immunosuppression post-transplant. Discuss nutritional challenges in infants pre- and post-transplant.
- Discuss ethical consideration of neonatal dialysis including how to consider family interests in decision-making.

Description: The purpose of this symposium is to discuss the management and evolving ethical considerations of neonatal end stage renal disease, including dialysis options and the path to transplantation. The symposium will focus on practical considerations and clinical outcomes of neonatal dialysis, as well as important issues surrounding transplantation, including considerations regarding immunizations, sensitization events and nutritional challenges that can impact the future of undergoing transplantation.

Time Block: (none)

QA: Yes

QA Details: Will integrate Q & A throughout the session. Each presentation will be 25 minutes and then 5 minutes for questions.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: Jennifer Charlton (Moderator); Matthew Harer (Moderator)

Speaker # 1

Presentation Title Prenatal Diagnosis of Renal Disease & Counseling Families

Speaker/Duration: Deborah Stein : f. 30 minutes

Speaker/Institution: D. Stein, Pediatric Nephrology, Boston Children's Hospital, Harvard Medical School, Boston, M

Non-Member Justification Deborah Stein : (none)

PROPOSAL #: 312347

SESSION TITLE: The Evolving Management of Neonatal ESRD

Speaker # 2

Presentation Title Practical Considerations in Neonatal Dialysis Modalities

Speaker/Duration: Jennifer Jetton : f. 30 minutes

Speaker/Institution: J. Jetton, Division of Nephrology, Dialysis, and Transplantation, University of Iowa Stead Famil

Non-Member Justification Jennifer Jetton : (none)

Speaker # 3

Presentation Title Paving the Way to Transplantation—Immunizations, Transfusions, Growth & Nutrition

Speaker/Duration: Katherine Twombly : f. 30 minutes

Speaker/Institution: K. Twombly, Pediatrics, Medical University of South Carolina, Charleston, South Carolina, UN

Non-Member Justification Katherine Twombly : (none)

Speaker # 4

Presentation Title Ethical Considerations in Neonatal ESRD

Speaker/Duration: Renee Boss : f. 30 minutes

Speaker/Institution: R. Boss, Neonatology, Johns Hopkins, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Renee Boss : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312348

SESSION TITLE: Making our mark: Pediatricians, leadership, and impact on child health

Contact: Elena Fuentes-Afflick UCSF
elena.fuentes-afflick@ucsf.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Deans, department chairs, division directors, institute directors, faculty members, medical educators, academic clinicians and researchers

Audience Size: 100

Tracks: Academic and Research Skills|Diversity and Inclusion|Leadership and Business Training

Objectives 1. To explore a variety of leadership positions and organizational roles which provide opportunities to impact child health. 2. To describe professional trajectories and the influence of pediatric training on the development of leadership competencies. 3. To identify professional development opportunities and other career strategies that pediatricians can use for leadership roles that impact child health.

Description: Leadership in academic health science institutions and other health-related organizations is not restricted to a specific discipline but pediatric leaders are underrepresented in these domains. Pediatricians have a unique opportunity when they assume leadership roles in academia, government, and non-governmental organizations: the opportunity to implement programs and policies that positively impact child health. During this session, influential pediatric leaders will share insights and lessons learned, including key career choices, critical decision points, and the effect of strategy, chance and other factors that influenced their leadership trajectory. The panelists will highlight how their leadership role impacts child health and provide their perspectives about what pediatric leaders need to be prepared to do in order to meet emerging and future needs of children and families.

Time Block: (none)

QA: Yes

QA Details: 30 minutes of questions and discussion between the audience and the presenters

Audience Polling: Yes

Polling Details: We could ask the attendees to provide information about their leadership interests and training needs

Sabbath Conflicts: N/A

Conflicting Sessions: APS Presidential Plenary

Additional Comments: Sponsored by the APS Committee on Leadership in Academic Pediatrics

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APS

Chairs: Elena Fuentes-Afflick (Moderator); Norman Rosenblum (Presenter); Diana Bianchi (Presenter); Danielle Laraque-Arena (Presenter); David Nichols (Presenter); Lisa Simpson (Presenter); Barbara Stoll (Presenter)

Speaker # 1

Presentation Title Introduction and welcome

Speaker/Duration: Elena Fuentes-Afflick : a. 5 minutes

Speaker/Institution: E. Fuentes-Afflick, Pediatrics, UCSF, San Francisco, California, UNITED STATES|

Non-Member Justification Elena Fuentes-Afflick : (none)

PROPOSAL #: 312348

SESSION TITLE: Making our mark: Pediatricians, leadership, and impact on child health

Speaker # 2

Presentation Title Serendipity, sweat or secret sauce? A recipe for leadership that has an impact on child health

Speaker/Duration: Norman Rosenblum : b. 10 minutes

Speaker/Institution: N. Rosenblum, Pediatrics, Hospital for Sick Children, Toronto, Ontario, CANADA |

Non-Member Justification Norman Rosenblum : (none)

Speaker # 3

Presentation Title Leadership trajectory and leadership contributions

Speaker/Duration: Diana Bianchi : b. 10 minutes

Speaker/Institution: D.W. Bianchi, NICHD, National Institutes of Health, Bethesda, Maryland, UNITED STATES |

Non-Member Justification Diana Bianchi : (none)

Speaker # 4

Presentation Title Leadership trajectory and leadership contributions

Speaker/Duration: Danielle Laraque-Arena : b. 10 minutes

Speaker/Institution: D. Laraque-Arena, Upstate Medical University, Syracuse, New York, UNITED STATES |

Non-Member Justification Danielle Laraque-Arena : (none)

Speaker # 5

Presentation Title Leadership trajectory and leadership contributions

Speaker/Duration: David Nichols : b. 10 minutes

Speaker/Institution: D. Nichols, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES |

Non-Member Justification David Nichols : (none)

Speaker # 6

Presentation Title Leadership trajectory and leadership contributions

Speaker/Duration: Lisa Simpson : b. 10 minutes

Speaker/Institution: L. Simpson, AcademyHealth, Washington, District of Columbia, UNITED STATES |

Non-Member Justification Lisa Simpson : (none)

Speaker # 7

Presentation Title Leadership trajectory and leadership contributions

Speaker/Duration: Barbara Stoll : b. 10 minutes

Speaker/Institution: B. Stoll, University of Texas, Houston, Houston, Texas, UNITED STATES |

Non-Member Justification Barbara Stoll : (none)

PROPOSAL #: 312352

SESSION TITLE: Pediatric Euthanasia Then and Now: Can We Learn Any Ethical Lessons from the Shoah?

Contact: Ashley Fernandes The Ohio State University
ashley.fernandes@osumc.edu

Session Type: State of the Art Plenary

Target Audience: Pediatricians of all specialties

Audience Size: 250

Tracks: Children with Special Health Care Needs|Advocacy/Public Policy|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|General Pediatrics|Ethics/Bioethics|Education|Diversity and Inclusion

Objectives At the conclusion of this plenary the participant should be able to: 1. Describe the state of pediatric euthanasia laws in the US and Europe, and the empirical effect on the ethical treatment of children. 2. Describe the philosophical evolution of pediatric ethics under the Nazi regime that led to pediatric euthanasia, and parallels to the ethical and professional debate today. 3. Explore changes in attitude or clinical practice that could help to prevent the euthanasia of children in the US. 4. Understand and defend the AAP ethical stance against euthanasia in children while acknowledging persuasive arguments to the contrary.

Description: With pediatric euthanasia now legal in several countries in Europe, and support for assisted suicide and euthanasia gaining steam in the United States among physicians, bioethicists, and the lay public, we must ask ourselves whether the American Academy of Pediatrics' stance against pediatric euthanasia needs revision. In order to probe the near-future, it is imperative to study the past. In this plenary, the author will explore the historical development of pediatric euthanasia under the Nazi regime and, with both provocation and nuance, tease out relevant parallels for today. Can the professional errors made by pediatricians in the Holocaust teach us anything about pediatric ethics today, or are they simply important but anachronistic anecdotes? Through the study of the history of the Shoah, empirical data from Europe, and audience participation, we will explore ethical questions relevant to all pediatric disciplines such as: (1) are there "lives unworthy of life?"; (2) what philosophical anthropology underlies arguments in favor of, or against, pediatric euthanasia; (3) are the dangers of the so-called "slippery slope" real?; (4) can we distinguish morally between euthanasia and palliative care?; and (5) is the nature of the pediatrician herself such that she should not deliberately take a child's life, regardless of whether this is permitted in adult medicine?

Time Block: (none)

QA: Yes

QA Details: 20-30 minutes at the end for a robust debate/discussion; I can provide a moderator for live/streaming questions as well, and incorporate audience participation during the presentation

Audience Polling: Yes

Polling Details: The ability to take a real-time poll on ethical questions, and then provoke audience discussion afterwards

Sabbath Conflicts: N/A

Conflicting Sessions: N/A

Additional Comments: I feel this is an "out-of-the box" proposal for a plenary that will provoke a great deal of debate and discussion on ethics and professionalism. I am a part of the Center for Medicine

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312352

SESSION TITLE: Pediatric Euthanasia Then and Now: Can We Learn Any Ethical Lessons from the Shoah?

After the Holocaust (CMATH), and traveled to Berlin to study pediatric

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Ashley Fernandes (Presenter); Mark Wells (Moderator)

Speaker # 1

Presentation Title Pediatric Euthanasia Then and Now: Can We Learn Any Ethical Lessons from the Shoah?

Speaker/Duration: Ashley Fernandes : i. 90 minutes

Speaker/Institution: A.K. Fernandes, Pediatrics, The Ohio State University, Columbus, Ohio, UNITED STATES|

Non-Member Justification Ashley Fernandes : (none)

PROPOSAL #: 312353**SESSION TITLE:** A Medical and Ethical Argument for Sexual Risk Avoidance Education in Pediatrics**Contact:** Ashley Fernandes The Ohio State University
ashley.fernandes@osumc.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians, adolescent medicine, residents, medical students, nurses, bioethicists**Audience Size:** 50-100**Tracks:** Adolescent Medicine | Community Pediatrics | Public Health | Vulnerable and Underserved Populations/Health Equity & Social Justice | General Pediatrics | Education | Ethics/Bioethics | Advocacy/Public Policy**Objectives** 1. Identify medical, public health, and non-religious ethical reasons for sexual risk avoidance (SRA) in the adolescent population. 2. Critically analyze the conclusions of the American Academy of Pediatrics' position paper on "Sexuality Education for Children and Adolescents." (2016) 3. Review the common characteristics of successful sexual abstinence education programs, and ways to improve such education. 4. Integrate an understanding of philosophical anthropology into bioethical arguments in favor of promoting SRA or abstinence as a part of comprehensive risk reduction (CRR) in pediatrics.**Description:** Sexual risk avoidance (SRA) education-- formerly known as "sexual abstinence" education--has been politicized in society, and deeply criticized by the pediatric and adolescent medicine establishment. At the same time, both the American Academy of Pediatrics and the American Academy of Family Physicians, while eschewing SRA-only programs, have embraced Comprehensive Risk Reduction (CRR) programs (which include abstinence and contraception) as first-line in preventing the known harms of sexually-transmitted infections (STIs) and teen pregnancy. In this provocative, evidence-based "hot topic" presentation, I argue that a re-dedication to SRA should be embraced, and health care provider educational efforts made to improve the state of SRA education. Critics of SRA in the medical and bioethical literature err in several key ways: (1) establishing a "medical failure" of SRA through reviews that contain serious bias in language and redundancy in authorship; (2) basing SRA rejection on a philosophical anthropology that obscures the good of the whole person while narrowly focusing on teen pregnancy or STIs; (3) confounding the concepts of "sexual abstinence" with "sexual abstinence education"; (4) rejecting the "ought" on the basis of what "is"; and (5) marginalizing so-called "abstinence-only" physicians who are willing to provide culturally competent care as part of holistic pediatric care. The author's premise is that there is a place for robust SRA counseling in pediatrics, and will end by suggesting educational and training reforms that might bring both ideological sides together.**Time Block:** (none)**QA:** Yes**QA Details:** 20-30 minutes of robust debate and audience participation**Audience Polling:** Yes**Polling Details:** much easier to poll an audience on ethical questions if it is anonymous.**Sabbath Conflicts:** N/A**Conflicting Sessions:** n/a**Additional Comments:** Although I realize I am in the minority on promoting the medical and ethical benefits of sexual abstinence/sexual risk avoidance, I think it is a voice that needs to be heard. It is NOT an "unscientific" or "fringe" view, as I am arguing both for abstinence

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312353

SESSION TITLE: A Medical and Ethical Argument for Sexual Risk Avoidance Education in Pediatrics

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Ashley Fernandes (Chair)

Speaker # 1

Presentation Title A Medical and Ethical Argument for Sexual Risk Avoidance Education in Pediatrics

Speaker/Duration: Ashley Fernandes : i. 90 minutes

Speaker/Institution: A.K. Fernandes, Pediatrics, The Ohio State University, Columbus, Ohio, UNITED STATES|

Non-Member Justification Ashley Fernandes : (none)

PROPOSAL #: 312393**SESSION TITLE:** Defining a Research Agenda for the Field of Pediatric Firearm Injury Prevention**Contact:** Patrick Carter University of Michigan
cartpatr@med.umich.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatricians; Pediatric Emergency Medicine Physicians; Injury Prevention Researchers and Practitioners**Audience Size:** 50-100**Tracks:** Academic and Research Skills|Emergency Medicine|Public Health|Injury|Adolescent Medicine**Objectives** Objectives: 1.Review data on the public health problem of firearm injuries among pediatric populations 2.Present a novel research agenda to address pediatric firearm-related injuries that encompasses the most pressing priorities in the areas of epidemiology, prevention, and policy 3.Provide historical context surrounding the challenges related to research within the field of firearm injury prevention 4.Recognize evidence based strategies that practicing clinicians can use in the office setting to decrease firearm access for children and adolescents Address how existing data sources can be leveraged to conduct research**Description:** Firearm injuries are the second leading cause of death among children and adolescents. Little progress has been made during the past decade in reducing fatal and non-fatal firearm injuries and current fatality rates have surpassed motor vehicle crashes as the leading cause of death among children in at least twelve states. Further, health disparities persist in firearm fatalities, with African-American children disproportionately affected by firearm-related deaths. Compounding the problem, there is currently a deficit of trained researchers and high-quality research being conducted in this area to inform public health and medical solutions. To address this key public health problem, the NICHD has recently funded the Firearm Safety Among Children and Teens (FACTS) Consortium. This capacity building grant is focused on developing research resources to stimulate novel research in this area, including developing a research agenda for the field, conducting pilot work to stimulate large-scale research, developing a research repository for housing data for linked analyses, enhancing current data collection systems through large-scale research programs, training post-doctoral research trainees, and conducting a webinar series on the current state of knowledge for the field. This session will review the current state of research in the field and provide an overview of the development of a novel research agenda by the FACTS consortium, as well as provide specific resources for practicing clinicians on how to address firearm injury prevention with their patients.
Speakers:
Rebecca Cunningham, M.D.- Background on the Problem of Firearm Violence
Patrick M. Carter M.D.- Overview of the FACTS Consortium and the Development of a research agenda for the field
Fred Rivara M.D., M.P.H.- Historical Perspective and the Role of the Pediatrician
Eric Sigel, M.D.- Evidence-Based Approaches to address Firearm Risk in the Primary Care setting
*Elizabeth Alpern, M.D, MSCE.*and *Monika Goyal, M.D, MSCE.*- Capitalizing on existing data resources to advance knowledge for the field
Audience Question & Answer**Time Block:** (none)**QA:** Yes**QA Details:** 20-25 min; after all speakers have completed their talks.**Audience Polling:** No

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312393

SESSION TITLE: Defining a Research Agenda for the Field of Pediatric Firearm Injury Prevention

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Injury Prevention Topic Session/Firearm Abstracts

Additional Comments: none

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: Other Society Affiliation

Chairs: Patrick Carter (Contact Person)

Speaker # 1

Presentation Title Background on the Problem of Firearm Violence

Speaker/Duration: Rebecca Cunningham : d. 20 minutes

Speaker/Institution: R. Cunningham, Emergency Medicine, University of Michigan, Ann Arbor, Michigan, UNITED S

Non-Member Justification Rebecca Cunningham : (none)

Speaker # 2

Presentation Title Overview of the FACTS Consortium and the Development of a research agenda for the field

Speaker/Duration: Patrick Carter : f. 30 minutes

Speaker/Institution: P.M. Carter, Emergency Medicine, University of Michigan, Ann Arbor, Michigan, UNITED STAT

Non-Member Justification Patrick Carter : (none)

Speaker # 3

Presentation Title Historical Perspective and the Role of the Pediatrician

Speaker/Duration: Frederick Rivara : d. 20 minutes

Speaker/Institution: F. Rivara, Pediatrics, Univesity of Washington and Seattle Children's, Seattle, Washington, UNI

Non-Member Justification Frederick Rivara : (none)

Speaker # 4

Presentation Title Evidence-Based Approaches to address Firearm Risk in the Primary Care setting

Speaker/Duration: Eric Sigel : d. 20 minutes

Speaker/Institution: E. Sigel, Pediatrics, Childrens Hospital Colorado, Aurora, Colorado, UNITED STATES|

Non-Member Justification Eric Sigel : (none)

Speaker # 5

Presentation Title Capitalizing on Existing Data Resources to Advance Knowledge for the Field - Part 1

Speaker/Duration: Elizabeth Alpern : b. 10 minutes

Speaker/Institution: E. Alpern, Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, UN

Non-Member Justification Elizabeth Alpern : (none)

PROPOSAL #: 312393

SESSION TITLE: Defining a Research Agenda for the Field of Pediatric Firearm Injury Prevention

Speaker # 6

Presentation Title Capitalizing on Existing Data Resources to Advance Knowledge for the Field - Part 2

Speaker/Duration: Monica Goyal : b. 10 minutes

Speaker/Institution: M. Goyal, Emergency Medicine & Pediatrics, Childrens National Hospital, Washington DC, Dist

Non-Member Justification Monica Goyal : (none)

PROPOSAL #: 312394**SESSION TITLE:** Label Enabling Pediatric Clinical Research: Why We Should Care**Contact:** Lynne Yao U.S. FDA
lynne.yao@fda.hhs.gov**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Academic Clinical Researchers**Audience Size:** 100**Tracks:** Academic and Research Skills|Clinical and Translational Research**Objectives** 1. Review current good clinical practice, human subject protections, and good laboratory practice standards for conduct of pediatric research 2. Discuss incentives and challenges related to academic clinical research and industry-sponsored research related to pediatric therapeutics development 3. Consider pathways that would allow academic research to support pediatric-specific changes to product labeling**Description:** Since the passage of the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), there have been over 750 changes to product labeling that now include pediatric-specific information. Much of the success in increasing the availability of pediatric-specific information in product labeling is based on data from industry-sponsored pediatric clinical trials. However, many drugs used commonly in pediatrics do not have specific dosing, efficacy and/or safety information and there is no incentive for drug developers to conduct studies to support inclusion of this information in product labeling because the current incentive structures do not encourage drug developers to conduct such research. Academic researchers have conducted research that can support regulatory decision making and provide important labeling information for therapies used in children. For example, labeling for meropenem was extended down to neonates and premature infants with complicated intrabdominal infections based on studies conducted by academic researchers. Academic research to support changes to labeling of products is especially important for products that are used in children but for which there is no incentive for drug developers to conduct the research. Clinical trials to support regulatory decision making must be conducted under regulations that allow FDA to determine whether drugs and biological products are safe and effective for their intended use. This requires strict adherence to good clinical practice, human subject protections, good laboratory practice, and other regulatory standards. Academic clinical research is also subject to these standards. However, experience with academic researchers suggests that research conducted in academic settings does not always sufficiently adhere to some of these standards to support regulatory decision-making. For example, failure to use assays that have been adequately developed and validated per good clinical practice standards can lead to results that may be difficult to interpret and, therefore, cannot be used for regulatory decision making. This session will review important standards that support regulatory decision making in pediatric therapeutics development and consider how academic researchers can design and conduct important pediatric therapeutics research that would also support regulatory decision making. Consider strategies to improve the paths that can potentially lead to increased availability of safe and effective drugs used to treat pediatric renal diseases.**Time Block:** (none)**QA:** Yes**QA Details:** A Q/A session of 20-30 minutes will allow for discussion and questions of audience members who are interested in label-enabling pediatric research.

PROPOSAL #: 312394

SESSION TITLE: Label Enabling Pediatric Clinical Research: Why We Should Care

Audience Polling: Yes

Polling Details: We would be interested in polling the audience

Sabbath Conflicts: N/A

Conflicting Sessions: 1. Topics related to Pediatric Therapeutics Development

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: Lynne Yao (Chair)

Speaker # 1

Presentation Title Label Enabling Clinical Trials: Why FDA Cares

Speaker/Duration: Lily (Yeruk) Mulugeta : d. 20 minutes

Speaker/Institution: L. Mulugeta, Division of Pediatric and Maternal Health, US Food and Drug Administration, Silver Spring, Maryland, UN

Non-Member Justification Lily (Yeruk) Mulugeta : The speaker has substantial knowledge of clinical pharmacology and FDA regulations.

Speaker # 2

Presentation Title Label Enabling Clinical Trials: Why NIH Cares

Speaker/Duration: Anne Zajicek : d. 20 minutes

Speaker/Institution: A. Zajicek, Obstetric and Pediatric Pharmacology Branch, NICHD, NIH, Bethesda, Maryland, UN

Non-Member Justification Anne Zajicek : (none)

Speaker # 3

Presentation Title Label Enabling Clinical Trials: Academic Value

Speaker/Duration: Daniel Benjamin : d. 20 minutes

Speaker/Institution: D. Benjamin, Duke Clinical Research Institute, Duke University, Durham, North Carolina, UN

Non-Member Justification Daniel Benjamin : (none)

Speaker # 4

Presentation Title Panelist

Speaker/Duration: Susan McCune : a. 5 minutes

Speaker/Institution: S. McCune, Office of Pediatric Therapeutics (OPT), FDA, Silver Spring, Maryland, UNITED STATES

Non-Member Justification Susan McCune : (none)

PROPOSAL #: 312407

SESSION TITLE: Breaking Down Cultural Barriers between Pediatricians and Mental Health Professionals: Innovations in Collaboration

Contact: Cori Green Weill Cornell Medical College
cmg9004@med.cornell.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: medical educators, program directors, continuity clinic preceptors, practicing pediatricians

Audience Size: 30

Tracks: Community Pediatrics|Health Services Research|General Pediatrics|Education|Developmental and Behavioral Pediatrics|Core Curriculum for Fellows

Objectives 1.To discuss the need for collaboration with mental health (MH) professionals in order to teach pediatricians skills and increase access of care for children and parents with MH conditions. 2.To describe cultural and training barriers to collaboration and initiatives to overcome them. 3.To describe novel models of collaboration (in both training and private practices) that provide education to pediatricians and increase access for both children and parents in need of MH services.

Description: An estimated 13-20% of youth suffer from mental health (MH) conditions; yet only 20% of children and adolescents with mental illness receive treatment. Approximately 15 million children in the U.S. live in homes with depressed mothers, most of whom never receive adequate treatment. Many believe the solution to this MH crisis is to integrate MH services into pediatric care. We will describe novel systems to enhance collaboration between pediatricians and MH professionals in residency training and in the community for practicing pediatricians. This panel of 2 pediatricians and 3 child and adolescent psychiatrists will begin with an introduction explaining the need for collaboration with MH professionals for training and access to care. Next, Dr. Fritsch will describe the cultural barriers between disciplines and her innovative educational program, "The Buddy System," that enhanced collaborative relationships between pediatric and child and adolescent psychiatry trainees. Drs. Green and Mohatt will discuss their efforts in breaking down departmental barriers and creating an integrative model of care for both the teaching clinics and private practices using both onsite MH professionals and a telephone consultative model. Dr. Solomon will describe their integrative model of care to provide services for mothers with depression within their pediatric training practice and how that fits in to their larger collaborative care educational initiatives. Lastly, Dr. Fallucco will describe the Collaborative Care Initiative (CCI) which is an integrated team of over 100 pediatricians, child psychiatrists, and pediatric psychologists in North Florida. The CCI provides clinical training for pediatricians plus access to an outpatient psychiatric consultation clinic. This clinic allows primary care providers to co-manage mental health problems with a partnering child and adolescent psychiatrist.

Time Block: (none)

QA: Yes

QA Details: We intend to have a 15 minute session at the end of all presentations for questions.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Mental health and collaborative care topics

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312407

SESSION TITLE: Breaking Down Cultural Barriers between Pediatricians and Mental Health Professionals: Innovations in Collaboration

Society Affiliation: AAP|APA

Chairs: Cori Green (Chair); Sandra Fritsch (Presenter); Justin Mohatt (Presenter); Barry Solomon (Presenter); Elise Fallucco (Presenter)

Speaker # 1

Presentation Title The Need for Collaboration to Address the Pediatric Mental Health Crisis

Speaker/Duration: Cori Green : c. 15 minutes

Speaker/Institution: C. Green, General Academic Pediatrics, Weill Cornell Medical College, New York, New York, U

Non-Member Justification Cori Green : (none)

Speaker # 2

Presentation Title Understanding Diversity and Uniqueness: "The Buddy System"

Speaker/Duration: Sandra Fritsch : e. 25 minutes

Speaker/Institution: S. Fritsch, Psychiatry, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES|

Non-Member Justification Sandra Fritsch : Dr. Fritsch is a child and adolescent psychiatrist and while she is not a member of these organizations, she also cares for children. Pediatricians need to collaborate with mental health professionals in order to improve the mental health

Speaker # 3

Presentation Title Building Bridges and Integrating Mental Health into Pediatric Training and Care: The Pediatric Perspective

Speaker/Duration: Cori Green : b. 10 minutes

Speaker/Institution: C. Green, General Academic Pediatrics, Weill Cornell Medical College, New York, New York, U

Non-Member Justification Cori Green : (none)

Speaker # 4

Presentation Title Building Bridges and Integrating Mental Health into Pediatric Training and Care: The Psychiatric Perspective

Speaker/Duration: Justin Mohatt : b. 10 minutes

Speaker/Institution: J. Mohatt, Psychiatry, Weill Cornell Medicine, New York, New York, UNITED STATES|

Non-Member Justification Justin Mohatt : Dr. Mohatt is a child and adolescent psychiatrist and while he is not a member of these organizations, he also cares for children. Pediatricians need to collaborate with mental health professionals in order to improve the mental health ca

Speaker # 5

Presentation Title Addressing Maternal Mental Health Needs in Pediatric Primary Care

Speaker/Duration: Barry Solomon : d. 20 minutes

Speaker/Institution: B.S. Solomon, Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland,

Non-Member Justification Barry Solomon : (none)

PROPOSAL #: 312407

SESSION TITLE: Breaking Down Cultural Barriers between Pediatricians and Mental Health Professionals:
Innovations in Collaboration

Speaker # 6

Presentation Title Engaging Pediatricians in Child Mental Health Care: The Collaborative Care Initiative

Speaker/Duration: Elise Fallucco : d. 20 minutes

Speaker/Institution: E. Fallucco, Psychiatry, University of Florida – Jacksonville College of Medicine, Jacksonville, FL

Non-Member Justification Elise Fallucco : Dr. Fallucco is a child and adolescent psychiatrist and while she is not a member of these organizations, she also cares for children. Pediatricians need to collaborate with mental health professionals in order to improve the mental health

Proposal: 312428

SECTION	VALUE
Role Name	Panel Discussion
Session Title	Pediatrician-Scientist Development in Residency and Beyond
Description	<p>Preparing for a successful career as a pediatrician-scientist requires an investment of time in research skills development and demonstrating a track record of productivity. Thus, pursuing research opportunities during residency can greatly benefit your long term success as a child health researcher. In this session, we will discuss opportunities for pursuing research during residency, including finding a mentor, research electives, the American Board of Pediatrics residency research tracks, the new NIH Stimulating Access to Research during Residency (StARR) R38 awards, and the Frontiers in Science meeting sponsored by the Association of Medical School Pediatric Department Chairs. Moreover, we will discuss preparing for an application to the highly prestigious Pediatric Scientist Development Program to fund your research during fellowship. This session will help you develop a roadmap and action plan for developing your career as a pediatrician-scientist during residency and beyond!</p>
Objectives	Equipping early career pediatricians to become successful child health researchers.
Target audience	Medical Students, Residents, House Officers
Tracks (select all that apply)	Academic and Research Skills; Career Development; Health Services Research
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	90 min.
Audience size – Please enter your best estimate of the expected number of attendees.	30
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	

SECTION	VALUE
Society Affiliation of Submitter (of this Session)	SPR
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	SPR Presidential Scientific Plenary SPR Awards Presentations and Luncheon
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	No special AV needs.
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	This session needs to be as close to the SPR Awards Presentation and Luncheon as possible.

✔ Step 3: Participants

 Edit

SECTION	VALUE

SECTION**VALUE**

Participant 1**Name**

Sallie Permar

Affiliation

Duke University Medical Center

Role

Organizer

Emailsallie.permar@duke.edu

Participant 2**Name**

David A Hunstad

Affiliation

Pediatrics / Infectious Diseases, Washington University

Role

Organizer

Emaildhunstad@wustl.edu

✔ Step 4: Speakers

SECTION**VALUE**

PROPOSAL #: 312433

SESSION TITLE: Bronchopulmonary Dysplasia: Current Clinical Controversies

Contact: Vineet Bhandari Drexel University College of Medicine
vineet.bhandari@drexel.edu

Session Type: State of the Art Plenary

Target Audience: Pediatric Residents, Neonatology Fellows, Physicians, Researchers.

Audience Size: 400-500

Tracks: Clinical and Translational Research|Pulmonology|Pharmacology|Neonatology

Objectives 1. To discuss the current definition of BPD and its drawbacks 2. To learn the current recommendations of steroid use in the NICU for the prevention of BPD 3. To understand the current status of management of PDA, GER and PH, as it relates to BPD 4. To evaluate the current status of the use of diuretics and bronchodilators, as it pertains to BPD

Description: This session will have experts discussing specific controversial areas in the field of BPD, summarizing the latest research and providing guidance to the clinicians for the management of infants with early, evolving and established phases of BPD.

Time Block: (none)

QA: Yes

QA Details: 15 minutes (total)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatology: BPD related topics Neonatology: Clinical Trials/Abstracts

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP SNPPe|SPR|APS

Chairs: Vineet Bhandari (Chair)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Vineet Bhandari : a. 5 minutes

Speaker/Institution: V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNI

Non-Member Justification Vineet Bhandari : (none)

Speaker # 2

Presentation Title The Definition of BPD

Speaker/Duration: Eduardo Bancalari : d. 20 minutes

Speaker/Institution: E. Bancalari, University of Miami, Miami, Florida, UNITED STATES|

Non-Member Justification Eduardo Bancalari : (none)

PROPOSAL #: 312433

SESSION TITLE: Bronchopulmonary Dysplasia: Current Clinical Controversies

Speaker # 3

Presentation Title Steroid (Systemic and Inhaled) use in the NICU

Speaker/Duration: Kristi Watterberg : d. 20 minutes

Speaker/Institution: K.L. Watterberg, Pediatrics, University of New Mexico, Albuquerque, New Mexico, UNITED STATES

Non-Member Justification Kristi Watterberg : (none)

Speaker # 4

Presentation Title Management of PDA and GER

Speaker/Duration: Jonathan Slaughter : d. 20 minutes

Speaker/Institution: J.L. Slaughter, Pediatrics, Nationwide Children's Hospital/The Ohio State University, Columbus, OH

Non-Member Justification Jonathan Slaughter : (none)

Speaker # 5

Presentation Title Diuretics and Bronchodilators

Speaker/Duration: Matthew Laughon : d. 20 minutes

Speaker/Institution: M. Laughon, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES

Non-Member Justification Matthew Laughon : (none)

Speaker # 6

Presentation Title Management of BPD-associated Pulmonary Hypertension

Speaker/Duration: Namasivayam Ambalavanan : d. 20 minutes

Speaker/Institution: N. Ambalavanan, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES

Non-Member Justification Namasivayam Ambalavanan : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312435

SESSION TITLE: Transitions Across the Organization: Journey from Policy to Practice

Contact: Mala Mathur University of Wisconsin Madison
mmathur@wisc.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Health Care providers who care for children, adolescents and young adults in the ambulatory or inpatient setting

Audience Size: 25-50

Tracks: Adolescent Medicine | Hospitalists | General Pediatrics | Community Pediatrics | Children with Special Health Care Needs

Objectives 1) Review available Clinical Guidelines for Youth-Adult Transitions, and understand their unique application to primary, speciality, complex and inpatient care settings. 2) Apply existing tools to standardize Youth-Adult Transition implementation within an organization 3) Recognize challenges to managing Youth-Adult Transition within the electronic health record, and approaches to address these challenges 4) Develop unifying strategies to create common transition Pathways and break down transition silos within an organization having limited resources dedicated to this process

Description: In this session, we will review youth-adult transition practices in distinct settings within a large academic health system, including outpatient general pediatrics and subspecialty care, complex care, and inpatient care. Providers from each area will discuss how the 6 core elements of Youth-Adult Transition can be coordinated through a multidisciplinary Transition Steering Committee assembled to implement an institutional guideline, and catalyzed through Regional Center partnership. Speakers will highlight their unique perspectives about the successes and challenges of coordinating youth-adult transitions across a large system with limited resources dedicated to youth-adult transition. Time will be reserved for audience discussion regarding grass-roots strategies to implement organized approaches to youth-adult transition within large health systems.

Time Block: (none)

QA: Yes

QA Details: Question and Answer session will be at the end of the session and anticipated to be 15 minutes long

Audience Polling: Yes

Polling Details: We would like to ask our audience questions so we can have an audience response to understanding the experience and familiarity that our audience has with health care transitions.

Sabbath Conflicts: N/A

Conflicting Sessions: Transitions Special Interest Group Session

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Mala Mathur (Contact Person)

PROPOSAL #: 312435

SESSION TITLE: Transitions Across the Organization: Journey from Policy to Practice

Speaker # 1

Presentation Title Transition Workflow in a General Outpatient Pediatric Clinic

Speaker/Duration: Mala Mathur : c. 15 minutes

Speaker/Institution: M. Mathur, Pediatrics, University of Wisconsin Madison, Madison, Wisconsin, UNITED STATES

Non-Member Justification Mala Mathur : (none)

Speaker # 2

Presentation Title Transition Workflow within Pediatric Endocrinology Clinic

Speaker/Duration: M. Tracy Bekx : c. 15 minutes

Speaker/Institution: M. Bekx, Pediatric Endocrinology, University of Wisconsin-Madison, Verona, Wisconsin, UNITED STATES

Non-Member Justification M. Tracy Bekx : (none)

Speaker # 3

Presentation Title Transition Challenges with Inpatients and Medically Complex Patients

Speaker/Duration: Ryan Coller : c. 15 minutes

Speaker/Institution: R.J. Coller, Pediatrics, University of Wisconsin, Madison, Wisconsin, UNITED STATES |

Non-Member Justification Ryan Coller : (none)

Speaker # 4

Presentation Title Administrative Perspectives on Transition

Speaker/Duration: Leanne Marso : c. 15 minutes

Speaker/Institution: L. Marso, Pediatrics, University of Wisconsin Hospital and Clinics, Madison, Wisconsin, UNITED STATES

Non-Member Justification Leanne Marso : Ms. Marso is the Nursing Director of Ambulatory Operations at the American Family Children's Hospital and key partner in this project

Speaker # 5

Presentation Title Public Health Perspective on Transitions for Youth with Special Health Care Needs

Speaker/Duration: Timothy Markle : c. 15 minutes

Speaker/Institution: T.S. Markle, Waisman Center, UW Madison, Madison, Wisconsin, UNITED STATES |

Non-Member Justification Timothy Markle : Mr. Markle is the Director for the Wisconsin Southern Regional Center for Youth with Special Health Care Needs and a key partner in the Transitions work that has been done within our organization.



SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Very preterm infants CAN grow. How can we best make this happen? <u>A look to the future.</u>
Description	<p>Many studies over many years have focused on how nutrition of the very preterm infant is related to neonatal growth and to long term outcomes, particularly neurodevelopment. One of the most prominent leaders in this field was Richard Ehrenkranz MD, who led many key studies of preterm infant growth and developmental. This year marks the 20th anniversary of Richard's publication, with colleagues, "Longitudinal growth of hospitalized very low birth weight infants", in which he specifically concluded "these growth curves should not be taken as optimal". Through this and other landmark studies, the importance of preterm infant growth to optimize outcomes became apparent, and nutrition became a key element in very low birth weight infant care. Yet, essential questions remain, and Dr. Ehrenkranz looked to future research to address these critical questions. This session is aimed at describing he future research needed to answer them.</p> <p>Topics and Speakers: Five distinguished speakers will highlight key goals that Richard had for future research in neonatal nutrition and development.</p> <p>1. Key elements in neonatal nutrition that promote growth <i>and</i> improve neurodevelopment. Michael Georgieff: Speaker: 15 minutes, Q&A 5 minutes</p> <p>Michael K. Georgieff, MD Martin Lenz Harrison Land Grant Chair Professor in Pediatrics and the Institute of Child Development Head, Division of Neonatology University of Minnesota Amplatz Children's Hospital Pediatric Neonatology 6th Floor East Building, MB630 2450 Riverside Ave Minneapolis, MN 55454 Phone: (612) 626-2971 Fax: (612) 624-0644 email: georg001@umn.edu</p> <p>Objective: Failure to achieve intrauterine growth potential and slower than optimal postnatal growth in preterm infants co-occur frequently and are both associated with adverse long-term cognitive and neurodevelopmental outcomes. Research should shift to identifying optimal amounts of specific nutritional components, both macronutrient and micronutrient, that promote optimal long-term neurodevelopment and mental health.</p>

SECTION**VALUE**

2. Tanis Fenton: Need for a rational definition and use of the phrases, "Postnatal Growth Restriction" and "extra-uterine growth restriction".**Tanis R Fenton PhD RD**, Speaker: 15 minutes, Q&A 5 minutes

Tanis R Fenton, PhD RD FDC

Associate Professor,

Department of Community Health Sciences,

Cumming School of Medicine,

University of Calgary

3280 Hospital Drive NW,

Calgary, Alberta Canada T2N 4Z6

PH: 403 680 8595

Fax: 403-944-3864

Email: tfenton@ucalgary.ca

Objective: Deviations in infant growth, particularly less than optimal growth that produces suboptimal neurodevelopment, must be defined in terms of growth patterns, rather than a single data point, for the assessment and management of nutrition to optimize growth of preterm infants. Anthropometric measurements <10th percentile at discharge are not specific and sensitive indicators of poor neurodevelopmental outcomes.

3. How mother's milk influences the relationship between growth trajectory and cognition. Richard J. Schanler MD, Speaker: 15 minutes, Q&A 5 minutes

Richard J. Schanler MD

Director, Neonatal Services

Cohen Children's Medical Center and Northwell Health,

Professor, Zucker School of Medicine at Hofstra/Northwell

Phone: 718-470-3440

Fax: 718-347-3850 (fax)

Email: schanler@northwell.edu

Objective: Fundamental to preterm infant nutrition is to learn through new research how best to produce and balance optimal nutrient delivery while maximizing the benefits of mother's milk. Critical to this aim is the need to define through future research what it is in mother's milk that promotes neurodevelopment, which consistently has been shown to be one of the major benefits of feeding preterm infants their own mother's milk.

4. How best to balance nutrition to minimize later obesity and metabolic disease. Sarah N. Taylor MD, Speaker: 15 minutes, Q&A 5 minutes

Sarah N. Taylor, MD, MSCR

Associate Professor of Pediatrics (Neonatology)

Yale School of Medicine

430 Congress Avenue

New Haven, CT 06519

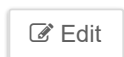
T: 203-785-2559

SECTION	VALUE
	<p>F: 203-688-5426 sarah.n.taylor@yale.edu Objective: Research is critically needed to determine how best to promote improved nutrition and growth of very preterm infants but avoid later life excess fat deposition and risk of obesity and metabolic disease, especially in infants who have suffered growth restriction, prenatal and postnatal.</p> <p>5. The essential role of the dietician in neonatal nutrition. Sharon Groh-Wargo, Speaker: 15 minutes, Q&A 5 minutes Sharon Groh-Wargo PhD, RDN Professor, Pediatrics and Nutrition Case Western Reserve University School of Medicine Neonatal Nutritionist MetroHealth Medical Center C-G 73 2500 MetroHealth Dr Cleveland, Ohio 44109 USA Phone: (216) 778-5902 Fax: (216) 778-3252 Email: sgrohwargo@metrohealth.org</p> <p>Objective: Advances in nutrition research for the preterm infant should be conducted in relation to the additive beneficial impacts of the neonatal dietitian <i>and</i> the provision of excellent neonatal nutrition as a result of this essential role.</p>
Objectives	<p>Objectives: The attendee will learn about current state of the art and science regarding nutrition of the preterm infant and research needed to promote growth and development of these infants with specific focus on:</p> <ol style="list-style-type: none"> 1. Key elements in neonatal nutrition that promote growth and improve neurodevelopment; 2. How to define growth restriction and to more accurately assess when an infant is not growing and developing optimally; 3. How mother’s milk influences the relationship between growth trajectory and cognition and the research needed to advance enteral feeding with human milk diets; 4. How best to balance nutrition to minimize later obesity and metabolic disease but advance lean body and brain growth and improve neurodevelopment. 5. How the essential role of the dietician in neonatal nutrition can promote quality improvement research that will promote growth and neurodevelopment, as well as ensure optimal nutritional management of very preterm infants.
Target audience	<p>Scientists and clinicians involved with nutritional care of critically ill and physiologically unstable preterm infants.</p>

SECTION	VALUE
Tracks (select all that apply)	Neonatology; Obesity/Metabolism; Gastroenterology and Nutrition; Clinical and Translational Research; Critical Care; Basic Science; Academic and Research Skills
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	200-300
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	Each speaker will talk for 15 minutes, with 5 minutes for Q&A each (total of 25 minutes for Q&A) for a total session time of 120 minutes.
Society Affiliation of Submitter (of this Session)	NASPGHAN; SPR; FOPO; AAP; APS; APA; MOD; PES; JPS; ASPN
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Perinatal Nutrition and Metabolism Club Milk Club Feeding Club
Is there a Sabbath conflict for this session?	Saturday
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Platform Podium, computer and screen, microphones at the podium and in the audience

SECTION	VALUE
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	Historically in PAS meetings sessions like this one that focus on nutrition of the preterm infant have drawn large, over-flowing crowds. They are popular with the largest group at the PAS meeting--Neonatologists--and with those who attend the hugely popular Perinatal Nutrition and Metabolism Club. The breadth of topics and their timeliness should make this session exceptionally popular and well attended.

✔ Step 3: Participants



SECTION	VALUE
Participant 1	<p>Name William Hay</p> <p>Affiliation Pediatrics, University of Colorado School of Medicine</p> <p>Role Chair</p> <p>Email bill.hay@ucdenver.edu</p>
Participant 2	<p>Name Laura D Brown</p> <p>Affiliation Pediatrics, University of Colorado School of Medicine</p> <p>Role Chair</p> <p>Email laura.brown@ucdenver.edu</p>

SECTION**VALUE**

Participant 3**Name**

Michael Georgieff

Affiliation

Pediatrics, University of Minnesota Amplatz Children's Hospital

Role

Presenter

Email

georg001@umn.edu

Participant 4**Name**

Tanis Fenton

Affiliation

University of Calgary

Role

Presenter

Email

tfenton@ucalgary.ca

Participant 5**Name**

Richard Schanler

Affiliation

Pediatrics, Cohen Children's/Hofstra Northwell School of Medicine

Role

Presenter

Email

schanler@northwell.edu

Participant 6**Name**

Sarah Taylor

Affiliation

Pediatrics, Yale University School of Medicine

Role

Presenter

Email

sarah.n.taylor@yale.edu

SECTION**VALUE**

Participant 7**Name**

Groh-Wargo Sharon

AffiliationPediatrics and Nutrition, Case Western Reserve University School of
Medicine**Role**

Presenter

Emailsgrohwargo@metrohealth.org

✔ Step 4: Speakers

SECTION**VALUE**

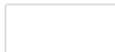
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SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Key insights into how nutritional exposures in very preterm infants impact immune development and nutrient-gene interactions that determine risks of life-long vulnerability to disease.
Description	<p>This session is presented in recognition of Richard Ehrenkranz MD and his key insights into how nutritional exposures in very preterm infants impact immune development and nutrient-gene interactions that determine risks of life-long vulnerability to disease. This session is aimed at understanding environmental and dietary exposures that affect the extremely preterm infant and how current and future -omics era research, certainly one of the most exciting research approaches now available, can improve neonatal nutritional therapy and lead to more optimal later life outcomes. Specific presentations will lead to a deeper understanding of how the maternal environment, pre and postnatal diet, and specific nutrients in the diets of pregnant women and their preterm infants influence growth and developmental outcomes. New areas of investigation, including the maternal and fetal microbiome and specific nutrient-gene interactions that determine protein expression and downstream effects on growth and development and later health and disease, will be presented. The challenge of how to interpret -omics data for successful bench to bedside translation to guide optimal nutritional delivery will be reviewed. A critical appraisal of the maternal-fetal environment and current nutritional practices and their impact on neonatal health and disease will be presented in parallel with the latest pre-clinical and clinical data. Potential novel nutritional practices and monitoring will be offered. In addition, gaps in the current state of knowledge will be identified to guide future priorities in neonatal nutrition research.</p> <p>Topics and Speakers:</p> <p>Nutrient driven microbiome profiles during pregnancy and their role in neonatal health outcomes Speaker: 20 minutes (Josef Neu) Q&A 10 minutes</p> <p>Josef Neu, MD Professor of Pediatrics Director of Neonatology Fellowship Training Program University of Florida Division of Neonatology PO Box 100296 Gainesville, FL 32610-0296 Phone: 352-392-4195 Fax: 352-273-9054</p>

SECTION**VALUE**

email: neuj@peds.ufl.edu

Objective: Diet and stress during pregnancy have major effects on the maternal intestinal microbiota, which translate to subsequent health and disease in the newborn. Mechanisms for these effects derive from microbial metabolites and immunologic interactions in the maternal gastrointestinal tract. The evidence for such modifications of the maternal microbiota will be discussed as well as next steps for clinical translation.

Breast milk is best...now what? Optimizing quantity, content, and delivery

Speaker: 20 minutes (Chris Fusch) Q&A 10 minutes

Christoph Fusch, MD, PhD

Professor and Former Inaugural Holder of the Jack Sinclair Chair of Neonatology

Department of Pediatrics

McMaster University

Hamilton, Ontario

Canada

email: fusch@mcmaster.ca

Professor of Pediatrics

Director and Chair of the Department of Pediatrics

Paracelsus Medical University Nuernberg

Nuernberg General Hospital

Breslauer Str. 201

D-90471 Nuernberg, Germany

T: +49 911 398 2276; Fax: +49 911 398-5107

Email: christoph.fusch@klinikum-nuernberg.de

Objective: The benefits of human milk for preterm infants are numerous; however, challenges remain in ensuring quality and quantity during the critical first months while in the NICU and during the transition to home. Emerging nutritional strategies to bring this optimization to the bedside and home will be discussed.

Realizing the promise of targeted immunonutrient delivery

Speaker: 20 minutes (Camilia Martin) Q&A 10 minutes

Camilia R. Martin, MD MS

Professor of Pediatrics, Harvard Medical School

Associate Director, NICU, Department of Neonatology

Director for Cross-Disciplinary Research Partnerships, Division of Translational Research

Beth Israel Deaconess Medical Center

330 Brookline Avenue, Rose-318, Boston, MA 02215

Phone: 617-667-3276

SECTION**VALUE**

Fax: 617-667-7040
email: cmartin1@bidmc.harvard.edu

Objective: Preterm delivery leads to an interruption of maternal to fetal nutrient supply. Subsequent replacement of specific immunonutrients may not meet fetal or intrauterine accretion rates due to the limitations in nutritional products and current practices. Additionally, recent clinical trials and metabolomic data suggest that single replacement of nutrients may not fully realize the promise of targeted Immunonutrition that was demonstrated in pre-clinical studies. A critical appraisal of the current state of knowledge in immunonutrition applied to the preterm infant will be discussed. Approaches to fill in knowledge gaps and overcome current limitations will be proposed to successfully implement targeted immunonutrition as a strategy to optimize development and health in preterm infants.

Defining and Developing Biomarkers and bioindicators of nutritional efficacy
Speaker: 20 minutes (Michael Georgieff) Q&A 10 minutes


Michael K. Georgieff, MD
Martin Lenz Harrison Land Grant Chair
Professor in Pediatrics and the Institute of Child Development
Head, Division of Neonatology
University of Minnesota Amplatz Children's Hospital
Pediatric Neonatology
6th Floor East Building, MB630
2450 Riverside Ave
Minneapolis, MN 55454
Phone: (612) 626-2971
Fax: (612) 624-0644
email: georg001@umn.edu

Objective: The time between early nutritional delivery and later childhood health outcomes remains a black hole in understanding how nutrition influences health and risk of disease. Current markers of neonatal nutritional status typically use statistical cut-offs to index sufficiency, but don't typically index organ health and thus may bear little relation to acute or long-term health. This limits their usefulness to adjust nutritional delivery in real time to optimize nutritionally-induced outcomes. The current state of nutritional biomarkers as well as an approach to identify future indicators of nutritional health will be discussed.

SECTION	VALUE
Objectives	Objectives: 1. Understand how the maternal and neonatal microbiome is influenced by maternal and neonatal diets and how it contributes to healthy outcomes. 2. Review the ways human milk (mother's own and donor) can be supplemented to optimize nutrition and infant health outcomes. 3. Explore the potential and evaluation of targeted immunonutrition for the preterm infant. 4. Understand the need for more precise and predictive biomarkers and bio-indicators for guiding nutrition in preterm infants.
Target audience	Scientists and clinicians involved with nutritional care of critically ill and physiologically unstable preterm infants.
Tracks (select all that apply)	Academic and Research Skills; Neonatology; Hospitalists; Critical Care; Gastroenterology and Nutrition; Obesity/Metabolism; Basic Science; Endocrinology
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	200-300
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	40 minutes (10 minutes after each talk)
Society Affiliation of Submitter (of this Session)	MOD; JPS; PES; APA; NASPGHAN; SPR; AAP

SECTION	VALUE
<p>Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.</p>	<p>Perinatal Nutrition and Metabolism Club Milk Club Feeding Club</p>
<p>Is there a Sabbath conflict for this session?</p>	<p>Saturday</p>
<p>Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)</p>	<p>Podium with microphone and audience microphones, computer with projector and screen</p>
<p>Would you be interested in having interactive audience polling/response capability in your session?</p>	<p>No</p>
<p>If yes, please provide more details about the functionality you are interested in.</p>	
<p>Additional comments about this session (please do not repeat session description details):</p>	<p>Historically in PAS meetings sessions like this one that focus on nutrition of the preterm infant have drawn large, over-flowing crowds. They are popular with the largest group at the PAS meeting—Neonatologists, with the largest subgroup of Neonatologists at the PAS meeting—those interested in perinatal and neonatal nutrition, and with those who attend the hugely popular Perinatal Nutrition and Metabolism Club.</p>

✔ Step 3: Participants

 Edit

SECTION	VALUE

SECTION**VALUE**

Participant 1**Name**

William Hay

Affiliation

Pediatrics, University of Colorado School of Medicine

Role

Chair

Email

bill.hay@ucdenver.edu

Participant 2**Name**

Camilia R Martin

Affiliation

Beth Israel Deaconess Medical Center

Role

Chair

Email

cmartin1@bidmc.harvard.edu

Participant 3**Name**

Josef Neu

Affiliation

Pediatrics/Neonatology, University of Florida

Role

Presenter

Email

nej@peds.ufl.edu

Participant 4**Name**

christoph fusch

Affiliation

Pediatrics, Paracelsus Medical University Nuernberg

Role

Presenter

Email

christoph.fusch@klinikum-nuernberg.de

SECTION**VALUE**

Participant 5**Name**

Camilia R Martin

Affiliation

Beth Israel Deaconess Medical Center

Role

Presenter

Emailcmartin1@bidmc.harvard.edu

Participant 6**Name**

Michael Georgieff

Affiliation

Pediatrics, University of Minnesota Amplatz Children's Hospital

Role

Presenter

Emailgeorg001@umn.edu

✔ Step 4: Speakers

SECTION**VALUE**

PROPOSAL #: 312450**SESSION TITLE:** Payment Reform for Children's Healthcare: Aiming for Value and Integrated Care**Contact:** Charlene Wong Duke university
charlene.wong@duke.edu**Session Type:** State of the Art Plenary**Target Audience:** Children's health providers, advocates, and policymakers**Audience Size:** 600**Tracks:** Advocacy/Public Policy|Health Services Research|Social Determinants/Health Disparities|Vulnerable and Underserved Populations/Health Equity & Social Justice|Public Health**Objectives**

- Define the importance of value-based payment reform and integrated care for innovation in children's health
- Describe important considerations and opportunities for action in integrated care for children
- Identify value-based payment reform priorities and implementation strategies for children's health

Description: Attracting payer and policymaker attention to increased and innovative delivery and payment reforms for children's healthcare has been difficult, since more costly adult needs often overshadow child-specific needs. Value-based payment reform refers to changing payments to support care that achieves improved health and experience outcomes at lowered costs. The move towards value-based payment reform in healthcare presents a critical opportunity for children's health providers to make the case for (1) integrated care models that will increase the value of children's healthcare, and (2) payment models that are specifically designed to improve children's short- and long-term health and well-being outcomes.
Value-based payment reform and integrated care for children has become even more timely with the fall 2018 announcement from the Center for Medicare and Medicaid Services (CMS) of the Integrated Care for Kids (InCK) Model. This model is a child-centered local service delivery and state payment model, aimed at reducing expenditures and improving the quality of care for children in Medicaid and CHIP, especially those with or at-risk for developing significant health needs.
This State of the Art Plenary will include lectures from two distinguished speakers, followed by a moderated discussion.
Patrick Conway, MD MSCE, is a pediatrician and the President and CEO of Blue Cross and Blue Shield of North Carolina. Prior to BCBS, Conway served as Deputy Administrator for Innovation and Quality at CMS and Director of the Center for Medicare and Medicaid Innovation (CMMI). Under his leadership, CMMI engaged in initiatives on payment reform and integrated care for children.
Debbie Chang, MPH is Senior Vice President of Policy and Prevention for Nemours Children's Health System. Ms. Chang works to leverage Nemours' expertise and experience to spread and scale what works through national policy and practice changes to improve the health and well-being of children nationwide, including Nemours innovative transformation to a value-based health system. Ms. Chang also co-directs Moving Health Care Upstream, a national collaborative network to test, develop and spread innovative population health strategies.
Chair Charlene Wong, MD MSHP is an adolescent medicine pediatrician and health services researcher at Duke University and the Duke-Margolis Center for Health Policy whose work focuses on health-related behavior change, behavioral economics, and health policy.**Time Block:** (none)**QA:** Yes**QA Details:** Moderated discussion by Charlene Wong with prepared questions for discussion (15 minutes) as well as some time for audience Q & A (15 minutes). 30 minutes total.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312450

SESSION TITLE: Payment Reform for Children's Healthcare: Aiming for Value and Integrated Care

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None.

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Charlene Wong (Chair)

Speaker # 1

Presentation Title The importance of value-based payment reform and integrated care for innovation in children's health

Speaker/Duration: Patrick Conway : f. 30 minutes

Speaker/Institution: P. Conway, Blue Cross Blue Shield of North Carolina, Durham, North Carolina, UNITED STATES

Non-Member Justification Patrick Conway : (none)

Speaker # 2

Presentation Title Opportunities for action in integrated care and value-based payment models for children:
Addressing the social determinants of health and creating community partnerships

Speaker/Duration: Debbie Chang : f. 30 minutes

Speaker/Institution: D. Chang, Nemour's Children Health System, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Debbie Chang : Debbie Chang is a nationally renowned expert in child health policy, though not a clinician member of the aforementioned societies.

PROPOSAL #: 312451

SESSION TITLE: Birthmarks: From Patterns to Precision Medicine

Contact: Maria Garzon Columbia University
mcg2@cumc.columbia.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: pediatricians, neonatologists, geneticists, neurologists, pediatric hospitalists, oncologists

Audience Size: 50-100

Tracks: Clinical and Translational Research|Genetics

Objectives 1.Enhance diagnostic skills to recognize patterns of birthmarks which may predict systemic associations 2.Explore the role of next generation sequencing in the diagnosis of birthmarks and other segmental disorders 3.Examine the predictive value of genotypes in understanding disease behavior and guiding clinical care

Description: Birthmarks represent a heterogeneous group of congenital malformations of the skin and have been associated with systemic malformations/syndromes. Advances in next-generation sequencing (NGS) provide unprecedented resolution to characterize the extent of mutational events that occur after fertilization during embryogenesis (post-zygotic somatic mosaicism). Birthmarks serve as a paradigm for understanding mosaicism in human disease as NGS has revealed the majority, if not all “birthmarks” are caused by post-zygotic variants in oncogenic pathways that control cell cycle.

 <i>Mosaicism explains the variability in syndromic associations</i>:
 The concept that birthmarks represent mosaicism was popularized by Happle owing to the observation that they occur in patterns following developmental units or lines. Pathogenic mutations arising early in development may occur within a multipotent progenitor cell thereby impacting more tissues. Therefore, a specific variant’s effect on phenotype is governed by the gene that is altered, the timing of the mutational event, and the cell line and tissues that are affected. Clinical examples include Sturge Weber syndrome (SWS), neurocutaneous melanocytosis and epidermal nevus syndrome.

 <i>Size, location and shape of birthmark predicts prognosis:</i>
 Birthmark patterns also provide clues to their pathogenesis and predict the occurrence of associated anomalies. Lesions that arise within developmental subunits or follow patterns of embryonic cell migration support the post-zygotic nature of mutational events. The identification of birthmark patterns has led to an ability to determine risk for systemic involvement. Examples include the segmental distribution of infantile hemangioma in PHACE syndrome and the presence of multifocal congenital melanocytic nevi in the setting of neurocutaneous melanocytosis. Patterns also provide clues about embryonic cell trafficking.

 <i>Birthmarks and cancer-associated mutations:</i>
 The ability to perform NGS on tissue samples has revealed that the majority of genes involved in birthmarks have been identified in human cancers. Somatic mutations in cancer associated genes such as <i>PIK3CA</i>, <i>GNAQ</i>, <i>BRAF</i>, <i>NRAS</i>, <i>KRAS</i>, <i>HRAS</i>, are found in “benign” lesions such as capillary malformation, melanocytic nevi and epidermal nevi. These discoveries provide a foundation for the development of personalized targeted therapies and continued interrogation of oncogenes in benign developmental disorders could provide insight into fundamental mechanisms regulating cell growth, differentiation, and the development of cancer.

 In this session we will summarize these recent findings, which explore the convergence of cancer genomics with “benign birthmarks” and their associated noncutaneous disorders. We will examine the implications these findings have on clinical practice and the potential promise for precision-based treatment.

 Selected References
 Al-Olabi L, Polubothu S, Dowsett K, et al.Mosaic RAS/MAPK variants cause sporadic vascular malformations which respond to targeted therapy.J Clin Invest. 2018 Apr 2;128(4):1496-1508. doi:

PROPOSAL #: 312451

SESSION TITLE: Birthmarks: From Patterns to Precision Medicine

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 Groesser L, Herschberger E, Ruetten A, Ruivenkamp C, Lopriore E, Zutt M, Langmann T, Singer S, Klingseisen L, Schneider-Brachert W, Toll A, Real FX, Landthaler M, Hafner C. Postzygotic HRAS and KRAS mutations cause nevus sebaceous and Schimmelpenning syndrome. *Nat Genet*. 2012 Jun 10;44(7):783-7. doi: 10.1038/ng.231

 Kinsler VA, Larue L. The patterns of birthmarks suggest a novel population of melanocyte precursors arising around the time of gastrulation. *Pigment Cell Melanoma Res*. 2018 Jan;31(1):95-109. doi: 10.1111/pcmr.12645. Epub 2017 Oct 13.

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 Richards S, Aziz N, Bale S, Bick D, Das S, Gastier-Foster J, et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genet Med* 2015;17:405e24.

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 Shirley MD, Tang H, Gallione CJ, Baugher JD, Frelin LP, Cohen B, North PE, Marchuk DA, Comi AM, Pevsner J. Sturge-Weber syndrome and port-wine stains caused by somatic mutation in GNAQ. *N Engl J Med*. 2013 May 23;368(21):1971-9. doi: 10.1056/NEJMoa1213507. Epub 2013 May 8.

 Siegel DH, Cottrell CE, Streicher JL, Schilter KF, Basel DG, Baselga E, Burrows PE, Ciliberto HM, Vigh-Conrad KA, Eichenfield LF, Holland KE, Hogeling M, Jensen JN, Kelly ME, Kim W, King DM, McCuaig C, Mueller KA, Pope E, Powell J, Price H, Steiner JE, Frieden IJ, Tollefson MM, Drolet BA. Analyzing the Genetic Spectrum of Vascular Anomalies with Overgrowth via Cancer Genomics. *J Invest Dermatol*. 2018 Apr;138(4):957-967. doi: 10.1016/j.jid.2017.10.033. Epub 2017 Nov 22

Time Block: (none)**QA:** Yes**QA Details:** Ten minutes for questions after each section PLEASE SEE COMMENTS BELOW**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Vascular Anomalies/Hemangioma Neurocutaneous Disorders**Additional Comments:** Other Society Affiliation Pediatric Dermatology Research Alliance (PeDRA)-Society of Pediatric Dermatology Society for Investigative Dermatology We would like to have a 10 minute period for questions after each 20 minute presentation (not after the

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312451

SESSION TITLE: Birthmarks: From Patterns to Precision Medicine

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|Other Society Affiliation

Chairs: Maria Garzon (Chair)

Speaker # 1

Presentation Title Birthmarks: From Patterns to Precision Medicine-Introduction

Speaker/Duration: Maria Garzon : a. 5 minutes

Speaker/Institution: M.C. Garzon, Dermatology and Pediatrics, Columbia University, New York City, New York, UNI

Non-Member Justification Maria Garzon : (none)

Speaker # 2

Presentation Title Mosaicism and Syndromic Associations:

Speaker/Duration: Amy Paller : d. 20 minutes

Speaker/Institution: A. Paller, Dermatology and Pediatrics, Northwestern University , Chicago, Illinois, UNITED STA

Non-Member Justification Amy Paller : (none)

Speaker # 3

Presentation Title Patterns, Pathogenesis and Prognosis

Speaker/Duration: Maria Garzon : d. 20 minutes

Speaker/Institution: M.C. Garzon, Dermatology and Pediatrics, Columbia University, New York City, New York, UNI

Non-Member Justification Maria Garzon : (none)

Speaker # 4

Presentation Title Birthmarks and Cancer-associated Mutations

Speaker/Duration: Beth Drolet : d. 20 minutes

Speaker/Institution: B. Drolet, Dermatology and Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin,

Non-Member Justification Beth Drolet : (none)

PROPOSAL #: 312453**SESSION TITLE:** Making Pediatric Trials a Priority: New Global Networks Working to Change the Research Landscape**Contact:** Collin Hovinga
collin.hovinga@iactc.org
Institute for Advanced Clinical Trials for Children**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinicians interested in becoming involved in research, planning and trial innovation in pediatric patients around the world.**Audience Size:** 100**Tracks:** International and Global Health|Academic and Research Skills|Pharmacology**Objectives** 1. Review the current successes and limitations of clinical trials in children in different nations. 2. Describe the initiatives national trial networks are undertaking and how global interoperability is being fostered. 3. Provide examples of how PAS investigators can participate in these national networks.**Description:** Today, 90% of treatments for neonates are used off-label, as are 50% of medicines used in all pediatric age groups. Even in the wake of regulations such as PREA and its ex-US equivalents that require the conduct of pediatric trials, 60% of those trials fail, and it takes an average of nine years for a treatment with adult labeling to get a pediatric indication. Recently, new national & multi-national networks have formed to address the key barriers to successful pediatric trials – and to foster a more global, interoperable approach to trial design and conduct, regulatory interactions, and eventual market authorization. These networks are also exploring innovative solutions to the limited availability of experienced study sites and eligible pediatric patients. These multi-subspecialty networks are working together to build shared standards and best practices; provide guidance on trial design and execution of pediatric studies; create a global state of interoperability; foster studies in all age pediatric groups; develop novel trial designs and outcomes that facilitate more rapid trial completion; and provide education and quality improvement processes to maintain the sustainability of the networks. During this symposium, the leaders of global network I-ACT for Children, Europe's Conect4Children (C4C), Japan's Pediatric Clinical Trial Network and Canada's pediatric clinical trial network (KIDScan Trials) will outline their vision, describe some of the latest innovations designed to improve the speed and quality of pediatric clinical trials, and discuss how investigators and research institutions can become involved in these efforts.**Time Block:** (none)**QA:** Yes**QA Details:** 10-15 minutes**Audience Polling:** Yes**Polling Details:** General polling function following audience questions**Sabbath Conflicts:** N/A**Conflicting Sessions:** Please have on Saturday or Sunday as our Canadian representative cannot attend after noon on Monday.**Additional Comments:** Jon Davis endorsed/suggested symposium**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP|Other Society Affiliation**Chairs:** Collin Hovinga (Presenter); Jonathan Davis (Moderator); Mark Turner (Presenter); Hide Nakamura

PROPOSAL #: 312453

SESSION TITLE: Making Pediatric Trials a Priority: New Global Networks Working to Change the Research Landscape

(Presenter); Thierry Lacaze (Presenter)

Speaker # 1

Presentation Title Institute for Advanced Clinical Trials for Children (I-ACT): US Perspectives on Pediatric Clinical Trials

Speaker/Duration: Collin Hovinga : e. 25 minutes

Speaker/Institution: C. Hovinga, Institute for Advanced Clinical Trials for Children, Rockville, Maryland, UNITED STATES

Non-Member Justification Collin Hovinga : (none)

Speaker # 2

Presentation Title Conect 4 Children: European Perspectives on Pediatric Clinical Trials

Speaker/Duration: Mark Turner : e. 25 minutes

Speaker/Institution: M. Turner, Conect 4 Children, Liverpool, UNITED KINGDOM |

Non-Member Justification Mark Turner : International

Speaker # 3

Presentation Title Japanese Pediatric Clinical Trial Network: Japanese Perspectives on Pediatric Clinical Trials

Speaker/Duration: Hide Nakamura : e. 25 minutes

Speaker/Institution: H. Nakamura, Japanese National Center for Child Health and Development, Tokyo, JAPAN |

Non-Member Justification Hide Nakamura : International

Speaker # 4

Presentation Title KidsCAN: Canadian Perspectives on Pediatric Clinical Trials

Speaker/Duration: Thierry Lacaze : e. 25 minutes

Speaker/Institution: T. Lacaze, KidsCAN Trials for Children, Calgary, Alberta, CANADA |

Non-Member Justification Thierry Lacaze : International

PROPOSAL #: 312455**SESSION TITLE:** Scaling Local Practice-Based Research to a National Level: Lessons Learned from the AAP's Pediatric Research in Office Settings (PROS)**Contact:** Alexander Fiks
fiks@email.chop.edu
Childrens Hospital Philadelphia**Session Type:** Hot Topic/Topic Symposia**Target Audience:** This program is geared to investigators (MDs, PhDs and research staff) of all levels who are interested in the development of pragmatic practice-based interventions with the potential to change practice on a national level.**Audience Size:** 75**Tracks:** Academic and Research Skills|Health Services Research|Clinical and Translational Research**Objectives** (1)To better prepare attendees to implement pragmatic clinical trials on a national scale (2)To provide attendees with practical tools to scale promising interventions to a national level, accounting for the needs of multiple stakeholder groups**Description:** It can be challenging to take research findings from local to national scope, yet scaling to diverse practice settings is key to maximizing generalizability and impact. Careful adaptation of the intervention and outcome measures is needed. Adaptation will involve multiple challenges and opportunities, some clear from the onset and some hidden.

 In this session, grounded in the 30 year experience of the AAP Pediatric Research in Office Settings (PROS) network in conducting national primary care practice-based research, we will cover key domains that investigators should consider in successfully scaling local research to a national level: 1) collaboration with practicing pediatricians as key stakeholders in the process; 2) adaptation of the intervention, including use of technology, pilot testing, and different methods of intervention implementation (pragmatic effectiveness vs. efficacy); 3) operationalizing valid outcome measures with feasible assessment and data flow strategies under the constraints of tight budgets and busy practice settings; 4) Recruitment and engagement of practices; and 5) Addressing human subjects considerations including who are the study participants (patients, parents, practitioners and staff) and tailoring procedures for informed consent and enrollment to maximize efficiency and appeal.

 These areas will be explored in the context of the evolving needs of families, parents/caregivers, practitioners, practices, health systems and payors. Investigators from multiple institutions, research staff from the AAP's Pediatric Research in Office Settings (PROS) research network, and practitioners who have participated in PROS studies will share experiences and lessons learned in the field. Using examples drawn from numerous NIH-funded interventions conducted by the PROS team in partnership with investigators, this symposium will offer pragmatic, effective strategies for scaling local research. Diverse clinical content will be discussed, highlighting areas such as social determinants of health, judicious antibiotic use, obesity treatment, influenza, and HPV vaccination.**Time Block:** (none)**QA:** Yes**QA Details:** Yes. 30 minutes total expected.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**AAP Presidential Plenary PCRN SIG Immunization Topic Symposium

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312455

SESSION TITLE: Scaling Local Practice-Based Research to a National Level: Lessons Learned from the AAP's Pediatric Research in Office Settings (PROS)

Additional Comments: None.

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA|SPR

Chairs: Alexander Fiks (Chair); Melissa Stockwell (Discussant); Laura Shone (Discussant); Margaret Wright (Discussant); Dianna Abney (Discussant); Arvin Garg (Discussant)

Speaker # 1

Presentation Title Introduction to Scaling Local Practice-Based Research to a National Level: Lessons Learned from the AAP's Pediatric Research in Office Settings (PROS)

Speaker/Duration: Alexander Fiks : b. 10 minutes

Speaker/Institution: A. Fiks, Pediatrics, Childrens Hospital Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification Alexander Fiks : AAP, APA, SPR

PROPOSAL #: 312456**SESSION TITLE:** Innovative Approaches to Pediatric Clinical Trials**Contact:** Robert Nelson Johnson & Johnson
rnelso30@its.jnj.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric Clinical Investigators**Audience Size:** 50-75**Tracks:** Academic and Research Skills|Pharmacology|Clinical and Translational Research**Objectives** (1)Understand the ethical obligation to minimize the risks to children in clinical research, and the implications for the use of innovative methods in pediatric clinical trial design. (2)Describe innovative approaches to establishing dosing in children. (3)Recognize the role of extrapolation and modeling and simulation in the design of pediatric clinical studies. (4)Understand basic conceptual approaches to the use of Bayesian methods in support of the extrapolation of “source” adult (and/or older children) data to “target” pediatric populations.**Description:** Pediatric tragedies led to the reform of pharmaceutical regulations and human subjects protections; however, children have been systematically excluded from appropriate clinical trials. This exclusion has been partially addressed by incentives put into place over the past two decades to conduct pediatric clinical trials in support of adequate labeling for the safe and effective use of FDA-approved medications in children. Even so, pediatric clinical trials remain challenging given such factors as the small number of children with the corresponding indication and reluctance to expose children to a placebo when a drug already has been shown to be effective in adults. As a result, innovative approaches to pediatric clinical trials must be explored and utilized if children are to be afforded access to safe and effective pediatric medications. This session will explore the use of innovation approaches to pediatric clinical trials. The first presentation will lay the groundwork for the ethical obligation to minimize the research risks to children using extrapolation and other innovative trials designs. There will then follow three presentations that will cover: (1) innovative approaches to pharmacokinetics (PK) (such as physiologically-based PK modeling, confirmation of modeled dosing using population PK, and small volume assays); (2) the use of extrapolation and modeling and simulation (building on on-going work of the International Council on Harmonization); and (3) principles of Bayesian design and analysis (drawing on industry experience). Among the key messages that will be incorporated into the session are: (1) Children are exposed to unnecessary or overly burdensome clinical trials by failing to design adult clinical trials (e.g., evaluating exposure-response, incorporating endpoints that are applicable to all ages) to support extrapolation of adult results to adolescents and/or younger children; (2) Conceptually, Bayesian statistical inference is a better fit with using extrapolation in pediatric drug development. Whether (and how much) prior (adult and/or pediatric) data can be used to support pediatric efficacy is a clinical (not statistical) judgment. (3) When scientifically, clinically and ethically appropriate, adolescents should be included in phase 3 adult clinical trials to support extrapolation to younger populations and to speed pediatric access to safe and effective medications.**Time Block:** (none)**QA:** Yes**QA Details:** Moderator-led Q&A session for 30 minutes, with each presentation approximately 20 minutes.**Audience Polling:** No

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312456

SESSION TITLE: Innovative Approaches to Pediatric Clinical Trials

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Avoid scheduling at the same time as other sessions on clinical pharmacology, clinical trial designs, and statistics.

Additional Comments: The session will be interdisciplinary, with speakers from academia, regulators (FDA) and industry.

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Robert Nelson (Contact Person)

Speaker # 1

Presentation Title Moderator

Speaker/Duration: Susan McCune : b. 10 minutes

Speaker/Institution: S. McCune, Office of Pediatric Therapeutics, Food and Drug Administration, Silver Spring, Mar

Non-Member Justification Susan McCune : (none)

Speaker # 2

Presentation Title Risk Minimization and Innovation as a Moral Obligation in Pediatric Clinical Trials

Speaker/Duration: Donna Snyder : d. 20 minutes

Speaker/Institution: D. Snyder, Office of Pediatric Therapeutics, Food and Drug Administration, Silver Spring, Maryl

Non-Member Justification Donna Snyder : (none)

Speaker # 3

Presentation Title Innovative Approached to Pediatric Pharmacokinetics

Speaker/Duration: Athena Zuppa : d. 20 minutes

Speaker/Institution: A. Zuppa, Anesthesia and CCM, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania,

Non-Member Justification Athena Zuppa : (none)

Speaker # 4

Presentation Title Pediatric Extrapolation and the Use of Modelling and Simulation

Speaker/Duration: Lynne Yao : d. 20 minutes

Speaker/Institution: L.P. Yao, CDER, U.S. FDA, Silver Spring, Maryland, UNITED STATES|

Non-Member Justification Lynne Yao : (none)

Speaker # 5

Presentation Title Principles of Bayesian Design and Analysis

Speaker/Duration: Robert Nelson : d. 20 minutes

Speaker/Institution: R.M. Nelson, Child Health Innovation Leadership Department (CHILD), Johnson & Johnson, Rar

Non-Member Justification Robert Nelson : (none)

PROPOSAL #: 312464

SESSION TITLE: Rounding the Bases: Where's Home-base for Neurodevelopmental Follow-up for Preterm Infants?

Faculty
Curt Bennett, MD is Professor of Pediatrics at the University of Washington School of Medicine and serves as the Director for the High At-Risk Infant Follow-up Program at Seattle Children's Hospital. He is also Director of the State of Washington Medical Home Leadership Network. Nationally, Dr. Bennett is the Chairman of the Sub-board on Developmental-Behavioral Pediatrics for the American Board of Pediatrics.

Alexa Craig, MD is a pediatric neurologist and clinical researcher whose work focuses on the treatment of seizures, motor movements in prematurely born infants, and the early prediction of cerebral palsy. She is currently involved in the neurodevelopmental of high-risk infants, using telemedicine to perform motor assessments and consultation for children with HIE.

Dennis Kuo, MD is a general academic pediatrician, Division Chief of General Pediatrics at UBMD Pediatrics and the University at Buffalo, and Medical Director of Primary Care Services at the John R. Oishei Children's Hospital. Dr. Kuo's research interests focus on health care systems and quality improvement for children with special health care needs, children with medical complexity, the patient/family-centered medical home, and family-centered care.

Betty Vohr, MD is Professor of Pediatrics at the Brown University School of Medicine and has been the director of Women & Infants Hospital's Neonatal Follow-up Clinic since 1974. Dr. Vohr's primary clinical and research interests focus on improving the long-term outcomes of high-risk premature infants and infants with hearing loss. She is an internationally recognized expert in the long-term follow-up of high-risk, preterm infants.

Moderators
Jonathan Litt, MD, MPH, ScD is a Neonatologist at Beth Israel Deaconess Medical Center and Director of the NICU GraDS program at Boston Children's Hospital. His is also a health services researcher with an interest in the long-term outcomes of high-risk infants, care coordination for infants with medical complexity, and understanding the association between chronic illness and developmental delays.

Deirdre O'Reilly, MD is a Neonatologist at University of Vermont Medical Center. She oversees resident and fellow education for their high-risk infant follow-up program and is the Neonatal-Perinatal Medicine Fellowship Program Director. Her research centers on clinical and translational studies to identify early markers of brain injury in both term and preterm infants.

Organizational Support
This session is presented by the New England Follow-up Network (NEFUN), the first regional quality improvement collaborative for high-risk infant follow-up. In collaboration with the Vermont Oxford Network, the 11 NEFUN member institutions have come together to share data on follow-up practices and outcomes in the service of improving post-NICU care for infants and families. Dr. Litt is the NEFUN Operations Director, Dr. O'Reilly is a member of the Steering Committee, and Dr. Vohr is a members of the Scientific Advisory Board.

Agenda and Time Table
Introduction, Dr. O'Reilly (5 minutes)
Session Overview, Dr. Litt (5 minutes)
Expert Perspectives:
Dr. Vohr, Neonatology (10 minutes)
Dr. Bennett, Developmental Pediatrics (10 minutes)
Dr. Kuo, Primary Care Pediatrics (10 minutes)
Dr. Craig, Neurology (10 minutes)
Parent (10 minutes)
Moderated Q&A, debate, and discussion (30 minutes)
Closing Remarks
Dr. O'Reilly, Warm Hand-offs & Coordination of Care (10 minutes)
Dr. Litt, Novel Approaches to Follow-through (10 minutes)
Wrap-up
Questions, discussion, and conclusion (10 minutes)

Time Block: (none)

QA: Yes

QA Details: 30 minutes

Audience Polling: Yes

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312464

SESSION TITLE: Rounding the Bases: Where's Home-base for Neurodevelopmental Follow-up for Preterm Infants?

Polling Details: We would like to include questions for the audience about follow-up practices. An electronic audience response system would be helpful in tracking poll results.

Sabbath Conflicts: N/A

Conflicting Sessions: NICU Follow-up Club

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Jonathan Litt (Chair); Deirdre O'Reilly (Chair)

Speaker # 1

Presentation Title Follow-up: A Neonatology Perspective

Speaker/Duration: Betty Vohr : b. 10 minutes

Speaker/Institution: B.R. Vohr, Pediatrics, Women & Infants Hospital, Providence, Rhode Island, UNITED STATES |

Non-Member Justification Betty Vohr : (none)

Speaker # 2

Presentation Title Follow-up: A Developmental Pediatrics Perspective

Speaker/Duration: Forrest Bennett : b. 10 minutes

Speaker/Institution: F.C. Bennett, Developmental Pediatrics, University of Washington, Seattle, Washington, UNITED STATES |

Non-Member Justification Forrest Bennett : (none)

Speaker # 3

Presentation Title Follow-up: A Primary Care Pediatrics Perspective

Speaker/Duration: Dennis Kuo : b. 10 minutes

Speaker/Institution: D. Kuo, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES |

Non-Member Justification Dennis Kuo : (none)

Speaker # 4

Presentation Title Follow-up: A Neurology Perspective

Speaker/Duration: Alexa Craig : b. 10 minutes

Speaker/Institution: A. Craig, Pediatric Neurology, Maine Medical Center, Portland, Maine, UNITED STATES |

Non-Member Justification Alexa Craig : (none)

Speaker # 5

Presentation Title Warm Hand-offs & Coordination of Care

Speaker/Duration: Deirdre O'Reilly : b. 10 minutes

Speaker/Institution: D. O'Reilly, University of Vermont, Burlington, Vermont, UNITED STATES |

Non-Member Justification Deirdre O'Reilly : (none)

PROPOSAL #: 312464

SESSION TITLE: Rounding the Bases: Where's Home-base for Neurodevelopmental Follow-up for Preterm Infants?

Speaker # 6

Presentation Title Novel Approaches to Follow-through

Speaker/Duration: Jonathan Litt : b. 10 minutes

Speaker/Institution: J.S. Litt, Neonatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, UNITED

Non-Member Justification Jonathan Litt : (none)

PROPOSAL #: 312479**SESSION TITLE:** Re-mixing methods: Bridging qualitative and quantitative research methods to measure patient health care preferences and values**Contact:** Davene Wright University of Washington
davene.wright@seattlechildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Students, residents, fellows, and faculty**Audience Size:** 100**Tracks:** Academic and Research Skills|Public Health|Health Services Research|Clinical and Translational Research**Objectives**

1. Define conjoint analysis methods, including best-worst scaling and discrete choice experiments
2. Identify opportunities for and challenges of using conjoint analysis in pediatric research
3. Understand how to interpret conjoint analysis results and apply findings to program designs

Description: Qualitative research elicits rich information, but researchers face challenges when attempting to rank or prioritize participants' preferences and values from qualitative data alone. Standard approaches may ask participants to rank their preferences or state their most important values, but such questions are subject to acquiescence, social desirability, and extreme response biases, and may not allow for discrimination between items of similar importance. Fortunately, another method is available.
Rounded in economic theory, conjoint analysis asks respondents to rank or choose preferred options from a set of choices in a series of controlled, repetitive scenarios. Conjoint analysis is a well-established consumer marketing approach that is gaining traction among health researchers to systematically prioritize patient or parent health care preferences and values in a methodologically rigorous and participant-friendly manner. Conjoint analysis can be used to answer questions such as: what are the top three services a parent would like to see covered in their child's health insurance plan, what is the deciding factor for why a parent would decline to vaccinate their child for HPV, or what types of incentives would motivate an adolescent with diabetes to check their blood glucose more often? Conjoint analysis allows researchers to capture preferences from a larger and more diverse sample more efficiently than can be reached using a qualitative approach alone.
Conjoint analysis is a mixed-methods technique; qualitative methods are an essential aspect for identifying the options that are presented to the participants in the conjoint survey and making sure options are plausible, important to the patient, and actionable.
The panel will present an overview of conjoint survey methods. Panelists are methodologists and a pediatrician with pediatric decision sciences research expertise. Panelists will present examples explaining how they have implemented these methods in pediatric health research studies including the development of surveys using qualitative data and two applied examples. Attendees will learn how to: design a conjoint survey using data from a qualitative study; select the appropriate study design and analysis techniques; and interpret results. A question and answer session will discuss attendees' ideas for implementing these methods in their own research.**Time Block:** (none)**QA:** Yes**QA Details:** 30 minutes**Audience Polling:** Yes**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** IPR SIG

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312479

SESSION TITLE: Re-mixing methods: Bridging qualitative and quantitative research methods to measure patient health care preferences and values

Additional Comments: Clinical topics to be covered include: -newborn screening -enhanced access to primary care - vaccine hesitancy -childhood obesity -type 1 diabetes

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA

Chairs: Davene Wright (Chair); Joe Zickafoose (Presenter); Tara Lavelle (Presenter); Lisa Prosser (Presenter)

Speaker # 1

Presentation Title Prelude: An introduction to conjoint analysis

Speaker/Duration: Davene Wright : c. 15 minutes

Speaker/Institution: D. Wright, Department of Pediatrics, University of Washington, Seattle, Washington, UNITED

Non-Member Justification Davene Wright : (none)

Speaker # 2

Presentation Title The room where it happens: Using qualitative data to design a conjoint analysis around enhanced access to primary care

Speaker/Duration: Joe Zickafoose : c. 15 minutes

Speaker/Institution: J. Zickafoose, Mathematica Policy Research, Nashville, Tennessee, UNITED STATES |

Non-Member Justification Joe Zickafoose : (none)

Speaker # 3

Presentation Title Young, scrappy, and hungry: Using best-worst scaling to assess preferences for newborn screening

Speaker/Duration: Lisa Prosser : c. 15 minutes

Speaker/Institution: L.A. Prosser, Department of Pediatrics and Communicable Diseases, University of Michigan, A

Non-Member Justification Lisa Prosser : (none)

Speaker # 4

Presentation Title Not throwing away your shot: Using discrete choice experiments to identify factors that influence vaccine acceptance

Speaker/Duration: Tara Lavelle : c. 15 minutes

Speaker/Institution: T. Lavelle, Tufts University, Boston, Massachusetts, UNITED STATES |

Non-Member Justification Tara Lavelle : (none)

PROPOSAL #: 312522**SESSION TITLE:** Are long-term outcomes for children born extremely preterm (<28 weeks' gestation) improving?**Contact:** Lex Doyle
lwd@unimelb.edu.au
Royal Women's Hospital, Melbourne**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatal pediatricians, developmental pediatricians, general pediatricians, psychologists, physiotherapists, occupational therapists, nurses, educational experts.**Audience Size:** 300-400**Tracks:** Neonatology|Developmental and Behavioral Pediatrics**Objectives** 1.To provide data on the rates of major disabling conditions in children born extremely preterm, and how rates of major disabling conditions vary around the world. 2.To present the evidence for and against an improvement in long-term outcomes for children born extremely preterm. 3.To understand why there might be differences in the data presented.**Description:** Survival rates for children born extremely preterm (<28 weeks' gestation) have improved dramatically with advances in perinatal care, but there is debate as to whether long-term outcomes are also improving. Given that health care for infants born extremely preterm is expensive, it is imperative to know that it is being applied judiciously, particularly for those born at the borderline of viability. It is also vital to know how much the additional survivors born extremely preterm affect health care, educational and other resources for the remainder of their lives. This Topic Symposium brings together world experts on long-term outcomes of children born extremely preterm. The presenters will update current knowledge on long-term outcomes from their respective world regions. The following research groups will participate: National Institutes of Child Health and Human Development (NICHD) (USA) · EPICure (UK) · EPIPAGE (France) · Victorian Infant Collaborative Study (VICS) (Australia) Each group will present data on changing long-term outcomes for children born extremely preterm within their respective regions. The session will be moderated by Professor Lex Doyle and Professor Peter Anderson from Melbourne, Australia. There will be a brief introduction by Peter Anderson. Each of the invited experts will speak for 20 minutes. Lex Doyle will sum up for 5 minutes, and the session will conclude with a 30-minute question and answer session with all speakers comprising the panel.
Chairs/Facilitators:
Lex Doyle and Peter Anderson
Speakers/titles:
1. Peter Anderson: Introduction. 5 mins
2. Betty Vohr (NICHD): National Institutes of Child Health and Human Development (NICHD) NRN Follow-up of Extreme Preterm Infants; Past, Present and Future. 20 mins
3. Samantha Johnson (EPICure): Outcomes following extremely preterm birth in the UK: Does a decade make a difference? 20 mins
4. Pierre-Yves Ancel (EPIPAGE): 5-year outcomes of children born extremely preterm in France: what has changed since the late 1990s? 20 mins
5. Jeanie Cheong (VICS): School age outcomes of extremely preterm infants in the post surfactant era - the Victorian experience. 20 mins
6. Lex Doyle: Summing up. 5 minutes
7. Panel discussion. 30 mins**Time Block:** (none)**QA:** Yes**QA Details:** Last 30 minutes of the session**Audience Polling:** No**Polling Details:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312522

SESSION TITLE: Are long-term outcomes for children born extremely preterm (<28 weeks' gestation) improving?

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APS

Chairs: Lex Doyle (Chair); Peter Anderson (Chair)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Peter Anderson : a. 5 minutes

Speaker/Institution: P.J. Anderson, School of Psychological Sciences, Monash University, Cheltenham, Victoria, AU

Non-Member Justification Peter Anderson : (none)

Speaker # 2

Presentation Title NRN Follow-up of Extreme Preterm Infants; Past, Present and Future

Speaker/Duration: Betty Vohr : d. 20 minutes

Speaker/Institution: B.R. Vohr, Pediatrics, Women & Infants Hospital, Providence, Rhode Island, UNITED STATES |

Non-Member Justification Betty Vohr : (none)

Speaker # 3

Presentation Title Outcomes following extremely preterm birth in the UK: Does a decade make a difference?

Speaker/Duration: Samantha Johnson : d. 20 minutes

Speaker/Institution: S. Johnson, University of Leicester, Leicester, UNITED KINGDOM |

Non-Member Justification Samantha Johnson : Prof Johnson is one of the chief investigators of the EPICure study and knows the data that are to be presented best; hence she is the logical person to present at this session

Speaker # 4

Presentation Title 5-year outcomes of children born extremely preterm in France: what has changed since the late 1990s?

Speaker/Duration: Pierre-Yves ANCEL : d. 20 minutes

Speaker/Institution: P. ANCEL, EPOPé research Team, Paris Descartes University, Paris, FRANCE |

Non-Member Justification Pierre-Yves ANCEL : (none)

Speaker # 5

Presentation Title School age outcomes of extremely preterm infants in the post surfactant era - the Victorian experience.

Speaker/Duration: Jeanie Cheong : d. 20 minutes

Speaker/Institution: J. Cheong, Obstetrics & Gynaecology, Royal Women's Hospital, Melbourne, Victoria, AUSTRAL

Non-Member Justification Jeanie Cheong : (none)

PROPOSAL #: 312522

SESSION TITLE: Are long-term outcomes for children born extremely preterm (<28 weeks' gestation) improving?

Speaker # 6

Presentation Title Summing up

Speaker/Duration: Lex Doyle : a. 5 minutes

Speaker/Institution: L. Doyle, Obstetrics and Gynaecology, Royal Women's Hospital, Melbourne, Melbourne, Victo

Non-Member Justification Lex Doyle : APS

PROPOSAL #: 312523**SESSION TITLE:** Hypothalamic Amenorrhea in Adolescent Girls

Contact: Catherine Gordon Boston Children's Hospital
 catherine.gordon@childrens.harvard.edu

Session Type: Hot Topic/Topic Symposia**Target Audience:** Clinicians and clinical investigators**Audience Size:** 100**Tracks:** Adolescent Medicine

Objectives The objectives for this workshop include: 1.To review the pathophysiology of FHA 2.To discuss medical complications of this diagnosis in an adolescent 3.To consider recommendations for the monitoring of bone density and other medical outcomes, and therapeutic considerations.

Description: Functional hypothalamic amenorrhea (FHA) is a form of chronic anovulation, not due to identifiable organic causes, and often associated with stress, weight loss, excessive exercise, or a combination thereof. The diagnostic work-up should include assessment of systemic and endocrinologic etiologies, as FHA is a diagnosis of exclusion. A multidisciplinary treatment approach is recommended, including medical, dietary, and mental health support. A serious medical complication is bone loss and an increased fracture risk, and appropriate therapies are under debate and investigation. The Endocrine Society recently published international clinical guidelines that summarize expertise consensus regarding the appropriate diagnostic work-up and management strategies for both adolescent and women with FHA; both workshop presenters was members of this task force.

Time Block: (none)**QA:** Yes

QA Details: The format will include a brief didactic presentation followed by interactive case-based discussions. A 5-10 Q&A session will follow each case.

Audience Polling: Yes

Polling Details: If possible, we could use this technology to make the presentation of clinical cases and questions posed more interactive.

Sabbath Conflicts: N/A**Conflicting Sessions:** N/A

Additional Comments: Dr. Misra and I are also both members of the PES. We anticipate that this session would be of interest to both members of SAHM and PES.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SAHM**Chairs:** Catherine Gordon (Presenter); Madhusmita Misra (Presenter)**Speaker # 1****Presentation Title** Types of Hypothalamic Amenorrhea and Pathophysiology**Speaker/Duration:** Catherine Gordon : g. 45 minutes**Speaker/Institution:** C.M. Gordon, Adolescent Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITE**Non-Member Justification** Catherine Gordon : (none)

PROPOSAL #: 312523

SESSION TITLE: Hypothalamic Amenorrhea in Adolescent Girls

Speaker # 2

Presentation Title Treatment of Hypothalamic Amenorrhea in Adolescent Girls

Speaker/Duration: Catherine Gordon : g. 45 minutes

Speaker/Institution: C.M. Gordon, Adolescent Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITE

Non-Member Justification Catherine Gordon : (none)

PROPOSAL #: 312525**SESSION TITLE:** Genome Sequencing in Healthy and Critically Ill Newborn Infants: Is It Ready for Prime Time?**Contact:** Luca Brunelli
luca.brunelli@unmc.edu
University of Nebraska Medical Center**Session Type:** Debate/Pro-Con Discussion**Target Audience:** Individuals involved in the care of healthy and acutely ill newborn infants and children, including pediatricians, neonatologists, pediatric intensivists, cardiologists, neurologists, pulmonologists, geneticists, and ethicists.**Audience Size:** 200**Tracks:** Clinical and Translational Research | Ethics/Bioethics | Well Newborn | Neonatology | Genetics | Critical Care**Objectives** 1. Discuss genome sequencing as a screening modality in healthy newborn infants. 2. Evaluate rapid genome sequencing in critically ill newborns. 3. Analyze and discuss the opportunities and challenges related to the implementation of these new technologies.**Description:** The majority of the estimated 8,000 known genetic diseases predominantly affect children. They are the leading cause of infant mortality and a leading cause of pediatric hospital admissions. Critically ill infants with a potential genetic diagnosis often undergo repeated consultations, invasive testing and an extensive metabolic workup. Early identification of the molecular cause (genotype) of the clinical features (phenotype) is therefore critical for improving care of affected children and for accurate counseling of families. In the last few years, genome sequencing has not only increased hopes for early diagnosis in critically ill newborn infants but it has also opened the possibility of screening healthy newborns for genetic disease. While these applications provide exciting new opportunities for early diagnosis, they also raise a series of important ethical questions. In this Debate Pro/Con Discussion we bring together a panel composed by neonatologists, ethicists and geneticists who have been involved in these studies to discuss the key factors surrounding the decisions for implementation of these novel technologies. The questions discussed center on the possible application of genome sequencing as routine screening in healthy newborns as well as a diagnostic modality in critically ill newborn infants with multisystem presentations of possible genetic origin. The panel will address the main challenges involved in testing, including how it is done, what are the possible difficult situations such as the considerations for withdrawal of support in cases in which the outcome is devastating regardless of therapy as well as the report of secondary/incidental findings to families and the effects of reporting on family stress/well-being.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** If possible, please avoid scheduling this event concomitantly with other genetics and genomics talks.**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP | SPR

PROPOSAL #: 312525

SESSION TITLE: Genome Sequencing in Healthy and Critically Ill Newborn Infants: Is It Ready for Prime Time?

Chairs: Luca Brunelli (Chair); John Lantos (Chair)

Speaker # 1

Presentation Title Genome Sequencing in Healthy and Critically Ill Newborn Infants: Ready for Prime Time? # 1

Speaker/Duration: PANKAJ AGRAWAL : e. 25 minutes

Speaker/Institution: P.B. AGRAWAL, NEWBORN MEDICINE and GENETICS & GENOMICS, BOSTON CHILDREN'S HOS

Non-Member Justification PANKAJ AGRAWAL : (none)

Speaker # 2

Presentation Title Genome Sequencing in Healthy and Critically Ill Newborn Infants: Ready for Prime Time? # 2

Speaker/Duration: John Lantos : e. 25 minutes

Speaker/Institution: J. Lantos, Peds, CMH, Kansas City, Missouri, UNITED STATES|

Non-Member Justification John Lantos : (none)

Speaker # 3

Presentation Title Genome Sequencing in Healthy and Critically Ill Newborn Infants: Ready for Prime Time? #3

Speaker/Duration: Luca Brunelli : e. 25 minutes

Speaker/Institution: L. Brunelli, Pediatrics, University of Nebraska Medical Center, Omaha, Nebraska, UNITED STAT

Non-Member Justification Luca Brunelli : (none)

Speaker # 4

Presentation Title Genome Sequencing in Healthy and Critically Ill Newborn Infants: Ready for Prime Time? #4

Speaker/Duration: Leslie G. Biesecker : e. 25 minutes

Speaker/Institution: L. Biesecker, National Human Genome Research Institute, Bethesda, Maryland, UNITED STATE

Non-Member Justification Leslie G. Biesecker : (none)

PROPOSAL #: 312531

SESSION TITLE: ASPN Symposium Honoring Russell Chesney: The Complex Conundrum of Calcium and the Kidney

Contact: Gina-Marie Barletta
gbarletta@akdhc.com

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric nephrologists, endocrinologists, general pediatricians, fellows, researchers, instructors

Audience Size: 250-300

Tracks: Endocrinology|Basic Science|Nephrology|General Pediatrics|Clinical and Translational Research

Objectives

- Review the physiology of humoral factors and their relationship to the pathologic processes that give rise to disorders of calcium, phosphate, magnesium, and bone metabolism.
- Discuss the interaction of vitamin D and proximal tubular function.
- Review the evaluation, prevention, and treatment of mineral and bone disorders in children with chronic kidney disease.
- Discuss standardization and accuracy of modalities for bone density measurement in children with chronic kidney disease.
- Provide an update on the epidemiology and research involving type 1 diabetes-associated skeletal abnormalities.

Description: This session will provide a history and overview of the physiology of calcium, vitamin D, and other minerals involved in the complexity and disorders of bone metabolism. It will include practical considerations and clinical outcomes of recent studies and updates involving mineral and bone disorders associated with chronic disease.

Time Block: (none)

QA: Yes

QA Details: Will integrate Q & A throughout the session. Each presentation will be 20 minutes and then 5 minutes for questions.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: David Hains (Moderator); Gina-Marie Barletta (Moderator)

Speaker # 1

Presentation Title History of Vitamin D and Rickets

Speaker/Duration: Aaron Friedman : d. 20 minutes

Speaker/Institution: A. Friedman, Pediatrics, University of Minnesota, Madison, Wisconsin, UNITED STATES|

Non-Member Justification Aaron Friedman : (none)

PROPOSAL #: 312531

SESSION TITLE: ASPN Symposium Honoring Russell Chesney: The Complex Conundrum of Calcium and the Kidney

Speaker # 2

Presentation Title The Physiology and Hormonal Control of Calcium, Phosphate and Vitamin D

Speaker/Duration: Uri Alon : e. 25 minutes

Speaker/Institution: U. Alon, Pediatric Nephrology, Children's Mercy University of Missouri-Kansas City School of

Non-Member Justification Uri Alon : (none)

Speaker # 3

Presentation Title Interactions of Vitamin D and the Proximal Tubule

Speaker/Duration: Meredith Atkinson : e. 25 minutes

Speaker/Institution: M. Atkinson, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Meredith Atkinson : (none)

Speaker # 4

Presentation Title Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease—Mineral and Bone Disorder: A Synopsis of the Kidney Disease: Improving Global Outcomes 2017 Clinical Practice Guideline Update

Speaker/Duration: Mary Leonard : e. 25 minutes

Speaker/Institution: M. Leonard, Pediatric Nephrology, Stanford University, Palo Alto, California, UNITED STATES|

Non-Member Justification Mary Leonard : (none)

Speaker # 5

Presentation Title Disordered Calcium Metabolism in Adolescents with Type 1 Diabetes

Speaker/Duration: David Weber : e. 25 minutes

Speaker/Institution: D.R. Weber, Pediatrics, University of Rochester, Rochester, New York, UNITED STATES|

Non-Member Justification David Weber : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312662

SESSION TITLE: Meet the Experts in Pediatric Therapeutics Research

Contact: Janelle Vaughns Childrens National Health System
jvaughns@childrensnational.org

Session Type: Panel Discussion

Target Audience: Academic personnel including MD, PhD, PharmD and trainees in pediatric research

Audience Size: 30

Tracks: Pharmacology|Academic and Research Skills|Clinical and Translational Research|Career Development

Objectives To allow attendees an opportunity to meet and discuss their career goals/plans with several well established senior faculty from academia, the NIH and FDA.

Description: This session is an interactive panel discussion featuring a wide array of national and international experts involved in research of pediatric therapeutics. The full spectrum of pediatric therapeutic research will be represented, including academic faculty members who perform drug discovery research or who lead and conduct clinical trials. Representatives from the FDA who guide regulatory efforts for children and leadership from NIH institutes who fund pediatric drug development and research will also be featured. In this session, we will use a "speed dating" format to ensure that trainees and early career investigators are able to discuss research interests, career goals, and new avenues for study with many of the senior scientists.

Time Block: (none)

QA: Yes

QA Details: Q&A will occur at the end of the session to invite final comments or questions from the audience

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: 1. Career management or counseling 2. Mentorship in academics 3. Topics in clinical pharmacology

Additional Comments: Please flag this event as a potential "PAS Lab" per prior discussion with Glenda Minshew.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Janelle Vaughns (Chair); Sara Van Driest (Chair)

Speaker # 1

Presentation Title Brief opening remarks and instructions

Speaker/Duration: Janelle Vaughns : a. 5 minutes

Speaker/Institution: J. Vaughns, Anesthesia, Childrens National Health System, Washington, District of Columbia, U

Non-Member Justification Janelle Vaughns : (none)

PROPOSAL #: 312662

SESSION TITLE: Meet the Experts in Pediatric Therapeutics Research

Speaker # 10

Presentation Title Working with the FDA

Speaker/Duration: Susan McCune : a. 5 minutes

Speaker/Institution: S. McCune, Office of Pediatric Therapeutics (OPT), FDA, Silver Spring, Maryland, UNITED STATES

Non-Member Justification Susan McCune : (none)

Speaker # 11

Presentation Title Clinical pharmacology programs in European countries

Speaker/Duration: John van den Anker : a. 5 minutes

Speaker/Institution: J.N. van den Anker, Clinical Pharmacology and Therapeutics, Children's National Health System

Non-Member Justification John van den Anker : AAP

Speaker # 12

Presentation Title Precision Medicine and Pharmacometrics

Speaker/Duration: Alexander Vinks : a. 5 minutes

Speaker/Institution: A. Vinks, Division of Clinical Pharmacology, University of Cincinnati College of Medicine, Cincinnati

Non-Member Justification Alexander Vinks : AAP

Speaker # 13

Presentation Title Research in the Pediatric Intensive Care Unit

Speaker/Duration: Athena Zuppa : a. 5 minutes

Speaker/Institution: A. Zuppa, Anesthesia and CCM, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania,

Non-Member Justification Athena Zuppa : AAP

Speaker # 14

Presentation Title Final discussion and closing remarks

Speaker/Duration: Sara Van Driest : a. 5 minutes

Speaker/Institution: S. Van Driest, Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES

Non-Member Justification Sara Van Driest : (none)

Speaker # 2

Presentation Title Clinical Pharmacology Research

Speaker/Duration: Susan Abdel-Rahman : a. 5 minutes

Speaker/Institution: S. Abdel-Rahman, Clinical Pharmacology, Toxicology, and Therapeutic Innovation, Children's Hospital of Philadelphia

Non-Member Justification Susan Abdel-Rahman : (none)

Speaker # 3

Presentation Title Precision Medicine and Pharmacogenomics

Speaker/Duration: James Leeder : a. 5 minutes

Speaker/Institution: J.S. Leeder, Pediatrics/Clinical Pharmacology, Children's Mercy Hospital, Kansas City, Missouri,

Non-Member Justification James Leeder : (none)

PROPOSAL #: 312662

SESSION TITLE: Meet the Experts in Pediatric Therapeutics Research

Speaker # 4

Presentation Title Working with the FDA

Speaker/Duration: Gilbert Burckart : a. 5 minutes

Speaker/Institution: G.J. Burckart, Office of Clinical Pharmacology, U.S. Food and Drug Administration, Silver Spring

Non-Member Justification Gilbert Burckart : (none)

Speaker # 5

Presentation Title Pharmacology of Anti-Infectives in Children

Speaker/Duration: Micheal Cohen-Wolkowicz : a. 5 minutes

Speaker/Institution: M. Cohen-Wolkowicz, Duke Clinical Research Institute, Pediatrics, Duke University Medical Ce

Non-Member Justification Micheal Cohen-Wolkowicz : (none)

Speaker # 6

Presentation Title Neonatal Drug Development

Speaker/Duration: Jonathan Davis : a. 5 minutes

Speaker/Institution: J.M. Davis, Pediatrics, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Jonathan Davis : (none)

Speaker # 7

Presentation Title Pediatric Psychopharmacology Research

Speaker/Duration: Margaret Grabb : a. 5 minutes

Speaker/Institution: M. Grabb, National Institute of Mental Health, Division of Neuroscience and Basic Behavioral

Non-Member Justification Margaret Grabb : (none)

Speaker # 8

Presentation Title Working with the FDA

Speaker/Duration: Dionna Green : a. 5 minutes

Speaker/Institution: D. Green, Office of Pediatrics Therapeutics, FDA, White Oak, Maryland, UNITED STATES|

Non-Member Justification Dionna Green : (none)

Speaker # 9

Presentation Title Phase I Clinical Trials in Neonates and Children

Speaker/Duration: Walter Kraft : a. 5 minutes

Speaker/Institution: W. Kraft, Dept of Pharmacology and Experimental Therapeutics, Thomas Jefferson University,

Non-Member Justification Walter Kraft : AAP

PROPOSAL #: 312663**SESSION TITLE:** Vaping, JUULing and Suorin: Risks and Harms of Electronic Cigarettes**Contact:** Susan Walley
swalley@peds.uab.edu
University of Alabama at Birmingham**Session Type:** Hot Topic/Topic Symposia**Target Audience:** This sessions targets clinicians and scientists involved in the care of adolescents and substance abuse as well as clinicians caring for tobacco-related diseases as well as public health advocates.**Audience Size:** 200**Tracks:** Advocacy/Public Policy|Adolescent Medicine|Pulmonology|Tobacco Prevention|Public Health|Social Determinants/Health Disparities|General Pediatrics|School and Community Health|Environmental Health|Health Services Research**Objectives** 1.Discuss electronic cigarette products and the epidemiology of youth use 2.Review the scientific evidence on the pharmacology and health effects of electronic cigarettes and nicotine on youth. 3.Discuss the public health impact of electronic cigarettes. 4.Review current recommendations for addressing youth electronic cigarette use and exposure in clinical practice**Description:** Electronic cigarettes (e-cigarettes) are battery-operated devices which produce an aerosolized mixture from a solution of concentrated nicotine, flavoring chemicals, and other substances to be inhaled by the user. Youth awareness, sales and use of e-cigarettes has increased dramatically over the last several years and since 2014, more youth report using electronic cigarettes than any other tobacco product. This is in part due to aggressive marketing and advertising, particularly by newer e-cigarette companies such as JUUL and Suorin. JUUL is an e-cigarette brand that has captured greater than 50% of the United States market and contains a very high (59 mg/mL) nicotine concentration. Youth use is a public health crisis and threatens to addict a new generation to nicotine. Longitudinal data shows a clear trajectory of youth use from e-cigarettes to use of conventional cigarettes one year later. E-cigarettes also pose health risks to non-users as they are involuntarily exposed to the emissions (i.e. secondhand vapor) that are known to have negative health effects including volatile organic compounds and ultrafine particles. In addition, the concentrated nicotine in the ENDS solutions pose a poisoning risk for young children.
 This symposium will highlight the current scientific evidence on electronic cigarettes and the impact on youth tobacco use and potential youth health and public health effects. There will be hands-on time for participants to look, touch and smell these devices and the e-cigarette solution. This session will have broad appeal as there is limited evidence-based information currently available on this topic, particularly the newer products such as JUUL and Suorin.**Time Block:** (none)**QA:** Yes**QA Details:** This will be an informal period where audience members can share their experiences and ask questions. 10 minutes**Audience Polling:** Yes**Polling Details:** We would be interested in an audience response polling option to increase audience participation.**Sabbath Conflicts:** N/A**Conflicting Sessions:** Pediatric Tobacco Issues Special Interest Group**Additional Comments:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312663

SESSION TITLE: Vaping, JUULing and Suorin: Risks and Harms of Electronic Cigarettes

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA

Chairs: Susan Walley (Presenter); Rachel Boykan (Presenter); Susanne Tanski (Presenter); Judith Groner (Presenter)

Speaker # 1

Presentation Title Overview of Session and Introduction of Faculty

Speaker/Duration: Susan Walley : b. 10 minutes

Speaker/Institution: S. Walley, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED ST

Non-Member Justification Susan Walley : AAP, APA

Speaker # 2

Presentation Title Case Presentation: Youth progression to combustible tobacco

Speaker/Duration: Rachel Boykan : b. 10 minutes

Speaker/Institution: R. Boykan, Pediatrics, Stony Brook University, Stony Brook, New York, UNITED STATES|

Non-Member Justification Rachel Boykan : APA, AAP

Speaker # 3

Presentation Title Tobacco in the 21st Century: Vaping, Electronic Cigarettes and JUUL

Speaker/Duration: Susan Walley : d. 20 minutes

Speaker/Institution: S. Walley, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED ST

Non-Member Justification Susan Walley : APA, AAP

Speaker # 4

Presentation Title Health Effects of E-cigarettes

Speaker/Duration: Susanne Tanski : e. 25 minutes

Speaker/Institution: S. Tanski, Pediatrics, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, UNIT

Non-Member Justification Susanne Tanski : APA, AAP

Speaker # 5

Presentation Title Case Presentation: Secondhand Vapor and Health Effects

Speaker/Duration: Judith Groner : d. 20 minutes

Speaker/Institution: J. Groner, Ambulatory Pediatrics , Nationwide Children's Hosital , Columbus , Ohio, UNITED ST

Non-Member Justification Judith Groner : APA, AAP

Speaker # 6

Presentation Title Public Health and Marketing

Speaker/Duration: Susanne Tanski : b. 10 minutes

Speaker/Institution: S. Tanski, Pediatrics, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, UNIT

Non-Member Justification Susanne Tanski : APA, AAP

PROPOSAL #: 312663

SESSION TITLE: Vaping, JUULing and Suorin: Risks and Harms of Electronic Cigarettes

Speaker # 7

Presentation Title Case Presentation: Teens, Favors and Additives

Speaker/Duration: Rachel Boykan : b. 10 minutes

Speaker/Institution: R. Boykan, Pediatrics, Stony Brook University, Stony Brook, New York, UNITED STATES|

Non-Member Justification Rachel Boykan : APA, AAP

Speaker # 8

Presentation Title Regulation, Advocacy and Wrap-Up

Speaker/Duration: Susan Walley : c. 15 minutes

Speaker/Institution: S. Walley, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED ST

Non-Member Justification Susan Walley : APA, AAP

PROPOSAL #: 312680**SESSION TITLE:** Viral-Bacterial Interactions in Children: Implications for Clinical Practice

Contact: Asuncion Mejias
 asuncion.mejias@nationwidechildrens.org
 Nationwide Children's Hospital and The Ohio State University

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinicians involved in the care of young infants with fever and suspected bacterial infections, bronchiolitis/pneumonia or sinusitis (acute otitis media) including emergency medicine physicians, pediatricians, primary care and ambulatory physicians, infec

Audience Size: 350-500**Tracks:** Hospitalists | Emergency Medicine | Infectious Diseases | General Pediatrics

Objectives The goal of this session is to provide an update of the new evidence in this area, to discuss its implications for disease pathogenesis and severity, with the ultimate goal of providing information that is relevant to the practicing clinician. 1. Interpret the significance of viral detection in children with suspected bacterial infections 2. Determine the implications of viral-bacterial interactions on disease pathogenesis and severity 3. Implications for management: Role of diagnostics assays and antibiotic therapy

Description: Application of more sensitive molecular tools is providing a more comprehensive and in-depth understanding of the role that both viruses and bacteria play in different clinical scenarios. In fact, in the clinical setting is not uncommon to identify a virus when there is a suspected bacterial infection, or the other way around, which may in turn modify patient management. In this symposium, we will review the frequency of concomitant viral-bacterial detection in four common pediatric syndromes including: the febrile young infant, acute otitis media, bronchiolitis and pneumonia. We will also discuss the implications of viral-bacterial detection for disease pathogenesis and severity, clinical management and antimicrobial stewardship.

Time Block: (none)**QA:** Yes**QA Details:** The plan is to have 5-7 minutes after each talk for Q&A**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Simultaneous sessions in Pediatric Infectious Diseases**Additional Comments:** This is a hot topic for the practicing physician covering multiple specialties**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PIDS**Chairs:** Prashant Mahajan (Chair); Gregory DeMuri (Presenter); Asuncion Mejias (Chair); Octavio Ramilo (Presenter)

PROPOSAL #: 312680

SESSION TITLE: Viral-Bacterial Interactions in Children: Implications for Clinical Practice

Speaker # 1

Presentation Title Role of viruses in the febrile infant with suspected bacterial infection.

Speaker/Duration: Prashant Mahajan : e. 25 minutes

Speaker/Institution: P. Mahajan, Emergency Medicine, University of Michigan, Ann Arbor, Michigan, UNITED STATES

Non-Member Justification Prashant Mahajan : (none)

Speaker # 2

Presentation Title Viral-bacterial interactions in uncomplicated upper respiratory infections, sinusitis and otitis

Speaker/Duration: Gregory DeMuri : e. 25 minutes

Speaker/Institution: G. DeMuri, Pediatrics, University of Wisconsin, Madison, Wisconsin, UNITED STATES |

Non-Member Justification Gregory DeMuri : (none)

Speaker # 3

Presentation Title Nasopharyngeal bacterial detection in infants with bronchiolitis: implications for disease pathogenesis and severity

Speaker/Duration: Asuncion Mejias : e. 25 minutes

Speaker/Institution: A. Mejias, Pediatrics, Infectious Diseases, Nationwide Children's Hospital and The Ohio State U

Non-Member Justification Asuncion Mejias : (none)

Speaker # 4

Presentation Title Children with community acquired pneumonia: what is the role of respiratory viruses?

Speaker/Duration: Octavio Ramilo : e. 25 minutes

Speaker/Institution: O. Ramilo, Pediatrics, Nationwide Children's Hospital, The Ohio State University, Columbus, O

Non-Member Justification Octavio Ramilo : (none)

PROPOSAL #: 312704**SESSION TITLE:** Sustaining Multi-Sector Partnerships for Child Health Equity**Contact:** Anda Kuo UCSF
anda.kuo@ucsf.edu**Session Type:** State of the Art Plenary**Target Audience:** (none)**Audience Size:** 200**Tracks:** Community Pediatrics|Advocacy/Public Policy|Social Determinants/Health Disparities|Vulnerable and Underserved Populations/Health Equity & Social Justice|Public Health**Objectives** 1. Grounded in real examples, discuss the key sustainability elements of multi-sector, child health equity partnerships from goal setting, establishing trusting and resilient partnerships, governance, capacity building, and finances. 2. Discuss perspectives from various sectors on how to envision a different ecosystem that addresses the root causes of life course inequities and values child health equity.**Description:** Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." Embedded in this definition is a recognition that factors outside of the traditional health care system such as housing, poverty, and quality education contribute tremendously to the health of an individual and a community. Addressing the historically and systematically embedded root causes of health inequities requires the collaboration of multiple sectors including health systems. Yet, the path towards incentivizing and sustaining these partnerships remains unclear. Short term wins laden with grant-driven projects and traditional academic metrics of success pose barriers to working towards long-term success and sustainability. The root causes of health disparities stem from decades of structural and social inequities and require us to invest in sustainable solutions. How do health systems and institutions create the "will" to tackle decade and generational long problems when short term success is hard to measure and realize? This State of the Art Plenary will bring forward child health equity leaders working in traditional and non-traditional sectors to create and sustain the programs and partnerships that are leading to improved child and family health outcomes. Individuals from academia, health care systems, philanthropy, and government will share the challenges, processes, and innovations that have led to measurable results. The ultimate goal will be to both inspire and prepare pediatric academics to aim for and achieve greater health equity.**Time Block:** (none)**QA:** Yes**QA Details:** 1. 15 min Q+A following Obj 1 speakers. 2. 15 min Q+A following Obj 2 panel. We will collect cards from the audience during each section. The cards will have a specific prompt question.**Audience Polling:** Yes**Polling Details:** We think audience polling would be an effective way to learn more about the participants partnerships: who are the partners, what challenges do they face, what funding sources...**Sabbath Conflicts:** N/A**Conflicting Sessions:** Social Determinants/Health Disparities Vulnerable and Underserved Populations/Health Equity & Social Justice Alternative Payment Models/Medicaid Reform**Additional Comments:** While we are not sure if we would attract 500+ participants as is described for State of the Art Plenaries, we feel that our topic is appealing to a diverse audience. It is possible that this

PROPOSAL #: 312704

SESSION TITLE: Sustaining Multi-Sector Partnerships for Child Health Equity

could be submitted as a Hot Topic Symposium.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA|AAP

Chairs: Anda Kuo (Chair); Sameer Vohra (Chair); Megan Sandel (Chair); Robert Kahn (Chair)

Speaker # 1

Presentation Title Multi-Sector Partnerships for Child Health Equity Sustainability Framework - Stewardship

Speaker/Duration: Anda Kuo : a. 5 minutes

Speaker/Institution: A. Kuo, UCSF, San Francisco, California, UNITED STATES |

Non-Member Justification Anda Kuo : APA, AAP

Speaker # 10

Presentation Title Panel Discussion: Envisioning an ecosystem that addresses, values, and sustains child health equity.

Speaker/Duration: Patrick Conway : b. 10 minutes

Speaker/Institution: P. Conway, Blue Cross Blue Shield of North Carolina, Durham, North Carolina, UNITED STATES

Non-Member Justification Patrick Conway : This panel features perspectives from nonmedical stakeholders who may not be members of our academic pediatric societies.

Speaker # 2

Presentation Title Multi-Sector Partnerships for Child Health Equity Sustainability Framework - Strategy

Speaker/Duration: Sameer Vohra : a. 5 minutes

Speaker/Institution: S.S. Vohra, Pediatrics, Southern Illinois University School of Medicine, Springfield, Illinois, UNI

Non-Member Justification Sameer Vohra : AAP

Speaker # 3

Presentation Title Multi-Sector Partnerships for Child Health Equity Sustainability Framework - Sustainable Financing

Speaker/Duration: Robert Kahn : a. 5 minutes

Speaker/Institution: R.S. Kahn, General Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio,

Non-Member Justification Robert Kahn : APA, AAP

Speaker # 4

Presentation Title Multi-Sector Partnerships for Child Health Equity Sustainability Framework - Market and Policy Conditions

Speaker/Duration: Megan Sandel : a. 5 minutes

Speaker/Institution: M. Sandel, Pediatrics, Boston University, Boston, Massachusetts, UNITED STATES |

Non-Member Justification Megan Sandel : AAP

PROPOSAL #: 312704

SESSION TITLE: Sustaining Multi-Sector Partnerships for Child Health Equity

Speaker # 5

Presentation Title Struggles and Wins: Building Multi-sector Partnerships from the Ground Up

Speaker/Duration: Kelly Kelleher : b. 10 minutes

Speaker/Institution: K.J. Kelleher, Pediatrics, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES|

Non-Member Justification Kelly Kelleher : APA, AAP

Speaker # 6

Presentation Title Nuts and Bolts of Creating and Sustaining Mutli-Sector Partnerhips in an Academic Department

Speaker/Duration: Tina Cheng : b. 10 minutes

Speaker/Institution: T. Cheng, Pediatrics, Johns Hopkins, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Tina Cheng : APA, AAP, SPR

Speaker # 7

Presentation Title Panel Discussion: Envisioning an ecosystem that addresses, values, and sustains child health equity.

Speaker/Duration: Donald Schwarz : b. 10 minutes

Speaker/Institution: D. Schwarz, RWJ Foundation, Princeton, New Jersey, UNITED STATES|

Non-Member Justification Donald Schwarz : AAP

Speaker # 8

Presentation Title Panel Discussion: Envisioning an ecosystem that addresses, values, and sustains child health equity.

Speaker/Duration: Cheryl Casnoff : b. 10 minutes

Speaker/Institution: C. Casnoff, NORC, University of Chicago, Chicago, Illinois, UNITED STATES|

Non-Member Justification Cheryl Casnoff : We are featuring different perspectives outside of academic pediatrics so some of our speakers do not belong to academic pediatric associations.

Speaker # 9

Presentation Title Panel Discussion: Envisioning an ecosystem that addresses, values, and sustains child health equity.

Speaker/Duration: Jody Tick : b. 10 minutes

Speaker/Institution: J. Tick, Capital Area Foodbank, Washington DC, District of Columbia, UNITED STATES|

Non-Member Justification Jody Tick : Our panel highlights perspectives from nonmedical stakeholders who do not have membership in academic pediatric organizations.

PROPOSAL #: 312758**SESSION TITLE:** Pro/Con Debate: Controversies in Pediatric Sepsis**Contact:** Scott Weiss
WeissS@email.chop.edu
The Children's Hospital of Philadelphia**Session Type:** Debate/Pro-Con Discussion**Target Audience:** Physicians and nurses in emergency medicine, acute/urgent care, intensive care, general/community pediatrics, hospitalists, neonatology, infectious disease, hematology/oncology, and nephrology**Audience Size:** 200**Tracks:** General Pediatrics|Critical Care|Nephrology|Emergency Medicine|Neonatology|Infectious Diseases|Hospitalists**Objectives** •Review the evidence and contrast the interpretation of existing data supporting resuscitation with 0.9% saline versus balanced crystalloids in pediatric sepsis •Review the evidence and contrast the interpretation of existing data supporting recommendations to administer antibiotics within 60 minutes in pediatric sepsis**Description:** This session will discuss two ongoing controversies for treating pediatric sepsis in a “pro/con” debate format—type of crystalloid fluid resuscitation and timing of antibiotics. In the first pro/con discussion, two experts will debate the data supporting the use of 0.9% saline versus balanced salt solutions (e.g., lactated Ringer’s) as the first-line crystalloid therapy. In the second pro/con discussion, two experts will debate the data underlying current guideline recommendations to administer antibiotics within 60 minutes of sepsis recognition.**Time Block:** (none)**QA:** Yes**QA Details:** 5 minutes for each of the two pro/con debates**Audience Polling:** Yes**Polling Details:** Embedded questions asking audience members about their current practice**Sabbath Conflicts:** N/A**Conflicting Sessions:**Emergency medicine abstract sessions, emergency medicine sessions, infectious disease sessions**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP**Chairs:** Scott Weiss (Chair); Frances Balamuth (Chair)**Speaker # 1****Presentation Title** Pro: Saline is Still the Standard for Fluid Resuscitation**Speaker/Duration:** Frances Balamuth : d. 20 minutes**Speaker/Institution:** F. Balamuth, Pediatrics, University of Pennsylvania Perelman School of Medicine and Children'**Non-Member Justification** Frances Balamuth : Pediatric emergency medicine physician and expert in pediatric sepsis. Co-PI for a proposed large pragmatic clinical trial of fluid resuscitation in pediatric sepsis.

PROPOSAL #: 312758

SESSION TITLE: Pro/Con Debate: Controversies in Pediatric Sepsis

Speaker # 2

Presentation Title Con: Saline is No Longer the Standard for Fluid Resuscitation

Speaker/Duration: Scott Weiss : d. 20 minutes

Speaker/Institution: S.L. Weiss, Department of Anesthesiology and Critical Care, The Children's Hospital of Philadel

Non-Member Justification Scott Weiss : Pediatric intensivist with expertise in pediatric sepsis and the co-PI of a proposed large pragmatic trial of fluid resuscitation for pediatric sepsis. Co-vice-chair of the Pediatric Surviving Sepsis Campaign.

Speaker # 3

Presentation Title Antibiotics Should Always be Administered Within 60 Minutes

Speaker/Duration: Halden Scott : d. 20 minutes

Speaker/Institution: H. Scott, Pediatrics, University of Colorado, Aurora, Colorado, UNITED STATES|

Non-Member Justification Halden Scott : Pediatric emergency medicine physician and expert in pediatric sepsis. National leader in QI for pediatric sepsis. Member of the Pediatric Surviving Sepsis Campaign taskforce.

Speaker # 4

Presentation Title Antibiotics Need Not Always be Administered Within 60 Minutes

Speaker/Duration: Joshua Wolf : d. 20 minutes

Speaker/Institution: J. Wolf, Infectious Diseases, St. Jude Children's Research Hospital, Memphis, Tennessee, UNIT

Non-Member Justification Joshua Wolf : Pediatric infectious disease physician and member of the Pediatric Surviving Sepsis Campaign taskforce.

PROPOSAL #: 312766**SESSION TITLE:** Is it time for a moratorium on newborn screening for Krabbe Disease?**Contact:** John Lantos CMH
john.lantos@gmail.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** general pediatricians, bioethicists, policymakers, neurologists, geneticists**Audience Size:** 100-200**Tracks:** Advocacy/Public Policy|Public Health|Genetics|Ethics/Bioethics**Objectives** 1) Understand the difficulties of studying outcomes of newborn screening programs 2) Critically review data on the benefits of Hematopoetic stem cell transplant for Krabbe 3) Discuss implications for future newborn screening targets**Description:** New York State has been performing universal newborn screening for Krabbe disease for over a decade. The results have been controversial, since after 8 years of screening only 5 infantile cases were identified but many more cases of uncertain onset were also identified. Furthermore, of the 14 babies identified at high risk of developing Krabbe, only 5 actually went on to develop symptoms (with 1-9 years of follow-up.) Even for those who developed symptoms, treatment with hematopoetic stem cell transplantation in the first 40 days of life only improved outcome in one child. Follow-up and genetic counseling for families are labor intensive. There are inadequate resources for those with potential late-onset disorders or unusual genetic variants. The program has cost millions of dollars, generated significant parental expense and anxiety, without significant benefits. Some argue that improvements in testing and earlier transplant will lead to better outcomes. Others are skeptical. The Secretary's Advisory Committee on Heritable Conditions has not endorsed newborn screening for Krabbe. Nevertheless, 6 states have initiated screening programs similar to the one in New York. In this session, we will critically examine the evidence that screening can accurately identify infants with Krabbe and that early identification can improve outcomes. We will also discuss the perspectives and roles of disease experts and advocacy groups in the expansion of newborn screening. The discussion proposed will have important implications for screening programs for other rare disorders.**Time Block:** (none)**QA:** Yes**QA Details:** We will leave 20 minutes for Q&A**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** newborn screening ethics genetics**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|APS**Chairs:** Michael Msall (Presenter); Lainie Ross (Presenter); John Lantos (Presenter); Jennifer Kwon (Presenter)

PROPOSAL #: 312766

SESSION TITLE: Is it time for a moratorium on newborn screening for Krabbe Disease?

Speaker # 1

Presentation Title Is it time for a moratorium on newborn screening for Krabbe disease

Speaker/Duration: John Lantos : c. 15 minutes

Speaker/Institution: J. Lantos, Peds, CMH, Kansas City, Missouri, UNITED STATES|

Non-Member Justification John Lantos : (none)

PROPOSAL #: 312767**SESSION TITLE:** NCPAP vs NIPPV – Does the rate matter?**Contact:** Manoj Biniwale USC Keck school of Medicine
biniwale@usc.edu**Session Type:** Debate/Pro-Con Discussion**Target Audience:** Trainees in pediatrics, neonatology and critical care, neonatologists, critical care physicians, pulmonologists, and respiratory care practitioners**Audience Size:** 150**Tracks:** Clinical and Translational Research|Pulmonology|Neonatology|Critical Care**Objectives** Enhance understanding of non invasive ventilation modes in infants Learn to differentiate between NCPAP and NIPPV for various conditions Review current research related to non invasive ventilation**Description:** Different modes of Non-invasive Ventilation (NIV) are increasingly being used in the newborn intensive care unit (NICU). Nasal continuous positive airway pressure (NCPAP) is a form of NIV mode introduced to treat newborn infants more than 50 years ago and has been shown to reduce the need for invasive mechanical ventilation and decrease the combined outcome of death or bronchopulmonary dysplasia (BPD). However, many randomized, controlled trials showed that when NCPAP was used as a primary mode of respiratory support from the delivery room, failure rates needing intubation ranged between 33 to 67%. Nasal intermittent positive pressure ventilation (NIPPV) has been studied over the last 20 years in the NICU setting as a potential alternative to invasive mechanical ventilation or to treat NCPAP failures. Several randomized controlled trials have shown that NIPPV may be an effective alternative to NCPAP and may offer some advantages over NCPAP such as decrease in post-extubation failures, and a trend towards less BPD.
 The pro/con discussion on NCPAP vs NIPPV will focus on various key elements for using these modalities of managing NIV strategies in newborn infants. Dr. Yoder and Dr. Sahni will discuss the advantages of NCPAP while Dr. Bhandari and Dr. Ramanathan will discuss the studies comparing NCPAP to NIPPV. Moderators will open the discussion with important questions related to the outcomes of infants managed with NCPAP and with NIPPV. Discussions will revolve around use of NCPAP or NIPPV as a primary mode of respiratory support or after extubation from invasive mechanical ventilation.
 Audience will participate through the question and answer session as well as by live polling before and after discussion of every question generated in the session.

 Layout of the session

 Introduction of the topic and speakers - M Biniwale and A Kugelman 5 min
 Use of bubble NCPAP to decrease BPD rates – R Sahni 5 min
 (S)NIPPV – does synchronization matter? – V Bhandari 5 min
 NCPAP vs Bi-PAP/Si-PAP/Duo-PAP in preterm infants – B Yoder 5 min
 NCPAP vs NIPPV in preterm infants – R Ramanathan 5 min

 Topics to be covered in the debate for audience participation (20 min each)
 Use of NIPPV in the delivery room
 Use of NCPAP vs NIPPV as a primary mode of ventilation
 Using NCPAP vs NIPPV as post extubation mode
 NIPPV for apnea of prematurity
 Non-invasive ventilation in larger infants**Time Block:** (none)**QA:** Yes**QA Details:** Questions and answers will be incorporated throughout the debate with at least 90 minutes reserved for questions by the audience**Audience Polling:** Yes**Polling Details:** we are hoping to have interactive audience polling for powerpoint questions

PROPOSAL #: 312767

SESSION TITLE: NCPAP vs NIPPV – Does the rate matter?

Sabbath Conflicts: N/A

Conflicting Sessions: neonatal ventilation related topics

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Manoj Biniwale (Chair)

Speaker # 1

Presentation Title Debate overview and introduction of speakers

Speaker/Duration: Manoj Biniwale : a. 5 minutes

Speaker/Institution: M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES|

Non-Member Justification Manoj Biniwale : (none)

Speaker # 2

Presentation Title Overview of non invasive ventilation

Speaker/Duration: Amir Kugelman : a. 5 minutes

Speaker/Institution: A. Kugelman, R&B Rappaport Faculty of Medicine, Haifa, ISRAEL|

Non-Member Justification Amir Kugelman : Dr Kugelman has developed expertise in various areas of non invasive ventilation

Speaker # 3

Presentation Title Use of bubble NCPAP to decrease BPD rates

Speaker/Duration: Rakesh Sahni : a. 5 minutes

Speaker/Institution: R. Sahni, Pediatrics, Columbia University, New York, New York, UNITED STATES|

Non-Member Justification Rakesh Sahni : (none)

Speaker # 4

Presentation Title (S)NIPPV – does synchronization matter?

Speaker/Duration: Vineet Bhandari : a. 5 minutes

Speaker/Institution: V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNI

Non-Member Justification Vineet Bhandari : (none)

Speaker # 5

Presentation Title NCPAP vs Bi-PAP/Si-PAP/Duo-PAP in preterm infants

Speaker/Duration: B Yoder : a. 5 minutes

Speaker/Institution: B.A. Yoder, Pediatrics, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification B Yoder : (none)

PROPOSAL #: 312767

SESSION TITLE: NCPAP vs NIPPV – Does the rate matter?

Speaker # 6

Presentation Title NCPAP vs NIPPV in preterm infants

Speaker/Duration: Rangasamy Ramanathan : a. 5 minutes

Speaker/Institution: R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LA

Non-Member Justification Rangasamy Ramanathan : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312774

SESSION TITLE: Understanding BPD - New Concepts from the Prematurity and Respiratory Outcomes Program (PROP)

Contact: Rita Ryan
ryanr@musc.edu
Medical Univesrity of South Carolina

Session Type: Hot Topic/Topic Symposia

Target Audience: neonatologists, pediatric pulmonologists, basic researchers of lung development, pediatric pharmacists, neonatal and pediatric pulmonology fellows

Audience Size: 1,000

Tracks: Basic Science|General Pediatrics|Developmental Biology|Pulmonology|Cardiology|Neonatology

Objectives 1. To understand the current thinking about the pathophysiology of bronchopulmonary dysplasia 2. To learn about new findings from a large cohort of premature infants enrolled in a national study 3. To identify respiratory medication use in premature infants and later pulmonary function testing.

Description: The Prematurity and Respiratory Outcomes Program (PROP) enrolled 835 preterm infants born less than 29 weeks gestation. Newborns were followed from birth until one year corrected gestational age. Scientific outcomes from these studies remains ongoing. This session will provide an update on current research findings and unpublished results. The studies focus on biomarkers for bronchopulmonary dysplasia (BPD) and later sequellae such as late-onset pulmonary hypertension and pulmonary function abnormalities.

Time Block: (none)

QA: No

QA Details: N/A

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: any neonatology session any developing lung session

Additional Comments: none

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS|SPR

Chairs: Rita Ryan (Contact Person); Gloria Pryhuber (Chair); James Kemp (Chair)

Speaker # 1

Presentation Title Lessons from the Heart: Pulmonary Hypertension Risk Factors

Speaker/Duration: Phil Levy : d. 20 minutes

Speaker/Institution: P. Levy, Pediatrics (Neonatology), Harvard University/Children's Hospital of Boston, Boston, M

Non-Member Justification Phil Levy : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312774

SESSION TITLE: Understanding BPD - New Concepts from the Prematurity and Respiratory Outcomes Program (PROP)

Speaker # 2

Presentation Title Respiratory Medications in the NICU and After Discharge

Speaker/Duration: James Greenberg : d. 20 minutes

Speaker/Institution: J. Greenberg, Pediatrics (Neonatology), Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES

Non-Member Justification James Greenberg : (none)

Speaker # 3

Presentation Title Black Race is Associated with a Lower Risk of Bronchopulmonary Dysplasia

Speaker/Duration: Rita Ryan : d. 20 minutes

Speaker/Institution: R.M. Ryan, Pediatrics, Medical University of South Carolina, Charleston, South Carolina, UNITED STATES

Non-Member Justification Rita Ryan : (none)

Speaker # 4

Presentation Title Urinary Gastrin Releasing Peptide in the First Week of Life is Associated with BPD

Speaker/Duration: Judy Voynow : d. 20 minutes

Speaker/Institution: J. Voynow, Pediatrics (Pulmonology), Virginia Commonwealth University, Richmond, Virginia, UNITED STATES

Non-Member Justification Judy Voynow : (none)

Speaker # 5

Presentation Title Physiologic Outcomes of ELGANs at 1 Year of Age

Speaker/Duration: Stephanie Davis : d. 20 minutes

Speaker/Institution: S. Davis, Pediatrics (Pulmonology), University of North Carolina Chapel Hill, Chapel Hill, North Carolina, UNITED STATES

Non-Member Justification Stephanie Davis : (none)

Speaker # 6

Presentation Title Prematurity Respiratory Outcomes - Now What?

Speaker/Duration: Alan Jobe : d. 20 minutes

Speaker/Institution: A.H. Jobe, Pediatrics, Cincinnati Children's, Cincinnati, Ohio, UNITED STATES

Non-Member Justification Alan Jobe : (none)

Proposal: 312780

[Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	What's New in Advancing Safety
Description	<p>Harm during healthcare remains the third leading cause of death in the US. This interactive session will describe the latest findings from Safety Science and Patient Safety, along with their implications for healthcare providers, researchers and improvement specialists.</p> <p>Specific topics that will be covered include Resilience Engineering, Learning from Excellence, and Safety-I vs. Safety-II.</p> <p>Resilience Engineering is the science regarding an organization's ability to perform as needed under a variety of conditions, responding appropriately to both disturbances and opportunities.</p> <p>Learning from Excellence is the process of identifying and learning from reported excellence or "positive deviation".</p> <p>Safety –I reflects conventional thinking in healthcare with a view of people as the source of unsafe care. In contrast, Safety-II reflects the latest safety science, with a view of safety resulting from people adapting to poorly designed systems of care delivery.</p>
Objectives	<p>At the end of this session, attendees will:</p> <ol style="list-style-type: none">1) have a basic knowledge of Resilience Engineering, Learning from Excellence, and Safety-I vs. Safety-II2) understand approaches to applying their new knowledge3) be aware of the implications of this science for current state patient safety and quality improvement work.
Target audience	Healthcare providers, safety and quality researchers, safety and quality improvement specialists, healthcare leaders
Tracks (select all that apply)	Quality Improvement/Patient Safety
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	90 min.

SECTION	VALUE
Audience size – Please enter your best estimate of the expected number of attendees.	50-100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	We will have 60-70 minutes of formal presentation with 20-30 minutes for discussion/Q&A. As the topics of this session are very new to most healthcare providers, we want to assure time to address all questions
Society Affiliation of Submitter (of this Session)	Other Society Affiliation; AAP
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Other major patient safety or quality improvement sessions.
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	None
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	

SECTION**VALUE**

Additional comments about this session (please do not repeat session description details):

✔ Step 3: Participants

 Edit

SECTION**VALUE**

Participant 1**Name**

Thomas Bartman

Affiliation

Quality Improvement / Neonatology, Nationwide Children's Hospital

Role

Presenter

Email

thomas.bartman@nationwidechildrens.org

Participant 2**Name**

Matthew Charles Scanlon

Affiliation

Pediatrics, Medical College of Wisconsin

Role

Presenter

Email

mscanlon@mcw.edu

Participant 3**Name**

Angela Green

Affiliation

Patient Safety & Quality, Johns Hopkins All Children's Hospital

Role

Presenter

Email

angela.green@jhmi.edu

✔ Step 4: Speakers

 Edit

SECTION

VALUE

◀ Previous Step

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PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312794

SESSION TITLE: Let's Talk About Sex ... Adolescent Reproductive Health For All Pediatricians

Contact: Vanessa McFadden Medical College of Wisconsin
vmcfadden@mcw.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: General Pediatrician and Pediatric Hospitalist

Audience Size: 150

Tracks: Community Pediatrics | Adolescent Medicine | General Pediatrics | Public Health | Hospitalists

Objectives Recognize the importance of addressing adolescent reproductive health in all patient settings Recall updated recommendations regarding human papilloma virus (HPV) immunization and sexually transmitted infection prevention, screening and treatment including the use of pre-exposure prophylaxis (PrEP) to decrease HIV transmission Appraise various methods of contraception including advantages and contraindications

Description: Adolescents are at high risk for sexually transmitted infections (STIs) and pregnancy. Since many adolescents have poor access to preventive care, any interaction with an adolescent patient including hospitalizations present a critical opportunity to address adolescents' reproductive health. Recently, there have been multiple calls in the literature for reproductive health advocacy and providing preventive health for patients outside of their primary care doctor's office (1-2). This session will present the importance of providing reproductive health services to adolescents in any setting and the updated recommendations for those reproductive health services.

 References:
 1. Wilkinson TA, Carroll AE. The Role of Pediatricians in Reproductive Health Advocacy. <i>JAMA Pediatr.</i> 2018;172(6):509–510. doi:10.1001/jamapediatrics.2018.0116
 2. Rauch DA and committee on hospital care, section on hospital medicine. Physician's Role in Coordinating Care of Hospitalized Children. <i>Pediatrics</i>. Aug 2018, 142 (2) e20181503

Time Block: (none)

QA: No

QA Details: (none)

Audience Polling: Yes

Polling Details: Would like to be able to poll audience

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APA

Chairs: Vanessa McFadden (Organizer)

Speaker # 1

Presentation Title Let's Talk About Sex ... Adolescent Reproductive Health For All Pediatricians

Speaker/Duration: Vanessa McFadden : i. 90 minutes

Speaker/Institution: V. McFadden, Medical College of Wisconsin, Milwaukee, Wisconsin, UNITED STATES|

Non-Member Justification Vanessa McFadden : (none)

Proposal: 312807

 Edit

SECTION**VALUE**

Role Name


Hot Topic/Topic Symposia

Session Title

Career Cornerstones: Gather Together, Learn Together

SECTION	VALUE
Description	<p>This session will describe the creation and delivery of our cross-departmental learning, interactive collaborative pilot, Career Cornerstones, developed for junior faculty before mid point review for promotion to Associate Professor. Vice chairs for faculty affairs and advancement in Pediatrics, Medicine, Emergency Medicine, Radiology and Ophthalmology collaboratively planned and served as content experts for this pilot program with these goals:</p> <ol style="list-style-type: none">1) Cultivate a cross departmental faculty community through a learning collaborative cohort2) Provide introductory skills to create an individual career development plan and develop skills identified for success3) Create an opportunity to learn from senior School of Medicine faculty <p>Four afternoon sessions of four hours, once a quarter were held. Topics from senior career faculty included: Career Mapping with individual career plans and self assessments; Time Management skills; Mentor Relationships and maximizing a mentor map; CV Review interactive session with faculty volunteers; Promotions Matrix mapping of career goals, work products and narratives; Communication and email hygiene for the busy faculty member; Networking and what it means to connect to colleagues; and exercises in Resiliency building, sharing experiences and tips with each other.</p> <p>While this agenda was heavily packed and ambitious, the approach was to deliver short and pointed didactic on the topic and then engage in interactive exercises that mixed attendees across departments to further the goal of creating a connected community of junior faculty. Once a session prior to the break period, chairs of the departments gave 'career confidential' pearls of wisdom, reflecting on their own career progression and responded to audience questions.</p> <p>Pre and post program qualitative survey questions included specific self-assessment questions regarding level of perceived experience in assessing and mapping career needs, navigating career advancement; confidence in ability to build network, development of mentorship and relationships, and abilities related to the major agenda topics listed above including and questions on feeling of connectedness with colleagues, division or section, home department, and school of medicine. Initial data review shows positive results with improvement in self-assessment scores across multiple domains. Areas of feedback and improvement have led to some alterations in content and delivery for current second delivery program.</p>

SECTION	VALUE
Objectives	<p>This session will describe our faculty leadership collaborative planning process, decision-making regarding topics delivered during the pilot program, and showed examples of tools used in the pre-work and interactive sessions with the faculty.</p> <p>Our goals delivering this session to the audience include:</p> <ol style="list-style-type: none"> 1) Suggest new format for building faculty community through cross departmental learning collaborative 2) Discuss lessons learned from this unique format of engaging early Junior faculty with senior career faculty and departmental leaders 3) Review how preliminary qualitative self-reported attendee data informed second delivery of program 4) Encourage attendees to dialogue around their own program experiences and practices in promoting collaborative Junior faculty learning and supportive communities
Target audience	Junior Faculty, Mentors, Departmental leaders in career development and faculty affairs, faculty advancement
Tracks (select all that apply)	Career Development
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	90 min.
Audience size – Please enter your best estimate of the expected number of attendees.	50
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	20 minutes at end of session as well as concurrent during the session
Society Affiliation of Submitter (of this Session)	AAP; APS; APPD

SECTION	VALUE
<p>Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.</p>	Speed mentoring, Research skills for junior faculty, Career workshops that focus on junior faculty
<p>Is there a Sabbath conflict for this session?</p>	N/A
<p>Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)</p>	None identified at this time with the exception of white board or poster boards with removable 3M paper sheets
<p>Would you be interested in having interactive audience polling/response capability in your session?</p>	No
<p>If yes, please provide more details about the functionality you are interested in.</p>	
<p>Additional comments about this session (please do not repeat session description details):</p>	
<p>✔ Step 3: Participants</p>	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">  Edit </div>

SECTION	VALUE

SECTION**VALUE**

Participant 1**Name**

Andrew Sirotnak

Affiliation

Pediatrics, University of Colorado School of Medicine

Role

Presenter

Emailandrew.sirotnak@childrenscolorado.org

✔ Step 4: Speakers

SECTION**VALUE**

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PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312837

SESSION TITLE: The 2020 Census: The Challenge of Counting All Children and the Role Pediatric Providers and Advocates have in Assuring All Children Count and Are Counted

Contact: Judy Aschner
FOPO; Hackensack University Medical Center
judy.aschner@einstein.yu.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatricians and all pediatric health care providers, hospital administrators, public health and health services researchers, health economic researchers

Audience Size: 300

Tracks: Community Pediatrics|Advocacy/Public Policy|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|Social Determinants/Health Disparities|School and Community Health|Immigrant Health|Health Services Research|General Pediatrics

Objectives Participants will learn about the role pediatricians, clinics, hospitals and communities can play in making sure all children are counted in 2020. Their understanding will be grounded in research and data on the importance of the Census, why it matters that 10 percent of children under the age of 5 were missed in 2010, the importance of the Census for pediatric health care and the overall well-being of children and their families, and what role they can play to assure all children are counted in 2020.

Description: The Decennial Census is the foundation to our democracy. It not only determines how over \$675 billion federal funds are allocated, but it is used to draw district lines and to give voice to those who live in the United States. If individuals are not counted, they, their families and their communities have a lot to lose. Young children under the age of five, are among the groups who are most likely to be missed by the Census. This can greatly impact the resources that are available to educate, feed, house and care for them to reach their full potential. This symposium will focus on the practical question of how pediatricians and other child health workers can help ensure that young children are counted. Speakers will provide background information to ground the discussion, such as: Data on who is missed in the census: Research on why young children are among the groups that are hardest to count; The challenges the US Census Bureau is currently facing that could make the undercount worse than in 2010; What the Bureau is doing to improve the count, and How child advocates are engaging to ensure the best count possible in 2020. Then the session will focus in on practical information on how attendees can participate in local, state, and national partnership and advocacy efforts that will help achieve a complete count of young children in the 2020 Census.

Time Block: (none)

QA: Yes

QA Details: We anticipate leaving 25 minutes for Q&A at the end.

Audience Polling: Yes

Polling Details: Using cell phones and a text message number, we are interested to obtain an understanding of how knowledgeable the room is about the Census.

Sabbath Conflicts: N/A

Conflicting Sessions: We have submitted two different but complementary proposals about the 2020 Census: this Topic Symposium and a State of the Art Plenary. The Census Topic Symposium should be scheduled AFTER the Census Plenary, if both are selected for the PAS program. It s

Additional Comments: All speakers have confirmed (and have a back up speaker in case of unexpected, last minute conflict). None of the unaffiliated speakers need any travel or hotel support but we would

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312837

SESSION TITLE: The 2020 Census: The Challenge of Counting All Children and the Role Pediatric Providers and Advocates have in Assuring All Children Count and Are Counted

appreciate complementary registration. They either work for the federal g

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|FOPO|SPR|APS|AAP SNPPe

Chairs: Judy Aschner (Chair); Franklin Trimm (Chair)

Speaker # 1

Presentation Title The 2020 Census: What's at risk and what you can do to assure all children count and are counted

Speaker/Duration: Judy Aschner : a. 5 minutes

Speaker/Institution: J.L. Aschner, Chair and Physician-in-Chief, Pediatrics, FOPO; Hackensack University Medical Ce

Non-Member Justification Judy Aschner : (none)

Speaker # 2

Presentation Title The young child undercount and why it exists

Speaker/Duration: William O'Hare : c. 15 minutes

Speaker/Institution: W. O'Hare, President of O'Hare Data and Demographic Services LLC, Carsey School of Public P

Non-Member Justification William O'Hare : (none)

Speaker # 3

Presentation Title Challenges faced by 2020 Census and possible repercussions for young child undercount

Speaker/Duration: Gary Bass : c. 15 minutes

Speaker/Institution: G. Bass, Executive Director, The Bauman Foundation, Washington, DC, District of Columbia, U

Non-Member Justification Gary Bass : (none)

Speaker # 4

Presentation Title Census Bureau's efforts to improve young child undercount in 2020 and how pediatricians can contribute

Speaker/Duration: Burton Resist : c. 15 minutes

Speaker/Institution: B. Resist, Chief of the Decennial Communications and Stakeholder Relations Office, U.S. Censu

Non-Member Justification Burton Resist : (none)

Speaker # 5

Presentation Title Advocacy efforts at the national and state-level to ensure all young children are counted and the role that pediatricians can play in achieving an accurate count.

Speaker/Duration: Debra Stein : c. 15 minutes

Speaker/Institution: D. Stein, Executive Director, Partnership for America's Children, Washington, DC, District of Co

Non-Member Justification Debra Stein : (none)

PROPOSAL #: 312839**SESSION TITLE:** THE NIH ENVIRONMENTAL INFLUENCES ON CHILD HEALTH OUTCOMES (ECHO) PROGRAM: GOALS AND EARLY FINDINGS**Contact:** Nigel Paneth
paneth@msu.edu
Michigan State University College of Human Medicine**Session Type:** State of the Art Plenary**Target Audience:** Clinical and non-clinical investigators with an interest in any of the ECHO outcomes, in environmental science, and in translating research findings into clinical practice and public policy.**Audience Size:** 150**Tracks:** Developmental and Behavioral Pediatrics|Advocacy/Public Policy|Epidemiology|Environmental Health**Objectives** Participants will learn about the structure of the ECHO program, it's potential contributions to child health, and the many opportunities for collaboration with academic pediatric researchers across the nation.**Description:** In 2016, NIH initiated a seven-year program of investigation into the effects of environmental exposures such as the physical, chemical, biological, social, behavioral, natural and built environments on child health and development - the Environmental Influences on Child Health Outcomes (ECHO) program. ECHO has assembled 30 centers nationally that have established pregnancy or birth cohorts, many of which are continuing or expanding enrollment, to undertake a range of collaborative research efforts investigating the underlying environmental causes of four key pediatric outcomes of public health importance:

1. Upper and lower airway disease
2. Obesity
3. Pre-, peri-, and postnatal outcomes
4. Neurodevelopment
ECHO incorporates the IDeA States Pediatric Clinical Trials Network, so that interventions to improve any of the four outcomes can be incorporated into the overall goals of the program

This symposium, which will be moderated by Robert Wright MD, FAAP, Mount Sinai School of Medicine, will begin with a description of the structure of the ECHO program and its goals, including its emphasis on policy and practice-relevant research. Matt Gillman MD FAAP, NIH, director of the ECHO program will present this overview in his talk entitled: **Observation and Intervention in the ECHO Program**.

Three presentations will follow, each providing an illustration of current research findings from the ECHO collaboration.

1. Leslie Young MD, FAAP, University of Vermont, will describe how ECHO addresses the Neonatal Opioid Abstinence Syndrome
2. Anne Dunlop MD, MPH, Emory University, will present a paper entitled: Geographic and Temporal Variation in the Effects of Socio-demographic Factors on Risk of Preterm Birth in the US.
3. Aruna Chandran MD, MPH, FAAP, Johns Hopkins University, will present a paper entitled: Epidemiology of Incident Asthma in Children across the US: Unique insights from the ECHO multi-cohort consortium.

Opportunities will be made available for audience questions and participation in discussion.**Time Block:** (none)**QA:** Yes**QA Details:** Each presentation will last 15-20 minutes, and be followed with 5 minutes for Q and A. Time will also be reserved at the end of the entire symposium for Q and A and discussion covering the overall ECHO program and its science.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312839

SESSION TITLE: THE NIH ENVIRONMENTAL INFLUENCES ON CHILD HEALTH OUTCOMES (ECHO) PROGRAM: GOALS AND EARLY FINDINGS

Conflicting Sessions: none

Additional Comments: none

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

Chairs: Nigel Paneth (Contact Person); Robert Wright (Moderator)

Speaker # 1

Presentation Title Observation and Intervention in the ECHO Program

Speaker/Duration: Matthew Gillman : d. 20 minutes

Speaker/Institution: M. Gillman, Office of the Director, NIH, Bethesda, Maryland, UNITED STATES|

Non-Member Justification Matthew Gillman : AAP

Speaker # 2

Presentation Title Addressing the Neonatal Opioid Withdrawal Syndrome in the ECHO program

Speaker/Duration: Leslie Young : d. 20 minutes

Speaker/Institution: L. Young, Pediatrics, University of Vermont, Burlington, Vermont, UNITED STATES|

Non-Member Justification Leslie Young : AAP

Speaker # 3

Presentation Title Geographic and Temporal Variation in the Effects of Socio-demographic Risk Factors in Preterm Birth in the US

Speaker/Duration: Anne Dunlop : d. 20 minutes

Speaker/Institution: A.L. Dunlop, Family Medicine, Emory University, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Anne Dunlop : Dr. Dunlop is a family practitioner and epidemiologist. She is the lead author of the collaborative ECHO paper on geographic and temporal variation in prematurity.

Speaker # 4

Presentation Title Epidemiology of Incident Asthma in Children across the US: Unique insights from the ECHO multi-cohort consortium

Speaker/Duration: Aruna Chandran : d. 20 minutes

Speaker/Institution: A. Chandran, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Aruna Chandran : AAP

PROPOSAL #: 312850**SESSION TITLE:** Strengthening the Academic Advocacy Pipeline: Getting Promoted as an Academic Advocate**Contact:** Shetal Shah
shetaldoc@hotmail.com

Maria Fareri Children's Hospital/ New York Medical College

Session Type: Hot Topic/Topic Symposia**Target Audience:** Medical Students, Residents, Fellows and Junior/Mid-Level Faculty interested in advocacy experiences as either primary (or as a supplement to traditional scholarship), Division Heads, Department Chairs, Tenure Committee members.**Audience Size:** 50-100**Tracks:** Advocacy/Public Policy**Objectives** 1. Determine means by which advocacy work can be translated into work-products suitable for promotion. 2. Identify qualities and deliverables administrative heads at the Division and Department level expect from academic advocates. 3. Describe the process of translating research findings into actionable advocacy such as legislation, regulation and/or policy.**Description:** Child advocacy is an essential component of pediatric practice. Pediatric trainees and early career physicians are particularly attracted to child advocacy activities as a means to supplement their clinical work. Recent debates related to healthcare policy and Medicaid have increased attention to the role advocacy plays in pediatrics and engaged many pediatricians, including researchers. However, in academia, advocacy activities are not traditional measures of academic creativity. While medical education and quality improvement have been recognized by promotions committees as potentially valid means of demonstrating academic work, policy and advocacy activities still are not recognized, potentially leading young researchers and faculty in academic institutions to avoid participating in these activities. Further, senior pediatric researchers and academicians may feel ill-equipped to mentor a resident interested in performing an advocacy project. This topic symposium will outline the principles by which pediatricians can document and leverage advocacy work for academic promotion. Speakers will also use the concept of the "advocacy portfolio" as a tool and share their experiences of incorporating advocacy into their own careers and translating these activities into promotion. A pediatric department chair will give the perspective of how to present advocacy in a way that will be attractive to tenure committees, and other speakers will share how they have used advocacy as part of their research work to change policies. The session was conducted last year and hosted >50 attendees.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes Q/A with all speakers**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Pediatric Policy Council Session SPR Session "Make Research Great Again" Proposed this year
Pediatric Policy Council Legislative Breakfast**Additional Comments:** Co-sponsors by Speakers: Pediatric Policy Council, Academic Pediatric Association Advocacy Committee,**Financial Sponsor?** (none)**If Yes:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312850

SESSION TITLE: Strengthening the Academic Advocacy Pipeline: Getting Promoted as an Academic Advocate

Society Affiliation: AAP|APA|SPR

Chairs: Shetal Shah (Chair); Vivek Balasubramaniam (Chair); Shale Wong (Presenter); Alice Kuo (Presenter); Heather Brumberg (Presenter); Valerie Oipari (Presenter)

Speaker # 1

Presentation Title WHY ADVOCACY IS A SCHOLARLY ACTIVITY

Speaker/Duration: Vivek Balasubramaniam : c. 15 minutes

Speaker/Institution: V. Balasubramaniam, Pediatrics, University of Wisconsin-Madison, Madison, Wisconsin, UNITED STATES

Non-Member Justification Vivek Balasubramaniam : (none)

Speaker # 2

Presentation Title DEVELOPING AND DOCUMENTING ADVOCACY AS A PROMOTION TRACK

Speaker/Duration: Shale Wong : c. 15 minutes

Speaker/Institution: S. Wong, Pediatrics, University of Colorado, Aurora, Colorado, UNITED STATES |

Non-Member Justification Shale Wong : (none)

Speaker # 3

Presentation Title HOW TO MENTOR RESIDENTS/FELLOWS/MED STUDENTS IN ADVOCACY

Speaker/Duration: Alice Kuo : c. 15 minutes

Speaker/Institution: A. Kuo, Pediatrics, Medicine, UCLA, Los Angeles, California, UNITED STATES |

Non-Member Justification Alice Kuo : (none)

Speaker # 4

Presentation Title HOW TO ADVANCE IN ADVOCACY: BLOGS, OP-EDS, TWEETS LETTERS AND PEDIATRIC SOCIETIES OPPORTUNITIES

Speaker/Duration: Heather Brumberg : c. 15 minutes

Speaker/Institution: H.L. Brumberg, Pediatrics, New York Medical College/Maria Fareri Children's Hospital/Westch

Non-Member Justification Heather Brumberg : (none)

Speaker # 5

Presentation Title HOW TO TURN PEDIATRIC RESEARCH INTO ADVOCACY: A PRACTICAL GUIDE

Speaker/Duration: Shetal Shah : c. 15 minutes

Speaker/Institution: S. Shah, Pediatrics/ Neonatology, Maria Fareri Children's Hospital/ New York Medical College,

Non-Member Justification Shetal Shah : (none)

Speaker # 6

Presentation Title WHAT A DEPARTMENT CHAIR WANTS FROM AN ACADEMIC ADVOCATE OTHER THAN RESEARCH

Speaker/Duration: Valerie Oipari : c. 15 minutes

Speaker/Institution: V. Oipari, University of Michigan, Ann Arbor, Michigan, UNITED STATES |

Non-Member Justification Valerie Oipari : (none)

PROPOSAL #: 312851**SESSION TITLE:** Adrenal Disorders: From Bench to Bedside**Contact:** Laurie Cohen Boston Children's Hospital
Laurie.cohen@childrens.harvard.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and academic endocrinologists**Audience Size:** 350**Tracks:** Endocrinology|Basic Science|Clinical and Translational Research**Objectives** 1. Participants will have insight into recent studies on adrenal gland development 2. Participants will be knowledgeable in adrenal gland steroidogenesis and will be able to identify the patients with various genetic disorders of adrenal gland steroidogenesis. 3. Participants will be knowledgeable in new treatment of patients with disorders of the adrenal gland.**Description:** Disorders of the adrenal gland often result from inherited enzymatic or other defects that present in the newborn period. The clinical presentation may be acute and catastrophic with hypoglycemia, electrolyte disturbance, and/or genital ambiguity. Over recent years, studies have begun to elucidate mechanisms of adrenal development and enhance our understanding of the various disorders of adrenal gland steroidogenesis. However, the optimal treatment of cortisol deficiency and congenital adrenal hyperplasia (CAH) remain challenging.
 The goal of this symposium is to update the audience on recent studies of adrenal gland development and adrenal gland steroidogenesis.and to review current recommendations for the care of children with adrenal disorders.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**N/A**Additional Comments:** 40 minute talks; speakers to be confirmed.**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Adrenal Development**Speaker/Duration:** Laurie Cohen : g. 45 minutes**Speaker/Institution:** L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|**Non-Member Justification** Laurie Cohen : (none)

PROPOSAL #: 312851

SESSION TITLE: Adrenal Disorders: From Bench to Bedside

Speaker # 2

Presentation Title Adrenal Gland Steroidogenesis

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

Speaker # 3

Presentation Title Novel Adrenal Therapeutic Agents

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

Contact: Elizabeth Haggerty March of Dimes
ehaggerty@marchofdimes.org

Session Type: Panel Discussion

Target Audience: (none)

Audience Size: 100

Tracks: Academic and Research Skills

Objectives The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology

Description: Lecture to be given by the The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology recipient

Time Block: (none)

QA: Yes

QA Details: 30 min

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:TBA

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: MOD

Chairs:

Speaker # 1

Presentation Title The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology Lecture

Speaker/Duration: Elizabeth Haggerty : j. 120 minutes

Speaker/Institution: E. Haggerty, March of Dimes, White Plains, New York, UNITED STATES|

Non-Member Justification Elizabeth Haggerty : (none)


Proposal: 312853


[✎ Edit](#)

SECTION	VALUE
Role Name	Panel Discussion
Session Title	The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology
Description	Lecture to be given by the The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology recipient
Objectives	The March of Dimes and Richard B. Johnston, Jr., MD Prize in Developmental Biology
Target audience	
Tracks (select all that apply)	Academic and Research Skills
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	30 min
Society Affiliation of Submitter (of this Session)	MOD

SECTION	VALUE
<p>Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.</p>	TBA
<p>Is there a Sabbath conflict for this session?</p>	N/A
<p>Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)</p>	Stage. Lapel mic, podium, podium mic. wireless hand held mic. screen & lcd projector, sound and video.
<p>Would you be interested in having interactive audience polling/response capability in your session?</p>	No
<p>If yes, please provide more details about the functionality you are interested in.</p>	
<p>Additional comments about this session (please do not repeat session description details):</p>	

✔ Step 3: Participants

 Edit

SECTION	VALUE
<p>✔ Step 4: Speakers</p>	<p> Edit</p>

SECTION	VALUE

SECTION**VALUE**

Presentation type 1**ID**

3074539

TitleThe March of Dimes and Richard B. Johnston, Jr., MD Prize in
Developmental Biology Lecture**Speaker**Elizabeth Haggerty

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Product version number 4.15.2 (Build 40). Build date Tue Oct 9 09:42:41 EDT 2018. Server ip-10-236-26-119

PROPOSAL #: 312856**SESSION TITLE:** Managing the Diseased Pancreas in Children: Medical, Endoscopic and Surgical Advances and Strategies for Comprehensive Care**Contact:** Jaimie Nathan
jaimie.nathan@cchmc.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians, gastroenterologists, pancreatologists, endocrinologists, chronic pain physicians, behavioral medicine**Audience Size:** 80-120**Tracks:** Developmental and Behavioral Pediatrics | Endocrinology | General Pediatrics | Gastroenterology and Nutrition**Objectives** 1. To review the diagnosis and management strategies for recurrent and chronic pancreatitis. 2. To describe the updates in genetic testing for recurrent and chronic pancreatitis. 3. To review imaging modalities utilized in the diagnosis of acute and chronic pancreatitis. 4. To describe the utility and advances in endoscopic retrograde cholangiopancreatography and endoscopic ultrasound in recurrent and chronic pancreatitis. 5. To describe the management of pain in children with debilitating recurrent and chronic pancreatitis. 6. To review the role of TPIAT (total pancreatectomy and islet autotransplantation) and conventional surgical procedures in the management of recurrent and chronic pancreatitis.**Description:** Children are increasingly being diagnosed with acute recurrent pancreatitis (ARP) and chronic pancreatitis (CP), with significant implications for quality of life, pain, nutritional status, and health care utilization and costs. There is a paucity of literature regarding pancreatitis in children, and most pediatric gastroenterologists rely on diagnostic, prognostic and treatment guidelines published in adults. Recently, there has been a newfound interest in pediatric pancreatic diseases, and increasing numbers of pediatric gastroenterologists are now engaged in collectively studying and treating acute and chronic pancreatitis. While ultrasound, computerized tomography, and magnetic resonance imaging are the mainstay for imaging pediatric pancreatic diseases, newer imaging techniques are allowing physicians to move beyond the basic assessment of pancreatic morphology, to a more in-depth characterization of both parenchymal and ductal health, as well as exocrine function. Such techniques hold promise as potential biomarkers in clinical studies. Children with pain due to pancreatitis are subjected to opioid prescriptions. Health-related quality of life is impacted across physical, psychological, and social functioning domains. Pain also impacts healthcare utilization and is associated with a high economic and societal burden. Non-pharmacological interventions for children with CP are needed, and a biopsychosocial understanding of pain and disability can guide assessment and treatment. Endoscopic methods to evaluate and treat pancreatitis in children include endoscopic ultrasound (EUS) and endoscopic retrograde cholangiopancreatography (ERCP). EUS affords the ability to non-invasively visualize the pancreas, to evaluate for features of chronic inflammation, and to obtain tissue by fine-needle aspiration or core biopsy. EUS-guided drainage is also the modality of choice for the treatment of pancreatic fluid collections such as pseudocysts and walled-off necrosis. ERCP continues to play a dominant therapeutic role in the management of ductal complications of pancreatitis, including pancreatic duct strictures and pancreatic duct stones. The most common indication for surgery in pancreatitis is in the management of chronic pain and debilitation and poor quality of life, often in the setting of chronic opioid use, in patients who have failed to respond to medical or endoscopic management. Decisions to go for conventional surgical approaches, such as pancreatic resections and drainage procedures, depend on ductal anatomy and gland morphology. In patients with small duct disease (defined by a non-dilated pancreatic duct) and without a dominant inflammatory head mass, total pancreatectomy with islet autotransplantation

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312856

SESSION TITLE: Managing the Diseased Pancreas in Children: Medical, Endoscopic and Surgical Advances and Strategies for Comprehensive Care

(TPIAT) is a preferred option. In the pediatric population, TPIAT results in pain relief and liberation from opioids in approximately 90% of patients. Children undergoing TPIAT have insulin independence rates that exceed those in adults. In children with genetic risk factors for pancreatitis, it is generally felt that TPIAT will provide superior outcomes to resections and drainage operations, with sustained relief and a lower long-term adenocarcinoma risk.

Time Block: (none)

QA: Yes

QA Details: Will plan for 20 minute Q&A/discussion session at the conclusion of presentations, to cover audience questions regarding objectives.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Avoid scheduling pancreas sessions or diabetes/endocrinology sessions at the same time.

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|NASPGHAN

Chairs: Jaimie Nathan (Chair); Maisam Abu-El-Haija (Chair)

Speaker # 1

Presentation Title Medical advances in the diagnosis and management of pancreatitis in children

Speaker/Duration: Maisam Abu-El-Haija : d. 20 minutes

Speaker/Institution: M. Abu-El-Haija, Cincinnati Children's Hospital , Cincinnati, Ohio, UNITED STATES|

Non-Member Justification Maisam Abu-El-Haija : (none)

Speaker # 2

Presentation Title Imaging diagnosis of acute and chronic pancreatitis in children

Speaker/Duration: andrew trout : d. 20 minutes

Speaker/Institution: A. trout, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES|

Non-Member Justification andrew trout : (none)

Speaker # 3

Presentation Title Interdisciplinary pain care for pancreatitis in children

Speaker/Duration: Kenneth Goldschneider : d. 20 minutes

Speaker/Institution: K. Goldschneider, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES|

Non-Member Justification Kenneth Goldschneider : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312856

SESSION TITLE: Managing the Diseased Pancreas in Children: Medical, Endoscopic and Surgical Advances and Strategies for Comprehensive Care

Speaker # 4

Presentation Title Endoscopic management of pediatric pancreatic disease

Speaker/Duration: Tom Lin : d. 20 minutes

Speaker/Institution: T. Lin, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES |

Non-Member Justification Tom Lin : (none)

Speaker # 5

Presentation Title Surgical advances in the management of debilitating pancreatitis in children

Speaker/Duration: Jaimie Nathan : d. 20 minutes

Speaker/Institution: J.D. Nathan, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES |

Non-Member Justification Jaimie Nathan : (none)

PROPOSAL #: 312857**SESSION TITLE:** Detecting and Managing Suicide Risk in Medical and School Settings: Turning Research into Real World Practice**Contact:** Lisa Horowitz NIMH
horowitzl@mail.nih.gov**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric clinicians (i.e., pediatricians, nurse practitioners, school nurses, emergency department physicians and nurses, inpatient medical/surgical nurses)**Audience Size:** 100**Tracks:** Clinical and Translational Research|Adolescent Medicine|School and Community Health|Public Health|Developmental and Behavioral Pediatrics|General Pediatrics|Community Pediatrics**Objectives** 1. Discuss youth suicide risk clinical pathways that can be implemented to screen for suicide risk in emergency departments, inpatient medical/surgical units and outpatient primary care settings. 2. Describe implementation science around the clinical management of the patient who screens positive for suicide risk in the medical and school settings. 3. Discuss an effective suicide prevention program that can be implemented in school systems 4. Understand the use of social media and its role in suicide prevention**Description:** Suicide is an international public health crisis and the second leading cause of death in the United States, affecting thousands of youth and their families/friends. In a national effort to reduce death by suicide, medical settings and school systems are beginning to test and implement suicide prevention programs.
 The American Academy of Pediatrics and the Joint Commission (TJC) have recommended that all medical patients be screened for suicide risk, positioning the medical setting as a critical venue to identify and treat youth at risk. School systems also serve as important settings for suicide prevention and need training for educators, administrators and students to recognize warning signs. Non-mental health clinicians and educators on the frontlines of this public health threat require guidance to accurately identify youth at risk for suicide and intervene effectively.
 Hospitals and outpatient care clinics have recognized the benefit of early detection and in response, have begun implementing screening methods in their standard practice. However, if non-validated instruments are being used or if there is an over- or under- reaction to patients that screen positive, the screening program can become untenable and overburden already strapped mental health resources. Successful implementation of a screening program requires physician and nurse champions and a tiered screening approach to manage patients who screen positive. Recently, a Pathways to Clinical Care suicide risk screening workgroup created a 3-tiered clinical pathway to guide medical settings in screening for suicide risk in the emergency department, the inpatient medical/surgical unit and the outpatient primary care setting. The pathway standardizes essential elements of screening, while remaining flexible to account for institutional variation in resources.
 Many medical settings have utilized depression screens as suicide risk screeners. The Patient Health Questionnaire for Adolescents (PHQ-A) is a commonly used depression screen that includes an item that is designed to measure suicidal ideation and self-harm (Item #9). However, studies indicate that depression screening alone may not be adequate to detect suicide risk in pediatric medical patients given the non-specific language and limited nature of the single question. Asking youth directly about suicidal ideation and behavior may be the most effective way to detect suicide risk.
 A multi-institutional approach to suicide prevention in youth involves implementing school programs that promote student safety. A single suicide can profoundly impact a school and elevate the risk of other students if not managed sensitively and effectively. Unfortunately, many school systems may not have adequate resources to screen for suicide risk. The Signs of Suicide® (SOS) Prevention Program is a nationally recognized program that aims to

PROPOSAL #: 312857**SESSION TITLE:** Detecting and Managing Suicide Risk in Medical and School Settings: Turning Research into Real World Practice

decrease suicide attempts by educating students, educators and parents about the signs and symptoms of depression and suicide. This educational curriculum provides students with the tools to become advocates for themselves and their fellow students. To the parents of youth who die by suicide, death often comes as a shock, and are often left with never-to-be-answered questions of why and “what ifs. Suicide loss survivors often do not have resources to cope with their child’s suicide, leaving many to struggle with depression, anxiety, grief and suicidal thoughts. One inspirational mother, and suicide loss survivor, Anne Moss Rogers, turned her grief into action after her 20-year-old son, Charles, died by suicide just weeks after visiting an outpatient clinic. Ms. Rogers advocates for suicide prevention in medical settings, schools, the home and beyond so others avoid the preventable tragedy her family suffered. The goal of this session is to discuss how research studies in suicide prevention, screening and management were translated into practical applications that can be utilized in the medical and school settings. We will present on 1) The Youth Suicide Risk Clinical Pathway, utilizing the Ask Suicide-Screening Questions (ASQ) developed for the pediatric ED, and validated on the inpatient medical/surgical unit and in the outpatient primary care setting; 2) Discussion of suicide risk screening and the inadequacy of depression screens to detect suicide risk in primary care 3) Data and teachings from the Signs of Suicide (SOS) school suicide prevention program; and 4) a suicide loss survivor who will advocate for screening and present on how to leverage social media for suicide prevention. We will also conduct a brief interview with mother advocate, Ms. Rogers, whose son died by suicide and her mission to help pediatric clinicians implement effective suicide risk screening programs. Topics discussed will include: suicide risk instruments and clinical pathways, suicide prevention in the school system, depression vs. suicide risk screening, social media and suicide prevention, and future directions.

Time Block: (none)**QA:** Yes**QA Details:** 20 minutes of question and answer and comment time with speakers**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** This should not be scheduled at the same time as other behavioral/mental health or Suicide related sessions**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** APA|Other Society Affiliation**Chairs:** Lisa Horowitz (Chair)

PROPOSAL #: 312857

SESSION TITLE: Detecting and Managing Suicide Risk in Medical and School Settings: Turning Research into Real World Practice

Speaker # 1

Presentation Title How to Implement a Suicide Risk Screening Program in the Medical Setting: The Youth Suicide Risk Screening Clinical Practice Guideline

Speaker/Duration: Lisa Horowitz : e. 25 minutes

Speaker/Institution: L.M. Horowitz, Office of the Clinical Director, NIMH, Bethesda, Maryland, UNITED STATES|

Non-Member Justification Lisa Horowitz : The speaker is a national expert in suicide risk detection in the medical setting at the National Institute of Mental Health. She is the co-creator of a nationally used suicide risk screening tool, the ASQ.

Speaker # 2

Presentation Title Suicide prevention programs in the school system: lessons learned from Signs of Suicide (SOS)

Speaker/Duration: Jeffrey Bridge : e. 25 minutes

Speaker/Institution: J. Bridge, Pediatrics, Research Institute at Nationwide Children's, Columbus, Ohio, UNITED STA

Non-Member Justification Jeffrey Bridge : The speaker is a international expert suicide epidemiologist and co-creator of the ASQ, a widely-used suicide risk screening tool. He has published widely on suicide prevention research.

Speaker # 3

Presentation Title Managing Suicide Risk in the Pediatric Primary Care Setting: Is Depression Screening Enough?

Speaker/Duration: John Campo : e. 25 minutes

Speaker/Institution: J.V. Campo, West Virginia University, Morgantown, West Virginia, UNITED STATES|

Non-Member Justification John Campo : APA

Speaker # 4

Presentation Title A suicide loss survivor's view on preventing suicide: Leveraging social media

Speaker/Duration: Anne Moss Rogers : e. 25 minutes

Speaker/Institution: A.N. Rogers, Beacon Tree Foundation, Richmond, Virginia, UNITED STATES|

Non-Member Justification Anne Moss Rogers : Anne Moss Rogers is a mother of youth who died by suicide and a suicide prevention advocate. She is an inspiration and we will interview her and she will briefly tell her story and take questions

PROPOSAL #: 312862

SESSION TITLE: Advanced ventilation strategies in infants with respiratory failure

Contact: Manoj Biniwale USC Keck school of Medicine
biniwale@usc.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Trainees and physicians in neonatology, critical care and pulmonology

Audience Size: 200

Tracks: Critical Care | Pulmonology | Neonatology

Objectives To gain better understanding of advanced modalities available for managing sick infants Understand physiologic principles behind different ventilation modes Review current evidence to support managing infants with respiratory failure using various ventilators Understand the importance of and how to preserve lung volume in critically ill infants. Familiarize with the strategies providing gentle ventilation in injured lungs

Description: Most optimum strategy to provide respiratory support while treating premature infants with respiratory failure remains to be recognized. Majority of physicians use the ventilation modalities they are most comfortable with or have most experience with to treat these sick infants. Many technical advances in the devices have occurred in recent years and new management strategies have been developed and evaluated in this population. Newer methods of ventilation to provide most effective respiratory support have led to marked improvement in outcome of premature infants with respiratory failure. The respiratory outcome of these high risk infants has also improved considerably over last decade compared to the severe lung injury induced by high positive pressures on conventional ventilators and elevated inspired oxygen concentrations provided during the early years of respiratory support in premature infants. Few centers have expertise in managing sick infants with advanced ventilation modalities. Using the right modality along with the optimized settings may determine long term outcomes for these vulnerable infants. Some of these strategies will be discussed in this session by the experts in this field who have done extensive work.

Volume targeted ventilation

Speaker: Claus Klingenberg MD, PhD, Professor of Pediatrics, University Hospital of North Norway, Tromso, Norway.

Expertise: The speaker has extensively and systematically reviewed this ventilation strategy in many peer reviewed publications.

Description of talk: Volume-targeted ventilation (VTV) is a mode where the ventilator automatically controls tidal volume delivery. Systematic reviews have shown important clinical benefits of VTV compared to traditional pressure-limited ventilation, including reduced rates of death, BPD, pneumothoraces, hypocarbia and severe cranial ultrasound pathologies in infants ventilated with VTV-modes. Dr. Klingenberg will discuss biological rationale for targeting tidal volume, how VTV works and pitfalls and challenges when using VTV.

Novel means of non-invasive respiratory support

Speaker: Rangasamy Ramanathan MD, Professor of Pediatrics, Keck School of Medicine of University of Southern California, Los Angeles, CA.

Expertise: The speaker has done extensive work in clinical trials related to noninvasive ventilation (NIV). He has also developed Ram cannula which has been used to provide non invasive ventilatory support.

Description of talk: Several modalities of non invasive ventilation (NIV) are now available for clinicians to choose from. Using right modality for individual patients and applying optimized settings could be challenging. Dr. Ramanathan will discuss newer modes of NIV, advanced therapies using NIV and future research related to NIV modes. He will also compare use of NIV to invasive mechanical ventilation for sicker infants.

High frequency jet ventilation

Speaker: J Bert Bunnell, Sc D, Adjunct Associate Professor, Bioengineering Department, University of Utah, Salt Lake City, UT

PROPOSAL #: 312862

SESSION TITLE: Advanced ventilation strategies in infants with respiratory failure

Expertise: Since 1980, Dr Bunnell, a biomedical engineer has focused his efforts on the development of advanced ventilation systems for treating premature infants in acute respiratory failure, an often fatal complication of preterm birth. He developed high frequency jet ventilator, the first high frequency ventilator to get approval of US FDA.

Description of talk: Infants with respiratory failure who require high pressures on conventional ventilatory support are typical candidates to receive high frequency ventilation. High frequency jet ventilation (HFJV) is typically used when infants either do not tolerate high frequency oscillatory ventilation or do not respond to that modality. Dr. Bunnell will discuss use of HFJV in supporting ventilation using low tidal volumes while minimizing damage to vulnerable lungs. He will also present the data on mechanics of HFJV, studies related to this mode, specific indications and research involving HFJV.

Neurally adjusted ventilatory assist

Speaker: Howard Stein MD, Clinical Professor Pediatrics, University of Toledo College of Medicine, Toledo, OH.

Expertise: Dr. Stein is one of the pioneers in NAVA ventilation in neonates who has extensively studied this modality over many years.

Description of talk: Neurally Adjusted Ventilatory Assist (NAVA) is a new approach to mechanical ventilation based on neural respiratory output. It utilizes the electrical activity of the diaphragm, which is the best available signal to estimate the respiratory drive and to trigger on and cycle off the delivery of the assisted breaths and regulate its amount as well as intra-breath profile. This talk compares and contrasts the flow and neural trigger for patient-ventilatory interaction with invasive as well as non-invasive ventilation. Enhanced synchrony using the neural trigger will be described. The current literature of prominent studies addressing the use of invasive and non-invasive neurally adjusted ventilatory assist (NIV NAVA) will be presented including the clinical experience from one center that predominantly uses NAVA to deliver mechanical ventilation in premature neonates.

Layout of session:

Problems with advanced ventilation strategies for infants with respiratory failure-- SF-19197 --: Dr. Manoj Biniwale 5 min

Volume targeted ventilation: Dr. Claus Klingenberg 25 minutes

Novel means of noninvasive respiratory support: Dr. Rangasamy Ramanathan 25 minutes

High frequency jet ventilation: Dr. J Bert Bunnell 25 minutes

Neurally adjusted ventilatory assist: Dr. Howard Stein 25 minutes

Questions and answers with interactive audience participation 15 minutes

Time Block: (none)**QA:** Yes**QA Details:** 15 minute question answer session at the end of all talks**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** neonatal ventilation topics**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP**Chairs:** Manoj Biniwale (Chair)

PROPOSAL #: 312862

SESSION TITLE: Advanced ventilation strategies in infants with respiratory failure

Speaker # 1

Presentation Title Problems with advanced ventilation strategies for infants with respiratory failure

Speaker/Duration: Manoj Biniwale : a. 5 minutes

Speaker/Institution: M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES|

Non-Member Justification Manoj Biniwale : (none)

Speaker # 2

Presentation Title Volume targeted ventilation

Speaker/Duration: Claus Klingenberg : e. 25 minutes

Speaker/Institution: C. Klingenberg, University Hospital of North Norway, Tromse, NORWAY|

Non-Member Justification Claus Klingenberg : (none)

Speaker # 3

Presentation Title Novel means of noninvasive respiratory support

Speaker/Duration: Rangasamy Ramanathan : e. 25 minutes

Speaker/Institution: R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LA

Non-Member Justification Rangasamy Ramanathan : (none)

Speaker # 4

Presentation Title High frequency jet ventilation

Speaker/Duration: J Bunnell : e. 25 minutes

Speaker/Institution: J.B. Bunnell, Biomedical Engineering, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification J Bunnell : Dr Bunnell, a biomedical engineer has focused his efforts on the development of advanced ventilation systems for treating premature infants in acute respiratory failure, an often fatal complication of preterm birth. He developed high frequency

Speaker # 5

Presentation Title Neurally adjusted ventilatory assist (NAVA)

Speaker/Duration: Howard Stein : e. 25 minutes

Speaker/Institution: H.M. Stein, NICU, Promedica Toledo Children's Hospital, Toledo, Ohio, UNITED STATES|

Non-Member Justification Howard Stein : (none)

PROPOSAL #: 312867**SESSION TITLE:** Advanced ventilation strategies in infants with respiratory failure**Contact:** Manoj Biniwale USC Keck school of Medicine
biniwale@usc.edu**Session Type:** Panel Discussion**Target Audience:** Trainees and faculty in neonatology, critical care and pulmonology**Audience Size:** 150**Tracks:** Neonatology|Critical Care|Pulmonology**Objectives** To gain better understanding of advanced modalities available for managing sicker infants Understand physiologic principles behind different ventilation modes Review current evidence to support managing infants with advanced modes To compare and contrast different ventilation strategies for newborn infants**Description:** Different modes of respiratory support are commonly used in premature infants with respiratory failure. Many technical advances in the devices have occurred in recent years and new management strategies have been developed and evaluated in this population. Newer methods of respiratory support have led to marked improvement in outcome of premature infants with respiratory failure. The respiratory outcome of these high risk infants has also improved considerably over last decade compared to the severe lung injury induced by high positive pressures on conventional ventilators and elevated inspired oxygen concentrations provided during the early years of respiratory support in premature infants. Few centers have expertise in managing sick infants with advanced ventilation modalities. Using the right modality along with the optimized settings may determine long term outcomes for these vulnerable infants. Some of these strategies will be discussed in this session by the experts in this field.

Volume targeted ventilation
Volume-targeted ventilation (VTV) is a mode where the ventilator automatically controls tidal volume delivery. Systematic reviews have shown important clinical benefits of VTV compared to traditional pressure-limited ventilation, including reduced rates of death, BPD, pneumothoraces, hypocarbia and severe cranial ultrasound pathologies in infants ventilated with VTV-modes. Dr. Klingenberg will discuss biological rationale for targeting tidal volume, how VTV works and pitfalls and challenges when using VTV.

Novel means of non-invasive respiratory support
Several modalities of non invasive ventilation (NIV) are now available for clinicians to choose from. Using right modality for individual patients and applying optimized settings could be challenging. Dr. Ramanathan will discuss newer modes of NIV, advanced therapies using NIV and future research related to NIV modes. He will also compare use of NIV to invasive mechanical ventilation for sicker infants.

High frequency jet ventilation
Sick infants who require high pressures on conventional ventilatory support are typical candidates to receive high frequency ventilation. High frequency jet ventilation (HFJV) is typically used when infants either do not tolerate high frequency oscillatory ventilation or do not respond to that modality. Dr. Bunnell will discuss mechanics of HFJV, studies related to this mode, specific indications and research involving HFJV.

Neurally adjusted ventilatory assist
Neurally Adjusted Ventilatory Assist (NAVA) is a new approach to mechanical ventilation based on neural respiratory output. It utilizes the electrical activity of the diaphragm, which is the best available signal to estimate the respiratory drive and to trigger on and cycle off the delivery of the assisted breaths and regulate its amount as well as intra-breath profile. This talk compares and contrasts the flow and neural trigger for patient-ventilatory interaction with invasive as well as non-invasive ventilation. Enhanced synchrony using the neural trigger will be described. The current literature of prominent studies addressing the use of invasive and non-invasive neurally adjusted ventilatory assist (NIV NAVA) will be presented

PROPOSAL #: 312867

SESSION TITLE: Advanced ventilation strategies in infants with respiratory failure

including the clinical experience from one center that predominantly uses NAVA to deliver mechanical ventilation in premature neonates.
Layout of session:
 Patient selection for advanced ventilation strategies: Dr. Manoj Biniwale 5 min
 Volume targeted ventilation: Dr. Claus Klingenberg 10 minutes
 Novel means of noninvasive respiratory support: Dr. Rangasamy Ramanathan 10 minutes
 High frequency jet ventilation: Dr. J Bert Bunnell 10 minutes
 Neurally adjusted ventilatory assist: Dr. Howard Stein 10 minutes
 Questions and answers including audience response polls 75 minutes
 Following topics will be covered during discussion
 The patient population most suited to receive advanced ventilatory support
 Practical aspects of advanced ventilation strategies
 Troubleshooting of advanced ventilation modes
 Current and future research areas related to these modalities

Time Block: (none)

QA: Yes

QA Details: 75 minutes of questions and answers along with audience response polls

Audience Polling: Yes

Polling Details: audience response polls with powerpoint

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal ventilation sessions

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Manoj Biniwale (Chair)

Speaker # 1

Presentation Title Patient selection for advanced ventilation strategies

Speaker/Duration: Manoj Biniwale : a. 5 minutes

Speaker/Institution: M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES |

Non-Member Justification Manoj Biniwale : (none)

Speaker # 2

Presentation Title Volume targeted ventilation

Speaker/Duration: Claus Klingenberg : b. 10 minutes

Speaker/Institution: C. Klingenberg, Pediatrics, University Hospital of North Norway, Tromse, NORWAY |

Non-Member Justification Claus Klingenberg : (none)

Speaker # 3

Presentation Title Novel means of noninvasive respiratory support

Speaker/Duration: Rangasamy Ramanathan : b. 10 minutes

Speaker/Institution: R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LA

Non-Member Justification Rangasamy Ramanathan : (none)

PROPOSAL #: 312867

SESSION TITLE: Advanced ventilation strategies in infants with respiratory failure

Speaker # 4

Presentation Title High frequency jet ventilation

Speaker/Duration: J Bunnell : b. 10 minutes

Speaker/Institution: J.B. Bunnell, Biomedical Engineering, University of Utah, Salt Lake City, Utah, UNITED STATES |

Non-Member Justification J Bunnell : Dr Bunnell, a biomedical engineer has focused his efforts on the development of advanced ventilation systems for treating premature infants in acute respiratory failure, an often fatal complication of preterm birth. He developed high frequency

Speaker # 5

Presentation Title Neurally adjusted ventilatory assist

Speaker/Duration: Howard Stein : b. 10 minutes

Speaker/Institution: H.M. Stein, NICU, Promedica Toledo Children's Hospital, Toledo, Ohio, UNITED STATES |

Non-Member Justification Howard Stein : (none)

Proposal: 312873

[✎ Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	PIDS Independent Session I
Description	Place holder for possible additional independent session submitted by PIDS
Objectives	TBD
Target audience	TBD
Tracks (select all that apply)	Infectious Diseases
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either
Audience size – Please enter your best estimate of the expected number of attendees.	150
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	PIDS
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	None


SECTION	VALUE
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	None
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name David Hyun</p> <p>Affiliation Antibiotic Resistance Project, The Pew Charitable Trusts</p> <p>Role Chair</p> <p>Email dhyun@pewtrusts.org</p>

✔ Step 4: Speakers

 Edit

SECTION	VALUE
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Proposal: 312874

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SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	PIDS Independent Session II
Description	Place holder for possible additional independent session to be submitted by PIDS
Objectives	TBD
Target audience	TBD
Tracks (select all that apply)	Infectious Diseases
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either
Audience size – Please enter your best estimate of the expected number of attendees.	150
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	PIDS
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	None


SECTION	VALUE
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	None
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name David Hyun</p> <p>Affiliation Antibiotic Resistance Project, The Pew Charitable Trusts</p> <p>Role Contact Person</p> <p>Email dhyun@pewtrusts.org</p>

✔ Step 4: Speakers

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SECTION	VALUE
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PROPOSAL #: 312875**SESSION TITLE:** Anesthesia and Neurodevelopment in Children**Contact:** Lena Sun
lss4@cumc.columbia.edu
Columbia University Medical Center**Session Type:** Hot Topic/Topic Symposia**Target Audience:** general pediatrician, hospitalists, neonatologists, pediatric medical and surgical specialists, pediatric anesthesiologists.**Audience Size:** 100-150**Tracks:** Clinical and Translational Research|Quality Improvement/Patient Safety|Developmental and Behavioral Pediatrics**Objectives** 1. Review of data from the pre-clinical studies in anesthetic neurotoxicity. 2. Update of the cohort studies from large databases from Europe, Canada, US and Australia. 3. Outcome measures used to examine anesthesia and neurodevelopment. 4. Review evidence from PANDA study. GAS trial and MASK study.**Description:** FDA issued a warning in December 2016 regarding the safe use of anesthetic and sedative agents in children younger than three years for repeated or prolonged procedures. Evidence supporting the warning was largely based on animal studies, with only limited data from human studies. Because millions of children undergo procedures, both surgical and non-surgical, that require anesthesia or sedation, an update of current research in anesthetic neurotoxicity is important to guide discussions regarding the risks versus benefits of general anesthesia in children.**Time Block:** (none)**QA:** Yes**QA Details:** (none)**Audience Polling:** Yes**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** plenary session**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP**Chairs:** Lena Sun (Moderator); Andreas Loepke (Panelist); Cynthia Salorio (Panelist); Jeffrey Sall (Panelist)**Speaker # 1****Presentation Title** Introduction**Speaker/Duration:** Lena Sun : b. 10 minutes**Speaker/Institution:** L.S. Sun, Pediatrics and Anesthesiology, Columbia University Medical Center, New York, New Y**Non-Member Justification** Lena Sun : (none)

PROPOSAL #: 312875

SESSION TITLE: Anesthesia and Neurodevelopment in Children

Speaker # 2

Presentation Title Update data from pre-clinical studies in anesthetic neurotoxicity.

Speaker/Duration: Andreas Loepke : d. 20 minutes

Speaker/Institution: A. Loepke, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES |

Non-Member Justification Andreas Loepke : (none)

Speaker # 3

Presentation Title Cohort studies in anesthesia and neurodevelopment in children

Speaker/Duration: Lena Sun : d. 20 minutes

Speaker/Institution: L.S. Sun, Pediatrics and Anesthesiology, Columbia University Medical Center, New York, New Y

Non-Member Justification Lena Sun : (none)

Speaker # 4

Presentation Title Outcome measures used to examine anesthesia and neurodevelopment

Speaker/Duration: Cynthia Salorio : d. 20 minutes

Speaker/Institution: C. Salorio, Johns Hopkins Medical Institutions, Baltimore, Maryland, UNITED STATES |

Non-Member Justification Cynthia Salorio : (none)

Speaker # 5

Presentation Title PANDA study, GAS trial and MASK study

Speaker/Duration: Jeffrey Sall : d. 20 minutes

Speaker/Institution: J. Sall, UCSF, San Francisco, California, UNITED STATES |

Non-Member Justification Jeffrey Sall : (none)

PROPOSAL #: 312876

SESSION TITLE: Immune-Mediated Disorders of the Central Nervous system

Contact: Jose Irazuzta University of FLorida
Jose.Irazuzta@jax.ufl.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatricians, Hospitalist, Neurologist, Rehumatologists, Critical Care

Audience Size: 50-90

Tracks: Critical Care

Objectives Understand the importance of early and accurate diagnosis and treatment of Neuroimmune Disorders (i.e. NMDAr, CASPER and Hashimoto encephalitis, NMO and MOG transverse myelitis, Guillain-Barre and other similar CNS immune dysregulations.

Description: This is a multidisciplinary education module to have a rapid structured diagnostic approach for CNS neuroimmune disorders. Their clinical presentation is protean and new diagnostic criteria and test are described. The clinical recovery is determined by the rapid initiation of first, second and third line therapies. Novel immunological test are under development.

Time Block: (none)

QA: Yes

QA Details: 15 min

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: This is a rapidly changing field, requiring a structured diagnostic approach with many conditions having time sensitive treatments that determine full recovery

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SPR

Chairs: Brand Banwell (Chair)

Speaker # 1

Presentation Title Novel Serological Markers of Neuroimmune disorders

Speaker/Duration: Jose Irazuzta : b. 10 minutes

Speaker/Institution: J.E. Irazuzta, Pediatrics, University of FLorida, Jacksonville, Florida, UNITED STATES|

Non-Member Justification Jose Irazuzta : (none)

PROPOSAL #: 312879**SESSION TITLE:** Rope to Hope for Undiagnosed Patients: The Challenge and Opportunity of Hard-to-Diagnose Diseases**Contact:** John Mulvihill National Institutes of Health
john.mulvihill@nih.gov**Session Type:** Basic-Clinical-Translational Roundtable**Target Audience:** General pediatricians, clinical subspecialists, especially neurologists, neonatologists, developmental pediatricians, translational and basic scientists. Health care service researchers should be interested.**Audience Size:** 100-150**Tracks:** Allergy, Immunology and Rheumatology|Academic and Research Skills|Endocrinology|Neonatology|Clinical and Translational Research|Health Services Research|Genetics|General Pediatrics|Children with Special Health Care Needs|Basic Science|Adolescent Medicine**Objectives** 1. Give three features of the patient that suggest a unifying diagnosis is possible. 2. List three steps that improve the rate of accurate diagnosis. 3. Identify a clinical site near you that is in the NIH Undiagnosed Diseases Network.**Description:** Most clinicians encounter hard-to-diagnose patients, wondering what to do next. Correct diagnosis is a pillar of clinical practice. An occasional patient remains undiagnosed, even after years of evaluations, consultations, imaging, and laboratory testing. The burden on patients, families, and the health care system is considerable and weighty. In this Roundtable, experts will describe the burden, opportunities, and strategies for addressing such challenges. The Undiagnosed Diseases Network, a nation-wide NIH research effort, hopes to test a clinical-translational-basic science approach. By the end of September 2018, 1179 of 2780 patient applicants have been accepted and 907 finished evaluation; 237 (26%) have received a unifying diagnosis. Step-by-step with audience response, selected case vignettes will illustrate the progress for ending the burdensome diagnostic odyssey with optimal and effective tests, including deep phenotyping, gene sequencing, biomedical informatics, metabolomics, and model organisms.**Time Block:** (none)**QA:** Yes**QA Details:** Audience will be encouraged to ask presenter further details about illustrative cases and the diagnostic strategy, to select next steps by audience response system; and, at summary remarks suggest improvements in the effort.**Audience Polling:** Yes**Polling Details:** As illustrative cases are explained, it has been successful in the past to ask, "What is next best step?" A slide would have four choices and a note taken.**Sabbath Conflicts:** N/A**Conflicting Sessions:** Another session with strong genetics content**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** SPR**Chairs:** John Mulvihill (Workshop Leader)

PROPOSAL #: 312879

SESSION TITLE: Rope to Hope for Undiagnosed Patients: The Challenge and Opportunity of Hard-to-Diagnose Diseases

Speaker # 1

Presentation Title Introduction to Problem and Undiagnosed Diseases Network

Speaker/Duration: John Mulvihill : b. 10 minutes

Speaker/Institution: J.J. Mulvihill, NGHRI, National Institutes of Health, Bethesda, Maryland, UNITED STATES|

Non-Member Justification John Mulvihill : (none)

Speaker # 2

Presentation Title Patient Number 1, with lessons for primary clinician

Speaker/Duration: Vandana Shashi : d. 20 minutes

Speaker/Institution: V. Shashi, Pediatrics, Duke University College of Medicine, Durham, North Carolina, UNITED STATES

Non-Member Justification Vandana Shashi : AAP

Speaker # 3

Presentation Title Patient Number 2, with lessons for imaging and laboratory testing

Speaker/Duration: Brendan Lee : d. 20 minutes

Speaker/Institution: B. Lee, Dept Molecular and Human Genetics, Baylor College of Medicine, Houston, Texas, UNITED STATES

Non-Member Justification Brendan Lee : (none)

Speaker # 4

Presentation Title Patient Number 3, with lessons about model organisms to affirm diagnosis

Speaker/Duration: Michael Wangler : d. 20 minutes

Speaker/Institution: M.F. Wangler, Department of Molecular and Human Genetics, Duncan Neurologic Research Institute

Non-Member Justification Michael Wangler : Animal model researcher not in clinical society

PROPOSAL #: 312880

SESSION TITLE: The Road to Equity is Paved with More Than Good Intentions: Building an Effective Early Childhood System

Contact: Cynthia Minkovitz Johns Hopkins Bloomberg School of Public Health
cmink@jhu.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: academic faculty and trainees interested in policy, early child development, health equity, and systems improvement

Audience Size: 120

Tracks: Advocacy/Public Policy|Clinical and Translational Research|Vulnerable and Underserved Populations/Health Equity & Social Justice|Social Determinants/Health Disparities|International and Global Health|Public Health|Developmental and Behavioral Pediatrics|H

Objectives 1. Understand critical elements for effective systems change to promote early childhood health and achieve equity 2. Consider how an equity lens influences approaches to building early childhood systems 3. Identify the role of science and partnerships across sectors in achieving and sustaining high functioning early childhood systems

Description: Effective early childhood systems “support an integrated continuum of policies, services and programs across early learning, early intervention, health and family support so that children and families can thrive” (BUILD 2011). Such systems are often touted but rarely achieved and taken to scale. A heightened global focus on systems thinking and early childhood development provides an unprecedented opportunity to change expectations for early childhood systems and to use policies, programs, and an equity lens to improve outcomes in early childhood.

 An equity lens means not only recognizing health disparities but also implementing the necessary policies and practice to promote equity in access to resources and opportunities that contribute to healthy development. As such, an equity lens prioritizes social, geographic, and economic factors. The National Academies of Sciences, Engineering and Medicine (2017) highlight that communities have the agency to promote health equity using strategies that are community-driven, multi-sectoral, and evidence-informed. Equity issues are particularly key in early life as this time period provides a foundation for trajectories of health across the life course as well as a foundation for national and economic security and sustainable development.

 This session brings US and international perspectives to the use of evidence informed policies and programs to enhance early childhood systems focusing on measurement, financing, data, and evaluation. We will consider how a systems change approach can enable us to address 21st century problems globally in early childhood by enhancing community capacities to address complex social and biological issues. We also will focus on innovative and robust use of existing resources for sustainability across the early childhood system. Finally, we will examine roles of pediatricians and other health professionals in partnering with stakeholders to promote early childhood systems and enhance environmental, social and economic factors that contribute to health.

 Time is allotted for interactive audience discussion.

Time Block: (none)

QA: Yes

QA Details: 25 minutes of facilitated audience discussion and questions posed to speakers

Audience Polling: Yes

Polling Details: Query audience about engagement in building early childhood systems (e.g., roles in policy and systems change) and assets in communities in which they work (e.g., payment mechanisms,

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312880

SESSION TITLE: The Road to Equity is Paved with More Than Good Intentions: Building an Effective Early Childhood System

common metrics & data systems, partnerships across sectors)

Sabbath Conflicts: N/A

Conflicting Sessions: AAP Presidential Plenary APA Presidential Plenary

Additional Comments: Will use polling features to enhance audience engagement but not essential if you have limited capacity to offer (can use 'show of hands' to elicit audience responses)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APA|SPR|APS

Chairs: Cynthia Minkovitz (Chair)

Speaker # 1

Presentation Title Creating Expectations for Early Childhood Systems

Speaker/Duration: Cynthia Minkovitz : b. 10 minutes

Speaker/Institution: C. Minkovitz, Population, Family and Reproductive Health, Johns Hopkins Bloomberg School o

Non-Member Justification Cynthia Minkovitz : (none)

Speaker # 2

Presentation Title Driving the Paradigm Shift for Systems Change: Using System Metrics to Embed Equitable and Sustainable Solutions Across Early Childhood

Speaker/Duration: Sharon Goldfeld : d. 20 minutes

Speaker/Institution: S. Goldfeld, Centre for Community Child Health, The Royal Children's Hospital, Melbourne, Par

Non-Member Justification Sharon Goldfeld : Expert in early childhood systems with clinical trials and systems work in Australia

Speaker # 3

Presentation Title Rethinking Payment Reform for a Healthy Early Childhood

Speaker/Duration: Joshua Sharfstein : d. 20 minutes

Speaker/Institution: J.M. Sharfstein, Health Policy and Management, Johns Hopkins Bloomberg School of Public He

Non-Member Justification Joshua Sharfstein : (none)

Speaker # 4

Presentation Title Applying Improvement Science to Create Early Childhood Systems: Cincinnati's All Children Thrive Learning Network

Speaker/Duration: Robert Kahn : d. 20 minutes

Speaker/Institution: R.S. Kahn, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES|

Non-Member Justification Robert Kahn : (none)

Speaker # 5

Presentation Title Pediatric Primary Care and Partnerships Across Sectors to Promote Early Childhood Health

Speaker/Duration: Alan Mendelsohn : c. 15 minutes

Speaker/Institution: A.L. Mendelsohn, Pediatrics, New York University School of Medicine, New York, New York, U

Non-Member Justification Alan Mendelsohn : (none)

PROPOSAL #: 312880

SESSION TITLE: The Road to Equity is Paved with More Than Good Intentions: Building an Effective Early Childhood System

Speaker # 6

Presentation Title Swimming Upstream: How to Achieve Whole Systems Change for Child and Family Wellbeing

Speaker/Duration: Kate Pickett : c. 15 minutes

Speaker/Institution: K.E. Pickett, Health Sciences, University of York, Heslington, York, UNITED KINGDOM|

Non-Member Justification Kate Pickett : International expert in equity and childhood systems; University Champion for Research on Justice and Equality, and Deputy Director of the Centre for Future Health University of York. Leads "Born in Bradford" initiative in UK.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312881

SESSION TITLE: Lactoferrin: "Whey-ing" the Evidence.

Contact: David Kaufman University of Virginia School of Medicine
dak4r@virginia.edu

Session Type: State of the Art Plenary

Target Audience: neonatologists, intensivists, hospitalists, pediatric infectious diseases specialists, pediatric gastroenterologists

Audience Size: 400

Tracks: Academic and Research Skills|Infectious Diseases|Neonatology|Gastroenterology and Nutrition|Clinical and Translational Research|Basic Science

Objectives 1. Understand the Mechanism of Action of Lactoferrin to prevent infection, aid in brain growth and protect the body and brain from inflammatory mediator injury. 2. Gain knowledge of the amount of lactoferrin infants need and receive in human milk. 3. Understand the results of previous studies and recent three large randomized controlled trials and why the results may be different.

Description: There have been several multicenter randomized control trials with bovine lactoferrin and one pilot study with human lactoferrin. The first publication was in 2009, and now in the past year three large multicenter studies bring new results, but also bring many unanswered questions.
 Lactoferrin has several mechanisms that play a key role in preventing bloodstream infections and necrotizing enterocolitis (NEC), but can it also help with brain growth, development and other long term outcomes?
 •What is the optimal dose and duration?
 •Are all products the same?
 ■ Why have some studies shown efficacy and others not?
 •Do we need a study in the United States under an IND?
 •What further studies are needed to answer these questions and have a safe product?

Time Block: (none)

QA: Yes

QA Details: 30

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatology and Infectious Disease Platform sessions

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: NASPGHAN|AAP|SPR|PIDS

Chairs: David Kaufman (Chair); Pablo Sanchez (Moderator); Paolo Manzoni (Presenter); Theresa Ochoa (Presenter); William Tarnow-Mordi (Presenter)

Speaker # 1

Presentation Title Lactoferrin. Whey-ing the Evidence

Speaker/Duration: David Kaufman : b. 10 minutes

Speaker/Institution: D. Kaufman, Pediatrics, University of Virginia School of Medicine, Charlottesville, Virginia, UNI

Non-Member Justification David Kaufman : (none)

PROPOSAL #: 312881

SESSION TITLE: Lactoferrin: “Whey-ing” the Evidence.

Speaker # 2

Presentation Title The Promise of Lactoferrin: Mechanisms of Action

Speaker/Duration: Paolo Manzoni : d. 20 minutes

Speaker/Institution: P. Manzoni, Pediatrics, Degli infermi Hospital, Biella, ITALY|

Non-Member Justification Paolo Manzoni : (none)

Speaker # 3

Presentation Title Lactoferrin Therapy: What’s the Evidence in Neonates?

Speaker/Duration: Theresa Ochoa : f. 30 minutes

Speaker/Institution: T. Ochoa, Pediatrics, Universidad Peruana Cayetano Heredia , Lima, PERU|

Non-Member Justification Theresa Ochoa : SPR and PIDS member and International. PI for 2 RCTs of Lactoferrin. Will provide excellent insight. Excellent speaker.

Speaker # 4

Presentation Title Lactoferrin: Interpreting the results and the effect of Human Milk intake

Speaker/Duration: William Tarnow-Mordi : f. 30 minutes

Speaker/Institution: W. Tarnow-Mordi, Pediatrics, University of Sydney, Sydney, Australian Capital Territory, AUST

Non-Member Justification William Tarnow-Mordi : International. PI for Largest RCT of Lactoferrin (LIFT Study). Will provide great insight

Speaker # 5

Presentation Title Discussion

Speaker/Duration: Pablo Sanchez : f. 30 minutes

Speaker/Institution: P.J. Sanchez, Pediatrics, Nationwide Children's Hospital - The Ohio State University, Columbus,

Non-Member Justification Pablo Sanchez : (none)

PROPOSAL #: 312882

SESSION TITLE: Back to Basics: Common GI problems in Clinical Practice

Contact: Catha Smith
catha.smith@pas-meeting.org

Session Type: Hot Topic/Topic Symposia

Target Audience: General pediatricians and other practitioners involved in the care of children

Audience Size: 200

Tracks: Developmental and Behavioral Pediatrics | Adolescent Medicine | Hospitalists | General Pediatrics | Gastroenterology and Nutrition | Community Pediatrics

Objectives 1. Review common gastrointestinal problems in pediatric practice 2. Emphasize diagnosis and warning signs that should prompt consultation with gastroenterologist 3. Highlight current and future management of these disorders in children

Description: Vomiting, jaundice, constipation and abdominal pain are among the most common problems encountered in pediatric practice. As such, these gastrointestinal issues are associated with considerable health care costs in the US. A systematic evaluation including detailed history and meticulous physical examination are critically important for diagnosis, assessing illness severity and identifying those in need of specialty consultation.

Time Block: (none)

QA: Yes

QA Details: 15 min

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: nutrition and feeding

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: NASPGHAN

Chairs: Regino Gonzalez-Peralta (Chair); Deborah Neigut (Chair)

Speaker # 1

Presentation Title Cyclic vomiting...all over again

Speaker/Duration: B Li : e. 25 minutes

Speaker/Institution: B. Li, Medical College of Wisconsin, Milwaukee, Wisconsin, UNITED STATES |

Non-Member Justification B Li : (none)

Speaker # 2

Presentation Title What does 'yellow' got to do with it?

Speaker/Duration: Binita Kamath : e. 25 minutes

Speaker/Institution: B. Kamath, The Hospital for Sick Children, Toronto, Ontario, CANADA |

Non-Member Justification Binita Kamath : (none)

PROPOSAL #: 312882

SESSION TITLE: Back to Basics: Common GI problems in Clinical Practice

Speaker # 3

Presentation Title Constipation: public problem number 2

Speaker/Duration: Rinarani Sanghavi : e. 25 minutes

Speaker/Institution: R. Sanghavi, ChildrenHealth Children's Medical Center Dallas, Dallas, Texas, UNITED STATES|

Non-Member Justification Rinarani Sanghavi : (none)

Speaker # 4

Presentation Title How to make colons less irritable

Speaker/Duration: Carlo Di Lorenzo : e. 25 minutes

Speaker/Institution: C. Di Lorenzo, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES|

Non-Member Justification Carlo Di Lorenzo : (none)

PROPOSAL #: 312883**SESSION TITLE:** Putting the American Academy of Pediatrics (AAP) Policy on Poverty and Child Health Into Action: The Partnerships for Early Childhood Development (PECD) Multi-Hospital Learning Collaborative on Screening for Social Determinants of Health/ Basic Needs, Ref**Contact:** Benard Dreyer
Benard.Dreyer@nyumc.org
Past President, American Academy of Pediatrics**Session Type:** Hot Topic/Topic Symposia**Target Audience:** practitioners/clinicians, researchers, learners at all levels (medical students, residents, fellows, graduate students), leaders of health care systems, policy makers, and advocates**Audience Size:** 250-300**Tracks:** Advocacy/Public Policy|Academic and Research Skills|Vulnerable and Underserved Populations/Health Equity & Social Justice|Social Determinants/Health Disparities|Health Services Research|Public Health|General Pediatrics|Immigrant Health|Epidemiology|Divers**Objectives** 1. Describe the recommendations of the AAP Policy on Poverty and Child Health 2. Apply the results of the experience of the PECD learning collaborative to your practice/clinic/hospital/health system. 3. Design interventions to incorporate screening for social determinants/basic needs as well as collaborations with community-based resources into a real-time system to help families improve outcomes for children.**Description:** In 2016, The AAP issued a groundbreaking policy on Poverty and Child Health. It laid out the bare-faced facts: 1. One in five children is poor in the U.S. and almost half are poor or near poor; 2. Children are the poorest group in our society, and young children are even poorer; 3. Poverty exacts a tremendous toll on children's health, well-being, and future chances to become productive adults; 3. We know what to do about it at the government policy/program level and at the level of pediatricians in practice. Although the PS made many recommendations for advocacy, it also focused on what could be done in pediatric practice. One strong recommendation was for pediatric practices/clinics to "Screen for risk factors within social determinants of health during patient encounters." It recommended that practices use brief written screeners to ask families about basic needs, such as food, housing, heat, age-appropriate learning activities for the child, economic supports for the family, and necessary legal services. Most importantly, the point of screening was to connect families with resources in the community so they could get the help they needed. In spite of these recommendations, it is unclear how many practices have successfully met this challenge.
 This Topic Symposium will describe PECD, a New York City-based learning collaborative designed to create and strengthen clinical-community partnerships that address psychosocial risks to child development in the first five years of life. The initiative has engaged 11 hospital-based primary care practices and 17 community-based human service organizations in the design and implementation of systems of care focused on addressing social determinants of health. These include systematically screening families for social needs, referring families to community partners for assistance, and closing the referral loop to ensure timely feedback and follow-up. As part of the collaborative, pediatricians and their community partners focus on sharing best practices, identifying common barriers, learning from each other's experiences, and working to rapidly improve and scale efforts. The presenters will focus on connecting the PECD to the AAP Policy; the origin of the PECD initiative; challenges and best practices of integrating social needs screening into clinical practice; the view from the CBO and what happens post-referral; and results from the first year. There will be ample time for discussion and questions.**Time Block:** (none)**QA:** Yes**QA Details:** 25 minutes for questions and comments and interaction with the presenters

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312883

SESSION TITLE: Putting the American Academy of Pediatrics (AAP) Policy on Poverty and Child Health Into Action: The Partnerships for Early Childhood Development (PECD) Multi-Hospital Learning Collaborative on Screening for Social Determinants of Health/ Basic Needs, Ref

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: AAP Presidential Plenary APA Presidential Plenary

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|AAP|SDBP|APS

Chairs: Benard Dreyer (Chair)

Speaker # 1

Presentation Title The context: AAP Policy on Poverty and Child Health and How Social Needs Screening Leads to Health Equity

Speaker/Duration: Benard Dreyer : c. 15 minutes

Speaker/Institution: B. Dreyer, Past President, American Academy of Pediatrics, Itasca, Illinois, UNITED STATES|

Non-Member Justification Benard Dreyer : (none)

Speaker # 2

Presentation Title Origin and Description of PECD Initiative

Speaker/Duration: Suzanne Brundage : d. 20 minutes

Speaker/Institution: S. Brundage, United Hospital Fund, New York, New York, UNITED STATES|

Non-Member Justification Suzanne Brundage : Suzanne Brundage is the Director of Children's Health Initiatives at the United Hospital Fund, which has led this learning collaborative and funded. She has a Masters of Science from Harvard in Public Health and therefore is not a memb

Speaker # 3

Presentation Title Implementing Scening for SDOH/Basic Needs in Pediatric Practice: The Hard Slog of Workflow Issues

Speaker/Duration: Marion Billings : d. 20 minutes

Speaker/Institution: M. Billings, Department of Pediatrics, New York University School of Medicine, New York, Ne

Non-Member Justification Marion Billings : (none)

Speaker # 4

Presentation Title View from a Community-Based Organization: Screening and Referral is Just the Start

Speaker/Duration: Rachel Schwartz : d. 20 minutes

Speaker/Institution: R. Schwartz, Public Health Solutions, New York, New York, UNITED STATES|

Non-Member Justification Rachel Schwartz : Rachel Schwartz is a Debuty Director of Maternal Child Health. She has an RN, MSW, and MPH. She is providing the point of view of community partners which is critical to understanding how we can implement screening, referral and follow-

PROPOSAL #: 312883

SESSION TITLE: Putting the American Academy of Pediatrics (AAP) Policy on Poverty and Child Health Into Action: The Partnerships for Early Childhood Development (PECD) Multi-Hospital Learning Collaborative on Screening for Social Determinants of Health/ Basic Needs, Ref

Speaker # 5

Presentation Title Building Buy-In with Providers, Families, and Community Partners

Speaker/Duration: Omolara Uwemedimo : d. 20 minutes

Speaker/Institution: O.T. Uwemedimo, Pediatrics, Hofstra Northwell School of Medicine, New Hyde Park , New Yor

Non-Member Justification Omolara Uwemedimo : (none)

PROPOSAL #: 312884**SESSION TITLE:** Feeding Challenges in Infants and Children**Contact:** Catha Smith
catha.smith@pas-meeting.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, general pediatricians, and other practitioners involved in the care of children,**Audience Size:** 200**Tracks:** Adolescent Medicine|Allergy, Immunology and Rheumatology|Neonatology|Developmental and Behavioral Pediatrics|Hospitalists|Community Pediatrics|General Pediatrics|Gastroenterology and Nutrition**Objectives** 1. Identify the most common causes of feeding dysfunction and clinical approaches 2. Review food allergy and eosinophilic esophagitis diagnosis and treatment 3. Evaluate routes for supplemental nutrition, determining the best options**Description:** In many children, it is not the absence of available nutrition which causes undernutrition and growth concerns, but rather the inability of an infant or child to ingest the appropriate nutrition in adequate amounts. There are many factors which contribute to this, including systemic disease, inflammatory and allergic disorders, as well as behavioral issues, which are often primary or secondary to other underlying problem. Diagnosing the causes of feeding problems can be challenging, particularly in premature and medically complex children, and the behavioral aspects can be interwoven and prove to be very disruptive for families. In children who cannot orally manage adequate intake, routes for nutritional supplementation are varied, and can be associated with significant risks and complications.**Time Block:** (none)**QA:** Yes**QA Details:** 15 min**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Nutrition and feeding**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** NASPGHAN**Chairs:** Deborah Neigut (Chair); Regino Gonzalez-Peralta (Chair)**Speaker # 1****Presentation Title** Why won't this child eat?**Speaker/Duration:** Colleen Lukens : e. 25 minutes**Speaker/Institution:** C. Lukens, Feeding and Swallowing Center, Children's Hospital of Philadelphia, Philadelphia, P**Non-Member Justification** Colleen Lukens : (none)

PROPOSAL #: 312884

SESSION TITLE: Feeding Challenges in Infants and Children

Speaker # 2

Presentation Title Eosinophilic Esophagitis Update: Current trends in diagnosis and management

Speaker/Duration: Edaire Cheng : e. 25 minutes

Speaker/Institution: E. Cheng, University of Texas Southwestern Medical Center, Dallas, Texas, UNITED STATES |

Non-Member Justification Edaire Cheng : (none)

Speaker # 3

Presentation Title Food allergy, CMPI, and FPIES in infants and children: Current trends and practical approach

Speaker/Duration: Anna Nowak-Wegrzyn : e. 25 minutes

Speaker/Institution: A.H. Nowak-Wegrzyn, Pediatrics, Icahn School of Medicine, Brooklyn, New York, UNITED STATES |

Non-Member Justification Anna Nowak-Wegrzyn : (none)

Speaker # 4

Presentation Title Tube Talk: Considerations and risks when choosing alternate feeding methods

Speaker/Duration: Robert Kramer : e. 25 minutes

Speaker/Institution: R. Kramer, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES |

Non-Member Justification Robert Kramer : (none)

PROPOSAL #: 312888**SESSION TITLE:** How can stem cell therapy for chronic lung disease of prematurity be safely introduced into clinical care?**Contact:** Bernard Thebaud
bthebaud@toh.ca
Ottawa Hospital Research Institute**Session Type:** Basic-Clinical-Translational Roundtable**Target Audience:** Health care providers and scientists in the field of neonatology with a special interest in regenerative approaches.**Audience Size:** 500**Tracks:** Basic Science|Academic and Research Skills|Neonatology|Quality Improvement/Patient Safety|Critical Care|Pulmonology|Ethics/Bioethics|Developmental Biology**Objectives** To provide clarification on the following questions: What is the optimal source of MSC to treat preterm infants? How is safety of cellular biological products to be ensured and monitored? What are the optimal outcome end-points to prove safety and efficacy of MSC-based interventions? What is the optimal target population? What study designs could be adopted for such protocols? Participants are invited to provide their input into the process of translating bench data of MSC-based interventions into clinical practice. Based on short state of the art presentation, discussions will focus on answering the above-mentioned questions. As a result, a road map will be provided which clarifies trial and regulatory aspects for introducing regenerative therapies into clinical care.**Description:** Chronic lung disease (Bronchopulmonary dysplasia or BPD) still represents an important risk of prematurity, which carries significant long term consequences for affected infants, family and society. Despite many improvements in neonatal care during the past decades, the prevalence of chronic lung disease has not decreased.
 Current experimental data suggest a crucial role for endogenous mesenchymal stromal cells (MSC) in the development of chronic lung disease. Therefore administration of exogenous MSC represents a promising approach to prevent, or, treat chronic lung disease of prematurity. Whereas MSC-based therapies have shown to be safe in various adult diseases (eg. GvHD), data for preterm newborns are scarce.
 To introduce MSC-based interventions for chronic lung disease into clinical care a prospective collaborative and international approach is required. To improve efficacy of the translational process, study protocols should be prospectively designed with a view to pooling patient data in meta-analyses. Several hurdles need to be overcome for bringing MSC-based regenerative therapies into neonatal care, including: appropriate trial design, safety, ethical and regulatory aspects.
 We will address the following questions:
 What is the optimal source of MSC to treat preterm infants?
 How is safety of cellular biological products to be ensured and monitored?
 What are the optimal outcome end-points to prove safety and efficacy of MSC-based interventions?
 What is the optimal target population?
 What study designs could be adopted for such protocols?**Time Block:** (none)**QA:** Yes**QA Details:** Details: Based on short state of the art presentation, discussions will focus on answering the questions listed in "Objectives". Anticipated length: 40min**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal Clinical Trials Neonatal Lung Disease

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312888

SESSION TITLE: How can stem cell therapy for chronic lung disease of prematurity be safely introduced into clinical care?

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: SPR

Chairs: Bernard Thebaud (Chair); Mario Ruediger (Moderator)

Speaker # 1

Presentation Title Introduction: MSC-based intervention for chronic lung disease of prematurity

Speaker/Duration: Bernard Thebaud : b. 10 minutes

Speaker/Institution: B. Thebaud, Pediatrics/Regenerative Medicine, Ottawa Hospital Research Institute, Ottawa, O

Non-Member Justification Bernard Thebaud : (none)

Speaker # 2

Presentation Title MASC-BPD – an example of an international collaborative approach of translating MSC into clinical practice

Speaker/Duration: Mario Ruediger : b. 10 minutes

Speaker/Institution: M. Ruediger, Pediatrics, Children's Clinic University Hospital Carl Gustav Carus, Dresden, GER

Non-Member Justification Mario Ruediger : international

Speaker # 3

Presentation Title Study design and ethical issues

Speaker/Duration: Haresh Kirpalani : b. 10 minutes

Speaker/Institution: H. Kirpalani, Neonatology, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania,

Non-Member Justification Haresh Kirpalani : SPR

Speaker # 4

Presentation Title Key endpoints for BPD-studies

Speaker/Duration: Robin Steinhorn : b. 10 minutes

Speaker/Institution: R.H. Steinhorn, Pediatric Specialities, Children's National Health System, Washington, District

Non-Member Justification Robin Steinhorn : SPR

Speaker # 5

Presentation Title Differing international regulations: How can they be merged for International collaboration?

Speaker/Duration: Jonathan Davis : b. 10 minutes

Speaker/Institution: J.M. Davis, Pediatrics, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Jonathan Davis : SPR

Proposal: 312890

[✎ Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Brain Injury during Extracorporeal Membrane Oxygenation (ECMO) therapy : neuromonitoring strategy- Do we need one?
Description	<p>Use of ECMO is rapidly expanding with the ELSO registry entry crossing 100,000 patients in 2018. Even with rapidly expanding use and advancement in technology the occurrence of neurological injury has remained the same with some estimating incidence to be as high as 33%. With advanced neuroimaging we are beginning to understand that the reported injury by ELSO registry data is only the tip of the iceberg. This session will discuss the epidemiology of brain injury and lessons learned from the ELSO registry. Experts will discuss the application of different neuromonitoring modalities and their role in improving outcomes. The talk will conclude with latest recommendations from ELSO on neuromonitoring and follow-up to improve long-term outcomes in ECMO.</p>
Objectives	<ol style="list-style-type: none">1. Describe the epidemiology of brain injury in critically ill children supported on ECMO2. Risk factors for brain injury and strategies to minimize brain injury on ECMO3. Identify neuromonitoring modalities on ECMO, are they associated with outcome?4. Currently used neuroimaging methods on ECMO, are they associated with outcome?5. Long-term consequences of Brain injury during ECMO: Neurodevelopment and Quality of Life in ECMO survivors
Target audience	neonatologists, pediatric intensive care physicians, neurologist, fellow physicians in training
Tracks (select all that apply)	Neonatology; Critical Care
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	50

SECTION	VALUE
Are you going to have a Q&A session?	No
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	APA; AAP
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Since schedule not currently available none
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	No special AV required
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	With invited speakers from different institutions would prefer for the session to be on April 28th or 29th.

✔ Step 3: Participants

 Edit

SECTION

VALUE

Participant 1

Name

Lakshmi Raman

Affiliation

Pediatrics, University of Texas at Southwestern Medical Center

Role

Chair

Email

lakshmi.raman@utsouthwestern.edu

Participant 2

Name

Ravi Ram Thiagarajan

Affiliation

Cardiology, Boston Children's Hospital

Role

Moderator

Email

Ravi.Thiagarajan@CARDIO.CHBOSTON.ORG

Participant 3

Name

Melania Bembea

Affiliation

Pediatrics, John Hopkins

Role

Presenter

Email

mbembea1@jhmi.edu

Participant 4

Name

Kerri Larovere

Affiliation

Neurology, Boston childrens

Role

Presenter

Email

kerri.laRovere@childrens.harvard.edu

SECTION**VALUE**

Participant 5**Name**

Maryam Naim

Affiliation

Neurology, Children Hospital of Philadelphia

Role

Presenter

Emailnaim@email.chop.edu

Participant 6**Name**

Daniel Licht

Affiliation

Children's Hospital of Philadelphia

Role

Presenter

Emaillicht@email.chop.edu

✔ Step 4: Speakers

SECTION**VALUE**

PROPOSAL #: 312893**SESSION TITLE:** Counseling in Pediatric Populations At Risk for Infertility and Sexual Dysfunction: Medical, Psychosocial, and Ethical Considerations**Contact:** Leena Nahata
Leena.Nahata@nationwidechildrens.org
Nationwide Children's Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians and pediatric subspecialists**Audience Size:** 75**Tracks:** Adolescent Medicine|Ethics/Bioethics|Endocrinology|Developmental and Behavioral Pediatrics**Objectives** 1.To review the general classes of pediatric conditions at risk for infertility and sexual dysfunction. 2.To summarize fertility preservation options and explore barriers to fertility preservation utilization in pediatrics. 3.To discuss counseling considerations in three primary areas: medical, psychosocial and ethical.**Description:** There has been an emerging recognition of the need to address reproductive health issues in at risk pediatric populations. Reproductive health encompasses fertility, contraception, body image, sexual health, and romantic partnering. Two of the paramount yet often overlooked issues are diminished fertility and/or infertility, and sexual function concerns associated with a variety of pediatric medical conditions. These challenges can occur because of congenital conditions, due to direct impacts of a newly diagnosed condition, or can be secondary to certain interventions, such as chemotherapy/radiation in oncology patients, or hormonal treatments for transgender youth. Diminished sexual function and fertility loss have a significant impact on future quality of life. Until recently, much of the literature relevant to these reproductive health issues was relegated to the oncology community. Increasingly, research and literature are acknowledging the wide range of pediatric medical diagnoses with potential negative impacts with regard to fertility and sexual satisfaction and comfort. Scholarship has addressed the complexities of counseling, medical intervention and fertility preservation in the context of disease and at times uncertain prognosis, psychosocial factors including mental health and developmental impacts on decision-making, as well as ethical issues relevant to sharing information, and obtaining informed assent/consent with youth and families. Recently, a clinical report published in *Pediatrics* provided guidance for clinicians in rendering pediatric care for populations at risk for fertility and or sexual function concerns. This hot topic symposium will draw upon the expertise of a team of experts, who are also the authors of this report, to discuss relevant issues related to three primary aspects of fertility and sexual function counseling across pediatric conditions, employing a developmental perspective: 1) medical management; 2) psychosocial considerations; and 3) ethical complexities.**Time Block:** (none)**QA:** Yes**QA Details:** 3 talks (30 min each) + 30 minutes for questions**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**1. (most important): Please do not schedule on Tuesday 2. Please try to avoid scheduling at the same time as PES invited science symposia

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312893

SESSION TITLE: Counseling in Pediatric Populations At Risk for Infertility and Sexual Dysfunction: Medical, Psychosocial, and Ethical Considerations

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: PES|AAP

Chairs: Leena Nahata (Chair)

Speaker # 1

Presentation Title Medical considerations in pediatric fertility and sexual function counseling

Speaker/Duration: Leena Nahata : f. 30 minutes

Speaker/Institution: L. Nahata, Endocrinology, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES|

Non-Member Justification Leena Nahata : (none)

Speaker # 2

Presentation Title Psychosocial, developmental and provider considerations with regard to fertility and sexual function

Speaker/Duration: Amy Tishelman : f. 30 minutes

Speaker/Institution: A. Tishelman, Psychiatry/Endocrinology, Boston Children's Hospital/Harvard Medical School, B

Non-Member Justification Amy Tishelman : (none)

Speaker # 3

Presentation Title Ethical principles and complexities in pediatric populations at risk for diminished reproductive health issues

Speaker/Duration: Gwendolyn Quinn : f. 30 minutes

Speaker/Institution: G.P. Quinn, OB-GYN, New York University, New York, New York, UNITED STATES|

Non-Member Justification Gwendolyn Quinn : (none)

PROPOSAL #: 312894**SESSION TITLE:** Developmental Influences on Neuropsychiatric Outcomes**Contact:** Cynthia Bearer
cbearer@som.umaryland.edu
University of Maryland School of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Translational pediatric scientists, pediatricians, pediatric psychiatrists, Maternal-Fetal medicine, Obstetricians, advocacy, pediatric psychologists**Audience Size:** 100**Tracks:** Environmental Health|Basic Science|General Pediatrics|Neonatology|Clinical and Translational Research**Objectives** At the end of this session, participants will be able to: 1. Describe five risk factors for neuropsychiatric disorders 2. Propose three preventative strategies for primary prevention of neuropsychiatric disorders 3. Change their practice to incorporate these preventative strategies**Description:** A lack of understanding of the causes of neuropsychiatric disorders limits our ability to prevent them. Neurodevelopment requires a tightly coordinate series of events which may be disrupted by a number of events, including environmental factors. A myriad of antecedent causes have been investigated including neuroinflammation, environmental exposures, the gut microbiome, maternal depression and the development of the autonomic nervous system. In this session, the data linking these factors and neuropsychiatric outcomes will be reviewed, and possible preventative strategies proposed. The following is the proposed agenda:
0:00 Introduction and Overview - Cynthia Bearer
0:05 Autonomic Nervous System Development and Its Impact on Neuropsychiatric Outcome - Sarah Mulkey
0:25 The Gut Microbiome Contribution to Neurodevelopment and Neuropsychiatric Disorders - Barbara Warner
0:45 Fetal Programming of Neuropsychiatric Disorders by Maternal Pregnancy Depression - Rachel Robinson
1:05 Children's Low Level Pesticide Exposure and Associations with Autism and ADHD - James Roberts
1:25 Neuroinflammation in Preterm Babies and Autism Spectrum Disorders - Pierre Gressens
1:45 Discussant, Question and Answer - Eleanor Molloy**Time Block:** (none)**QA:** Yes**QA Details:** The last 15 minutes of our session will be to have all speakers form a panel, a discussant will start the discussion. We have allotted 15 minutes for this wrap up/panel discussion.**Audience Polling:** Yes**Polling Details:** Kahoot! would be great! (only need an internet connection)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Epigenetics Perinatal Programming Autism Spectrum Disorder**Additional Comments:** The speakers and their presentations were chosen among the corresponding authors of reviews published in the Pediatric Research Annual Review Issue, entitled "Developmental Influences on Neuropsychiatric Disorders". Pediatric Research is the official journal**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR|APS|Other Society Affiliation**Chairs:** Cynthia Bearer (Chair); Eleanor Molloy (Chair)

PROPOSAL #: 312894

SESSION TITLE: Developmental Influences on Neuropsychiatric Outcomes

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Cynthia Bearer : a. 5 minutes

Speaker/Institution: C.F. Bearer, Pediatrics, University of Maryland School of Medicine, Baltimore, Maryland, UNIT

Non-Member Justification Cynthia Bearer : (none)

Speaker # 2

Presentation Title Autonomic Nervous System Development and It's Impact on Neuropsychiatric Outcome

Speaker/Duration: Sarah Mulkey : d. 20 minutes

Speaker/Institution: S.B. Mulkey, Fetal Medicine, Neurology, Children's National Health System, North Bethesda,

Non-Member Justification Sarah Mulkey : (none)

Speaker # 3

Presentation Title The Gut Microbiome Contribution to Neurodevelopment and Neuropsychiatric Disorders

Speaker/Duration: Barbara Warner : d. 20 minutes

Speaker/Institution: B. Warner, Pediatrics, Washington University in St Louis, Saint Louis, Missouri, UNITED STATES

Non-Member Justification Barbara Warner : (none)

Speaker # 4

Presentation Title Fetal programming of neuropsychiatric disorders by maternal pregnancy depression

Speaker/Duration: Rachel Robinson : d. 20 minutes

Speaker/Institution: R.K. Robinson, Developmental Psychology, University of Helsinki, Helsinki, FINLAND|

Non-Member Justification Rachel Robinson : Dr. Robinson is an early career investigator in this area. She has published a review of this area in Pediatric Research

Speaker # 5

Presentation Title Children's Low Level Pesticide Exposure and Associations with Autism and ADHD

Speaker/Duration: James Roberts : d. 20 minutes

Speaker/Institution: J.R. Roberts, Pediatrics, Medical University of South Carolina, Charleston, South Carolina, UNI

Non-Member Justification James Roberts : (none)

Speaker # 6

Presentation Title Neuroinflammation in Preterm Babies and Autism Spectrum Disorders

Speaker/Duration: Pierre Gressens : d. 20 minutes

Speaker/Institution: P. Gressens, inserm, Paris, FRANCE|

Non-Member Justification Pierre Gressens : (none)

PROPOSAL #: 312894

SESSION TITLE: Developmental Influences on Neuropsychiatric Outcomes

Speaker # 7

Presentation Title Discussant for Question and Answer Period

Speaker/Duration: Eleanor Molloy : c. 15 minutes

Speaker/Institution: E. Molloy, Paediatrics, Trinity College, the University of Dublin, Dublin, IRELAND|

Non-Member Justification Eleanor Molloy : (none)

PROPOSAL #: 312895

SESSION TITLE: Deciphering the Perinatal Microbiome: Multiomics Data Integration and Modeling

Contact: Mohan Pammi
mohanv@bcm.edu

Baylor College of Medicine

Session Type: Hot Topic/Topic Symposia**Target Audience:** Researchers in clinical, translational and basic science interested in multiomics data integration and modeling**Audience Size:** 50-60**Tracks:** Basic Science|Clinical and Translational Research|Neonatology|Medical Informatics/Data Science

Objectives

1. Discuss current advances in our understanding of the perinatal microbiome and its relevance to neonatal outcomes
2. Illustrate multiomics modeling and data integration in pregnancy.
3. Summarize multi-omics data analysis and interpretation in the neonatal diseases

Description: **Description**

Advancing technology including next generation sequencing, proteomics, metabolomics, transcriptomics and epigenomics, have provided better and holistic understanding of perinatal pathophysiology. There is an ever increasing need to integrate data from multiomics platforms on the human microbiome, analyze them and relate to clinical outcomes. The perinatal microbiome and its disruption with associated gene expression, epigenetic phenomena and changes in metabolic function have helped us understand disease processes in the neonate and the pregnant mother. In this proposed symposium, we will discuss current advances in our understanding of the need and clinical relevance of multiomics data integration in relation to the perinatal outcomes.

Perinatal Microbiome: The neonatal microbiome undergoes a major transition during the birthing process; the fetal skin in utero is bathed in the amniotic fluid, and after birth the neonate encounters a gaseous microbe-rich environment. The naïve neonatal microbiome matures and evolves rapidly into the adult microbiome during infancy and early childhood. At birth, mode of delivery (vaginal or cesarean) and later feeding, antibiotic exposure and the environment influence the microbial composition of the developing neonatal microbiome.

Microbial dysbiosis have been implicated in neonatal diseases. Dysbiosis in the gastrointestinal tract and an exaggerated inflammatory response have been implicated in the development of necrotizing enterocolitis (NEC) and dysbiosis in the lung to bronchopulmonary dysplasia. Compared to term infants, the intestinal microbiota in preterm infants has fewer bacterial species, less diversity and increased proportion of potential pathogens. Microbial dysbiosis theory of NEC is further supported by the fact that NEC cannot be produced in germ free animals. In addition, it is supported by an association between early empiric antibiotic use and NEC. Immune dysregulation in association with microbial dysbiosis has also been implicated in the pathogenesis of NEC. Excessive TLR4 signaling in response to bacterial lipopolysaccharide and an exaggerated inflammatory response in preterm infants have been reported.

PROPOSAL #: 312895

SESSION TITLE: Deciphering the Perinatal Microbiome: Multiomics Data Integration and Modeling

Proteomics and metabolomics: The use of mass spectrometry for proteomic profiles in the serum, urine and from buccal swabs have been studied in neonatal sepsis and NEC.

Metabolomics is the science of detecting small molecules, the result of metabolic pathways from biological specimens such as plasma, serum, urine and tissues and is the latest of the 'omics' technology. Metabolomics detects the products of the metabolic pathways in an organism which may be useful in diagnosis, prediction, prognosis or assigning disease status (biomarker detection). Metabolomics allows identification of distinct patterns of small molecules generated during both host and microbial cellular metabolism and may be useful in searching for biomarkers of microbiome patterns and dysbiosis. Metabolite patterns are dynamic, changing with gestational age, time or disease process and at any time gives us a snapshot of the metabolic milieu of the organism. The complexity and the numerous metabolites that need to be measured, needs sophisticated analytical techniques. Nuclear magnetic resonance (NMR) spectroscopy and mass spectrometry (MS) are the ones most common techniques employed. Although there is no unifying metabolomic signature in NEC, early studies are showing interesting results.

Multiomics data integration and analyses: Integration, analyses and interpretation of information collected from different platforms on microbiome, transcription, proteomics, metabolomics and immune function becomes essential to have a comprehensive view of these biological processes. This poses a significant bioinformatic challenge given the complexity of biological systems, the technological limits, the large number of biological variables and the relatively low number of biological samples.

Many network based and graphical models (Bayesian and Non-Bayesian) are used in the integration of these data.

Bioinformatic techniques and expertise in dealing with these multi-omics data is often the key in multi-omic studies. Integration of Multi-omics data may give a holistic view of pathophysiological processes into perinatal diseases and lead to novel preventative and therapeutic approaches.

Time Block: (none)

QA: Yes

QA Details: 10 mins after the symposium is completed

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Perinatal microbiome Multiomics discussions

Additional Comments: None

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

PROPOSAL #: 312895

SESSION TITLE: Deciphering the Perinatal Microbiome: Multiomics Data Integration and Modeling

Chairs: Josef Neu (Chair); Mohan Pammi (Chair)

Speaker # 1

Presentation Title Perinatal microbiome and association with neonatal outcomes

Speaker/Duration: Mohan Pammi : d. 20 minutes

Speaker/Institution: M. Pammi, Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Mohan Pammi : (none)

Speaker # 2

Presentation Title Multiomics modeling of immunome, transcriptome, metabolome, proteome and the microbiome in pregnancy

Speaker/Duration: Nima Aghaeepour : f. 30 minutes

Speaker/Institution: N. Aghaeepour, Stanford, Stanford, California, UNITED STATES|

Non-Member Justification Nima Aghaeepour : (none)

Speaker # 3

Presentation Title Integration of Microbiome and transcriptomic data with clinical metadata for clinical relevance and outcomes in neonates

Speaker/Duration: Emily Hollister : f. 30 minutes

Speaker/Institution: E. Hollister, Diversigen, Inc, Houston, Texas, UNITED STATES|

Non-Member Justification Emily Hollister : (none)

Speaker # 4

Presentation Title Overview, implications and the future

Speaker/Duration: Josef Neu : d. 20 minutes

Speaker/Institution: J. Neu, Pediatrics/Neonatology, University of Florida, Gainesville, Florida, UNITED STATES|

Non-Member Justification Josef Neu : (none)

PROPOSAL #: 312899**SESSION TITLE:** Clinical genetic testing including whole exome sequencing fails to solve a diagnostic odyssey: The Next Steps**Contact:** PANKAJ AGRAWAL BOSTON CHILDREN'S HOSPITAL
pagrawal@enders.tch.harvard.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** The target audience will include clinicians, researchers interested in Mendelian disorders, genetic counselors and families.**Audience Size:** 75-100**Tracks:** Genetics**Objectives** 1. To describe the limitations of CMA, WES and targeted sequencing for molecular diagnosis and its implications on current clinical practice. 2. To provide various options to determine the molecular basis of disease for your patient with non-contributory CMA, WES and targeted panel sequencing. 3. How to inspire the clinicians and families to keep working on those cases despite negative clinical testing. 4. A better understanding of the newer technologies and their potential applications.**Description:** Chromosomal microarray (CMA), whole exome sequencing (WES) and targeted gene panels are increasingly being used in the clinical setting to determine the molecular basis of various rare diseases that are suspected to have an underlying genetic basis. Often, despite utilizing those technologies, the underlying genetic cause remains elusive for a significant proportion of cases. This situation leaves the clinicians and parents puzzled about what to do next. There are no clear guidelines for a further workup, leading to a lost opportunity to help the families and advance the basic understanding of various rare diseases. Recent literature suggests that an increasing number of such patients can be diagnosed by reanalyzing the sequence data, and by using newer technologies such as whole genome sequencing, RNA sequencing, single-cell sequencing, and somatic mosaicism studies. We have invited internationally renowned experts to discuss the various research options that are currently available and how to utilize them successfully. The attendees will have a roadmap to follow when caught in such a situation of unknown diagnosis despite extensive clinical genetic testing.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Genetics related topics or events**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** SPR**Chairs:** PANKAJ AGRAWAL (Chair); Monkol Lek (Chair)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312899

SESSION TITLE: Clinical genetic testing including whole exome sequencing fails to solve a diagnostic odyssey: The Next Steps

Speaker # 1

Presentation Title Reanalysis of the Exome Data and Matchmaker Exchange: Examples from the Manton Center for Orphan Disease Research

Speaker/Duration: PANKAJ AGRAWAL : e. 25 minutes

Speaker/Institution: P.B. AGRAWAL, NEWBORN MEDICINE and GENETICS & GENOMICS, BOSTON CHILDREN'S HOS

Non-Member Justification PANKAJ AGRAWAL : (none)

Speaker # 2

Presentation Title Role of Whole Genome Sequencing When Whole Exome Sequencing and Chromosomal Microarray Has Failed

Speaker/Duration: Monkol Lek : e. 25 minutes

Speaker/Institution: M. Lek, Yale University, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Monkol Lek : (none)

Speaker # 3

Presentation Title Genetic diagnosis of Mendelian disorders using RNA sequencing

Speaker/Duration: Holger Prokisch : e. 25 minutes

Speaker/Institution: H. Prokisch, Helmholtz Zentrum München, Neuherberg, GERMANY|

Non-Member Justification Holger Prokisch : (none)

Speaker # 4

Presentation Title Single cell sequencing and deciphering somatic mosaicism

Speaker/Duration: Annapurna Poduri : e. 25 minutes

Speaker/Institution: A. Poduri, Neurology, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Annapurna Poduri : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312907

SESSION TITLE: Medicaid in 2019: Addressing Populations and Reshaping Communities

Contact: Dennis Kuo
University at Buffalo
dkuo@upa.chob.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinicians, researchers and policymakers in Pediatric, Adolescent, and Family Medicine

Audience Size: 100

Tracks: Community Pediatrics|Advocacy/Public Policy

Objectives (1)Understand the tools and provisions that Medicaid offers to address population health and community engagement. (2)Learn about innovative Medicaid initiatives being used by states to address health at the population and community levels. (3)Discuss how Medicaid may be utilized to address a children’s life course health agenda.

Description: From its roots as a medical assistance supplement for individuals receiving public assistance, Medicaid has developed into the largest health insurance program in the United States, filling coverage gaps for millions of Americans. Medicaid provides health insurance for almost half of all births, up to 40% of US children, and 60% of children with disabilities, and has become a major driver in state economies. The federal-state partnership of Medicaid sets a floor for services, ensuring opportunity for states to innovate what is covered, and how. The reach of Medicaid today offers the opportunity for states to move beyond coverage for individual services and towards addressing populations and engaging communities. How well do these opportunities enhance child health and development at the individual, population, and community levels? Attendees will learn about tools and provisions such as waivers, payment reform, and state policy changes that states are using to “think big” about addressing populations and engaging communities. Session attendees will learn examples of innovative programs; research and evaluation opportunities; challenges and unintended consequences; and how Medicaid may be utilized to achieve a children’s health agenda in a changing world.

Time Block: (none)

QA: Yes

QA Details: 25 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:N/A

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA|SPR

Chairs: Dennis Kuo (Moderator); Jean Raphael (Moderator)

PROPOSAL #: 312907

SESSION TITLE: Medicaid in 2019: Addressing Populations and Reshaping Communities

Speaker # 1

Presentation Title Medicaid in 2019: Addressing Populations and Engaging Communities

Speaker/Duration: Dennis Kuo : a. 5 minutes

Speaker/Institution: D. Kuo, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification Dennis Kuo : (none)

Speaker # 2

Presentation Title Facilitating Big Changes: Provisions, Policies, and Tools in Medicaid

Speaker/Duration: Sara Rosenbaum : d. 20 minutes

Speaker/Institution: S. Rosenbaum, George Washington University, Washington, District of Columbia, UNITED STATES|

Non-Member Justification Sara Rosenbaum : Ms. Rosenbaum is the Harold and Jane Hirsh Professor, Health Law and Policy, Milken Institute School of Public Health at GWU. She is widely known and well published as one of the experts on Medicaid policy.

Speaker # 3

Presentation Title The Medicaid Imperative to Address Social Determinants of Health

Speaker/Duration: Robert Kahn : d. 20 minutes

Speaker/Institution: R.S. Kahn, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES|

Non-Member Justification Robert Kahn : (none)

Speaker # 4

Presentation Title State Medicaid as Leverage for Promoting Early Childhood Health and Wellness

Speaker/Duration: Suzanne Brundage : d. 20 minutes

Speaker/Institution: S. Brundage, United Hospital Fund, New York, New York, UNITED STATES|

Non-Member Justification Suzanne Brundage : Suzanne Brundage is project director of the Children's Health Initiative at United Hospital Fund, which focuses on informing public policy and advancing new delivery system models that strengthen pediatric primary care. Ms. Brundage is

Speaker # 5

Presentation Title Co-Location of Services, Integrated Behavioral Health, and Rethinking Care Delivery Through Medicaid

Speaker/Duration: James Perrin : d. 20 minutes

Speaker/Institution: J. Perrin, Pediatrics, MassGeneral Hospital for Children; Harvard Medical School, Boston, Mass

Non-Member Justification James Perrin : (none)

PROPOSAL #: 312911**SESSION TITLE:** The Biologic Impact of Racism on Chronic Disease Development: Perspective on the Life Course Model and Defining a Research Agenda**Contact:** Joseph Wright
Joseph.Wright@umm.edu
University of Maryland School of Medicine**Session Type:** State of the Art Plenary**Target Audience:** (none)**Audience Size:** 500**Tracks:** Academic and Research Skills|Clinical and Translational Research|Basic Science|Health Services Research**Objectives** At the end of this session participants will be able to: 1) Describe the epigenetic relationship of early adversity to chronic disease development 2) Recognize the impact of internalized microaggressions on allostatic physiology 3) Explain the biologic risk for intergenerational transmission of health disparities**Description:** Chronic illness does not emerge *de novo* in adulthood. The life course model frames health as a continuum across stages ranging from preconception, gestation, childhood, adolescence, young adulthood and midlife to old age. Disease expression can be biologically influenced by exposure to risk and protective factors including pervasive social constructs such as bias and discrimination. In this session, investigators from the National Institutes of Health and major pediatric organizations will examine the biologic impact of racism on chronic disease development, with an emphasis on the state-of-the-science from the perspective of the institutes and organizations within which they provide leadership, i.e., the National Institute of Minority Health and Health Disparities (NIMHD), the National Institute on Child Health and Human Development (NICHD), the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics (AAP).

The Census Bureau has estimated that by 2020 more than half of U.S. children will be part of an ethnic group or racial minority. Recognizing the critical importance of this rapidly shifting demographic, the AAP seated a Task Force on Addressing Bias and Discrimination (TFOABD) in 2018. Among the objectives being undertaken by the TFOABD is exploring ways to advance child health research and strategies aimed at decreasing health disparities resulting from bias and discrimination. The speakers will close the plenary session in a facilitated discussion moderated by members of the AAP TFOABD on defining a research and action agenda that incorporates racism as a contributing component to the evolving science of early adversity.**Time Block:** (none)**QA:** Yes**QA Details:** Following didactic presentations, speakers will assemble in panel format for 30 minutes of moderated discussion and limited direct Q&A.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|APA|APS**Chairs:** Joseph Wright (Chair); Benard Dreyer (Moderator)

PROPOSAL #: 312911

SESSION TITLE: The Biologic Impact of Racism on Chronic Disease Development: Perspective on the Life Course Model and Defining a Research Agenda

Speaker # 1

Presentation Title The Impact of Racism on Child and Adolescent Health

Speaker/Duration: Maria Trent : e. 25 minutes

Speaker/Institution: M. Trent, Pediatrics, Johns Hopkins Medicine, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Maria Trent : (none)

Speaker # 2

Presentation Title Health Disparities Research Framework - National Institute on Minority Health and Health Disparities

Speaker/Duration: Eliseo Perez-Stable : e. 25 minutes

Speaker/Institution: E. Perez-Stable, Office of the Director, NIH/National Institute of Minority Health and Health Di

Non-Member Justification Eliseo Perez-Stable : (none)

Speaker # 3

Presentation Title Neurocognitive Effects of Racism: What We Know - National Institute of Child Health and Human Development, Pediatric Trauma and Critical Illness Branch

Speaker/Duration: Valerie Maholmes : e. 25 minutes

Speaker/Institution: V. Maholmes, Pediatric Trauma and Critical Illness Branch, NIH/National Institute Institute of

Non-Member Justification Valerie Maholmes : (none)

PROPOSAL #: 312912**SESSION TITLE:** **Imagining a Future of Time-Variable, Competency-Based Medical Education: Large-Scale Applications of Lessons Learned from the Education in Pediatrics Across the Continuum (EPAC) Project to Transform Medical Education in the United States****Contact:** Daniel West
daniel.west@ucsf.edu
University of California, San Francisco**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Department, medical school, hospital and educational leaders in UME and GME; Faculty with an interest in medical education; Faculty with research interests in competencies, assessment, curricular design and growth mindset; Residents and medical students**Audience Size:** 200**Tracks:** Education**Objectives** 1. Describe the key elements of competency-based medical education including how the two primary competency frameworks in current use in GME and UME are inter-related. 2. Understand the key outcomes and generalizable lessons learned from the EPAC project and how they could inform transformational change in medical education. 3. Articulate a vision for the future of medical education in the United States that centers on generalizable models of time variable, competency-based medical education and support the development of self-regulated, mastery learning mindset in trainees.**Description:** For over a century, advancement of learners across the continuum of medical education in the United States has been primarily a time-based system in which a trainee's competence is inferred by completing a pre-determined set of training experiences over a defined period of time. However, over the past two decades there has been a growing movement toward competency-based medical education (CBME) in which a trainee's competence is established when they demonstrate the ability to perform a defined set of behaviors or skills necessary to practice a given field of medicine independently. CBME has the potential to produce physicians that are better trained to meet the needs of society and opens the door to time-variable progression in which trainees advance once they demonstrate competence. However, designing and implementing such a system presents significant challenges. The Education in Pediatrics Across the Continuum (EPAC) project began in 2009 with the goal of developing a time variable competency-based medical education system in which learners would advance through the UME-GME continuum based on achieving pre-determined competencies. Five cohorts of learners have now entered EPAC at four U.S. medical schools and residency programs and two cohorts have advanced into GME, some in a time variable fashion. In this session, we will review the basic concepts and core features of CBME and how the two primary competency frameworks (ACGME Milestones and Entrustable Professional Activities [EPAs]) that support CBME in the United States are related to each other. We will review the outcomes of the EPAC project with an emphasis on generalizable lessons learned including key design elements, practical issues related to implementation, making competency decisions, impacts on learners and the support of self-regulated, mastery learning. Finally, we will review how the lessons learned from EPAC could inform the large-scale implementation of time variable, CBME in pediatrics and beyond. In facilitated large group discussion we will focus on identifying and overcoming barriers to implementation and core elements of designing a CBME program that could transform medical education in the United States.**Time Block:** (none)**QA:** Yes**QA Details:** We plan a 40 minute discussion guided by 4 thought provoking prompting questions that focus on key design elements, implementation and structural issues, time-variable progression, and fostering a

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312912

SESSION TITLE: Imagining a Future of Time-Variable, Competency-Based Medical Education: Large-Scale Applications of Lessons Learned from the Education in Pediatrics Across the Continuum (EPAC) Project to Transform Medical Education in the United States

mastery mindset.

Audience Polling: Yes

Polling Details: We would be interested in using standard polling systems that require wifi access and display audience opinions on the projection screen

Sabbath Conflicts: N/A

Conflicting Sessions: Please no conflicts with medical education sessions

Additional Comments: We plan to include one or two learners (medical student and/or residents in the presentation, but cannot get an individual commitment this far in advance (some learners do not yet know their schedule).

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APPD|APS|SPR

Chairs: Daniel West (Organizer)

Speaker # 1

Presentation Title Competency Frameworks That Support CBME

Speaker/Duration: Carol Carraccio : d. 20 minutes

Speaker/Institution: C. Carraccio, Vice-President, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES

Non-Member Justification Carol Carraccio : (none)

Speaker # 2

Presentation Title Outcomes and Lessons Learned from EPAC

Speaker/Duration: Robert Englander : d. 20 minutes

Speaker/Institution: R. Englander, School of Medicine, University of Minnesota, Minneapolis, Minnesota, UNITED STATES

Non-Member Justification Robert Englander : (none)

Speaker # 3

Presentation Title Practical Examples of Competency-Based Assessment and the Experience of EPAC Learners

Speaker/Duration: Patricia Hobday : d. 20 minutes

Speaker/Institution: P.M. Hobday, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED STATES

Non-Member Justification Patricia Hobday : (none)

Speaker # 4

Presentation Title Applying Lessons Learned From EPAC to the Future of UME and GME

Speaker/Duration: Daniel West : d. 20 minutes

Speaker/Institution: D.C. West, Pediatrics, University of California, San Francisco, San Francisco, California, UNITED STATES

Non-Member Justification Daniel West : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312914

SESSION TITLE: The Road to Screening for Adverse Childhood Experiences in a Busy Large Group Practice: From Foundation to Full Implementation

Contact: PAUL ESPINAS Kaiser
paul.espinas@kp.org

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinic based pediatricians, staff and administrators

Audience Size: 50

Tracks: General Pediatrics|Social Determinants/Health Disparities

Objectives Learn about the important foundational work that needs to be done before screening for Adverse Childhood Experiences Learn about the key steps in tool and workflow development Learn about developing relationships with key groups in and outside of health care settings

Description: Our Pediatric Department is based in a Kaiser Permanente Medical Center, a large HMO in California. Come learn about how our team implemented screening for Adverse Childhood Experiences in young children getting well checks in our busy outpatient clinics. . Participants will hear about the necessary foundational steps and priming needed and the step by step process we used to achieve full implementation. Foundational work includes: developing leadership awareness and support, educating providers and staff and getting them ready for change. We developed a site specific screening tool and workflows and created roles for support staff. For example, we have medical assistant “ACEs Champions.” Our workflow also utilizes both organizational and community resources which were accessed through partnerships. Participants will also hear about our quality improvement level data around this work and the importance of a continuous feedback process.

Time Block: (none)

QA: Yes

QA Details: 30 min. We would have an open Q&A session for clarification and to help advance participants thinking.

Audience Polling: Yes

Polling Details: I would be interested in having clickers such that audience members can respond to a poll. Or app based capability would be fine.

Sabbath Conflicts: N/A

Conflicting Sessions: Topics to avoid: Adverse Childhood Experiences Social Determinants of Health Clinic based screening

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: PAUL ESPINAS (Presenter)

PROPOSAL #: 312914

SESSION TITLE: The Road to Screening for Adverse Childhood Experiences in a Busy Large Group Practice: From Foundation to Full Implementation

Speaker # 1

Presentation Title The Road to Screening for Adverse Childhood Experiences in a Busy Large Group Practice: From Foundation to Full Implementation

Speaker/Duration: PAUL ESPINAS : h. 60 minutes

Speaker/Institution: P. ESPINAS, Pediatrics, Kaiser , Hayward, California, UNITED STATES |

Non-Member Justification PAUL ESPINAS : (none)

PROPOSAL #: 312915**SESSION TITLE:** Stigma: Health Effects and Interventions**Contact:** Ellen Perrin
eperrin@tuftsmedicalcenter.org
Tufts Medical Ctr**Session Type:** Hot Topic/Topic Symposia**Target Audience:** pediatric faculty, fellows, residents**Audience Size:** 100**Tracks:** Adolescent Medicine|Children with Special Health Care Needs|Social Determinants/Health Disparities|Vulnerable and Underserved Populations/Health Equity & Social Justice|School and Community Health|Public Health|Diversity and Inclusion|Obesity/Metabolism|D**Objectives** Audience members will understand the conceptualization of individual, interpersonal, and structural stigma Audience members will be able to recite examples of the effects of stigma at each level Audience members will know about a range of interventions that seek to reduce stigma and its effects on youth with a range of differences**Description:** There is ample evidence that stigma directed at children (and adults) with differences in behavior, size, language, skin color, or sexual orientation is damaging to their self-esteem, social relationships, and health. However, there is comparatively less research on what can be done to reduce stigma and its negative consequences among youth. Pediatricians can be effective both as trusted professional advisers to parents and teenagers, and as opinion leaders and change agents in their communities.
 In this symposium, four national experts will discuss emerging evidence for interventions that seek to reduce stigma and its negative effects across multiple levels of analysis, including individual (clinical), interpersonal (socialization), community (social attitudes), and institutions (laws and social policies). Evidence for these interventions will be presented across a range of stigmatized youth, including those who are gay or lesbian, obese, non-white, or have a behavioral health problem.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes at the end of the session**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**All speakers are available only on Saturday (all day) and Sunday before noon. Please avoid scheduling in conflict with Developmental-Behavioral platform sessions, and LGBT SIG.**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** APA|AAP|SDBP**Chairs:** Ellen Perrin (Chair)

PROPOSAL #: 312915

SESSION TITLE: Stigma: Health Effects and Interventions

Speaker # 1

Presentation Title Stigma: Health Effects and Interventions

Speaker/Duration: Ellen Perrin : b. 10 minutes

Speaker/Institution: E.C. Perrin, Tufts Medical Ctr, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Ellen Perrin : (none)

Speaker # 2

Presentation Title Structural Stigma and Effects on Lesbian and Gay Health

Speaker/Duration: Mark Hatzenbuehler : b. 10 minutes

Speaker/Institution: M. Hatzenbuehler, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Mark Hatzenbuehler : (none)

Speaker # 3

Presentation Title Discrimination, Socialization and Identity among Diverse Early Adolescents

Speaker/Duration: Diane Hughes : b. 10 minutes

Speaker/Institution: D. Hughes, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Diane Hughes : (none)

Speaker # 4

Presentation Title Adverse Health Consequences of Weight Stigma among Youth

Speaker/Duration: Rebecca Puhl : d. 20 minutes

Speaker/Institution: R. Puhl, University of Connecticut, Hartford, Connecticut, UNITED STATES|

Non-Member Justification Rebecca Puhl : (none)

Speaker # 5

Presentation Title Reducing Stigma associated with Mental Health Problems

Speaker/Duration: Bruce Link : d. 20 minutes

Speaker/Institution: B. Link, University of California, Riverside, California, UNITED STATES|

Non-Member Justification Bruce Link : (none)

Proposal 312921

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Gender equity in academic pediatrics; Are we there yet?
Description	<p>Despite changes in the number of women in medicine across disciplines, there remains a disparity in the pay of all women including women physicians and the ascension of women into positions of leadership and academic advancement. On average and across the board, women earn 80% of male salaries and women physicians earn \$100,000 a year less. Some have attributed this differential to women working fewer hours (more part-time). Women are notorious for poorer negotiating skills and being willing to accept lower salaries especially when moves are made to accommodate spousal relocation. What is the solution? Mentoring has been touted as critical but studies have shown that mentoring while important, is less effective for women than for men. The Council of Medical Specialty Societies (CMSS) has convened a Task Force on gender equity, career advancement and salary parity. Yet in 1990, Johns Hopkins, developed a program that successfully addressed academic advance increasing the number of women professors from 23 over the previous 97 years to 250 over the next 27. This session will explore the current status of women in medicine focusing on pediatrics and academia and on both institutional and personal strategies to address gender disparity. We will also explore if academic advancement is tied to leadership advancement and strategies to develop supportive networks to maximize leadership success and stability.</p>
Objectives	<p>Describe salary disparities between men and women in academic medicine. Describe strategies to support women in their progress up the academic ladder.</p> <p>State ways in which professional societies can provide programs and opportunities to foster leadership development and advancement for women</p>
Target audience	Academic physicians at all levels and both men and women
Tracks (select all that apply)	Leadership and Business Training; Academic and Research Skills; Career Development
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either

SECTION	VALUE
Audience size – Please enter your best estimate of the expected number of attendees.	100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	20 minutes
Society Affiliation of Submitter (of this Session)	AAP; APA
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Women in Medicine SIG
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Standard package
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	

SECTION**VALUE**

Additional comments about this session (please do not repeat session description details):

This proposal is in response to a special request from leadership of the APA about the literature that continues to show the lack of academic involvement and promotion of women, particularly in academic general pediatrics. There are numerous examples of the disparities in advancement and salary, but there are also examples of proactive ways to address the inequity.

✔ Step 3: Participants

 Edit

SECTION**VALUE**

Participant 1**Name**

Carol Diane Berkowitz

Affiliation

Pediatrics, Harbor-UCLA Medical Center

Role

Presenter

Email

cberkowitz52@gmail.com

Participant 2**Name**

Catherine Deangelis

Affiliation

Jomhs Hopkins

Role

Presenter

Email

cdeange1@jhmi.edu

Participant 3**Name**

Danielle Laraque-Arena

Affiliation

Upstate Medical University

Role

Presenter

Email

laraqued@upstate.edu

SECTION**VALUE**

Participant 4**Name**

Elaine Schulte

Affiliation

The Children's Hospital at Montefiore

Role

Presenter

Emailelschult@montefiore.org

✔ Step 4: Speakers

SECTION**VALUE**

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Product version number 4.15.2 (Build 40). Build date Tue Oct 9 09:42:41 EDT 2018. Server ip-10-236-26-119

PROPOSAL #: 312923**SESSION TITLE:** Neonatal Thrombosis**Contact:** Anthony Chan
akchan@mcmaster.ca
McMaster University**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Scientists and clinicians involved with nephrology, hematology-oncology, neonatology, neurology, and cardiology.**Audience Size:** 100-150**Tracks:** Hematology/Oncology|Clinical and Translational Research|Nephrology|Neonatology**Objectives** To present an overview of current data on the incidence, treatment and management of neonatal thrombosis including renal vein thrombosis, portal vein thrombosis and central venous line-related thrombosis.**Description:** Neonatal thrombosis is increasingly being diagnosed. Despite the fact that the problem has been recognized, there is slow progress in prevention and treatment. There are recent data and recommendations on management strategies. Furthermore, with development of oral anticoagulants, there is increasing number of questions on whether these new oral anticoagulants can be used in neonates. Since the American Society of Pediatric Hematology and Oncology (ASPHO) no longer hold the Annual General Meeting together with APS/SPR, it is now more important to hold such a workshop to enhance information sharing and multidisciplinary research .**Time Block:** (none)**QA:** Yes**QA Details:** 5 min Q&A session after the talk.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** APS|SPR**Chairs:** Anthony Chan (Chair); Rahul Chanchlani (Presenter); Mihir Bhatt (Presenter); Prashanth Murthy (Presenter)**Speaker # 1****Presentation Title** Introduction to Session**Speaker/Duration:** Anthony Chan : a. 5 minutes**Speaker/Institution:** A.K. Chan, Pediatrics, McMaster University, Hamilton, Ontario, CANADA|**Non-Member Justification** Anthony Chan : (none)

PROPOSAL #: 312923

SESSION TITLE: Neonatal Thrombosis

Speaker # 2

Presentation Title Neonatal Renal Vein Thrombosis

Speaker/Duration: Rahul Chanchlani : e. 25 minutes

Speaker/Institution: R. Chanchlani, Pediatric Nephrology, McMaster Children's Hospital, Hamilton, Ontario, CANAD

Non-Member Justification Rahul Chanchlani : Dr. Chanchlani is involved in research in the area of pediatric nephrology and will participate in the conference with no reimbursement.

Speaker # 3

Presentation Title Neonatal Portal Vein Thrombosis

Speaker/Duration: Mihir Bhatt : e. 25 minutes

Speaker/Institution: M.D. Bhatt, McMaster University, Hamilton, Ontario, CANADA|

Non-Member Justification Mihir Bhatt : Dr. Bhatt is involved in research in the area of pediatric hemostasis and will participate in the conference with no reimbursement.

Speaker # 4

Presentation Title CVL-related Thrombosis in Neonates

Speaker/Duration: Prashanth Murthy : e. 25 minutes

Speaker/Institution: P. Murthy, PEDIATRICS, ALBERTA HEALTH SERVICES, Calgary, Alberta, CANADA|

Non-Member Justification Prashanth Murthy : Dr. Murthy is involved in research in the area of pediatric hemostasis and will participate in the conference with no reimbursement.

Speaker # 5

Presentation Title Anticoagulation Therapy: Current Trials and New Anticoagulants

Speaker/Duration: Anthony Chan : e. 25 minutes

Speaker/Institution: A.K. Chan, Pediatrics, McMaster University, Hamilton, Ontario, CANADA|

Non-Member Justification Anthony Chan : (none)

PROPOSAL #: 312925**SESSION TITLE:** The PDA Conundrum: Should we Treat? If so, How? Medical vs. Cath vs. Surgical management of Patent Ductus Arteriosus in Preterm Infants**Contact:** Payam Vali University of California Davis
pvali@ucdavis.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, pediatric cardiologists**Audience Size:** 1000**Tracks:** Critical Care|Academic and Research Skills|Neonatology|Clinical and Translational Research|Cardiology**Objectives** Review the pathophysiology of the PDA Recognize the impact and hemodynamic significance of the PDA Interpret the different modalities to diagnose and categorize the PDA Evaluate the need for treatment of the PDA Discuss the different treatment options to close the PDA**Description:** **Description:** The patent ductus arteriosus (PDA) is commonly observed in extremely preterm infants. The complications arising from a PDA in preterm infants include pulmonary hemorrhage, congestive heart failure, exacerbation of bronchopulmonary dysplasia, pulmonary hypertension and endocarditis. Since the first reported case of a PDA ligation by Dr. Robert Gross 80 years ago in 1938, PDA closure by medical (prophylactic and therapeutic) and surgical techniques has been in vogue. With the advent of small occlusive devices, more and more centers are closing PDA in extremely low birth weight infants by interventional catheterization techniques. Long-term risks and benefits of this technique are not known. This state-of-the art symposium addresses the following controversies: 1. Is there a role for prophylactic use of medication to close the ductus? 2. Should we treat hemodynamically significant PDA? 3. What are the indications, benefits and risks of surgical ligation of ductus arteriosus? 4. Benefits and Risks of interventional catheterization based closure. Medical therapy of PDA with indomethacin, ibuprofen and more recently acetaminophen are associated with adverse effects and are not effective in almost a third of cases. In recent years, surgical ligation using a minimally invasive thoracoscopic approach has shown fewer surgical complications, while a percutaneous catheter closure by venous access in preterm infants weighing as little as 600 grams show promising treatment options.**Time Block:** (none)**QA:** Yes**QA Details:** Invite the attendees to participate to discuss the role of PDA ligation in the current era and how to move forward in identifying neonates that would benefit most from PDA closure. 20 minutes should be reserved for the Q&A session**Audience Polling:** Yes**Polling Details:** May use Poll Everywhere application (audience use smartphones to participate)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal echocardiography Neonatal hemodynamics Patent ductus arteriosus**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** Other Society Affiliation**Chairs:** Satyan Lakshminrusimha (Moderator); Payam Vali (Organizer)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312925

SESSION TITLE: The PDA Conundrum: Should we Treat? If so, How? Medical vs. Cath vs. Surgical management of Patent Ductus Arteriosus in Preterm Infants

Speaker # 1

Presentation Title Introduction -Case Presentations

Speaker/Duration: Payam Vali : b. 10 minutes

Speaker/Institution: P. Vali, Pediatrics, University of California Davis, Sacramento, California, UNITED STATES|

Non-Member Justification Payam Vali : (none)

Speaker # 2

Presentation Title Assessment of Hemodynamic Significance of PDA

Speaker/Duration: Patrick McNamara : d. 20 minutes

Speaker/Institution: P. McNamara, University of Iowa, Iowa City, Iowa, UNITED STATES|

Non-Member Justification Patrick McNamara : (none)

Speaker # 3

Presentation Title Medical Management of PDA

Speaker/Duration: ronald clyman : d. 20 minutes

Speaker/Institution: R. clyman, University of California San Francisco, San Francisco, California, UNITED STATES|

Non-Member Justification ronald clyman : (none)

Speaker # 4

Presentation Title Catheter Facilitated PDA Closure

Speaker/Duration: Frank Ing : d. 20 minutes

Speaker/Institution: F. Ing, University of California Davis, Sacramento, California, UNITED STATES|

Non-Member Justification Frank Ing : (none)

Speaker # 5

Presentation Title Surgical Closure of PDA

Speaker/Duration: Richard Kim : d. 20 minutes

Speaker/Institution: R. Kim, University of Southern California, Los Angeles, California, UNITED STATES|

Non-Member Justification Richard Kim : (none)

Speaker # 6

Presentation Title Pros and Cons of PDA Treatment

Speaker/Duration: William Benitz : d. 20 minutes

Speaker/Institution: W. Benitz, Stanford, Palo Alto, California, UNITED STATES|

Non-Member Justification William Benitz : (none)

PROPOSAL #: 312926**SESSION TITLE:** Healthy aging from gamete to grave: Establishing a translational life course research agenda**Contact:** Heidi Hanson University of Utah
heidi.hanson@hci.utah.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinicians and pediatric researchers interested in incorporating the life course framework into their research and clinical practice.**Audience Size:** 200**Tracks:** Academic and Research Skills|Epidemiology|Social Determinants/Health Disparities|Medical Informatics/Data Science|Public Health|Developmental and Behavioral Pediatrics|Clinical and Translational Research|Adolescent Medicine**Objectives** The focus of this session will be to provide a broad overview of existing evidence and methods that can be used for life course research as well as suggest priority areas that have potential to significantly advance our knowledge within 5 - 10 years. Speakers will provide a targeted and succinct review of what is known in this arena, identify current gaps in knowledge, and make suggestions for utilizing existing resources to push the field of translational life course research forward at a rapid pace. A multi-disciplinary approach is necessary to adequately approach these questions. Therefore, our speakers will include leaders from gerontology, pediatrics, and life course epidemiology.**Description:** Understanding how individual health is shaped across the lifespan holds great promise for preventive and prognostic medicine, as well as potential for developing a roadmap for clinical care from gamete to grave. As, a result 'lifespan' and 'life course' have become popular catch phrases within clinical and translational research. The Center for Clinical and Translational Awards Lifespan Domain Task force has recently suggested that a life course approach to translational sciences and clinical care include 1) the study of physical and social exposures throughout the life span on health and development from gamete to grave; 2) the study of longitudinal trajectories of health with special attention to differential effects across all developmental periods across the lifespan; 3) the study of phenotypic heterogeneity to allow for the identification of subpopulations at increased risk for disease that will benefit from increased screening or altered disease management plans; and 4) the implementation of strategic interventions in the clinical setting that can lower risk of disease later in life and improve clinical outcomes.**Time Block:** (none)**QA:** Yes**QA Details:** Each speaker will talk for 25 minutes, followed by 5 minutes of Q&A. There will also be a 20 minute open discussion and QA session at the end of the session.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Life course research**Additional Comments:** Historically sessions that include life course research have been very popular, especially as the meeting has taken on more translational and clinical and outcomes science. The NCATS Lifespan Domain Task Force has been a supported partner in the past and**Financial Sponsor?** (none)**If Yes:** (none)

PROPOSAL #: 312926

SESSION TITLE: Healthy aging from gamete to grave: Establishing a translational life course research agenda

Society Affiliation: AAP|APA

Chairs: Heidi Hanson (Chair); Shari Barkin (Chair); Neal Halfon (Presenter); Ken Smith (Presenter); William Hay (Presenter)

Speaker # 1

Presentation Title Introduction to Life Course Research from a Transgenerational Lens and NCATS Lifespan Domain Taskforce Goals

Speaker/Duration: Heidi Hanson : a. 5 minutes

Speaker/Institution: H. Hanson, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification Heidi Hanson : Dr. Hanson is a life course epidemiologist and Co-Chair of the Early Life Exposures Working Group, part of the NCATS Lifespan Domain Task force.

Speaker # 2

Presentation Title Introduction to Life Course Research from a Transgenerational Lens and NCATS Lifespan Domain Taskforce Goals

Speaker/Duration: Shari Barkin : a. 5 minutes

Speaker/Institution: S. Barkin, Pediatrics, Vanderbilt, Nashville, Tennessee, UNITED STATES|

Non-Member Justification Shari Barkin : (none)

Speaker # 3

Presentation Title State of the art methods during the fetal and early childhood period

Speaker/Duration: Neal Halfon : f. 30 minutes

Speaker/Institution: N. Halfon, Pediatrics , UCLA Center for Healthier Children, Los Angeles, California, UNITED STA

Non-Member Justification Neal Halfon : (none)

Speaker # 4

Presentation Title Linking across the lifespan to conduct life course research

Speaker/Duration: Ken Smith : f. 30 minutes

Speaker/Institution: K. Smith, Family and Consumer Studies, University of Utah, Salt Lake City, Utah, UNITED STAT

Non-Member Justification Ken Smith : Dr. Smith is the director of the Utah Population Database, a unique resource for life course research. His research focuses on the determinants of aging throughout the life course, with a special emphasis on the interplay between genetics and

Speaker # 5

Presentation Title Maximizing translational life course research by focusing on developmental periods that can affect health across generations

Speaker/Duration: William Hay : f. 30 minutes

Speaker/Institution: W. Hay, Pediatrics, University of Colorado School of Medicine, Aurora, Colorado, UNITED STA

Non-Member Justification William Hay : (none)

PROPOSAL #: 312928**SESSION TITLE:** What to Do When a Preterm Infant Is Not Growing on Human Milk—Does Nutrient Quantity or Human Milk Dose Have More Impact on Neurodevelopment?**Contact:** Sarah Taylor
taylorse@muscd.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** neonatologists, gastroenterologists, pediatricians with interest in human milk or long-term outcomes such as obesity, developmental pediatricians**Audience Size:** 100**Tracks:** Clinical and Translational Research|Gastroenterology and Nutrition|Neonatology|Obesity/Metabolism|Developmental and Behavioral Pediatrics|Critical Care**Objectives** 1. To determine how preterm infant nutrition and growth are affected by human milk dose. 2. To identify constituents of human milk involved in somatic growth and neurodevelopment. 3. To determine how to optimize preterm infant enteral nutrition to balance the benefits of human milk and nutrient supplementation.**Description:** Preterm infant growth velocity is positively associated with neurodevelopmental outcome and, therefore, is closely monitored and managed in the neonatal intensive care unit (NICU). Preterm formula provides consistency in macronutrient delivery when compared to human milk and thus is more likely to achieve desired growth rates with standard nutritional protocols. However, preterm formula also is associated with sequelae such as infections, necrotizing enterocolitis, and mortality when compared to human milk feeding. The first two are linked to an increased risk of impaired neurodevelopment. In contrast, human milk, especially mother's own milk, may have a direct positive effect on preterm infant neurodevelopment independent of growth. In this symposium, we will discuss how human milk support of neurodevelopment may transpire and what components of human milk are most critical for brain development and function. We will present current data regarding preterm infant growth on human milk, the methods employed to achieve growth goals, and the effect those methods may have on human milk benefits. These discussions will lead us to build an ideal fortification strategy to achieve the balance of human milk feeding and nutrient delivery for neurodevelopment.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** Yes**Polling Details:** audience survey of enteral nutrition practices would add a fantastic dynamic to the discussion**Sabbath Conflicts:** N/A**Conflicting Sessions:** neonatal sessions Human milk/breastfeeding sessions Gastroenterology sessions**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** AAP|APS|NASPGHAN|SPR**Chairs:** Sarah Taylor (Chair); Aloka Patel (Chair); Mandy Belfort (Presenter); Camilia Martin (Presenter)

PROPOSAL #: 312928

SESSION TITLE: What to Do When a Preterm Infant Is Not Growing on Human Milk—Does Nutrient Quantity or Human Milk Dose Have More Impact on Neurodevelopment?

Speaker # 1

Presentation Title Human milk and the preterm infant: paradoxical relationships with reduced growth but better neurodevelopment

Speaker/Duration: Mandy Belfort : f. 30 minutes

Speaker/Institution: M. Belfort, Brigham and Women's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Mandy Belfort : (none)

Speaker # 2

Presentation Title Human Milk Constituents and Brain Development – What, How, and When

Speaker/Duration: Camilia Martin : f. 30 minutes

Speaker/Institution: C.R. Martin, Beth Israel Deaconess Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Camilia Martin : (none)

Speaker # 3

Presentation Title Delivering Evidence-based Human Milk and Nutrient Doses for Optimal Growth and Neurodevelopment

Speaker/Duration: Sarah Taylor : f. 30 minutes

Speaker/Institution: S. Taylor, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Sarah Taylor : (none)

PROPOSAL #: 312932**SESSION TITLE:** Physiomarkers of disease severity and outcome in the high-risk infant**Contact:** Sarah Mulkey Children's National Health System
sbmulkey@childrensnational.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** neurophysiology, neonatal neurology, neonatology, pulmonology, autonomic medicine**Audience Size:** 150**Tracks:** Critical Care|Clinical and Translational Research|Pulmonology|Neurology|Neonatology**Objectives** 1. Discuss the challenges in the characterization of heart rate variability in critically-ill infants and quantification of sympathetic and parasympathetic autonomic nervous system tone. 2. Explore physiological biomarkers that can be measured in preterm infants and which may predict neurodevelopmental impairment and overall prognosis. 3. Empower the real-time monitoring of heart rate variability for informed decision-making in the ICU setting of hypoxic-ischemic encephalopathy and neonatal sepsis. 4. Learn about measurement of autonomic dysregulation in rare disorders of autonomic regulation and respiratory control including congenital central hypoventilation syndrome.**Description:** Physiological measures of heart rate, blood pressure, and respiratory rate, among others, and their inter-relationships, can be valuable biomarkers to detect aberrant responses to stress and illness. The potential uses of heart rate variability (HRV) and respiratory analysis to understand autonomic tone are being increasingly realized in the intensive care unit (ICU) monitoring of critically ill infants. This session is designed to provide a framework for assessing physiological markers in high-risk infants and in rare disorders of respiratory control and autonomic regulation, and relate to clinical and research applications. The application of heart rate variability and respiratory physiology analysis in the ICU will be discussed in relation to premature newborns, newborns with hypoxic-ischemic encephalopathy, neonatal sepsis, and infants and children with respiratory and autonomic syndromes all of which have altered physiological measures.**Time Block:** (none)**QA:** Yes**QA Details:** 10 minutes, panel with speakers**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal seizures, Neonatal ICU care**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR|CNS**Chairs:** Sarah Mulkey (Chair); Karen Fairchild (Presenter); An Massaro (Presenter); Debra Weese-Mayer (Presenter)

PROPOSAL #: 312932

SESSION TITLE: Physiometers of disease severity and outcome in the high-risk infant

Speaker # 1

Presentation Title Physiological Biomarkers of Neurodevelopment in Premature Infants

Speaker/Duration: Sarah Mulkey : d. 20 minutes

Speaker/Institution: S.B. Mulkey, Fetal Medicine, Neurology, Children's National Health System, North Bethesda,

Non-Member Justification Sarah Mulkey : (none)

Speaker # 2

Presentation Title Cardiorespiratory analytics as risk markers for sepsis and NEC in VLBW infants

Speaker/Duration: Karen Fairchild : d. 20 minutes

Speaker/Institution: K. Fairchild, Pediatrics, University of Virginia, Charlottesville, Virginia, UNITED STATES|

Non-Member Justification Karen Fairchild : (none)

Speaker # 3

Presentation Title Heart Rate Variability as a Real-time Biomarker to Monitor HIE Infants Undergoing Therapeutic Hypothermia

Speaker/Duration: An Massaro : d. 20 minutes

Speaker/Institution: A. Massaro, Neonatology, Childrens National Health Systems, Washington, DC, District of Colu

Non-Member Justification An Massaro : (none)

Speaker # 4

Presentation Title Measures of cardio-respiratory (un)coupling and autonomic regulation in rare disorders of autonomic regulation and respiratory control

Speaker/Duration: Debra Weese-Mayer : d. 20 minutes

Speaker/Institution: D.E. Weese-Mayer, Pediatrics, Ann & Robert H Lurie Children's Hospital of Chicago, Chicago, Ill

Non-Member Justification Debra Weese-Mayer : (none)

Speaker # 5

Presentation Title Questions

Speaker/Duration: Sarah Mulkey : b. 10 minutes

Speaker/Institution: S.B. Mulkey, Fetal Medicine, Neurology, Children's National Health System, North Bethesda,

Non-Member Justification Sarah Mulkey : (none)

PROPOSAL #: 312952**SESSION TITLE:** Manipulating macrophages to promote pre-term neonatal pulmonary health: a therapeutic possibility?**Contact:** S. Celeste Morley Washington University School of Medicine
morleys@wustl.edu**Session Type:** Basic-Clinical-Translational Roundtable**Target Audience:** Neonatologists, pulmonologists, immunologists, infectious disease subspecialists interested in pneumonia pathophysiology**Audience Size:** 40-50**Tracks:** Basic Science|Allergy, Immunology and Rheumatology|Neonatology|Pulmonology|Clinical and Translational Research|Infectious Diseases**Objectives** 1. To promote interdisciplinary cross-talk between clinical neonatologists researching the role of macrophage-driven inflammation in bronchopulmonary dysplasia and basic murine immunologists who are redefining our understanding of the distinct functions of multiple pulmonary macrophage lineages in lung development. 2. To define open and unexplored areas of research that will advance our understanding of the normal co-development of alveolar structures and pulmonary innate immunity. 3. To define open and unexplored areas of research that will advance our understanding of bronchopulmonary dysplasia in pre-term neonates. 4. To develop potential therapeutic avenues to test in animal models to improve outcomes in pre-term infants.**Description:** Bronchopulmonary dysplasia (BPD) and lower respiratory infections cause major morbidity and mortality in pre-term infants. The pathophysiology of BPD is not well understood, but altered inflammatory cascades likely lead to both perturbed lung development and increased infectious risk. A better understanding of how lung maturation and the lung immune system concurrently develop may provide new therapeutic options. A major paradigm shift occurred in basic mouse immunology when it was shown that tissue-resident macrophage lineages arise during embryogenesis from yolk-sac precursors, and are not continuously re-derived from circulating peripheral blood monocytes. Alveolar macrophages epitomize the highly specialized nature of tissue-resident macrophages, as they express unique markers and depend upon the growth factor GM-CSF for maturation. They arise during a temporally limited phase of development, starting around embryonic day 16 and finishing at post-natal day 7 in mice. Finally, alveolar macrophages are functionally unique, as they tilt towards an anti-inflammatory, pro-healing phenotype, protecting the delicate alveoli from inflammatory damage. Separate interstitial lung macrophages fulfill the role of "traditional" pro-inflammatory phagocytes. The recognition that lungs contain distinct alveolar and interstitial macrophages raises the possibility that different macrophage lineages contribute to BPD and to pathogen clearance, and that a full evaluation of macrophage populations in pre-term lungs may illuminate BPD pathogenesis. Additionally, the alveolar macrophage undoubtedly plays a key role in both clearing pathogenic infections and in maintaining a pro-healing environment conducive to healthy lung growth. In mice, alveolar macrophages are not present until after birth. Recent data shows that GM-CSF can be administered to the airways of neonatal mouse pups to enhance alveolar macrophage development and subsequently protect animals from infection. However, there is a large knowledge gap in translating the current basic immunology findings to our clinical understanding of BPD pathogenesis. This interdisciplinary roundtable will therefore gather the combined expertise of clinical neonatologists, experts in BPD, and murine basic immunologists to review the current research in pre-term infants and animal models, to debate future therapeutic strategies, and to propose critical research questions to advance pre-term pulmonary health.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312952

SESSION TITLE: Manipulating macrophages to promote pre-term neonatal pulmonary health: a therapeutic possibility?

Time Block: (none)

QA: Yes

QA Details: We would like to have 4 talks of 20 minutes duration, each followed by 5 minutes of questions (100 minutes total), concluding with a 20 minute open Q&A session among all speakers and audience members to address the 4 objectives outlined above.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Stanley A. Plotkin Lecture in Vaccinology March of Dimes Prize in Developmental Biology Award Lectures Mary Ellen Avery Neonatal Research Award

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: PIDS|SPR

Chairs: S. Celeste Morley (Workshop Leader)

Speaker # 1

Presentation Title Alveolar macrophages in neonatal bronchopulmonary dysplasia and pneumonia: view from the ICN

Speaker/Duration: Sule Cataltepe : d. 20 minutes

Speaker/Institution: S. Cataltepe, Brigham and Women's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Sule Cataltepe : (none)

Speaker # 2

Presentation Title Mitochondrial oxidative stress in bronchopulmonary dysplasia

Speaker/Duration: Sara Berkelhamer : d. 20 minutes

Speaker/Institution: S. Berkelhamer, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification Sara Berkelhamer : SPR

Speaker # 3

Presentation Title Unique developmental pathways and functions of alveolar and interstitial macrophages in the murine lung: what mice can teach us

Speaker/Duration: Claudia Jakubzick : d. 20 minutes

Speaker/Institution: C. Jakubzick, National Jewish Health, Boulder, Colorado, UNITED STATES|

Non-Member Justification Claudia Jakubzick : Dr. Jakubzick is revolutionizing our understanding of how tissue-resident and circulating myeloid cells differ in development, phenotype and function. She is an extremely well-trained basic immunologist whose knowledge and expertise ne

PROPOSAL #: 312952

SESSION TITLE: Manipulating macrophages to promote pre-term neonatal pulmonary health: a therapeutic possibility?

Speaker # 4

Presentation Title Inhaled GM-CSF in neonatal mice provides durable protection against bacterial pneumonia

Speaker/Duration: S. Celeste Morley : d. 20 minutes

Speaker/Institution: S.C. Morley, Pediatrics, Washington University School of Medicine, St. Louis, Missouri, UNITED

Non-Member Justification S. Celeste Morley : PIDS/SPR member

PROPOSAL #: 312953**SESSION TITLE:** Growing Beyond Bricks and Mortar: Accelerating the Digital Future for Patient Outcomes**Contact:** Eric Williams
ericw@bcm.edu
Baylor College of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Healthcare leadership, clinical leadership, innovators**Audience Size:** 100**Tracks:** Career Development | Leadership and Business Training | Medical Informatics/Data Science | Quality Improvement/Patient Safety | Media & Technology**Objectives** At the end of this session, participants will be able to: 1) Explain the need for digital transformation. 2) Identify organizational barriers to innovation. 3) Differentiate between health IT and digital health. 4) Discover how their organization can develop innovation in medical devices and digital applications.**Description:** The change in our volatile, uncertain, complex, and ambiguous world continues to accelerate at an amazing pace. Importantly, information-enabled environments can deliver fundamentally disruptive opportunities. The purpose of digital transformation is to radically improve performance and extend the enterprise reach of an organization. In healthcare, digital technology determines: the way we work and collaborate, the way clinical and business processes are executed, and the way we understand and service our patients. In short, the way we care. And our continued dependency on digital only deepens day by day.

Texas Children's is the largest children's hospital in the nation, including a 795-bed medical center campus, 2 community hospitals, 53 ambulatory practices, 12 Urgent Care facilities, and a 400,000+ member health plan. But our traditional growth mechanisms are being challenged by disruptive technologies and unanticipated innovative competitors. So how can large organizations transform themselves in a nimble fashion?

Texas Children's has recently designed "Information, Innovation, & Improvement" as an aligning institutional framework to drive engagement with patients, enablement of care teams, and optimization of operational efficiency across the span of the enterprise.

This session will describe the creation of the new organizational mindset, the development of a forward-thinking technological platform, and highlight examples of attainable innovation in the realms of pediatric medical devices and digital health. Importantly, organizations must relinquish traditional hierarchies in favor of teams offering diversity.**Time Block:** (none)**QA:** Yes**QA Details:** 10 minutes at the end**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Digital Health Digital Leadership Innovation Informatics**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP**Chairs:** Eric Williams (Chair)

PROPOSAL #: 312953

SESSION TITLE: Growing Beyond Bricks and Mortar: Accelerating the Digital Future for Patient Outcomes

Speaker # 1

Presentation Title Information, Innovation, and Improvement: Aligning for Outcomes

Speaker/Duration: Eric Williams : d. 20 minutes

Speaker/Institution: E.A. Williams, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Eric Williams : (none)

Speaker # 2

Presentation Title Transforming the Digital Foundation

Speaker/Duration: John Hamm : d. 20 minutes

Speaker/Institution: J.E. Hamm, Information Services, Texas Children's Hospital, Houston, Texas, UNITED STATES|

Non-Member Justification John Hamm : John Hamm is the Chief Technology Officer and an integral part of the successful cross-functional team at Texas Children's Hospital

Speaker # 3

Presentation Title Transforming Medical Device Development: Lessons from the Southwest Pediatric Device Consortium

Speaker/Duration: Chester Koh : d. 20 minutes

Speaker/Institution: C. Koh, Surgery / Urology, Texas Children's Hospital / Baylor College of Medicine, Houston, Te

Non-Member Justification Chester Koh : (none)

Speaker # 4

Presentation Title Application Programming Interfaces for Digital Health

Speaker/Duration: Brian Warwick : d. 20 minutes

Speaker/Institution: B.J. Warwick, Information Services, Texas Children's Hospital , Houston, Texas, UNITED STATE

Non-Member Justification Brian Warwick : Brian Warwick is an IT Applications Architect and an integral part of the cross-functional team.

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312956

SESSION TITLE: Hospital-based neonatal infection prevention in resource-limited settings

Contact: Julia Johnson
jjohn245@jhmi.edu
Johns Hopkins University

Session Type: Hot Topic/Topic Symposia

Target Audience: Neonatologists, infectious disease physicians, general pediatricians, residents and fellows in training

Audience Size: 75

Tracks: Infectious Diseases|Neonatology|International and Global Health

Objectives #NAME?

Description: Facility-based births are on the rise in low and middle income countries, and special care nurseries and neonatal intensive care units are increasingly facing infection prevention and control (IPC) challenges as they care for smaller and sicker neonates. Healthcare-associated infections (HAI) are a significant contributor to neonatal mortality due to infectious diseases in resource-limited settings, and IPC strategies to reduce HAI will be paramount in reducing morbidity and mortality in this vulnerable population.

Time Block: (none)

QA: No

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Julia Johnson (Chair); Susan Coffin (Chair)

Speaker # 1

Presentation Title Assessment tools for maternal and neonatal facility-based infection prevention and control in resource-limited settings

Speaker/Duration: Julia Johnson : f. 30 minutes

Speaker/Institution: J. Johnson, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Julia Johnson : (none)

PROPOSAL #: 312956

SESSION TITLE: Hospital-based neonatal infection prevention in resource-limited settings

Speaker # 2

Presentation Title Preventing Infections in Neonates (PIN) Collaborative – An international quality improvement project to reduce neonatal bloodstream infections

Speaker/Duration: Ibukun Akinboyo : f. 30 minutes

Speaker/Institution: I. Akinboyo, Pediatrics - Pediatric Infectious Diseases, Duke University, Durham, North Carolina

Non-Member Justification Ibukun Akinboyo : (none)

Speaker # 3

Presentation Title Combatting multi-drug resistant Gram-negative infections in NICUs in low and middle income countries

Speaker/Duration: Aaron Milstone : f. 30 minutes

Speaker/Institution: A. Milstone, Pediatrics, Johns Hopkins, Baltimore, Maryland, UNITED STATES |

Non-Member Justification Aaron Milstone : (none)

PROPOSAL #: 312962**SESSION TITLE:** The HOUSES Program and precision population medicine: an innovative case for improving health care policy, delivery, and research**Contact:** Young Juhn
juhn.young@mayo.edu
Mayo Clinic**Session Type:** State of the Art Plenary**Target Audience:** Translational researchers, clinicians, health care policy makers and administrators**Audience Size:** 300-500**Tracks:** Health Services Research | Advocacy/Public Policy | Vulnerable and Underserved Populations/Health Equity & Social Justice | Public Health | Social Determinants/Health Disparities**Objectives** To inform researchers, clinicians, and health care policy makers about the capabilities and relevance of the HOUSES program to health care policy, delivery, and research, and to collaborate with them to improve health care policy, delivery, and research at a national level through the expansion of the HOUSES program**Description:** Social determinants of health (SDH) impact health care quality, outcomes, and costs. Socioeconomic status (SES) as a key element of SDH is beyond the control of health care organizations (HCO), while HCO and clinicians have been held accountable for such measures. Failure to adjust for SES when measuring HCO performance creates the unintended consequence of penalizing HCO that take on underserved populations with limited access to resources and who need more support to achieve good health outcomes. The lack of objective individual-level SES measures that are implementable on a large scale is a key barrier to improving health care policy, delivery, and research. The HOUSES (HOUsing-based individual-level SES) program, developed and validated by support from the NIH at Mayo Clinic, is uniquely and strategically poised to address these challenges by providing the critical data necessary for: 1) HCO to achieve higher-value care through precise, targeted interventions, 2) payers to implement more equitable Pay for Performance (P4P) programs, and 3) researchers to perform higher-quality research. The HOUSES program offers key features of precision population medicine which enhance health care research, delivery, and policy-making in order to achieve health equity. During the presentation, we will demonstrate some features of the HOUSES program as listed below:
/>> Demonstrate the ability of HOUSES, an objective, scalable, individual-level SES measure, to predict a broad range of health outcomes and health care processes in children and adults
>
 Demonstrate how HOUSES captures the longitudinal trajectory of individual-level SES measures over time, enabling life course research
> 3. Demonstrate neighborhood socioeconomic environment (eg, neighbor HOUSES)
> 4. Detect environmental exposures (eg, traffic volume, outdoor air quality)
> 5. Identify patients living in hot-spots of contagious disease outbreaks in a timely manner
> 6. Detect health effects of housing unit
> 7. Produce geospatial analysis, enabling identification of unrecognized geographic risk factors (eg, adverse childhood experience)
>
 The HOUSES program is 12 years old and has made significant progress since the original NIH-funded project in 2006. It is currently a research core at Mayo Clinic. We would like to expand and offer the HOUSES program to the stakeholders for health care policy, delivery, and research for children.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes**Audience Polling:** No**Polling Details:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312962

SESSION TITLE: The HOUSES Program and precision population medicine: an innovative case for improving health care policy, delivery, and research

Sabbath Conflicts: N/A

Conflicting Sessions: Risk Adjustment

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APA

Chairs: Young Juhn (Chair)

Speaker # 1

Presentation Title Chair/Speaker

Speaker/Duration: Young Juhn : i. 90 minutes

Speaker/Institution: Y.J. Juhn, Pediatric and Adolescent Medicine, Mayo Clinic, Rochester, Minnesota, UNITED STA

Non-Member Justification Young Juhn : (none)

PROPOSAL #: 312965**SESSION TITLE:** Lactoengineering for the medically fragile infant**Contact:** Sharon Unger
Mount Sinai Hospital
sunger@mtsina.on.ca**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Nutritional scientists, Dietitians, Neonatologists, Pediatric surgeons, Gastroenterologists**Audience Size:** 200**Tracks:** Gastroenterology and Nutrition|Neonatology**Objectives** 1. To describe targeted human milk fortification 2. To describe fat manipulation of human milk 3. To review the use of human lactoferrin 4. To consider future processing of human donor milk**Description:** Human milk is accepted as the gold standard nutrition for the medically fragile infant. Beyond nutrition, human milk provides for a myriad of biologically active molecules and cells that promote the health of the infant. It is further known that human milk has great variability in its composition and taken alone, is not a complete nutrition for the medically fragile infant including preterm infants and those requiring surgery in the neonatal period. Various approaches exist to supplement the infant however failure to thrive is common in these infants placing them at elevated risk for adverse outcomes. The goal of this topic symposium is to review current and state of the art techniques for manipulating human milk, both mother's own and donor milk, for feeding the medically fragile infant. In particular modification to protein (through targeted fortification) and modification to fat will be explored. Human lactoferrin will be discussed as an example of a biologically active molecule that may be supplemented in human milk. Finally, the future of human donor milk will be delved into towards a goal of achieving standardized products that can meet various nutritional needs.**Time Block:** (none)**QA:** Yes**QA Details:** 10-15 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Milk club**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** SPR**Chairs:** Ekhard Ziegler (Presenter); Deborah O'Connor (Moderator); Theresa Ochoa (Presenter); Sharon Unger (Organizer)**Speaker # 1****Presentation Title** Targeted fortification of human milk**Speaker/Duration:** Ekhard Ziegler : d. 20 minutes**Speaker/Institution:** E. Ziegler, University of Iowa, Iowa City, Iowa, UNITED STATES|**Non-Member Justification** Ekhard Ziegler : AAP

PROPOSAL #: 312965

SESSION TITLE: Lactoengineering for the medically fragile infant

Speaker # 2

Presentation Title Dietary fat manipulation in human milk

Speaker/Duration: Deborah O'Connor : d. 20 minutes

Speaker/Institution: D. O'Connor, Nutritional Sciences, University of Toronto, Toronto, Ontario, CANADA|

Non-Member Justification Deborah O'Connor : This speaker is not a member of these organizations. She is PhD trained dietitian.

Speaker # 3

Presentation Title Human milk lactoferrin

Speaker/Duration: Dr. Theresa Ochoa : d. 20 minutes

Speaker/Institution: D. Ochoa, University of Texas Health Science Center, Houston, Texas, UNITED STATES|

Non-Member Justification Dr. Theresa Ochoa : AAP

Speaker # 4

Presentation Title Future considerations in the processing of human donor milk

Speaker/Duration: Sharon Unger : d. 20 minutes

Speaker/Institution: S.L. Unger, Pediatrics, Mount Sinai Hospital, Toronto, Ontario, CANADA|

Non-Member Justification Sharon Unger : Speaker is a member of PAS

PROPOSAL #: 312974**SESSION TITLE:** Mortality and Morbidity (M&M) Conference: "A Multi-Faceted Tool for Change".**Contact:** Archana Dhar UTSouthwestwen Medical School
archana.dhar@childrens.com**Session Type:** Hot Topic/Topic Symposia**Target Audience:** early, mid, and senior faculty and providers involved in the care of hospitalized neonatal and pediatric patients. Including but not limited to critical care physicians, neonatologists, hospitalists, surgeons, pediatric trainees, advanced practice provid**Audience Size:** 100**Tracks:** General Pediatrics|Core Curriculum for Fellows|Quality Improvement/Patient Safety|Neonatology|Hospitalists|Education|Critical Care**Objectives** -To discuss the evolution of the M&M conference and review its role in improving patient care outcomes, quality and safety, systems based practices and education of trainees -To compare the strengths and the weakness of the traditional model of the con**Description:** The M&M conference is a well-established forum that provides clinicians with an opportunity to discuss unintended outcomes including medical errors and adverse events.
 Despite this conference being nearly ubiquitous across all medical specialties there is wide variability noted in the format and the goals of the conference. This lack of consistency challenges those outside of the discussion in understanding the conference outcomes.
 In its traditional format this conference has been department specific with limited involvement of consultants from outside that specialty. The traditional conference strategy lends itself to focus on individual blame and human error as the cause of events.
 In more recent years, some hospital systems have leveraged this conference as a tool for quality improvement, safety and education. This approach is more apt to identify system errors as the cause of events. These systems have developed a formalized case reporting structure, consistent presentation format, robust system for adverse event analysis and ability to track the impact of interventions. Such systems based M&M conferences are hospital-wide, have multi-disciplinary representation from both medical and surgical sub-specialities, and also include front-line staff as well as hospital administrators.
 The differences in these two methods leads to vastly discrepant experiences and sense of value by the participants. As hospital systems increase focus on quality and safety, the tension surrounding how errors and adverse events are reported and reviewed grows.
 Our team brings to you a case scenario based, interactive symposium led by faculty from several different hospital systems. Didactic presentations, a lively pro-con debate and an interactive session with audience participation will highlight the flaws and the strengths of the traditional and system based M&M conferences.
 The symposium will reflect on the overlap and often, complete parallel processing of quality initiatives within a hospital system. The workshop will explore the relationship of this conference with the peer review process, hospital administration and the hospital's safety and quality culture. Our goal is to provide a pragmatic approach to utilizing the M&M conference as a quality and safety tool to improve patient outcomes.

 Participants will leave this workshop with an improved understanding of the M&M conference and how its potential can be harnessed to not only improve patient care outcomes but also institute timely interventions and facilitate changes within the hospital system. In addition, they will be able to identify potential for change in their institutional practice and opportunities for collaboration. During the interactive question and answer session (we will be utilizing the audience response system) we hope to explore some commonly asked questions such as:

 What is the ideal frequency of an M&M conference?
 Should all patient deaths and all types of errors be discussed during this

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312974

SESSION TITLE: Mortality and Morbidity (M&M) Conference: "A Multi-Faceted Tool for Change".

meeting?
 How should the cases be selected/identified for the conference?
 How should a hospital system support self-reporting of complications and errors?
 How can you encourage conference participation of others outside of your specialty such as surgery and transport?
 Should cases be referred to the Peer Review Committee or should the peer review process be incorporated into the M&M conference?

 Bring along your questions for the panel! Our team will guide you to the answers.

 <u>Agenda</u>

 Evolution of the M&M Conference: Archana V. Dhar
 Traditional M&M Conference C. Darnell-Bowens
 System Based M&M Conference Christina Cifra
 Peer Review Process and M&M : Michael Meyer
 Challenges of Systems Based M&M in the NICU World Thomas Bartman
 Hospital Administration and the M&M Conference Richard Brilli

 Each speaker will speak for 15 minutes. The didactics will be followed by a Pro-con debate /panel discussion with audience participation for 30 mins.

Time Block: (none)

QA: Yes

QA Details: We have an interactive session at the end

Audience Polling: Yes

Polling Details: The didactics will be followed by a pro-con debate/panel discussion based on audience questions. In order to make the session interactive we request interactive audience polling/response capability.

Sabbath Conflicts: N/A

Conflicting Sessions: Quality and Safety workshop Quality Poster session Plenary session

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Archana Dhar (Organizer); Cindy Bowens (Workshop Co-Leader)

Speaker # 1

Presentation Title Evolution of the M&M Conference

Speaker/Duration: Archana Dhar : c. 15 minutes

Speaker/Institution: A.V. Dhar, Pediatrics, UTSouthwestwen Medical School, Dallas, Texas, UNITED STATES|

Non-Member Justification Archana Dhar : AAP

Speaker # 2

Presentation Title Traditional M&M Conference

Speaker/Duration: Cindy Bowens : c. 15 minutes

Speaker/Institution: C.D. Bowens, Pediatrics, University of Texas Southwestern, Dallas, Texas, UNITED STATES|

Non-Member Justification Cindy Bowens : (none)

PROPOSAL #: 312974

SESSION TITLE: Mortality and Morbidity (M&M) Conference: "A Multi-Faceted Tool for Change".

Speaker # 3

Presentation Title Systems Based M&M Conference

Speaker/Duration: Christina Cifra : c. 15 minutes

Speaker/Institution: C.L. Cifra, University of Iowa, Iowa City, Iowa, UNITED STATES|

Non-Member Justification Christina Cifra : (none)

Speaker # 4

Presentation Title Peer Review Process and the M&M Conference

Speaker/Duration: Michael Meyer : c. 15 minutes

Speaker/Institution: M.T. Meyer, Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin, UNITED STATES

Non-Member Justification Michael Meyer : (none)

Speaker # 5

Presentation Title Challenges of Systems Based M&M in the NICU World

Speaker/Duration: Thomas Bartman : c. 15 minutes

Speaker/Institution: T. Bartman, Quality Improvement / Neonatology, Nationwide Children's Hospital, Columbus,

Non-Member Justification Thomas Bartman : (none)

Speaker # 6

Presentation Title Hospital Administration and the M&M Conference

Speaker/Duration: Richard Brilli : c. 15 minutes

Speaker/Institution: R.J. Brilli, Pediatric Critical Care, Nationwide Childrens, Columbus, Ohio, UNITED STATES|

Non-Member Justification Richard Brilli : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 312979

SESSION TITLE: Bone Health: "What's new in these old bones"

Contact: Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinical and academic general pediatricians and pediatric subspecialists, including endocrinologists, nephrologists, gastroenterologists, rheumatologists, pulmonologists and geneticists specialists.

Audience Size: 400

Tracks: Endocrinology|Gastroenterology and Nutrition|Nephrology|General Pediatrics

Objectives 1.Participants will be knowledgeable in the key findings and ongoing research of the Bone Mineral Density in Childhood Study (BMDCS). 2.Participants will understand the measures of bone strength and the potential risks to bone strength. 3.Participants will appreciate current developments in treatment for X-linked hypophosphatemic rickets.

Description: Bone mass, strength, and growth over a lifetime is dependent on genetics, hormone regulation, and exogenous factors. Ongoing studies have taken essential steps in relating changes of the measures of bone over time to many factors including age, sex, pubertal timing, ethnicity, and genetics. Understanding these relationships is essential to developing accurate standards for clinical use and identifying risks in a wide variety of pediatric fields. Studies over the last several years have brought striking advances to therapies for genetic diseases affecting bone development and homeostasis.

Time Block: (none)

QA: No

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Bone/osteoporosis

Additional Comments: 40 minute talks; speakers to be confirmed

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: PES

Chairs: Laurie Cohen (Organizer)

Speaker # 1

Presentation Title Update on the Bone Mineral Density in Childhood Study (BMDCS)

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : PES

PROPOSAL #: 312979

SESSION TITLE: Bone Health: "What's new in these old bones"

Speaker # 2

Presentation Title Bone Strength

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Speaker # 3

Presentation Title FGF23 Antibody Treatment of X-linked Hypophosphatemic Rickets

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Proposal: 312981


[✎ Edit](#)

SECTION	VALUE
Role Name	Debate/Pro-Con Discussion
Session Title	Industry Sponsored Clinical Trials – What's in it for Me?
Description	<p>The Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA) have encouraged pediatric clinical trials, resulting in over 700 FDA labels with new pediatric information. However, it has not been easy to complete pediatric studies. Pica and Bourgeois published an article in 2016 documenting the incidence of trial discontinuation and the factors associated with non-publication of data from pediatric randomized controlled trials. In their study, 19% of trials were discontinued early, and discontinued trials were more like to be funded by industry compared to academic institutions. For those trials that were discontinued, difficulty with patient accrual was cited 37% of the time as being the primary etiology. Of the trials that were completed, 30% were not published. Trials done by industry were more than twice as likely as academic studies to result in non-publication, and there was a longer time to publication for trials undertaken by industry compared to those sponsored by academic institutions. Although not focused on pediatrics, a study by Fisher and Kalbaugh in 2012 suggested that additional revenue was the motivating factor for participation of non-academic private sector physicians in industry sponsored clinical trials.</p> <p>This session will explore the optimal collaborative approach to obtaining the clinical trial data necessary to establish the safety and efficacy for pediatric therapeutics. Industry sponsors have access to non-clinical data to support regulatory submissions but are dependent on collaborations with partners in academic institutions and private practice for access to patients. While clinicians may support the public health mandate to study therapeutics in children, partnering with industry in pediatric clinical trials can be onerous and may not benefit the individual principal investigator. Academic institutions may have additional research based support but industry trials may not be valued with respect to promotion, tenure, and grant funding. Private practices may not have research support, may not be aware of industry sponsored trials, and may not perceive value in enrolling patients in industry sponsored trials. New collaborative approaches and incentives will need to be considered.</p>

SECTION	VALUE
Objectives	<p>(1) Understand the incentives for participating in industry sponsored pediatric clinical trials</p> <p>(2) Discuss the barriers to participating in industry sponsored pediatric clinical trials</p> <p>(3) Identify change management approaches to encourage participation in industry sponsored pediatric clinical trials</p> <p>(4) Discuss the opportunities and barriers to publishing negative trial data</p>
Target audience	Pediatricians and pediatric subspecialists
Tracks (select all that apply)	Pharmacology; Clinical and Translational Research; Academic and Research Skills
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	90 min.
Audience size – Please enter your best estimate of the expected number of attendees.	100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	30 minutes of discussion about opportunities and barriers to collaborating with industry for pediatric research
Society Affiliation of Submitter (of this Session)	AAP
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Innovative Trial Designs, Clinical Pharmacology
Is there a Sabbath conflict for this session?	N/A

SECTION	VALUE
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	N/A
Would you be interested in having interactive audience polling/response capability in your session?	Yes
If yes, please provide more details about the functionality you are interested in.	Polling audience to determine knowledge base about industry trials and potential approaches to collaboration
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name Gerri Baer</p> <p>Affiliation Office of Pediatric Therapeutics, Food and Drug Administration</p> <p>Role Moderator</p> <p>Email gerri.baer@fda.hhs.gov</p>

SECTION**VALUE**

Participant 2**Name**

Ron Jay Portman

Affiliation

Pediatric Center of Excellence, Novartis Pharmaceuticals

Role

Panelist

Emailron.portman@novartis.com

Participant 3**Name**

Susan McCune

Affiliation

Office of Pediatric Therapeutics (OPT), FDA

Role

Panelist

EmailSusan.McCune@fda.hhs.gov

Participant 4**Name**

Hari Cheryl Sachs

Affiliation

Division of Pediatric and Maternal Health, FDA

Role

Panelist

Emailhari.sachs@fda.hhs.gov

Participant 5**Name**

Lynne P Yao

Affiliation

CDER, U.S. FDA

Role

Panelist

Emaillynne.yao@fda.hhs.gov

✔ Step 4: Speakers Edit

SECTION

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Product version number 4.15.2 (Build 40). Build date Tue Oct 9 09:42:41 EDT 2018. Server ip-10-236-26-119

PROPOSAL #: 312983**SESSION TITLE:** Diagnostic Stewardship: Next frontier to Reduce Antibiotic Overuse**Contact:** Aaron Milstone
amilsto1@jhmi.edu
Johns Hopkins**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Infectious diseases physicians, general pediatricians, hospitalists, residents and fellows in training**Audience Size:** 200**Tracks:** Epidemiology|Clinical and Translational Research|Quality Improvement/Patient Safety|Health Services Research|Infectious Diseases|Critical Care**Objectives** -Describe new strategies to reduce laboratory testing frequency in children that may lead to inappropriate antibiotic use. -Demonstrate how clinicians can harness the electronic medical record (EMR) to reduce prevent inappropriate diagnosis and treat**Description:** Antibiotic resistance is a major public health threat. Antibiotic overuse is a major driver of antibiotic resistance in the United States and abroad. Antibiotic stewardship programs are now present in most hospitals to guide the appropriate use of antibiotics. To preserve antibiotics for future generations, providers must not over-prescribe antibiotics at inappropriate times in addition to stopping antibiotics when no longer necessary. Diagnostic stewardship entails education providers about when to appropriately order and interpret diagnostic tests that inform whether or not to initiate antibiotics or change a treatment regimen. This session will introduce attendees to the emerging field of diagnostic stewardship.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes at the end**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** none**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|SPR|PIDS**Chairs:** Aaron Milstone (Moderator)**Speaker # 1****Presentation Title** Blood culture diagnostic stewardship to safely reduce antibiotic use**Speaker/Duration:** Aaron Milstone : e. 25 minutes**Speaker/Institution:** A. Milstone, Pediatrics, Johns Hopkins, Baltimore, Maryland, UNITED STATES |**Non-Member Justification** Aaron Milstone : (none)

PROPOSAL #: 312983

SESSION TITLE: Diagnostic Stewardship: Next frontier to Reduce Antibiotic Overuse

Speaker # 2

Presentation Title Harnessing EMR tools to prevent over-testing and treatment of Clostridium difficile

Speaker/Duration: Larry Kociolek : e. 25 minutes

Speaker/Institution: L.K. Kociolek, Pediatric Infectious Diseases, Ann & Robert H. Lurie Children's Hospital of Chicago

Non-Member Justification Larry Kociolek : PIDS

Speaker # 3

Presentation Title Evaluate and interpret new diagnostic tests to improve antibiotic use

Speaker/Duration: Carey-Ann Burnham : e. 25 minutes

Speaker/Institution: C. Burnham, Pathology & Immunology, Washington University in St. Louis School of Medicine,

Non-Member Justification Carey-Ann Burnham : As a pathologist and clinical director of a microbiology lab, Dr. Burnham can provide a unique perspective for clinicians. She is also a national leader in this area and will give a great talk.

PROPOSAL #: 312984**SESSION TITLE:** Diabetes in Translation**Contact:** Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and academic endocrinologists**Audience Size:** 400**Tracks:** Allergy, Immunology and Rheumatology|Clinical and Translational Research|Endocrinology**Objectives** 1.Describe the current progress in the field of stem cell differentiation into beta-cells ready for transplantation. 2.Appreciate current developments and challenges with micro and macroencapsulation techniques. 3.Evaluate current efforts of immunomodulation to protect endogenous and potentially de novo beta cells and future directions.**Description:** The past several years have seen major advances in translational research in the field of type 1 diabetes. Major strides are being made towards a cure of type 1 diabetes including in the areas of stem cell therapy to culture *de novo* beta cells, beta cell encapsulation to protect these beta cells from the autoimmune attack of type 1 diabetes, and immunomodulation to curtail the destruction of endogenous or *de novo* beta cells. Pediatricians and pediatric endocrinologists would benefit from a state of the science update to deepen their knowledge of these fast-moving fields and better inform their conversations with patients and families.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**diabetes immunology**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Beta-cell Replacement**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)

PROPOSAL #: 312984

SESSION TITLE: Diabetes in Translation

Speaker # 2

Presentation Title Beta-cell Encapsulation

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Speaker # 3

Presentation Title Immunomodulation

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

PROPOSAL #: 312986**SESSION TITLE:** Growth in the Growth Field**Contact:** Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and academic pediatricians, pediatric endocrinologists, geneticists and other specialists**Audience Size:** 400**Tracks:** Endocrinology|Genetics**Objectives** 1-Participants will be knowledgeable in novel molecular mechanisms of growth disorders in children. 2- The action of growth hormone at the level of the chondrocyte will be explored. 3- New long acting growth hormone medications will be discussed.**Description:** The discovery of novel gene mutations in children with short stature and growth failure has provided insight into the mechanisms of growth. Recent *in vitro* studies have further elucidated how growth occurs in response to growth hormone. While daily growth hormone has been used to treat growth hormone deficiency and other syndromes associated with short stature, long-acting growth hormone preparations are on the horizon. The goal of this symposium is to update the audience on recent and ongoing studies relating to growth in children and growth hormone therapy.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**Growth New Therapeutics Genetics**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Genetics of Growth**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)**Speaker # 2****Presentation Title** Growth Hormone Action Mediating Linear Growth**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)

PROPOSAL #: 312986

SESSION TITLE: Growth in the Growth Field

Speaker # 3

Presentation Title Long Acting Growth Hormones

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

PROPOSAL #: 312992**SESSION TITLE:** Updates in Laboratory Assessments: Genomics - The New Frontier**Contact:** Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and academic general pediatricians and pediatric subspecialists, including endocrinologists, nephrologists, and adolescent medicine specialists.**Audience Size:** 500**Tracks:** Endocrinology|General Pediatrics|Ethics/Bioethics|Pharmacology|Genetics**Objectives** 1.Understand how to interpret genetic testing 2.Appreciate the ethics of genetic testing
3.Identify the importance of pharmacogenomics**Description:** Genetics can help provide diagnosis or predictive information to patients. Also, genetics reveals the biological causes of human disease guides new treatments. The symposium will cover how to interpret genetic testing, specifically targeted testing and exome sequencing, and implications of incidental findings. There are certain genetic disorders that we are obligated to inform families. There is a need for rigorous thinking on the moral and ethical dimensions of incidental findings. This symposium will discuss the ethical dilemmas regarding genetic testing. Pharmacogenomics is being recognized as a valid approach used to identify patients who are more likely to respond to medication or those in whom there is a high probability of developing severe adverse drug reactions.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**pharmacology pharmacogenomics genetics ethics**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** A Primer on Genetic Testing**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)

PROPOSAL #: 312992

SESSION TITLE: Updates in Laboratory Assessments: Genomics - The New Frontier

Speaker # 2

Presentation Title Ethics of Genetic Testing

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Speaker # 3

Presentation Title Pharmacogenomics

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

PROPOSAL #: 312994**SESSION TITLE:** Controversies in Thyroid**Contact:** Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric endocrinologists, general and academic pediatricians, adolescent medicine specialists, pediatric oncologists, pediatric residents in training**Audience Size:** 400**Tracks:** Endocrinology|Adolescent Medicine|Hematology/Oncology|General Pediatrics**Objectives** At the conclusion of this symposium, participants will be able to: 1. Review of the rationale and controversies for T3, dessicated thyroid extract, and thyroid hormone analog treatment. 2. Discuss thyroid function tests and interfering agents. 3. Describe the effect of cancer therapies on thyroid function tests.**Description:** While there is incontrovertible evidence for the importance of thyroid hormone for cognitive development, areas of controversy remain. Thyroid hormones exert a multiplicity of effects and are potential regulators of different aspects of metabolism. This symposium will address such scenarios including the concept of treatment with triiodthyronine (T3), dessicated thyroid extract and thyroid hormone analogs in fatty liver and other disorders. Laboratory studies are essential in making a correct diagnosis, but problems with lab assays and interfering substances can make this challenging. Endocrinologists should be aware of cancer therapies that are associated with thyroid function tests abnormalities. Targeted tyrosine kinase inhibitors (TKIs) can induce thyroid dysfunction. Similarly, a multitude of non-oncologic drugs are known to affect thyroid hormone secretion and metabolism. Hypothyroidism and hyperthyroidism can affect the patient's ability to tolerate cancer treatment.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Lipid cancer therapies**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Non-classical Thyroid Hormones and Thyromimetics**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)

PROPOSAL #: 312994

SESSION TITLE: Controversies in Thyroid

Speaker # 2

Presentation Title Thyroid Function Tests and Interfering Agents

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Speaker # 3

Presentation Title The Effect of Cancer Therapies on Thyroid Function

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Proposal: 312995

[✎ Edit](#)

SECTION	VALUE
Role Name	Basic-Clinical-Translational Roundtable
Session Title	Transgenerational effects of APOL1 across the life course: from protection to risk.
Description	<p>The life course framework offers an intuitive way to understand how individual health is shaped through generations and across the lifespan. Genetics are one of the underlying tenets of life course research. Understanding the genetic determinants of disease and factors affecting phenotypic expression is essential to transgenerational life course research and patient care across the lifespan. The APOL1 protein circulates in a complex with HDL and contributes to innate immunity to <i>Trypanosoma</i>. Gene variants in <i>APOL1</i> overcome resistant <i>Trypanosoma</i> organisms. But this comes at a cost, as carrying 2 copies of these <i>APOL1</i> genotypes (“high risk” alleles) is associated with an increased risk for renal disease. Risk variants are common in those of African descent, leading to a global impact on risk for disease. However, carrying the high risk alleles is not sufficient for phenotype expression. It has been hypothesized that individuals must confer a second genetic or environmental hit for disease initiation to occur. Preterm birth may be one of these hits. Recently, fetal <i>APOL1</i> gene variants have been associated with increased risk for preeclampsia, a leading cause of preterm birth. Disparities in maternal-fetal health have long term impacts on the lifecourse. Developing a research agenda that would improve understanding the pathways leading to development of disease and heterogeneity in phenotypic expression across generations could lead to targeted health care recommendations for carriers of the APOL1 high risk gene and their children.</p>
Objectives	<p>Define the role of APOL1 in protecting and innate immunity.</p> <p>Review the present state of knowledge regarding the effect of APOL1 genetic variants across generations and throughout the life course, from fetal to mother and to offspring.</p> <p>Describe the impact of APOL1 on global health across the life course.</p>
Target audience	Residents, students, multidisciplinary physicians
Tracks (select all that apply)	Genetics; Clinical and Translational Research; Neonatology; Epidemiology; Basic Science; Nephrology; Infectious Diseases
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either

SECTION	VALUE
Audience size – Please enter your best estimate of the expected number of attendees.	125
Are you going to have a Q&A session?	No
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	APA; AAP; IPHA; APS; SPR; ASPN
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	clinical and translational science
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	none
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	

SECTION**VALUE**

Additional comments about this session (please do not repeat session description details):

✔ Step 3: Participants

 Edit

SECTION**VALUE**

Participant 1**Name**

Frederick J. Kaskel

Affiliation

Children's Hospital at Montefiore, albert einstein college of medicine

Role

Workshop Co-Leader

Email

frederick.kaskel@einstein.yu.edu

Participant 2**Name**

Heidi Hanson

Affiliation

university of utah

Role

Workshop Co-Leader

Email

heidi.hanson@hci.utah.edu

Participant 3**Name**

Kimberly Reidy

Affiliation

Pediatric Nephrology, Children's Hospital at Montefiore

Role

Presenter

Email

kreidy@montefiore.org

SECTION**VALUE**

Participant 4**Name**

Jeffrey Kopp

Affiliation

National Institutes of Health

Role

Presenter

Emailjbkopp@nih.gov

Participant 5**Name**

jayne Raper

Affiliation

Infectious Disease, New York University Medical Center

Role

Presenter

Emailjr57@nyumc.org

Participant 6**Name**

Jennifer Culhane

Affiliation

Obstetrics/Gynecology, Drexel University College of Medicine

Role

Presenter

Emailjculhane@drexel.edu

✔ Step 4: Speakers

SECTION**VALUE**

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PROPOSAL #: 312998**SESSION TITLE:** From TODAY to RISE: Type 2 Diabetes and Insulin Resistance**Contact:** Rebecca Riba-Wolman Connecticut Children's Medical Center
rriba@connecticutchildrens.org**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and academic endocrinologists, obesity specialists**Audience Size:** 400**Tracks:** Obesity/Metabolism|Endocrinology**Objectives** At the conclusion of this symposium, participants will be able to: 1. Summarize results from the teenage participants in the RISE study. 2. Discuss advantages and disadvantages of newer therapies for use in type 2 diabetes in youth. 3. Evaluate current efforts of immunomodulation and future directions. 4. Describe the impact psychosocial barriers may have on diabetes management and strategies to mitigate that impact.**Description:** Recently, the RISE study was published which confirmed differing underlying pathophysiology and clinical course for type 2 diabetes in teens and adults. Given the data from two landmark studies of type 2 diabetes, RISE and TODAY are now available, pediatric endocrinologists would benefit from a discussion of the data and its immediate applicability to clinical care. Additionally, the availability of newer medications for the treatment of type 2 diabetes is impacting treatment paradigms in adults and may have applicability to teenage patients as well.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Obesity**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Strategies for Improving Insulin Resistance in Youth (including RISE study results)**Speaker/Duration:** Rebecca Riba-Wolman : f. 30 minutes**Speaker/Institution:** R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST**Non-Member Justification** Rebecca Riba-Wolman : (none)

PROPOSAL #: 312998

SESSION TITLE: From TODAY to RISE: Type 2 Diabetes and Insulin Resistance

Speaker # 2

Presentation Title SGLT2, DPP4, GLP1 in T2DM in Youth

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Speaker # 3

Presentation Title Overcoming Psychosocial Barriers when Treating Youth with T2DM

Speaker/Duration: Rebecca Riba-Wolman : f. 30 minutes

Speaker/Institution: R. Riba-Wolman, Connecticut Children's Medical Center, Farmington, Connecticut, UNITED ST

Non-Member Justification Rebecca Riba-Wolman : (none)

Proposal: 313000

[✎ Edit](#)


SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Achieving Normothermia: Not too Cold, but, it is not Cool to have hyperthermia either in neonates at delivery.
Description	<p>Almost 60 years ago Silverman et al demonstrated that maintenance of body temperature through control of thermal environment significantly reduced mortality in low birth weight infants. Neonates regulate body temperature much less efficiently than adults. Laptok et al in 2007 showed that for every degree decrease in temperature below 36.5 C, mortality increased by 28%. The challenge is to achieve normothermia and avoid both hypothermia and hyperthermia. There is also no consensus about what constitutes normothermia. Normothermia (36.5-37.5⁰C) in Extremely Low Birth Weight (ELBW) infants is associated with decreased morbidity and mortality, shorter length of stay, and lower costs. There is no consensus about delivery room (DR) or Operating Room (OR) temperature. WHO in 1997 recommended DR/OR temperature of 25⁰C (77⁰F). American Society of Heating, Refrigeration and Air-Conditioning Engineers, Inc., (ASHRAE) in 2011 recommended OR temperature range of 68-75⁰F. NRP in 2016 revised the recommended DR temperature range from 25⁰C to 26⁰C (77-79⁰F) to 23⁰C to 25⁰C (74-77⁰F).</p>

SECTION	VALUE
Objectives	<p>In this session, we will discuss the following:</p> <ol style="list-style-type: none"> 1. Effects of hypothermia in an animal model 2. Incidence of hypo- and hyperthermia from a Collaborative from the California Perinatal Quality Care Collaborative (CPQCC) in California. 3. Admission temperatures and outcomes from Canadian Neonatal Network 4. Describe hypothermia bundle to achieve at least 90% normothermia rates in ELBW infants who are at highest risk for hypothermia. 5. Results from multidisciplinary, continuous quality improvement efforts to achieve normothermia while maintaining DR/OR temperature of 230C (740 F) from a Health Maintenance Organization-Kaiser Permanente Neonatal Intensive Care Unit in Fontana, California between 2014 and 2018. 6. Lessons learned from this single center collaborative effort to achieve and maintain a target of at least 90% normothermia in ELBW infants. 7. Present a consensus regarding the range of temperatures for normothermia, hypo- and hyper-thermia, based on published studies 8. Discuss the importance of site of temperature measurement (axilla/forehead/skin/rectal), effect of maternal temperature at delivery, effects of using heated and humidified gas during resuscitation, and technique for measuring temperature. <p>Agenda for the proposed session:</p> <p>Introduction and importance of normothermia in ELBW infants- Rangasamy Ramanathan, MD. -5 minutes</p> <p>Effects of body temperature on lung injury in ventilated preterm lambs- Suhas Kallapur, MD. -10 minutes</p> <p>Report from CPQCC collaborative- Henry Lee, MD. -10 minutes</p> <p>Obstetrician viewpoint on setting DR/OR temperature at 230C (740 F)- Reinaldo Ruiz, MD. FACOG. -10 minutes</p> <p>Results from Canadian Neonatal Network- Prakesh Shah, MD. MSc. -15 minutes</p> <p>Hypothermia prevention bundle- Dilip Bhatt, MD. – 10 minutes</p> <p>Results from continuous quality improvement collaborative from a single center- Nirupa Reddy, MD. -15 minutes</p> <p>Question and Answers- 15 minutes</p>
Target audience	Obstetricians, neonatologists, perinatologists, Nursing staff working in labor and delivery room and newborn intensive care unit areas

SECTION	VALUE
Tracks (select all that apply)	Well Newborn; Education; Quality Improvement/Patient Safety; Neonatology
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	90 min.
Audience size – Please enter your best estimate of the expected number of attendees.	100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	15 minutes of Q&A session following all presentations.
Society Affiliation of Submitter (of this Session)	APS; AAP
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Resuscitation
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	What is provided is sufficient.

SECTION	VALUE
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name Rangasamy Ramanathan</p> <p>Affiliation Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LAC+USC Medical Center</p> <p>Role Chair</p> <p>Email ramanath@usc.edu</p>
Participant 2	<p>Name Suhas Kallapur</p> <p>Affiliation Division of Neonatology, David Geffen School of Medicine at UCLA Mattel Children's Hospital UCLA</p> <p>Role Presenter</p> <p>Email SKallapur@mednet.ucla.edu</p>

SECTION	VALUE
Participant 3	Name Henry Lee Affiliation Stanford University Role Presenter Email hcllee@stanford.edu
Participant 4	Name Reinaldo Ruiz Affiliation Obstetrics, Kaoser Permanente-Fontana Role Presenter Email Reinaldo.V.Ruiz@kp.org
Participant 5	Name Prakesh Shah Affiliation Pediatrics, Mount Sinai Hospital Role Presenter Email prakeshkumar.shah@sinaihealthsystem.ca
Participant 6	Name Dilip R. Bhatt Affiliation Neonatology/Pediatrics, Neonatology/Pediatrics,Kaiser Permanente,Fontana,CA,United States Role Chair Email dilip.r.bhatt@kp.org

SECTION**VALUE**

Participant 7**Name**

Nirupa Reddy

AffiliationNeonatology/Pediatrics, Neonatology/Pediatrics, Kaiser
Permanente, Fontana, CA, United States**Role**

Presenter

Emailnirupa.x.reddy@kp.org

✔ Step 4: Speakers Edit

SECTION**VALUE**

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PROPOSAL #: 313007**SESSION TITLE:** Digital Natives: The changing nature of children's digital media use**Contact:** Danielle Erkoboni The Children's Hospital of Philadelphia
erkobonid@email.chop.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General pediatricians and academic researchers; developmental behavioral pediatricians; adolescent medicine specialists; public health researchers; hospitalists**Audience Size:** 100**Tracks:** Developmental and Behavioral Pediatrics | General Pediatrics | Media & Technology | Literacy**Objectives** 1) REINFORCE how technology ownership and use is changing, specifically among young children 2) APPRECIATE the benefits and detriments associated with these changes, using examples from new state of the art research across the country 3) DISCUSS how this creates a unique moment for intervention by clinicians, especially for at-risk children 4) ENGAGE in thoughtful, timely discussion around children's media use and the role of the general pediatrician**Description:** As with the technology itself, the way families conceptualize and utilize digital media in their lives is ever changing. Research shows that while parents are increasingly questioning the role of digital media, it is becoming introduced in more contexts, at increasingly younger ages. This topic symposium explores this concept from the perspective of several contexts and age ranges: early literacy experiences with infants and digital reading; infant and toddlers' exposure to parent and background screens; and school aged children's app-content exposure. In accordance with the current AAP guidelines, media use will be examined as a tool that can either support or hinder child health and development. We will summarize these research findings and conclude the session with a new conceptual model on interactions between parent, child and mobile media, and suggest a role for the general pediatrician in mediating this relationship.**Time Block:** (none)**QA:** Yes**QA Details:** We will provide 10-15 minutes for audience Q&A across our panel of distinguished presenters. Q&A session will begin with a summary by Dr. Erkoboni, who will then moderate questions from the audience.**Audience Polling:** Yes**Polling Details:** If available, we would utilize audience polling in the Dr. Erkoboni**Sabbath Conflicts:** N/A**Conflicting Sessions:** Developmental and Behavioral Pediatrics SIG Literacy SIG**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP | APA**Chairs:** Danielle Erkoboni (Chair)

PROPOSAL #: 313007

SESSION TITLE: Digital Natives: The changing nature of children's digital media use

Speaker # 1

Presentation Title Digital Natives: The changing nature of children's digital media use

Speaker/Duration: Danielle Erkoboni : b. 10 minutes

Speaker/Institution: D. Erkoboni, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification Danielle Erkoboni : (none)

Speaker # 2

Presentation Title Digital literacy promotion among Medicaid-Eligible families

Speaker/Duration: James Guevara : c. 15 minutes

Speaker/Institution: J. Guevara, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification James Guevara : (none)

Speaker # 3

Presentation Title The role of background screens on children's attention and engagement

Speaker/Duration: Kathy Hirsh-Pasek : c. 15 minutes

Speaker/Institution: K. Hirsh-Pasek, Temple University, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification Kathy Hirsh-Pasek : Dr. Hirsh-Pasek is an internationally known expert on child development and parent-child interaction, whose work is at the forefront of this topic. Additionally, she is a lead author on the new AAP statement on children's play, "The po

Speaker # 4

Presentation Title The seen and unseen: A content analysis of mobile applications

Speaker/Duration: Jenny Radesky : c. 15 minutes

Speaker/Institution: J. Radesky, Pediatrics, University of Michigan Medical School, Ann Arbor, Michigan, UNITED STATES

Non-Member Justification Jenny Radesky : (none)

Speaker # 5

Presentation Title The parent-child-device triad: A conceptual model for clinicians

Speaker/Duration: Tiffany Munzer : b. 10 minutes

Speaker/Institution: T.G. Munzer, Developmental Behavioral Pediatrics, University of Michigan, Ann Arbor, Michigan

Non-Member Justification Tiffany Munzer : (none)

PROPOSAL #: 313008

SESSION TITLE: Research From Early Career Investigators

Contact: Cynthia Bearer University of Maryland School of Medicine
cbearer@som.umaryland.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Investigators in pediatrics, researchers, clinical trialist, academic pediatricians, trainees and faculty interested in research

Audience Size: 50

Tracks: Cardiology|Academic and Research Skills|Developmental Biology|Public Health|Neonatology|Epidemiology|Environmental Health|Clinical and Translational Research|Basic Science

Objectives 1. Highlight research being done by Early Career Investigators 2. Describe paradigm shifts occurring in four areas of pediatric research

Description: Our understanding of the world moves forward in a series of paradigm shifts, so stated Thomas Kuhn some 50 years ago. The beginning of such a shift is often a new insight or novel way of looking at things. To this end, early career investigators may be more apt to view their fields of study with new perspectives and ideas. From its inception in 1967 as “Annales Paediatrici” and now popularly known as “Pediatric Research”, the journal has evolved from promoting “clinical judgement” to “evidence based medicine”. From basic science to advanced clinical research, young investigators have created a deep impact on pediatric patient care. In this session, we will highlight four early career investigators and their research, focusing on the potential paradigm shifts that each embodies: the conduct of clinical trials, fetal growth restriction and cardiac development, oxygen and transitioning of premature infants, and air pollution and asthma. The agenda is:
 0:00 Introduction - Eleanor Molloy
 0:05 Reporting of interventions and ‘standard of care’ control arms in pediatric clinical trials: a quantitative analysis - Lauren Kelly
 0:25 Q & A
 0:30 The Lifelong Impact of Fetal Growth Restriction on Cardiac Development - Brian Stansfield
 0:50 Q & A
 0:55 Effect of Various Inspired Oxygen Concentrations on Pulmonary and Systemic Hemodynamics and Oxygenation during Resuscitation in a Transitioning Preterm Model - Praveen Chandrasekharan
 1:15 Q & A
 1:20 Air Pollution, Urgent Asthma Medical Visits and the Modifying Effect of Neighborhood Asthma Prevalence
 1:45 Q & A
 1:50 Panel Discussion - Cynthia Bearer (Discussant)

Time Block: (none)

QA: Yes

QA Details: Each presentation will be followed by a 5 min Q&A session. At the end of the last Q&A session, a panel discussion will be held with a facilitator

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: N/A

Additional Comments: This session will feature four of the Early Career Investigators chosen by PediatricResearch for highlighting in the journal. Each presenter will present their research from their article, but go on to present their most recent results, and how these res

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS|SPR|Other Society Affiliation

PROPOSAL #: 313008

SESSION TITLE: Research From Early Career Investigators

Chairs: Cynthia Bearer (Chair); Eleanor Molloy (Chair)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Eleanor Molloy : a. 5 minutes

Speaker/Institution: E. Molloy, Paediatrics, Trinity College, the University of Dublin, Dublin, IRELAND|

Non-Member Justification Eleanor Molloy : (none)

Speaker # 2

Presentation Title Reporting of interventions and 'standard of care' control arms in pediatric clinical trials: a quantitative analysis

Speaker/Duration: Lauren Kelly : e. 25 minutes

Speaker/Institution: L.E. Kelly, Pediatrics & Child Health, University of Manitoba, Winnipeg, Manitoba, CANADA|

Non-Member Justification Lauren Kelly : Speaker is an Early Career Investigator

Speaker # 3

Presentation Title The Lifelong Impact of Fetal Growth Restriction on Cardiac Development

Speaker/Duration: Brian Stansfield : e. 25 minutes

Speaker/Institution: B. Stansfield, Pediatrics, Medical College of Georgia, Augusta, Georgia, UNITED STATES|

Non-Member Justification Brian Stansfield : (none)

Speaker # 4

Presentation Title Effect of Various Inspired Oxygen Concentrations on Pulmonary and Systemic Hemodynamics and Oxygenation during Resuscitation in a Transitioning Preterm Model

Speaker/Duration: Praveen Chandrasekharan : e. 25 minutes

Speaker/Institution: P. Chandrasekharan, Pediatrics, University at Buffalo, Buffalo, New York, UNITED STATES|

Non-Member Justification Praveen Chandrasekharan : (none)

Speaker # 5

Presentation Title Air Pollution, Urgent Asthma Medical Visits and the Modifying Effect of Neighborhood Asthma Prevalence

Speaker/Duration: Stephanie Lovinsky-Desir : e. 25 minutes

Speaker/Institution: S. Lovinsky-Desir, Pediatric Pulmonology, Columbia University Medical Center, New York, New York, UNITED STATES|

Non-Member Justification Stephanie Lovinsky-Desir : (none)

Speaker # 6

Presentation Title Panel Discussion - Discussant

Speaker/Duration: Cynthia Bearer : c. 15 minutes

Speaker/Institution: C.F. Bearer, Pediatrics, University of Maryland School of Medicine, Baltimore, Maryland, UNITED STATES|

Non-Member Justification Cynthia Bearer : (none)

PROPOSAL #: 313009**SESSION TITLE:** Fixing the Leaky Pipeline: Identifying Best Practices for Physician-Scientist Training During Residency**Contact:** Jordan Orange Columbia University
jso2121@cumc.columbia.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** This session will provide updates for educational leaders and program directors who are involved in training physician-scientists during pediatric residency training, interested in developing physician-scientist training opportunities, or desire to unders**Audience Size:** 150**Tracks:** Career Development | Academic and Research Skills | Education**Objectives** Identify the needs of training physician-scientist during residency Define current and future challenges for physician-scientists. Discuss successful strategies for program development at both large and small size residency programs.**Description:** It has been noted that the physician-scientist training pipeline in pediatrics has been leaky. As training program structure and curricula vary widely between pediatric residency programs, it is critical to understand and develop best practices in training physician-scientists during residency with implications for downstream training. The National Physician-Scientist Collaborative Workgroup, a newly formed committee of faculty representing over nine academic institutions, have worked extensively over the past several months to identify a critical scholarly session format for igniting rich dialogue around best practices for physician-scientist training. The proposed scholarly session features a hybrid format of a hot topics symposia with five speakers (80 minutes) and an interactive panel discussion (40 minutes) with Q&A following each presentation and carefully facilitated during the panel discussion. Renowned physician-scientist and Chairman of Pediatrics at Columbia University, Jordan Orange MD, PhD, has committed to serve as chair and moderator, which will provide a unifying component to the hybrid session. The hot topic symposia will begin with a brief introductory presentation highlighting current challenges in training physician-scientist trainees by, Jordan Orange MD, PhD. Immediately following are brief presentations from confirmed faculty who have developed physician-scientist training programs at their respective institutions and include the following: Drs. Samuel Lux (Boston Children's), Sallie Permar (Duke), Audrea Burns (Baylor College of Medicine), and Kate Ackerman (University of Rochester). Jordan Orange will seamlessly provide transitioning remarks and introduce the panelists for the panel discussion. All of the panelists are confirmed speakers and are as follows: Peggy Hostetter (Cincinnati), Dan West (UCSF), Becky Blankenburg (Stanford), Anthony French (Wash. Univ.- St. Louis), and Catherine Forster (Children's National, representing recent trainee perspective) who will share their perspectives on the current state of training physician-scientists in pediatric residency. Panel discussants will engage in a fast-paced, active discussion to share recommendations and best practices for physician-scientist training around the following seven core areas:
1. Updated definition on a physician-scientist in pediatrics
2. Understanding largest challenges for physician-scientists in next 5-10 years
3. What are best practices for training physician-scientists during residency in the areas of a) recruitment b) Program structure/Curricula, c) Mentorship d) Resources?
4. Understanding how small vs. large residency programs can best support physician-scientists
5. Considering ideal training scenario for the Accelerated Research Pathway vs. Integrated Research Pathway
6. Support and outcomes for pediatric residents in categorical vs combined programs
7. Strategies to garner institutional support for physician-scientist training programs
Real-time polling of audience experience and feedback will be integrated for each of the six core areas using Poll Everywhere and used as a platform

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313009

SESSION TITLE: Fixing the Leaky Pipeline: Identifying Best Practices for Physician-Scientist Training During Residency

for interactive audience discussion with panel speakers and moderator.

Time Block: (none)

QA: Yes

QA Details: A total of 40' is built in for question and answer sessions. For the first portion, the hot topics symposia, after each of the five presentations, a 5' question and answer session follows each presentation for a total of 25'. During the following panel

Audience Polling: Yes

Polling Details: To facilitate active discussion integrated into the entirety of the panel discussion, real-time polling will be used.

Sabbath Conflicts: Saturday

Conflicting Sessions: SPR Plenary Session APS Plenary Session PSTP Selection Committee Meeting

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|APS

Chairs: Jordan Orange (Chair); Audrea Burns (Organizer); Kate Ackerman (Organizer); Margaret Hostetter (Panelist); Rebecca Blankenburg (Panelist); Catherine Forster (Panelist); Daniel West (Panelist); Anthony French (Panelist); Caroline Rassbach (Organizer); Sati

Speaker # 1

Presentation Title Looking Towards the Future: Challenges for Training Physician-Scientists During Residency Training

Speaker/Duration: Jordan Orange : c. 15 minutes

Speaker/Institution: J.S. Orange, Pediatrics, Columbia University, New York, New York, UNITED STATES|

Non-Member Justification Jordan Orange : (none)

Speaker # 2

Presentation Title Outcomes of The Duke Pediatric Research Scholars Program for Physician Scientist Development

Speaker/Duration: Sallie Permar : b. 10 minutes

Speaker/Institution: S. Permar, Duke University Medical Center, Durham, North Carolina, UNITED STATES|

Non-Member Justification Sallie Permar : (none)

Speaker # 3

Presentation Title Long Term Outcomes from Training Pediatrician-Scientists at Boston Children's Hospital

Speaker/Duration: Dr. Samuel Lux : b. 10 minutes

Speaker/Institution: D. Lux, Pediatrics, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Dr. Samuel Lux : (none)

PROPOSAL #: 313009

SESSION TITLE: Fixing the Leaky Pipeline: Identifying Best Practices for Physician-Scientist Training During Residency

Speaker # 4

Presentation Title Fostering Professional Identity Formation in Pediatrician-Scientists: The Baylor College of Medicine Pediatrician-Scientist Training & Development Program

Speaker/Duration: Audrea Burns : b. 10 minutes

Speaker/Institution: A.M. Burns, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES |

Non-Member Justification Audrea Burns : Dr. Burns is an active member of the American Pediatric Program Directors and cofounded the Pediatrician-Scientist Training & Development Program with Jordan Orange, MD, PhD at Baylor College of Medicine. Furthermore, she developed an exte

Speaker # 5

Presentation Title Cultivating the Development of Pediatrician-Scientists During Residency at the University of Rochester School of Medicine

Speaker/Duration: Kate Ackerman : b. 10 minutes

Speaker/Institution: K.G. Ackerman, Pediatrics & Biomedical Genetics, University of Rochester Medical Center, Roc

Non-Member Justification Kate Ackerman : (none)

PROPOSAL #: 313018**SESSION TITLE:** Technological advances in autism assessment**Contact:** Steven Hicks Penn State College of Medicine
shicks1@pennstatehealth.psu.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** General Pediatricians, Developmental and Behavioral Pediatricians, Pediatric Psychiatrists, Pediatric Neurologists, Clinical and Translational Researchers**Audience Size:** 75**Tracks:** Developmental Biology|Clinical and Translational Research|Developmental and Behavioral Pediatrics|General Pediatrics**Objectives** Understand the limitations to current tools for assessing ASD behavior. Discuss emerging technologies for autism assessment, including head tilt reflex, eye tracking, saliva RNA, and folate receptor autoantibodies. Identify barriers to implementing these emerging technologies in clinical practice.**Description:** Despite substantial efforts to improve the tools available for assessing autism spectrum disorder (ASD), current approaches rely on subjective behavioral assessments. Such assessments are time consuming and require specialized training. When coupled with the low positive predictive value of available screening tools, these factors can delay ASD diagnosis and the initiation of critical behavioral interventions. Thankfully researchers exploring ASD biomarkers are now moving beyond the discovery phase, to validate biologically relevant measures with the potential to transform the way pediatricians detect ASD. Investigations harnessing biobehavioral measures, such as head tilt reflex, have demonstrated positive predictive value for detecting ASD in children as young as nine months. Such advances in screening may be augmented by eye tracking technology that serves as an objective measure of ASD risk and symptom severity. Similarly, breakthroughs involving saliva epigenetic measures provide a rapid, non-invasive test for autism risk that can be easily administered in an outpatient setting. This epigenetic information, when coupled with measures of auto-immunity, such as folate receptor autoantibodies may provide insight to ASD origins and help predict treatment responses. This session will discuss technological innovations with the potential to change the landscape of ASD assessment in the immediate future. Speakers will share the scientific premise behind biobehavioral and biochemical measures in ASD. Implications of existing research on current assessment strategies will be addressed. Barriers to translating emerging technologies into clinical practice will be discussed during an audience question and answer session, providing a cooperative framework to advance ASD assessment.**Time Block:** (none)**QA:** Yes**QA Details:** Barriers to translating emerging technologies into clinical practice will be discussed during a 20 minute audience question and answer session, providing a cooperative framework to advance ASD assessment.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313018

SESSION TITLE: Technological advances in autism assessment

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: SPR

Chairs: Steven Hicks (Organizer); Carole Samango-Sprouse (Presenter); Thomas Frazier (Presenter); Steven Hicks (Presenter); Edward Quadros (Presenter)

Speaker # 1

Presentation Title Identifying autism risk through measures of head circumference and head tilt reflex

Speaker/Duration: Carole Samango-Sprouse : d. 20 minutes

Speaker/Institution: C. Samango-Sprouse, Pediatrics, George Washington University, Davidsonville, Maryland, UNI

Non-Member Justification Carole Samango-Sprouse : Executive director and CSO of the Focus Foundation and member of the steering committee of the Autism Genetic Resource Exchange (AGRE)

Speaker # 2

Presentation Title Eye tracking-based measures of autism risk and symptom levels

Speaker/Duration: Thomas Frazier : d. 20 minutes

Speaker/Institution: T. Frazier, Cleveland Clinic, Cleveland, Ohio, UNITED STATES|

Non-Member Justification Thomas Frazier : CSO at Autism Speaks

Speaker # 3

Presentation Title Clarifying autism assessment with saliva RNA

Speaker/Duration: Steven Hicks : d. 20 minutes

Speaker/Institution: S. Hicks, Pediatrics, Penn State College of Medicine, Hershey, Pennsylvania, UNITED STATES|

Non-Member Justification Steven Hicks : SPR

Speaker # 4

Presentation Title Folate receptor autoantibodies in children with autism spectrum disorder

Speaker/Duration: Edward Quadros : d. 20 minutes

Speaker/Institution: E.V. Quadros, Medicine, SUNY Downstate Medical Center, Brooklyn, New York, UNITED STATE

Non-Member Justification Edward Quadros : Expert in cell biology and developmental biology related to folate receptor and vitamin B12

PROPOSAL #: 313019**SESSION TITLE:** Neonatal Hypertension: Before, During and After the NICU**Contact:** Daniel Feig
dfeig@peds.uab.edu
University of Alabama, Birmingham, School of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Nephrologists, Neonatologist, Cardiologists, General pediatricians**Audience Size:** 200**Tracks:** Cardiology|Nephrology|Neonatology**Objectives** 1. Diagnose and evaluate hypertension in neonates in an NICU setting 2. Understand the therapeutic indications and options for neonatal hypertension 3. Identify the neonatal events that are risk factors for future hypertensive disease.**Description:** Children hospitalized in the Neonatal Intensive Care Unit pose unique challenges in the detection, diagnosis and management of diseases of the Cardiac-Vascular-Renal axis. Hypertensive diseases during pregnancy are a common cause of premature delivery by also have significant impact on the developing cardiovascular system that persist long after the perinatal period. Within the neonatal intensive care unit, premature infants are exposed to medications and medical complications, particularly acute kidney injury that alter long term renal function and blood pressure regulation. Many infants are discharged from the NICU on antihypertensive medications and many others develop the hypertensive disease early in life. Despite the prevalence, screening for hypertensive disease in the newborn is challenging and inconsistent. The selection of specific antihypertensive therapies is less than perfectly evidenced based.

 This topic symposium will explore the risk factors and development physiology of hypertensive disease in newborn, review the data regarding screening, diagnosis and therapy and elaborate on the deficits in current knowledge and identify critical avenues for future study.**Time Block:** (none)**QA:** Yes**QA Details:** 5 minutes after each seminar**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**Avoid other hypertension sessions Minimal overlap with nephrology would be preferable**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** IPHA**Chairs:** Donald Batsky (Moderator); Daniel Feig (Moderator)**Speaker # 1****Presentation Title** Late pregnancy events that lead to hypertension in the child**Speaker/Duration:** Andrew South : e. 25 minutes**Speaker/Institution:** A.M. South, Pediatric Nephrology, Wake Forest School of Medicine, Winston Salem, North Car**Non-Member Justification** Andrew South : ASPN

PROPOSAL #: 313019

SESSION TITLE: Neonatal Hypertension: Before, During and After the NICU

Speaker # 2

Presentation Title Diagnosis and Evaluation of the hypertensive Neonate

Speaker/Duration: Joseph Flynn : e. 25 minutes

Speaker/Institution: J.T. Flynn, Seattle Children's Hospital, Seattle, Washington, UNITED STATES|

Non-Member Justification Joseph Flynn : SPR, AAP, ASPN

Speaker # 3

Presentation Title Role of Acute Kidney Injury on hypertensive risk later in life

Speaker/Duration: David Askenazi : e. 25 minutes

Speaker/Institution: D. Askenazi, Pediatric Nephrology, University of Alabama at Birmingham, Birmingham, Alaba

Non-Member Justification David Askenazi : ASPN, SPR

Speaker # 4

Presentation Title Therapy of the hypertensive neonate

Speaker/Duration: Monesha Gupta-Malhorta : e. 25 minutes

Speaker/Institution: M. Gupta-Malhorta, Pediatrics, The University of Texas Medical School at Houston, Houston,

Non-Member Justification Monesha Gupta-Malhorta : AAP, ASPN

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313023

SESSION TITLE: The Growing Population of Children with Chronic Critical Illness: How the Sickest Group of Children with Medical Complexity are Changing the Practice of Pediatrics

Contact: Rebekah Shappley University of Tennessee Health Science Center
rshapple@uthsc.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Neonatology, Critical Care, Hospitalists, General Pediatrics, Palliative Care, Pulmonology, Complex Care

Audience Size: 50-100

Tracks: Children with Special Health Care Needs|Neonatology|Pulmonology|Hospitalists|General Pediatrics|Ethics/Bioethics|Critical Care|Community Pediatrics

Objectives -Understand the definition of pediatric chronic critical illness within the context of children with medical complexity -Describe the changing population of pediatrics across the US as more children survive critical illness with chronic dependence on m

Description: The past two decades have seen an expanding pediatric population that is “chronically critically ill” (CCI)- children with repeated and prolonged hospitalizations and ongoing dependence on technologies to sustain vital functions. Patients with CCI represent the sickest subgroup of children with medical complexity. They are at risk of unscheduled ICU admissions, escalating inpatient and outpatient needs, and excess in-hospital mortality. Children with CCI spend extensive periods in academic hospitals under the care of multiple subspecialists. At times, those academic medical systems fall short of meeting these patients’ needs for meaningful continuity in disease management and goals of care. Successful transition to home following each hospitalization for children with CCI is often undermined by gaps in pediatric home nursing, medical equipment, and medical homes. Existing community resources will not meet the needs of this this population as they begin to age out of pediatric care.

Time Block: (none)

QA: Yes

QA Details: 10 min

Audience Polling: Yes

Polling Details: Would be very interested in audience polling and surveying participants if not too complicated.

Sabbath Conflicts: N/A

Conflicting Sessions:palliative care, ethics, end of life, complex care, critical care, neonatology

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Renee Boss (Moderator); Rebekah Shappley (Organizer)

Speaker # 1

Presentation Title Pediatric Chronic Critical Illness: Definition, Significance, and Implications

Speaker/Duration: Renee Boss : b. 10 minutes

Speaker/Institution: R. Boss, Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland, UNITE

Non-Member Justification Renee Boss : (none)

PROPOSAL #: 313023

SESSION TITLE: The Growing Population of Children with Chronic Critical Illness: How the Sickest Group of Children with Medical Complexity are Changing the Practice of Pediatrics

Speaker # 2

Presentation Title Barriers to Optimal Care for Patients with Pediatric Chronic Critical Illness

Speaker/Duration: Robert Graham : d. 20 minutes

Speaker/Institution: R.J. Graham, Anesthesiology, Critical Care and Pain Medicine, Boston Children's Hospital, Bost

Non-Member Justification Robert Graham : (none)

Speaker # 3

Presentation Title Decision Making in Pediatric Chronic Critical Illness

Speaker/Duration: Rebekah Shappley : d. 20 minutes

Speaker/Institution: R. Shappley, Pediatrics, University of Tennessee Health Science Center, Memphis, Tennessee,

Non-Member Justification Rebekah Shappley : (none)

Speaker # 4

Presentation Title Shifting Patient Populations: Implications for Pediatric Education

Speaker/Duration: Carrie Henderson : c. 15 minutes

Speaker/Institution: C.M. Henderson, Pediatrics, University of Mississippi Medical Center, Jackson , Mississippi, UN

Non-Member Justification Carrie Henderson : (none)

Speaker # 5

Presentation Title Surviving Pediatric Chronic Critical Illness: Unique Challenges for the Transition from Pediatric to Adult Chronic Critical Illness

Speaker/Duration: Sara Mixer : c. 15 minutes

Speaker/Institution: S. Mixer, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore,

Non-Member Justification Sara Mixer : (none)

PROPOSAL #: 313026

SESSION TITLE: Outpatient Antibiotic Stewardship: Practical Strategies to Make Every Pediatrician A More Judicious Prescriber

Contact: Matthew Kronman University of Washington
matthew.kronman@seattlechildrens.org

Session Type: Hot Topic/Topic Symposia

Target Audience: General pediatricians, hospitalists, emergency medicine and urgent care providers, infectious diseases specialists, and those working in ambulatory clinics and health care systems.

Audience Size: 100-150

Tracks: Advocacy/Public Policy | General Pediatrics | Quality Improvement/Patient Safety | Infectious Diseases | Public Health | Hospitalists | Epidemiology | Health Services Research | Emergency Medicine | Community Pediatrics | Clinical and Translational Research

Objectives After the session, participants will be able to: 1. Highlight the importance of outpatient antimicrobial stewardship for all pediatricians. 2. Discuss current national stewardship activities across a variety of settings. 3. Describe and implement novel and practical activities that promote stewardship in outpatient and emergency department settings.

Description: Antibiotic stewardship has been defined as "coordinated interventions designed to improve and measure the appropriate use of antibiotic agents." More than 80% of all antibiotics given to children are prescribed in the outpatient setting, yet there are few formalized activities to promote antibiotic stewardship in this setting. During this session, national leaders will highlight both national and statewide activities in outpatient pediatric stewardship and discuss useful and effective outpatient stewardship interventions and techniques. These will include best practices in communicating about antibiotics with parents, description of behavioral nudges to improve antibiotic prescribing, updates about national efforts to curb antibiotic overuse, novel statewide campaigns to foster ambulatory antibiotic stewardship, and data supporting the use of short-course and narrow-spectrum antibiotics for common outpatient infections. This session will therefore provide practical tools for participants to improve the quality of their antibiotic prescribing, and will be relevant to general pediatricians, hospitalists, emergency medicine and infectious diseases specialists, and those who work in emergency departments, urgent care centers, ambulatory clinics, and ambulatory health care systems.

Time Block: (none)

QA: Yes

QA Details: We would anticipate having Q&A sessions for 5 minutes after each speaker

Audience Polling: Yes

Polling Details: Most interested in use of live multiple choice questions to foster audience engagement in the topic

Sabbath Conflicts: Saturday

Conflicting Sessions: Please avoid other PIDS programming if possible

Additional Comments: If possible, Sunday is the best day for our speakers to attend PAS

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: PIDS

Chairs: Matthew Kronman (Chair)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313026

SESSION TITLE: **Outpatient Antibiotic Stewardship: Practical Strategies to Make Every Pediatrician A More Judicious Prescriber**

Speaker # 1

Presentation Title Introduction to the Importance of Outpatient Stewardship and Effective Stewardship Strategies

Speaker/Duration: Matthew Kronman : d. 20 minutes

Speaker/Institution: M. Kronman, Pediatrics, Division of Infectious Diseases, University of Washington, Seattle, Wa

Non-Member Justification Matthew Kronman : (none)

Speaker # 2

Presentation Title National Update on Ambulatory and Urgent Care Prescribing

Speaker/Duration: Katherine Fleming-Dutra : d. 20 minutes

Speaker/Institution: K.E. Fleming-Dutra, Division of Healthcare Quality Promotion, Centers for Disease Control and

Non-Member Justification Katherine Fleming-Dutra : (none)

Speaker # 3

Presentation Title Establishing a Statewide Outpatient Stewardship Campaign

Speaker/Duration: Michael Smith : d. 20 minutes

Speaker/Institution: M. Smith, Pediatrics, Duke University, Durham, North Carolina, UNITED STATES|

Non-Member Justification Michael Smith : (none)

Speaker # 4

Presentation Title Outpatient Stewardship Lessons Learned from Healthcare Claims Data

Speaker/Duration: Preeti Jaggi : d. 20 minutes

Speaker/Institution: P. Jaggi, Pediatrics, Division of Infectious Diseases, Emory University, Atlanta, Georgia, UNITED

Non-Member Justification Preeti Jaggi : (none)

Speaker # 5

Presentation Title Optimizing Antibiotic Spectrum of Activity and Duration of Therapy for Common Outpatient Infections

Speaker/Duration: Jeffrey Gerber : d. 20 minutes

Speaker/Institution: J. Gerber, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED S

Non-Member Justification Jeffrey Gerber : (none)

Speaker # 6

Presentation Title National Policies and Advocacy Efforts on Outpatient Stewardship: How to Get Involved

Speaker/Duration: David Hyun : d. 20 minutes

Speaker/Institution: D. Hyun, Antibiotic Resistance Project, The Pew Charitable Trusts, McLean, Virginia, UNITED S

Non-Member Justification David Hyun : (none)

PROPOSAL #: 313027**SESSION TITLE:** Controversies in Newborn Infectious Diseases Screening: A Debate Over Whether Congenital Cytomegalovirus Infections Should be Considered a Screenable Disorder**Contact:** Mark Schleiss
Center for Infectious Diseases and Microbiology Translational Research

schleiss@umn.edu

Session Type: Debate/Pro-Con Discussion**Target Audience:** General pediatricians involved in newborn care; neonatologists; pediatric infectious diseases specialists; public health officials; child health advocacy groups**Audience Size:** 300**Tracks:** Advocacy/Public Policy | Epidemiology | Infectious Diseases | Well Newborn | Community Pediatrics | Neonatology | Children with Special Health Care Needs | Hospitalists | General Pediatrics

Objectives

1. Recognize the pros and cons of universal CMV screening and the current debate over whether such screening should be added to the Routine Uniform Screening Panel (RUSP) profile. This will be the position taken by Dr. Sanchez during this debate: to advocate for UNIVERSAL CMV screening. Dr. Sanchez will debate the position that even asymptomatic congenitally infected infants stand to benefit from universal screening.
2. Understand the difference between UNIVERSAL CMV screening and TARGETED CMV screening. Dr. Demmler-Harrison will take the opposing viewpoint that although it is premature to consider adding CMV screening to the RUSP panel, that the time has come for newborn nurseries to adopt targeted CMV screening, with a particular focus on infants that fail the newborn hearing screen. Dr. Demmler-Harrison will also put her position into context with ongoing child advocacy programs and legislative initiatives that have, in several states in the USA, created CMV education and/or screening programs by legislative fiat.
3. Acknowledge the dissenting opinion of our third debater, Dr. Mark Schleiss, who will posit that it is premature to adopt ANY type of screening program for congenital CMV. Dr. Schleiss will weigh in on the necessary prerequisites for adding tests to the RUSP panel and discuss what would be required for CMV to join this list of conditions. He will take the positions that: 1) since newborn screening for congenital CMV will in most instances identify infants with a completely normal prognosis for a good outcome and; 2) that targeted screening will identify infants likely to be over-treated with antiviral therapy without evidence of benefit and risk of harm (for example, the position of some state chapters of the American Academy of Pediatrics, including the Utah Chapter of the AAP) that even targeted screening is "not ready for prime time". Dr. Schleiss will also debate the position that positive screens hold the possibility of creating a "vulnerable child syndrome" and that no good systems yet exist for monitoring these infants.

Description: There is considerable debate about whether congenital CMV screening should be added to the Routine Uniform Screening Panel (RUSP) profile and, indeed, whether this condition fits the paradigm of a "screenable disorder". Two internationally recognized experts in congenital CMV screening will engage in a robust debate about newborn screening for congenital CMV. One expert opines that universal screening benefits all infants identified with this condition, while the opposing view holds the position that, since most infants with congenital CMV are destined to have normal outcomes, that universal screening may actually put infants at risk, through over-diagnosis and over-treatment with unwarranted nucleoside therapy. The second debater holds a viewpoint opposed to universal screening but will take the position that "targeted" congenital CMV screening is warranted, focusing on infants at risk (such as those who "refer" on the newborn hearing screen). The third debater, however, will make the case that no screening is warranted at this time for congenital CMV infection, based on our lack of knowledge and the risk of harm (over-treatment with antivirals, creation of the "vulnerable child" syndrome, etc.). The debate will consist of short presentations followed by ten minute rebuttals. The

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313027

SESSION TITLE: Controversies in Newborn Infectious Diseases Screening: A Debate Over Whether Congenital Cytomegalovirus Infections Should be Considered a Screenable Disorder

moderator/chair will coordinate the debate and direct discussion and responses. At the end of the debate, the session chairs/moderators (Drs. Permar and Kaufman) will provide a short summary of the discussion, will provide their assessment of who "won" the debate (assisted by an audience response system vote) and will outline their conclusions, including high-priority areas for future work germane to this important public health topic.

Time Block: (none)

QA: Yes

QA Details: (none)

Audience Polling: Yes

Polling Details: Audience response system for evaluation of audience knowledge and current management practices, and, at the end of the debate, to VOTE on the winner of the debate.

Sabbath Conflicts: N/A

Conflicting Sessions: Please do not schedule in conflict with PIDS programming sessions.

Additional Comments: This will be a vigorous and robust debate among experts that will be broadly relevant and of interest to many constituencies at the PAS meeting!

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS|AAP|SPR|PIDS|JPS

Chairs: Sallie Permar (Chair); David Kaufman (Chair)

Speaker # 1

Presentation Title The Time Has Come for Universal Screening of ALL Newborns for Congenital Cytomegalovirus Infection!

Speaker/Duration: Pablo Sanchez : e. 25 minutes

Speaker/Institution: P.J. Sanchez, Pediatrics, Nationwide Children's Hospital - The Ohio State University, Columbus,

Non-Member Justification Pablo Sanchez : (none)

Speaker # 2

Presentation Title We Should Adopt Targeted, Not Universal, Screening for Congenital CMV

Speaker/Duration: Gail Demmler-Harrison : e. 25 minutes

Speaker/Institution: G. Demmler-Harrison, Department of Pediatrics , Baylor College of Medicine, Houston, Texas,

Non-Member Justification Gail Demmler-Harrison : (none)

Speaker # 3

Presentation Title It's Premature to Recommend ANY Newborn Screening Program for Congenital CMV Infection

Speaker/Duration: Mark Schleiss : e. 25 minutes

Speaker/Institution: M.R. Schleiss, Division of Pediatric Infectious Diseases and Immunology, Center for Infectious

Non-Member Justification Mark Schleiss : (none)

PROPOSAL #: 313029**SESSION TITLE:** Early Diagnoses of Cerebral Palsy in Infancy: Neuroplasticity, Neuromodulation and Enablement**Contact:** Michael Msall UChicago Comer Children's Hospital
mmsall@peds.bsd.uchicago.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Audience targeted: Neonatologists, Child Neurologists, Neuroscientists, Developmental Pediatricians, Neonatal Therapists, Developmental Psychologists, and Early Intervention Professionals and Researchers**Audience Size:** 100**Tracks:** Children with Special Health Care Needs|Clinical and Translational Research|Neurology|Developmental and Behavioral Pediatrics|Neonatology**Objectives** Participants in this Hot Topics Symposia will be able to: -Describe tools for early diagnosis of cerebral palsy with an emphasis on generalized movement assessments and Hammersmith Infant Neurological Exam - List interventions that optimize self-mobility, manipulation skills and communication in infants and young children with cerebral palsy -Understand benefits and risks of neuromodulation in infancy. - Discuss strategies to enable and support families of children with cerebral palsy**Description:** Background/content: Early infancy represents a window of opportunity to influence brain development , support parents, build adaptive capacities and understand neurostructure -function among infants at high risk for cerebral palsy. There are controversies about the timing of the diagnoses of cerebral palsy after prematurity or neonatal encephalopathy and concern that current interventions do not have a robust efficacy . New international guidelines recommend diagnoses prior to 6 months corrected age followed by activity based therapeutic interventions. In addition, non-invasive brain stimulation can help our understanding of brain excitability and circuitry after early brain injury.

 This symposia will provide participants with strategies for early diagnoses and counseling from an enablement framework, highlight current outcomes after activity-based, strength-focused , family-centred interventions, and illustrate the potential of neuromodulation in understanding brain circuitry. We will discuss the pros and cons of the early diagnosis of cerebral palsy ,ways to advance our knowledge of modifiable neurodevelopmental trajectories , and discuss strategies on how best to support families.

 Format:Lecture, discussion, question and answer

 References
 1.Spittle AJ, Morgan C, Olsen JE, Novak I, Cheong JLY. Early Diagnosis and Treatment of Cerebral Palsy in Children with a History of Preterm Birth. Clin Perinatol.2018 Sep;45(3):409-420 Review. PMID: 30144846.

 2: Novak I, Morgan C, Adde L et al. Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy: Advances in Diagnosis and Treatment. JAMA Pediatr. 2017 Sep 1;171(9):897-907. PMID:28715518.

 3: Gillick BT, Gordon AM, Feyma T, et al Non-Invasive Brain Stimulation in Children With Unilateral CerebralPalsy: A Protocol and Risk Mitigation Guide. Front Pediatr. 2018 Mar 16;6:56.PMID: 29616203; PMCID: PMC5864860.

 4. Peyton C, Yang E, Kocherginsky M, Adde L, Fjørtoft T, Støen R, Bos AF,Einspieler C, Schreiber MD, Msall ME. Relationship between white matter pathology and performance on the General Movement Assessment and the Test of Infant Motor Performance in very preterm infants. Early Hum Dev. 2016 Apr;95:23-7. PubMed PMID: 26925933.

 5. Vohr BR, Msall ME, Wilson D, Wright LL, McDonald S, Poole WK. Spectrum of gross motor function in extremely low birth weight children with cerebral palsy at 18 months of age. Pediatrics.2005 Jul;116(1):123-9. PubMed PMID: 15995042.**Time Block:** (none)**QA:** Yes

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313029

SESSION TITLE: Early Diagnoses of Cerebral Palsy in Infancy: Neuroplasticity, Neuromodulation and Enablement

QA Details: 30 minutes distributed at end of 4 x 20 minute presentations

Audience Polling: Yes

Polling Details: Are professionals in child neurology and neonatal followup interested in implementing strategies for early identification of cerebral palsy in the first 6 months of life.

Sabbath Conflicts: N/A

Conflicting Sessions: Hot Topics/Topic Symposium: 312766: Is it time for a moratorium on newborn screening for Krabbe? Lantos, Ross, Kwon, Msall

Additional Comments: We will discuss available evidence on parents perception of timing of diagnoses. We will also discuss family support and intervention strategies that have been protocalized and those being used in countries with limited resources. 1.Guttman K, Fl

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APS|SPR

Chairs: Michael Msall (Contact Person)

Speaker # 1

Presentation Title Evidence for Early Diagnosis

Speaker/Duration: Iona Novak : f. 30 minutes

Speaker/Institution: I. Novak, Cerebral Palsy Alliance, The University of Sydney, Allambie Heights, Sydney, New Sou

Non-Member Justification Iona Novak : (none)

Speaker # 2

Presentation Title Experience with Generalized Motor Actions and Outcomes

Speaker/Duration: Colleen Peyton : f. 30 minutes

Speaker/Institution: C. Peyton, Department of Physical Therapy & Human Movement Sciences, Feinberg School of

Non-Member Justification Colleen Peyton : (none)

Speaker # 3

Presentation Title How Neuromodulation Can Inform Our Connectome

Speaker/Duration: Bernadette Gillick : f. 30 minutes

Speaker/Institution: B. Gillick, Department of Rehabilitation Medicine, University of Minnesota Medical School, Mi

Non-Member Justification Bernadette Gillick : (none)

Speaker # 4

Presentation Title Counseling Families and Why Enablement Matters

Speaker/Duration: Michael Msall : f. 30 minutes

Speaker/Institution: M.E. Msall, Kennedy Research Center on IDDD, UChicago Comer Children's Hospital , Chicago,

Non-Member Justification Michael Msall : (none)

PROPOSAL #: 313030**SESSION TITLE:** Fortification of Human Milk: Who, What, When, Where and Why?**Contact:** Amy Hair
abhair@texaschildrens.org
Baylor College of Medicine, Texas Children's Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Neonatal Fellows, Dietitians, Gastroenterologist, Clinical Researchers**Audience Size:** 200**Tracks:** Clinical and Translational Research|Neonatology|Gastroenterology and Nutrition**Objectives** 1.To discuss up-to-date fortification strategies emphasizing the importance of human milk to promote early growth of VLBW infants in the NICU. 2.To address the various controversies that exist in neonatal nutrition, specifically fortification of human milk for infants at highest risk, with the goal of promoting best strategies to improve nutrition of these infants.**Description:** It is well recognized that human milk is the choice for enteral nutrition of very low birth weight (VLBW) infants in the Neonatal Intensive Care Unit (NICU). However, with the rise of new types of fortifiers, controversy exists among Neonatologists as to which fortifier is best for VLBW infants. Nutrition strategies in the NICU focus on maximizing the use of mother's own milk while minimizing the introduction of formula. Supplementation of mother's milk with donor human milk remains controversial and although many NICUs have adopted this strategy, there are concerns about cost-benefit when adopting this strategy. Recent studies highlight the different types of fortifiers (bovine-milk based fortifier and donor human milk-derived fortifier) however they are not uniformly used and guidelines on how to use them remain scarce. In addition, larger infants in need of fortification (i.e. significant gastrointestinal disease, cardiac conditions) have significant growth failure; a review of recent published and on-going protocols will provide guidance to remain at the forefront of their nutritional care. To make matters more complex, the advent of newer technology has translated into introduction of infrared human milk analyzers in the NICU which measure the macronutrients and energy density of 1-2 mL of human milk in real time. However, the use of individual and targeted fortification has not been widely adopted due to lack of guidelines and the intensive labor required to use this strategy. This symposium plans to address the various controversies that exist in neonatal nutrition, specifically fortification of human milk for infants at highest risk, with the goal of promoting best strategies to improve early nutrition of VLBW infants in the NICU.

Cynthia Blanco- Why should at risk infants receive fortification and what should we use to fortify? Current controversy.

Amy Hair- Early fortification and novel strategies for fortification of human milk

Chris Fusch- The future of human milk fortification: the practical approach to individual and targeted fortification**Time Block:** (none)**QA:** Yes**QA Details:** After each speaker, there will be 5 minutes allotted for Q&A. The presentations and Q&A will add up to the time allotted.**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Any Neonatal Nutrition Topic including necrotizing enterocolitis; platform sessions for Neonatology

PROPOSAL #: 313030

SESSION TITLE: Fortification of Human Milk: Who, What, When, Where and Why?

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

Chairs: Amy Hair (Chair)

Speaker # 1

Presentation Title Why should at risk infants receive fortification and what should we use to fortify? Current controversy.

Speaker/Duration: Cynthia Blanco : f. 30 minutes

Speaker/Institution: C.L. Blanco, Pediatrics, UT Health San Antonio, San Antonio, Texas, UNITED STATES|

Non-Member Justification Cynthia Blanco : (none)

Speaker # 2

Presentation Title Early fortification and novel strategies for fortification of human milk

Speaker/Duration: Amy Hair : f. 30 minutes

Speaker/Institution: A.B. Hair, Pediatrics, Baylor College of Medicine, Texas Children's Hospital, Houston, Texas, U

Non-Member Justification Amy Hair : (none)

Speaker # 3

Presentation Title The future of human milk fortification: practical approach to individual and targeted fortification

Speaker/Duration: christoph fusch : f. 30 minutes

Speaker/Institution: C. fusch, Paracelsus Medical University, General Hospital of Nuremberg, Nuremberg, GERMANY

Non-Member Justification christoph fusch : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313032

SESSION TITLE: Antibiotic Stewardship in the Neonatal Intensive Care Unit: The Way Forward

Contact: Roger Soll University of Vermont
roger.soll@uvmhealth.org

Session Type: Hot Topic/Topic Symposia

Target Audience: Neonatologists, Neonatal Nurse Practitioners, Pediatric Infectious Disease Specialists

Audience Size: 200

Tracks: Infectious Diseases|Quality Improvement/Patient Safety|Neonatology

Objectives 1. Understand the scope and consequences of antibiotic overuse in neonatal intensive care 2. Explore new surveillance tools available through the CDC to follow antibiotic utilization in your neonatal intensive care unit 3. Apply successful approaches to antibiotic stewardship in a variety of NICU settings, including your own unit 4. Design antibiotic stewardship program for your NICU

Description: Efforts at antibiotic stewardship have been instituted at national and regional levels and have been effective in dramatically lowering antibiotic utilization in a variety of NICU settings. In this session, we will review the scope of the problem, discuss initiatives at the Center for Disease Control and Prevention to expand surveillance of antibiotic utilization, and present quality improvement initiatives at both a regional and national level.

Time Block: (none)

QA: Yes

QA Details: Allow for 5 minutes of questions after each presentation and convene all presenters as a panel for Q and A at the end of the session

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal Quality Improvement

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|SPR|APS

Chairs: Roger Soll (Moderator); Madge Buus-Frank (Moderator)

Speaker # 1

Presentation Title Antibiotic Overuse and Misuse

Speaker/Duration: Arjun Srinivasan : d. 20 minutes

Speaker/Institution: A. Srinivasan, CDC, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Arjun Srinivasan : (none)

PROPOSAL #: 313032

SESSION TITLE: Antibiotic Stewardship in the Neonatal Intensive Care Unit: The Way Forward

Speaker # 2

Presentation Title Monitoring Antibiotic Utilization: Tools from the Centers for Disease Control and Prevention

Speaker/Duration: Daniel Pollock : d. 20 minutes

Speaker/Institution: D.A. Pollock, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention

Non-Member Justification Daniel Pollock : Dr. Pollock is the Surveillance Branch Chief Division of Healthcare Quality Promotion for the Centers for Disease Control and Prevention and will discuss the new surveillance tools available through the CDC to monitor antibiotic utilization

Speaker # 3

Presentation Title Antibiotic Stewardship in the NICU

Speaker/Duration: Dmitry Dukhovny : d. 20 minutes

Speaker/Institution: D. Dukhovny, Pediatrics, Oregon Health & Science University, Portland, California, UNITED STATES

Non-Member Justification Dmitry Dukhovny : (none)

Speaker # 4

Presentation Title The Future of Antibiotic Stewardship in Neonatal Intensive Care

Speaker/Duration: Karen Puopolo : d. 20 minutes

Speaker/Institution: K.M. Puopolo, Neonatology, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification Karen Puopolo : (none)

PROPOSAL #: 313037**SESSION TITLE:** Clinical Guidelines Update: What's New in Female Reproductive Health?**Contact:** Laurie Cohen
Boston Children's Hospital
Laurie.cohen@childrens.harvard.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric endocrinologists, adolescent medicine physicians, gynecologists, general pediatricians**Audience Size:** 500**Tracks:** Endocrinology|Adolescent Medicine**Objectives** 1.Participants will be knowledgeable in the 2017 and 2018 clinical guidelines for functional hypothalamic amenorrhea. 2.Participants will be knowledgeable in the 2018 clinical guidelines for polycystic ovarian syndrome 3.Participants will be knowledgeable in the 2018 clinical guidelines for management of hirsutism in premenopausal women 4.Participants will have a better understanding of future research needed to address unanswered questions and uncertainties in these guidelines.**Description:** Recent data from long-term pediatric studies and advanced therapeutic options permit guidance and re-analysis of optimal care for children with various endocrine disorders. The Endocrine Society, Pediatric Endocrine Society (PES) European Society for Pediatric Endocrinology (ESPE), and others are committed to this initiative and have aligned with other societies, such as the North American Society for Pediatric and Adolescent Gynecology (NASPAG). Notwithstanding, there are often unanswered questions, uncertainties as to the strength of a recommendation, and an acute awareness of the need for further studies in clinical and translational research. The goal of this symposium is to review the salient features of the newest clinical guidelines in female reproductive health based on new scientific data and to raise awareness of the need for future ongoing studies.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**N/A**Additional Comments:** 40 minute talks; speakers to be confirmed.**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Functional Hypothalamic Amenorrhea**Speaker/Duration:** Laurie Cohen : g. 45 minutes**Speaker/Institution:** L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|**Non-Member Justification** Laurie Cohen : (none)

PROPOSAL #: 313037

SESSION TITLE: Clinical Guidelines Update: What's New in Female Reproductive Health?

Speaker # 2

Presentation Title Polycystic Ovarian Syndrome

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

Speaker # 3

Presentation Title Evaluation and Treatment of Hirsutism in Premenopausal Women

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

PROPOSAL #: 313038**SESSION TITLE:** Genetic Endocrine Neoplasia Syndromes**Contact:** Laurie Cohen
Boston Children's Hospital
Laurie.cohen@childrens.harvard.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric endocrinologists, oncologists, geneticists**Audience Size:** 350**Tracks:** Genetics|Endocrinology|Hematology/Oncology**Objectives** 1. Participants will be knowledgeable in the clinical recognition of endocrine and neuroendocrine neoplasia including familial GH-secreting tumors; prolactin-secreting or other pituitary tumors; familial paraganglioma (PGL)/pheochromocytoma (pheo) syndromes including SDHB mutations; Multiple endocrine neoplasia syndromes (MENS); familial thyroid cancer including familial nonmedullary thyroid cancer (FNMTTC). 2. Participants will be knowledgeable in the approach to treatment and ongoing surveillance for the affected child/adolescent. 3. Participants will be knowledgeable in the approach for family studies and surveillance for genetically affected family members.**Description:** Hereditary endocrine neoplasia syndromes involving the endocrine or neuroendocrine tissues can have a significant impact on the well-being of affected children and adolescents. Ongoing surveillance and early treatment for individual children so affected, and genetic studies and surveillance of affected family members is mandatory. Recent advances in our understanding of familial pituitary, adrenal, and thyroid neoplasia syndromes has enabled earlier detection and targeted treatment. The goal of this symposium is to review recent advances in the genetics, phenotype and chronobiology of these familial cancer syndromes; to enable earlier detection and targeted therapy, and to define guidelines for genetic testing of the family and surveillance for affected individuals.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Oncology, genetics**Additional Comments:** 40 minute talks; speakers to be confirmed**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** PES**Chairs:** Laurie Cohen (Organizer)**Speaker # 1****Presentation Title** Familial Growth-Hormone Secreting Pituitary Tumors and GISTS**Speaker/Duration:** Laurie Cohen : g. 45 minutes**Speaker/Institution:** L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|**Non-Member Justification** Laurie Cohen : (none)

PROPOSAL #: 313038

SESSION TITLE: Genetic Endocrine Neoplasia Syndromes

Speaker # 2

Presentation Title Familial Paraganglioma/Pheochromocytoma

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

Speaker # 3

Presentation Title MEN syndromes, Familial non-medullary thyroid cancer syndromes, and DICER1

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

PROPOSAL #: 313039

SESSION TITLE: Year in Review and Looking Towards the Future

Contact: Laurie Cohen Boston Children's Hospital
Laurie.cohen@childrens.harvard.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric endocrinologists, pediatric oncologists, adolescent medicine physicians, pediatric gastroenterologists, general pediatricians

Audience Size: 500

Tracks: Adolescent Medicine|General Pediatrics|Endocrinology|Hematology/Oncology|Clinical and Translational Research

Objectives 1. Understand the Clinical Practice Guidelines on Hypothalamic-Pituitary and Growth Disorders in Survivors of Childhood Cancer and recognize the impact of newer cancer therapeutic agents on the endocrine system. 2. Understand emerging developments in the treatment of transgender youth. 3. Recognize the controversies surrounding Vitamin D therapy.

Description: This symposium will highlight new research from the past year, novel therapies and interventions, and future directions.

Time Block: (none)

QA: No

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Oncology, transgender, bone

Additional Comments: 40 min. talks; speakers to be confirmed.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: PES

Chairs: Laurie Cohen (Organizer)

Speaker # 1

Presentation Title Endocrine Late Effects in the Childhood Cancer Survivor: New Guidelines and Therapies

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

Speaker # 2

Presentation Title Evolution of Care in Gender Non-confirming Youth

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

PROPOSAL #: 313039

SESSION TITLE: Year in Review and Looking Towards the Future

Speaker # 3

Presentation Title Vitamin D - Health or Hype?

Speaker/Duration: Laurie Cohen : g. 45 minutes

Speaker/Institution: L. Cohen, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Laurie Cohen : (none)

PROPOSAL #: 313060**SESSION TITLE:** Intravenous Lipid Emulsions in the Neonate: Needs, Options and Choices in 2018**Contact:** Muralidhar Premkumar
premkuma@bcm.edu
Baylor College of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologist, pediatric gastroenterologists, pharmacists, dietitians, nutritionists and nurses.**Audience Size:** 150**Tracks:** Critical Care | Neonatology | Gastroenterology and Nutrition**Objectives** Objectives: 1. Describe the fatty acid requirements and essential fatty acid deficiency in the neonate. 2. Discuss differences in the composition, dosage, and administration of various intravenous lipid emulsions. 3. Recognize how growth needs and risk for intestinal failure associated liver disease in different patient populations impact the choice of intravenous lipid emulsions. 4. Appraise the evidence for the use of intravenous lipid emulsions in the neonate with respect to conditions other than intestinal failure associated liver disease. 5. Describe and evaluate the benefits and challenges of various animal models in the development of intravenous lipid emulsions.**Description:** Intravenous lipid emulsions (IVLE) are crucial in the nutritional care of preterm and critically ill infants. IVLE provide a source of energy and essential fatty acids. Fatty acids play several important roles in the health of a neonate including inflammation, immunity, retinal and brain development. The needs of the neonates who require IVLE are very diverse and complex. Moreover, the short- and long-term benefits and potential complications associated with different IVLEs in different neonatal populations vary. The recent approval by the Food and Drug Administration (FDA) of the multicomponent oil-based lipid emulsion, (MOLE, SMOFlipid®) for use in adults and fish oil-based lipid emulsion (FOLE, Omegaven®) for treatment of parenteral nutrition-associated cholestasis (PNAC) children, has opened up new IVLE options for the neonate. With the advent of newer generation lipid emulsions, with variations in the fatty acid composition, there is a need to re-review the importance of fatty acids and recognize the benefits and potential pitfalls of each IVLE. Though the MOLE appears to superior to SOLE, its efficacy either in the prevention or treatment of IFALD or, its suitability as the IVLE of choice in a healthy neonate is uncertain. The use of FOLE in the treatment of IFALD lacks the approval of randomized controlled trials. The availability of a wider choice of IVLE without strong evidence to support their use has created a lot of confusion among the clinicians. This session aims to address the clinical conundrums in the minds of the neonatologist while deciding the best available IVLE for the neonate in different clinical settings. This session also describes the biochemical basis and stresses the need for further research in our pursuit of safer, effective IVLE for the neonate.**Time Block:** (none)**QA:** Yes**QA Details:** Q&A session is for 20 minutes. This addresses, patient selection and customized choice of intravenous lipid emulsions (IVLE), the practical challenges with IVLE, the evidence to support the use and choice of IVLE in the neonate and future directions.**Audience Polling:** Yes**Polling Details:** AVpoll (online poll)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Necrotizing Enterocolitis, Intestinal Failure, Intestinal Failure-Associated Liver Disease

PROPOSAL #: 313060

SESSION TITLE: Intravenous Lipid Emulsions in the Neonate: Needs, Options and Choices in 2018

Additional Comments: This session is very timely since two new generation intravenous lipid emulsions got approved for use in children in the US within the last two years. The evidence for their use in the neonate is weak and there are no guidelines for their use in the NICU.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|SPR|AAP SNPPE

Chairs: Muralidhar Premkumar (Chair); Kara Calkins (Chair); Daniel Robinson (Panelist); Kathleen Gura (Panelist); Camilia Martin (Panelist); J. B. (Hans) van Goudoever (Panelist); Douglas Burrin (Panelist)

Speaker # 1

Presentation Title Fatty acids, requirements and essential fatty acid deficiencies in the neonate.

Speaker/Duration: Daniel Robinson : d. 20 minutes

Speaker/Institution: D. Robinson, Pediatrics, Northwestern University Feinberg School of Medicine, Chicago, Illinois

Non-Member Justification Daniel Robinson : (none)

Speaker # 2

Presentation Title Intravenous Lipid Emulsions: A Practical Guide

Speaker/Duration: Kathleen Gura : d. 20 minutes

Speaker/Institution: K.M. Gura, Pharmacy, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Kathleen Gura : (none)

Speaker # 3

Presentation Title Intravenous Lipid Emulsions and Patient Selection: Customized Use of Intravenous Lipid Emulsions in the NICU.

Speaker/Duration: Camilia Martin : d. 20 minutes

Speaker/Institution: C.R. Martin, Beth Israel Deaconess Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Camilia Martin : (none)

Speaker # 4

Presentation Title The use of intravenous lipid emulsions in the NICU beyond intestinal failure associated liver disease

Speaker/Duration: J. B. (Hans) van Goudoever : d. 20 minutes

Speaker/Institution: J. van Goudoever, Pediatrics/ Neonatology, Emma Children's Hospital AMC, Amsterdam, NET

Non-Member Justification J. B. (Hans) van Goudoever : (none)

Speaker # 5

Presentation Title Animal Models and Intravenous Lipid Emulsions: Implications for Research and Development

Speaker/Duration: Douglas Burrin : d. 20 minutes

Speaker/Institution: D.G. Burrin, USDA-ARS, Houston, Texas, UNITED STATES|

Non-Member Justification Douglas Burrin : (none)

PROPOSAL #: 313061**SESSION TITLE:** Circulatory failure after birth: time for a new definition?**Contact:** Heike Rabe Brighton & Sussex Medical School
heike.rabe@bsuh.nhs.uk**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Faculty and trainees working in neonatology.**Audience Size:** 200-300**Tracks:** Academic and Research Skills|Neonatology|Cardiology**Objectives** Effort are currently directed to the development of a standardised neonatal clinical haemodynamic scoring system that ideally incorporates systemic blood flow measurement. The following two concepts will be covered in the session: •The predictive value of readily available clinical and biochemical clinical indicators of flow states increases when they are used in combination, or when they are interpreted as dynamic variables. •Incorporation of multimodal monitoring can help better define neonatal shock. Various emerging modalities for the objective assessment of cardiovascular status seem to be mature enough for their incorporation into clinical trials for evaluation purposes.**Description:** The decision to intervene in preterm infants with low blood pressure after birth remains controversial. The concept of permissive hypotension seems promising but requires further validation. Progress on these matters relies heavily on clinical evaluation of signs and symptoms of neonatal circulatory failure; however the currently used indicators of failure are suboptimal and a redefinition of neonatal shock is needed.**Time Block:** (none)**QA:** Yes**QA Details:** The session will start with the presentation and could be followed by an interactive Q&A session with the panel If 120 minutes slot is available, length will be 20-30 minutes**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal cardiology.**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR|APS**Chairs:** Heike Rabe (Chair); Heike Rabe (Presenter); Ebru Ergenekon (Presenter); Gene Dempsey (Presenter)**Speaker # 1****Presentation Title** How can preterm infants be supported in their circulatory transition at birth?**Speaker/Duration:** Heike Rabe : f. 30 minutes**Speaker/Institution:** H. Rabe, Academic Department of Paediatrics, Brighton & Sussex Medical School, Brighton, U**Non-Member Justification** Heike Rabe : (none)

PROPOSAL #: 313061

SESSION TITLE: Circulatory failure after birth: time for a new definition?

Speaker # 2

Presentation Title Novel biomarker in the assessment of neonatal circulatory failure.

Speaker/Duration: Ebru Ergenekon : f. 30 minutes

Speaker/Institution: E. Ergenekon, Pediatrics, Newborn Medicine, Gazi University Hospital, Ankara, TURKEY |

Non-Member Justification Ebru Ergenekon : (none)

Speaker # 3

Presentation Title Advanced assessments of circulatory failure: role of NIRS and echocardiography

Speaker/Duration: Gene Dempsey : f. 30 minutes

Speaker/Institution: G. Dempsey, Neonatology, University College Cork, Cork, IRELAND |

Non-Member Justification Gene Dempsey : (none)

Speaker # 4

Presentation Title Panel discussion: Q&A

Speaker/Duration: Heike Rabe : f. 30 minutes

Speaker/Institution: H. Rabe, Academic Department of Paediatrics, Brighton & Sussex Medical School, Brighton, U

Non-Member Justification Heike Rabe : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313063

SESSION TITLE: Addressing the Threats to Mental Health of Children in Conflict and Disaster Settings

Contact: Shaun Morris The Hospital for Sick Children and University of Toronto
shaun.morris@sickkids.ca

Session Type: Hot Topic/Topic Symposia

Target Audience: Paediatric clinicians and researchers interested in the health and well being of children who have or will be subjected to situations of conflict and/or disaster

Audience Size: 250

Tracks: Advocacy/Public Policy|Academic and Research Skills|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|Neurology|Social Determinants/Health Disparities|Injury|International and Global Health|Health Services Research|Intern

Objectives #NAME?

Description: This session will provide an overview and critical examination of the mental health and development issues facing children, their families, and their caregivers, during and following situations of conflict and/or disaster and displacement.

Time Block: (none)

QA: Yes

QA Details: five minutes following each speaker and panel discussion with q and a during second half of session

Audience Polling: Yes

Polling Details: Depending on panel preference, may wish to poll audience to establish interest/focus areas prior to panel q and a and discussion

Sabbath Conflicts: N/A

Conflicting Sessions: Session should be scheduled to not conflict with any session focused on global child health

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: CCGCH|PIDS

Chairs: Suzinne Pak-Gorstein (Chair); Shaun Morris (Chair)

Speaker # 1

Presentation Title Addressing the Threats to Mental Health of Children in Violent and Disaster Settings: Introduction

Speaker/Duration: Suzinne Pak-Gorstein : b. 10 minutes

Speaker/Institution: S. Pak-Gorstein, Pediatrics / Global Health, University of Washington, Seattle, Washington, UN

Non-Member Justification Suzinne Pak-Gorstein : (none)

PROPOSAL #: 313063

SESSION TITLE: Addressing the Threats to Mental Health of Children in Conflict and Disaster Settings

Speaker # 2

Presentation Title Resilience in the Face of Adversity: Lessons Learned from Refugees

Speaker/Duration: Peter Ventevogel : d. 20 minutes

Speaker/Institution: P. Ventevogel, High Commission on Refugees, United Nations, Geneva, SWITZERLAND |

Non-Member Justification Peter Ventevogel : Unique expertise and experience that will be valuable/informative/attractive to audience. Global perspective essential for global health topic.

Speaker # 3

Presentation Title Impact of Families and Child Development as a Path to Peace and Violence Prevention

Speaker/Duration: James F. Leckman : d. 20 minutes

Speaker/Institution: J. Leckman, Child Study Center, Yale University, New Haven, Connecticut, UNITED STATES |

Non-Member Justification James F. Leckman : do not know whether he is a member, but has particular expertise that will contribute significantly to the session

Speaker # 4

Presentation Title Responding to the Needs of Children in Crisis

Speaker/Duration: Lynne Jones : d. 20 minutes

Speaker/Institution: L. Jones, Harvard University, Boston, Massachusetts, UNITED STATES |

Non-Member Justification Lynne Jones : Global expertise and leadership in the field

Speaker # 5

Presentation Title Supporting Children in Times of Crisis

Speaker/Duration: David Schonfeld : d. 20 minutes

Speaker/Institution: D. Schonfeld, School of Social Work, University of Southern California, Los Angeles, California,

Non-Member Justification David Schonfeld : unique expertise that will contribute significantly to the session

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313067

SESSION TITLE: Current Challenges in Pediatric Pneumonia. A Multidisciplinary Perspective

Society Affiliation: APS|PIDS

Chairs: Samir Shah (Moderator); Todd Florin (Presenter); Derek Williams (Presenter); Octavio Ramilo (Presenter); Gail Rodgers (Presenter)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Samir Shah : b. 10 minutes

Speaker/Institution: S.S. Shah, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

Non-Member Justification Samir Shah : (none)

Speaker # 2

Presentation Title Global Health Pneumonia: World Perspective in 2019

Speaker/Duration: Gail Rodgers : d. 20 minutes

Speaker/Institution: G. Rodgers, Bill & Melinda Gates Foundation, Seattle, Washington, UNITED STATES|

Non-Member Justification Gail Rodgers : (none)

Speaker # 3

Presentation Title Emergency Medicine: Finding the Needles in the Haystack: Initial Risk Stratification and Management Decisions for Children with Pneumonia

Speaker/Duration: Todd Florin : d. 20 minutes

Speaker/Institution: T. Florin, Pediatrics (Emergency Medicine), Ann & Robert H Lurie Children's Hospital of Chicago

Non-Member Justification Todd Florin : (none)

Speaker # 4

Presentation Title Hospital Medicine: Inpatient Management Strategies and Importance of Clinical Scores

Speaker/Duration: Derek Williams : d. 20 minutes

Speaker/Institution: D.J. Williams, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES|

Non-Member Justification Derek Williams : (none)

Speaker # 5

Presentation Title Infectious Diseases: Pneumonia Etiology. Value of Current Diagnostic Approaches

Speaker/Duration: Octavio Ramilo : d. 20 minutes

Speaker/Institution: O. Ramilo, Infectious Diseases, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES|

Non-Member Justification Octavio Ramilo : (none)

PROPOSAL #: 313069

SESSION TITLE: Preventing dosing errors through drug dosing decision tools in pediatrics

Contact: Geert 't Jong University of Manitoba
geert.tjong@umanitoba.ca

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatricians and other clinicians and educators who prescribe drugs to children.

Audience Size: 200

Tracks: Clinical and Translational Research|Academic and Research Skills|Pharmacology|Obesity/Metabolism

Objectives To describe challenges associated with drug dose development in children. To illustrate issues associated with drug dosing and medication errors in clinical pediatrics. To describe the role, development, implementation, and evaluation of dosing tools in pediatrics.

Description: Medication errors and adverse drug events in pediatrics can be decreased through the use of prescription orders linked to computerized clinical decision support tools. These tools complement a prescriber's clinical decision-making and provide access to relevant medical information, digitally-available guidelines and medical information, and safety alerts.
 The design and implementation of these support tools in pediatrics are not straightforward. Dose selection in children is challenging as many drugs are developed in adults then scaled down for children. The scaling aspect is complex as children undergo non-linear structural and metabolic maturation before reaching adulthood.
 In this symposium, we will cover the mechanics of drug dose-response in children and dose scaling from adults. Dosing tools, algorithms, and
 integration of tools to medical systems will be discussed. This will be complemented with examples from clinical practice.

Time Block: (none)

QA: Yes

QA Details: about 1/4th of the meeting with prepared additional learning points and questions by the panel to ensure a full session

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Anything else in clinical pharmacology

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: Other Society Affiliation|AAP

Chairs: Geert 't Jong (Chair)

Speaker # 1

Presentation Title Medicine dose-response in children and sources of variability

Speaker/Duration: Hesham Al-Sallami : c. 15 minutes

Speaker/Institution: H. Al-Sallami, School of Pharmacy, University of Otago, Dunedin, NEW ZEALAND|

Non-Member Justification Hesham Al-Sallami : international expert on pediatric ontogeny and pharmacometrics, highly recommended speaker.

PROPOSAL #: 313069

SESSION TITLE: Preventing dosing errors through drug dosing decision tools in pediatrics

Speaker # 2

Presentation Title Medication errors in children; epidemiology, challenges and opportunities for improvement

Speaker/Duration: Geert 't Jong : c. 15 minutes

Speaker/Institution: G.W. 't Jong, Pediatrics, University of Manitoba , Winnipeg, Manitoba, CANADA|

Non-Member Justification Geert 't Jong : (none)

Speaker # 3

Presentation Title Evaluation and integration of drug dosing tools in children

Speaker/Duration: Catherine Sherwin : c. 15 minutes

Speaker/Institution: C.M. Sherwin, Pediatrics, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification Catherine Sherwin : (none)

PROPOSAL #: 313070**SESSION TITLE:** Emerging Evidence and Opportunities for Pediatric Generalist in Point of Care Ultrasound: The Time Is Now**Contact:** Beryl Greywoode Children's Hospital of Philadelphia
greywoodeb@email.chop.edu**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Pediatric Hospitalist and Hospitalist Practitioners, Primary Care Pediatricians and Practitioners, General Pediatrics, Pediatric Emergency, Pediatric Critical Care, Residency/Fellowship Programs interested bedside ultrasound**Audience Size:** 250-350**Tracks:** Education|Academic and Research Skills|Quality Improvement/Patient Safety|Hospitalists|Media & Technology|General Pediatrics|International and Global Health|Critical Care|International Health|Core Curriculum for Fellows|Emergency Medicine|Community Pediat**Objectives** #NAME?**Description:** In recent years, ultrasound has made its way from the dark rooms of radiology departments into the hands of bedside clinicians seeking to answer focused diagnostic questions and guide procedures. This has been in part due to the increased portability of ultrasound machines, however a large driving force has been the utility of real time diagnostic and therapeutic interventions for the treating physician. Evidence is emerging showing that non-radiology providers can quickly learn and maintain high diagnostic accuracy/procedural skills that improve patient quality of care and timeliness of services rendered. In response, many emergency departments and intensive care units throughout the United States have integrated point of care ultrasound into routine care, however, pediatric generalists in hospitals and primary care practices have been slower to adopt this innovation. As a field in general, ultrasound arguably should matter most to pediatricians wishing to spare their patients from ionizing radiation whenever possible, thus institutions nation-wide will need to consider how to incorporate the evolving field of point of care ultrasound into their local practices. This symposium aims to educate pediatric generalists about the mounting data supporting the safety and effectiveness of pediatric point of care ultrasound and demonstrate the potential opportunities to improve pediatric care, especially for the generalist. Presenters will explore the evidence, practical applications, and program developmental components for general pediatric point of care ultrasound.**Time Block:** (none)**QA:** Yes**QA Details:** 10-15 minutes post presentations to allow attendants to ask presenters about implementing ultrasound locally/developing curriculum, applications, research projects, etc**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:**None**Additional Comments:** Proposed titles to be covered during presentation: -POCUS Evolving: The History and Evidence for Bedside Ultrasound -Focused POCUS: Defining the Scope of Bedside Ultrasound for The Pediatric Generalist -Who Does What? The Art and Necessity of Inter-Di**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP|PHM

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313070

SESSION TITLE: Emerging Evidence and Opportunities for Pediatric Generalist in Point of Care Ultrasound: The Time Is Now

Chairs: Beryl Greywoode (Chair); Ria Dancel (Chair)

Speaker # 1

Presentation Title General Pediatrics Point of Care Ultrasound Chair Attending Physician, Division of General Pediatrics Hospitalist and Sedation Medicine Assistant Clinical Professor of Pediatrics

Speaker/Duration: Beryl Greywoode : e. 25 minutes

Speaker/Institution: B. Greywoode, General Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

Non-Member Justification Beryl Greywoode : (none)

Speaker # 2

Presentation Title Director, Medicine Procedure Service and Point of Care Ultrasound Education Medicine Physician Lead, Central Line Insertion QI Consortium Associate Professor, Departments of Medicine and Pediatrics

Speaker/Duration: Ria Dancel : e. 25 minutes

Speaker/Institution: R. Dancel, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES |

Non-Member Justification Ria Dancel : (none)

Speaker # 3

Presentation Title Attending Physician, Pediatric Critical Care Medicine Point of Care Ultrasound Lead, Critical Care Medicine Assistant Professor, Anesthesiology and Critical Care

Speaker/Duration: Thomas Conlon : e. 25 minutes

Speaker/Institution: T. Conlon, Anesthesiology and Critical Care Medicine, The Children's Hospital of Philadelphia,

Non-Member Justification Thomas Conlon : (none)

Speaker # 4

Presentation Title Attending Physician, Division of General Pediatrics Hospitalist Medicine

Speaker/Duration: Akhila Shapiro : e. 25 minutes

Speaker/Institution: A. Shapiro, General Pediatrics, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

Non-Member Justification Akhila Shapiro : (none)

PROPOSAL #: 313071**SESSION TITLE:** Genetic and environmental influences on plasticity of thalamocortical networks: opportunities for precision medicine in the neonate**Contact:** Emma Duerden The University of Western Ontario
eduerden@uwo.ca**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, developmental paediatricians, paediatric radiologists, basic scientists**Audience Size:** 50**Tracks:** Neonatology|Neurology**Objectives** 1. Learn about the motivation and methodologies for studying thalamic and white matter development in the human neonate and neonatal animal models. 2. Understand risk factors for altered thalamic development and outcome in very preterm born neonates. 3. Gain familiarity with the genetics of white matter development and the interplay of genetics with acquired brain injuries. 4. Become aware of scientific research integrating human and animal models to inform precision medicine for neonates.**Description:** Early establishment of thalamocortical connectivity is critical for the functional specialization of the cortex and disruptions of this process may underlie a broad range of neurodevelopmental and psychiatric disorders seen in childhood. In the very preterm born neonate (<32 weeks' gestation), the thalamocortical pathways are vulnerable to the direct effects of brain injury, but also to the indirect effects from environmental exposure to procedural pain and stress. What's more, is that with advances in the genetics of white matter development, evidence suggests that susceptibility of thalamocortical pathways to injury may be heritable. Despite known factors impacting thalamocortical development, to date few therapies exist to enhance or repair the development of these pathways.

 In this hot topic symposium, we will focus recent research in humans and experimental models demonstrating an association among genetic and environmental factors and altered thalamocortical development. We will link these alterations in thalamocortical development with functional cognitive and motor outcomes. Research findings will be discussed in relation to individual differences in neonatal patients, which will provide the basis for developing future clinical strategies that may inform individualized care, treatment responses, outcomes and as well as selection for future clinical trials.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minute Q & A session at the end**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal neurology**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** Other Society Affiliation**Chairs:** Emma Duerden (Organizer); Steven Miller (Moderator)

PROPOSAL #: 313071

SESSION TITLE: Genetic and environmental influences on plasticity of thalamocortical networks: opportunities for precision medicine in the neonate

Speaker # 1

Presentation Title Sensitive windows for thalamic development in the neonate

Speaker/Duration: Emma Duerden : c. 15 minutes

Speaker/Institution: E. Duerden, The University of Western Ontario, London, Ontario, CANADA|

Non-Member Justification Emma Duerden : International

Speaker # 2

Presentation Title Integrative genomics and preterm brain injury

Speaker/Duration: Pierre Gressens : c. 15 minutes

Speaker/Institution: P. Gressens, inserm, Paris, FRANCE|

Non-Member Justification Pierre Gressens : International

Speaker # 3

Presentation Title Early development of thalamocortical networks in the preterm brain: insights from advanced neuroimaging

Speaker/Duration: Serena Counsell : c. 15 minutes

Speaker/Institution: S.J. Counsell, Perinatal Imaging, King's College London, London, UNITED KINGDOM|

Non-Member Justification Serena Counsell : International

Speaker # 4

Presentation Title Pain of routine procedures in thalamocortical development of children born very preterm

Speaker/Duration: Ruth Grunau : c. 15 minutes

Speaker/Institution: R. Grunau, Pediatrics, The University of British Columbia, Vancouver, British Columbia, CANAD

Non-Member Justification Ruth Grunau : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313072

SESSION TITLE: Global Health: Improving maternal and infant health and nutrition outcomes.

Contact: Heike Rabe Brighton & Sussex Medical School
heike.rabe@bsuh.nhs.uk

Session Type: Hot Topic/Topic Symposia

Target Audience: Faculty and trainees with interest in global health, nutrition or neonatology

Audience Size: 200-300

Tracks: International and Global Health

Objectives The key objectives of this session are: - to summarize the current evidence of providing preventative health intervention around birth in order to improve maternal and infant health and nutrition - to illustrate how barriers to implementation can be identified and overcome, especially in low income countries

Description: Based on evidence from multiple clinical trials, the WHO has published pathways which address maternal and child survival by recommending improvement of care before, during and after birth. Postpartum haemorrhage and sepsis are the commonest causes of death at birth and preeclampsia is the most common cause antenatally and after delivery. Immediate cord clamping continues to be an engrained practice, despite WHO guidelines recommending delayed cord clamping for improved maternal and infant health since 2012. Delayed cord clamping is a low cost intervention which can prevent anemia in infants. Despite the strong evidence-base underpinning these recommendations they remain insufficiently implemented as outlined in the yearly WHO reports.. [1] WHO (2018) Recommendations Intrapartum care for a positive childbirth experience. ISBN 978-92-4-155021-5 [2] WHO (2014) Guideline: delayed umbilical cord clamping for improved maternal and infant health and nutrition outcomes. ISBN 978 92 4 150820 9 [3] WHO (2012). Recommendations for the prevention and treatment of postpartum haemorrhage. ISBN 978 92 4 154850 2 [4] WHO (2014) Guideline: delayed umbilical cord clamping for improved maternal and infant health and nutrition outcomes. ISBN 978 92 4 150820 9

Time Block: (none)

QA: Yes

QA Details: 30 minutes if a 120 minute session slot is available

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: none specific

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS|SPR

Chairs: Heike Rabe (Chair); Heike Rabe (Presenter); Ola Andersson (Presenter); Benedict Oppong Asamoah (Presenter)

PROPOSAL #: 313072

SESSION TITLE: Global Health: Improving maternal and infant health and nutrition outcomes.

Speaker # 1

Presentation Title The WHO pathways to improving perinatal outcomes

Speaker/Duration: Heike Rabe : f. 30 minutes

Speaker/Institution: H. Rabe, Academic Department of Paediatrics, Brighton & Sussex Medical School, Brighton, U

Non-Member Justification Heike Rabe : (none)

Speaker # 2

Presentation Title Preventing anemia in infancy.

Speaker/Duration: Ola Andersson : f. 30 minutes

Speaker/Institution: O. Andersson, Neonatology, University of Lund, Lund, SWEDEN |

Non-Member Justification Ola Andersson : (none)

Speaker # 3

Presentation Title Overcoming barriers to implementing improved neonatal survival in lower income countries.

Speaker/Duration: Benedict Oppong Asamoah : f. 30 minutes

Speaker/Institution: B. Asamoah, Social Medicine and Global Health, University of Lund, Lund, SWEDEN |

Non-Member Justification Benedict Oppong Asamoah : (none)

Speaker # 4

Presentation Title Panel discussion: Q&A session

Speaker/Duration: Heike Rabe : c. 15 minutes

Speaker/Institution: H. Rabe, Academic Department of Paediatrics, Brighton & Sussex Medical School, Brighton, U

Non-Member Justification Heike Rabe : (none)

PROPOSAL #: 313076

SESSION TITLE: Hospital-Based Breastfeeding Care in the NICU: Real Evidence vs. Conventional Practice

Contact: Margaret Parker Boston Medical Center
margaret.parker@bmc.org

Session Type: Hot Topic/Topic Symposia

Target Audience: Researchers and clinicians focused on lactation support of mothers of preterm infants

Audience Size: 75-100

Tracks: Neonatology|Health Services Research|Quality Improvement/Patient Safety

Objectives

- Review the evidence and evidence-gaps related to hospital-based breastfeeding practices for very preterm infants
- Recognize the impact of these practices on mothers through an open dialog with real NICU mothers

Description: Common approaches to support mothers in making milk during the NICU hospitalization include early initiation of milk expression, as early as 1 hour after birth, pumping 8-10 times per day or more, and early oral feedings directly at the breast. Despite the fact that tremendous resources are allocated toward these practices in current clinical NICU care, the evidence behind these practices is unclear. Additionally, mothers' perspectives on these ambitious goals are not always recognized. The goals of this topic symposium are to: (1) present the current evidence and highlight evidence gaps in common NICU breastfeeding support practices, and to (2) recognize the unique perspectives of NICU mothers in making milk for preterm infants.

Introduction: 5 min

Talk 1 (25 min, including Q &A): **Early Initiation of Milk Expression: The When and How**
Dr. Meg Parker, Assistant Professor of Pediatrics, Boston University School of Medicine
This presentation will review the strength of the current evidence for early initiation of milk expression among mothers of very preterm infants, and whether use of hand expression vs. pumping in the first episodes of milk expression really matters.

Talk 2 (25 min, including Q&A): **On-Going Milk Production by Pumping: Does It Matter What We Say?**
Dr. Aloka Patel, Associate Professor of Pediatrics, Rush University Children's Hospital
This presentation will review the evidence for pumping 8-10 times per day and whether or not mothers adhere to this onerous suggestion, and effectiveness of the type of pump used vs. augmented hand-expression.

Talk 3 (25 min, including Q&A): **Non-nutritive and Nutritive Sucking at the Breast: Controversies with Safety and Efficacy**
Dr. Sarah Taylor, Associate Professor of Pediatrics, Yale University School of Medicine
This presentation will review existing evidence related to safety and efficacy of non-nutritive and nutritive sucking at the breast, use of pacifiers, and skin-to-skin care with respect to duration of breastfeeding.

Talk 4 (30 min): **Maternal Perspectives on Providing Breast Milk for a Hospitalized Very Preterm Infant in the NICU – Are the Recommendations Feasible?**
To be named, but we have communicated with Dr. Natalie Davis, Assistant Professor of Pediatrics and neonatologist, and Jane Munoz, NICU lactation consultant, in the University of Maryland level 3 NICU, in Baltimore, Maryland, who has already identified several mothers local to the Baltimore area to approach that would be willing to share their experience with the aforementioned hospital practices. In this presentation, mothers will discuss their experiences and perspectives on the aforementioned recommendations regarding providing milk for their preterm infants.

Final Q&A 10 min
Total = 120 min

Time Block: (none)

QA: Yes

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313076

SESSION TITLE: Hospital-Based Breastfeeding Care in the NICU: Real Evidence vs. Conventional Practice

QA Details: We incorporated this into our agenda (above). We will have ~5 min Q&A after each research speaker, plus ~10 min after our mother speakers

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Please avoid the session "Human Milk and Breastfeeding" top abstracts, and any session on neonatal nutrition or donor milk

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP

Chairs: Margaret Parker (Chair); Alok Patel (Chair)

Speaker # 1

Presentation Title Early Initiation of Milk Expression: The When and How

Speaker/Duration: Margaret Parker : e. 25 minutes

Speaker/Institution: M. Parker, Pediatrics, Boston Medical Center, Brookline, Massachusetts, UNITED STATES|

Non-Member Justification Margaret Parker : (none)

Speaker # 2

Presentation Title On-Going Milk Production by Pumping: Does It Matter What We Say?

Speaker/Duration: Alok Patel : e. 25 minutes

Speaker/Institution: A.L. Patel, Pediatrics, Rush University, Chicago, Illinois, UNITED STATES|

Non-Member Justification Alok Patel : (none)

Speaker # 3

Presentation Title Non-nutritive and Nutritive Sucking at the Breast: Controversies with Safety and Efficacy

Speaker/Duration: Sarah Taylor : e. 25 minutes

Speaker/Institution: S. Taylor, Pediatrics, Yale University School of Medicine, New Haven, Connecticut, UNITED ST

Non-Member Justification Sarah Taylor : (none)

PROPOSAL #: 313077

SESSION TITLE: POTS (Postural Orthostatic Tachycardia Syndrome) - clinical directions

Contact: Michael Lotke Children's National Health System
mlotke@childrensnational.org

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric providers - ambulatory and hospitalist

Audience Size: 250

Tracks: Adolescent Medicine|General Pediatrics

Objectives Attendees will better understand some of the possible etiologies of POTS Attendees will learn about current symptomatic treatment of POTS Attendees will be introduced to non-pharmacologic interventions helpful to patients with POTS

Description: POTS seems to be growing in recognition and in prevalence. There still is a lot of question about the appropriate diagnosis and diagnostic work up, medical interventions, and non-pharmacologic interventions. There likely are multiple different etiologies which may benefit from different interventions. At this time, medical interventions mostly are limited to symptomatic treatment. Families seem resistant to non-pharmacologic interventions, but these seem to be most beneficial. Many families also request home-bound schooling, which usually does not benefit the patient. The panel will provide updated information on several aspects of this condition and entertain discussion regarding evaluation and treatment options.

Time Block: (none)

QA: Yes

QA Details: 20 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: AAP Plenary

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Michael Lotke (Moderator); Elizabeth Bettini (Presenter); Brent Goodman (Presenter); Heather Pelletier (Presenter)

Speaker # 1

Presentation Title Overview of POTS - what we know and where we go

Speaker/Duration: Michael Lotke : d. 20 minutes

Speaker/Institution: M. Lotke, Hospitalist, Children's National Health System, Washington, District of Columbia, UN

Non-Member Justification Michael Lotke : (none)

PROPOSAL #: 313077

SESSION TITLE: POTS (Postural Orthostatic Tachycardia Syndrome) - clinical directions

Speaker # 2

Presentation Title Evaluation of POTS

Speaker/Duration: Brent Goodman : d. 20 minutes

Speaker/Institution: B. Goodman, Mayo Clinic , Rochester, Minnesota, UNITED STATES|

Non-Member Justification Brent Goodman : (none)

Speaker # 3

Presentation Title Central Sensitization in POTS and EDS

Speaker/Duration: Elizabeth Bettini : d. 20 minutes

Speaker/Institution: E. Bettini, Children's National Health System, Washington, District of Columbia, UNITED STATE

Non-Member Justification Elizabeth Bettini : (none)

Speaker # 4

Presentation Title Psychological Evaluation of Adolescents with POTS/Autonomic Nervous System Dysfunction

Speaker/Duration: Heather Pelletier : d. 20 minutes

Speaker/Institution: H. Pelletier, Hasbro Children's Hospital, Providence, Rhode Island, UNITED STATES|

Non-Member Justification Heather Pelletier : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313078

SESSION TITLE: Ventilatory strategies for the infant with established severe Bronchopulmonary Dysplasia (BPD).
From the BPD Collaborative.

Contact: Milenka Cuevas Guaman Baylor College of Medicine
mile_cuevas@yahoo.com

Session Type: Panel Discussion

Target Audience: Attendings, residents, fellows and practinoners

Audience Size: 80

Tracks: General Pediatrics|Pulmonology|Neonatology

Objectives Discuss the different ventilatory strategies in the inpatient setting: non-invasive, NAVA, conventional and long-term ventilator support. Discuss ventilatory strategies in the outpatient setting: home ventilation and weaning from IPPV to other forms of support and eventual decannulization.

Description: Interactive discussion with experts in the field to understand the processes and strategies for respiratory management of the infant with established severe BPD: from the inpatient to the outpatient setting. All presenters are part of the Bronchopulmonary Dysplasia (BPD) Collaborative. The BPD collaborative is made up of Institutions with multidisciplinary teams dedicated to optimizing the outcomes of infants and children with severe BPD.
 4 panelist each will present a case scenario (short 10 - 15 min) followed by an open discussion. During the discussion we will primarily have audience participation, however if there is no discussion the panelist will actively participate, such that all the important points are covered for the participants.
 Case 1: Non-invasive ventilator management of BPD.
 Case 2: When and how to transition from acute to chronic ventilator care: long-term ventilator strategies for the management of BPD.
 Case 3: Conventional ventilator support in the patient with tracheostomy
 Case 4: The outpatient respiratory management for BPD infants discharged on home ventilation.

Time Block: (none)

QA: Yes

QA Details: After every case will have 15 to 20 min max of discussion time, to be lead by the panelist and moderators.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:NA

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SPR|AAP

Chairs: Milenka Cuevas Guaman (Chair); Steven Abman (Chair); Leif Nelin (Chair)

Speaker # 1

Presentation Title Case 1: Non-invasive management.

Speaker/Duration: Jason Gien : f. 30 minutes

Speaker/Institution: J. Gien, Pediatrics - Pulmonary Medicine, University of Colorado School of Medicine , Aurora,

Non-Member Justification Jason Gien : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313078

SESSION TITLE: Ventilatory strategies for the infant with established severe Bronchopulmonary Dysplasia (BPD).
From the BPD Collaborative.

Speaker # 2

Presentation Title Case 2: When and how to transition from acute to chronic ventilator care: long-term ventilator strategies andfor the management of BPD.

Speaker/Duration: Edward Shepherd : f. 30 minutes

Speaker/Institution: E. Shepherd, Peditrics- Neonatology, Nationwide Children's Hospital, Columbus, Ohio, UNIT

Non-Member Justification Edward Shepherd : (none)

Speaker # 3

Presentation Title Case 3: Conventional ventilator support for long-term ventilator requirements in BPD

Speaker/Duration: Christopher Baker : f. 30 minutes

Speaker/Institution: C.D. Baker, Pediatrics - Pulmonary Medicine, University of Colorado School of Medicine, Auror

Non-Member Justification Christopher Baker : (none)

Speaker # 4

Presentation Title Case 4 Outpatient respiratory management for BPD infants discharged on home ventilation.

Speaker/Duration: Sharon McGrath-Morrow : f. 30 minutes

Speaker/Institution: S. McGrath-Morrow, Pediatrics - Pulmonary Medicine, Jhons Hopkins, Baltimore, Maryland, U

Non-Member Justification Sharon McGrath-Morrow : (none)

PROPOSAL #: 313086**SESSION TITLE:** The real-time evaluation of placental function and disease to inform pediatric health**Contact:** Nickie Andescavage Children's National Health Systems
nniforat@childrensnational.org**Session Type:** Panel Discussion**Target Audience:** Scientists and clinicians (neonatologists, neurologists, developmental specialists, pediatricians) involved in the understanding and acute/long-term management of high risk newborns.**Audience Size:** 100**Tracks:** Developmental and Behavioral Pediatrics | Cardiology | Neurology | Neonatology**Objectives** 1.Summarize current tools for evaluation of placental health and available intervention strategies
2.Describe emerging approaches in the evaluation of human placental development 3.Discuss the role of placental health in high-risk conditions and the impact on neonatal outcome and pediatric health**Description:** A healthy intrauterine environment is critical for both the short-term and long-term wellbeing of children and is highly dependent on the complex interplay between maternal-fetal-placental function. Placental dysfunction is a major cause of stillbirth, preterm birth, dysregulated fetal growth, perinatal mortality and long-term neurodevelopmental morbidity. Clinical indicators of placental dysfunction represent downstream consequences and their discovery comes long after the underlying placental disorder has started to emerge. Notably, information on the human placenta is primarily obtained by studying ex-vivo placental tissue after delivery. Currently, the fundamental impediment to identifying placental dysfunction is the lack of early in vivo biomarkers of imminent placental failure. Moreover, there is a glaring lack of information on normal placental development in utero and across gestation from which to reliably identify the onset and progression of placental dysfunction. This topic symposium will review current practices in evaluating placental health as well as emerging platforms to assess *in vivo* placental function.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes at end of the session**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** neonatal neurology**Additional Comments:** (none)**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR**Chairs:** Nickie Andescavage (Moderator); Catherine Limperopoulos (Moderator)

PROPOSAL #: 313086

SESSION TITLE: The real-time evaluation of placental function and disease to inform pediatric health

Speaker # 1

Presentation Title Current standards in the identification and management of placental health

Speaker/Duration: Ahmed Baschat : c. 15 minutes

Speaker/Institution: A. Baschat, Fetal Medicine, Johns Hopkins University Medical Center, Baltimore, Maryland, U

Non-Member Justification Ahmed Baschat : World expert in placental pathology, providing obstetrical-maternal-medicine perspective

Speaker # 2

Presentation Title Emerging platforms to optimize the study and evaluation of the human placenta

Speaker/Duration: David Weinberg : c. 15 minutes

Speaker/Institution: D. Weinberg, NICHD, National Institutes of Health, Bethesda, Maryland, UNITED STATES|

Non-Member Justification David Weinberg : Project Lead for the Human Placenta Project

Speaker # 3

Presentation Title Understanding healthy placental development through advanced MRI

Speaker/Duration: Nickie Andescavage : c. 15 minutes

Speaker/Institution: N. Andescavage, Neonatology, Children's National Health Systems, Washington, District of Col

Non-Member Justification Nickie Andescavage : (none)

Speaker # 4

Presentation Title Placental function and brain development in congenital heart disease and fetal growth restriction

Speaker/Duration: Michael Seed : c. 15 minutes

Speaker/Institution: M. Seed, Cardiology, The Hospital for Sick Childrens, Toronto, Ontario, CANADA|

Non-Member Justification Michael Seed : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313093

SESSION TITLE: The Role of Industry in Pediatric Research

Contact: Ricardo Quinonez
Baylor College of Medicine
raquinon@texaschildrens.org

Session Type: Hot Topic/Topic Symposia

Target Audience: General pediatricians, subspecialists and pediatric trainees

Audience Size: 100

Tracks: Academic and Research Skills|Advocacy/Public Policy|Public Health|Vulnerable and Underserved Populations/Health Equity & Social Justice|Ethics/Bioethics|Education

Objectives 1. Discuss the impact the pharmaceutical industry may have on the design, findings and publication of research studies 2. Discuss current examples of industry influence which has resulted in harm 3. Demonstrate examples of how conflict of interest may negatively impact research in medicine and pediatrics in particular

Description: This session is meant to educate pediatricians and researchers about the way that the pharmaceutical industry may unduly influence research in medicine and pediatrics in particular. We will draw from published examples and discuss well-known and lesser-known instances in which this influence has led to harm. By discussing topical subjects such as the opioid epidemic, antivirals for influenza and The Sunshine Act, we hope that pediatricians and scientists will realize how this influence continues even today. While this session is mostly aimed at discussing the negative impact of industry upon research, we will balance the discussion with examples of positive industry collaborations that lead to benefit. We aim to build in significant time into the session to have a meaningful question and answer session at the end.

Time Block: (none)

QA: Yes

QA Details: 25 minute Q&A session

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: 1. QI SIG meeting 2. HVC SIG meeting 3. Hospitalist SIG meeting

Additional Comments: All of the presenters in this session have published work in this topic and have presented similar sessions at local, regional or national conferences

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APA|PHM

Chairs: Ricardo Quinonez (Chair); Thomas Newman (Presenter); Alan Schroeder (Presenter); Matthew Garber (Presenter); Kavita Parikh (Presenter)

Speaker # 1

Presentation Title Introduction

Speaker/Duration: Ricardo Quinonez : b. 10 minutes

Speaker/Institution: R. Quinonez, Pediatric Hospital Medicine, Baylor College of Medicine, Houston, Texas, UNITED

Non-Member Justification Ricardo Quinonez : (none)

PROPOSAL #: 313093

SESSION TITLE: The Role of Industry in Pediatric Research

Speaker # 2

Presentation Title The Best Research Money Can Buy

Speaker/Duration: Thomas Newman : e. 25 minutes

Speaker/Institution: T. Newman, Epidemiology & Biostatistics, UCSF, San Carlos, California, UNITED STATES|

Non-Member Justification Thomas Newman : (none)

Speaker # 3

Presentation Title Pharma and the Opioid Epidemic

Speaker/Duration: Alan Schroeder : d. 20 minutes

Speaker/Institution: A. Schroeder, Stanford, Palo Alto, California, UNITED STATES|

Non-Member Justification Alan Schroeder : (none)

Speaker # 4

Presentation Title Influenza and Antivirals - Industry Bias

Speaker/Duration: Matthew Garber : d. 20 minutes

Speaker/Institution: M.D. Garber, Pediatrics, University of Florida COM Jacksonville, Jacksonville, Florida, UNITED S

Non-Member Justification Matthew Garber : (none)

Speaker # 5

Presentation Title The Sunshine Act and Pediatrics

Speaker/Duration: Kavita Parikh : e. 25 minutes

Speaker/Institution: K. Parikh, Hospitalist Division, Children's National Medical Center, Bethesda, Maryland, UNITE

Non-Member Justification Kavita Parikh : (none)

Speaker # 6

Presentation Title Conclusions and Moderated Q&A

Speaker/Duration: Ricardo Quinonez : e. 25 minutes

Speaker/Institution: R. Quinonez, Pediatric Hospital Medicine, Baylor College of Medicine, Houston, Texas, UNITED

Non-Member Justification Ricardo Quinonez : (none)

PROPOSAL #: 313094

SESSION TITLE: Surrounded by Sharks: How to Survive a Malpractice Lawsuit

Contact: Laura Sigman Children's National Health System
sigmanlaura@gmail.com

Session Type: Hot Topic/Topic Symposia

Target Audience: physicians at all levels; all specialties

Audience Size: 80-100

Tracks: Career Development | Quality Improvement/Patient Safety | Leadership and Business Training

Objectives

1. Review the epidemiology of medical malpractice as it affects pediatricians and subspecialists.
2. Understand relevant legal concepts and the litigation process.
3. Identify pitfalls that can compromise effective response to malpractice claims.
4. Learn how to prepare for and behave during a deposition and testimony.
5. Recognize and respond to the symptoms of medical malpractice stress syndrome.
6. Develop strategies to prevent malpractice cases.

Description: One in five pediatricians will be named in a malpractice suit at least once during his or her career and 10% of residents and fellows will be sued for events that occurred during their training. Legal issues are significant stressors for physicians, yet few are knowledgeable about the legal process or how best to handle real and potential legal cases. Greater knowledge of how to react in this time of crisis empowers pediatricians to respond more appropriately and to better cope with the stress of litigation.

An understanding of the implications, process and anatomy of malpractice litigation is essential to working successfully with insurance companies and attorneys to resolve a lawsuit. This will also help defendant pediatricians mitigate the long-term impact of being named in a malpractice suit, which can be devastating personally, physically, and professionally. How a pediatrician responds after the initial shock of receiving the malpractice complaint and throughout the process is essential to launching an effective defense. We will cover each step of the process from records request through verdict and appeal as well as the aftermath including National Practitioner Data Bank reports and recognition and intervention for medical malpractice stress syndrome.

There are many pitfalls to be avoided in handling legal cases, such as ignoring legal complaints, contacting plaintiffs directly, failing to notify medical liability insurers, or discussing cases with third parties. These actions can compromise a solid defense or negate insurance coverage. This session will explain the most effective responses for the defendant physician and will discuss how to get back to a "normal" life in a timely manner.

This session will explore the mire of malpractice litigation through five subtopics. Questions will be encouraged during the presentation and we will pause after each topic for interactive discussion. Tips will be given to aid the pediatrician in navigating lawsuits and traps and pitfalls will be highlighted.

Topic 1: Epidemiology of Pediatric Malpractice

In this section, we will examine what is known about pediatric malpractice claims and lawsuits. Specifically, we will explore how often pediatricians are sued and how they fare. We will also examine what factors make it more or less likely that a pediatrician is sued.

Topic 2: Legal Concepts in Medical Malpractice

In this section, we will introduce legal concepts of medical malpractice, introducing four requirements to prove negligence: duty, breach, causation and damages. We will also examine other malpractice-related torts including failure-to-warn and intentional tort. These concepts will be discussed using a series of engaging vignettes.

Topic 3: Anatomy of a Lawsuit

Participants will be guided through the timeline of a lawsuit beginning with patient injury and culminating with verdict and appeal. We will also cover reporting to the National Provider Data Bank and related implications.

Topic 4: The Second Victim

We will discuss Medical Malpractice Stress Syndrome and strategies to minimize the

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313094

SESSION TITLE: Surrounded by Sharks: How to Survive a Malpractice Lawsuit

negative impact of a malpractice lawsuit on the physician.

 <i>Topic 5: Back to the Future</i>
 We win the malpractice fight when our patients don't consult with an attorney in the first place. The session will conclude with an exploration of why physicians get sued and what one can do to prevent lawsuits. The importance of strong patient/family-physician relationships and honest and open communication will be addressed.

Time Block: (none)

QA: Yes

QA Details: 30 minutes

Audience Polling: Yes

Polling Details: audience polling/response for questions about medical-legal issues

Sabbath Conflicts: N/A

Conflicting Sessions:n/a

Additional Comments: Presenters are members of the AAP Committee on Medical Liability and Risk Management. Drs. Bondi and Sigman are also attorneys.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Laura Sigman (Presenter); Steven Bondi (Presenter)

Speaker # 1

Presentation Title Anatomy of a Lawsuit

Speaker/Duration: Laura Sigman : e. 25 minutes

Speaker/Institution: L.J. Sigman, Emergency Medicine , Children's National Health System, Washington, District of

Non-Member Justification Laura Sigman : AAP

Speaker # 2

Presentation Title Legal Concepts in Medical Malpractice

Speaker/Duration: Steven Bondi : e. 25 minutes

Speaker/Institution: S. Bondi, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, Ne

Non-Member Justification Steven Bondi : AAP

Speaker # 3

Presentation Title Coping With and Preventing Malpractice

Speaker/Duration: Karen Santucci : e. 25 minutes

Speaker/Institution: K. Santucci, Pediatrics, Yale, Norwalk, Connecticut, UNITED STATES|

Non-Member Justification Karen Santucci : AAP

PROPOSAL #: 313094

SESSION TITLE: Surrounded by Sharks: How to Survive a Malpractice Lawsuit

Speaker # 4

Presentation Title Epidemiology of Pediatric Malpractice

Speaker/Duration: Robin Altman : e. 25 minutes

Speaker/Institution: R.L. Altman, Pediatrics, New York Medical College, Briarcliff Manor, New York, UNITED STATES

Non-Member Justification Robin Altman : AAP

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313158

SESSION TITLE: Congenital Cytomegalovirus Infection - Rationale and Strategies for Newborn Screening

Contact: Sunil Sood
ssood@northwell.edu
Northwell Health

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatricians, hospitalists, neonatologists, pediatric infectious disease specialists

Audience Size: 50

Tracks: Advocacy/Public Policy|Children with Special Health Care Needs|Well Newborn|Quality Improvement/Patient Safety|Neonatology|Infectious Diseases|General Pediatrics|Hospitalists

Objectives 1. Review current data on prevalence and morbidity of congenital CMV 2. Understand the clinical rationale for routinely testing newborns for CMV 3. Describe hearing-failure targeted testing programs in U.S. hospitals

Description: There is increasing momentum toward targeted newborn screening programs for congenital CMV infection, which may ultimately result in an HHS recommendation for universal screening. Several states have passed laws that mandate babies with hearing failure be tested for CMV in the newborn period. Yet awareness and knowledge of the clinical spectrum of congenital CMV remains low, both among health professionals and expectant parents. A large U.S. cohort study of screened newborns has yielded data on the prevalence and natural history of congenital CMV infection. Based on these data, the rationale and methods for setting up a testing program in your hospital will be reviewed. Protocols for hearing and neurodevelopmental follow-up, and antiviral treatment options, will be discussed.

Time Block: (none)

QA: Yes

QA Details: 15 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Congenital infections

Additional Comments: This session aims to update participants' knowledge about CMV, a relatively neglected congenital infection, that affects an estimated 30,000 newborns a year in the U.S. alone and is a leading cause of sensorineural hearing loss.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: PIDS|AAP|SPR

Chairs: Sunil Sood (Chair)

Speaker # 1

Presentation Title The accelerating trend in screening newborns for CMV

Speaker/Duration: Sunil Sood : c. 15 minutes

Speaker/Institution: S.K. Sood, Cohen Children's & Southside Hospitals, Northwell Health, Bay Shore, New York, U

Non-Member Justification Sunil Sood : (none)

PROPOSAL #: 313158

SESSION TITLE: Congenital Cytomegalovirus Infection - Rationale and Strategies for Newborn Screening

Speaker # 2

Presentation Title The current epidemiology of congenital CMV infection: findings from the CHIMES study

Speaker/Duration: karen Fowler : e. 25 minutes

Speaker/Institution: K.B. Fowler, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED

Non-Member Justification karen Fowler : Dr. Fowler is a leading expert in the epidemiology of congenital CMV infection and co-PI of the CHIMES study.

Speaker # 3

Presentation Title Long term hearing outcomes after congenital CMV infection, and current considerations for valganciclovir treatment.

Speaker/Duration: Albert Park : e. 25 minutes

Speaker/Institution: A. Park, Surgery, University of Utah, Salt Lake City, Utah, UNITED STATES|

Non-Member Justification Albert Park : Dr. Park is the leading otolaryngologist in the CMV field and PI of a multicenter NIH treatment study

Speaker # 4

Presentation Title Hearing-failure targeted CMV testing programs, with example from a large health system

Speaker/Duration: Alia Chauhan : e. 25 minutes

Speaker/Institution: A. Chauhan, pediatrics , Southside Hospital, Northwell Health , East Meadow, New York, UNIT

Non-Member Justification Alia Chauhan : Dr. Chauhan is implementing a hearing-failure targeted CMV screening program in a health system with 40,000 annual births

PROPOSAL #: 313161

SESSION TITLE: Food Additives and Environmental Contaminants: Emerging Threats to Child Health and Opportunities for Prevention

Contact: Sheela Sathyanarayana University of Washington/Seattle Childrens Research Institute
sheela.sathyanarayana@seattlechildrens.org

Session Type: Hot Topic/Topic Symposia

Target Audience: All Pediatricians

Audience Size: 100-200

Tracks: Environmental Health | Adolescent Medicine | Obesity/Metabolism | Community Pediatrics | General Pediatrics | Clinical and Translational Research | Gastroenterology and Nutrition

Objectives Objectives: Learn about food additives and environmental contaminants in foods Learn about the child health risks of food additives and contaminants Learn what academic and clinical pediatricians can tell their families about reducing exposures

Description: **Description:** In 2018, The American Academy of Pediatrics released a Food Additives and Child Health Policy Statement that described loopholes and weaknesses in the Food and Drug Administration’s regulatory framework that allows for numerous additives to be added to foods without adequate safety testing. These substances are used to flavor, color, preserve, package, process and store our food, but many never appear among the list of ingredients. Over 10,000 chemicals are allowed to be used to flavor, color, preserve, package, process, or store food in the US, and 1,000 of these additives bypass FDA review. Many of these chemicals are associated with adverse child health outcomes including obesity and inflammatory bowel disease, and emerging research highlights that changes in diet can significantly improve health outcomes. The goal of this session is to educate pediatricians about the emerging research and potential harms of food additives and how to counsel families.
Moderator: Sheela Sathyanarayana MD MPH, University of Washington Department of Pediatrics
Description: In 2018, The American Academy of Pediatrics released a Food Additives and Child Health Policy Statement that described loopholes and weaknesses in the Food and Drug Administration’s regulatory framework that allows for numerous additives to be added to foods without adequate safety testing. These substances are used to flavor, color, preserve, package, process and store our food, but many never appear among the list of ingredients. Over 10,000 chemicals are allowed to be used to flavor, color, preserve, package, process, or store food in the US, and 1,000 of these additives bypass FDA review. Many of these chemicals are associated with adverse child health outcomes including obesity and inflammatory bowel disease, and emerging research highlights that changes in diet can significantly improve health outcomes. The goal of this session is to educate pediatricians about the emerging research and potential harms of food additives and how to counsel families.
Speakers:
Sheela Sathyanarayana MD MPH, Moderator – Introduction 10 minutes with review of the AAP Food Additives Policy Statement
Leo Trasande MD MPP, New York University, Dept of Pediatrics - How food additives/contaminants are related to obesity – 20 minutes
Obesity is typically thought of as a disease of excess calories and reduced exercise. Yet emerging research highlights that several environmental contaminants and additives in foods contribute to changing metabolic states and development of obesity.
Dale Lee MD, Seattle Children’s Hospital, Division of Gastroenterology – Food Additives and Inflammation in the GI tract – 20 minutes
Diet plays a role in the pathogenesis and treatment of inflammation in the gastrointestinal system. Select food additives have been associated with inflammation in the GI tract and may affect the risk of developing certain disease processes such as inflammatory bowel disease.
David Suskind MD,

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313161

SESSION TITLE: Food Additives and Environmental Contaminants: Emerging Threats to Child Health and Opportunities for Prevention

Seattle Children's Hospital, Division of Gastroenterology - Dietary Management of Inflammatory Bowel Disease: A Disease Paradigm Shift. – 20 minutes
IBD is a disorder of immune dysregulation with both the fecal microbiome and the immune system implicated in disease pathogenesis. Diet has a profound effect on the fecal microbiome and the immune system. Changing diet has been shown to treat IBD with resolution of clinical symptoms and inflammatory burden through its effect on the microbiome and immune system.
Sheela Sathyanarayana MD MPH, University of Washington/Seattle Children's Hospital - What Clinicians and Academic Pediatricians Need to Know – 20 minutes
Pediatricians should be aware of food additives/contaminants that affect health outcomes and know how to counsel to reduce exposures. Several easy steps can be taken by families to reduce exposures.
Moderated Question/Answer Session: 20 minutes

Time Block: (none)

QA: Yes

QA Details: Moderated Q&A Session - 20 minutes in length. We will bring notecards and ask participants to write down questions. The moderator will go through questions and then ask them of the speakers.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Gastroenterology Environmental Health Obesity

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APA|AAP

Chairs: Sheela Sathyanarayana (Chair)

Speaker # 1

Presentation Title How food additives/contaminants are related to obesity

Speaker/Duration: Leonardo Trasande : d. 20 minutes

Speaker/Institution: L. Trasande, Pediatrics, NYU School of Medicine, New York, New York, UNITED STATES|

Non-Member Justification Leonardo Trasande : AAP

Speaker # 2

Presentation Title Food Additives and Inflammation in the GI tract

Speaker/Duration: Dale Lee : d. 20 minutes

Speaker/Institution: D. Lee, Division of Gastroenterology, Seattle Children's Hospital, Seattle, Washington, UNITED STATES|

Non-Member Justification Dale Lee : (none)

Speaker # 3

Presentation Title Dietary Management of Inflammatory Bowel Disease: A Disease Paradigm Shift

Speaker/Duration: David Suskind : d. 20 minutes

Speaker/Institution: D. Suskind, Seattle Children's Hospital, Seattle, Washington, UNITED STATES|

Non-Member Justification David Suskind : (none)

PROPOSAL #: 313161

SESSION TITLE: Food Additives and Environmental Contaminants: Emerging Threats to Child Health and Opportunities for Prevention

Speaker # 4

Presentation Title What Clinicians and Academic Pediatricians Need to Know

Speaker/Duration: Sheela Sathyanarayana : d. 20 minutes

Speaker/Institution: S. Sathyanarayana, Pediatrics, University of Washington/Seattle Childrens Research Institute,

Non-Member Justification Sheela Sathyanarayana : (none)

PROPOSAL #: 313163**SESSION TITLE:** Reducing Child Poverty by Half in 10 Years: A National Academy of Sciences Report**Contact:** Benard Dreyer NYU School of Medicine
Benard.Dreyer@nyumc.org**Session Type:** State of the Art Plenary**Target Audience:** Policy makers, advocate, leaders of health care systems, Prctiontioners/clinicians, researchers, learner at all levels (students, residents, fellows, graduate students).**Audience Size:** 500+**Tracks:** Advocacy/Public Policy|Academic and Research Skills|General Pediatrics|Epidemiology|Developmental and Behavioral Pediatrics|Diversity and Inclusion|Core Curriculum for Fellows|Career Development|Clinical and Translational Research|Adolescent Medicine|Chil**Objectives** 1. Describe the impacts of poverty on child outcomes. 2. Categorize government programs that will reduce the level of child poverty. 3. Assess the factors that impede or promote the effective of anti-poverty programs**Description:** As described by the American Academy of Pediatrics, child poverty is prevalent and pervasive in the U.S. Using the Supplemental Poverty Measure (SPM), which credits as family income non-cash benefits such as SNAP and housing vouchers, 11 million children were poor in 2017, and 3.5 million were living in deep poverty (defined as having family resources less than half the SPM poverty line). Given the long term harm to children generated by poverty in the U.S. and the demonstrated effectiveness of many child poverty programs, the 2015 omnibus appropriations bill signed into law by congress included funding for and direction to the National Academy of Sciences, Engineering, and Medicine (the NAS) to conduct a comprehensive study of child poverty and to propose recommendations with the goal of reducing the number of children living in poverty in the U.S. in half in 10 years. A committee comprised of 15 national leaders from social sciences, economics, pediatrics, psychology, child welfare, public policy, and population health gathered in person and virtually over the last two years to create a blueprint for congress to address this critical problem. This State of the Art Plenary will report on the results of this effort. Members from this committee will present the results of this two year effort, which is in essence a report to congress. A panel of presenters will discuss the following topics: 1. The definition of child poverty and consequence of poverty on child outcomes. 2. Which programs should be included in reducing child poverty using the Urban Institute's TRIM3 microsimulation model? 3. Packaging policies to cross the finish line while addressing values. 4. Contextual factors that promote or impede the effectiveness of anti-poverty programs. 5. Where do we go from here? There will be ample time for audience and panel interactions and discussion.**Time Block:** (none)**QA:** Yes**QA Details:** 30 minutes open discussion by participants with the panel**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** AAP Presidential Plenary APA Presidential Plenary**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)

PROPOSAL #: 313163

SESSION TITLE: Reducing Child Poverty by Half in 10 Years: A National Academy of Sciences Report

Society Affiliation: APA|AAP|SDBP|APS

Chairs: Benard Dreyer (Chair); Greg Duncan (Chair)

Speaker # 1

Presentation Title Introduction and Overview: Genesis of this report and charge from congress

Speaker/Duration: Benard Dreyer : b. 10 minutes

Speaker/Institution: B. Dreyer, Pediatrics, NYU School of Medicine, New York, New York, UNITED STATES|

Non-Member Justification Benard Dreyer : (none)

Speaker # 2

Presentation Title Definition of Child Poverty and Consequences of Poverty on Child outcomes

Speaker/Duration: Benard Dreyer : c. 15 minutes

Speaker/Institution: B. Dreyer, Pediatrics, NYU School of Medicine, New York, New York, UNITED STATES|

Non-Member Justification Benard Dreyer : (none)

Speaker # 3

Presentation Title Which Programs Should Be Included In Reducing Child Poverty Using The Urban Institute's TRIM3 Microsimulation Model?

Speaker/Duration: Greg Duncan : d. 20 minutes

Speaker/Institution: G. Duncan, Chair of NAS Committee to Reduce Child Poverty in Half in 10 years, Anaheim, Cali

Non-Member Justification Greg Duncan : Greg Duncan is the Chair of the NAS Committee to Reduce Child Poverty in Half in 10 years. He is Distinguished Professor of the University of California at Irvine and a well renowned researcher on child poverty

Speaker # 4

Presentation Title Packaging Policies To Cross The Finish Line While Addressing Values.

Speaker/Duration: Timothy Smeeding : b. 10 minutes

Speaker/Institution: T. Smeeding, University of Wisconsin, Madison, Wisconsin, UNITED STATES|

Non-Member Justification Timothy Smeeding : Tim Smeeding is a member of the NAS Committee and an internationally recognized expert on the economics of child poverty

Speaker # 5

Presentation Title Contextual Factors That Promote Or Impede The Effectiveness Of Anti-Poverty Programs

Speaker/Duration: Cynthia Osborne : c. 15 minutes

Speaker/Institution: C. Osborne, University of Texas, Austin, Texas, UNITED STATES|

Non-Member Justification Cynthia Osborne : Cynthia Osborne is a member of the NAS Committee and lead author on the contextual issues chapter of the report

PROPOSAL #: 313163

SESSION TITLE: Reducing Child Poverty by Half in 10 Years: A National Academy of Sciences Report

Speaker # 6

Presentation Title Where Do We Go From Here? Next Steps

Speaker/Duration: Irwin Garfinkel : b. 10 minutes

Speaker/Institution: I. Garfinkel, Columbia University, New York, New York, UNITED STATES|

Non-Member Justification Irwin Garfinkel : Dr. Garfinkel is a member of the NAS Committee and a nationally recognized expert on child poverty and the social context of those issues

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313164

SESSION TITLE: Life-Saving Innovations In Low- and Middle-Income Country Settings: Common Challenges and Solutions

Contact: Shaun Morris The Hospital for Sick Children and University of Toronto
shaun.morris@sickkids.ca

Session Type: Hot Topic/Topic Symposia

Target Audience: Pediatric clinicians, researchers, allied health professionals, and administrators interested in the health and development of infants and children in low resource settings

Audience Size: 250

Tracks: Clinical and Translational Research | Community Pediatrics | International and Global Health | General Pediatrics | International Health | Emergency Medicine | Health Services Research | Education | Critical Care

Objectives #NAME?

Description: Despite the development of many low cost innovations to save children's lives in low resource settings, uptake and scale-up have often faced barriers. This session will include pediatric subspecialists sharing their experiences with low cost innovations, including the political, logistical, and administrative barriers they have encountered. They will also share their lessons learned, including successful strategies to develop, implement, maintain, and scale-up innovation in low-resource settings.

Time Block: (none)

QA: Yes

QA Details: five minute q&a following each talk and q&a during panel discussion during final 40 minutes of session

Audience Polling: Yes

Polling Details: Depending on panel preference, may wish to poll audience to establish interest/focus areas prior to panel q and a and discussion

Sabbath Conflicts: N/A

Conflicting Sessions: This session should not conflict with any other global child health session

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: CCGCH | SPR | PIDS

Chairs: Shaun Morris (Chair); Suzinne Pak-Gorstein (Chair)

Speaker # 1

Presentation Title Life Saving Innovations in Low- and Middle-Income Country Settings: Common Challenges and Solutions - An Introduction

Speaker/Duration: Shaun Morris : b. 10 minutes

Speaker/Institution: S. Morris, Pediatric Infectious Diseases, The Hospital for Sick Children and University of Toronto

Non-Member Justification Shaun Morris : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313164

SESSION TITLE: Life-Saving Innovations In Low- and Middle-Income Country Settings: Common Challenges and Solutions

Speaker # 2

Presentation Title Peritoneal Dialysis in Low Resource Settings

Speaker/Duration: Abubakr Imam : d. 20 minutes

Speaker/Institution: A. Imam, Sidra Medicine, Doha, QATAR|

Non-Member Justification Abubakr Imam : Not sure if member, but has critical global health expertise that will add significant value to session

Speaker # 3

Presentation Title Bubble CPAP: Lessons Learned

Speaker/Duration: Maneesh Batra : d. 20 minutes

Speaker/Institution: M. Batra, Pediatrics, University of Washington/Seattle Children's Hospital, Seattle, Washington

Non-Member Justification Maneesh Batra : (none)

Speaker # 4

Presentation Title Critical Care for the Newborn in Low Resource Settings

Speaker/Duration: Tina Slusher : d. 20 minutes

Speaker/Institution: T. Slusher, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED STATES|

Non-Member Justification Tina Slusher : (none)

Speaker # 5

Presentation Title Helping Babies Breathe: Experiences from the Field

Speaker/Duration: Brett D. Nelson : d. 20 minutes

Speaker/Institution: B. Nelson, Harvard University, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Brett D. Nelson : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313166

SESSION TITLE: The diagnostic and treatment dilemmas of ventilator-associated events and ventilator-associated infections

Contact: Gregory Priebe Boston Children's Hospital
gregory.priebe@childrens.harvard.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Physicians, nurses, and respiratory therapists who work in PICUs, CICUs, and NICUs; infectious diseases specialists; infection preventionists

Audience Size: 100-300

Tracks: Infectious Diseases|Basic Science|Neonatology|Critical Care|Clinical and Translational Research

Objectives

- Understand the latest results of multicenter studies on diagnosis and management of pediatric ventilator-associated infections.
- Describe the derivation of a VAE definition for children and neonates, potential prevention bundles, and their relationship with traditional VAP surveillance.
- Differentiate the various multi-omics approaches (transcriptomics, proteomics, metabolomics) and how they might shed light on the airway microbiome and the diagnosis of pediatric ventilator-associated infections
- Understand how changes in bacterial genomic diversity during colonization and infection can inform diagnosis and treatment of ventilator-associated infections

Description: In 2019, the CDC's National Healthcare Safety Network implemented a new paradigm of surveillance for complications of mechanical ventilation in pediatric and neonatal patients that go beyond infection. These ventilator-associated events (VAEs) are triggered by objective criteria of deterioration in oxygenation and/or escalation in ventilator settings, yet their overlap and relationship with traditional VAP and ventilator-associated infections are controversial. This session will synthesize the latest data on VAI and VAE definitions and will examine new diagnostic strategies for VAI and VAP.

Time Block: (none)

QA: Yes

QA Details: 5 min at the end of each talk

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: Infectious diseases sessions on healthcare associated infections

Additional Comments: Please schedule for Monday or Tuesday (April 29 or 30) if possible.

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP

Chairs: Gregory Priebe (Chair); Douglas Willson (Chair)

Speaker # 1

Presentation Title Suspected ventilator-associated infection: Who needs antibiotics (and for how long)?

Speaker/Duration: Douglas Willson : e. 25 minutes

Speaker/Institution: D.F. Willson, Children's Hospital of Richmond at VCU, Richmond, Virginia, UNITED STATES|

Non-Member Justification Douglas Willson : (none)

PROPOSAL #: 313166

SESSION TITLE: The diagnostic and treatment dilemmas of ventilator-associated events and ventilator-associated infections

Speaker # 2

Presentation Title Derivation and testing of VAE definitions for neonates and children

Speaker/Duration: Grace Lee : e. 25 minutes

Speaker/Institution: G. Lee, Stanford Children's Health, Palo Alto, California, UNITED STATES |

Non-Member Justification Grace Lee : (none)

Speaker # 3

Presentation Title "Omics" approaches to diagnosis of pediatric ventilator-associated infections

Speaker/Duration: Peter Mourani : e. 25 minutes

Speaker/Institution: P. Mourani, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES |

Non-Member Justification Peter Mourani : (none)

Speaker # 4

Presentation Title Evolution of Pseudomonas aeruginosa during colonization and infection during mechanical ventilation

Speaker/Duration: Gregory Priebe : e. 25 minutes

Speaker/Institution: G.P. Priebe, Anesthesiology, Critical Care and Pain Medicine, Boston Children's Hospital, Boston

Non-Member Justification Gregory Priebe : (none)

PROPOSAL #: 313170**SESSION TITLE:** Enrolling Pediatric Patients in Adult Clinical Trials**Contact:** Lily (Yeruk) Mulugeta US Food and Drug Administration
yeruk.mulugeta@fda.hhs.gov**Session Type:** Panel Discussion**Target Audience:** Clinicians, academicians, clinical trialists, scientists, regulators**Audience Size:** 100-200**Tracks:** Academic and Research Skills|Clinical and Translational Research**Objectives** 1. Discuss clinical, ethical, regulatory and practical considerations for the inclusion of pediatric patients in adult trials 2. Understand barriers to enrollment and discuss strategies to overcome them**Description:** Over the past few decades, significant advances have been made in conducting clinical research in new drugs and biological products, including generation of pediatric-specific information in over 750 products submitted for the review to the Food and Drug Administration. Despite such advances, there remains a large gap from the time a drug or biological product is evaluated for use in adults until clinical studies are initiated and completed in pediatric patients (approximately 8-9 years). One potential approach to address this gap is to allow enrollment of pediatric patients (typically adolescents) in adult clinical trials when certain conditions/criteria are met. This approach requires careful consideration of the similarity of the adult and pediatric diseases and the ability to extrapolate adult efficacy data to children, the available proof of concept data, safety considerations, ethical considerations, statistical considerations, etc. In addition, inclusion of pediatric patients in adult clinical trials requires careful operation considerations (i.e., adding pediatric sites to an adult trial), collaboration from investigators and IRBs, etc. Several recent publications advocate or support the inclusion of pediatric patients, at least adolescents, into adult trials. Momper et al.[1] reviewed products submitted to the FDA since the FDA Amendments Act of 2007 to compare adult and adolescent drug dosing and assess the utility of allometric scaling for the prediction of drug clearance in the adolescent population. They found that adult and adolescent drug dosing was equivalent in 94.5% of products with an adolescent indication, concluding that allometric scaling may, in fact, provide an accurate prediction of adolescent drug clearance. They also concluded that allometric scaling may be a useful tool to avoid unnecessary, dedicated pharmacokinetic studies in adolescents during pediatric drug development. This study supports the inclusion of adolescent patients into adult clinical trials under certain conditions because drug dosing has been proven to be like that in adults. Another publication by Chuk et al.[2] addresses the enrollment of adolescents in disease-appropriate adult oncology clinical trials of investigational drugs. In the past, enrollment of pediatric patients with cancer into clinical trials decreased with decreasing age, leading to lack of access for pediatric patients to relevant trials. This may be due to ineligibility (e.g., trial inclusion criterion specifying age > 18 years) or due to trials being done in adult-type cancers with the assumption that adolescents are not affected. Thus, the initial approval of cancer drugs was mostly done for the adult population, leading to lack of safety and efficacy data for adolescent patients. This further led to the off-label use of these drugs in this population and consequently, slower accrual into pediatric clinical trials. Overall, the end effect was a delayed access to effective therapies for adolescents with “adult-type” cancers. Therefore, the authors recommend the inclusion of adolescents in disease-appropriate adult oncology trials in all stages of development on the basis of similar biology of disease and clinical pharmacology of the drug, similar drug exposure, and available safety data and/or pharmacokinetic studies. This concept was further discussed in a recent FDA guidance to industry on the considerations for the inclusion of adolescent patients in adult oncology clinical trials.[3] Nelson, et. al[4], provide general ethical

PROPOSAL #: 313170**SESSION TITLE:** Enrolling Pediatric Patients in Adult Clinical Trials

considerations for the inclusion of adolescents in adult HIV trials. The authors recommend that children should only be enrolled in clinical trials if the scientific objectives cannot be met either through enrolling adult subjects who can provide informed consent personally or through conducting research using animal models. Additionally, if the children enrolled would not have the possibility of direct therapeutic benefit, the risks to which the children would be exposed must be low. Finally, children should not be placed at a disadvantage after being enrolled in a clinical trial by being exposed to unnecessarily risky intervention or by failing to receive a comparable treatment that would prevent significant morbidity and mortality.

This session will explore general considerations for the inclusion of pediatric patients in adult clinical therapeutic trials, what constitutes proof of concept, evaluating preliminary safety data, dose selection, extrapolation, and barriers to enrollment as well as strategies to overcome them.

[1] Momper, Jeremiah D., et al. "Adolescent dosing and labeling since the Food and Drug Administration Amendments Act of 2007." *JAMA pediatrics* 167.10 (2013): 926-932.

[2] Chuk, Meredith K., et al. "Enrolling adolescents in disease/target-appropriate adult oncology clinical trials of investigational agents." *Clinical Cancer Research* (2016).

[3] <https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM609513.pdf>

[4] Hume, Michelle, Linda L. Lewis, and Robert M. Nelson. "Meeting the goal of concurrent adolescent and adult licensure of HIV prevention and treatment strategies." *Journal of medical ethics* (2017): medethics-2016.

Time Block: (none)**QA:** Yes**QA Details:** 4 panelists with 10-15 min introductory comments, pre-crafted discussion questions as well as questions from the audience. total 90 min**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Pediatric Drug Development related topics**Additional Comments:** (none)**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** AAP**Chairs:** Lily (Yeruk) Mulugeta (Moderator); Lynne Yao (Panelist); Robert Nelson (Panelist); Tara Altepeter (Panelist); Laurie Conklin (Panelist)**Speaker # 1****Presentation Title** A paradigm shift in pediatric product development: A regulator's perspective**Speaker/Duration:** Lynne Yao : c. 15 minutes**Speaker/Institution:** L.P. Yao, CDER, U.S. FDA, Silver Spring, Maryland, UNITED STATES|**Non-Member Justification** Lynne Yao : (none)

PROPOSAL #: 313170

SESSION TITLE: Enrolling Pediatric Patients in Adult Clinical Trials

Speaker # 2

Presentation Title Considerations for including adolescents in adult trials: Evaluating data to support proof of concept and justify risk of study

Speaker/Duration: Tara Altepeter : c. 15 minutes

Speaker/Institution: T. Altepeter, Gastroenterology and Inborn Errors, FDA, Silver Spring, Maryland, UNITED STATE

Non-Member Justification Tara Altepeter : (none)

Speaker # 3

Presentation Title Trial conduct considerations: Industry Perspective

Speaker/Duration: Robert Nelson : c. 15 minutes

Speaker/Institution: R.M. Nelson, Child Health Innovation Leadership Department (CHILD), Johnson & Johnson, Rar

Non-Member Justification Robert Nelson : (none)

Speaker # 4

Presentation Title Understanding the barriers and strategies to overcome them: Academic Perspective

Speaker/Duration: Laurie Conklin : c. 15 minutes

Speaker/Institution: L. Conklin, Gastroenterology, Hepatology, and Nutrition, Children's National Medical Center, C

Non-Member Justification Laurie Conklin : (none)

Proposal: 313174


[Edit](#)

SECTION	VALUE
Role Name	Hot Topic/Topic Symposia
Session Title	Education in Pediatrics Across the Continuum: Reflections on Implementing Competency-Based, Time-Variable Advancement from Medical School to Residency to Practice
Description	<p>Education in Pediatrics Across the Continuum (EPAC) is an educational pilot project in implementing Competency-Based, Time-Variable Advancement in medical education from medical school to residency to practice. The four pilot schools are the University of California-- San Francisco, University of Colorado, University of Minnesota, and University of Utah. Participants in the pilot at these schools are selected into a continuum of training that spans medical school and residency. The selection process occurs much earlier than the typical residency match, ranging from the end of the first year of medical school to the middle of the third year. Medical students are assessed based on the Core Entrustable Professional Activities for Entering Residency and are allowed to transition to the residency role when they demonstrate the necessary competencies, as well as completing necessary curriculum required by their respective medical school. Once in residency, trainees are assessed using the General Pediatric Entrustable Professional Activities and have a tailored curriculum that allows time variable advancement based on competency achievement.</p> <p>In this session, medical education leaders, including clerkship directors and residency program directors from the EPAC pilot schools will host a panel discussion to share the story of our early implementation. The schools are now in our fourth cohort of participants, with the first cohort of participants entering their final year of residency training. After each section, there will be time for question and answer from the audience. We will focus on: 1) Early discernment of interest in pediatrics and creating a new paradigm for residency selection, 2) Adjustments needed at the Undergraduate Medical Education (UME) level of training to allow time variable advancement based on competency, 3) Approaches taken to allow for time variable entry into residency, 4) Time variable exit of residency and implications for fellowship and career planning.</p> <p>This interactive session will give attendees the opportunity to learn about and discuss Competency-Based Medical Education, innovation, and making change within large systems.</p>

SECTION	VALUE
Objectives	<ol style="list-style-type: none"> 1. Evaluate the current residency selection process and compare to the EPAC approach 2. Consider the changes that need to be made at the medical school level to allow for competency-based, time-variable advancement 3. Examine the current structures and regulations that affect time-variable entry into and out of residency 4. Reflect on the impact of a new training pathway on fellowship and career preparation
Target audience	Medical educators and administrative leaders--clerkship directors, residency directors, fellowship directors, program chairs
Tracks (select all that apply)	Education
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either
Audience size – Please enter your best estimate of the expected number of attendees.	100
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	
Society Affiliation of Submitter (of this Session)	APPD
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	no major conflicting sessions

SECTION	VALUE
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Panel would be best fit at a table in front of the room, with perhaps 1 to 2 floor mics. We would anticipate an audience of about 100. The description of the medium size room would work well
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

 Edit

SECTION	VALUE
Participant 1	<p>Name Emily Borman-Shoap</p> <p>Affiliation Pediatrics, University of Minnesota</p> <p>Role Presenter</p> <p>Email borm0029@umn.edu</p>

SECTION**VALUE**

Participant 2**Name**

Bruce Herman

Affiliation

University of Utah School of Medicine

Role

Presenter

Emailbruce.herman@hsc.utah.edu

Participant 3**Name**

Meghan Mary O'Connor

Affiliation

Pediatrics, University of Utah

Role

Presenter

EmailMeghan.OConnor@hsc.utah.edu

Participant 4**Name**

Dr. Duncan Henry

Affiliation

University of California--San Francisco

Role

Presenter

EmailDuncan.Henry@ucsf.edu

✔ Step 4: Speakers

SECTION**VALUE**

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Product version number 4.15.2 (Build 40). Build date Tue Oct 9 09:42:41 EDT 2018. Server ip-10-236-26-119

PROPOSAL #: 313189**SESSION TITLE:** Autism 2019: Earlier Diagnosis, Earlier Intervention**Contact:** Laura Ment
laura.ment@yale.edu
Yale School of Medicine**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Developmental and Behavioral Pediatricians, Geneticists, Neuro-imagers, Psychiatrists, Psychologists, Neurologists and all those who care for children with developmental disorders**Audience Size:** 250**Tracks:** Developmental and Behavioral Pediatrics | Neurology | Genetics**Objectives** 1.Participants will become familiar with those genes and molecular pathways contributing to autism spectrum disorder. 2.Attendees will learn the neural networks most often altered in children with ASD and the developmental epochs during which these changes may occur. These epochs may represent targets for earlier intervention. 3.PAS members and guests will review language and attention-based strategies for fetal and/or early postnatal intervention for infants at risk for ASD and the outcome measures by which to assess their success.**Description:** Occurring in 1 in 69 children, autism spectrum disorder (ASD) is a major Pediatric public health problem with a total US cost exceeding 13.5 billion dollars annually.

 Major issues for physicians and parents alike are the timing of diagnosis and appropriate interventions. Most children with ASD are not diagnosed until 4 years of age or later, although toddlers with ASD show pervasive impairments in selective attention and language which impacts their ability to learn from and interact adaptively with others in real-world environments. Unlike typically developing children, they do not appear to take advantage of the naturally occurring implicit opportunities to learn which social targets are most relevant to their well-being, and recent data suggest alterations in language and attention systems in the brains of young children, adolescents and young adults with ASD.

 Further, existing behavioral treatments focus largely on ameliorating the resultant symptoms rather than targeting those neural networks underlying poor language and selective attention in ASD and the genes that subserve them.

 We suggest the application of cutting-edge approaches to both the genetics of ASD and analysis of the ASD connectome. Early genetic assessment in tandem with longitudinal fetal and neonatal imaging will foster the development of early markers for ASD, while early studies of attention and communication will permit novel predictive models relating brain organization to behavior. These strategies have the great potential to identify novel diagnostic and prognostic markers at the time of birth or before and will provide the neural and molecular bases of earlier intervention for those with ASD.**Time Block:** (none)**QA:** Yes**QA Details:** 15 minutes for discussion of early genetic testing, fetal functional imaging, early neonatal fMRI and both fetal and neonatal intervention strategies for ASD**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatal neuroimaging sessions**Additional Comments:** Thanks for your consideration of this highly innovative proposal.

PROPOSAL #: 313189

SESSION TITLE: Autism 2019: Earlier Diagnosis, Earlier Intervention

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: SPR

Chairs: Laura Ment (Chair); Katarzyna Chawarska (Chair)

Speaker # 1

Presentation Title Autism 2019: Challenges, Solutions

Speaker/Duration: Laura Ment : a. 5 minutes

Speaker/Institution: L.R. Ment, Pediatrics, Neurology, Yale School of Medicine, New Haven, Connecticut, UNITED S

Non-Member Justification Laura Ment : I am a member of PAS and SPR.

Speaker # 2

Presentation Title The promise of early genetic testing for ASD

Speaker/Duration: Thomas Fernandez : e. 25 minutes

Speaker/Institution: T. Fernandez, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Thomas Fernandez : International expert in the genetics of autism

Speaker # 3

Presentation Title The role of early neonatal imaging

Speaker/Duration: Mirella Dapretto : e. 25 minutes

Speaker/Institution: M. Dapretto, Psychiatry, UCLA, Los Angeles, California, UNITED STATES|

Non-Member Justification Mirella Dapretto : Dr. Dapretto is an international expert in MRI studies of infants and young children with ASD

Speaker # 4

Presentation Title Prediction of ASD using fetal functional imaging

Speaker/Duration: Dustin Scheinost : e. 25 minutes

Speaker/Institution: D. Scheinost, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|

Non-Member Justification Dustin Scheinost : To the best of my knowledge, Dr. Scheinost is the only investigator currently performing fetal functional imaging on infants at high risk for ASD (ie, these fetuses have siblings with autism).

Speaker # 5

Presentation Title Earlier intervention strategies for developing brain with ASD

Speaker/Duration: Katarzyna Chawarska : e. 25 minutes

Speaker/Institution: K. Chawarska, Child Study Center, Yale School of Medicine, New Haven, Connecticut, UNITED

Non-Member Justification Katarzyna Chawarska : International expert in the early diagnosis of ASD - has developed an eye tracking intervention for infants at high risk for autism. Outstanding scientist and speaker

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313191

SESSION TITLE: The Impact of Immigration Policy on Child Health: A Pediatric Policy Council State of the Art Plenary

Contact: Scott Denne
Indiana University
sdenne@iupui.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: Academic Pediatricians

Audience Size: 100-150

Tracks: Advocacy/Public Policy

Objectives 1. To inform pediatric academicians about the scientific implications of immigration policies in the United States. 2. To engage pediatric academicians in dialogue about current and future science and policy regarding immigration and children.

Description: The current presidential administration has sought aggressively to remake immigration policy by dramatically limiting legal immigration to the U.S. and increasing the federal government's enforcement of immigration laws. These policies have had an enormous impact on children, both U.S. citizen and foreign-born alike. Perhaps no policy decision better illustrates the stake that children have in our immigration system than the family separation crisis, during which thousands of children were forcibly separated from their parents at the southern U.S. border as a result of the Trump administration's "zero tolerance" policy. Though the practice was quickly brought to a close due to widespread public outrage, the long-term consequences of this policy, and numerous others—including proposals for indefinite family detention—will continue to be felt by children for years to come. This session will address the intersection of child health and immigration policy, including the medical and developmental implications of these policies on children. Policies addressed will include family separation, family detention, and "public charge" determinations.

Time Block: (none)

QA: Yes

QA Details: Panel discussion-- 25 minutes

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: public policy

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APS

Chairs: Scott Denne (Chair)

Speaker # 1

Presentation Title Welcome and Introductions

Speaker/Duration: Scott Denne : a. 5 minutes

Speaker/Institution: S. Denne, Pediatrics, Indiana University, Indianapolis, Indiana, UNITED STATES |

Non-Member Justification Scott Denne : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313191

SESSION TITLE: The Impact of Immigration Policy on Child Health: A Pediatric Policy Council State of the Art Plenary

Speaker # 2

Presentation Title Child Health Advocacy at the Border: Speaking Up for Immigrant Children

Speaker/Duration: Colleen Kraft : e. 25 minutes

Speaker/Institution: C.A. Kraft, American Academy of Pediatrics, Northbrook, Illinois, UNITED STATES |

Non-Member Justification Colleen Kraft : (none)

Speaker # 3

Presentation Title Child Health Implications of Hostile Immigration Policies: A Medical Perspective

Speaker/Duration: Julie Linton : e. 25 minutes

Speaker/Institution: J.M. Linton, Pediatrics, Wake Forest School of Medicine, Winston-Salem, North Carolina, UNIT

Non-Member Justification Julie Linton : (none)

Speaker # 4

Presentation Title Immigration Policy in the U.S.: An Overview

Speaker/Duration: Jennifer Nadga : e. 25 minutes

Speaker/Institution: J. Nadga, Young Center for Immigrant Children's Rights), Washington , District of Columbia

Non-Member Justification Jennifer Nadga : (none)

Speaker # 5

Presentation Title Family Detention: A Parent's Perspective

Speaker/Duration: Gladys Dubon Chicas : d. 20 minutes

Speaker/Institution: G. Dubon Chicas, Immigrant mother, Washington, District of Columbia, UNITED STATES |

Non-Member Justification Gladys Dubon Chicas : (none)

PROPOSAL #: 313198

SESSION TITLE: Exploring Hidden Barriers to Adherence and Successful Transition of Care- In Search of Creative Solutions

Contact: Roshan George Emory University
 roshan.punnoose.george@emory.edu
 u

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinical and academic general pediatricians and sub-specialists caring for adolescents, young adults and patients with chronic medical conditions.

Audience Size: 100

Tracks: Adolescent Medicine|Children with Special Health Care Needs|Pharmacology|Social Determinants/Health Disparities|Nephrology|Media & Technology|Allergy, Immunology and Rheumatology|Literacy|Health Services Research|General Pediatrics|Diversity and Inclusion

Objectives 1.To review impact of non-adherence in healthcare, specifically impacting pediatric, adolescent and young adult patients. 2.To learn about various unperceived barriers to adherence and self-care, impacting transition of care to adult settings. 3.To recognize these barriers early and learn practical, creative solutions to overcome them.

Description: One of the universal challenges in healthcare today is non-adherence to treatment regimens and management protocols. The estimated cost for non-adherence is \$290 billion equating to 13% of total healthcare spending. Challenges to adherence is seen very commonly in adolescent and young adult patients, which is a population on the cusp of learning self-reliance for successful transition from pediatric to adult setting. Poor adherence not only affects patient outcomes, but is also frustrating for healthcare providers and from a pediatric standpoint, negatively impacts transition to adult care as well as long term outcomes. Considering some of the hidden barriers for non-adherence and missed transition opportunities will help us to explore creative, meaningful and enduring solutions. The challenges surrounding adherence and transition have been discussed frequently in the past few decades but now with the help of better understanding of barriers to adherence and technologic advancements, we believe that the time is right to explore solutions and apply those to clinical situations.
 We want to shine a light on health literacy, parental involvement, understanding neurocognitive function of children with chronic medical conditions as well as leverage social media and technology to find solutions to make adherence and transition of care, less challenging.

Time Block: (none)

QA: Yes

QA Details: We anticipate each short session to be followed by Q&A as well as some brain storming through discussions, each lasting 5-10 minutes

Audience Polling: Yes

Polling Details: We are interested to see audience responses to questions on their current practice and practical aspects of dealing with challenges in these areas. Each query will have 4 options on which audience will vote and responses will be collated and shown.

Sabbath Conflicts: N/A

Conflicting Sessions:None

Additional Comments: We think this topic will generate wide interest across general pediatrics and sub-specialties, for everyone caring for children with chronic medical problems, since we will be exploring

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313198

SESSION TITLE: Exploring Hidden Barriers to Adherence and Successful Transition of Care- In Search of Creative Solutions

new aspects of challenges to successful adherence and transition of c

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: ASPN

Chairs: Roshan George (Chair); Jordan Gilleland Marchak (Presenter); Sandi Amaral (Chair); Alexandra Psihogios (Presenter)

Speaker # 1

Presentation Title Health Literacy- the Unaccounted Barrier in Adherence and Transition

Speaker/Duration: Roshan George : c. 15 minutes

Speaker/Institution: R.P. George, Pediatric Nephrology, Emory University, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Roshan George : (none)

Speaker # 2

Presentation Title Revisiting Parental Involvement During the Transition Process

Speaker/Duration: Jordan Gilleland Marchak : c. 15 minutes

Speaker/Institution: J. Gilleland Marchak, Emory University, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Jordan Gilleland Marchak : (none)

Speaker # 3

Presentation Title Neurocognitive Functioning in Children with Chronic Medical Problems and Strategies for Success

Speaker/Duration: Alexandra Psihogios : c. 15 minutes

Speaker/Institution: A. Psihogios, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification Alexandra Psihogios : (none)

Speaker # 4

Presentation Title Using Technology to Our Advantage- Finding Solutions

Speaker/Duration: Sandi Amaral : c. 15 minutes

Speaker/Institution: S. Amaral, Pediatrics, CHOP, Philadelphia, Pennsylvania, UNITED STATES|

Non-Member Justification Sandi Amaral : (none)

PROPOSAL #: 313202

SESSION TITLE: "Less is More" in the Management of Neonatal Infectious Diseases: Are We Over-Reaching and Over-Treating?

Contact: Mark Schleiss
Center for Infectious Diseases and Microbiology Translational Research
schleiss@umn.edu

Session Type: Hot Topic/Topic Symposia

Target Audience: General and community pediatricians engaged in newborn care; public policy makers; neonatologists; infectious diseases specialists; epidemiologists; pharmacists

Audience Size: 300

Tracks: Epidemiology|Allergy, Immunology and Rheumatology|Public Health|Well Newborn|Pharmacology|Community Pediatrics|Neonatology|Clinical and Translational Research|Infectious Diseases|Hospitalists|General Pediatrics

Objectives

1. Be aware of the proposed addition of congenital CMV infection to the Recommended Uniform Screening Panel in 2019. Articulate the pros and the cons of universal screening for congenital CMV and formulate an opinion about whether this infection should be considered as a screenable disorder.
2. Gain new knowledge about the emergence of congenital syphilis in the United States during 2018-2019. Recognize and discuss how reverse screening has impacted diagnosis of syphilis. Be aware of factors that have contributed to the increased prevalence of syphilis and develop a practical approach to ensure avoidance of over-diagnosis and over-treatment.
3. Consider management strategies for post-natally acquired CMV infections in low-birth-weight and very-low-birthweight premature infants in the Newborn Intensive Care Unit setting. Review how such infections, typically acquired from breast milk, may impact the clinical course and contrast existing evidence to patterns of practice vis-a-vis the use of nucleoside antivirals in this context. Review toxicities of ganciclovir and valganciclovir. Recognize the risk for over-treatment with antivirals of asymptomatic term infants with congenital CMV that will increasingly be identified by newborn screening programs.
4. Review Red Book recommendations for management of newborns born to women with history of genital HSV infection. Recognize the risk for over-treatment attendant to this regimen and consider alternative management strategies that will be suggested during the session. Acknowledge potential untoward risks associated with the Red Book management strategy.
5. Learn new concepts regarding over-treatment of newborns with antibiotics in the setting of suspected maternal chorioamnionitis. Incorporate into clinical management a more general, descriptive term as coined by Higgins et al. (PMID26855098) "intrauterine inflammation or infection or both," abbreviated as "Triple I." Become conversant in the classification scheme for Triple I and incorporate new approaches to more judicious antimicrobial stewardship using this approach.

Description: In this Hot Topic session, several controversial areas in neonatal infectious diseases will be considered. Dr. Gail Demmler from Baylor College of Medicine will review the controversies surrounding newborn screening for congenital CMV and congenital syphilis. Is universal screening for congenital CMV good public policy (as is being proposed for the 2019 Recommended Uniform Screening Panel in 2019)? In view of the re-emergence of congenital syphilis, how do "reverse screening" algorithms complicate our diagnostic evaluation, and create a risk of over-treatment? Dr. Erin Osterholm from the University of Minnesota will examine current practices in the neonatology community with respect to identification, diagnosis and management (antiviral therapy) of post-natally acquired CMV infection in low-birth-weight and very-low-birth-weight premature infants, and will compare these practice trends to the actual evidence base about antiviral therapy in these settings. The controversy of whether to treat infants who have asymptomatic congenital CMV infection will also be considered. Dr. Pablo Sanchez will challenge current Red Book recommendations regarding the management of infants born to

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313202

SESSION TITLE: "Less is More" in the Management of Neonatal Infectious Diseases: Are We Over-Reaching and Over-Treating?

women with a history of genital herpes simplex virus (HSV) infection, with an eye toward reducing unnecessary complexity and avoiding over-treatment. Finally, Dr. Mark Schleiss will review emerging recommendations for antibiotic stewardship in the setting of suspected maternal chorioamnionitis, with the goal of reducing unwarranted antibiotic exposures and increasing diagnostic rigor.

Time Block: (none)

QA: Yes

QA Details: 15 minutes for panel discussion and Q and A at end of session

Audience Polling: Yes

Polling Details: Audience response system requested for this session to gauge current practices and approaches and to inform and direct discussion.

Sabbath Conflicts: N/A

Conflicting Sessions: Avoid overlap with PIDS sessions.

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APA|SPR|PPC|PIDS|APS

Chairs: Mark Schleiss (Chair); Pablo Sanchez (Chair)

Speaker # 1

Presentation Title How Universal Screening for Congenital Cytomegalovirus and Reverse Screening for Congenital Syphilis May Complicate Clinical Practice: Improved Public Policy or Too Much of a Good Thing?

Speaker/Duration: Gail Demmler-Harrison : e. 25 minutes

Speaker/Institution: G. Demmler-Harrison, Department of Pediatrics, Baylor College of Medicine, Houston, Texas,

Non-Member Justification Gail Demmler-Harrison : (none)

Speaker # 2

Presentation Title CMV Infections in Normal Newborns and in the Newborn Intensive Care Unit: Are we Doing Harm by Over-Treatment with Antivirals? Where is the Evidence?

Speaker/Duration: Erin Osterholm : e. 25 minutes

Speaker/Institution: E.A. Osterholm, pediatrics, u of MN, Minneapolis, Minnesota, UNITED STATES|

Non-Member Justification Erin Osterholm : (none)

Speaker # 3

Presentation Title Management of Infants Born to Women with a History of Genital HSV: Challenging the RedBook Dogma!

Speaker/Duration: Pablo Sanchez : e. 25 minutes

Speaker/Institution: P.J. Sanchez, Pediatrics, Nationwide Children's Hospital - The Ohio State University, Columbus,

Non-Member Justification Pablo Sanchez : (none)

PROPOSAL #: 313202

SESSION TITLE: "Less is More" in the Management of Neonatal Infectious Diseases: Are We Over-Reaching and Over-Treating?

Speaker # 4

Presentation Title Antimicrobial Stewardship and the "Triple-I" Initiative: How to Avoid Over-Diagnosis of Chorioamnionitis and Over-Use of Antibiotics in Newborns

Speaker/Duration: Mark Schleiss : e. 25 minutes

Speaker/Institution: M.R. Schleiss, Division of Pediatric Infectious Diseases and Immunology, Center for Infectious

Non-Member Justification Mark Schleiss : (none)

PROPOSAL #: 313206**SESSION TITLE:** Innovative Nutritional Interventions for Disease Prevention in Preterm Infants**Contact:** Amy Hair
abhair@texaschildrens.org
Baylor College of Medicine, Texas Children's Hospital**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Neonatologists, Neonatal Fellows, Clinical Researchers, Dietitians, General Pediatricians**Audience Size:** 200**Tracks:** Gastroenterology and Nutrition|Clinical and Translational Research|Neonatology**Objectives** 1. To describe and promote nutritional interventions to improve short and long-term outcomes of at risk preterm infants. 2. To discuss up-to-date nutrition practices emphasizing the importance of human milk to promote early growth of VLBW infants in the NICU.**Description:** Despite advances in neonatal nutrition, significant growth failure affects >50% of our very low birth weight (VLBW) infants at 36 weeks postmenstrual age with an unexpectedly wide range of neonatal disease processes which are now linked to dietary choice in neonatal care. Long-term diseases such as obesity, metabolic syndrome and diabetes are rising in preterm infants. Prospective cohort studies and randomized trials indicate that early nutrition affects later cardiovascular risk, cognitive function, bone health, immune health and the structural development of heart, brain, great vessels and lungs. Therefore, the goal of this presentation is to promote nutritional interventions to improve short and long-term outcomes of infants at risk. The impact of maximization of fortification by utilizing early introduction of fortifiers and strategies to improve early growth and its clinical implications are discussed. The important translation of early growth into appropriate body composition requires implementation strategies to utilize new technologies for short and long-term assessments. Studies utilizing novel markers of disease, for instance liver disease, newer technologies (MRI elastography) and markers of insulin resistance are also presented. New work investigating the immune-modulatory effects of introduction of plant or animal-based products with the pros and cons of each are discussed. Furthermore, early introduction and maximization of intravenous nutrients strategies while maintaining metabolically healthy profiles are important to achieve a healthier start; these strategies translate into prevention of adult diseases affecting preterm survivors during early childhood and adolescence. Of particular emerging importance is the extensive evidence, to a large extent from randomized trials but also from quasi-experimental, longitudinal and physiological studies for pervasive short and long-term beneficial effects of exclusive human milk feeding. Collectively, the body of work presented reflects a new emphasis on the importance of early nutrition for disease prevention and quality of outcome for modern preterm infants.**Time Block:** (none)**QA:** Yes**QA Details:** Q&A sessions will occur after each presentation; time will not be exceeded with addition of Q&A sessions (talks will be shortened)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Neonatology Clinical Research Abstracts, Breastfeeding/Breast milk presentations, Neonatal Clinical Trials presentation

PROPOSAL #: 313206

SESSION TITLE: Innovative Nutritional Interventions for Disease Prevention in Preterm Infants

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR

Chairs: Cynthia Blanco (Chair)

Speaker # 1

Presentation Title The impact of early fortification and the use of innovative body composition technology

Speaker/Duration: Amy Hair : f. 30 minutes

Speaker/Institution: A.B. Hair, Pediatrics, Baylor College of Medicine, Texas Children's Hospital, Houston, Texas, U

Non-Member Justification Amy Hair : (none)

Speaker # 2

Presentation Title Human milk nutrition and short and long-term effects

Speaker/Duration: Alan Lucas : g. 45 minutes

Speaker/Institution: A. Lucas, Childhood Nutrition Research Centre, University College London, London, UNITED KI

Non-Member Justification Alan Lucas : (none)

Speaker # 3

Presentation Title Parenteral nutrition: cutting edge strategies for disease prevention and novel metabolic tools

Speaker/Duration: Cynthia Blanco : g. 45 minutes

Speaker/Institution: C.L. Blanco, Pediatrics, UT Health San Antonio, San Antonio, Texas, UNITED STATES|

Non-Member Justification Cynthia Blanco : (none)

PROPOSAL #: 313207

SESSION TITLE: Developing a Culture of Wellbeing in Pediatric Trainees and Practitioners: Priorities for Institutions and Practitioners

Contact: John Mahan
john.mahan@nationwidechildrens.org
Nationwide Children's/The Ohio State University

Session Type: State of the Art Plenary

Target Audience: Pediatricians, trainees, program directors, educators, academic leaders, and pediatric administrators

Audience Size: 250-300

Tracks: Education

Objectives 1)Describe evidence-based models that can explain development of resilience and wellness in trainees and physicians. 2)Describe how wellness in practitioners can improve patient outcomes, learning, and physician longevity. 3)Define evidence-based methods for developing systems and local environments that promote wellness and mitigate burnout in trainees and practitioners. 4)Describe evidence for methods that can help individual physicians develop personal skills and practices to promote their own wellness and detail how mindfulness training can help promote personal wellness in physicians. 5)Present high-value priorities for future research in interventions that promote wellness and resilience in pediatric trainees and providers in the future.

Description: Better understanding of wellness in pediatric trainees and practitioners is necessary to develop optimal approaches to promote wellness and resilience as well as mitigate stress and burnout in pediatric trainees and pediatricians. Data from longitudinal studies and cross-sectional assessments have provided new insights into markers of resilience and wellness in physicians. Such evidence supports the creation of new models of the factors that promote wellness and resilience in physicians. Such models are important to inform future efforts to design positive health-care environments and professional positions. Evidence is now accumulating for effective interventions to promote wellness, including organizational efforts, local work environment measures and personal skills development. A review of the evidence for how resilience and wellness can be developed and how stress and burnout can be mitigated in pediatric trainees and practitioners can help inform future efforts nationally and at local levels. Well considered priorities for these wellness efforts should drive future activities. In this session, available high-quality evidence will be presented to support models that can form the basis for future research work and program development. Evidence-based studies on interventions to promote wellness and mitigate stress and burnout will be reviewed and the example of the value of mindfulness skills development will be presented. Finally, we will propose a list of high-value priorities for addressing these factors in pediatric trainees and providers in the future and explore these themes and priorities through addressing questions and issues raised by the attendees.

Participants: Maneesh Batra and John Mahan: Co-Chairs
15 min – Presentation 1 – Title: Setting the focus on resilience and wellness for physicians and other health care professionals. Speaker: Maneesh Batra
15 min - Presentation 2 - Title: Building resilience and validating the meaning of our work as professionals. Speaker: Janet Serwint
15 min - Presentation 3 - Title: Wellness is more than a luxury for pediatricians and trainees – how patients, families and systems can derive value from physician wellness efforts. Speaker: Betty Staples
15 min - Presentation 4 - Title: Designing systems and local environments to promote wellness and mitigate burnout in trainees and practitioners. Speaker: Suzanne Reed
15 min - Presentation 5 - Title: Evidence-based methods for promoting personal resilience and wellness in trainees and practitioners and the case for mindfulness training. Speaker: Hilary McClafferty
15 min - Presentation 6 - Title:

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313207

SESSION TITLE: Developing a Culture of Wellbeing in Pediatric Trainees and Practitioners: Priorities for Institutions and Practitioners

Defining high-value priorities for future research in interventions that promote wellness and resilience in pediatric trainees and providers. Speaker: John D Mahan
30 min – Panel Discussion – Title: Exploring the themes of resilience, wellness, system improvements and personal development for pediatricians and pediatric trainees through questions and issues raised by the attendees. Moderator: John D Mahan; Panelists: Maneesh Batra, Janet Serwint, Betty Staples, Suzanne Reed, Hilary McClafferty

Time Block: (none)

QA: Yes

QA Details: 20 minutes - at end -- attendees will be provided index cards to write Q which will be collected during presentations and then the Q presented to the panel to address in 20 min wrap-up session

Audience Polling: Yes

Polling Details: Poll everywhere could be used in place of index cards to generate audience Q to be presented to panel by moderator

Sabbath Conflicts: N/A

Conflicting Sessions: Medial Education & Wellness topics

Additional Comments: Q & A format can be accomplished through collecting index cards from the audience or using audience polling technology. We believe collecting and curating questions, in real time, will lead to higher value discussions and focus on important issues. This

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: AAP|APPD|ASPN|SPR

Chairs: John Mahan (Chair); Maneesh Batra (Chair)

Speaker # 1

Presentation Title Setting the focus on resilience and wellness for physicians and other health care professionals.

Speaker/Duration: Maneesh Batra : c. 15 minutes

Speaker/Institution: M. Batra, Pediatrics, University of Washington/Seattle Children's Hospital, Seattle, Washington

Non-Member Justification Maneesh Batra : (none)

Speaker # 2

Presentation Title Building resilience and validating the meaning of our work as professionals.

Speaker/Duration: Janet Serwint : c. 15 minutes

Speaker/Institution: J.R. Serwint, Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland, U

Non-Member Justification Janet Serwint : (none)

Speaker # 3

Presentation Title Wellness is more than a luxury for pediatricians and trainees – how patients, families and systems can derive value from physician wellness efforts.

Speaker/Duration: Betty Staples : c. 15 minutes

Speaker/Institution: B.B. Staples, Department of Pediatrics, Duke University Medical Center, Durham, North Caroli

Non-Member Justification Betty Staples : (none)

PROPOSAL #: 313207

SESSION TITLE: Developing a Culture of Wellbeing in Pediatric Trainees and Practitioners: Priorities for Institutions and Practitioners

Speaker # 4

Presentation Title Designing systems and local environments to promote wellness and mitigate burnout in trainees and practitioners.

Speaker/Duration: Suzanne Reed : c. 15 minutes

Speaker/Institution: S. Reed, Nationwide Childrens Hospital, Columbus, Ohio, UNITED STATES|

Non-Member Justification Suzanne Reed : (none)

Speaker # 5

Presentation Title Evidence-based methods for promoting personal resilience and wellness in trainees and practitioners and the case for mindfulness training.

Speaker/Duration: Hilary McClafferty : c. 15 minutes

Speaker/Institution: H.H. McClafferty, Medicine and Pediatrics , University of Arizona, Tucson, Arizona, UNITED ST

Non-Member Justification Hilary McClafferty : (none)

Speaker # 6

Presentation Title Defining high-value priorities for future research in interventions that promote wellness and resilience in pediatric trainees and providers.

Speaker/Duration: John Mahan : c. 15 minutes

Speaker/Institution: J.D. Mahan, Pediatrics, Nationwide Children's/The Ohio State University, Columbus, Ohio, UNI

Non-Member Justification John Mahan : (none)

Speaker # 7

Presentation Title Exploring the themes of resilience, wellness, system improvements and personal development for pediatricians and pediatric trainees through questions and issues raised by the attendees.
Moderator: John D Mahan; Panelists: Maneesh Batra, Janet Serwint, Bet

Speaker/Duration: John Mahan : f. 30 minutes

Speaker/Institution: J.D. Mahan, Pediatrics, Nationwide Children's/The Ohio State University, Columbus, Ohio, UNI

Non-Member Justification John Mahan : (none)

PROPOSAL #: 313208**SESSION TITLE:** Adolescent Pregnancy Prevention: A Global Perspective**Contact:** Areej Hassan Boston Children's Hospital
areejhassan99@yahoo.com**Session Type:** Panel Discussion**Target Audience:** Attendings, fellows, residents, students**Audience Size:** 50**Tracks:** Adolescent Medicine | International and Global Health | International Health | General Pediatrics**Objectives** 1. Review global trends in adolescent pregnancy including disparities between regions of the world, risk factors associated with adolescent pregnancy, and resulting impact on maternal and child health outcomes 2. Discuss best practices in adolescent pregnancy prevention by presenting successful evidence based programs and policies 3. Highlight long-acting reversible contraception (LARC) methods, its advantages among adolescents, and impact on unintended pregnancy rates**Description:** Adolescent pregnancy continues to remain a global concern in both high income countries (HIC), as well as low and middle income countries (LMIC) with wide regional variation. Across the globe, an estimated 23 million adolescents age 19 and under become pregnant, with the vast majority in LMIC. For many of these adolescents, pregnancy is unintended and a result of multiple factors including limited access to health care, prevailing cultural beliefs, sexual coercion, early marriage, lack of education regarding sexual health, and/or restrictive government policies. As the global population of adolescents continues to grow, projections indicate that the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in African regions. The health, economic, and social consequences of adolescent pregnancy are far reaching and well documented. Complications from pregnancy and childbirth are the leading cause of mortality in adolescent girls aged 15-19, with further mortality resulting from unsafe abortion. Adolescent pregnancy is linked with decreased educational attainment, higher rates of social isolation secondary to potential stigma or rejection by family, and increased risk of repeat pregnancy. Nationally, there is an increased financial burden on governments for both healthcare and welfare costs, reduced earnings from young women, and diminished labor force participation. As a result, adolescent pregnancy prevention has been identified as a priority focus in numerous global adolescent health guidelines as evidenced by its inclusion in the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' health, the development of targets directly linked to reproductive health care services in the 2030 Sustainable Development Goals framework, and creation of specific recommendations from the 2016 Lancet Commission and World Health Organization's Accelerating Action for Adolescent Health (AA-AH!)**Time Block:** (none)**QA:** Yes**QA Details:** The moderator will survey session participants to assess current prevention programs, guide participants to share their own experiences and lead a question and answer session (40 mins)**Audience Polling:** Yes**Polling Details:** Access to internet in order to use a web based audience response system**Sabbath Conflicts:** N/A**Conflicting Sessions:** None

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313208

SESSION TITLE: Adolescent Pregnancy Prevention: A Global Perspective

Additional Comments: The proposed session will consist of three presentations. We will begin with a brief overview of global trends in adolescent pregnancy, regional disparities, associated risk factors, and outcomes including impacts to individual, community, and society. N

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: APA|SAHM

Chairs: Tracey Wilkinson (Moderator); Areej Hassan (Contact Person)

Speaker # 1

Presentation Title Global Trends in Adolescent Pregnancy

Speaker/Duration: Sarah Golub : c. 15 minutes

Speaker/Institution: S. Golub, Pediatrics, Seattle Children's Hospital, Seattle, Washington, UNITED STATES|

Non-Member Justification Sarah Golub : (none)

Speaker # 2

Presentation Title What works? Effective Interventions to Reduce Unintended Pregnancies among Adolescents

Speaker/Duration: Atsuko Koyama : d. 20 minutes

Speaker/Institution: A. Koyama, Medicine, Children's Hospital of Atlanta, Atlanta, Georgia, UNITED STATES|

Non-Member Justification Atsuko Koyama : (none)

Speaker # 3

Presentation Title LARC for Adolescents: a new age of contraception

Speaker/Duration: Areej Hassan : d. 20 minutes

Speaker/Institution: A. Hassan, Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Areej Hassan : (none)

Proposal: 313210

[✎ Edit](#)

SECTION	VALUE
Role Name	Panel Discussion
Session Title	Personal/precision Medicine: Pediatrics as both its architect and beneficiary
Description	<p>The banking of both patient-specific biological specimens and molecular "omics" data prospectively is emerging as the heart of "personalized/precision medicine", which itself is coming to define the future of medical care. Personalized medicine has captured the imagination of the biomedical community because it may enable the (a) identification of predictive biomarkers on a patient-specific basis; (b) individualized treatment of patients based on their pharmacogenetics; (c) minimization of trial-&-error therapeutics & the costs (psychological as well as financial) entailed in unabated (sometimes futile) disease progression, & prolonged suffering; (d) early intervention in disease processes, often pre-symptomatically, with the goal of minimizing morbidity; and (d) the delineation of molecular pathways, novel drug targets, and new drugs directed against those targets. The availability of affordable, accurate, and large-scale "omics" as well as the advent of functional read-outs (e.g., disease-in-a-dish modeling via human induced pluripotent stem cells [hiPSCs]) has made access to well-archived & well-sourced patient samples (particularly living cells) in large numbers pivotal. Intriguingly, because Pediatrics tends to (a) diagnose and care for patients with genetically-based diseases, (ii) treat whole family units, and (iii) emphasize excellent longitudinal follow-up in multidisciplinary specialty clinics which enables continuous clinical correlation with the molecular & cellular signatures, our field has the opportunity to play a unique & critical role in the emerging power of bio- & data-banking & its "midwifery" to personalized medicine. We have the power to generate invaluable resources, including databases & libraries that can be recurrently mined as new questions, problems, & techniques become available. We have the power to make early diagnoses in children that can influence future care for those specific patients. In return, pediatric patients will likely be the 1st beneficiaries of these medical insights & therapies. This interactive panel will provide participants with information on the logistics of data & specimen acquisition, & offer case studies on how it has helped advance medical insights, diagnoses, & therapies, but will then segue into an open discussion of ethics, patient/family counseling, patient care, & practical implementation in all pediatric care settings. Panelist will include scientists, clinicians, ethicists, & biobankers. The panel will highlight the role all pediatricians can play in this process & the great dividends they, in turn, can derive from this emerging area of 21st century medicine.</p> <p>I, Evan Snyder, as moderator, will provide 2 minute overview of the field. Then, introduced each speaker, who will provide a 12-15 minute overview of their particular area. These presentations will be followed by a panel</p>

SECTION	VALUE
	<p>discussion for the last ~30 minutes.</p> <p>Each panelist will cover as different aspect of the field as follows:</p> <ul style="list-style-type: none"> • Stephen Kingsmore, Director of the Rady Children's Hospital Genomics Institute, will provide an overview of whole genomic sequencing of patients with some examples of how these have helped in diagnosing difficult conditions & impacted care. • Nahid Turan, Principle Investigator, NIGMS Human Genetic Cell Repository , Coriell Institute for Medical Research, will describe the logistics of banking biological material & data & offer advice as to how pediatricians can contribute. • Nathaly Sweeny, Neonatologist & Pediatric Cardiologist & investigator at the Rady Genomics Institute, will discuss genomics and personalized medicine in cardiac disease. • Al La Spada, Director, Duke Center for Neurodegeneration & Neurotherapeutics, & Co-Chair, Research Planning Committee for Precision Medicine & Genetics/Genomics, Duke University, will discuss genomics & personalized medicine in neurologic diseases • Rob Wecshler-Reya, Director of the Tumor Initiation Program at Sanford-Burnham-Presbys Institute & Director of the Neuro-oncology Program at Rady Genomics Institute, will discuss genomics & personalized medicine in brain tumors • Michael Kalichman, Director of the Ethics Program at UCSD, will discuss the ethical & regulatory aspects of amassing personalized genomic & biological data on identifiable patients, and amassing databases.
<p>Objectives</p>	<ol style="list-style-type: none"> 1. Discuss how pediatricians -- both in academia as well as in the community -- may participate in the collection & validation of patient samples & data as well as derive benefit from it 2. Discuss what becomes of the samples & data in the banks, including insuring ethical & HIPAA compliance, validation of biological quality of the samples & credibility of the analyses & data, in order for pediatricians to best describe this process to their patients (including counseling & planning care). 3. Discuss, through actual case studies, how use of the data can improve the care of specific pediatric patients on an individual basis as well as advance our knowledge of pediatric diseases. 4. Discuss how insights derived from these data may improve medical care in general. 5. Discuss the ethical, regulatory, & scientific challenges of the future, including (a) diagnosing pre-symptomatically the manifestations of gene-based diseases (including those that do not yet have treatments but someday might); (b) creating products (drugs, diagnostics, etc.) derived from patient-material (including those that may have commercial value); (c) safeguarding the confidentiality of a patient's medical record (including from insurers & government agencies).

SECTION	VALUE
Target audience	Physicians in Pediatric, Adolescent, and Family Medicine; Specialists in genetic diseases of any organ system
Tracks (select all that apply)	Medical Informatics/Data Science; Ethics/Bioethics; Academic and Research Skills; Developmental Biology; Neonatology; Basic Science; Well Newborn; Public Health; Children with Special Health Care Needs; Clinical and Translational Research; Quality Improvement/Patient Safety; Developmental and Behavioral Pediatrics; Genetics; Health Services Research; Advocacy/Public Policy; Vulnerable and Underserved Populations/Health Equity & Social Justice; Epidemiology
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	120 min.
Audience size – Please enter your best estimate of the expected number of attendees.	150-200
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	30 minutes. Dialogue with the audience and among the panel members
Society Affiliation of Submitter (of this Session)	SPR; AAP; CNS
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Not known
Is there a Sabbath conflict for this session?	N/A

SECTION	VALUE
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	Medium Room with stage = 1 lectern mic, 2 wireless mic, 3-4 table mics, 1-2 floor mics Otherwise, standard AV Package includes: LCD projector, screen, laptop, and audio mics based on room.
Would you be interested in having interactive audience polling/response capability in your session?	No
If yes, please provide more details about the functionality you are interested in.	
Additional comments about this session (please do not repeat session description details):	I have to confess that I have been trying to get a session -- in some format -- at PAS that deals with personalized/precision medicine for the past 2 years and have been rejected each time based on seemingly easily-addressable points (and even contradictory critiques from year-to-year) -- should there be more or less didactics, should there be or not be hand-outs, etc. I think personalized/precision medicine is an emerging field of great importance that will be, or should be, touching pediatrics in the coming years. Not only will it affects pediatric medicine, but pediatricians could, or should, be the ones enabling it. So, if the committee, in principle, thinks this a worthwhile topic, I would be willing to modify the format in any way that might help make it acceptable for presentation at the upcoming 2019 meeting.

✔ Step 3: Participants



SECTION	VALUE
Participant 1	<p>Name Evan Yale Snyder</p> <p>Affiliation Pediatrics, Sanford Burnham Prebys & UCSD</p> <p>Role Moderator</p> <p>Email esnyder@sbp.edu</p>

SECTION**VALUE**

Participant 2**Name**

Stephen Kingsmore

Affiliation

Rady Children's Institute for Genomic Medicine

Role

Panelist

Email

skingsmore@rchsd.org

Participant 3**Name**

Nahid Turan

Affiliation

NIGMS Human Genetic Cell Repository , Coriell Institute for Medical Research

Role

Panelist

Email

nturan@coriell.org

Participant 4**Name**

Nathaly M Sweeney

Affiliation

Neonatal-Perinatal Medicine, University of California San Diego

Role

Panelist

Email

nathalysweeney@gmail.com

Participant 5**Name**

Albert La Spada

Affiliation

Neurology, Duke University School of Medicine

Role

Panelist

Email

al.laspada@duke.edu

SECTION**VALUE**

Participant 6**Name**

Robert Wechsler-Reya

Affiliation

Sanford Burnham Prebys Institute

Role

Panelist

Emailrwreya@sbp.edu

Participant 7**Name**

Michael Kalichman

Affiliation

Ethics Program, University of California-San Diego

Role

Panelist

Emailkalichman@ucsd.edu

✔ Step 4: Speakers

SECTION**VALUE**

PROPOSAL #: 313214

SESSION TITLE: Neonatal-onset epilepsy: what is it and does early diagnosis matter?

Contact: Tammy Tsuchida Children's National Medical Center
ttsuchid@childrensnational.org

Session Type: Hot Topic/Topic Symposia

Target Audience: neonatologists, pediatric neurologists, neonatal neurologists, pediatricians

Audience Size: 150-300

Tracks: Critical Care|Neonatology|Neurology

Objectives At the end of this session, participants will be able to- 1. Distinguish between neonatal seizures and epilepsy 2. Identify common neonatal epilepsy syndromes, genetic etiologies, and their treatments 3. Determine which neonates with epilepsy may benefit from genetic testing in the Neonatal ICU

Description: Seizures are a common reason for neurologic consultation in the Neonatal ICU. Although it accounts for a minority of patients (13% in one US cohort), neonatal epilepsy can result in frequent emergency room visits and hospitalizations. Studies in the past few years have indicated a high diagnostic yield for genetic testing of neonatal and infant onset epilepsy. More importantly, identifying the genetic epilepsy syndrome can have immediate implications for the newborn since a commonly used seizure medication, phenobarbital, can fail to control certain epilepsy syndromes. Knowing the genetic diagnosis can lead to early use of effective therapies. Despite this new knowledge, there are centers that will not do genetic testing until MRI, EEG and inborn errors of metabolism testing have failed to provide a diagnosis. This session will present studies from the past few years that suggest genetic testing should be done simultaneous with evaluation for inborn errors of metabolism.

Time Block: (none)

QA: Yes

QA Details: 45 minutes; Audience case management with panel of neurology consultants

Audience Polling: Yes

Polling Details: Be able to poll audience about how they would manage newborn

Sabbath Conflicts: N/A

Conflicting Sessions:neonatal epilepsy neonatal seizure

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: CNS|Other Society Affiliation

Chairs: Tammy Tsuchida (Chair)

Speaker # 1

Presentation Title Introduction- Why can't I manage newborns with seizures and epilepsy the same way? 10 minutes

Speaker/Duration: Tammy Tsuchida : b. 10 minutes

Speaker/Institution: T. Tsuchida, Neurology, Children's National Medical Center, Washington, District of Columbia,

Non-Member Justification Tammy Tsuchida : Is going to ask for SPR nomination

PROPOSAL #: 313214

SESSION TITLE: Neonatal-onset epilepsy: what is it and does early diagnosis matter?

Speaker # 2

Presentation Title Neonatal onset epilepsy etiology

Speaker/Duration: Renee Shellhaas : d. 20 minutes

Speaker/Institution: R.A. Shellhaas, Pediatrics, University of Michigan, Ann Arbor, Michigan, UNITED STATES|

Non-Member Justification Renee Shellhaas : (none)

Speaker # 3

Presentation Title Common neonatal onset epilepsies

Speaker/Duration: John Millichap : e. 25 minutes

Speaker/Institution: J.J. Millichap, Neurology, Ann & Robert H. Lurie Children's Hospital of Chicago , Chicago, Illinois

Non-Member Justification John Millichap : travel expenses can be covered by speaker if needed

Speaker # 4

Presentation Title Precision medicine for KCNQ2 epilepsies.

Speaker/Duration: Edward Cooper : d. 20 minutes

Speaker/Institution: E.C. Cooper, Neurology, Baylor College of Medicine, Houston, Texas, UNITED STATES|

Non-Member Justification Edward Cooper : If needed, speaker can cover travel expenses

Speaker # 5

Presentation Title Managing neonatal epilepsy in the NICU

Speaker/Duration: Courtney Wusthoff : g. 45 minutes

Speaker/Institution: C.J. Wusthoff, Child Neurology, Stanford University, Palo Alto, California, UNITED STATES|

Non-Member Justification Courtney Wusthoff : (none)

PROPOSAL #: 313217**SESSION TITLE:** Assessing Child Health Outcomes in Child Preventive Services: Challenges and Opportunities**Contact:** Iris Mabry-Hernandez Agency for Healthcare and Research Quality
Iris.Mabry-Hernandez@ahrq.hhs.gov**Session Type:** State of the Art Plenary**Target Audience:** General pediatricians, clinicians and researchers interested in evidence-based medicine; health services researchers**Audience Size:** 200**Tracks:** General Pediatrics|Health Services Research**Objectives** 1) Describe how the US Preventive Services Task Force (USPSTF) develops evidence-based prevention recommendations for children and adolescents; 2) Report the key findings from the expert panel and other challenges faced by the USPSTF related to the development of child and adolescent preventive services recommendations; and 3) Highlight potential strategies to advance research methods regarding child health.**Description:** The U.S. Preventive Services Task Force (USPSTF) uses an objective evidence-based approach to develop recommendations. As part of this process, the USPSTF also identifies important research gaps in scientific evidence. In March 2016, the USPSTF convened an expert panel to discuss its portfolio of child and adolescent recommendations and identify unique methodologic issues when evaluating evidence regarding children and adolescents. The panel identified key domains of challenges, including measuring patient-centered health outcomes; identifying intermediate outcomes predictive of important health outcomes; evaluating the long time horizon needed to assess the balance of benefits and harms; understanding trajectories of growth and development that result in unique windows of time when expected benefits or harms of a preventive service can vary; and considering the perspectives of other individuals who might be affected by the delivery of a preventive service to a child or adolescent. Having identified these key challenges, the USPSTF and other organizations issuing guidelines have an opportunity to advance their methods of evidence synthesis and identified evidence gaps represent important opportunities for researchers and policy makers.**Time Block:** (none)**QA:** Yes**QA Details:** 20 minutes in length; co-chairs will facilitate questions from the audience**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** None to report at this time.**Additional Comments:** NA**Financial Sponsor?** (none)**If Yes:** (none)**Society Affiliation:** APA**Chairs:** Iris Mabry-Hernandez (Contact Person); Alex Kemper (Chair)

PROPOSAL #: 313217

SESSION TITLE: Assessing Child Health Outcomes in Child Preventive Services: Challenges and Opportunities

Speaker # 1

Presentation Title Welcome and Overview

Speaker/Duration: Iris Mabry-Hernandez : b. 10 minutes

Speaker/Institution: I.R. Mabry-Hernandez, Center for Evidence and Practice Improvement , Agency for Healthcare

Non-Member Justification Iris Mabry-Hernandez : APA

Speaker # 2

Presentation Title U.S. Preventive Services Task Force Methodology- Child Health Outcomes

Speaker/Duration: Alex Kemper : d. 20 minutes

Speaker/Institution: A.R. Kemper, Department of Pediatrics, The Ohio State University, Columbus, Ohio, UNITED S

Non-Member Justification Alex Kemper : (none)

Speaker # 3

Presentation Title Challenges in the Research Methodology: Children and Adolescents

Speaker/Duration: Michael Silverstein : d. 20 minutes

Speaker/Institution: M. Silverstein, Boston Medical Center, Boston, Massachusetts, UNITED STATES|

Non-Member Justification Michael Silverstein : (none)

Speaker # 4

Presentation Title Potential Strategies to Advance Research Methods: Child Health Outcomes

Speaker/Duration: Alex Krist : d. 20 minutes

Speaker/Institution: A.H. Krist, Family Medicine, Virginia Commonwealth University, Fairfax, Virginia, UNITED STAT

Non-Member Justification Alex Krist : Speaker is local and is one of the chairs of the USPSTF and an expert on its methodologies.

Speaker # 5

Presentation Title Q&A Session

Speaker/Duration: Alex Kemper : d. 20 minutes

Speaker/Institution: A.R. Kemper, Department of Pediatrics, The Ohio State University, Columbus, Ohio, UNITED S

Non-Member Justification Alex Kemper : (none)

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313218

SESSION TITLE: Got Caffeine?

Contact: Nitin Chouthai Wayne State University
nchoutha@med.wayne.edu

Session Type: State of the Art Plenary

Target Audience: (none)

Audience Size: 200

Tracks: Neonatology

Objectives 1. State of art of apnea of prematurity understanding 2. Caffeine usage and controversies 3. Caffeine dosage and side effects 4. Future directions

Description: This session will cover pathophysiology and management of apnea of prematurity. Use of caffeine timing, dosage, length would be described in detail. In addition new alternatives new directions on the horizon will be evaluated.

Time Block: (none)

QA: Yes

QA Details: (none)

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions:N/A

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SPR

Chairs: Jacob Aranda (Chair); Nicole Dobson (Presenter); Abhay Lodha (Presenter); Nitin Chouthai (Presenter)

Speaker # 1

Presentation Title Caffeine: Silver Bullet

Speaker/Duration: Jacob Aranda : f. 30 minutes

Speaker/Institution: J. Aranda, Pediatrics, SUNY Downstate, New York, New York, UNITED STATES |

Non-Member Justification Jacob Aranda : (none)

Speaker # 2

Presentation Title Apnea of Prematurity: Caffeine and Present Understanding.

Speaker/Duration: Nicole Dobson : f. 30 minutes

Speaker/Institution: N.R. Dobson, Pediatrics, Uniformed Services University, Bethesda, Maryland, UNITED STATES |

Non-Member Justification Nicole Dobson : (none)

PROPOSAL #: 313218

SESSION TITLE: Got Caffeine?

Speaker # 3

Presentation Title Future of caffeine therapy and outcomes.

Speaker/Duration: Abhay Lodha : f. 30 minutes

Speaker/Institution: A. Lodha, Pediatrics & Community Health Sciences, University of Calgary, Calgary, Alberta, CA

Non-Member Justification Abhay Lodha : (none)

Speaker # 4

Presentation Title Urine Caffeine Levels and Metabolite Levels are we ready for a paradigm shift?

Speaker/Duration: Nitin Chouthai : f. 30 minutes

Speaker/Institution: N. Chouthai, Pediatrics, Wayne State University, Detroit, Michigan, UNITED STATES|

Non-Member Justification Nitin Chouthai : (none)

PROPOSAL #: 313219**SESSION TITLE:** Sleep Disturbances in Pediatric Brain Injury: Biomarker of Disease or Therapeutic Target?**Contact:** Sujatha Kannan
skannan3@jhmi.edu
Johns Hopkins University**Session Type:** Hot Topic/Topic Symposia**Target Audience:** Clinical and basic science researchers in neonatology, pediatric critical care, neonatal neurology, physical medicine and rehabilitation**Audience Size:** 75-100**Tracks:** Basic Science|Children with Special Health Care Needs|Neurology|Neonatology|Critical Care|Developmental and Behavioral Pediatrics|Clinical and Translational Research|Developmental Biology**Objectives** 1) Explain the concept of sleep as a marker of brain function and maturation. 2) Describe both fixed and modifiable factors that cause sleep disruption in critically ill infants and children 3) Elucidate the link between injury to the immature brain, sleep disorders and neuroinflammation**Description:** Sleep is one of the most highly regulated brain functions, and is critical for normal development. Sleep fragmentation is associated with many developmental disorders and occurs in neonates and pediatric patients during hospitalization. Sleep disorders can have long term consequences in learning and cognition. However it is not clear whether the delirium and cognitive issues that have been described in these children are a consequence of sleep fragmentation, disease pathology and/or medications such as opioids and benzodiazepine that are frequently used in critically ill children in the ICU. In this session, we will discuss EEG-sleep as a biomarker for brain maturation and organization; review recent work (both basic science and clinical) that reveals associations between newborn sleep measures and long-term neurodevelopmental outcomes; examine the potentially modifiable causes of sleep disruption for ICU patients; discuss interventions that may result in improved sleep and better outcomes for infants and children who require intensive care; and, examine the link between sleep disorders and neuroinflammation in the developing brain.**Time Block:** (none)**QA:** No**QA Details:** (none)**Audience Polling:** No**Polling Details:** (none)**Sabbath Conflicts:** N/A**Conflicting Sessions:** Pediatric Critical Care Neonatal Neurology Neonatal Brain Injury**Additional Comments:** Sleep is a key brain function, but has not been consistently featured as a highlighted topic at the Pediatric academic Societies annual meeting. In recent years, there has been increased recognition that abnormal sleep is associated with neurodevelopment**Financial Sponsor?** (none) **If Yes:** (none)**Society Affiliation:** SPR**Chairs:** Sujatha Kannan (Contact Person)

PROPOSAL #: 313219

SESSION TITLE: Sleep Disturbances in Pediatric Brain Injury: Biomarker of Disease or Therapeutic Target?

Speaker # 1

Presentation Title Neuroinflammation and sleep disorders: Chicken or the egg

Speaker/Duration: Sujatha Kannan : d. 20 minutes

Speaker/Institution: S. Kannan, Pediatric Critical Care, Johns Hopkins University, Baltimore, Maryland, UNITED STA

Non-Member Justification Sujatha Kannan : (none)

Speaker # 2

Presentation Title Sleep: A biomarker of brain development

Speaker/Duration: Renee Shellhaas : d. 20 minutes

Speaker/Institution: R.A. Shellhaas, Pediatrics, University of Michigan, Ann Arbor, Michigan, UNITED STATES |

Non-Member Justification Renee Shellhaas : (none)

Speaker # 3

Presentation Title Sleep disturbances in the neonatal intensive care unit

Speaker/Duration: Estelle Gauda : d. 20 minutes

Speaker/Institution: E.B. Gauda, Neonatology, The Hospital for Sick Children, Toronto, Ontario, CANADA |

Non-Member Justification Estelle Gauda : (none)

Speaker # 4

Presentation Title Sleep and delirium in critically ill children

Speaker/Duration: Sapna Kudchadkar : d. 20 minutes

Speaker/Institution: S. Kudchadkar, Anesthesiology and Critical Care Medicine, Johns Hopkins University, Baltimor

Non-Member Justification Sapna Kudchadkar : Has applied for SPR membership in 2018

PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #: 313220

SESSION TITLE: Research Capacity Building for Neonatal Research in Indian Subcontinent

Contact: Nitin Chouthai Wayne State University
nchoutha@med.wayne.edu

Session Type: Basic-Clinical-Translational Roundtable

Target Audience: Academic Neonatologist

Audience Size: 200

Tracks: Academic and Research Skills|Neonatology

Objectives Enhance original basic science, translational and clinical research in Indian subcontinent.

Description: Academic Neonatologists with origins from Indian subcontinent with interest in promoting original basic science, clinical translational research in Indian subcontinent will gather together. Those who are working to be established in Indian Subcontinent will identify opportunities and barriers to research. Those who are established in the field of research in India will give others pathways of success and resources. Those who are established in research and academics in the developed world will provide perspectives and opportunities for collaboration.

Time Block: (none)

QA: Yes

QA Details: 15 minutes after all presentations to panelists.

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: N/A

Additional Comments: (none)

Financial Sponsor? (none) **If Yes:** (none)

Society Affiliation: SPR

Chairs: Naveed Hussain (Panelist); Gautham Suresh (Chair); Amit Upadhyay (Panelist); Nitin Chouthai (Moderator); Somashekhar Nimbalkar (Panelist)

Speaker # 1

Presentation Title Need of research capacity building in Indian Subcontinent

Speaker/Duration: Gautham Suresh : d. 20 minutes

Speaker/Institution: G. Suresh, Pediatrics, Texas Childrens Hospital, Houston, Texas, UNITED STATES|

Non-Member Justification Gautham Suresh : (none)

Speaker # 2

Presentation Title Challenges in performing research in Indian Subcontinent

Speaker/Duration: Amit Upadhyay : d. 20 minutes

Speaker/Institution: A. Upadhyay, Pediatrics, LLRM Medical College, Meerut (UP) INDIA, Meerut, Uttar Pradesh, IN

Non-Member Justification Amit Upadhyay : (none)

PROPOSAL #: 313220

SESSION TITLE: Research Capacity Building for Neonatal Research in Indian Subcontinent

Speaker # 3

Presentation Title Opportunitites and resources for research in Indian subcontinent

Speaker/Duration: Somashekhar Nimbalkar : d. 20 minutes

Speaker/Institution: S.M. Nimbalkar, Department of Pediatrics, Pramukhswami Medical College, Karamsad, Gujara

Non-Member Justification Somashekhar Nimbalkar : (none)

Speaker # 4

Presentation Title Pathway for clinical research collaborations

Speaker/Duration: Naveed Hussain : d. 20 minutes

Speaker/Institution: N. Hussain, Pediatrics, University of Connecticut Health Center, Farmington, Connecticut, UNI

Non-Member Justification Naveed Hussain : (none)

Speaker # 5

Presentation Title pathway for laboratory and translational research

Speaker/Duration: Nitin Chouthai : d. 20 minutes

Speaker/Institution: N. Chouthai, Pediatrics, Wayne State University, Detroit, Michigan, UNITED STATES|

Non-Member Justification Nitin Chouthai : (none)

Proposal: 311136

Role Name	State of the Art Plenary
Session Title	Does Facebook Really Matter? Traditional Media versus New Media
Description	<p>New research has continued to demonstrate the impact of traditional media on a wide variety of Pediatric concerns -- obesity, aggression, sex, substance use, depression and anxiety, suicide, body self-image, and even well-being. The new AAP recommendations have all but abandoned recommending time limits in favor of a "media diet." Meanwhile, trying to assess the impact of new media on behavior has become a mission impossible.</p> <p>This talk will present what is currently known about health and psychological effects of both traditional and new media on children and adolescents and what pediatricians should be recommending to their patients and their families.</p>
Objectives	<ol style="list-style-type: none"> Attendees will learn about the most recent research on new media -- specifically, cyberbullying, sexting, and pornography. Attendees will learn why traditional media may have a greater impact of child and adolescent health than new media. Attendees will learn about the new AAP recommendations on children, adolescents, and the media.
Target audience	All attendees.
Tracks (select all that apply)	Adolescent Medicine; General Pediatrics; Advocacy/Public Policy; Media & Technology; Community Pediatrics; Developmental and Behavioral Pediatrics
Which time block do you prefer? Please note: we will do our best to accommodate your preference, but it is not guaranteed.	Either
Audience size -- Please enter your best estimate of the expected number of attendees.	All
Are you going to have a Q&A session?	Yes
Q&A session - if yes, provide details and anticipated length.	5-10 minutes
Society Affiliation of Submitter (of this Session)	SAHM; AAP
Conflicting sessions: Please list no more than three MAJOR topics or events that should be avoided when scheduling. While we try to minimize scheduling conflicts, we cannot guarantee all of these will be avoided.	Media
Is there a Sabbath conflict for this session?	N/A
Review the AV Guidelines at the top of the page. List any special AV or set requirements needed (visual aids, staging, special props, etc.)	<p>Sound hook-up.</p> <p>As large a screen as possible.</p>
Would you be interested in having interactive audience polling/response capability in your session?	Yes
If yes, please provide more details about the functionality you are interested in.	Yes/No polling.
Additional comments about this session (please do not repeat session description details):	

✔ Step 3: Participants

[✎ Edit](#)

SECTION	VALUE
Participant 1	<p>Name Victor C Strasburger</p> <p>Affiliation Pediatrics, Univ of New Mexico School of Medicine</p> <p>Role Presenter</p> <p>Email vstrasburger@salud.unm.edu</p>

Proposal: 313957

Session Title: Disorders/Differences of Sex Development (DSD) Update

Contact: Reiko Horikawa National Center for Child Health and Development
horikawa-r@ncchd.go.jp

Session Type: Hot Topic/Topic Symposia

Target Audience: Clinicians and scientists interested in disorders/differences of sex development including endocrinologists, neonatologists, general pediatricians, and psychologists

Audience Size: 150

Tracks: Endocrinology, Genetics, Neonatology, Translational Research

Objectives: 1. Introduction of the clinical characteristics of DSD, 2. Sharing the updated information of clinical management and diagnosis of DSD, 3. Understanding the updated molecular genetics of DSD, 4. Understanding the recent advances in interdisciplinary approach, 5. Controversies in management of DSD: surgical point of view

Description: The aim of the symposium is sharing and discussing the updated information of DSD. The symposium will cover current updated knowledge of DSD from bench to general practice. This symposium will provide cutting edge science in this field as well as the basic knowledge of sex differentiation and controversies in practical management.

Time Block: (none)

QA: Yes

QA Details: 20 min after all presentations

Audience Polling: No

Polling Details: (none)

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none) If Yes: (none)

Society Affiliation: ASPR|JPS

Chairs:

1. Maki Fukami, Department of Molecular Endocrinology, National Center for Child Health and Development, Tokyo, Japan. fukami-m@ncchd.go.jp
2. Chris P Houk, Department of Pediatrics, Medical College of Georgia, Augusta, Georgia, USA. chouk@georgiahealth.edu

Speaker # 1

Presentation Title Diagnosis and clinical management of DSD in past and present

Speaker/Duration: Ken-ichi Kashimada : c. 20 minutes

Speaker/Institution: Department of Pediatrics, Tokyo Medical and Dental University, Tokyo, Japan

Non-Member Justification: Ken-ichi Kashimada : (JPS)

Speaker # 2

Presentation Title Genetics and molecular pathogenesis of DSD

Speaker/Duration: Maki Fukami : c. 20 minutes

Speaker/Institution: Department of Molecular Endocrinology, National Center for Child Health and Development, Tokyo, Japan

Non-Member Justification: Maki Fukami : (JPS)

Speaker # 3

Presentation Title Interdisciplinary care in DSD: psychosocial component

Speaker/Duration: Sandberg DE : c. 20 minutes

Speaker/Institution: Division of Pediatric Psychology and the Child Health Evaluation and Research (CHEAR) Center, Department of Pediatrics and Communicable Diseases, University of Michigan Medical School, Ann Arbor, MI

Non-Member Justification: Sandberg DE : (none)

Speaker # 4

Presentation Title Surgical management of DSD: 3 Ws

Speaker/Duration: Baker L: c. 20 minutes

Speaker/Institution: Children's Medical Center, University of Texas Southwestern Medical Center, Dallas, TX

Non-Member Justification: Baker L : (none)